

Decent Care Work? Transnational Home Care Arrangements

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WIND OF CHANGE? PERSPECTIVES ON THE AUSTRIAN 24-H-CARE MODEL



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BRIGITTE AULENBACHER, MICHAEL LEIBLFINGER, VERONIKA PRIELER WIND OF CHANGE? PERSPECTIVES ON THE AUSTRIAN 24-H-CARE MODEL

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This research is part of the D-A-CH-project "Decent Care Work? Transnational Home Care Arrangements", a cooperation of Aranka Benazha, Helma Lutz, Iga Obrocka, and Ewa Palenga-Möllenbeck from Goethe University Frankfurt/Germany, Brigitte Aulenbacher, Michael Leiblfinger, and Veronika Prieler from Johannes Kepler University Linz/Austria and Karin Schwiter, Jennifer Steiner, and Anahi Villalba from the University of Zurich/Switzerland. It is funded by the German Research Foundation DFG project no. LU 630/14-1, by the Austrian Science Fund FWF project no. I 3145 G-29, and by the Swiss National Science Foundation SNSF project no. 170353.

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Wind of change? Perspectives on the Austrian 24-h-care model Brigitte Aulenbacher, Michael Leiblfinger and Veronika Prieler Johannes Kepler University Linz, Austria

Abstract: Over the last decades, many countries have witnessed a growing market for 24-h-care for elderly people. By legalising live-in care with the Home Care Act, Austria, a typical conservative welfare state, became one of the forerunner states of migrant domestic care. Pushed by cash-for-care-policies and embedded in the ideal of the home care society, 24-h-care has been established as an important and growing part of the Austrian elder care system. Private and third sector home care agencies recruit typically women from Central and Eastern Europe as self-employed live-ins for Austrian households. The care workers' tasks range between housework, assistance for everyday life, and nursing care. Within this transnational care arrangement, tendencies of formalisation and informalisation as well as of training and professionalisation play an important role. Despite the growing use of this care model, new controversies over its acceptance and future arise with an increasing public debate. The paper aims to analyse this wind of change as a Polanyian "double movement": the "movement" of a market driven reorganisation of care and care work and a "countermovement" seeking for protection from its effects on care work.

Drawing on Polanyi's work and a comprehensive policy and regime analysis, our paper first introduces the concept of the "double movement" and examines how this specific 24-h-care model is embedded in the Austrian care regime and how home care is marketised in the setting of the home care ideal. The second step focuses on how agencies as intermediaries between people in need of care on one side and migrant care workers on the other discuss the Austrian model, its challenges and its perspectives. Based on eleven expert interviews with representatives of Viennese home care agencies, we analyse which requirements and expectations of 'decent care' and 'decent work' agencies identify and how they address them. Preliminary results indicate that agencies prioritise the needs of care receivers and their families over those of care givers even though there is a sense of growing difficulty recruiting care workers. As a third step we bring in the perspective of relevant stakeholders in the field to add their views on the controversial model. Our eleven stakeholder interviews range from representatives of care workers NPOs to relevant ministries. Preliminary results indicate wide, incoherent opinions on the model ranging from the complete overhaul of the current model and the need for only minor changes connected to so-called "black sheep" on the increasingly competitive market. The paper concludes by resuming the perspectives on home care through the lenses of the Polanyian "double movement".

Keywords: Polanyian double movement, care markets, 24-hour-care, home care agencies, stakeholder policies

Live-in care in Austria has been contested in the wide range between its acceptance according to the ideal of the home care society – people want to live (and die) at home - in the conservative welfare state and its scandalisation as a kind of modern slavery making use of the poverty of people and pushing them to migrate from abroad and to work under conditions Austrians never would accept. However, for more than a decade the market for 24-h-care has increased consistently and this development goes along with new perspectives on it and seems to influence its contestation. The article aims to shed light on some of the recent developments asking whether they indicate a wind of change in the sense that this care arrangement and its discussion take on a new direction. Theoretically we refer to Karl Polanyi's work. Empirically we present some findings and results from the Austrian part of the project "Decent care work? Transnational home care arrangements"¹. The first part of the contribution refers to Polanyi's (2001) concept of a "double movement" as an analytical tool to understand the developments in the field of care combined with a comprehensive policy and regime analysis, which examines how 24-h-care is marketised in Austria and which role stakeholders play. The second step focuses on how agencies as intermediaries between people in need of care on the one side and migrant care workers on the other discuss the Austrian model, its challenges and its perspectives. As a third step we bring in the perspective of relevant stakeholders in the field to add their views on the controversial model. The paper concludes by resuming the perspectives with reference to the Polanyian concept of a "double movement".

1. Marketisation of live-in elderly care and its contestation in Austria: a Polanyian "double movement"?

Karl Polanyi's (2001) master piece "The Great Transformation" (TGT) offers some concepts which are of interest to better understand contemporary care protests and alternative ideas and forms of care provision as reaction to the forced commodification,

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marketisation and corporatisation of care and care work (Aulenbacher/Décieux/Riegraf 2018a). One of the most interesting parts of his work is the concept of the "double movement" around the commodification of those "elements" of the industrial and capitalist economy which never have been produced and provided to be sold and which he names, distinctly from genuine commodities, "fictitious commodities": land (nature), labour and money (Polanyi 2001, pp. 75ff.). We will refer to labour and suggest to additionally consider care in case of commodification, marketisation and corporatisation² to be a "fictitious commodity" (Aulenbacher/Leiblfinger 2019). Polanyi (2001, p. 75) rejects the "commodity fiction" of treating labour as a commodity like others: "Labor is only another name for a human activity which goes with life itself, which in its turn is not produced for sale but for entirely different reasons, nor can that activity be detached from the rest of life, be stored or mobilized" (Polanyi 2001, p. 75). Similar considerations can be made with reference to Berenice Fisher's and Joan Tronto's (1990, p. 40, original with emphasis) definition of "(...) caring as a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible (...)" and that reacts on the contingency of life aiming to safeguard and sustain livelihood in case of self-care and care for others (Aulenbacher/Dammayr 2014; Klinger 2013). Market exchange as one of the organisational principles of the economy per se is not the problem Polanyi identifies, but if markets are allowed to follow solely their own mechanisms of demand and supply and "to regulate themselves according to the signals of prices, costs and profits" (Deutschmann 2019, p. 22) they become destructive and jeopardise the character of labour and care (Aulenbacher/Leiblfinger 2019), threatening their relation to and relevance for livelihood and social reproduction and therefore "would result in the demolition of society" (Polanyi 2001, pp. 75f.). While TGT was written as an economic, social and cultural history of capitalism focussed on the investigation of the relation between economy and society in the 19th Century, providing the context in which the concept of the "double movement" was developed (Block/Somers 2014), we make use of it to analyse the contemporary capitalist and societal organisation of domestic care primarily referring to Polanyi's reflection on the relation between market and society.

² Sara R. Farris and Sabrina Marchetti (2017, pp. 123ff.) offer the fruitful distinction between commodification, marketization and corporatization describing their relation as a tendency from a more personalized contract between the participants of the care arrangement through a more bureaucratic to a more libaralized mode of traffic in care with different actors: households, agencies, non-profit institutions; for- and non-profit organisations supported by and embedded in public funding; for-profit companies partially acting on the stock market.

For Polanyi (2001, p. 141) industrial capitalism is the epoch in which the "liberal creed" with the idea of the "self-regulating market" became the dominant organisational principle not only of the economy, but also – for the first time in history – of society with the relations between society and economy reversed: "(...) it means no less than the running of society as an adjunct to the market. Instead of economy being embedded in social relations, social relations are embedded in the economic system. The vital importance of the economic factor to the existence of society precludes any other result. For once the economic system is organized in separate institutions, based on specific motives and conferring a special status, society must be shaped in such a manner as to allow that system to function according to its own laws. This is the meaning of the familiar assertion that a market economy can function only in a market society" (Polanyi 2001, p. 60). Polanyi's concept of the embedded and disembedded economy and market is an issue of vivid controversies in the last decades (Deutschmann 2019, pp. 18ff.). Following Margaret R. Somers (2018, 92, original with emphasis), the strength of his perspective consists of "recognizing the co-existence of disembeddedness and embeddedness" of the market, which empirically does not exist independently from the societal organisation and therefore also from the relations of power and is not the least socially and politically shaped. Nevertheless, the market exchange can become the dominant organisational principle subordinating economy and society to its laws caused in a certain universality of its mechanisms (Deutschmann 2019, pp. 34ff.) and pushed by the "liberal creed" with the "selfregulating market" at is core (Polanyi 2001, pp. 141ff.).

The concept of the "double movement" describes the dynamics going along with the historical expansion of the market exchange: "Social history in the nineteenth century was thus the result of a double movement: the extension of the market organization in respect to genuine commodities was accompanied by its restriction in respect to fictitious ones. While on the one hand markets spread all over the face of the globe and the amount of goods involved grew to unbelievable dimensions, on the other hand a network of measures and policies was integrated into powerful institutions designed to check the action of the market relative to labor, land, and money" (Polanyi 2001, p. 79). From the Polanyian perspective their inclusion into the "self-regulating market"

with its destructive effects evokes such a countermovement by which the society seeks for protection and tries to re-embed the market (Polanyi 2001, pp. 51, 75f., 136).

Neither the epoch of 19th Century capitalism nor the era of economic liberalisation Polanyi witnessed in the early decades of the 20th Century leading to "The Great Transformation" of capitalism and society are comparable with the contemporary development (Polanyi-Levitt 2013). If reference is made to Polanyi's concepts to analyse the transformation of contemporary capitalism, the era of economic liberalisation since the 1970s is at the centre (Block/Somers 2014; Buğra/ Ağartan 2007) and diagnosed as a new "wave" of "marketization" (Burawoy 2015). It goes along with the market-fundamentalist commodification of labour and care accompanied by different forms of neoliberal governance and the transnationalisation of politics and policies (Aulenbacher/Décieux/Riegraf 2018a, 2018b; Fraser 2016; Lutz 2017; Tronto 2017). In this context the societal organisation of care and care work is undergoing remarkable change beginning with the shift from the male breadwinner- to the adult worker-model which has concerned gender and intergenerational care arrangements since the 1970s and the economic shift in the reorganisation of the welfare states since the 1980s. Over the last decades under the auspices of the new phase of globalisation after the fall of communist rule in Central and Eastern Europe in 1989 and the encompassing market fundamentalist and neoliberal developments, a forced commodification, marketisation and corporatisation of care and care work took place (Farris/Marchetti 2017). These developments include different forms of marketisation and quasi-marketisation of the private, public and third sector's care provision and of domestic work and care by the rise of new markets with home care agencies as powerful brokers of care and care workers. They involve new stakeholders in the field or change the roles of the established ones and are accompanied by care and labour disputes. In particular in the Global South, pioneer struggles for domestic worker rights have become more visible, reached the International Labour Organization in 2010 and succeeded in 2011 with the adoption of the Domestic Workers Convention (C189) which includes equal rights, regulation of employers' responsibility, limitation of working hours, regulation of working conditions and the right to form trade unions (Blofield/Jokela 2018). In Western and Central Europe, although there are increasing care disputes in the private, public and third sector concerning residential elderly and child care after the 2008/9-crisis of finance and the subsequent austerity schemes

(Völker/Amacker 2015; Artus et al. 2017), domestic care has been less contested, but this seems to change (Schwenken 2006, Schilliger 2014). Notwithstanding differences between countries, core issues of care protests and disputes in the private, public and third sector are the emerging contradictions between decent care and decent work under the auspices of (quasi-)marketisation and poor working conditions, and established forms of collective bargaining partially go along with new care protests (Aulenbacher/Dammayr 2014; Dörre/Ehrlich/Haubner 2014; Winker 2015). Core issues of domestic worker struggles are equal rights, protection against exploitative working conditions and social security. The protests often show a similar pattern with an individual protagonist initiating them, social movements arising in the field and stakeholders discovering the problems (Blofield/Jokela 2018; Schwenken 2006; Schilliger 2014).

Austria did not ratify Convention 189, but is nonetheless an interesting case in regard to these developments for several reasons: Austria has become a forerunner state for the marketisation of home care for elderly provided as personal care in a live-in arrangement with care givers - primarily female migrants from Central and Eastern European countries – living in the private household of care receivers and taking on tasks like cleaning, cooking and caring for them. This has been made possible by its legalisation, cash-for-care policies in the frame of the ideal of home care as anticipated best practice, the recognition of personal care as profession, the established mode of entrepreneurship resulting in a flourishing care market for home care agencies brokering 24-h-care. The Austrian model of 24-h-care has been contested from the beginning and although it was introduced as an interim arrangement twelve years ago (Bachinger 2010, p. 409), it has hardly been modified (Leiblfinger/Prieler 2018; Shire 2015). This is better understood in light of change in the private, public and third sector care provision underlying the above mentioned (quasi-)marketisation which is not only criticised for its poor working conditions, but also for its poor care provision (Dammayr 2019), and which lets domestic care appear to be an alternative despite eroding gender and intergenerational arrangements in familial care.

We will investigate this complex constellation through the lenses of the Polanyian concept of a "double movement" to shed light on the marketisation of domestic care and care work and on care protests or alternative visions of caring in the field and the

question how they are motivated. Our thesis is that this constellation partially can be understood as a Polanyian "double movement", a "movement" of forced marketisation changing the meaning of care and caring - from care receivers to clients and consumers, from care to care packages, from care givers to caring entrepreneurs – as well as the care conditions. Moreover, contradictions and conflicts between decent care and decent work emerge by this reorganisation of care and care work (Aulenbacher/Décieux/Riegraf 2018a, 2018b; Aulenbacher/Leiblfinger 2019) and seem to evoke discussion about and protest against the market driven dynamics in the field by diverse initiatives involving stakeholders or by the articulation of individual discomfort and protest. We outline the rise, functioning and contestation of the Austrian model of 24-h-care in Polanyian terms as a "double movement": a "movement" into the further and forced marketisation of care and care work making the brokering of live-in care a more or less accepted business like many others on the one hand and a "countermovement" criticising, scandalising or fighting it on the other hand. We aim to point out remarkable motifs which interact in the market-prone, but nevertheless societally embedded Austrian live-in care arrangement.

Beginning in the early 1990s, an irregular market of live-in care arrangements for elderly people developed in Austria. Mainly organised via informal networks or a few small brokering agencies, predominately women from neighbouring Central and Eastern European countries like the Czech Republic or Slovakia began to work in Austrian households providing cooking and cleaning, company, assistance in everyday life as well as nursing care. Next to the economic situation in the sending countries, Austria's care regime was a driving force for the establishment and acceptance of this transnational home care market (Österle 2016). Despite the slow extension of public long-term care facilities and services, care for the elderly is still regarded primarily a matter of the family, and within families, predominately women (Appelt/Fleischer 2014). This idealised familial and domestic care is further underlined by the Austrian cash-forcare system, introduced on a federal level in 1993 (Österle 2013). Having no specific use predefined, the long-term care allowance (*Pflegegeld*) emphasises autonomy and choice of its recipients and strengthens their role as consumers on welfare markets: "the scheme aims at user-driven developments in the social service sector [...] not by requiring users to buy specific services, but through increased purchasing power in the hands of users" (Österle/Bauer 2012, p. 269). Combined with high unemployment rates

and low pensions in many post-communist countries, resulting in the availability of relatively cheap transnational labour, the cash-for-care scheme therefore contributes to and stimulates the marketisation of elderly care.

In 2007, the prevailing irregular practices were legalised and the new profession of "personal care" (Personenbetreuung) was introduced. Although an employeremployee relationship would also be possible by law, the self-employment model predominated from the beginning. It integrates self-employed personal carers in the general social insurance system³ and caused a certain formalisation of this arrangement (e.g. specified tasks, mandatory contracts) (Österle/Bauer 2016). At the same time, the Austrian self-employment model undermines usual social protections and workers' rights connected to regular employment. Like all self-employed, carers are not eligible to minimum wage or paid vacation and working time regulations do not apply to them, making the so-called 24-h-care a flexible and relatively cheap option for Austrian middle and upper class households (Aulenbacher/Leiblfinger/Prieler 2018)⁴. From 2007 onwards, the market for transnational live-in care has rapidly increased with more than 63.000 care workers registered with the Austrian Chamber of Commerce at the end of 2018 (WKO 2019, 11). The majority of care workers come from Rumania or Slovakia and 95 per cent are female as well as between 41 and 60 years old. In a typical Austrian home care arrangement, two carers alternate in two to three week shifts as live-ins (Leiblfinger/Prieler 2018).

Brokering agencies play a crucial role on these new care markets. They do not only recruit and place care workers, but offer a variety of services to households and – to a lesser extent – to care workers. By doing so, they shape many conditions of the care arrangement (e.g. honorarium, duration of shift, etc.) (Österle/Hasl/Bauer 2013). Despite their influence, they assume no liability for the carer's work as care workers bear the sole responsibility for the working conditions as well as for the results of their care work (Aulenbacher/Leiblfinger/Prieler 2019; Steiner et al. 2019). The number of these brokering agencies has risen from around 20 in 2005 (Bachinger 2009, p. 152) to 786 in 2018 (WKO 2019, p. 11), consisting largely of sole proprietors and limited

³ Coverage is comprehensive, but slightly less extensive compared to employees.

⁴ To guarantee the affordability of the legalised model compared to the previously irregular arrangement, a means tested monthly allowance of up to € 550 for care receivers was introduced to cover social insurance costs.

liability companies as well as some not-for-profit organisations and transnational cooperations (Aulenbacher/Leiblfinger/Prieler 2018, 2019).

Agencies promote 24h-care as a perfect solution for rising care demands, promising relief from demanding care responsibility to relatives and autonomy and individualised care at home to care receivers. In their advertising, they address people in need of care and their relatives as clients and consumers who buy a specific 'product'. To this end, many agencies offer different care packages, combining language skills, of the qualification or work experience carer with graduated prices (Aulenbacher/Leiblfinger/Prieler 2019). In case the care worker does not meet the household's expectations or they do not get along well with household members - "if the chemistry is not right" (AG 07, p. 12, II. 375-376) – agencies exchange carers which further underlines the character of 24h-care as a (fictitious) commodity (Aulenbacher/Leiblfinger 2019; Rossow/Leiber 2017).

Agencies do not only act as professional providers of home care packages but try to influence the market and its regulation according to their interests – which may differ significantly according to organisational characteristics and self-positioning of the various agencies. Some representatives, mostly of bigger enterprises, are strongly intertwined with economic or political stakeholders or those rooted in civil society, may it be on a more informal basis or formally as an official in the Chamber of Commerce. Besides the chamber as the institutional representative of all entrepreneurs – which means agencies as well as self-employed carers –, care workers' and care receivers' NGOs, relevant ministries, and unions are important stakeholders in the field.

2. Agencies' perspectives on the Austrian live-in care arrangement and the problems and challenges of the care market

Across all representatives of agencies we have interviewed⁵, a broad common sense exists that 24-h-care – at least with regard to care recipients and their families – is a suitable answer to intensified care needs and that there is no realistic alternative to the self-employment model as it represents a relatively cheap option for both the Austrian

⁵ Between May 2018 and February 2019, we interviewed 11 representatives of home care agencies with varying size, legal form and business concepts.

welfare state and private households. As experts in the field they nevertheless are aware of the diverse problems arising within this transnational care arrangement. In the interviews, they criticise certain aspects of the competitive care market, other home care agencies, care receivers, their relatives and care workers and propose different measurements to improve the situation (Aulenbacher/Leiblfinger 2019).

Given the high and still rising number of brokering agencies, it comes as no surprise that many interviewees see the sharp competition on the increasingly crowded care market as a challenge. In order to separate themselves from others, they offer additional services like hourly, nightly or short-term home care or regular quality controls, and some specialise in dementia or hospice care (Aulenbacher/Leiblfinger 2019). While trying to find their own niche and convincing costumers with professionalism, they complain about so called "black sheep" (Steiner et al. 2019) who ruin the market with price dumping and poor quality. "And of course also the high number, it simply got confusing, yes. So prices and, and the market is so flooded nowadays. Yes, it is simply, everyone, every, sorry, run-of-the-mill nurse opens an agency, not knowing anything. That's where huge troubles arise" (AG 03, p. 27, II. 868-873). Against this background, many representatives favour stronger political regulations, for example a quality seal, to tame the "wild market" (AG 07, p. 35, l. 1106). This would lead to fairer competition, based not only on prices but also on quality; households would benefit from a better comparability of agencies and could rely on fixed matching and care standards. Which criterions the quality seal should be based on (e.g. certain qualification of agency employees and care workers) is not uncontroversial and reflects the heterogeneity of agencies and their different business concepts and interests. Whereas most agencies and other stakeholders prefer a staterun seal, the NPOs Caritas, Hilfswerk and Volkshilfe – important players in Austria's social service sector in general and also in the field of live-in care - implemented their own exclusive quality seal they commit themselves to (Aulenbacher/Leiblfinger 2019). In doing so, they try to strengthen their image as high-quality providers as well as their prominent market position.

With regard to the working and living conditions in households, agencies identify a lot of problems, among others conflicts arising from the care workers entering the established household and familial order, jealousy, (sexual) harassment as well as

insufficient board and lodging or excessive expectations of family members concerning temporal availability and tasks of the carers (Aulenbacher/Leiblfinger 2019). "And it's always a topic that it's not slavery, yes. Because there is always: 'I pay for 24 hours, so I want to use them.' It's not like that. There have to be conversations, where one says: 'There have to be breaks', not by law, that's right, but the women obviously need time to catch their breath" (AG08, p. 8, II. 233-237). Another important topic for care receivers and their families and indirectly also for agencies is the affordability of live-in care. Even with the federal allowance for 24-h-care taken into account, only middle and upper class households can afford this arrangement and even these families often struggle to cover the monthly costs (Aulenbacher/Leiblfinger/Prieler 2019). Many agencies therefore appeal to the state to increase the allowances for 24-hour-care as well as for long-term care, which meets the interests of care receivers' NGOs but also those of representatives of care workers who see the higher purchasing power of households as precondition for adequate honorariums⁶. At a time when the economic situation in some sending countries have improved and local wages have risen, causing for agencies' challenges in recruiting care workers, this aspect gains further importance.

From a Polanyian perspective we can see that the marketisation of 24-h-care has been instituted by politics and policies of the conservative welfare state, further diminishing public in favour of private responsibility for elderly care and supporting the middle classes to buy care on widely "self-regulating markets". On these international, highly competitive markets the brokers' recruitment strategies are based on shuttle migration: Brokers from the sending countries as well as from Austria recruit care workers by offering a honorarium – in a wide range between the so called "black sheep" and highly specialised agencies in the field of intense medical care – of \in 30 to 150 per 24 hours, which is often better than what carer workers can expect as salary or pension in sending countries. The usual honorarium of \in 60 to 70 per 24 hours – paid only for the days spent working in Austria – does not allow care workers to live outside of the live-in arrangement including board and lodging, but enables them to pay for their own and their families' subsistence in the sending countries in the weeks of 'unemployment'. As the care givers are dependent on the everyday life needs of the care receivers and breaks – in practice – are more part of the informal than the formal arrangement,

⁶ Some provinces in Austria have started to add their own benefits.

exhausting working conditions and extended working hours tend to threaten both: the opportunity and chance to care for themselves and the quality of care for the care receivers. Notwithstanding that in many cases representatives of the brokering agencies may feel responsible for both - the well-being of the care receivers and their relatives as clients and customers and of the care workers who they have 'matched' with the respective households –, they primarily strive to influence the conditions on the care markets by changing the care arrangement instead of treating the working conditions as an agenda in its own right. When they ask for more funding for the households, the intention is to increase the purchasing power. The quality seal presumably given to brokers in Austria - promises to create advantages for the competition between the high-quality and -price sector and the low-price-sector of the care market and therefore promises to work against price dumping as the predominant dynamic on the disembedded international care market. The exhausting commodification, marketisation and corporatisation of labour and care in the live-in arrangement does and must not matter in the same way. The shuttle migration-based arrangement implicitly calculates that there is unpaid time in the sending countries to regenerate - whereby investigation of the transnational arrangement shows that the care workers are working at home, too, for their own family or otherwise (Haidinger 2013). Despite complaints about the difficulties of finding qualified care workers who temporarily migrate and work in Austria or about the problems to go to farer Eastern Europe for cheap labour force recruitment, the arrangement still works under given conditions. And in case of failure the already mentioned exchange of carers is the short term solution as long as self-employers, who are forced to accept these conditions, are available on the transnational care market.

The fundamental contradiction of the Austrian 24-h-care arrangement consists of the promise to provide decent home care for those who can afford to pay between \in 1.830 and 3.300⁷ for it without facilitating decent work or even calculating poor working conditions for – in a Polanyian sense (Polanyi 2001, pp. 75f.) – dislocated care workers whose working capacity and livelihood is put at risk. Although one of the most powerful ideological construct covers and disguises this relation – the win-win-metaphor relating to the care gain of the care receivers and their relatives and the higher income of the

⁷ Own investigation of Viennese home care agencies' websites; includes carers honorarium, social insurance costs as well as agency fees for households.

care givers compared with the sending countries' wages and neglecting the care drain (Schwiter/Berndt/Schilling 2014; Lutz 2018) – this contradiction can be identified as the most important source of conflicts. It also motivates stakeholders in the field to think about necessary modifications, thoroughly in a Polanyian sense that society seeks protection from the market-driven dynamics, as well as other factors.

3. Stakeholders' perspectives on the live-in care arrangement and the beginning organising of carers

For years, personal care workers didn't have a lobby. Since most carers are selfemployed, unions and the Chamber of Labour have no (formal) power of representation as all self-employed have compulsory membership in the Chamber of Commerce. Both the Austrian Trade Union Federation as well as the Federal Chamber of Labour raised several concerns during the public law review process of the Home Care Act (19/SN-40/ME and 34/SN-40/ME); however, once the law passed, they took little initiative to bring about change. One reason might be that even experts considered the 2007 Home Care Act a transitional model within a longer regulatory process (Bachinger 2010, p. 409). Now, twelve years after the law was enacted, there has been little change and personal home care has become an established part of Austria's elderly care regime and is widely - though not universally - accepted. Nonetheless, there has been critical media reporting⁸ with new controversies arising over the acceptance and future of the practiced self-employment model as well as incipient attempts to better the situation of care receivers as well as carers. The forced marketisation and the increasing influence of the home care agencies have made the 24-h-care a three-fold issue in terms of protection with the contradiction of decent care without decent work at the core: Care receivers and their relatives addressed as consumers should be protected from "black sheep" or grey market brokering, but also from offers of home care agencies lacking transparency (Österle/Hasl/Bauer 2013; ST05; ST10). Care givers in private households should be protected from demands of care receivers and their relatives concerning availability and tasks not being in line with the contracts and going along with exploitative working conditions and from the care agencies making 'extra-profits' by administrating the payment and participating on the honorarium. Care receivers in the private household should be protected from improper or inappropriate treatment and abuse of trust by the care givers in the ever

⁸ E.g. Kurier (2017a, 2018); Falter (2017); Der Standard (2018).

difficult relations of caring with all their interdependencies (Aulenbacher/Leiblfinger 2019; Tronto 2017).

As clear as such a public diagnosis of the problems seems to be, looking for measurements to change the care arrangement into a more protective direction is a complex and difficult concern. Our interviews with representatives of various stakeholders in the field⁹ have echoed the public discourse and diagnosis: Some demand the abolishment, especially of self-employment, or to step away from the familial ideal of caring for someone in their own homes. Others suggest only minor revisions of the current model are needed like strengthening carers in their role as selfemployed or - similar to representatives of agencies - market regulations against price dumping and the effects on the quality of care. The discussion varies between alternative visions of elderly care, other forms of its commodification like residential care communities or place based ageing and the improvement of the existing live-in care arrangement. In regard to the wind of change in the field of 24-h-care the visions of totally different forms of caring may be more spectacular, but hardly the visions of today or tomorrow in face of the increasing care markets, the growing influence of the agencies, the acceptance of 24-h-care as long as there seems to be no alternative in the declining welfare state. Therefore, we focus on the perspective to interfere and modify the established arrangement which is connected to current problems while seeking for practicable solutions or forms of resistance.

However, acceptance of the established 24-h-care arrangement often goes against one's better judgement based on experiences with the effects of uncontrolled marketisation for care givers and receivers: "Personal care givers are brokered, who often have no training [...]. But then there are often [...] very dependent care receivers, where care givers end up. They are not allowed to nurse them, they only care for them, but in practice they do everything [...]" (ST10, p. 2, II. 53-58). As this interviewee alludes to, accepting this model also means accepting its weaknesses: Personal carers are not required to have formal training in caring or nursing¹⁰ and are actually allowed to

⁹ Between May and July 2018, we interviewed 11 representatives of relevant stakeholders from representatives of unions, both the Chamber of Commerce and Labour, relevant ministries, as well as care workers and care receivers NPOs.

¹⁰ If the care receiver claims the federal allowance for 24-h-care, personal carers have to meet (low) training standards, although these can be waived if as little as six months practical experience can be demonstrated.

perform nursing and simple medical tasks via delegation from a nursing or medical professional (Leiblfinger/Prieler 2018). Most of the stakeholders address this problem and demand formal training while often stressing it is only feasible if the government raises the federal allowance for 24-h-care. But not only the lack of formal training can lead to problems: "This is often a problem that they [...] can't speak German at all. [...] Then things happen [...] like when preparing medication, for example, and so forth, [...] it's often due to [lack of] understanding that problems happen" (ST10, p. 7, II. 210-215). Since the whole model is based on shuttle migration with underlying economic and welfare gaps, carers are often not chosen for their skills and qualifications but rather economic reasons and the importance of care receivers and workers getting along (e.g. AG 07, p. 12, II. 375-377; Aulenbacher/Leiblfinger 2019). This includes the already mentioned strategy of brokers to go to farer Eastern Europe for cheap labour recruitment which is criticised from the stakeholder perspective in terms of exploitation along the history of migration. Slovaks have been among the first generation of care workers and Romania as sending country later became of interest for the agencies in face of recruiting problems in Slovakia. Stakeholders state: "Slovaks are already sophisticated, because they already do it for a long time, but the Romanians [...] make rookie mistakes [...]. And agencies [...] use [information gap] shamelessly, because they get [carers] from far away, who know nothing at all, and then exploit them financially [...]" (ST10, p. 13, II. 418-425) In line with agencies, stakeholders see a possible betterment in stronger political intervention and have hopes that a quality seal could sort the increasingly congested market (e.g. ST01, ST05, ST10, ST11), though some stress that it is the agencies as intermediators between care receivers and givers, households and care workers that need to be supervised not just carers (Kurier 2018). As one interviewee put it: There needs to be "[...] neutral, preferably state-run, quality controls in households" (ST09, p. 18, II. 584-585), with the stakeholder representative adding that some households don't even meet minimal requirements for live-in carers in regards to the "protection of privacy" (ST09, p. 18, I. 588), in short, a separate, lockable room. In these perspectives the state and politics are addressed to improve the live-in care arrangement by controlling the actors in the field and combining public support and funding with conditions which may be better able to guarantee both decent care and decent work.

Along with the rather public debate and critical media coverage of Austria's 24-h-care and its problems, carers have started to organise themselves and have been organised by church-associated initiatives and a union, though not to the extent as in Switzerland (Schillinger 2014; Steiner/Schwiter/Villalba 2019). Apart from using online networks like Facebook to stay connected, consumer advocates, unions and the Chamber of Labour have criticised "dubious agencies" and advocate for "more fairness, transparency and quality", a direction self-organised carer initiatives support (Kurier 2018). At the moment it is difficult to judge whether these new forms of organising have a more "liquid character" (Burawoy 2015) reacting to everyday life experience with the exhausting commodification of labour, which put self-care and care for others in the hands of the carers at risk, or whether they are the origin of new forms of individual and collective resistance which may form own initiatives instead of trade unionism. A widely publicised case¹¹ concerns Elena Popa: The Rumanian personal carer from a village in Banat went public in 2017 with what she called "mafia-like structures" (Kurier 2017b) of local agencies in Rumania, who often act as partners for home care agencies in Austria. Popa accused those agencies not only of siphoning off money from the carers with dodgy fees, but also of forging documents. She was subsequently sued and she as well as her husband received repeated (sometimes life-)threatening phone calls, with her court case in Timisoara that started in late 2017 still pending in early 2019, the last time a newspaper published about her case (Der Standard 2019). Popa still works as a personal carer and the Austrian partner of the Rumanian plaintiff considers her to be a "troublemaker" and distrusts her accusations. Though she herself has become "fatigued" of her role as the carers' public "figurehead", Popa still receives a lot of support from other personal carers with messages and video calls (Der Standard 2019). In Austria – as well as in other countries – this well known pattern of a protagonist of domestic worker protest and arising carer movements coincides with the discovery of the issue by trade unions.

In the Austrian case – besides many other motifs – trade unionism in live-in care can be seen as the unintended effect of its market fundamentalist commodification by selfemployment. Where the Chamber of Labour is more on the side of consumers protection because the self-employed care workers as well as the brokering agencies are mandatory members of the Chamber of Commerce and unions are organising

¹¹ E.g. Der Standard 2019; Falter 2018; Kurier 2017b & 2018

regularly employed workers, a new trade union initiative has become a remarkable stakeholder in the field striving to organise self-employees besides other selfentrepreneurs and therefore being able to address care workers. Currently home care agencies are not allowed to employ carers; the regulation of potential employment contracts and conditions may become a key issue for change and unions a key actor in case of their success in organising. While the Domestic Worker Convention is organised around the legal regulation of employment and employment conditions, the market-fundamentalist Austrian case of self-employment is based on legalisation and formalisation and makes the care market function in a more or less legitimised or criticised way (Aulenbacher/Leiblfinger/Prieler 2019; Steiner et al. 2019). The challenge from a unionist perspective under these conditions is to organise selfemployees who can hardly be reached at the workplace in Austria, are abroad in times of 'unemployment' and whose working conditions often depend on individual and informal negotiations in the private households and therefore need to be influenced by different sides. However, at least one union tries to reach personal carers directly in Rumania, offering information on and support for their rights and obligations as selfemployed carers in an attempt to strengthen the knowledge against shady agencies (Die Presse 2018).

4. Conclusion

In the Austrian case of live-in care, welfare and family conservatism and market fundamentalism converge to a legalised and therefore widely legitimised and accepted mode of brokered self-employment in 24-h-care which nevertheless is continuously criticised. From a Polanyian perspectives we can show that the law of the market – the mechanisms of demand and supply and "the signals of prices, costs and profits" (Deutschmann 2019, p. 22) – regulates the brokering of live-in care on disembedded international and embedded national and transnational care markets with the effect of producing a fundamental contradiction between decent care and decent work. This contradiction and the accompanying conflicts as a kind of everyday life experience of marketisation let different actors discuss the established care arrangement in terms which indicate the search for protection from market driven dynamics by furthermore addressing the state as well as organising resistance and protest. While brokers try to interfere into to the markets to improve the rules of competition, the destructive commodification of labour and care seems to be a strong motif letting stakeholders as

representatives of different parts of the society or protagonists of a care workers movement ask for a change of the rules of the care arrangement instead of letting it function in accordance with the law of the market. When we therefore diagnose a Polanyian countermovement in the field of 24-h-care, it does not mean that the attempts to criticise marketisation, to regulate markets and to organise care workers are not motivated by many other motifs as well.

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