

**Home care in Germany:
Migrant care work in different fields and patterns of
inequalities**

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Abstract

With the introduction of Long-Term Care Insurance in Germany, a largely family-oriented care provision was established complemented by market-oriented professional services. Against the background of demographic and socio-economic changes above all the rising female employment the use of different types of paid care work – professional home care organized within the framework of LTCI, household-oriented domestic work and comprehensive care provision within the family framework i.e. “24 hours care arrangements” – by private households gradually increased. Migrant care workers are differently involved in all three fields of paid home care work. The paper analyses the establishment and regulation of the three fields based on an interaction of long-term care-, professionalization-, employment- and migration policies and the mode of involvement of migrant care workers in the different fields. In the focus are the emerging patterns of inequalities between migrant and autochthonous care workers between and within the three fields.

1. Introduction

The involvement of different societal sectors in care responsibilities and policy arrangements is characteristic of long-term care as a welfare area. Long-term care cuts across many boundaries in society, especially between the private (i.e. mainly family) and the public (i.e. state, market, civil society) sphere. Countries differ with respect to the significance of the sector in which long-term care takes place and in terms of their organisation, regulation, and financing as well as the interplay of these features (Evers/Svetlik, 1993; Evers/Wintersberger, 1990; Powell, 2008).

In their concept of welfare pluralisms, Evers and Olk (1996) called for care policies that deliberately combine the different sectors to create a synergetic mixture in which the weaknesses of one sector are counteracted by the strengths of another. In this concept, the authors emphasised combining state responsibility (within financing and regulation), the potentials of family caregiving, the diversification of formal care providers, and the involvement of actors from civil society. These ideas are partly reflected in the cultural basis and institutional design of Long-Term Care Insurance (LTCI) in Germany, with its emphasis on publicly supported family caregiving, which is complemented by a publicly regulated, diversified, and marketized professional care service infrastructure.

LTCI was introduced in Germany in 1995/96 .In an interplay of family-oriented care values in place and the policy design, a largely family-oriented care provision emerged that is particularly supported by cash payments. Demographic changes that are characterised by an increase in the proportion of elderly people 65 years and older and the simultaneous rise of female labour market participation above of all of women between 50 and 64 years have resulted in an increase in care needs in society and a decline in the care potential of families. On the level of private-care households, gradual care arrangements that are characterised by a mixture of informal family caregiving and formal, paid care work have gradually been developed. Formal, paid care provision is based on a mixture of professional care provision developed within the framework of LTCI as well as on further types of care- and household services, which have often emerged irregularly via strategies that care recipients or their families use to fill care gaps.

This complex mixture of different types of paid care services provides the starting point for the process of formalisation of care work in different fields and under distinct policies. Migrant

care workers are involved in the expansion of care work in all three areas. The present paper focuses on analysing the involvement of migrant care workers in the three fields, on commonalities and differences between migrant- and autochthonous care workers, and on the emerging patterns of inequalities both within and between fields against the background of the distinct policies. In the following section, the first conceptual framework used in the analysis is discussed. In the empirical section, the formalisation of care work in the three fields and their inequality-related outcomes are analysed.

2. Conceptual part

Daly's (2000) concept of the interrelationship between (long-term) care policies and the development of inequalities based on gender and socio-economic class between different types among carers is used as a starting point for the present analysis. According to Daly (2000), this interrelationship can be captured by the analysis of the interplay between structures (i.e. significant dimensions of institutional design and cultural underpinnings) and processes (i.e. the construction of care work across the private–public border) within private and public areas and outcomes (i.e. patterns of inequalities between different types of carers defined as the gendered and classed distribution of resources and the corresponding stratifications) as well as between gender and classed incentives for actions (i.e. available choices based on policy approaches within given social and gender structures).

In her concept, Daly (2000) included long-term care policies and employment policies as well as their interaction as decisive policy areas for analysing the intersection of patterns of gendered and classed inequalities. Research on the involvement of migrant care workers and emerging patterns of inequalities has revealed the influence of different types of migration policies and extended employment policies with approaches of the professionalisation of care work (Williams 2012; Theobald 2017). The analysis of the involvement of migrant care workers in this area requires considering three policy areas: long-term care-, professionalisation-, and employment- and migration policies in addition to their interplay. In the following section, basic dimensions of the policy areas and their interrelationship with the construction of care work across the private–public border and within different societal areas are discussed.

Based on the international comparative research on care regimes, fundamental dimensions for the analysis of *long-term care policies* can be summarised. This concerns the dimensions for the definition of long-term care rights i.e. eligibility criteria, generosity (the range of risks covered and the level of public support), and the type of benefit (see Theobald 2014). The shape of long-term care rights impacts the interplay of different types of care work in the care arrangements, which builds the starting point for the process of constructing care work across the private–public border.

In the focus here are the different forms of formalisation of care work; i.e. a professional care work in the public sphere – state, market, third sector – or as paid regular or irregular care work within the family framework against the backgrounds of long-term care policies in the area. Research has demonstrated that at least a medium level of financing and an emphasis either on service-related benefits or on strictly regulated cash benefits are a prerequisite for the formalisation of care work as a regular activity on the labour market. By contrast, the availability of unregulated cash payments and lower levels of financing foster the emergence of (low) paid care provision within the family framework (Ungerson 2005, Simonazzi 2009).

The development of the paid provision of care work within the household framework is further promoted by policies that publicly support household- or personal-oriented services within private households, which have been established more recently in Europe (Morel 2015; Carbonnier/Morel 2015).

The formalisation of care work within the family or public sectors depends on **professionalisation- and employment policies**. Based on a comparison between Germany, England, and Finland, Kuhlmann and Larsen (2014) distinguished three basic paths of professionalisation of (nursing) care work. They compared a “constrained professional development” in Germany with an emphasis on comprehensive occupational training programs at a medium level with an “elitist” approach in England and its focus on nursing study programs and finally with the “integrated” Finnish approach, which provides structures for professionalisation on high, medium, and lower levels of care work related to integrated career paths between the different levels. Empirical research in different countries have shown that a strong role of the state as financier and provider promotes professionalization of care work on different levels, while marketization in particular impedes professionalization on lower levels of care work (see e.g. Henriksson et al. 2006; Wrede 2008; Dahl 2017; Kroos/Gottschall 2012 ; Hussein 2018). Also the formalisation of care work within the family context in private households impedes the professionalization of care work. The introduction of different types of (non-regulated) cash benefits to foster care provision by the family or within the family context has led to an unclear boundary between unpaid informal family care work and formal care work (see e.g. Knin/Verhagen 2007). Moreover, policies designed to promote the expansion of personal-, or household-oriented services define these activities as low-skilled jobs, which often go hand in hand with precarious employment conditions (see Carbonnier/Morel 2015 for Northern-, and Central European countries).

Finally, **migration policies** are significant for the allocation of migrant care workers to different fields of care work. In her comparison of migration policies in elder care in selected EU countries, van Hooren (2012) organised policy approaches based on levels and forms of regulations. The interplay of regulations that are valid in all countries and specific approaches in the individual member states are characteristic of EU countries. Based on the idea of free movement of labour in the EU single market project, the labour market is generally open for residents of the EU member states. In contrast, there are regulations for third countries, which opens up clearly defined groups among care workers for professional services within firms and private households to international recruitment. In contrast to this approach, there are migration policies that aim to regularise the status of undocumented migrants who already live in these countries. In this context, it is possible to distinguish between “managed migration regimes” and “unmanaged migration regimes” (see also Lamura 2013; Rostgaard et al. 2011). “Managed migration regimes” are regarded as typical for countries in Northern- and Western Europe and focus on the international recruitment of nurses or trained care staff for the professional care infrastructure. The less controlled and regulated countries in Southern Europe enable more irregular migration in the care sector, where female migrant care workers are often employed in private households. In Germany, there are very different types of regulations in place concerning both regimes (i.e. professional care services delivered by providers and care work within private households).

In the final section of this part, approaches to analysing the inequality-related **outcomes** of the policies and the related processes of the construction of care work across and within

different sectors is discussed. The starting point again comes from Daly (2000), who defined the patterns of inequalities between different groups of carers and the related stratifications based on the distribution of resources and the incentive for actions (i.e. available choices provided within the framework of policy approaches within the given social structures) as outcomes.

This basic idea is developed further via two concepts: dualization and marginalization. The concept of dualization focuses on the analysis of the increasing divide – dualization – between insiders and outsiders in the labour market (see Emmenegger et al. 2012). Dualization is viewed as a political process – that is, it is the result of political interventions or the absence of political interventions in a situation of structural changes to the labour market. Institutional dualism (i.e. “policies [that] increasingly differentiate rights, entitlements and services provided to different categories of recipients” – in other words, insiders or outsiders) is characteristic of policies related to dualization within social policy areas (Emmenegger et al 2012, P. 10). Dualization can take three different forms: 1) a deepening of already-existing institutional dualism, 2) a widening of institutional dualism (i.e. more groups are treated as outsiders), and 3) the establishment of new types of institutional dualism. Processes of dualization very likely result in increasing social divides or inequalities between insider- or outsider groups. The concept of dualization can be used to relate distinct elements of social policy designs to structural output as a starting point for the emergence of patterns of inequalities.

A shortcoming of the concept dualization is the focus of insiders or outsiders on the regular labour market. The concept of marginalization enables an analysis of employment patterns ranging from standard employment in the labour market and precarious employment situations to grey-market activities. According to Castel (2000, 2008), processes of marginalization are characterised by gradual processes of destabilization and a degradation of labour market situations and related social security. Castel defines three zones: The zone of integration is characterised by a stable labour market situation and corresponding comprehensive social rights. The following zone of vulnerability is characterised by an insecure, precarious labour market situation, and the final zone of disaffiliation of life situations is marked by social exclusion from the labour market (e.g. due to (long-term) unemployment). For the latter zone, Castel describes a distinct logic of “official discrimination” – that is, all members of a social group are collectively assigned to an inferior position in society. Kronauer (2008; 2010) concurs with Castel’s idea of three zones, namely integration, vulnerability, and disaffiliation or social exclusion related to a principal denial of social rights. While processes of marginalization indicate a blurriness (vulnerability) of a gradually reduced level of social rights for most social groups in society, distinct social rights are openly denied to only small groups (disaffiliation). As an example, Castel cites the situation of (irregular) migrant groups in which he emphasises the interconnection of positions in the different zones and thereby describes a continuum of positions in society. Political and economic actors and their decisions are responsible for processes of marginalization of individuals and the concomitant increase in social divides in society. The concept of marginalization enables a combined analysis of the development of different fields of care work and related employment situations. The idea of interconnectedness of the different positions is particularly relevant for the field of care work and corresponds to the idea of care work as an interrelated, constructed activity across different societal sectors under distinct conditions. Moreover, the differentiation between the three zones and their interrelationships enables the involvement of formal and grey-market activities.

This paper focuses on the involvement of migrant care workers in distinct fields of home care, which have emerged against the background of German long-term care- and professionalisation policies and related employment frameworks. In an interplay of long-term care-, professionalisation-, and employment policies, migration policies gain significance regarding the allocation of migrant care workers to different fields and their employment- and working situations. For a systematic analysis of the interrelationships with the example of Germany, the empirical section begins with a presentation of long-term care policies and their effects on the mixture of different types of care work in care arrangements (Section 3.1). Processes of formalisation of care work are analysed within the three relevant fields of 1) professional care work delivered by providers within the framework of LTCI, 2) household-related services provided within private households, and 3) comprehensive care provision by live-in care workers within private households (Sections 3.2–3.4). Finally, in the conclusion, the basic patterns are summarised, and changes are discussed (Section 4).

3. Empirical part: Care policies, care arrangements, and the formalisation of care work

3.1 Long-Term Care policies, care arrangements, and interplay of different types of care work

With the introduction of LTCI in 1995/96, long-term care policy approaches were significantly altered from a residual tax-based social care model to a mainly social insurance-based LTC system that precisely defined LTC rights (eligibility criteria, covered risks, defined care levels, and related levels of cash- and service benefits). Despite the considerable changes from a universalistic perspective, the family orientation is clearly visible in the institutional policy design, which moved from a more implicit type of family support in which care responsibilities were ascribed to the families to an explicit familialism in which the still-dominant family care provision is embedded in policy support. Since the introduction of LTCI, in 2017, 11–16% of adults aged 65+ have received benefits, which represents a gradually increasing proportion of older adults who receive benefits (for figures on beneficiaries, see Federal Statistical Office 2001 - 2018). The increase in these rates can be related to demographic changes and in particular an increase in the proportion of older adults aged 80+ as well as to reforms aimed at improving the coverage for people suffering from dementia. In 2017, the dominant use of cash benefits to support care provision within the family framework (with 46.7% of the beneficiaries 65+) and the use of home care as well as residential care (with a share of 26.4% and 27.3%, respectively, among these beneficiaries) still confirmed the family-oriented system at first glance.

However, despite the family orientation, there is now an increasing use of different types of care services by beneficiaries 65 years and older who live at home. In 2017, 36% of these beneficiaries used home care services that were mainly oriented towards bodily care services, which was up from 29% in 1999 (Federal Statistical Office 2001; 2018). According to a representative survey in 2015/16, 35% of care recipients at home received domestic services outside the framework of LTCI, which can be compared with 27% in 2010 who received this type of service and 11% who employed a migrant live-in care worker to provide comprehensive 24-hour care services compared with 2% in 2002 according to a representative survey (Hielscher et al 2017; Theobald 2011; Runde et al.2003). Despite

these changes, in the representative survey of 2015/16, 56% of private households still did not use any type of paid assistance (Hielscher et al. 2017).

Based on the changing patterns of care arrangements, different types of paid care- and domestic services have expanded in Germany since the mid-1990s. In the course of this expansion, migrant care workers have become involved in all three types of paid home care services. In the following section, the involvement and related patterns of integration are analysed in all three areas against the background of professionalisation and migration policies in an interaction of migration status, skills, and gender.

3.2. Professional home care services within the LTCI framework

In Germany, the international recruitment of nurses or skilled care workers on a larger scale began only after 2010. Before 2010, only one agreement between Germany and Croatia and Slovenia had been put in place, with only 2,547 skilled care workers or nurses recruited to Germany between 1996 and 2012 (Neukirch 2015). Despite this late start of international recruitment activities, migrant nurses or care workers had already been employed in home care- and residential care services. Based on a representative country-wide inquiry for 2010, managers of providers estimated that 11% of care workers in home care and 15–23% of workers in residential care services had a migrant background (i.e. were foreign-born or second-generation migrants) (TNS Infratest Sozialforschung 2011).

The commencement of international recruitment in 2010 can be related to several changes of migration policies. Within the framework of the EU single market project, Germany opened its labour market to residents of the new European Union (EU) member states in Central and Eastern Europe in 2011 for most member countries, in 2014 for Bulgaria and Romania, and in 2015 for Croatia. Furthermore, the 2013 reform of the *Beschäftigungsverordnung* (Employment Regulation) enabled employers to recruit skilled personnel with vocational training for occupations with international staff shortages, including nurses and skilled care personnel from third countries. This development was followed for the care sector by a specific agreement between Germany and Bosnia-Herzegovina, Serbia, and the Philippines on the recruitment of skilled care workers and nurses in 2013. This increase in international recruitment is reflected in a rise of the numbers of nurses with the aim of having their professional nurse education recognized – from about 1,000 in 2012 to more than 6,000 in 2017. The five most important countries for recruitments in 2017 were the EU member state of Romania and the third countries of Bosnia-Herzegovina, Serbia, the Philippines, and Albania (Pütz et al. 2019).

The labour shortage and the rising recruitment of migrant nurses or skilled care workers are a result of the expansion and market-oriented restructuring of professional home care provision since the introduction of LTCI in 1995/96. The number of home care providers rose from approximately 4,000 in 1991 to 13,000 in 2015. Simultaneously, the number of care workers rose from 50,000 to 356,000 during the same time; however, this growth was accompanied by a strong increase of part-time work from 46% to 73%, including a share of 20% of care workers employed by marginal part-time work arrangements (for greater detail, see Theobald 2017; 2018). The increasing share of part-time work can be explained by providers' efforts to rationalise care work in order to adapt to the demands of the care

market. Wage levels for skilled and unskilled staff in home care in Germany are low compared with the national average as well as with care work in residential care facilities and in hospitals (Bogai et al. 2016).

In contrast to the development of wages and part-time work, home care staff is comparatively well-trained. In 2015, 45.5% of care workers had completed qualified three-year occupational training as a nurse or elder carer (i.e. a more social care-oriented training program), and a further 6.5% had completed additional qualified occupational training programs in the area. 16.5% were assistant nurses or elder carers with 1–2 years of occupational training, while 27.8% had not completed care-related training or training below the assistant level. The comparatively well-trained staff is due to an integrated provision of nursing care and social care with an emphasis on bodily care, which is defined as a qualified activity that has to be conducted by well-trained staff or under the guidance of such staff. The definition of home care work as a qualified activity fosters the demand for trained home care workers, whereas their difficult employment conditions are reflected in the labour shortage (cf. Theobald 2018).

The involvement of migrant care workers in this field is analysed against this background in two steps: First, using a large empirical survey from 2010 as baseline, the patterns of integration of home care workers are shown before the beginning of the international recruitment on a larger scale. Based on two interview studies conducted between 2015 and 2017, more recent developments are shown. The analysis of the patterns of integration focuses on the emergent commonalities and differences, including indicators for systematic disparities in the employment- and working situation between migrant- and autochthonous care workers.

The large country-wide survey investigated care workers in home care- and residential care services Germany in 2010 under the direction of the author was based on a German adaptation of the Nordcare survey developed under the direction of Dr Marta Szebehely of the University of Stockholm in 2005. The German sampling was performed in a two-step approach: First, a stratified, systematic cluster sample of residential and home-based care providers was selected, and second, providers were asked to distribute questionnaires to all care workers, which the workers completed and returned directly to the university. The survey questionnaire was distributed to a sample of 1,517 care workers with a response rate of 43%. In total, 637 questionnaires (192 in home care and 445 in residential care) could be included in the data analysis.

The sample confirmed that professional care work is a female-dominated activity (90% and higher among participants), independent of sector and migration backgrounds. In the research, migration status is analysed based on the concept of migration backgrounds (i.e. including foreign-born care workers and second-generation care workers). 10.2% of participants in home care and 14.0% of participants in residential care had a migration background, which corresponds to the estimations of managers in the area of 11% in 2010 in home care (see above TNS Infratest Sozialforschung, 2011).

In our study, about 79% of care workers with migration backgrounds were foreign-born, and 21% were second-generation migrants. About two-thirds of these care workers were migrants with German ancestors who had lived in the former Soviet Union (especially in Russia and Kazakhstan) or in Eastern European countries (especially Poland) and had had the right to migrate to Germany and to obtain German citizenship status under the German

constitution. The remaining one-third came from European countries (17.7%, including workers from Italy, Greece, France, the Netherlands, Croatia, and Bosnia) and countries outside Europe (16.5%, including workers from the Philippines, Korea, Columbia, and Turkey). For the most part, these workers can be assumed to have had stable access to the labour market in general either based on their German citizenship status or as residents of EU member states.

For the comparison of the employment situation between migrant and autochthonous care workers, both skill level and working-time arrangements are included and paint a positive picture at first glance (see table 1 below). Migrant care workers had significantly more often completed a three-year occupational training program as a nurse or elder carer than had autochthonous care workers (77% versus 51%). However, this positive finding is also related to the lack of employment opportunities for assistant care workers and care aids without defined care-related training in home care. While only 10% of assistant care workers and 9% of care aids with migrant backgrounds across the whole sample were employed in the home care sector, among autochthonous care workers, the share was 35% for assistant care workers and 22% for care aids.

Furthermore, migrant care workers – compared with their autochthonous colleagues – were more often employed in full-time working-time arrangements (47% versus 27%) and less often in short, often precarious part-time arrangements (12% versus 32%). This finding can partly be explained by the higher proportion of elder carers and nurses among migrant care workers (who generally have less precarious working conditions) as well as by the family situation, with migrant care workers less often combining family work and employment responsibilities based on short part-time arrangements.

Regarding the working situation, many commonalities and only small differences could be found based on migration status for elder carers or nurses (quantitatively the most significant groups among migrant home care workers). There were some indicators in which elder carers or nurses assessed their working situation more positively than autochthonous care workers, though no indicator reached significant levels (see table 1 below). This finding concerns particularly general features of experienced support by colleagues and direct supervisors, feelings of appreciations by care users and the families, and a general assessment of the working- and caring situation. As an indicator of the general satisfaction of migrant care workers could be used, the lower levels among them had been seriously considering leaving their job or changing their employer during the previous year. Despite the positive findings, some deviations require stating. One deviation concerns the relationship to one's direct supervisors, which was viewed quite positively by migrant nurses but least positively by migrant elder carers. This assessment may further have been related to the assessment of the opportunities for professional development, which was also least positively assessed among migrant elder carers. Migrant nurses were most critical towards changes in caring situations and complained most often about the rising use of time for meaningless paperwork. In addition, they faced xenophobic comments by care recipients and/or their families more often than any other carers (albeit rarely).

Table 1: Features of the employment situation and the working situation in home care in % of care workers

Employment Situation	Nurses/Elder Carers			Further Trained Staff			Care Assistants/Care Aids		
	MB	Aut	All	MB	Aut	All	MB	Aut	All
Training levels	76.5	50.6	53.1	5.9	15.2	14.3	17.6	34.2	32.5
Working-time arrangements	47.1	26.6	28.7	41.2	41.6	41.5	11.8	31.8	29.8
Features of the working situation				Nurses		Elder Carers			
				MB	Aut	MB	Aut		
Too much to do in the job?									
Yes, most often				62.5	56.0	33.3	56.7		
Enough time to discuss work difficulties with colleagues?									
Yes, most often				62.5	55.1	60.0	36.7		
Support at work by colleagues?									
Yes, most often				75.0	70.0	75.0	70.0		
Support at work by direct supervisor?									
Yes, most often				87.5	65.3	66.7	70.0		
My work is appreciated, <									
Yes , a lot									
by									
- care recipients				57.1	57.1	80.0	46.7		
- care recipients' close kin				57.1	38.8	33.3	24.1		
- colleagues				50.0	29.8	40.0	29.8		
- direct supervisor				42.9	27.1	25.0	42.9		
Work conditions have mainly improved in the last years?									
Yes				50.0	26.5	60.0	40.0		
Possible to meet the needs of the care recipients have mainly improved during the last years?									
Yes				0.0	26.0	40.0	27.6		
More and more working time is used for non-meaningful paperwork?									
Yes, I agree				42.9	22.9	20.0	26.7		
Opportunity for professional development?									
Yes, most often				87.5	54.0	33.2	62.1		
Face xenophobic comments by care recipients/families?									
Never				37.5	70.8	80.0	75.0		
Have seriously considered quitting their job during the last year?									
Yes				25.0	34.7	20.0	31.0		

Source: Data from own survey in Germany

MB = Migration backgrounds; Aut = Autochthonous

More recent developments on the involvement of migrant care workers in home care settings are discussed on the basis of interview studies. An interview study with 24 migrant- and 24 autochthonous care workers in home care settings in Hamburg in 2017 is complemented by findings from an interview study with 17 migrant- and 24 autochthonous nurses in hospital care-, residential care-, and home care settings in the Rhine-Main area in 2015/16. The interview study in Hamburg was based on a representative selected sample that included nurses and elder carers as well as assistants. Migrant care workers were overrepresented among elder carers and elder care assistants (60.8% among the sample), while within the autochthonous sample, nurses dominated quantitatively with a share of 50%. All migrant care workers were foreign-born and came from all over the world – from Africa to South America and Europe, including Russia, Indonesia, and Iran (Schilgen et al. 2019). By contrast, the sample of nurses in the Rhine-Main area was based on nurses educated at different levels who had migrated to Germany after completing training in their home countries. These nurses came mainly from different EU countries, such as Portugal, Spain, Greece, Poland, the Czech Republic, and Romania, as well as from third countries, as Bosnia-Herzegovina, Serbia, Kosovo, Albania, and the Philippines (Pütz et al. 2019). The focus of the research of the Hamburg study was on commonalities and differences in the working situation in both groups of care workers, while the interview study in the Rhine-Main area focused on emerging conflicts and forms of collaboration in daily care work.

Schilgen et al. (2019) found a wide range of commonalities between both groups (i.e. the experience of time pressure or the lack of resources for conducting care activities). The described differences are very close to the description of conflicts in the study by Pütz et al. (2019). In both studies, the basis for differences or conflicts was different ideas on professional work, particularly the significance of emotional work, strict time-management, and related behaviour. Above all, migrant care workers criticised the lack of time to also provide emotional support, while the autochthonous care workers criticised the lack of strict time management by migrant care workers. In their study, Pütz et al. (2019) additionally focused on the different professional system of nurses in Germany and in the migrant nurses' countries of origin. Foreign-born nurses with an academic background were critical of the care tasks and the roles of nurses in the German system, where bodily care forms part of their activities and more medically oriented tasks are conducted by medical doctors. Both studies described processes of culturalization of the differences (i.e. they were explained based on country stereotypes), which fostered the discussion of mono-cultural groups and the risk of developing subgroups.

3.3 Household-related domestic services outside the framework of LTCI

Despite a reduction of household-related assistance within private households in Germany since the middle of 20th century, there has still been a tradition of employment of domestic workers within (upper-)middle-class households. Typically, domestic workers were employed by the hour and provided services in a number of households. These services were formerly mainly provided on the grey-market basis by housewives without occupational training or by older women, but since the 1990s, (female) migrants who have moved to Germany or who live here have become increasingly involved (Gather et al. 2002; Hillman 2005; Rerrich 2006; Lutz 2008, 2011).

In her research study from 2001–2003, Lutz (2011) interviewed 27 migrant domestic workers at several locations in Germany on their biographical development and their working- and employment situations. Lutz found that most migrant care workers had migrated from Eastern European or Southern American countries and were mainly living in Germany on an undeclared basis. She described this situation as one of “double illegality” characterised by a lack of work- and residence permits and irregular employment relationships. The sample consisted mainly of young, female, and well-educated individuals. 18 of the 27 migrant domestic workers were below the age of 40, and only two were above 50. 22 had completed a qualified occupational training program or university studies or had acquired university entrance qualifications. Furthermore, 26 of the domestic workers were female. The employers were typically women from the middle classes with a university degree. While both employers and employees had quite a similar middle-class background, the economic imbalance between rich and poor regions of the world resulted in an asymmetrical structural relationship. This relationship is clearly reflected in the unequal consequences of an illegal employment situation, which may result in much harder juridical sanctions for the migrants than for their German employers and in daily social interactions. By “doing ethnicity”, the economic and civil society shortcomings of one’s country of origin are used to evoke ethnic boundaries as markers in daily communication to maintain asymmetrical relationships (cf. Lutz 2011).

Since the 1990s, the European Commission has promoted the development of a regular household-related service sector that aims to create labour market opportunities for “low-skilled people” as well as to support structures for gainfully employed women (Morel 2015). In Continental- and Northern Europe, different policies have been implemented to reach these goals. Typical approaches have included measures to subsidise household demand by tax credits to facilitate the use of domestic labour, a simplification of employment procedures and a flexibilization of labour market regulations (see Carbonnier/Morel 2015).

Shire (2015) analysed the development of policies pertaining to household-related services in Germany against the background of a conservative welfare system and distinguished between three phases. In 1989/90, tax breaks up to an upper limit of 12,000 DM per year were introduced and were available mainly for well-off families with children or disabled elderly family members if private households employed domestic workers based on a regular employment scheme. In 1997, the tax break was made available for all households (even those without children or with disabled elderly family members), and the upper limit was increased to 18,000 DM. In a second phase, in 2001, tax credits were made available for hourly- or part-time employment arrangements to make the policies more accessible to the middle classes. The main reform step was related to the labour market reforms of 2003, and a new scheme – mini-jobs for private households – was established. Personal- and household services were created as low-wage work (then capped by earnings of € 400 per month, which increased in 2013 to € 450 per month) with low social entitlements based on the implicit assumption that mini-jobs are intended for housewives who earn little extra money for the family and who derive their social protection via a regularly employed husband. Tax breaks were made available for three types of domestic work: mini-jobs, regular employment, and costs for purchasing services from a private firm. In the next phase, with the reform of 2006, even family-related support for disabled elderly people was included in the arrangements.

Since the introduction of the new policies, the attitudes towards the use of domestic services has changed considerably. In a representative inquiry from 2018 involving 1,501 participants 18 years and older, 62% answered that it is much more usual today to employ a domestic worker than it was 20 years ago. Domestic workers are now considered a necessity in distinct life situations and no longer a luxury, which is particularly pronounced for adults 60 years and older with a proportion of 66% among them (compared to 31% among adults 18-29 years). The participants agreed to the use of domestic service for different reasons, with 31% reporting health issues that impeded household-related work as being significant (Mini-job Zentrale 2019). A further representative inquiry with 1,508 participants in 2016 revealed that the use of mini-job arrangements was particularly widespread among adults 60 years and older (21%), adults with higher incomes (23%), those earning more than € 3,000 per month, and residents in big cities, with 19% of the participants in Hamburg and 18% in Cologne (Mini-job Zentrale 2016).

For the quantitative development of regular services, mini-jobs within private households have proven to be most significant, with an increase from 27,817 in June 2003 (after the introduction of the reform in March 2003) to 306,873 in December 2018 (Mini-job Zentrale 2004a; 2018). In contrast, employment opportunities based on regular employment in private households and within private firms are limited, and services provided on the grey market are still widespread. Based on several databases in 2015, Enste (2017) compared 296,326 mini-job holders with 47,201 regularly employed domestic workers and 3,627,000 private households that had reported regularly or occasionally using private domestic services in representative inquiries. Enste did not include employees of household-related service firms. Representative data from 2012 revealed 2,500 private firms active in the area with 25,000 employees and an average working time of 20 hours per week (Prognos 2012). In a large survey of 583 enterprises, Becker et al. (2012) found that even here, 30% of the staff was employed with a mini-job, while only 34% held a full-time employment contract, and a further 36% held a regular part-time employment contract. Even if domestic workers in the grey market or employees within firms typically provide services for more than one household, household-oriented services can be assumed to be provided mainly on the grey market, followed by mini-jobs arrangements, while only a small group among domestic workers enjoy standard employment conditions. The widespread use of irregular work also corresponds with attitudes in society. According a representative inquiry in 2012 performed in 2,000 private households, 9% reported having already used irregular domestic services, and a further 11% reported that they should be able to do so in the future. Irregular domestic services are particularly widespread among adults 60 years and older (13%) and among those with incomes above € 3,000 per month (13%). The typical user of irregular domestic work is male, lives with a partner in the western part of the Germany, is older than 60, and has at least a university entrance qualification and an income of € 2,000 or more per month (Minijob Zentrale 2012).

In the final section, we explain the regulations related to mini-jobs in private households that are currently valid and analyse the expansion based on our own calculations of the data from the Mini-job Zentrale, which is responsible for the administration of the mini-jobs in Germany. Mini-job regulations within private households can be used for wages up to € 450 per month, which can also be split between contracts (i.e. different households). In 2018, 11.4% of mini-job holders had more than one mini-job (Mini-job Zentrale 2018).

The mini-job scheme includes only limited social protection and taxes. Social insurance contributions amount to 13.9% of all wages, and taxes amount to an additional 2% (and have to be paid by the employer). Social insurance contributions cover statutory health care insurance (5%), pension insurance (5%), and accident insurance (1.6%) Further contributions of 2.3% cover costs for wage continuation in case of sickness (six weeks with 80% of the wages) or costs related to pregnancy or maternity protection. Since 2013, there have been “mandatory” contributions to the pension scheme that the employees have had to pay (13.6%), which can be declined by the employees. Tax deductions have been introduced to make the use of the scheme attractive to private households. They are available for 20% of the costs up to € 510 per year. These deductions can be compared to tax deductions for regular employment or to the purchasing of services delivered by a private firm of 20% of the costs up to € 4,000 per year.

The expansion of mini-jobs from about 24,000 in 2003 to 207,000 in 2018 is based on a stable dominant use of mini-jobs in the western part of the country (more than 90% of all mini-jobs), an only slightly reduced female share (from 94% to 90%), an increasing involvement of non-nationals since 2010, and changing age structures (see table 2 below; for age structures, see table 1 in Appendix). Despite the presence of migrant domestic workers in the area (especially from Eastern European and Southern American countries), mini-jobs arrangements were mainly used by German nationals and by a stable share of non-nationals (about 13%) up to 2010. Since 2011, the proportion of non-nationals among mini-job holders increased to 23% in 2018 against the background of a lower increase of the number of mini-job holders in this time period. Between 2003 and 2010, the number of mini-job holders rose by 249,882. The proportion of only 11% of non-nationals grew to 46% between 2011 and 2018, which went hand in hand with a considerable decline in the general increase to 84,808 new mini-job holders. This change can be partly explained by the opening of the German labour market to residents of the new EU member states since 2011 and especially by a smaller increase of German nationals compared with the first period up to 2010. Mini-jobs offer an opportunity for a legal albeit precarious job, which may even be combined with irregular arrangements in further private households. Lutz (2011) found that migrant domestic workers often serve several households to make a sufficient earning.

Table 2: Expansion of mini-jobs by nationality and gender

	Nationals – German	Non-Nationals	Total
June 2003			
Number	23, 961	3,856	27 817
Share – nationality	86.1%	13.9%	
Female Share			94.0%
December 2004			
Number	88 268	14 639	102 907
Share – nationality	85.8%	14.2%	
Female Share	93.2%	93.4%	93.2%
December 2010			
Number	191 783	30 282	222 065
Share – nationality	86.4%	13.6%	
Female Share	91.4%	93.7%	91.7%
December 2018			
Number	237 300	69 573	306 873
Share – nationality	77.3%	22.7%	
Female Share	89.8%	92.4%	90.4%

Source: Own calculations based on Mini-job statistics (Mini-job Zentrale 2004a,b; 2010; 2018) and unpublished data of the Mini-job Zentrale

Increase: 2003–2010

Nationals	175,738
Non-nationals:	26,426
Total:	249,882
Share: Non-nationals:	10.6%

Increase: 2010–2018

Nationals:	45,517
Non-nationals:	39,291
Total:	84,808
Share non-nationals:	46.3%

Changing age patterns can be found in the (changing) employment patterns of both groups (German nationals and non-nationals) (see table 1 in Appendix). The dominance of older age groups 55 years and older among mini-job holders is characteristic of the involvement of German men and even increased from a proportion of 47.9% in 2004 to 55.1% in 2018. This dominance was particularly pronounced for men older than 64 years, with an increase from 23.3% to 28.0%. The involvement of men with a non-national background differed considerably, even if an ageing trend can be stated. For this group, the aging trend was related to a decline of the proportion of men up to 44 years (45.7% in 2004 to 40.4% in 2018). An increasing proportion can be found for the age group between 45 and 54 years from 22.5% to 25.6%, respectively, while the proportion was almost stable for adults older than 64 years, with a rise from 12.5% to 13.3%.

The involvement of women (nationals and non-nationals) reveals a clearly different profile that also differs based on nationality. In 2004, independent of nationality, the quantitatively dominant age groups were middle-aged women between 35 and 54 years, with a proportion of 56.1% among German nationals and 57.2% among non-nationals. However, the commonality was embedded in different age structures in general. Among German nationals, a quantitatively significant group (32.5%) was older than 55 years (16.2% among non-nationals), while non-nationals were considerably younger than 35 years, with a share of 26.6% (11.4% among German nationals). For both groups, a distinct ageing trend among women can be found between 2004 and 2018, which accelerated the differences between them. For German nationals, there was a strong increase in the proportion of women older than 54 years from 52.5% to 59.8%, which is even related to a strong increase of women 65 years and older and a strong decrease among women of the age group of 35–44 years from 26.7% to 13.3%. For non-nationals, the decline concerns the younger age group between 25 and 34 years and changed from 22.3% in 2004 to 12.8% in 2018, while the increase was spread over the older age groups. In contrast to German nationals, the proportion of women older than 64 was still small, with a share of 6.3% in 2018.

In general, despite gender differences, German men and women are increasingly involved close to or above the regular pension age, which means that there is an acceleration of the pattern that was already visible for men in 2004 and that new patterns for women were established in 2018. While women's labour market participation rose considerably in the same time period, this rise may reflect the availability of better employment opportunities on the labour market. Moreover, the ageing trend for non-nationals may reflect better employment opportunities for younger cohorts due to the opening of the labour market within the EU to residents of the new EU member states since 2004. In contrast to Germans, mini-jobs are not relevant for older adults around or above regular pension age among non-nationals.

3.4 Live-in care workers providing 24-hour care services

Since the end of the 1990s, a new type of care service – “24-hour care service” – provided by live-in migrant care workers mainly from neighbouring Eastern European countries has emerged. Typically, two care workers provide 24-hour care services on a two- or three-month rotational basis. Migrant care workers conduct both domestic services and care services for frail, often elderly females with extensive care needs who cannot draw on comprehensive informal family care provision (Neuhaus et al. 2009). Care recipients and their families appreciate being able to stay in their own homes without comprehensive family care despite considerable care needs and the lower costs of this solution compared with 24-hour professional home care provision. The costs for 24-hour care arrangements are estimated to amount on average to between € 1,000 and € 2,000 per month, including accommodation (Satola and Schywalski 2016).

Since 2000, some efforts have been undertaken to regulate the status of live-in migrant care workers in the family context. In 2002, a legal care worker recruitment scheme was implemented on a temporary basis (and became permanent in 2005) to hire domestic carers for families with care-dependent members for up to three years from eastern European countries (Poland, Hungary, the Czech Republic, Slovakia, Slovenia, Romania, and Bulgaria). These regulations corresponded to regular employment conditions in Germany. Until 2009, the activities concerned domestic work only; now, however, support with daily care activities – such as bodily care, mobility, etc. – may also be included. Gross wages originally lay between € 1,300 and € 1,500 (Tießler-Marenda 2012). The success of the program was quantitatively very limited: Between 2002 and 2010, only 12,000 migrants worked in in German households compared with the estimated 100,000–145,000 who provided 24-hour care in private households in 2009 (Frings 2011). Since the opening of the labour market to residents of the new EU member states, private households can now directly employ migrant care workers from these countries via regular labour laws and social protection regulations. A certain difficulty is related to the wage levels. The minimum wage for basic care work stipulated in 2010 is only valid for care services delivered by providers and not for care workers employed by private households. Additionally, the existing wage tariffs for domestic work in private households are mostly invalid. There is only a lower limit of wages determined by the concept of unconscionability (i.e. wages may not fall below two-thirds of wages paid in the local area).

In addition to the legal recruitment of care workers by private households as employers, further regulations related to the single market project are often used to constitute a legal framework of care provision that is typically below German labour market standards. The legislation of the free movement of services within the single market project – which allows for the temporary provision of services on a self-employed basis – has been brought forward and led to different rulings. In November 2008, the court in Munich defined the practice as illegal due to the non-self-employment nature of the activity (the ruling was held by a higher regional court in Bamberg one year later). However, in 2011, a ruling by the Federal Social Court determined that self-employment in private households is legal under strictly defined preconditions, such as the possibility of several contractors, no discretionary power being held by the private household, and the ability of the care workers to freely determine their timing. Preconditions, which typically do not correspond with the organisation of 24-hour care services in private households.

The Posting of Workers Directive was put forward as a further legal basis for enabling firms in EU member states to temporarily send their employees to other member states. However, objections have been raised that despite rotating the care workers, the activity cannot be characterised as temporary and also that the discretionary power is held by the company, which is difficult to uphold in daily work. Accordingly, labour-, tax-, and trade laws must be followed by families and does not generally comply with 24-hour care arrangements (Caritas 2006; Neuhaus et al. 2009; Tießler-Marenda 2012; Klie 2015). In addition, a major share of 24-hour care work is organised completely on the grey-market basis. In her interview study, Karakayli (2010 a,b) found only small differences in daily working situations with regard to the types of care work conducted or the availability of regulated working hours and rest periods based on the legal framework of live-in situations (see also Lutz 2007, 2008; Lutz/Palenga-Möllenbeck 2010; Kniejska 2016, 2018). Due to existing power relations in private households, it is difficult for migrant carers to enforce labour market standards, even in a regular employment situation. Care recipients and their families view the care workers as a part of their family, which is an argument used to legitimise precarious or exploitative working conditions. The low wages of the migrant care workers are justified by the low wage structure in the home countries (Frings 2011).

Lutz and Palenga-Möllenbeck (2010) describe the irregular situation of live-in migrant care workers as an open secret that is characterised by semi-compliance. Within a situation of legal residency based on EU regulations, an employment situation is established that usually does not comply with German standards. The arrangement is established and upheld due to limited efforts or “complicity” by the state. Against this background, the Caritas (Catholic Welfare Association) and the Diakonie (Protestant Welfare Association) have established models to create regular and fair employment- and working conditions. In the following section, we use an approach to and the findings of an evaluation of the project “Carifair” of the Caritas as an example (see von der Malsburg/Isfort 2014; Isfort/von der Malsburg 2017; Menebröcker 2017).

The project was developed between 2009 and 2014 in cooperation with Caritas associations on regional levels in Germany, with Caritas Poland acting as non-profit placement agencies. In 2017, 21 regional Caritas associations in Germany with 350 private households and 950 migrant care workers were involved. The project aims to combine legal and fair employment conditions in private households with safe and high-quality care provision. A cornerstone of the project is the defined employment framework (see below).

Employment framework
- standard dependent employment
- activities involved: domestic work, basic caring activities (e.g. bodily care), no nursing care activities (professional home care / day care services are mandatory)
- 38.5 hours of regular working time per week
- 1–2 days off per week
- regular breaks during the workday
- at least 3 hours of leisure time per day
- leisure time outside the private household is guaranteed
- wages based on tariff agreements in the area
- wage continuation in case of sickness
- holiday entitlements
- Costs in 2016: € 2,200 per month

Significant elements of the joint project include language and elder care training courses, which are available in Poland before the stay in Germany, as well as continuous support by coordinators in Germany during the establishment of the working situation (e.g. supporting families in their development of fair rules in daily care work or supporting care workers and families in difficult situations during the stay).

In an evaluation of the project in 2011, families and migrant care workers were asked via a survey and phone interviews about significant elements of their living-, working-, and employment situations (see von der Malsburg/Isfort 2014; Isfort/von der Malsburg 2017). For the survey, 396 families (response rate: 26%, or 103 families) and 451 migrant care workers (response rate: 23%, or 105 participants) were approached. Six of the families and thirteen of the migrant care workers participated in addition in phone interviews.. The sample of migrant care workers can be described as mostly female (97%), middle-aged or older (60% older than 50), and 64% highly educated in different areas (31% with university studies (26% completed),; 43% occupational training). Only 10% reported having completed care-related training (2% without a final examination).

In the following section, findings are presented and discussed from the perspective of the migrant care workers and their families. These findings provide information on the motivation of the employment and participation within the project and on relevant features relating to the living-, employment-, and working situation (see tables 3 and 4 below).

Table 3: Reasons for the employment of migrant care workers in % of the participants (several alternatives were available)

Most relevant reasons	
For the employment in general	
Families	
Only alternative available to a nursing home	66%
Professional home care services not sufficient	50%
Migrant care workers	
Higher incomes compared with Poland	65%
Acquisition of German language / competences in elder care for future employment in Germany	49%
For the participation in the project	
Families	
Legal employment contract	78%
Reliable care planning	76%
Protection towards exploitation	56%
Elder care training in Poland	56%
Language training in Poland	54%
Migrant care workers	
Legal employment contract	88%
Protection towards exploitation, secure income	50%
Elder care training in Poland	50%
Language training in Poland	10%

Sources: Data from von der Malsburg/Isfort (2014)

From the perspective of the families, the reasons for employing a migrant care worker corresponded with those in the literature (i.e. it is the only alternative to moving to a nursing home that is available or the offers of professional home care services are not sufficient). The families participated in the project mainly in order to provide a legal employment contract, to establish reliable care planning for the care recipient, and for the elder care- and

language training courses available to the migrant care workers in Poland before his/her stay in Germany.

The migrant care workers stated the well-known desire to earn higher wages, but 49% additionally reported the goal of acquiring language- and care competences for future employment in Germany. The most important part of their decision to participate in the project was also the availability of a legal employment contract (88%), while the opportunity of participating in language training in Poland as viewed as less important. The migrant care workers viewed elder care training as being more relevant (50%); however, only 13% responded that they had received an offer. In general, the migrant care workers felt confident in their ability to provide adequate care provision, and the families were also satisfied with the provided care.

Table 4: Living- and working situation in % of participants

Living situation			
Families			
- MCW has his/her own room		96%	
- Privacy of (MCW's room) is fully respected		91%	
- MCW is supported in maintaining contact with his/her own family		88%	
Migrant care workers			
- Have their own room		76%	
- Privacy is not always respected		22%	
- MCW can maintain contact with his/her family according his/her wishes		66%	
Working situation		Fully applicable	Rather applicable
Families			
- Clear regulations of working hours are the norm		47%	34%
- Breaks are clearly defined		38%	35%
- Regular leisure time outside the private household is provided		71%	17%
- Costs are adequate		46%	37%
Migrant care workers			
- Clear regulations of working hours and breaks are provided		34%	15%
- Regular leisure time outside the private household is provided		54%	20%
- Difficult mixture of working hours and leisure		32%	15%
Wages:			
Excellent		7%	
Good		13%	
Satisfying		25%	
Sufficient		15%	
Inadequate		30%	
Missing		10%	

Sources: Data from the Von der Malsburg/Isfort project (2014); Isfort/Von der Malsburg (2017)
MCW = Migrant care workers

In general, the migrant care workers (as well as the families) were satisfied with the situation (MCW: 12% very satisfied and 65% mostly satisfied). Several elements of the living-, employment-, and working situation are related empirically to the level of satisfaction of the migrant care workers. Generally, the families described the situations more positively than the migrant care workers, which may be explained by different perceptions as well as by the

selection of the samples. From the perspective of the migrant care workers, the most significant feature of the living situation was having a room of their own and respect for their privacy, which was almost fully provided from the perspective of the families and mostly provided from the perspective of the migrant care workers. Another significant feature was the possibility of maintaining contact with their own family in his/her home country. While the families reported supporting the migrant care workers to this end, only 66% of migrant care workers reported that they could maintain contact according to their own wishes.

The regulations of working hours, breaks, and the mixture of working- and leisure time were important for the daily working situation. About half of the families and one-third of migrant care workers reported having clearly defined working hours and breaks, which may show an impact of the defined regulations as well as the difficulties in upholding them in daily care work. About half of the migrant care workers complained about a difficult mixture of working hours and leisure time. By contrast, the opportunity for regular leisure time outside the private household was mostly provided. In the open answers, the families reported that the necessary care work could not be completed during the regular working hours, and 82 of the 105 families were thus involved themselves in care activities. 65 families also used home care services, 20 used short-term care services, 15 used day care services, and 17 reported having supporting neighbours or volunteers. While the families viewed the costs as being adequate, 30% of the MCWs assessed the wages as being insufficient. Their criticisms concerned a demand for higher wages in general and additional wages for overtime work or work during the weekends or on holidays.

A comparison of findings from an interview study on migrant care workers who had mainly been employed irregularly reveals interesting differences (Kniejska 2016, 2018). In the interviews, the migrant care workers did not really criticise the employment- or working conditions and were also satisfied with the wages. Only, in 8 of the 26 families were the family members involved in providing daily care work. The satisfaction of the care workers was based on their professional competence with regard to the provision of the necessary care work, which was also valid for the care workers in the project above. Comparable to the findings of the project, the migrant care workers were mainly middle-aged and well-educated, had not completed care-related training, and had searched for regular employment opportunities in Germany (especially in the case of younger migrant care workers).

4. Conclusion

Demographic and socio-economic changes – especially the rise in female employment – have called into question the basic approach of LTCI in Germany, which is characterised by an emphasis on family care that is complemented by professional home care services. A complex mixture of informal caregiving and different types of paid care work – professional home care services, household-related domestic services, and comprehensive care provision (“24-hour care arrangements”) – has gradually become used in private care households, while only about half of the care households still provide care within the family and social networks only. The changing patterns of home care provision are related to a distinct type of formalisation of care work, including regular and irregular forms of employment embedded in different policy frameworks in the three fields of paid care work. The three fields are clearly characterised by a hierarchy between professional home care provision in the public sphere on one hand and the employment- and working conditions

within the family framework on the other. Migrant care workers are (differently) involved in the expansion of formal care work in the three still-female-dominated fields. The involvement of migrant care workers has resulted in the development of complex patterns of inequalities among different groups of care workers based on migration (status) and differing skill levels both between and within the three fields. Recent developments in migration policies and approaches to improving the situation at regional levels (may) trigger changes.

The involvement of migrant care workers in professional home care began in the course of the expansion of professional care work but has been accelerated by new migration policies since 2010 that foster the international recruitment of migrant care workers who have completed (nursing) care-related training. The involvement of the skilled care workers in professional home care is generally characterised by stable employment conditions, a successful collaboration with colleagues and direct supervisors, and social interactions with care recipients and their families. Above all, more recent interview studies have revealed areas of conflict that are often based on different ideas of adequate professional care provision related to processes of culturalization (i.e. an interpretation of differences along national stereotypes).

Distinct developments have become clearly visible in both fields (e.g. domestic services and 24-hour care arrangements) within private households, where migrant care workers – who are often highly educated but have not completed care-related training programs – are quantitatively dominant. National and EU-wide employment policies within the single market are used to create precarious employment- and working situations on a very low level or even below German labour market standards. These employment arrangements are even embedded in a widespread irregular grey labour market area.

Within the two fields of paid care work organised in private households, some changes can be stated. First, within domestic services, the proportion of migrant workers among mini-job holders has risen since the opening of the labour market to residents of the new EU member states in 2011, which is simultaneously embedded in a reduction of the proportion of younger age groups, who may find better employment opportunities on the labour market. Second, approaches to creating fair employment conditions within the framework of 24-hour care arrangements have improved the situation and fostered a consciousness among migrant care workers of their employment rights. Families have learned about the necessity of building care arrangements, including different actors to reach their goal of providing fair employment conditions. Third, younger live-in migrant care workers who are regularly or irregularly active in private households use employment in families as a “springboard” for future employment in different areas of the German labour market. On an individual basis, they thereby bridge the gap between the separately organised employment in private households and further labour market areas.

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Appendix

Table A1: Mini-job holders by nationality, gender and age groups in 2004 and 2018 – in proportion of mini-job holders by age groups

Age groups in years	- 24	25-34	35-44	45-54	55-64	65+
December 2004						
Total						
- All	2.79%	10.84%	26.43%	28.69%	21.64%	9.62%
- Nationals	2.51%	9.02%	25.96%	28.93%	22.97%	10.61%
- Non-nationals	4.44%	21.85%	29.25%	27.19%	13.66%	3.61%
Women						
- All	2.65%	10.89%	26.93%	29.32%	21.48%	8.73%
- Nationals	2.37%	9.00%	26.47%	29.62%	22.85%	9.68%
- Non-nationals	4.29%	22.26%	29.69%	27.53%	13.25%	2.98%
Men						
- All	4.71%	10.15%	19.54%	19.97%	23.85%	21.78%
- Nationals	4.39%	9.21%	18.99%	19.57%	24.57%	23.28%
- Non-nationals	6.70%	15.98%	22.99%	22.47%	19.38%	12.47%
December 2018						
Total						
- All	3.13%	8.20%	16.54%	26.69%	29.73%	15.70%
- Nationals	3.26%	6.79%	13.07%	25.81%	32.76%	18.31%
- Non-nationals	2.69%	13.02%	28.39%	29.69%	19.42%	6.78%
Women						
- All	2.82%	8.09%	17.22%	28.00%	29.80%	14.07%
- Nationals	3.10%	6.60%	13.31%	26.38%	33.41%	17.21%
- Non-nationals	2.53%	12.83%	28.99%	30.03%	19.31%	6.25%
Men						
- All	4.34%	9.45%	12.61%	22.61%	25.77%	25.23%
- Nationals	4.69%	8.47%	10.96%	20.82%	27.06%	28.00%
- Non-nationals	4.65%	15.35%	20.41%	25.61%	20.69%	13.30%

Source: Unpublished data Mini-job Zentrale