

## **Slovak care workers in Austria: How important is the context of the sending country?**

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**Keywords:** care work; care policies; female migration; Austria; Slovakia

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## **Slovak care workers in Austria: How important is the context of the sending country?**

**Abstract:** *This study complements the existing analyses of migration of care workers by focusing on the economic situation in the sending country. It shows that the rising popularity of care work in Austria in recent years was fuelled primarily by the crisis induced unemployment rise in Slovakia, rather than by the Austrian legalization policies. Compared to the pre-crisis situation, post-crisis care workers in Austria are more often previously unemployed and without a nursing qualification. Similarly, the earnings of the carers are strongly connected with their previous employment situation in Slovakia. We conclude that the size of the migrant workforce as well as its composition is better explained by the conditions in the sending country than by welfare policies in the destination. If care migration follows the logic of labour migration - as our results suggest - the gradual closing of the income gap between Western and Central European countries will lead to a shift in the source countries of care workers.*

Since the fall of the Iron curtain Slovak care workers in neighbouring Austria remained a latent component of Slovak labour migration to the West. Currently Austria is by far the most important destination of care workers from Slovakia and Slovak women are the most important migrant elder care providers in Austria. Despite the already long history and popularity of care work in Austria, it has received so far only scant research attention in Slovakia (e.g., Andruchová & Bútorová, 2007; Sekulová, 2012).<sup>1</sup> Similarly in Austria, the originally irregular care arrangements of around-the-clock care workers remained under-studied. This has changed when it became public that illegal migrant care workers were employed also by Austrian top politicians and the debate about migrant care workers turned into a hot topic in the 2006 election campaign. These events and the following two-year legislative period resulting in legalization and subsidizing of this type of care work (see Bachinger,

2009) mark the beginnings of the interest of researchers and academics in Austria in the topic.

Currently, after the decline of migration to the UK and Ireland and the Austrian labour market opening in 2011<sup>2</sup> the rich neighbour and a natural destination of labour migration – is (finally) becoming a top destination of Slovak labour migration. However, even at the end of 2011 female care workers commuting fortnightly still remained a key component of labour migration from Slovakia to Austria forming almost 58 per cent of the 28 thousand workers.<sup>3</sup>

In academic writing the topic of migrant care workers is usually discussed within the wider context of the welfare or care models in the ageing western societies (Bettio & Plantenga, 2004; Bettio *et al.*, 2006). The emphasis is often on countries with a familiaristic welfare arrangement with an already well-established tradition of migrant care workers - Italy being probably the most studied country in this regard (Bettio *et al.*, 2006; Rostgaard *et al.*, 2011; Da Roit & Le Bihan, 2011; Näre, 2013).

However, as demonstrated in Pfau – Effinger & Rostgaard (2011) the growing importance of migrants in elder care is not limited to countries with a familiaristic care model. Besides studies on migrant care workers in the UK, Germany (Theobald, 2011), Austria (Lutz, 2011), Israel (Iecovich, 2011), Taiwan (Lin & Bélanger, 2012) or Singapore (Yeoh & Huang, 2010), studies of the phenomenon in France (Da Roit & Le Bihan, 2011), Denmark (Rostgaard & Chiatti, 2011) and Sweden (Theobald, 2011) can also be found. As it seems from a wider perspective, the level of regulation and policies relating to care provision mainly influence if care work is provided by migrants (e.g., Italy, Germany, Austria) or by foreign-born workers already living in the country (e.g., France, Denmark, Sweden). While the focus is usually on demographic and social policy determinants of the growing demand for care, the care workers receive only marginal attention as labour migrants. Most work discusses their nationality and their gender. Some authors mention their over-qualification and age composition (e.g., Rostgaard *et al.*,

2011). However, we did not find a discussion about the income level or employment situation in the countries of origin of the care workers in the literature. Perhaps one reason for the fact that scholars dealing with care migration do not employ labour migration approaches is the conviction, that ‘*The traditional push-pull factors associated with labour migration cannot automatically be applied to the study of care migration as other important factors may come into play ...*’ (Rostgaard *et al.*, 2011, p. 142). Lutz and Palenga-Möllenbeck (2011) reserve a place for migration research in their framework for the study of elderly care migration. However, by migration research they understand the transnational approach to migration, which is mostly a description of the lives of migrants and is not aimed at explaining the causes of the actual migratory movements.

Migration of (mostly) female care workers is in the current migration research part of the broader topic of female migration which is usually thematised in two ways. The most common approach is the gender perspective interpreting female migration within transnational or global care chains (Hochschild, 2000; Yeates, 2009; Garey & Hansen, 2011; Nordberg, 2012) or, more specifically, transnational care spaces (Gendera, 2007, 2011). This approach focuses on ways in which the employment of foreigners in the household of elderly enables the (mostly female) relatives of the cared for person to proceed in their work life and careers (e.g., Näre, 2013). Of interest are also the question who provides care for the family left behind (e.g., Piperno, 2012), the general peculiarity of domestic employment, its ambiguous employer – employee relationships and the use of power in the often semi – formal employment settings (Anderson, 2000; Lutz, 2004, 2008). This approach combines well with the demand side perspective. Such framing defines domestic care work as a product of the dual labour market (Piore, 1979) usually appearing in the ‘Global city’ (Sassen, 1991). Within this perspective the impact of active recruitment of workers into sectors of economy that are unattractive for the domestic labour force is researched together with policies in the receiving country that enable or support such type of

employment (e.g. various cash for care schemes).

Both those approaches are present in the existing academic writing on care workers in Austria. Slovak care workers are usually portrayed as victims of an - at first - semi or illegal work setting in Austrian households and later as victims of policies enabling employment of care workers below Austrian work legislative standards. Kretschmann and Pilgram (2011) write about *versteinerung* ('enstonement') of inequality by the legalization of the originally illegal employment setting.

Most existing work (Bachinger, 2009; Gendera, 2011; Kretschmann & Pilgram, 2011; Kaelin, 2011) focuses on the recent period around the regularization of the care setting after 2006. All cited papers are written from the perspective of the receiving country and focus on factors in Austria. A common impression is that part of the analysis is quite critical towards the studied employment situation, which is interpreted either as a product of neo-liberalising the Austrian welfare system or as exploitation of the immigrant women at the expenses of the family members of Austrian seniors who could be well taken care of in public senior facilities (compare Bachinger, 2009).

The approach of this article complements current research on migrant care workers by focusing on individual and structural factors in the sending country which have always been part of the classical approaches to labour migration. We believe that qualitative and policy analysis oriented approaches of the current research have downplayed the undisputed fact, that care workers are primarily labour migrants. We demonstrate the explanatory power of this approach on elder care migration from Slovakia to Austria. We do so in two related examples. First, we propose that the popularity of care work in Austria in recent years is better explained by the crisis induced unemployment level rise in Slovakia than by the legalisation and care policies in Austria. Second, we demonstrate the importance

of Slovakia-related employment characteristics of the care workers in explaining their earnings in Austria. A unique feature of our study is the nature of data we use. Contrary to all reviewed studies of elder care migrants that are based on small scale qualitative interviews (perhaps with the exception of Iecovich, [2011]), our representative survey of Slovak care workers enables us to make more universal claims relating to the population of care workers in Austria.

Our argument will be organised as follows: In the following part of our paper we briefly discuss the history of care work for seniors in Austria since 1989 and the limits of the available data. After this introduction, we ask if the popularity of employment as care worker in Austria is better explained by the legalization of care workers from new member states in Austria between 2006 and 2008 or by the crisis induced unemployment level rise in Slovakia in 2009. Finally, we focus on the income of Slovak carers in Austria and enquire how well it is explained by the employment situation of the care workers in Slovakia.

### **A short history of Slovak care workers in Austria**

The post 1989 opening of borders created new possibilities for people in the former communist states to seek higher income and living standards in the neighbouring western countries. A visa free regime between Austria and its neighbours from the former Czechoslovakia, extreme income differences (average gross income in Austria was 13 times higher than in Slovakia in 1995) together with a system of labour permits created an ideal substrate for semi – official or illegal working arrangements (not only in the Czechoslovak case - *e.g.*, Morawska, 1999, 2001). Migration studies have shown that households are typically an ideal environment for such employment situations (compare Anderson, 2000; Búriková and Miller, 2010).

Together with au pairs, care workers were among the migration pioneers at the beginning of the post-communist era. Austrian sources (*e.g.*, Bachinger, 2009; Gendera, 2011) agree that the history of the informal care sector began in the early 1990ties. They claim that the oldest recruitment agencies on the Czechoslovak - Austrian border started their operation as early as 1990.<sup>4</sup> Besides the opening of borders in 1989, Austrian sources mention another important event – the introduction of *Pflegegeld* in 1993. *Pflegegeld* is a ‘taxed-based, non means-tested cash benefit scheme, covering all groups of people with disabilities and in need of care’ (Gendera, 2011, p. 94). In 2011 the monthly amount of *Pflegegeld* was – depending on the level of dependency - between 154 and 1 656 Euro and could cover an important part of the elder care worker remuneration. A more recent milestone in the history of migration of care workers to Austria was the EU enlargement in 2004 which reduced the potential risks connected with regular (even organised) cross border commuting (Bachinger, 2009, p. 151).<sup>5</sup>

Austrian researchers agree on the prominent role of Slovaks in the informal care sector in Austria. Bachinger mentions, that the first carers stemmed from the Czech Republic<sup>6</sup>, and were later gradually recruited from Slovakia (Bachinger, 2009, p. 151). This is in accord with the first official Austrian figures from August 2008 when the majority of care workers were Slovak nationals (Bachinger, 2009, p. 146). More recent figures from November 2011 reveal that of the 5 971 care workers in Vienna 83 per cent were Slovak citizens, while Czech carers accounted only for 1 per cent (Richter, 2011).<sup>7</sup>

The legalization of irregular carers in Austria is described in detail in Bachinger (2009). We will mention therefore only the most important milestones of the process that are relevant to our argument within the article: In October 2006 care workers were excluded from the transitional employment

restrictions for new EU member states citizens. In November 2006 sanctions for illegal employment of carers in household were temporarily disabled (by the so called *Amnestiegesetz* [amnesty-law]). In June 2007 a subsidy for employment of care workers in household was introduced (225 Euro for the more popular self-employment model, and 800 Euro for the employment model) which has been increased on 1 November 2008 to 550 and 1 100 Euro. In January 2008 with the *Pflegeverfassungsgesetz* further legislative problems (like the potential social security claims of the carers) were solved and the amnesty for the already employed care workers was prolonged until 30 June 2008. Newly arrived carers, however, had to register since 1 January 2008.

It is important to note, that the new legislative setting not only enabled legal employment of around the clock care in households, but also provided (at least since the subsidy increase in 2008) an additional legalization incentive - a financial benefit for the households that employed their carers legally compared to irregular employment (for a calculation see Bachinger, 2009, p. 149).

### **Available data**

In our study we use data on Slovak care workers in Austria from three sources. Our primary source is the survey opATrovateľky (cAre workers) 2011. The survey was carried out within VEGA grant no. 2/0115/11 and included almost 60 questions focusing on the work situation, tasks carried out and overall satisfaction in Austria as well as on prior employment, care obligations and family background in Slovakia. The survey fieldwork was conducted in Slovakia in November 2011 by a professional research agency. Interviewers from the fieldwork agency's network were used to find and interview female care workers currently caring for seniors in Austria. The final sample includes 151 care workers.<sup>8</sup> Although initially not planned as a representative survey, a comparison of the demographic



characteristics of the care workers in the survey with the characteristics of the care workers according to 2011 Slovak LFS figures shows that the survey could be considered representative with regard to the surveyed population.<sup>9</sup> Despite (compared to quarterly data from the Slovak LFS) providing only a 2011 ‘snapshot’ of the care work force, we consider this survey as more reliable than the pre-legalisation Slovak LFS data at capturing carers in an irregular employment situation and their work history. We base this claim on the fact that almost one third of our sample stated that they started their work in the ‘irregular’ period (2006 or earlier) and 7 per cent of the sample described their current working position in Austria as ‘informal’.

Our second data source is the already mentioned Slovak Labour Force Survey. Here, with the help of individual level data about occupation and employer, we are able to identify individuals working in Austrian households as care workers. While there are several pitfalls when measuring international migration from Slovakia with the LFS (for a detailed discussion see Bahna, 2011), the LFS has a solid potential to cover commuting household members, especially when they are in the position of heads of households or their spouses. The fortnight commuter regime of the care workers offers ground for the assumption that the surveyed will consider their absent relatives working in Austria as household members and provide information about them. However, the main problem with the LFS figures as an assessment of the extent of Slovak care migration to Austria seems to be the (il)legal situation of the care workers in Austria prior to the 2006 amnesty and the later regularization. It seems that in this period many of the care workers preferred not to provide information about their irregular employment. We base this assumption on the initially widely diverging average age of the carers in the LFS compared to estimates based on our survey of care workers that can be seen in graph 1.<sup>10</sup>

----- *Graph 1 about here* -----

Why do our data sources offer such diverging results? We believe that LFS figures from the pre-legalisation period showing the average age of care workers below 30 could be explained by a higher probability of capturing younger carers living in the households of their parents if information for the LFS survey is provided by the household heads or their spouses. Our assumption is that persons filling out the LFS survey for themselves (which will be more common among older carers who will be more often also heads of households) are more aware of the irregular status of their work and prefer not to inform the survey about it. Fortunately, the two data sources are more in accord after the regularization - the average age of the carers according to the 2011 LFS data (43.6) is roughly in line with our survey results (46.6). Because of the discussed differences, we consider pre-legalisation LFS data on care workers in Austria as imprecise in two regards: a) by highly underestimating the actual figures and b) by over-representing younger carers.

A third, supplementary, data source of our analysis are Austrian data on registered trade licenses and social security contributions of the legal care workers from the new member states. With regard to our argument in the study, their major disadvantage is that they provide useful information only since the regularization.

### **Regularization in Austria, unemployment rise in Slovakia and the popularity of care work in Austria**

After the introduction to the available data and their limitations, we will now proceed to the first part of our argument outlined in the beginning of our paper. We will demonstrate that the popularity of care

work in Austria is better explained by the crisis induced unemployment level rise in Slovakia in 2009 than by the legalization of around the clock care in Austria between 2006 and 2008.

For the given reasons it is hard to obtain a reliable time series of the counts of care workers from Slovakia employed in Austria. Graph 2 presents an estimate of numbers of care workers from Slovakia between 2005 and 2011 based on the Slovak LFS.

----- *Graph 2 about here* -----

As explained earlier, the figures in graph 2 certainly underestimate the real extent of the care work phenomena. Even less convenient - their reliability changes with gradual legalisation starting in late 2006. Nevertheless, it is interesting that a steep increase of Slovak care workers in Austria did not occur in the last year of the regularisation (2008) when 16 thousand care workers registered (see graph 4), but a year later.<sup>11</sup>

The exact timing of the observed growth is of importance to our argument that the key factor of taking up care work in Austria were not the legislative conditions in the hosting country, but rather the economic situation in the sending country. If we are right, then the observed 2009 increase could be explained by a major unemployment rise that occurred in Slovakia mainly during the first half of 2009, when the registered unemployment rose by 5.5 p.p. from 7.5 per cent in October 2008 to 12.5 per cent in September 2009.

The evidence is, however, ambiguous. If we look at information about the place of work in previous year in the LFS (graph 3), we see rather indices of a gradual increase during the 2007 – 2009

period.

----- *Graph 3 about here* -----

In the last quarter of 2008, as well as a year later approx. 25 per cent of the care workers stated that their current employment started in the current year. This information does not combine well with the overall figures of female care workers in Austria which (according to the LFS) grew by 113 per cent from 6 212 in the last quarter of 2008 to 13 248 a year later. We therefore assume that an important part of the reported increase was only a product of the employment regularization. A more pleasant finding with regard to the reliability of the LFS figures is that information from graph 2 and graph 3 agrees on the post 2010 stabilization of the size of the Slovak care work force in Austria. Our general conclusion from graphs 1, 2 and 3 is that Slovak LFS data on care workers in Austria are more reliable since 2010 when the majority of the care workers already managed to regularise their employment situation.

----- *Graph 4 about here* -----

A look at the Austrian data could shed more light on the dynamics of care work employment between 2008 and 2009. However, here again we have a problem how to distinguish between a real increase of employment in care work and ‘growth’ as an artefact of the regularization process. Nevertheless, if we compare the number of registrations at the end of 2008 and 2009 we see that it grew by 41 per cent. While this might seem a lot, it also indicates that the majority of the carers probably legalised their employment situation already in 2008 and could mean that at least a part of the growth in 2009 as reported by the LFS was real.

If we combine LFS data with Austrian figures we can conclude that in the recent years, there has been a slow down in growth of the care worker sector. While the growth between 2008 and 2009 amounted to 141 per cent (registrations) and 144 per cent (social security contributions) (or. 157 per cent and 164 per cent in Vienna) it decreased to 125 per cent and 121 per cent (or. 113 per cent and 111 per cent in Vienna) between 2010 and 2011. As already mentioned, the share of Slovak care workers is higher in Vienna than in the whole Austria. Therefore, the lower growth rate in recent years in Vienna compared to the higher growth rate in Austria points to a stabilisation of care workers counts from Slovakia and to a growth of the share of carers from other countries. This is indeed confirmed by recent Austrian figures which show an ongoing drop of the share of Slovak carers from 78 per cent at the end of 2009 to 69 per cent in November 2011.<sup>12</sup>

The discussed findings provide some support for our hypothesis that the increase in employment in care work in 2009 (as indicated by the LFS) was induced by the unemployment growth in Slovakia. Data presented in graph 1 also seem to support this assertion. The significant change in the average age of care workers in the 2006 to 2008 period (from 26.8 to 37.4 years) seems to confirm the interpretation that it was primarily in the period of the legalisation when the respondents in the LFS started to disclose their (previously undeclared) employment as care workers. If this was the case, the major reliability increase of the LFS figures occurred until 2008 and the post 2009 growth in numbers of care workers as reported by the LFS could not be a mere artefact of the legalisation.

As the aggregate level perspective did not provide unequivocal support to our assertion that the popularity of care work in Austria was shaped primarily by the crisis driven unemployment rise in 2009, we will now use data from the opATrovateľky 2011 survey. They will help us in providing a

more persuasive picture for our argument by showing shifts in socio-demographic composition of care workers after the 2006 – 2008 legalisation period. These changes include a clear rise of care workers that were previously unemployed or declared that job loss was their immediate reason for taking up care work in Austria.

### **Changes in the socio-demographic characteristics of Slovak care workers in times of crisis**

To assess if there has been a change in the care workforce from Slovakia in the recent years, we divided our opATrovateľky 2011 survey sample into three approximately equally sized groups. The first group consists of carers that started working in Austria between 1991 and 2006, the second group between 2007 and 2008 and the last group consists of care workers who took up work in Austria after 2008. When we compare the three ‘generations’ of care workers (table 1), we see clear differences in their working situation before starting care work in Austria. Until 2008 over 52 per cent of care workers were previously employed or self employed. However, in the last ‘generation’ of the care workers, the majority was not employed prior to taking up work in Austria. In the 2009 to 2011 period 48 per cent of care workers were previously unemployed, 41 per cent employed, 7 per cent retired and 5 per cent were on maternity or parental leave.

----- *Table 1 about here* -----

This is not the only change. According to the LFS figures, until 2008 care workers from regions of Slovakia bordering with Austria (the most affluent Slovak regions of Bratislava and Trnava) were over-represented among Slovak carers in Austria. They represented around a third of the carers according to the LFS and over a quarter according to our survey.<sup>13</sup> Both sources agree that after 2008

both regions are underrepresented and provide only around 10 per cent of Slovak care workers. This information is in accord with the finding that - while almost 22 per cent of the carers from the first 'generation' commute by car - only 7 per cent of the last 'generation' do.

We can find further differences. Our survey indicates that every fifth care worker from Slovakia was previously employed as a nurse. From care workers that started work in Austria between 1991 and 2006 over 30 per cent were nurses. In the last 'generation' only ten percent are nurses. There has also been a shift in the answer to the question about an 'immediate reason' for starting care work in Austria. While job loss / unemployment was the immediate reason for 24 per cent of carers from the first 'generation', this answer was used by 38 per cent of those who started work in the last three years covered by the survey.<sup>14</sup>

If we summarise the previously stated differences among the 'generations' of care workers we see a clear pattern. The post-2008 carers are more often previously unemployed, they come from more distant (and less affluent) regions of Slovakia and are only seldom qualified nurses. They are significantly different from previous 'generations' of carers. This shift supports our hypothesis that the popularity of care work in Austria in recent years is better explained by unemployment growth in Slovakia than by the legalisation policies in Austria.

In the next part of our paper we will further evaluate the hypothesis about the importance of the economic situation in the sending country. We will show that the Slovak context is not only important in the decision to take up work in Austria but that it also significantly shapes the labour market outcomes of the care workers.

## **Individual level determinants of income situation of care workers**

The results presented so far show that - besides the existing income differences between Slovakia and Austria - the unemployment in the sending country can be important with regard to the attractiveness of employment in care work in Austria. Our survey data enable us to test how well are wages that Slovak care workers are willing to accept in Austria explained by their personal and regional employment situation in Slovakia.

We test our assumptions by multivariate OLS regression models presented in table 2. The dependent variable in both models is the income of Slovak care workers in Austria.<sup>15</sup> Independent variables in model 1 are presented in four groups. The first group includes basic socio – demographic variables like age and education, command of German language, International Socio-Economic Index of occupational status (ISEI) of prior employment<sup>16</sup> and previous work experience as a qualified nurse as a dummy variable. The model includes also two variables assessing the influence of migrant networks and social capital in Austria. The variable ‘Years working in Austria’ serves as a proxy of employment experiences and extent of social networks in Austria. The dummy variable ‘Employed via informal networks’ tests the assumption that migrant networks play a positive role in finding a well paid and otherwise desirable working position.<sup>17</sup>

The model further includes variables measuring the total weekly workload, the number of tasks provided to the client (like care work, nursing, small household chores, ...), patient’s health situation, if care is provided to a couple and an indicator if only care work is provided (the ‘workload’ group). Finally, the model includes our two explanation variables - an indicator on prior unemployment of the carer in Slovakia and a variable on the regional unemployment level (the ‘unemployment’ group).<sup>18</sup>



----- *Table 2 about here* -----

A first look at the results in table 2 shows that some of the included variables were relatively successful in explaining the variability of the income of care workers in Austria.

Contrary to expectation, finding work through personal networks does not have a significantly positive influence on earnings. This could point to limits of the ‘quality’ or usefulness of personal networks in this regard. However, the positive value of the Beta coefficient together with a p-value of 0.273 could also suggest that this influence could have been statistically positive if we had had a larger sample. Even if this was true, our results suggest that there are other, more important factors in explaining the income level of Slovak care workers. Similarly - having year long experience as a carer does not raise income. While this might at first seem contra – intuitive, this finding combines well with the assertion that care work in private households belongs to employments in the secondary labour market characterised by little employment stability, no career prospects and a generally insecure employment situation (Massey *et al.*, 1998, p. 30).

Variables from the ‘workload’ group were also relatively unsuccessful at explaining the income variability. We see, that neither the total weekly workload, the performed tasks, providing care to a couple, nor the health situation of the patient had a significant impact on the income. The only exception is the ‘Providing only care work’ dummy variable. Care workers who stated that they only provide care work and no nursing earned less. While this is an expected result, it is interesting to ask why the influence of the other variables like the overall workload or the health situation of the patient is insignificant. A speculative explanation could be that the observed connection is an artefact of the way

how a particular care work job is advertised. If the description of a care job does not include nursing the offered payment is lower. However, whether the required care activities are described as ‘nursing’ usually depends on the decision of the family and is not always well connected with the actual amount of care work necessary. The definition of the employment situation at the point of hire however influences both – the payment, and the carer’s self definition of the type of work she is conducting. Another - more straight forward - explanation would be that the variable is significant because it simply best summarises the total workload of the job.

Our results further show that neither age nor education significantly explain variation in the income of carers. This is well in line with the already mentioned argument that secondary labour markets provide poor career prospects and returns to education (Massey *et al.*, 1998, p. 30). A more surprising result is that being a qualified nurse with employment experience is not a significant predictor of a higher income. Another unexpected finding is that a higher ISEI value of previous employment lowers the earnings in Austria. However, if we use alternative variables (like the ISCO-88 codes or average income in the previous job) no significant effects are observed. In case of ISCO-88 even the sign of the regression coefficient is positive (as intuitively expected). We therefore rather suggest interpreting this result only as an indication of a certain connection between the type of previous employment in Slovakia and income in Austria. The regression coefficient for the variable ‘Command of German’ is positive and statistically significant. We see that, despite offering no returns to education, one form of human capital - command of German - is significant for achieving higher income from care work. This is probably best explained by the notion that carers with a solid language command are better able to negotiate their payment in situations when their work responsibilities expand, or the workload increases. Fluent German is certainly also important in converting occasionally requested personal (unpaid) favours into official (paid) work tasks. The importance of

language knowledge in this subtle balance has also been observed in research among au pairs (Búriková & Miller, 2010).

Our two explanatory variables from the ‘unemployment’ group are the strongest predictors of our model. Having been unemployed before taking up care work in Austria generally means accepting a significantly lower income from care work. The Slovak regional context is also important. The higher the regional unemployment level, the lower are the wages of the carers. Both effects - of personal and contextual importance of unemployment - strongly support our argument on the importance of the context of the sending country. We see that the level of income of a care worker is better explained by her situation on the sending country’s labour market than by the actual tasks performed in the Austrian household. This can be explained by the situation at the point of hiring: Care work is offered with a given remuneration which is determined by the family based on their possibilities and on other unknown factors which may be only loosely (or not at all) connected to the actual amount of care necessary. Our results suggest that - being a labour migrant - a carer decides to accept or decline the offer based on her economic situation in Slovakia.

Model 2 in table 2 contains only the significant independent variables from model 1. We present the model as a confirmation of the numerical stability (with regard to the rather low N and a high number of independent variables in model 1) of the results of model 1. Model 2 confirms the results from model 1. All significant variables from model 1 remain significant also in model 2. The  $R^2$  of model 2 is almost identical to model 1 showing that variables included in model 2 provided indeed most of the explained variance of model 1.

**Conclusion: The importance of the Slovak context**

The aim of our article was to complement the existing analyses of migrant care workers by shifting the focus from social policy and gender studies to labour migration. We presented arguments in support of the claim that factors in the sending country were important in shaping the size, composition and labour market outcomes of current care worker migration from Slovakia to Austria. Our findings are based on three sources. The primary source is our survey of 151 Slovak care workers carried out in November 2011. Slovak LFS data and information on care worker registrations and social security payments from Austria are used as additional information.

The key argument of our paper was presented in two parts. First, we showed that the increase of numbers of Slovak care workers occurred a year after the legalisation in Austria and coincides better with the crisis induced unemployment rise in Slovakia ('crisis hypothesis'). This view is supported by observed changes in the composition of Slovak care workers that occurred at the same time. Care workers who came to Austria after 2008 were more often previously unemployed and from regions of Slovakia with high unemployment. At the same time there was a decline in the share of qualified nurses and workers coming from the more affluent parts of Slovakia bordering with Austria. We conclude that despite problems with the assessment of the reliability of the measurement of care workers with the LFS, most evidence confirms the importance of the Slovak context which makes the 'crisis hypothesis' more plausible than the 'legalisation thesis'. This underscores the importance of economic motivation in the migration of care workers.

In the second part of our argument, we used multivariate analysis to assess the explanatory power of unemployment situation in Slovakia on the income of care workers in Austria. Our results demonstrate the importance of personal and contextual variables related to the conditions and situation

of the care workers in Slovakia. We find that the most important determinants of the income level of a care worker are her personal experience with unemployment and average unemployment level in the region of Slovakia where the care worker lives. Interestingly, neither the total workload, nor the health situation of the patient significantly influences the care worker's income.

While the insignificance of the connection between the length of experience with care work and income supports the general expectations of the dual labour market migration theory, the insignificance of a connection between income level and finding employment via informal networks questions the more usual explanation which expects a positive relation.

Generally, we were able to provide a rather solid evidence showing that the sending country's economic situation plays an important role in determining the general appeal of cross border care work as well as income outcomes of migrant care workers. It co-determines who the migrant care workers are and how many of them come. It seems that it is able to explain an at least as important part of the behavior of the migrant carers as the welfare policies in the receiving country. For example, our findings suggest that the generally high level of unemployment in Slovakia could be an explanation for the popularity of elder care in Austria compared to the economically similarly well off Austrian and Slovak neighbours – Hungary and the Czech Republic.

The limited reliability of historical data on Slovak care workers in Austria together with changing immigration policies in Austria have prevented us from focusing on the development of the income difference between Slovakia and Austria as an explanation variable. However, based on the presented findings on the changing composition of Slovak care workers in Austria we can speculate that due to the gradual closing of the income gap between Austria and post-communist Central and Eastern European countries, care work is already becoming less lucrative. The income from care work

in Austria is currently still attractive for the unemployed in poorer regions in Slovakia. However, should the income gap shrink further, Austrian households will probably have to seek carers from more distant and less affluent countries. This could be the case not only in Austria, but also in other European countries that are dependent on care workers from Central and Eastern Europe.

## **Acknowledgements**

The research was supported by VEGA grant no. 2/0115/11 and by the Housing and Home-care for the Elderly and Local Partnerships Strategies in Central European Cities (HELPS) project financed by the European Regional Development Fund within the Central Europe programme. The author would like to thank Martina Sekulová for her valuable comments and help with the opATrovateľky 2011 survey questionnaire.

## **Notes**

- 1 It might be assumed that part of the reason for this is the fact that since 2004 the attention has been pointed towards the more recent and spectacular post EU-enlargement migration flows from Slovakia to the UK and Ireland.
- 2 In May 2011 Austria (together with Germany) as the last of the EU 15 lifted the remaining employment restrictions for the 2004 new member states nationals creating free labor market access for Slovak citizens in Austria.
- 3 If we combine official Austrian data on care workers social security payments with information on the legal status of the carers from our survey we can assess that at the end of 2011 there were altogether 27.5 thousand Slovak care workers in Austria.
- 4 Our opATrovateľky 2011 survey includes one carer providing live-in care in Austria since 1991.
- 5 Inclusion of Slovakia in the Schengen area on 21 December 2007 was perhaps less important in this regard as it coincided with the regularization process of care workers in Austria after 2006.
- 6 The Wikipedia entry on 24-hour-care (Austria) even calls the typical care setting when a pair of care workers

provides care for one elderly or disabled person, each of them working in fortnight cycles as the böhmische Schwestern (bohemian nurses) (accessed on 22 February 2013).

7 Based on information from email communication with Thomas Richter (author of the presentation Richter (2011)) we know that in November 2011 the share of Slovak care workers in Austria was 69 per cent.

8 The data file with documentation and questionnaire from the survey is available in the Slovak Archive of Social Data (<http://sasd.sav.sk>).

9 The compared characteristics included age, region of residence, highest achieved education and marital status. The comparison is part of the opATrovateľky 2011 survey documentation in the Slovak Archive of Social Data.

10 Similarly, we observe a fast change in family situation of the carers between 2005 and 2010. While according to the LFS data in 2005 over 70 per cent of carers were living in Slovakia in households with their parents, five years later it was only a quarter.

11 Graph 2 also shows that the overwhelming majority of Slovak care workers in Austria are women. The share of male care workers only seldom reaches 10 per cent. This finding is the reason why the opATrovateľky 2011 survey only focuses on female carers.

12 The share of Slovak care workers at the beginning of May 2012 was 65 per cent. As already noted, figures on the share of Slovak care workers were obtained from Thomas Richter from Sozialversicherungsanstalt der gewerblichen Wirtschaft.

13 According to the 2011 census, the Bratislava and Trnava regions represent 21 per cent of the population of Slovakia.

14 This is based on recoded answers to an open ended question about the immediate reason for starting care work in Austria in the opATrovateľky 2011 survey.

15 The income variable in the opATrovateľky 2011 survey used as the dependent variable in the OLS regression has four categories. We therefore checked the reliability of our models also via a multinomial logistic regression with the same variables. As results from the multinomial logistic regression are in full accord with results obtained in the OLS regression, we decided to present only the latter.

16 We use ISEI as introduced by Ganzeboom et al. (1992). For the conversion of ISCO-88 codes into ISEI a script prepared by Harry Ganzeboom was used. The script is available at: <http://home.fsw.vu.nl/hbg.ganzeboom/isco88>

17 It should be noted that the findings of Elrick and Lewandowska (2008) show that the migrant networks among

Polish care workers in Germany function differently than expected.

- 18 Slovakia is a country with large regional unemployment differences. In November 2011, the unemployment at district level ranged from 34.3 per cent in Rimavská Sobota in south eastern Slovakia to 3.5 per cent in the first district of the capital city.

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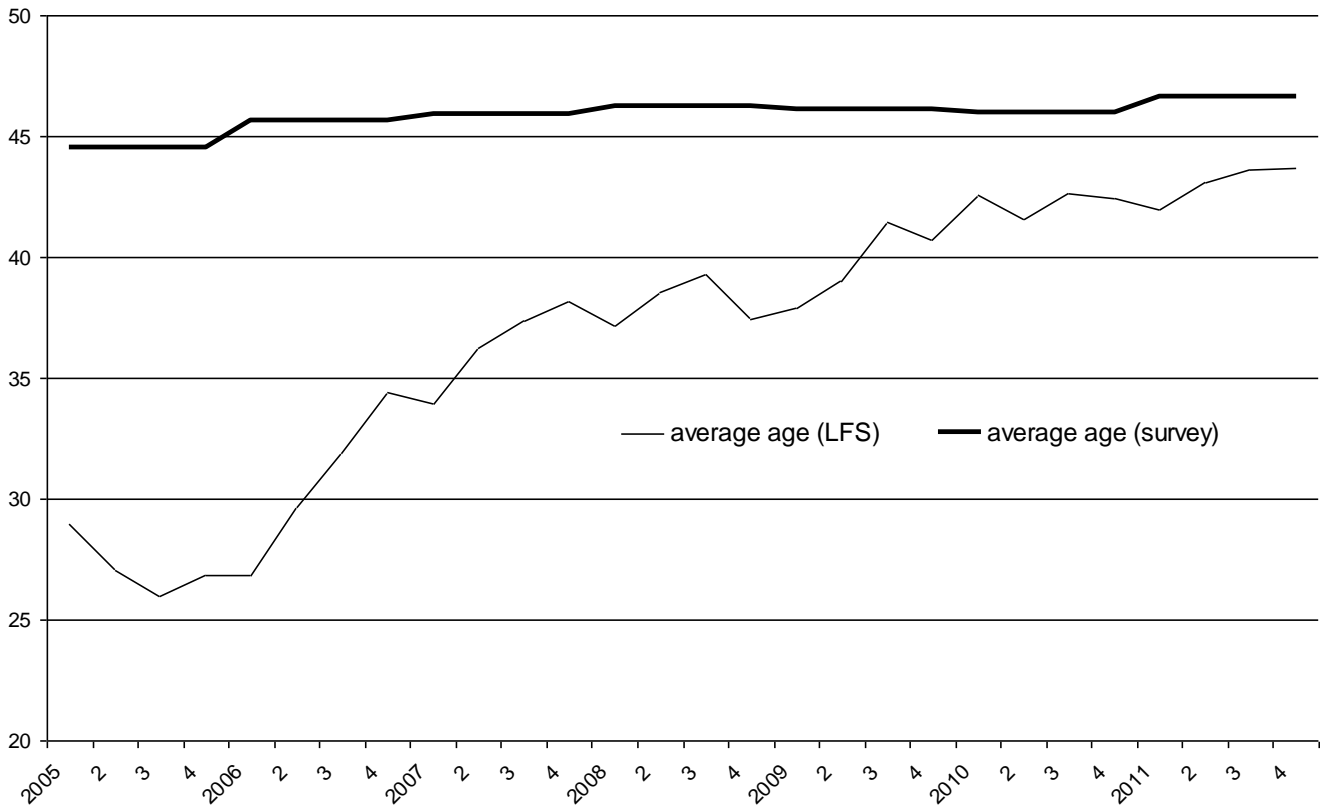
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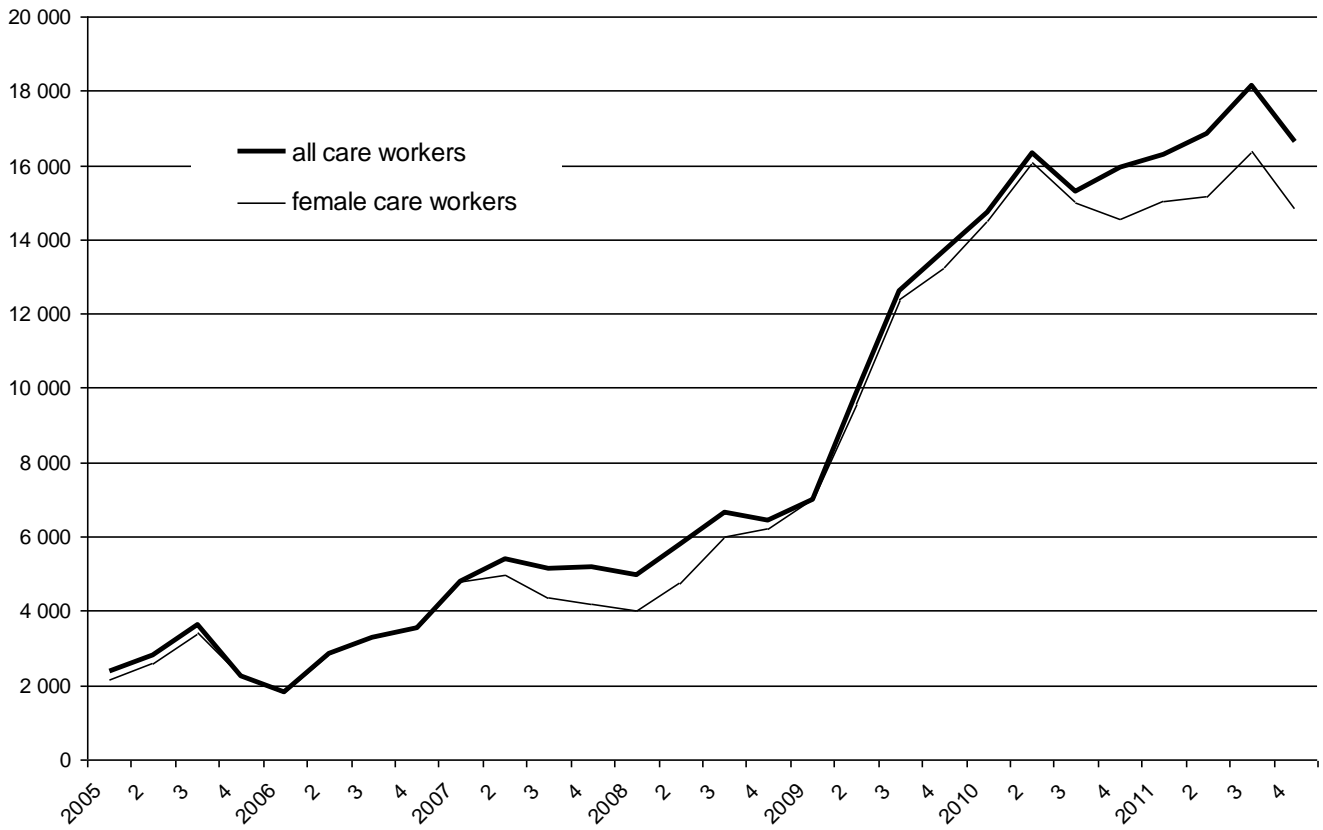
**Graph 1 Average age of Slovak female care workers in Austria, 2005 – 2011**



Note: Average age of care workers in the opATrovateľky 2011 survey is calculated on a yearly basis using information about the year when the care worker began working in Austria. E.g. average age of care workers in 2007 is calculated only from carers that started work in Austria in 2007 or earlier.

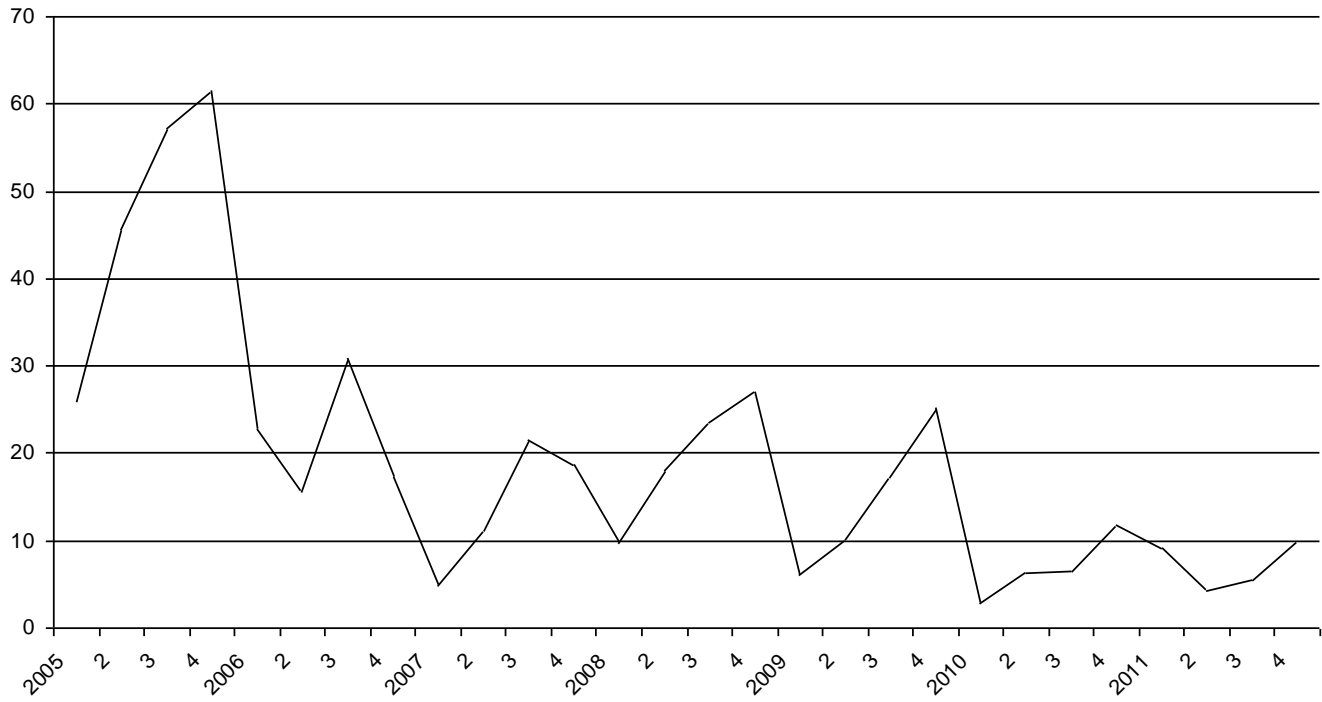
Source: Labor force survey, Slovak Statistic Office, opATrovateľky 2011 survey

**Graph 2** Total number of Slovak care workers in Austria, 2005 – 2011



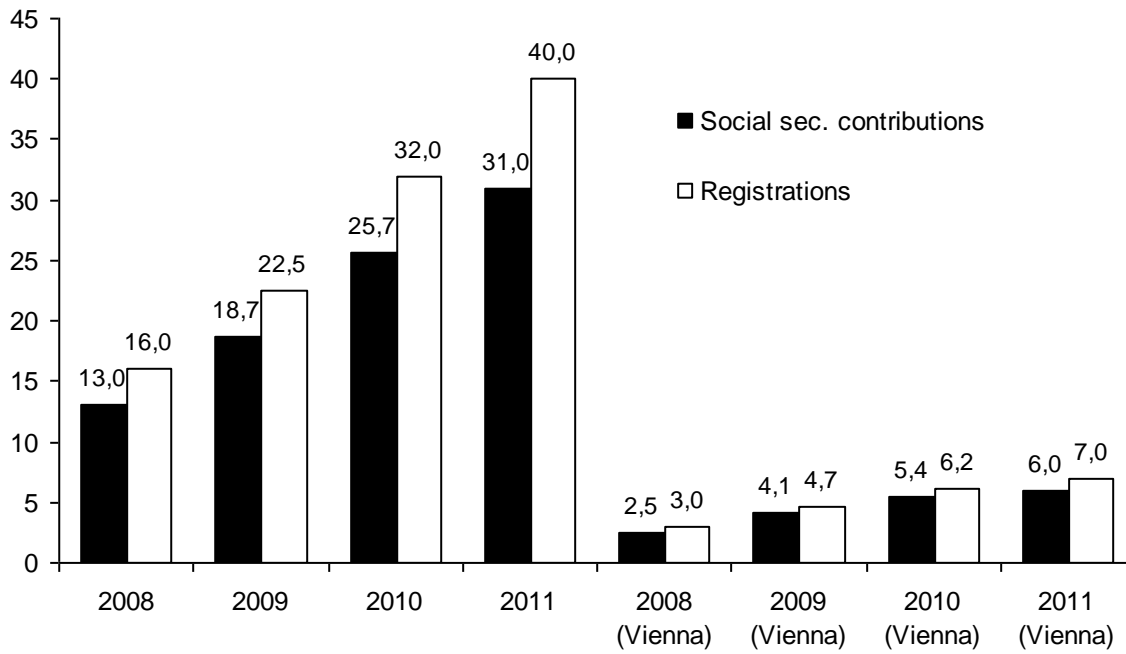
Source: Labor force survey, Slovak Statistic Office

**Graph 3** Share of Slovak care workers who started working in Austria in the current year among all Slovak care workers in Austria, in per cent



Source: Labor force survey, Slovak Statistic Office

**Graph 4 Registered care workers and social security payments from care workers in Austria, thousands**



Note: Figures refer to December of the respective year. The 2011 figures refer to November 2011.

Source: Richter (2011)



**Table 1**      **Employment situation in Slovakia before starting care work in Austria, in per cent**

	<b>1991 - 2006</b>	<b>2007 - 2008</b>	<b>2009 - 2011</b>	<b>total</b>
employed / self-employed	52.2	52.3	40.7	47.7
maternal / parental leave	2.2	0.0	5.1	2.7
unemployed	37.0	38.6	47.5	41.6
retired	8.7	9.1	6.8	8.1
total	100	100	100	100

N = 151

Source: opATrovateľky 2011 survey

**Table 2**      **Income of Slovak female carers in Austria, standardised OLS regression coefficients**

	Model 1		Model 2	
	Beta	Sig.	Beta	Sig.
Age	0.013	0.893		
Education	0.015	0.884		
Command of German	0.237	0.015	0.209	0.015
ISEI	-0.192	0.039	-0.197	0.018
Nurse with employment experience	0.004	0.970		
Years working in Austria	-0.025	0.788		
Employed via informal networks	0.096	0.270		
Total weekly workload (in hours)	-0.055	0.526		
Tasks	-0.078	0.353		
Caring for a couple	0.042	0.627		
Health situation of patient	-0.023	0.786		
Providing only care work (no nursing)	-0.226	0.011	-0.219	0.007
Unemployed before work in Austria	-0.251	0.008	-0.264	0.002
Regional unemployment level in Slovakia in 2009	-0.238	0.008	-0.263	0.002
R <sup>2</sup>	0.333		0.312	
N	118		118	

Source: opATrovateľky 2011 survey