

Issue 01/08



OVERVIEW

ARTICLE 01 2-13

Migrant Workers in Home Care for Older People in Germany: The Use and Problems of Legal and Irregular Care

(Hanneli Döhner, Daniel Lüdecke, Verena Eickhoff)

ARTICLE 02

The changing generational contract within and outside the family in Germany: latest development

(Monika Reichert)

ARTICLE 03

Age and migration in Germany - an overview with a special consideration of the Turkish population

(Prof. Dr. Gerhard Naegle)

ARTICLE 04

The Role of Social Gerontology in Explaining Differences by Race in Health Outcomes among Older Adults in the United States

(Jim Mitchell, Ph.D.)

ARTICLE 05

The Role of Neuropsychological Assessment in Alzheimer's Disease

(Doç.Dr.Banu Cangöz)

ARTICLE 05

Generational Conflict: Youth's Attitudes Toward old age

(Doç.Dr.Banu Cangöz)

Editorial



Prof. Dr. Jürgen Howe

Since the foundation of GeroBilim in 2007 the development of research in social and psychological gerontology increased all over the world. So the National Association of Social and Applied Gerontology in Turkey decided to publish four numbers a year from 2010. To cope with the diverse tasks to perform an edition of a scientific journal it has been decided to found an editorial board. Members of this board, starting their work in 2010, will be Prof. Dr. Juergen Howe (Editor-in-Chief), Technische Universität Braunschweig, Germany; Prof. Dr. Mary Gilhooly (Editor), Brunel University West London, UK and Prof. Dr. Ismail Tufan (Editor), Akdeniz University Antalya, Turkey.

The editorial board puts the main emphasis for the

- first number 2010 on the theme of the situation of very old persons,
- second number 2010 on the theme of caring for persons with dementia,
- third number 2010 on the theme of houses for the elderly and the
- fourth number 2010 on the theme of the role of the elderly in their family.

Scientists are requested for submitting contributions to these themes as early as possible.

Migrant Workers in Home Care for Older People in Germany: The Use and Problems of Legal and Irregular Care

- Hanneli Döhner, Daniel Lüdecke, Verena Eickhoff

Abstract

The rapid aging of the population has resulted in a sharp increase in the number of frail older people needing long-term care. For many generations, the family was the core welfare institution for older people in most countries. Although attitudes towards filial responsibility remain positive and family care still remains the most relevant source of support available to older people today, demographic and social developments have changed the ability and willingness of families to sustain this role.

To meet the growing elder care needs, the German Long-term Care Insurance law (LTCI) enacted in 1995 facilitates aging at home.

Only in the last few years the public opinion and policy makers have become aware of the increasing number of older people who employ migrant workers in their homes. However, no reliable data exists on this phenomenon. Experts estimate that about 100,000 female migrants provide care in German households, mostly on an irregular basis.

Since 2005 there is the possibility of legally recruiting a migrant household help, based on contracts with some Eastern-European countries. However, only about 4,000 households made use of this offer so far. Presumably because the legal employment prohibits 24-hour-work and personal care, many households seem to favor irregular workers which above all, work for less money. Different forms of regular and irregular migrant care work have been established, often sustained by transnational networks. One of the actors in these networks are placement agencies, operating from abroad as well as from Germany. Their role is yet unexplored.

Key words

Migrant home care workers, migrant household helps, older people, Germany, Eastern Europe, legal work, irregular work, example of a care situation

Introduction

Population aging is a phenomenon which can be observed in every European country (EUROSTAT 2006). The demographic change, resulting mainly from a decreasing birth rate while the life expectancy is increasing, means a strong growth of older people. There is an increasing number of persons in need of care especially among the oldest people (Mestheneos & Triantafyllou, 2005; Meyer, 2007).

In Germany, in 2005 there were about 2,1 million persons in need of care. Two thirds of them were female. A projection of the development of people in need of care until 2030 estimates an increase of nearly two thirds, which gives a total of 3,4 million care-receivers: about 2,2 million female and 1,2 million male care-receivers in 2030 (see figure 1).

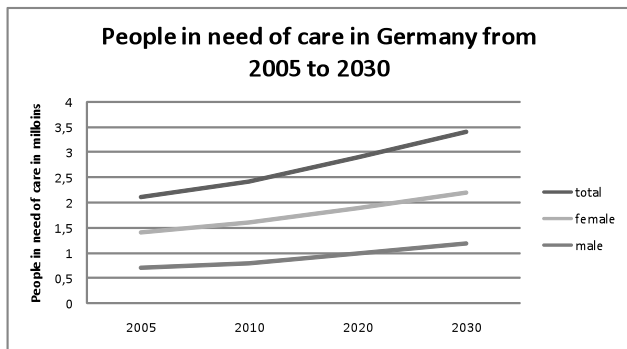


Figure 1: Projection of increase of people in need of care in Germany from 2005 to 2030 (in million people)

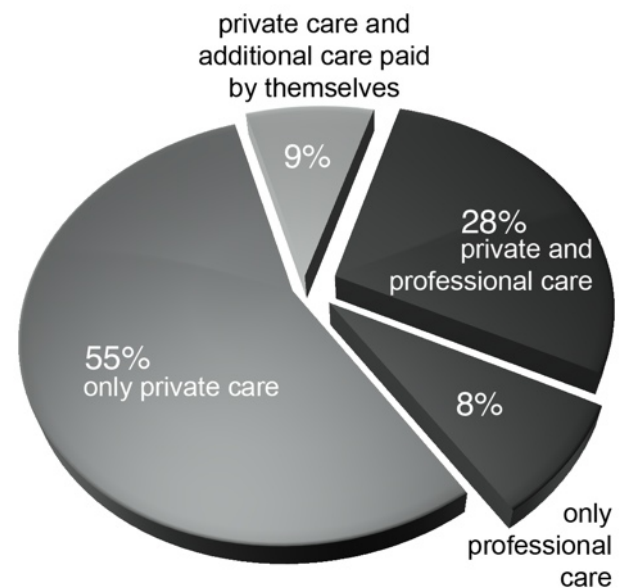
Source: Federal Statistical Office, 2008, p.25

The rapid aging of the population has resulted in a sharp increase in the number of frail older people needing long-term care. For many generations, the family was the core welfare institution for older people in most countries. Although attitudes towards filial responsibility remain positive and family care remains the most relevant source of support available to older people, demographic and social developments have changed the ability and willingness of families to sustain this role (Meyer, 2007).

According to a representative study in Germany, investigating the situation of care-receivers, about two thirds (1,4 million) of those people in need of care live in a private household, while almost one third (650,000) of them live in a nursing or care home (Schneekloth & Wahl, 2005).

As the topic of the article is home care, in the following we will concentrate on the group of care-receivers who still live in a private household. Of those about 1,4 million people in need of care, 64% are cared for by family carers without any professional help. Only a minority of this group uses additional services like domestic work or meals on wheels. 28% of all family cares are additionally supported by professional services and 8% of all care-receivers in private households are supported exclusively by professional help (Schneekloth & Wahl, 2005; see figure 2).

Figure 2: Private home care arrangements



Source: Schneekloth & Wahl, 2005

To summarize, we can see that more than 90% of people in need of care who live in a private household receive help from their family carers. Only a third of those family carers are supported by professional services.

Although a European study on the situation of family carers – EUROFAMCARE (see: www.uke.uni-hamburg.de/eurofamcare) – shows that there is still a high willingness to care for older relatives (Döhner, Lamura, Lüdecke, & Mnich, 2007), this large group of family carers is increasingly facing several problems. Care work is often considered and experienced as a full-time job. In a recent study on the situation of family carers in different European countries, a strong negative impact on family carers' well-being with increasing amount of care could be proved (Lüdecke, Mnich, & Kofahl, 2008). Family carers are therefore in risk of eventually need care themselves.

Furthermore, the reconciliation of paid work and care is becoming more urgent in the future. Today, the vast majority of care work in private households is performed by daughters or daughters-in-law. This group is more and more entering the labor market which will have an impact on future family resources of potential care givers (Lüdecke, Mnich, Melchiorre, & Kofahl, 2007). This trend is

especially forced by European policies: „The Lisbon agreement to increase labour force participation rates, especially those of women, throughout the member states of the EU has clear repercussions for the practical day to day support of older dependent people and indeed all types of home care.“ (Mestheneos & Triantafyllou, 2005, p. 54).

The reconciliation of work and care and the increasing physical and mental burden due to care-giving already illustrates the problems associated with family care. Thus, it is not surprising that additional support is necessary to relieve family carers. The question is: which type of support is affordable and how can this help be paid.

To meet the growing care needs of older people and to support family carers, various countries have developed policies that facilitate aging in place. This was also the aim of the German Long-term Care Insurance law (LTCI) which was enacted in 1995. Main goals and principles were:

- three levels of care, depending on the functional disabilities of care receivers and based on an assessment procedure
- choice between home care with benefits in cash or in kind or a combination of both
- partial coverage insurance system
- allowance is given to the dependent person, not to the family carer
- home care, especially family care, is preferred over institutional care
- prevention and rehabilitation are given priority over care

The LTCI is only designed to partially cover the costs for care tasks. This means that usually family carers have to be engaged to provide the necessary amount of care. When the insured care-receivers get cash allowances from the LTCI, they often give these partly or completely to the family carer to remunerate their efforts. To ease the burden, additional (professional) help could also be tasked

for, but especially professional help is often too expensive to be regarded as sufficient relief. This results in an increasing mix of home care arrangements with support from the so called „grey market“ or private persons doing domestic and/or care tasks (Meyer, Kubesch, & Kofahl, 2008, pp. 38, 45). These tasks are increasingly provided by migrants coming from Eastern European countries. Recent studies also show that there is an increasing impact and development of informal structures in care with sometimes legal but mostly irregular work participation of mostly Eastern European migrants (ibid.).

Migrant home care workers in Germany

Only in the last few years the public opinion and policy makers have become aware of the increasing number of older people who employ migrant workers in their homes. However, no reliable data exists on this phenomenon, available information still being based on expert opinions only. There is an enormous gap in research, on national and European level as well as on a global perspective, touching not only the care sector but all forms of irregular migrant work as well as the knowledge about the number of irregular migrants (migrants without the necessary legal residence permission).² There are estimations that about 70,000 – 100,000 female migrants provide care in German households,³ mostly on an irregular basis.

Irregular care work means that the women have no work permission, and in case of women from outside the European Union, often also no residence permission. They usually neither pay taxes in the receiving country, nor in the sending country, nor have insurance in the receiving country.⁴ Even migrant workers obtaining residence and work permission can be in conflict with the German law when they provide professional care (nursing), although their work permission is limited to household chores. Besides the aspect that irregular care is in conflict with different laws and causes tax evasion, irregular care work may have problematic consequences. There is no control of the quality of care and, therefore, the care work can cause severe damage for the person in need of care on the one hand. On the other hand the worker is denied social security as well as workers' rights and is vulnerable

to abuse and exploitation (see Ehrenreich, 2003) – especially when working as live-ins.

To live-in means that the migrant worker lives in the same household as the person she cares for (as opposed to live-outs, who live in a separate apartment), enabling her to provide 24-hour care. However, the lack of free time and private space and the constant responsibility for the old person – especially if the cared-for suffers dementia – can result in stress and fatigue (Karakayali, 2007a, p. 80). The high dependence of the worker on the employer makes it difficult for her to declare her own needs and to refuse work she feels not comfortable with or capable to do. This is especially problematic concerning nursing tasks.

Although the private sector is regarded a relatively safe place for irregular work (Lutz, 2003, p. 257), there is a fear of being detected which can cause permanent stress for the families as well as for the workers.

Reasons for families to engage a migrant carer

Although families are aware of the possible consequences of irregular care and they suffer from the constant threat of being discovered, more and more families with dependent people at home decide on this kind of care arrangement. To exclude the placement in a nursing home is the driving force to continue care at home, accepting the high burden on family carers on the one hand but looking for new solutions to sustain the situation. An increasing number of women wish to combine care and paid work, they even wish to adhere to full time employment.

In many cases 24-hour care is necessary, but is not affordable by official German nursing services.⁵ Migrant home care workers get much lower wages (no payment of social insurance). It is known that legally employed migrants doing household help only take over nursing tasks also which are not allowed. As irregular migrant carers are even less expensive, many families do not see other solutions. As measurement to prevent being detected, families often communicate that the Polish carer is a cousin.

Motives of migrant carers to work in German households

There are different reasons why working in Germany in a household with a person in need of care is attractive to migrant workers. Migrant workers usually come from countries with, compared to Germany, a lower standard of living and lower wages. Although they receive a lower wage than average in Germany, for them, the labor is still attractive. They can often earn much more money in Germany than in their home country, even if there they do a high qualified job.

Unemployment in their home countries is another motive for migration. The work in Germany is often regarded as temporary. Migrant work is sometimes motivated by the wish to earn money for additional expenditures or to buy a house or by the wish to just keep the standard of living gained in the home country (Morokvasic, 1994, p. 177). Sometimes the money is needed to enable children to study, and sometimes the migrant woman is the only breadwinner in the family. In her research on Au-Pairs Sabine Hess (2005) found out that some women also migrate to escape social, familial or religious constraints.

Migrant workers have to work in the households of persons in need of care or do other kinds of domestic work, because they have no other legal possibility to work in Germany. Irregular work for women can often only be found in the private sector.

Forms of transnational migrant labor

According to the few studies yet performed in Germany, and to media coverage, most of the women working as migrant carers come from Eastern Europe. Research on the topic of migrant care for older people is only slowly starting and studies are usually qualitative studies, only covering a small number of cases.⁶ Albeit, research on migrant domestic work has been conducted,⁷ which sometimes also includes migrant care work for dependent older people.⁸ These studies report an often transnational form of migration and the relevance of transnational networks. It is most likely that this kind of migration is similar to the one of other migrant domestic workers and that the networks are partly the same (Karakayali, 2007a,

pp. 79f; Müntz, 2007). Müntz's reconstruction of networks of female Polish migrants working in the Ruhr area demonstrates that these migrants do not always concentrate on one work field elder care, but sometimes change from documented seasonal work in agriculture to undocumented domestic work provided in several households to do live-in care work for an older person (ibid.).

The tactics of migration differ according to the legal status of the migrant women. The international research on migrant domestic work reports that the migrant workers usually enter the receiving country legally (e.g. Lutz, 2003, p. 256; Anderson, 2000). In the case of Germany, that means that non-EU-citizens enter Germany with a tourist visa, as students or Au-pairs. Their residence status turns from legal to undocumented when they exceed the length of validity of their permission. Instead of returning to their home countries they stay in Germany and have to face a life in illegality.

Giving attention to the assumption that most migrant workers in elder care come from Eastern Europe, after the last two enlargements of the European Union in May 2004 (Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia) and January 2007 (Bulgaria, Romania), probably only a small number of migrant workers in elder care face problems with residence permission (i.e. women from Ukraine, Belarus or the Russian Federation). All nationals of the European Union are guaranteed freedom of movement in every other member state (European Commission, 2002).

In terms of work permission the situation appears to be quite different. Only a minority seems to work regularly and in accordance with German laws. There are two main aspects to differentiate regular from irregular work: The first is the existence of a German work permission; if no work permission exists, the legality or irregularity of the work depends on the specific form of labor (self-employed vs. pseudo-self-employed, secondment of workers by Polish agency vs. worker made available to German customer). We will come back to this point later.

Another conclusion which can be drawn from the research on migrant domestic work is the relevance of

transnational informal networks for the organization of care work for older people. The rise of these networks can be regarded as fueled by the autonomy of migration (Boutang, 2007; Karakayali & Tsianos, 2005) which on the one hand, is pushed forward by a lack of legal possibilities to hire a migrant worker, and on the other hand, by the lack of legal possibilities to find regular work in Germany. The first applies for the person in need of care and his or her family, the latter applies for migrants from Eastern Europe. These networks provide the availability and mobility of workforce independent from direct regulation through national politics.

Transmigration and Transnational Networks

The migration related to care and domestic work has a specific form in Germany. As far as it is known by now, migration takes place in a transnational form.⁹ Especially regarding labor migration it is much more common to change between sending and receiving countries more or less frequently, keeping ties in the country of origin as well as gaining new social bonds in the target country.¹⁰

Migrant care workers often perform pendular migration, working a few weeks or months in Germany and then returning to their home countries for a certain amount of time, after which they travel to Germany again. They often share their job with another woman (Lutz & Schwalgin, 2007; Hess, 2005). In this way, both women can combine family life and social contacts in their home country as well as earn money in Germany. Here, migration is often not undertaken to leave the country, but to be able to stay. Mobility enables people to pursue a life in their country although they, for instance, are not able to earn their living there due to high unemployment (Morokvasic, 1994). The life in two different societies is often enabled by transnational networks.

These transnational networks are sustained by different actors: people in the sending countries as well as in the receiving countries, by family ties, through personal contacts and the Internet, by migrants and non-migrants, often drawing on historical traditions of migration such as that of Poles to Germany.¹¹ Transnational networks are used to cross the border, getting a job or an apartment.

There main characteristic is informality. Not only the migrant workers who work for older people are part of the networks, their German employers maintain the networks as well by exchanging information or telephone numbers with other households searching a migrant carer (Karakayali, 2007b, p. 49). These networks can be considered a reaction to the migration regime, which constrains the legal migration and labor (Glick Schiller, Basch, & Szanton Blac, 1997; Hess, 2005; Karakayali & Tsianos, 2005; Vogel & Cyrus, 2008) as well a reaction to the inability of the state to meet the demands of persons in need of care and their families, for 24-hour-home-care.

Different forms of migrant labor

Because the ban on recruitment (Anwerbestopp) of foreign workers from 1973 is still valid, there are very few possibilities for migrants coming from Non-European Union countries to work legally in Germany. In the European Union every national of a member state has the right to work in another member state. However, based on regulations, this principle is currently only valid for the EU-15-countries. With the last enlargement of the EU in May 2004 and January 2007, the old members were given the possibility to limit free movement of workers from the new members in a transitional period. They can restrict the access to their labor markets for the first two years after the enlargement and exceed this limitation for three years, and should threat of serious disturbances on its labor market be experienced, they can exceed the limitation for two additional years (European Commission, 2002, p. 4). Germany makes the most extensive use of this possibility. This means that actually only EU-15-nationals and Malteses and Cypriots gain full access to the German labor market. However, with the commencement of the new German immigration act (Act to Control and Restrict Immigration and to Regulate the Residence and Integration of EU Citizens and Foreigners) on January 1st, 2005, a new possibility to hire a foreign full-time household help was established, though underlying specific regulations. This enactment was the political reaction to ongoing debates about irregular work in German households.

Taking into account these legal regulations, we will outline different scenarios of migrant work for older people in Germany, differing in the degree of legality and the kind of employment as well as in the work arrangement.

Legal migrant household helps

The possibility of recruiting a migrant household help is limited on the employer's side to those households in which a person lives who is classified in a certain care level of the LTCI (or applied), or being blind (severely handicapped pass). On the employee's side it is limited to nationals of those countries that have closed an agreement with Germany. Currently these countries are Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia and Slovenia.

The placement is always accomplished by the Federal Employment Office, which at first checks whether there is a national worker available. The potential employer can name a concrete person, so a migrant worker yet irregularly working in the household can be legalized that way (given that the person comes from the aforementioned countries).

The employment has to be full-time, cannot last longer than three years and the tasks are restricted to housekeeping duties, although basic care, like being washed and dressed or help with mobility and eating is explicitly tolerated (Karakayali, 2007a, p. 78). The wage has to be explicitly declared and has to comply with local tariffs (1,029-1,306 Euro/month gross). Contributions to social security as well as health and accident insurance have to be paid. These are shared between employee and employer, so that the factual costs for the employer are higher than the wage mentioned before. The employer is also responsible for providing appropriate accommodation. According to the valid German tariff for household helps the working hours per week are 38.5 h and a yearly, paid vacation has to be granted (26 days for persons up to 29 years, 30 days for persons 30 years and older). In case of dismissals the period of notice of one month has to be taken into account (Bundesagentur für Arbeit 2008a,b, 2007).

Considering the high estimated number of migrant carers in Germany the use of this form of employment form is relatively low (see table 1).

Table 1: Placement of foreign household helps in 2005 and 2006 based on country of origin

Country of Origin	2005	2006
Bulgaria	38	29
Poland	1,334	1,814
Romania	158	125
Slovakia	45	80
Slovenia	3	1
Czech Republic	17	33
Hungary	72	159
Total	1,667	2,241

Source: Bundesagentur für Arbeit, quoted in BAMF, 2006

Experts argue that this legal possibility could not reduce the amount of irregular jobs. The main reasons for this are presumably that legally employed migrant workers are not allowed to work around the clock nor offer personal care (they may perform housekeeping chores only), and that they are more expensive than irregular workers.

The next three forms of migrant care work which we will describe and which are currently used to varying degrees, only take into account workers from the new Eastern European member states of the European Union. According to current information they are the biggest group providing migrant care for older people in Germany and they all share the same legal conditions: As a private person they can legally stay in Germany, but their access to the German labor market is limited by the restrictions of the free movement of workers. The information about wages, the role of mediation agencies and of the Internet are vague due to the lack of research. Our information is drawn from the few scientific publications yet published, media coverage and press releases of NGOs on the one hand, and, concerning the legal regulations, from documents of governmental agencies like the European Commission or the Federal Employment Office (Bundesagentur für Arbeit) on the other hand.

Self-employed home help

While working as an employee is prohibited for nationals of the new Eastern European member states, the offering of services as entrepreneur is permitted. Regarding our topic, only services for household chores can be offered, not for professional care work (nursing tasks) (Karakayali, 2007b, p. 79). A lot of migrant workers seem to use the option of self-employment. Agencies registered in Germany as well as in Poland¹² offer the mediation of self-employed household helps, often using the Internet to advertise and communicate. Some agencies explicitly solicit their service as legal. In addition to the mediation they offer to arrange the legal administration of the migrant worker (obtaining a tax number & trade license, insurances, registering at local office etc.).¹³ The costs for a German household include a monthly charge estimated at 800-1,200 Euro and a fee for the mediation agency. Yet, there is no final decision whether that form of labor is in accordance with German law or not. However, regularity can only be discussed regarding domestic work, providing professional care is irregular.

The point in question is the status of self-employment. There are legal criteria that define activities for self-employment. Two of them are the independence from directives and the number of principals. A person who receives instructions by the customer and only works for one principal is considered as pseudo-self-employed, the relationship is defined as one of employer and employee. Hence, the work is irregular because the migrant worker has no work permission and the tributes to social security are deprived.¹⁴

Migrant care worker sent as staff by foreign agency

Within the European Union all companies can offer their services in every other member country (freedom to provide services/ freedom of establishment).¹⁵ The carrying out of tasks in Germany allows the secondment (sending) of workers. This means for example, that when a Polish company receives an order for domestic work tasks, it can send a Polish worker to Germany to fulfill the tasks. Corresponding offers can be found on the Internet.

Prices depend according to language skills and education of the employee or the existence of a driving license. For 1,900 Euro a woman with qualification as a nurse, with a driving license and good knowledge of the German language can be hired; the service of other less qualified workers can already be bought for 1,200 Euro. The migrant employee has social security and pays taxes in Poland. In case the Polish company meets the German demands for professional care, they can send not only household helps, but qualified nurses as well (Rüßler, 2007, p. 259).

The secondment of workers is constrained by the requirement that the worker is already employed for at least 12 months by the company and will not work longer than 12 months in Germany.

The critical point in judging, whether this kind of migrant care work is legal, is the aspect, whether the care worker gets her work instructions from the Polish company or the German person in need of care, respectively his or her affiliated persons. In the second case it is presumed that the employment is not one between the Polish company and the migrant worker, but that the worker is made available to a German customer, and hence, the employment is between the German household and the migrant worker, and therefore irregular. Should the migrant worker live in the household of the cared-for person longer than a few days it is unlikely that she still gets her instructions from the Polish company. Therefore, this form of migrant work can be regarded as at the most semi-legal.

Irregular migrant care work

There is also the possibility that the migrant worker works without any official contract. In short-term, that option is supposed to be the most attractive for the employer as well as employee because neither taxes nor social security nor mediation fees have to be paid. However, the employee has to take the risk of a lack of social security and insurance (health, accident). Reports on wages differ from 700 - 1,400 Euro (Meyer-Timpe, 2007) to 600 - 1,000 Euro (Karakayali, 2007b, p. 56). Like in domestic work (Anderson, 2000, p. 79) there is a

hierarchy between carers depending on ethnicity, Polish and Hungarian women can earn the most while Romanian women can be hired for the lowest amount of money (Meyer-Timpe, 2007; Karakayali, 2007b, p. 56). There are no consolidated findings whether these irregular care workers are also mediated by agencies operating via the Internet or whether this form of work is solely organized by informal networks. While the financial benefit of this work arrangement might be the most profitable, the fear of being detected and risk of abuse and exploitation of the migrant worker are the highest. The more irregular the work setting is, the more the quality of work conditions depend on the good will of the employer (see Rerrich, 2006, p. 147).

No matter whether the form of work is generally considered as regular or not, professional care work (nursing tasks) by Eastern European migrants from the new European Union members is almost always in conflict with German law.¹⁶ Furthermore, there is absolutely no possibility to use care work of these migrants which can be funded by the LTCL. The combination of a German nursing service and a migrant household help seems to be a solution for some families (Karakayali, 2007a, p. 82). Professional services do tolerate this situation because in many cases the alternative would be to lose the cared-for to a nursing home. This situation is both, against the wish of the family and the interest of the service. However, the work status of the migrant worker and the working time of 24 hours remain problematic.

Example from an exploratory study in 2007:¹⁷ Household help from Poland

In the following we describe the situation of a Polish live-in migrant care worker; we call her Miss Lisowska. The person she cares for is a woman with dementia, living together with her sister. A German nursing service helps twice a day and is paid by the LTCL, while Miss Lisowska is privately paid. She is a qualified nurse, but her contract allows only household help, no nursing tasks. She lives in the household of the cared-for person and offers help nearly around the clock, her contract assures her three hours of free time daily.

The employment has been enabled by a newspaper advertisement of a Polish agency with a local branch in Germany. The family and the legally empowered person who acts on behalf of the cared-for person closed a contract with the Polish agency. The monthly payment includes 700 Euro wage which are paid directly to Miss Lisowska and 1000 Euro which are paid to the Polish agency. The Polish agency pays social security and taxes for Miss Lisowska. Additionally, Miss Lisowska receives 100-140 Euro monthly allowance and 120 Euro when she travels to Poland.

In the last six years, Miss Lisowska already had four employments in Germany, all in households with older people. These employments have been irregular and partly included nursing tasks. Her main reason for taking a job as a migrant care worker in Germany was her unemployment in Poland. There she had problems to find a job because of her age (unknown). Earlier she had been working in a home for old age people in Poland and in a GP's practice. She wants to work with older people as long as she can, but in Poland only few jobs are available for caring at home because people in need of care are mostly cared for by their families (Bień, 2006). A second motive for the job in Germany was to improve her retirement pension.

For some time Miss Lisowska is widowed and her only child died. Since then she had only few contacts in Poland. The last six years, she even spent Christmas and Easter, the most important holidays in Poland, with the German families she works for. As she comes from Silesia, Germany as a borderland is very familiar to her. Even some relatives live there. Therefore, working in Germany seems to be a good alternative for her.

Describing her work situation as a household help, she mentioned that she has no communication problems with the cared-for person, who is demented. Miss Lisowska has developed a special kind of communication without needing the German language. She calls the lady her "sweetie" (Schätzchen).

Talking about her own feelings, Miss Lisowska mentions that she has no friends in Germany and feels bored, especially during the three hours of free time her contract assures her and that she therefore wouldn't need so much

free time. She feels well integrated in family life but feels underchallenged (brain waste). She mentions that she suffers a professional conflict: she is not allowed to intervene in nursing tasks although being a qualified nurse. As there are no clear boundaries between household help and nursing tasks, in daily life she helps with toileting, getting washed and dressed, mobility and eating, if necessary. Furthermore she organizes nursing aids. She feels discriminated against because of not being able to do nursing tasks although she is a qualified nurse.

Because of her isolated situation in Poland (widowed, her child died, few contacts in Poland) she is not homesick. She likes to live in Germany and would like to stay although she knows it will hardly be possible.

In the German part of the above mentioned European study EUROFAMCARE (Döhner, Kofahl, Lüdecke, & Mnich, 2008) we found that the most important characteristics of services from the point of view of carers are: (1) care workers treat the care receiver with respect, (2) improvement in quality of life of the care receiver, (3) help is available at the right time, (4) adequate skills of care workers. This seems to characterize the example described above.

Conclusions

The legal possibility for migrant household helps does not find high acceptance, mainly because of higher costs for the German families and lower earnings for migrant workers compared to irregular jobs.

As the distinction between household and nursing tasks seems to be a problem in concrete care situations, the exclusion of nursing tasks in these contracts is another reason for the low acceptance. Moreover, in reality, the care workers are demanded to be available also during the night, but only 38,5 hours of work are allowed by the legal employment. Furthermore, bureaucratic procedures are an additional burden for the German families. Irregular work is preferred although both sides live with daily fear to become detected and punished. On the other sight, there is no control on quality or abuse – and argument against this form of support used mainly by professional providers.

New solutions are needed to cover the care gaps. There is a challenge to learn from the experiences of other countries, e.g. Israel or Italy. We need politics to offer legal solutions that meet the needs of the German families as well as the migrant workers. But not only a national, but a European or even global answer is needed.

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