Report | December 2024

Making the invisible work visible: Data collection on live-in carers in Austrian private households

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ACKNOWLEDGEMENTS

An essential requirement for the success of this research project was the willingness of the care workers employed in Austrian private households to actively participate in the survey. Our special thanks go, therefore, to all **care workers** who took the time to answer the detailed and therefore time-consuming questionnaire.

We would also like to thank the **Vienna Chamber of Labour (Arbeiterkammer Wien)**, whose project funding made the research on this highly relevant topic possible to begin with.

1 INTRODUCTION

Around 58,000 mainly migrant care workers are currently registered in Austria or have a trade license. They assist and care for old and sick people in need of assistance within their private households, where they also live (live-in care) (Aulenbacher et al., 2021). The expectations placed on these care workers - also referred to as "24-hour care workers" or "24-hour carers" - are high both on the part of people in need of care and their relatives, but also on the part of Austrian politics.[1] As often expected and partly also legally imposed, live-in care workers should be available around the clock, i.e. 24 hours a day and for the duration of the entire shift, not only to assist, but also to care for and, if necessary, to provide their clients with medical care.[2] Since the legalization in 2007, live-in care workers have officially been an essential component of the Austrian policy concerning long-term care. In 2022, 4.8% of the almost 470,000 Austrian recipients of long-term care benefit received assistance and care from live-in care workers[3] (Mairhuber 2024).

The annual long-term care reports published by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection have for many years devoted a separate chapter to "24-hour care". It deals primarily with the prerequisites and financial support options for the use of personal care. Since 2017, the results of the mandatory home visits, which take place in connection with the financial support available for "24-hour care", are also included in the report of the Ministry. During home visits, the focus is on assessing the care situation and the quality of care. These reports do not contain information on the employment, working and living conditions of the mainly migrant care workers in Austrian private households.

A survey from 2021 launched by the trade union initiative vidaflex or the 2023 follow-up survey among live-in care workers provide insights into some areas of the care workers' activities and problems and also formulate suggestions for improvement. However, these surveys were answered mainly by Croatian "24-hour care workers"(Reichmann & Thäter, 2023; Schaffhauser-Linzatti et al., 2022). These results cannot easily be applied to the entire group of live-in care workers in Austrian private households, most of whom come from Romania and the Slovak Republic (see in more detail below). Another survey carried out in 2023 as part of the MigraCare project (Wojczewsk et al., 2023) only had a very small number of participants (225 respondents). An internationally comparative (qualitative) research project dealt, among other things, with the legal structure of "live-in care" and

[1] In this report, the term *live-in care workers* (in private households) is mainly used. This not only corresponds to the job title according to Austrian law but is also intended to make it clear that the term "24-hour care" or "24-hour care workers", which is often used in Austria, contains false ideas and expectations and that "round-the-clock care" is de facto not possible. Where the term "24-hour care" or "24-hour care workers" is used in cited reports, studies and documents, it is adopted but put in quotation marks.

[2] Live-in care workers are also allowed to take on nursing and medical activities under certain circumstances and conditions. Nursing activities include, for example, assistance with food or medicine intake, personal hygiene and the use of a toilet or a close stool. Medical activities include administering medications, applying bandages and dressings, administering subcutaneous insulin injections, blood sampling to determine blood sugar levels, as well as simple light and heat applications (BMSGPK, 2021)

[3] 20.5% of the recipients of care allowance received inpatient care, 34% used mobile or semi–inpatient care and nursing services – also in combination with family care - and around 40% were assisted or cared for exclusively by relatives (Mairhuber 2024).

in particular the role of placement agencies or the relationship between them and the working conditions of care workers in Austria, Germany and Switzerland (Aulenbacher et al., 2021). In addition, there are Austrian studies that deal with various aspects of the political regulation of "24-hour care" and, derived from this, the working and employment conditions as well as the great importance of live-in care workers in Austrian long-term care policy (Bachinger, 2016; Haidinger, 2016; Leiblfinger & Prieler, 2018; Österle, 2016).

However, despite these studies, comprehensive and general empirical data on the working, employment and living conditions of live-in care workers who are currently employed in Austrian private households are missing. There are also no general quantitative findings on the experiences of live-in care workers with placement agencies, Austrian authorities or with interest groups in Austria.

It is precisely this lack of general empirical data that contributes to the fact that structural solutions for the specific challenges faced by the workers of this sector (Bachinger, 2016; Haidinger, 2016; Leiblfinger & Prieler, 2018) can be derived only with difficulty or proposed solutions do not take sufficiently into account the experiences and needs of the live-in carers workers. The present study should help close this gap.

2 OBJECTIVES OF THE PROJECT AND STRUCTURE OF THE REPORT

The objectives of the present research project were, therefore, the development of a comprehensive digital, multilingual quantitative survey instrument as well as the implementation and evaluation of a first survey among live-in care workers currently working in private households in Austria. The goal was not only to record details of the employment, working and living conditions of the live-in care workers, but also to ask about their future ideas and wishes as well as their experiences with placement agencies, Austrian public authorities and interest groups, to be able to formulate quantitative statements on these subjects.

An advantage of the digital and multilingual survey instrument developed is not only better accessibility for the live-in care workers, but also the possibility of repeating this survey at (regular) intervals with relatively little effort and thus being able to track developments in the longer term.

Overall, the research project aims to close data and thus information gaps and to generate comprehensive, publicly accessible empirical results that can serve as a basis for social and political discussions and hence also for structural changes. For this reason, recommendations for action from the research team's point of view are formulated at the end of the report based on the empirical data. The empirical data generated also provides a scientific basis for live-in care workers' interest representation (e.g. the IG24 involved in this study) in order to be able to discuss and formulate demands for improving the working and living conditions of live-in care workers. Finally, the aim of the survey was also to enable the live-in care workers themselves to communicate – even if only mediated via the questionnaire – and thus to create visibility for their work and life realities.

This report starts with an introduction to the topic, followed by a short outline of the legal regulations for live-in care in Austria in chapter two to be able to better classify the specific problems of live-in care workers – in particular labour and social legislation. Chapter three provides information about the methodological approach regarding the online questionnaire and the sampling strategy. Chapters four to seven present the results of the online survey conducted in the spring of 2024 among live-in care workers currently employed in private households in Austria. The topics are working, employment and living conditions at the current workplace (chapter four), cooperation with placement agencies (chapter five), experiences with Austrian public authorities and interest groups (chapter six), as well as the wishes and the outlook for the future of the live-in care workers interviewed (chapter seven). The final chapter eight summarises the results of the survey and formulates recommendations for action targeted at improving the working, employment and living conditions of live-in care workers as well as the cooperation with placement agencies and the interaction with authorities and interest groups.

3 LEGAL REGULATIONS FOR LIVE-IN CARE IN AUSTRIA

In 1993, a nationwide uniform long-term care benefit was introduced in Austria. It is granted to people who, due to a physical, intellectual or mental disability, are permanently dependent on a certain minimum level of assistance and care. The long-term care benefit is paid to the person in need of care, depends solely on the need for care and is not subject to either an income or an asset check. Since it only partially covers the additional financial expenses related to assistance and professional care (professional home-care, day-care and residential services), the long-term care benefit has contributed to the development of an unregulated, transnational care market since its introduction. The model of so-called "24-hour care" and migrant live-in care workers has established itself, based on people who spend an entire shift living in the household of people in need of help and are therefore on site around the clock (Bachinger, 2016; Prieler, 2020).

In the summer of 2007, after heated discussions about illegal employment relationships, the live-in care in private households was legally regulated. According to the legislation, persons in need of assistance and care (or their relatives) may conclude a contract with either an employed or a self-employed live-in care worker. In addition, there is also the possibility of employing a dependent live-in care worker through a non-profit association or charities. For this purpose, on the one hand, a new Home Care Act (HBeG) was passed in the spring of 2007 and, on the other, the Trade Regulations Act was amended. There is financial support for both care models. Since September 2023, this has been up to 1,600 Euro per month for two dependent care workers who take turns after each other's shift, and up to 800 Euro per month for two self-employed care workers (BMSGPK, 2023, S. 25). Prerequisites for receiving the funding are qualifying for at least long-term care benefit level 3 – this corresponds to a monthly care requirement of more than 120 hours – or, in the case of dementia, long-term care benefit level 1. In addition, the monthly net income of the person in need of assistance may not exceed 2,500 Euro; this amount is increased in the case of dependent relatives.

Since the legalization and funding of live-in care in private households in 2007, there have been significant increases in the use of state subsidies. For example, the number of recipients of funding continuously increased from 3,200 to over 25,280 between 2008 and 2017, and has since declined again and amounted to almost 22,500 in 2022 (BMASK, 2014, S. 24; BMSGPK, 2023, S. 25).

For dependent care workers there is a minimum wage regulated at the federal state level and the working hours are subject to – very generous - legal regulations (see for more details: Sagmeister, 2024).[4] There are no legal regulations regarding wages and working hours for self-employed live-in

[4] HBeG § 3 para. 2: In two consecutive weeks, the working hours, including the hours on call, may not exceed 128 hours. Any periods on call that exceed this maximum limit, which the care worker spends as agreed in their living space or in a closer home environment and during which they can otherwise freely dispose of their time, are not considered working hours within the meaning of this Federal Law.

care workers. There is no entitlement to overtime, night and holiday pay or paid leave. In case of illness, self-employed live-in care workers receive benefits in kind, whereby a 20% deductible is to be paid. Since 2013, self-employed live-in care workers have been entitled to continued remuneration or sick pay in the event of prolonged illness or incapacity for work as a result of an accident, under certain conditions. Entitlement to this benefit exists only in the case of a continuous incapacity for work of more than 42 days.[5]

Compulsory insurance contributions for pension, accident and health insurance must be paid by the care workers themselves or are withheld and paid by the placement agency. Entitlement to unemployment benefits exists only in the case of voluntary self-insurance.

The pension benefits of the self-employed live-in care workers are very low due to the low incomes, as only 1.78% of the annual gross income in the pension account becomes pensionable. This means that, for example, with an annual gross income of 14,400 Euro (= monthly income of 1,200 Euro / 12 times a year), even after 15 years in "24-hour care" the pension benefit is only around 261 Euro net per month (without annual indexation).

Self-employed live-in care workers are much cheaper and more flexible to use than dependent care workers due to the lack of occupational health and safety as well as social security protection. It is therefore not surprising that the majority of people in need of care or their relatives opt for the self-employed model for live-in care. For example, the proportion of self-employed care workers in households receiving state subsidies for "24-hour care" exceeds 99% (Leiblfinger & Prieler, 2018, S. 13). The total number of dependent care workers in households receiving state subsidies was 34 between January and August 2018 (BMSGPK, answer to enquiry quoted in: Leiblfinger & Prieler, 2018).

HBeG § 3 para. 3: The daily working hours are to be interrupted by rest breaks of at least three hours in total, which are also not to be considered period on call according to para. 2. Of these, at least two continuous rest breaks of 30 minutes must be granted.

HBeG § 3 para. 4: In addition, employees may not be called upon for a total of another ten hours during any period of 24 hours.

[5] The service is then due retroactively from the 4th day for a maximum of 20 weeks for one and the same illness. Regardless of the length of the illness, sick pay can only be obtained in the case of voluntary additional insurance from the 4th day of incapacity for work.

4 QUESTIONNAIRE AND SAMPLING STRATEGY

4.1 Online survey questionnaire

The development of the survey instrument is based, on the one hand, on existing literature on the topic, experience reports and position papers of representatives of live-in care workers in Austrian private households and, on the other hand, on qualitative interviews with five live-in care workers currently working in Austria. These interviews were used to include in the questionnaire design questions, problems and perspectives from the live-in care workers' point of view. This was reinforced by the active involvement of and cooperation with representatives of the IG24 (interest group of 24-hour live-in care workers) in developing the questionnaire. The questionnaire thus reflects the perspective and expertise of both the live-in care workers and the researchers. The entire questionnaire can be found on the project website (in English and German language).

When preparing the questionnaire for the online survey among live-in care workers in Austrian private households, the focus was not only on the working, employment and living conditions, but also on their experiences with placement agencies, Austrian public authorities and interest groups. The questionnaire is divided into five thematic sections:

A. General information about the respondent

This section includes socio-demographic questions (e.g. by age, gender and education) as well as general questions about professional experience (e.g. how long have you been working as a live-in care worker) and form of employment (e.g. regular employment or self-employed).

B. Working, employment and living conditions at the current workplace

The section on working, employment and living conditions makes up the largest part of the survey. Different aspects of the organization of live-in care in private households as well as problems and challenges in the current workplace are examined. For example, what information was available before starting work, when the care contract was signed or how the transport is organized. It also includes questions about working hours, specific activities and duties, as well as instances of violence and harassment at the workplace. Questions were also asked about the fee, the living situation and food, as well as support from relatives, neighbours and professional nursing services.

C. Experience in connection with placement agencies

Since placement agencies play a central role in how work is organised for the vast majority of live-in care workers in Austria, a separate section of the questionnaire is dedicated to their experiences with these agencies. This includes how the cooperation is structured (e.g. the amount of the placement fee or what information was available when), what services the live-in care workers receive from the placement agencies, how satisfied they are with them and what services they would like to receive.

D. Experience with public authorities and interest groups

Live-in care workers working in Austria are also confronted with a number of public authorities. In addition, there are also legal and voluntary interest groups that can be essential for the employment relationship and should provide assistance in case of problems.

Respondents were therefore asked about their experiences with the Austrian Federal Economic Chamber, the Tax Office, the Austrian Social Insurance, vidaflex and IG24. It was also determined whether they had the opportunity to communicate in their native language and what native-language support they would like to have available. This section also asks whether they feel sufficiently informed about the legal regulations on live-in care and whether they feel protected by them.

E. Expectations for the future

Finally, the live-in care workers were asked which topics - such as working hours regulations, sick pay, higher pension benefits - would be important for their future as live-in care workers, what they expect from Austrian public authorities and interest groups and whether they can imagine continuing to practice the profession (in Austria) in the next three years.

The questionnaire, initially formulated in German, was subjected to several pretests. For this purpose, live-in care workers were asked to go through the questionnaire and note which questions are not understandable or difficult to understand, whether answer categories are unclear, incomplete or misleading, and whether relevant topics are missing. The feedback was then incorporated into the questionnaire on an ongoing basis.

Since live-in care in private households is mainly carried out by migrant workers, the questionnaire was subsequently translated into six other languages: Bulgarian, English, Romanian, Serbo-Croatian or Bosnian/Croatian/Serbian (BCS), Slovak and Hungarian. Pretests were also carried out for the translated versions (at least two per language) in order to check the comprehensibility of the translations.

4.2 Survey method and sampling strategy/sampling

The survey was designed as an online survey for several reasons. Since no contact details are available regarding live-in care workers working in Austria, telephone or face-to-face surveys require a lot of effort and methodological uncertainties, e.g. if they are organized through placement agencies. Also, a multilingual survey online - and thus in written form - is easier to complete with the available resources than a face-to-face survey. Another advantage of online surveys is that respondents can fill in the survey at their discretion and within their own possibilities, independently of location and do not have to consult with interviewers.

But even with an online survey, the problem remains that contact details of care workers working in Austria are not available. As a result, no random sampling is possible even with the online format.

In order to gain access to the target group, the contacts and social networks of IG24 were therefore used. The links to the survey were made available to the target group in several ways: via an e-mail to all members of IG24 (1,325 people from 7 countries/as of February 2024), via the various social media used by IG24 (Facebook, WhatsApp) and via the websites of IG24 and FORBA. The social media used by IG24 are closed and open groups to which live-in care workers have access. In addition, vidaflex was asked to forward the survey link to its members. Furthermore, the recipients of the e-mails were asked to share the survey link in their own networks in order to create a "snowball effect".

The survey ran between April 12 and May 31, 2024. A reminder e-mail was sent twice. When sending the first invitation and the first reminder, a video was created by IG24 providing information about the reason and background of the survey as well as its content and goal and an invitation to participate.

The population of the survey is considered to be live-in care workers working in Austria who are members of IG24 or have access to their social networks (Facebook, WhatsApp). As shown in the following chapter on the "Composition of the survey population", this population has strong similarities with all registered or active live-in care workers in Austria in terms of the distribution of socio-demographic key data. Therefore, on the basis of the available survey results, conclusions can be drawn with certain restrictions about all live-in care workers working in Austria.

The online questionnaire was completed 1229 times. Even though it cannot technically be ruled out that someone has participated twice, we assume that each completed questionnaire represents one person. Since there was neither an incentive nor a reward for participation, e.g. in the form of a voucher or raffle, there was also no material motivation for the participants to fill out the questionnaire several times. Of the incomplete questionnaires, an additional 197 were included in the evaluation. These are questionnaires in which, in addition to the general information about the person, at least all questions about the working, employment and living conditions were answered.

Only a few of the questions had to be completed by the participants on a mandatory basis. For most questions, there is also the possibility of not giving an answer. As a result, the number of respondents indicated in the following tables and graphs (n=x) may differ from the total number of survey participants and may be lower.

4.3 Composition of the survey population

The key socio-demographic data of the respondents fulfil two functions. Firstly, they provide an overview of their composition by age, gender, place of residence, etc. Secondly, these data can be compared with other surveys and data on live-in care workers (in private households) in Austria, which are ideally based on more comprehensive surveys, e.g. on data from the social insurance institutions or microcensus data from Statistics Austria. In comparison, it can then be assessed

and estimated to what extent the live-in care workers interviewed here have similarities and differences to the respondents in other surveys. Among other things, this provides information on how well the overall population from which the respondents originate is mapped or not. However, this procedure is only possible to a limited extent for the group of live-in care workers, since there are no reliable figures and statistics on these. Unfortunately, the most reliable source for comparisons, the surveys and calculations of Statistics Austria, are not available, as their data on care and nursing services in Austria do not include live-in care. Therefore, only other survey data can be used as a comparison, which, however, only covers specific sections due to the selected access and the survey method. For the 2021 survey organised by vidaflex (Schaffhauser-Linzatti et al., 2022), their members were contacted with a request to forward the survey link (Schaffhauser-Linzatti et al., 2022). Thus, this survey mainly covers live-in care workers who have a direct proximity to vidaflex. The 2023 survey as part of the MigraCare project (Wojczewsk et al., 2023) was conducted with a smaller number of participants (225 respondents). However, it is interesting as a comparative study because it used a similar method and approach as the present research project, namely dissemination of the survey link via social networks (Wojczewsk et al., 2023).

Table 1 provides an overview of selected key socio-demographic data of the interviewed live-in care workers.

Table 1: Key socio-demographic data

Key socio-demographic data		
	N	Percent
Age		
18-25	2	0.1%
26-35	30	2.1%
36-45	151	10.8%
46-55	569	40.7%
56-65	598	42.8%
65+	47	3.4%
Overall	1397	100%
Gender		
Female	1373	96.6%
Male	46	3.2%
Other	2	0.1%
Overall	1421	100%
Highest level of education completed		
Compulsory education	124	8.7%
Apprenticeship, vocational training	299	21.0%
High school	683	48.0%
University or college	317	22.3%
Overall	1423	100%
Children under 15 y.o.		
Yes	181	12.7
No	1239	87.3
Overall	1420	100.0

Note: Only the valid cases are given, which is why the total numbers (n) differ from each other.
Source: 2024 FORBA/IG24 Survey

Age and gender: The majority of the live-in care workers surveyed are over the age of 45. Around 41% are between the ages of 46 and 55 and around 43% are between the ages of 56 and 65.

Around 3% of the respondents are over the age of 65 even and thus work in care over the legal retirement age applicable for men in Austria. In this, the results do not differ from the mentioned surveys of vidaflex (Schaffhauser-Linzatti et al., 2022) or MigraCare (Wojczewsk et al., 2023). The same applies to the distribution by gender. According to this, personal care is carried out almost exclusively by women (97% of all respondents).

Due to the older age, the proportion of respondents with children under 15 years of age is rather low at 12.7%.

Level of education: At 48%, the proportion of respondents with a high school diploma is quite high. For comparison, according to Statistics Austria, in the first quarter of 2024, only 17% of employees in the Austrian social and health care sector completed higher education. 22.3% of the care workers surveyed even have a university or college degree. However, the same proportion in the health and social sector in Austria is 31.8%. But compared to the figures for employees in Austrian old people's and nursing homes, the proportion who have completed secondary and tertiary education is strikingly higher. According to Statistics Austria, 18% of all employees in old people's and nursing homes have completed higher education and 16.5% have completed a university or college.[6]

Main place of residence and place of domicile: 55.4% of the respondents live and reside in Romania, 23.4% in Slovakia and 6.5% in Croatia if they are not working as live-in care workers in Austria. This is in line with the 2023 figures on citizenship of the Chamber of Commerce in the "self-employed care worker" sector[7]. However, there are deviations for two countries. Care workers from Bulgaria are more frequent according to the present survey than to the data of the Chamber of Commerce, with 8.6% of the respondents in this survey vs. 2.9% according to the data of the Chamber of Commerce. Among the respondents, the proportion of those from Hungary is lower; according to the Chamber of Commerce, they make up about 7% but are hardly represented in the present survey.

Table 2: Main place of residence of the respondents versus the nationality of the "self-employed care workers" according to the Chamber of Commerce

	Survey		Chamber of Commerce	
	N	%	N	%
Romania	790	55.4	30,648	53.2%
Slovakia	334	23.4	13,685	23.8%
Bulgaria	122	8.6	1,677	2.9%
Croatia	93	6.5	4,177	7.3%
another country	87	6.1	7,369	12.8%
Overall	1426	100.0	57,556	100%

Source: 2024 FORBA/IG24 Survey

[6] Source: Microcensus-Labour Force Survey Quarterly Data - 1st quarter of 2024. Accessed via StatCube (02.07.2024): Highest level of education completed - national breakdown,

[7] https://www.daheimbetreut.at/sites/default/files/downloads/FV127_BZ0200_2023_Nation.pdf (last accessed 2024.19.06)

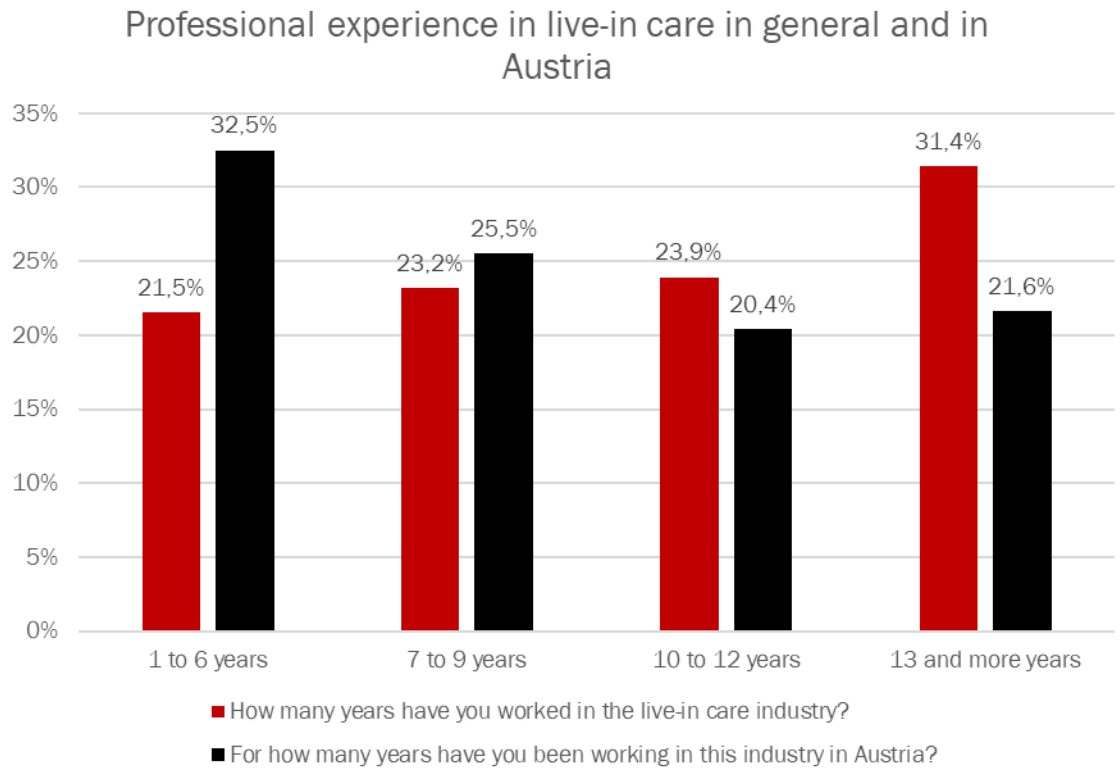
In principle, it can be summarised as follows: The following presentations of the results in simple descriptive statistics always refer to the responses of the interviewed live-in care workers in the present survey by FORBA and the IG24. Conclusions for all live-in care workers working in Austria, however, are quite possible against the background of the mentioned methodological limitations, but thanks to the similarities of the socio-demographic data with the other surveys mentioned and the data of the Chamber of Commerce. A fluctuation range of around 2.6% must be taken into account if the survey is to draw conclusions about the population and if there are no missing values.[8] In the case of higher missing values or if questions were asked only to a part of the respondents, e.g. the questions about self-employment with a placement agency, this should be taken into account and the fluctuation range adjusted (for example, it increases to 3.1% for 1000 respondents). For example, on the basis of the survey data on the educational level in the population of all care workers working in Austria, the proportion with a high school diploma is with a 95 percent probability between 45.4% and 50.6%. Evaluations in which two or more variables are taken into account and interrelationships are tested go beyond the purely descriptive level and also indicate whether observed differences are significant, i.e. also with a probability of 95% in the population.

[8] The calculation of the fluctuation range is based on a sample size of 1426 participants. The value refers to a 50/50 share with a confidence level of 95%.

5 WORKING, EMPLOYMENT AND LIVING CONDITIONS AT THE CURRENT WORKPLACE

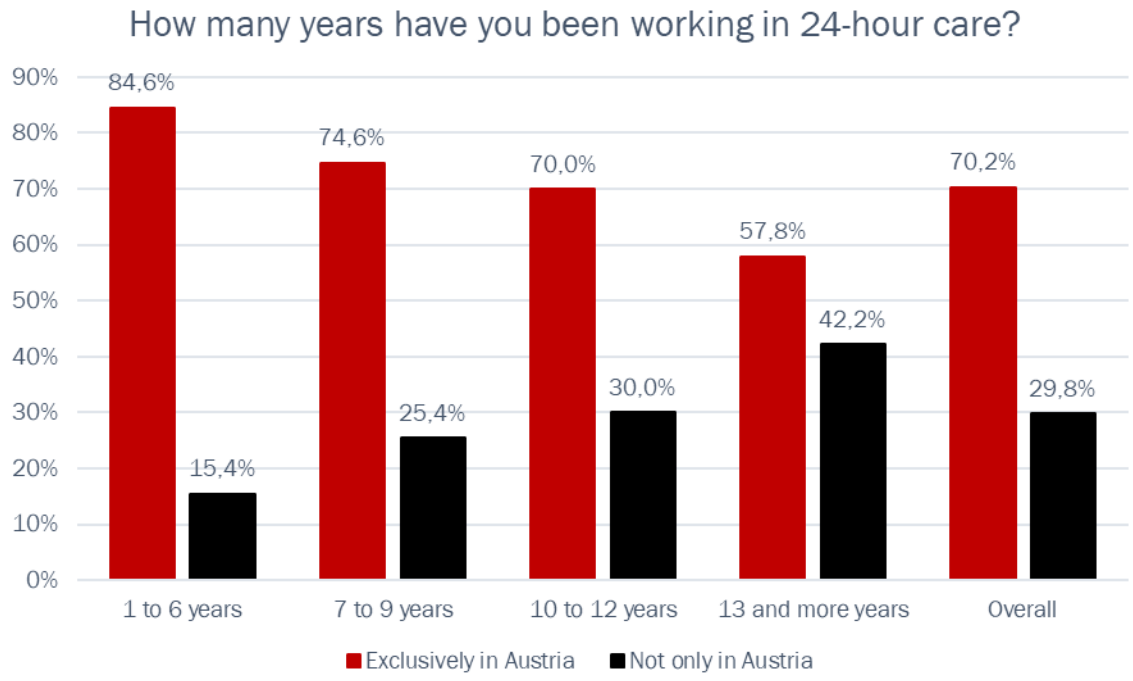
5.1 Key data on employment

Professional experience: Slightly more than half of the respondents have been working in live-in care in private households for more than ten years and the majority of them, namely almost 70%, exclusively in Austria (Figure 2). The majority of the respondents have thus spent the majority of their time as a live-in care worker in Austria and have gained a lot of experience with how this system is organised in Austria (see also: Figure 1). This finding is similar to the results of the 2021 vidaflex survey (Schaffhauser-Linzatti et al., 2022, S. 137).



Source: 2024 FORBA/IG24 Survey

Figure 1: Professional experience in personal care in general and in Austria (n = 1369)



Source: 2024 FORBA/IG24 Survey

Figure 2: Professional experience in Austria after working as a care worker (n=1340)

German language skills: Due to these professional experiences and possibly also due to the high level of education, a large part of the respondents, namely 40%, rate their German language skills as good and 17% even as very good.

Federal state: A quarter of the respondents work as live-in care workers in Lower Austria, in Vienna only about 18%, in Upper Austria 17% and in Styria 16%. For the remaining federal states, the proportions are below 10%. This is similar to the distribution of the population across the federal states, with minor deviations. Of the respondents who do not work in Vienna, around 40% stated that their job is located in an urban environment, e.g. in Graz or Linz. If the respondents who work in Vienna are added, then the surveyed care workers are almost evenly distributed between rural and urban areas.

Form of employment: Only 5% of the live-in care workers surveyed are dependent or employed. The majority, 78%, are self-employed with a placement agency and the rest are self-employed without an agency. For most people, 64%, a placement through an agency also represented the way they found their job. Almost a third found their workplace via private contacts (23%) or via an ad (10%).

5.2 Information before starting work and framework conditions

Information before starting work: Obtaining correct information about the clients' state of health before starting work is essential in order to be able to assess whether the workplace or the responsibility can be assumed, but also to enable suitable preparation. However, 10% of the

respondents did not receive any information in advance about the state of health of their clients. Of those who received information, 18% report that it was erroneous. Overall, more than a quarter of the respondents were not adequately informed about the state of health of the clients before they started their work.

Information on the living situation is also important for live-in care workers, but above all information regarding working hours and payment. Compared to the figures on the state of health of the clients, the proportion of those who had no information on the living situation or on the daily working hours is even higher. Only with regard to the fee, the proportion of those who received sufficient information before starting work is high (see Table 3)

Table 3: Information before starting work

What information about the workplace was available to you before you started working and was it correct?			
	Yes	No	n
Information on the state of health of the client	89.7%	10.3%	1422
Was it correct?	81.8%	18.2%	1272
Information on your own living situation and accommodation at the workplace	85.8%	14.2%	1418
Was it correct?	91.2%	8.8%	1214
Information on daily working hours	76.9%	23.1%	1417
Was it correct?	90.5%	9.5%	1088
Information on the amount of the fee	95.5%	4.5%	1418
Was it correct?	92.6%	7.4%	1353

Source: 2024 FORBA/IG24 Survey

Care contract (in German, *Betreuungsvertrag*): This is also related to how and when the care contract, i.e. the agreement between the clients and the live-in care workers on activities, working hours, breaks, fees, etc., is concluded. Only 10% of the respondents received the care contract before starting work, 64% at the time of starting work and 26% only after. The contract was available in the native language of the live-in care workers for 40% of the respondents. 36% stated that they had not had the opportunity to read and understand the contract beforehand. 55% did not have the opportunity to negotiate the content (e.g. exact activities, working hours, breaks, fees) directly with the clients or their relatives.

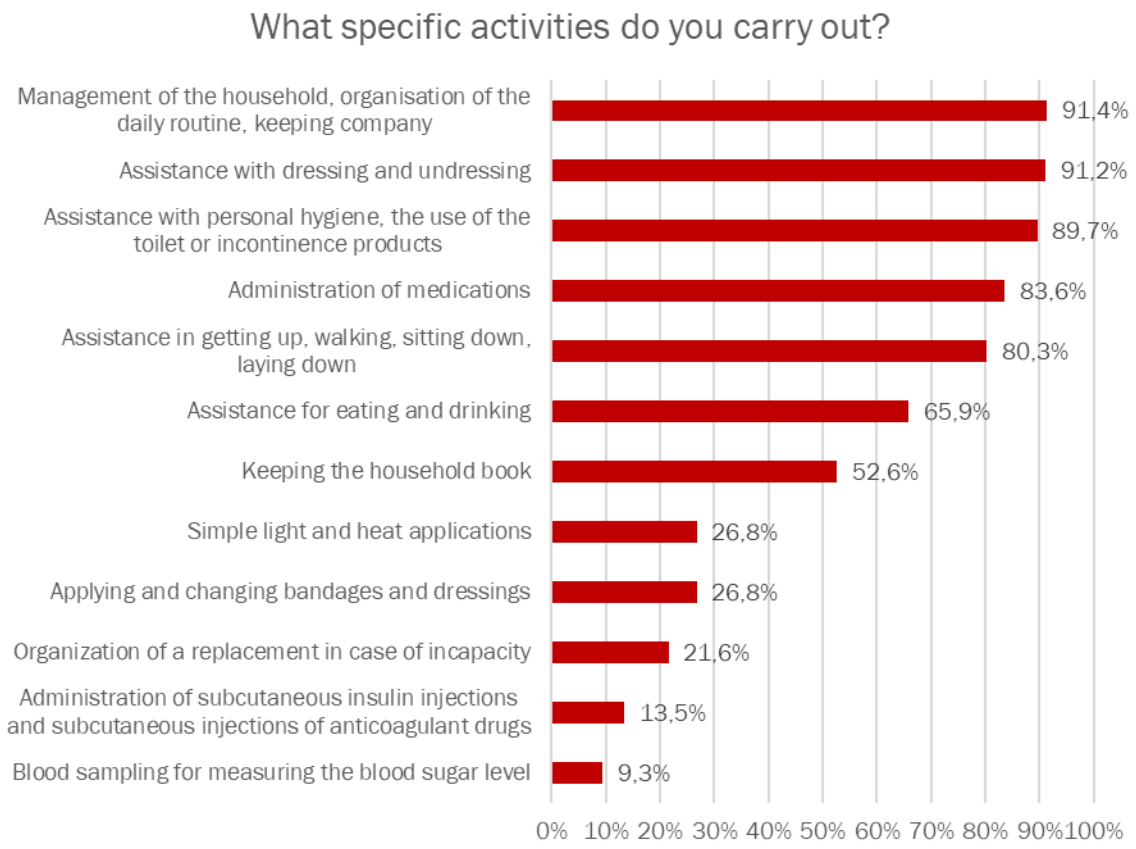
In summary, it can be stated that many live-in care workers are poorly informed about their future job before starting work and the care contract can only be viewed and signed by a small number of live-in care workers before starting work. In many cases, this care contract, which defines the most important employment and working conditions, is also not available in the native language. In addition, the contents of the care contract are not directly negotiable for a large part. As a result, live-in care workers who want to work in Austria are de facto forced to get involved in extremely unclear or not clearly defined employment and working conditions. The fact that the terms of the contract are determined by a third party, which is true for a large part of the live-in care workers, is

also an indication that the criteria for an self-employment relationship are not or only insufficiently met (for more on this: see section five).

5.3 Specific care activities and working hours

Care activities: 90% of the respondents only look after one person, at least according to the contract. When asked how many people they actually look after, 78% said one person and 20% two. Thus, the number agreed in the contract does not correspond to the number of people actually cared for in all cases. Around 15% of the respondents who care for only one person according to the contract actually care for two or more. At the same time, 9% take care of only one person, although two are agreed in the contract.

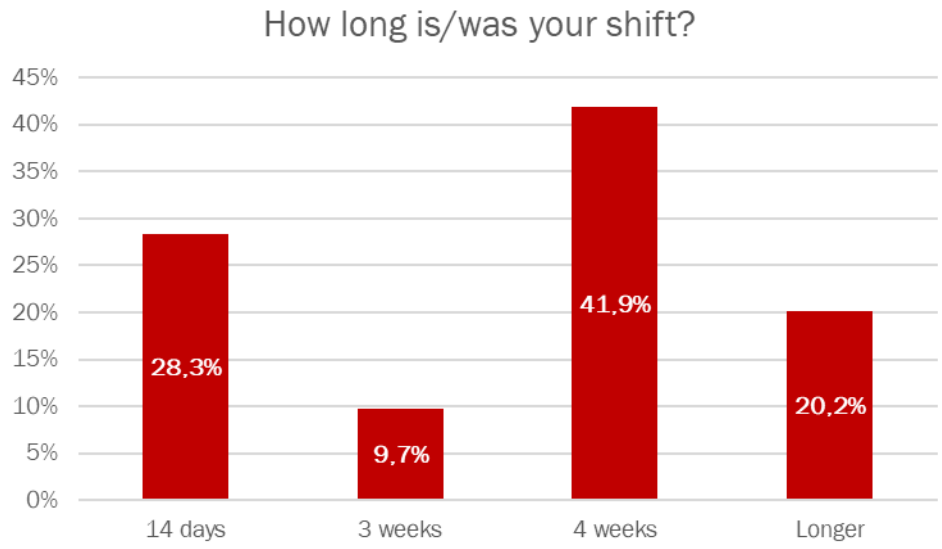
The work carried out by the respondents covers the whole range of care, but also nursing and medical activities. Almost all respondents carry out activities such as companionship, assistance with dressing and undressing, assistance with personal hygiene, getting up, walking, etc. Almost all respondents also administer medications, which falls within the scope of medical activities and must / would have to be instructed by doctors. This also applies to activities such as applying and changing bandages and dressings, administering injections as well as light and heat applications, which are carried out by around a quarter of the respondents. For a little less than 10%, blood sampling for measuring blood sugar levels also falls within their area of responsibility (see Figure 3). Whether the medical instruction really takes place and an appropriate training has also been given has not been asked here, but the survey by MigraCare suggests that this is not the case for many live-in care workers (Wojczewsk et al., 2023).



Source: 2024 FORBA/IG24 Survey

Figure 3: Activities (multiple responses, n=1424)

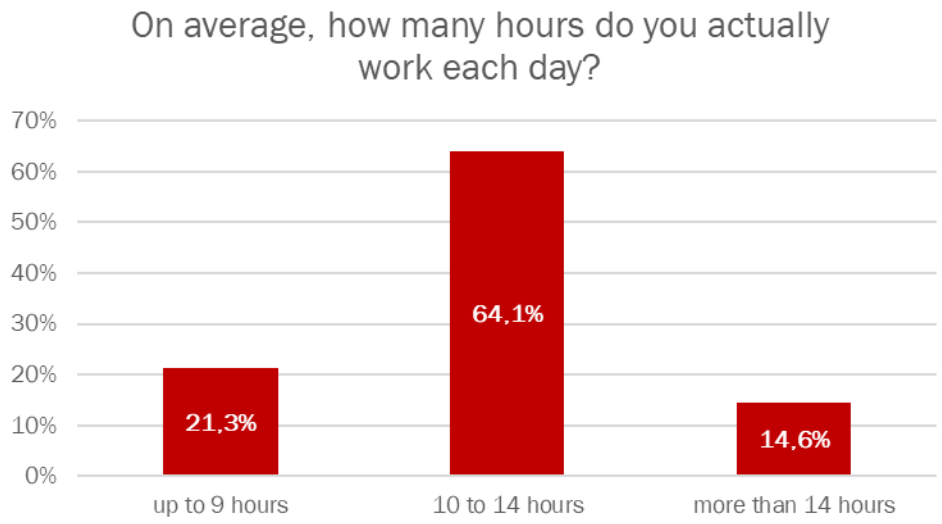
Shift: Contrary to the common assumption that live-in care workers — in accordance with the Home Care Act (Hausbetreuungsgesetz) — usually work a 14-day work shift in Austria, according to the survey, 42% of respondents work a four-week shift. For almost 30%, a shift covers 14 days and for 20% even more than four weeks. There are differences by country of origin. It can be assumed that the geographical distance to Austria plays a major role. Respondents arriving from Romania and Bulgaria are more likely to work a four-week shift, if not longer. 72% of the respondents from Bulgaria work a four-week shift and 23% a longer shift. Among respondents from Romania, these proportions are 59% and 31%. By contrast, 85% of the respondents from Slovakia, a direct neighbour of Austria, work a 14-day shift.



Source: 2024 FORBA/IG24 Survey

Figure 4: Shift length (n= 1424)

Daily working hours: A large proportion of the respondents, namely around 64%, indicate 10 to 14 hours when asked about the average daily working hours. For 15%, this is more than 14 hours.



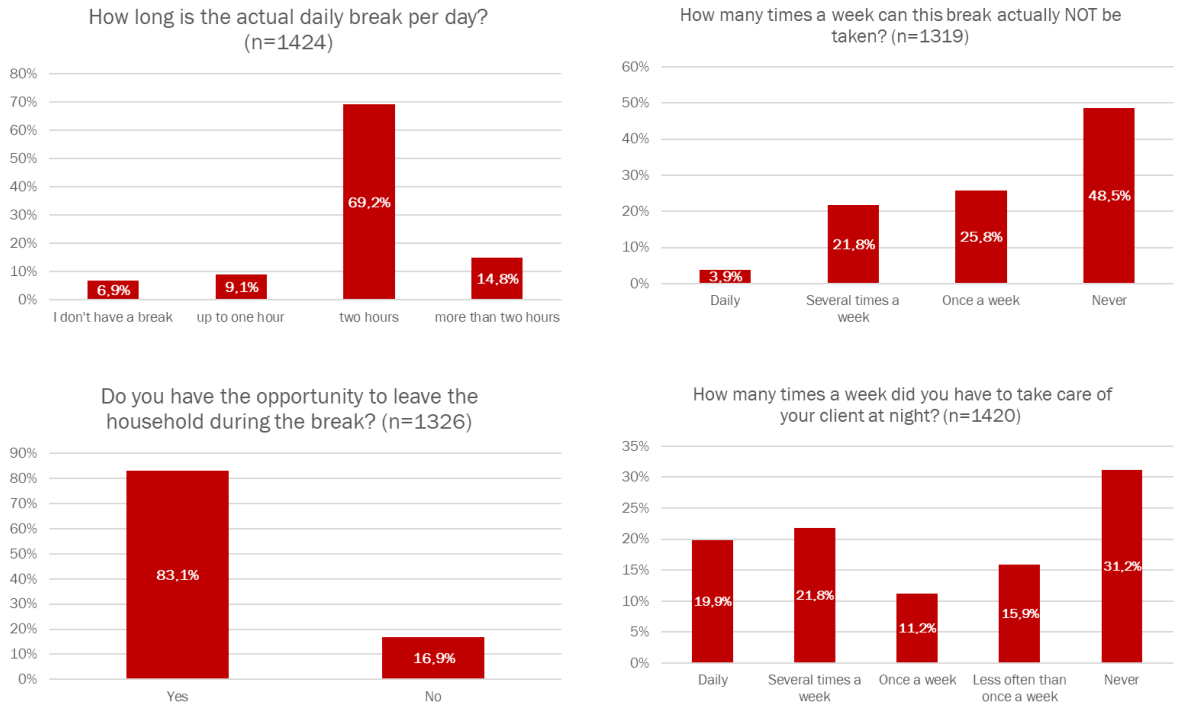
Source: 2024 FORBA/IG24 Survey

Figure 5: Average daily working hours (n=1327)

Break: 7% of respondents said that they cannot take a daily break. For almost 70% of the respondents, a daily break of two hours is generally in place. However, over 50% are not always able to take this break, with 22% experiencing this multiple times and 30% once a week. If respondents with fewer than two hours break per day and those care workers who are unable to

maintain their two-hour break per day on a regular basis are added, then around 54% of the live-in care workers surveyed do not regularly have a two-hour break per day. Almost 17% cannot leave the workplace or household during the "break".

Night work: live-in care workers often do their care work not only during the day. Almost 20% of the respondents also have to take care of their clients regularly at night. For 33%, this is the case at least once or several times a week.



Source: 2024 FORBA/IG24 Survey

Figure 6: Daily break and night work

5.4 Living situation, food and support

Living situation: Almost all live-in care workers in Austria have their own room, but around 30% cannot lock it, which means that their privacy is only limited. Some of the room facilities are inadequate. There are few rooms that do not have a window. For 34% of the respondents, the room cannot be sufficiently cooled in summer and for 14% it cannot be sufficiently heated in winter. For 7% of the respondents, there is no way to carry out their own personal hygiene satisfactorily. About 13% do not have free and well-functioning Internet access.

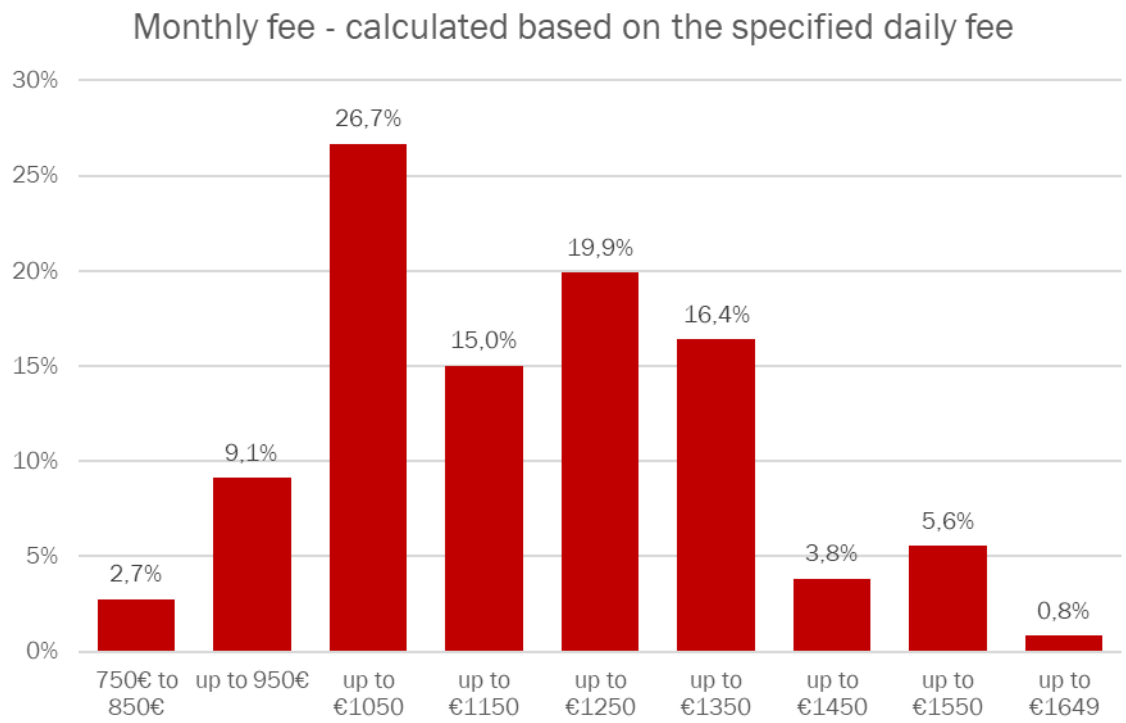
Food: For 95% of the respondents, food is provided at the workplace, the majority (86%) are at least satisfied with it and also have enough time to eat (94%).

Support: Live-in care workers do not always take care of their clients alone, but sometimes receive support. The surveyed live-in care workers receive support when caring for their clients, mainly from relatives (around 70%). In 26% of cases, neighbours also provide support, in 29% this comes from mobile home nurses. Almost a quarter of the respondents do not receive such support and for around 14% of the respondents there aren't sufficient aids (e.g. nursing bed, walker) available for care services.

5.5 Payment and fees

Due to the different shifts length and the inconstancy of tasks, for example due to the hospitalization of the clients or their death, longer interruptions may occur periodically. For this reason, it is not easy to determine and represent income. The monthly income, as used as a benchmark in other surveys, is not always meaningful or comparable in this case. Therefore, the present survey asked for the amount of the daily fee minus the social security contributions.

The lowest daily fee is 50 Euro and the highest is 150 Euro. Half of the respondents receive a daily fee of up to 75 Euro. For an assessment and a comparison with the average salaries in Austria, the daily fee was converted into a monthly salary, whereby this is only an approximation. It was taken into account that there are also rest periods between the shifts, which must be co-financed. The fictitious monthly salary was calculated by multiplying the daily fee by 30 and then dividing by two. The lowest monthly salary calculated in this way is 750 Euro and the highest at 2,250 Euro. However, the latter only applies to two respondents, which is why these and also monthly payments over 1,650 Euro must be considered as outliers and will not be taken into account in the further analysis (see the box plot in the appendix). Calculated in this way, half of the respondents receive a payment of up to 1,125 Euro per month. Figure 7 displays the distribution of monthly fees in 100 euro increments. Almost 3% receive a monthly fee between 750 Euro and 850 Euro and 9% up to 950 Euro. More than a quarter of the respondents receive a payment between 951 Euro and 1,050 Euro. For the next three salary groups, the proportion is then lower again. With a salary between 1,350 Euro and 1,450 Euro, this decreases even further to single-digit percentages.



Source: 2024 FORBA/IG24 Survey – own calculation

Figure 7: Monthly fee based on daily fee (N = 1207)

The monthly income of the live-in care workers surveyed calculated in this way is thus far below the current median income in Austria. According to the calculations of Statistics Austria, the latter is 2,330 Euro / 14 times a year. So even the respondent fees classified as outliers to the top are still below this value.[9] However, the incomes are also below the starting salary established by collective agreement for care workers in private households, which is indicated in the occupational lexicon of the employment market Service.[10] Accordingly, the gross starting salary is 2,170 Euro and thus corresponds, as per the gross net calculator made available by the Chamber of Labour[11], to a net salary of 1,687.92 Euro net/14 times a year. And another comparison: In 2024, the income of a home helper (in German, *Heimhelfer_in*) in the first year of service amounted to about 1,770 Euro net/14 times a year according to the collective agreement of the Austrian Social Economy (SWÖ). The income of the live-in care workers surveyed, most of whom have several years of professional experience, is thus, for the most part, far below this starting salary.

It is therefore not surprising that less than 5% are very satisfied with the fee and only 31% are satisfied. 30% are dissatisfied with the fee and 9% are not satisfied at all. Only 6% of the respondents can live well on the fee and for 28% it is sufficient. For the majority of respondents,

[9] https://www.stati nettostik.at/statistiken/bevoelkerung-und-soziales/einkommen-und-soziale-lage/monatseinkommen (accessed 02.07.2024)
[10] https://www.berufslexikon.at/berufe/3045-PersonenbetreuerIn-in-der-24-Stunden-Betreuung/ (accessed 08.07.2024)
[11] https://bruttonetto.arbeiterkammer.at/ (last accessed 02.08.2024)

44%, it is barely sufficient, and for 21% it is not sufficient. Compared to surveys among employees in the nursing sector in Austria, the situation of live-in care workers turns out to be much more precarious. According to a special evaluation of the working climate index from 2021 conducted by IFES, 68% of all nursing employees are satisfied with their income and more than half can get by well on it (Schönherr, 2021, S. 17f).

The fee amount has an influence on the satisfaction with the care work. With a fee between 1,251 Euro and 1,949 Euro, 9.1% are very satisfied and 47.5% satisfied. By contrast, only 44.8% are satisfied with income between 1,051 Euro and 1,250 Euro, and 17.6% are satisfied with income up to 1,050 Euro. The relationship with the question of how well the respondents get by on the fee is similar. The amount of the fee has no impact on the perception of stress and only a small one on the perception of being exploited.

Table 4: Satisfaction and getting by on the fee according to the amount of the monthly fee (n = 1195)

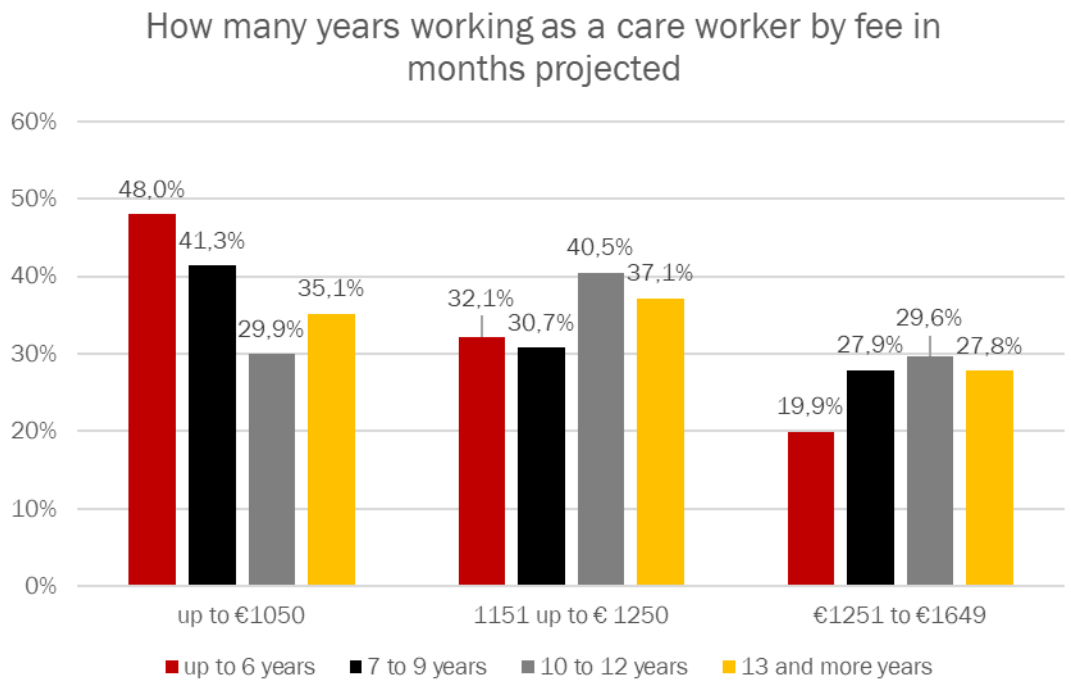
		How satisfied are you with this fee?				
		Very satisfied	Satisfied	Neither	Not satisfied	Not at all satisfied
Daily fee	Up to 1,050 Euro	1.8%	15.8%	34.1%	32.8%	15.5%
	Up to 1,250 Euro	1.4%	34.4%	33.3%	23.7%	7.2%
	Up to 1,649 Euro	9.1%	47.5%	24.1%	15.6%	3.8%
	Overall	3.6%	30.8%	31.1%	25.0%	9.5%

		And how well do you get by with your fee?			
		I can live well on it.	It's sufficient.	It's barely sufficient.	It's not sufficient.
Daily fee	Up to 1,050 Euro	2.6%	17.5%	50.1%	29.8%
	Up to 1,250 Euro	6.0%	27.4%	46.2%	20.5%
	Up to 1,649 Euro	12.1%	43.3%	35.2%	9.3%
	Overall	6.3%	27.8%	44.8%	21.1%

Source: 2024 FORBA/IG24 Survey – own calculation

How long the respondents have been working as live-in care workers, in general and in Austria, is only weakly positively related to the amount of the fee (see Figure 8). Live-in care workers with one to six years of work experience are increasingly in the lower income groups. 48% receive a monthly fee of up to 1,050 Euro. With a work experience of seven to nine years, this proportion is 41.3%. Almost 30% of the respondents with ten to twelve years of professional experience receive a fee of up to 1,050 Euro and 35% of the respondents with more than 13 years of experience fall into this lowest fee group. For a fee of between 1,1251 Euro and 1,649 Euro, respondents with up to six years of professional experience are noticeably less represented compared to their colleagues with

more experience. However, the differences among respondents with seven and more years are only marginal. Thus, experience in the field of live-in care has only a very small effect on the amount of the fee. For more than 13 years of experience, this even comes with a lower payment than for live-in care workers with ten to twelve years of professional experience.



Source: 2024 FORBA/IG24 Survey

Figure 8: Professional experience and fee projected in months (n = 1199)

According to the majority of respondents (68%), the amount of the fee is set by the placement agency. For around 23%, the amount is determined by the clients or their relatives, and 9% can determine it themselves. This shows that for a large part of the respondents, a central characteristic of independent activity, namely being able to determine the fee themselves or at least to negotiate it, is not given. This is in stark contrast to what the majority of respondents wish for. 72% state that the fee should be negotiated directly with the clients or relatives. Only 14% believe that it should be negotiated with the placement agency and another 14.3% would like it to be negotiated between the placement agency and the clients.

Less than a third of respondents receive **extra pay for Sundays and public holidays**. Only 4% receive extra pay for night work. The fact that the training is reflected appropriately in the fee only applies to around 35%. Similarly low is the proportion of those who have the impression that their **care experience** is adequately recognized (32%). 41% have the impression that their **German language skills** are appropriately recognized. 5% of the respondents receive even lower fees than

contractually agreed. In addition, more than half of the respondents state that the fee was not raised in the case of **increased need for care**; this was the case only for 30% of the respondents.

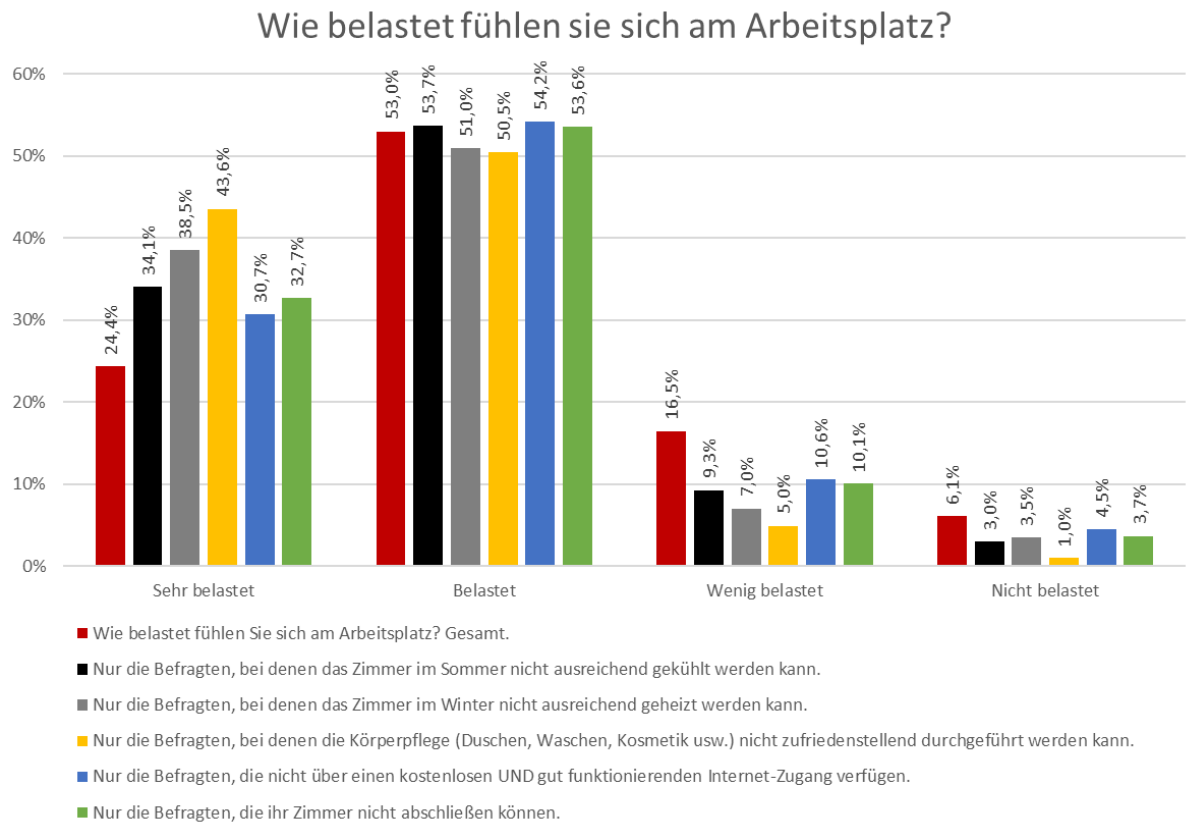
For 79% of the respondents, the fee is paid directly by the clients, for the rest by the placement agencies. However, the largest part, more than 80%, of those who are paid by the placement agency would prefer to be paid by the clients.

More than two-thirds organise the **transport to Austria** or to the country of origin themselves. For around 10%, this is organised voluntarily by the placement agency and for around 23% it is imposed by the placement agency. And just over two-thirds also have the impression that the transport via the placement agency works well and even more that it is also safe. Almost 11% have to pay for the transport themselves and do not receive any extra payment for it. However, for the 89% who receive an extra payment for transport, it is not sufficient for around 23%.

5.6 Stress

Long working hours, breaks that cannot be taken and care at night generate stress, whereby additional stress is added – as will be explained below. In general, 24% of live-in care workers feel very stressed at their workplace and 53% feel stressed. Only a few feel little (16%) or not stressed (6%). Several of the previously discussed topics have an influence on the perception of stress.

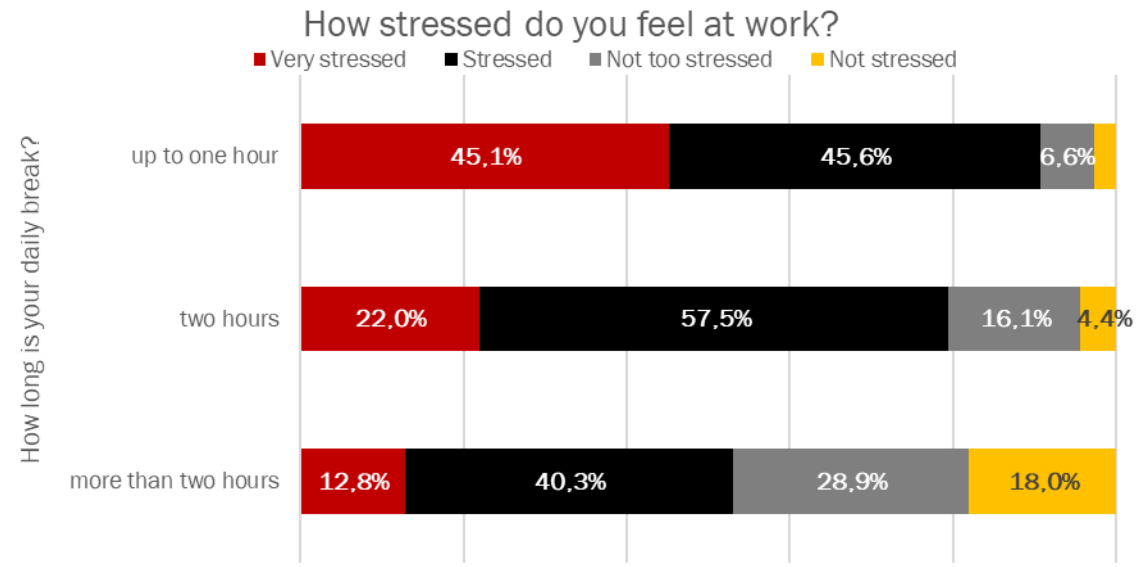
Living situation: If one's own room cannot be adequately heated or sufficiently cooled, then this is accompanied by greater stress, as illustrated in Figure 9. In particular, if one's own personal hygiene cannot be carried out satisfactorily, this is accompanied by a stronger perception of stress, but lack of Internet is also relevant.



Source: 2024 FORBA/IG24 Survey

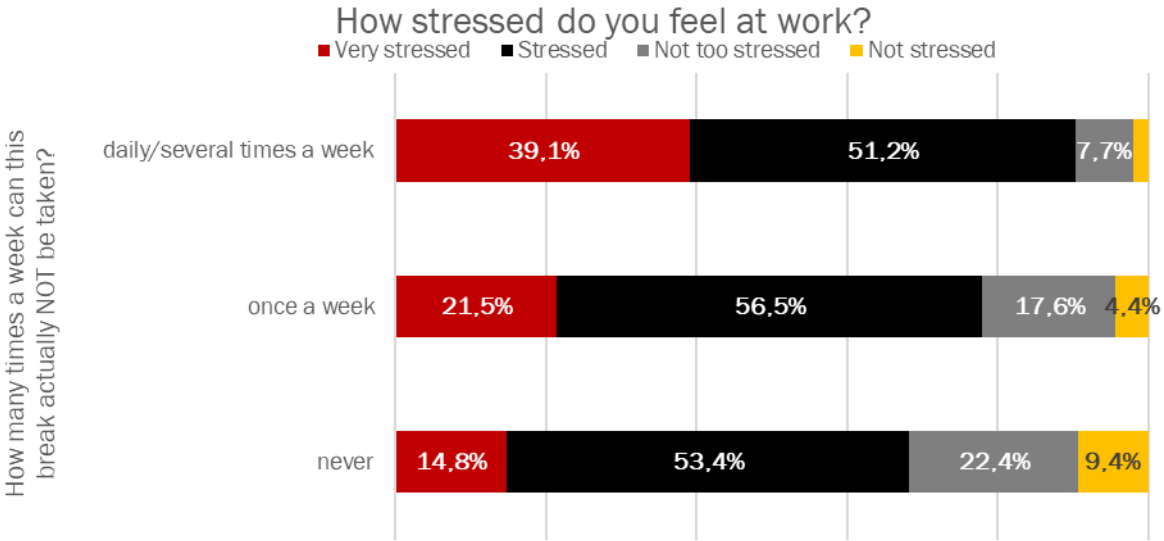
Figure 9: Perception of stress according to living situation (Total: n = 1419 for total, rest varies)

Breaks and working hours: The length of the daily break and whether it can be taken are also significant for the perception of stress. Respondents who can only take a break of up to one hour a day (16%) feel much more stressed than those who can take a longer break. For the group that hardly has any breaks, almost half of them feel very stressed and just as many respondents feel stressed. On the other hand, of the respondents who can take a break for more than two hours, only just under 13% feel very stressed and 40% feel stressed. If these breaks cannot be taken daily or several times a week, this also leads to a higher perception of stress. Almost 40% feel very stressed if the breaks cannot be taken often, compared to 15% of those who said that they can always take their breaks.



Source: 2024 FORBA/IG24 Survey

Figure 10: Perception of stress to daily break (n=1418)

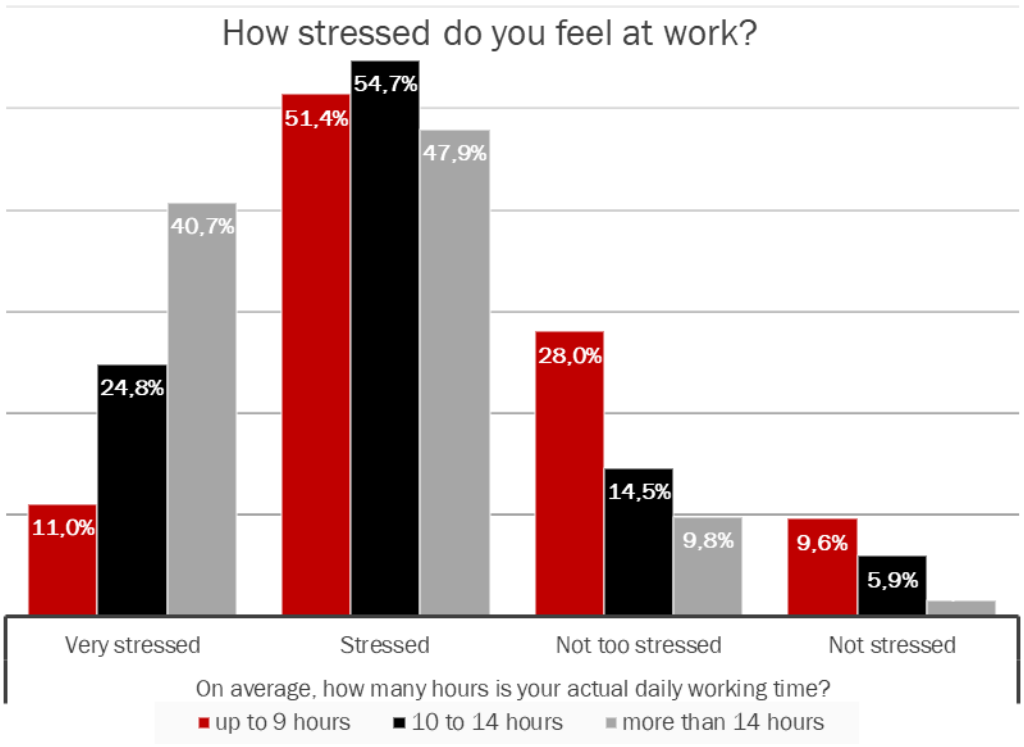


Source: 2024 FORBA/IG24 Survey

Figure 11: Perception of stress and whether daily breaks can be taken (n=1315)

The daily working hours are also a relevant factor for the perception of stress at the workplace. 11% of the respondents with daily working hours up to and including nine hours feel very stressed. This percentage increases to 25% for respondents whose working hours are between 10 and 14 hours and to 41% for respondents with even longer working hours. It also has an impact if the working hours are not limited to the day and the respondents also have to take care of the clients at night. If this is the case every day, then an incomparably higher general stress is felt than if this happens rarely or never. 40% of the respondents who have to take care of their clients every day at night

feel very stressed. If this is the case only less often than once a week, then this percentage is reduced to 12%. All these relationships are statistically significant. This means that there is a high probability that these results — beyond the present survey sample — also generally apply to live-in care workers in Austria and did not come about through random fluctuations. There is no clear or clearly significant difference in the perception of stress among the respondents according to the length of the shift.



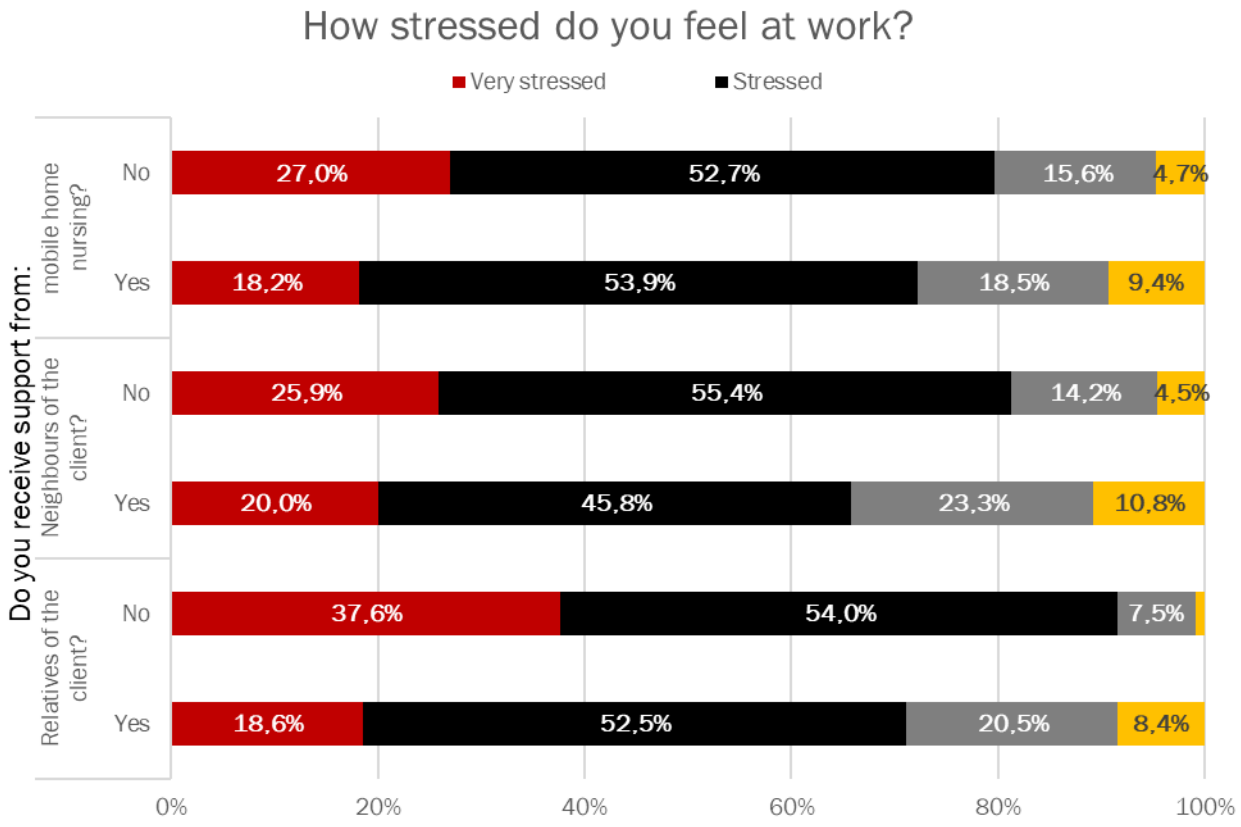
Source: 2024 FORBA/IG24 Survey

Figure 12: Perception of stress after daily working hours (n = 1322)

Information about the clients' state of health: Receiving no information or incorrect information about the clients' state of health before starting work is also accompanied by a pronounced perception of stress. Of the respondents who did not have any information about the state of health, 39% said that they were very stressed. If information is available, the proportion is 23%. The ratio is similar if this information was not correct. 38% of the respondents for whom this was the case feel very stressed compared to 19% among those for whom the information was correct.

Support: Support from relatives, neighbours of the clients or through mobile home nursing can reduce the perception of stress. If there is support from a mobile nursing service, just over 18% feel very stressed compared to 27% among those without appropriate support. The difference is smaller with existing or no support from neighbours (20% to almost 26%). Very important for the perception of stress is the support by relatives of the clients. Almost 38% of live-in care workers who do not receive support from relatives feel very stressed. If they receive this support, the

perception of stress drops to almost 19%. If both the statements "very stressed" and "stressed" are taken into account, then the proportion increases to around 92% among respondents who do not receive support from relatives, or to 71% among those who receive support.



Source: 2024 FORBA/IG24 Survey

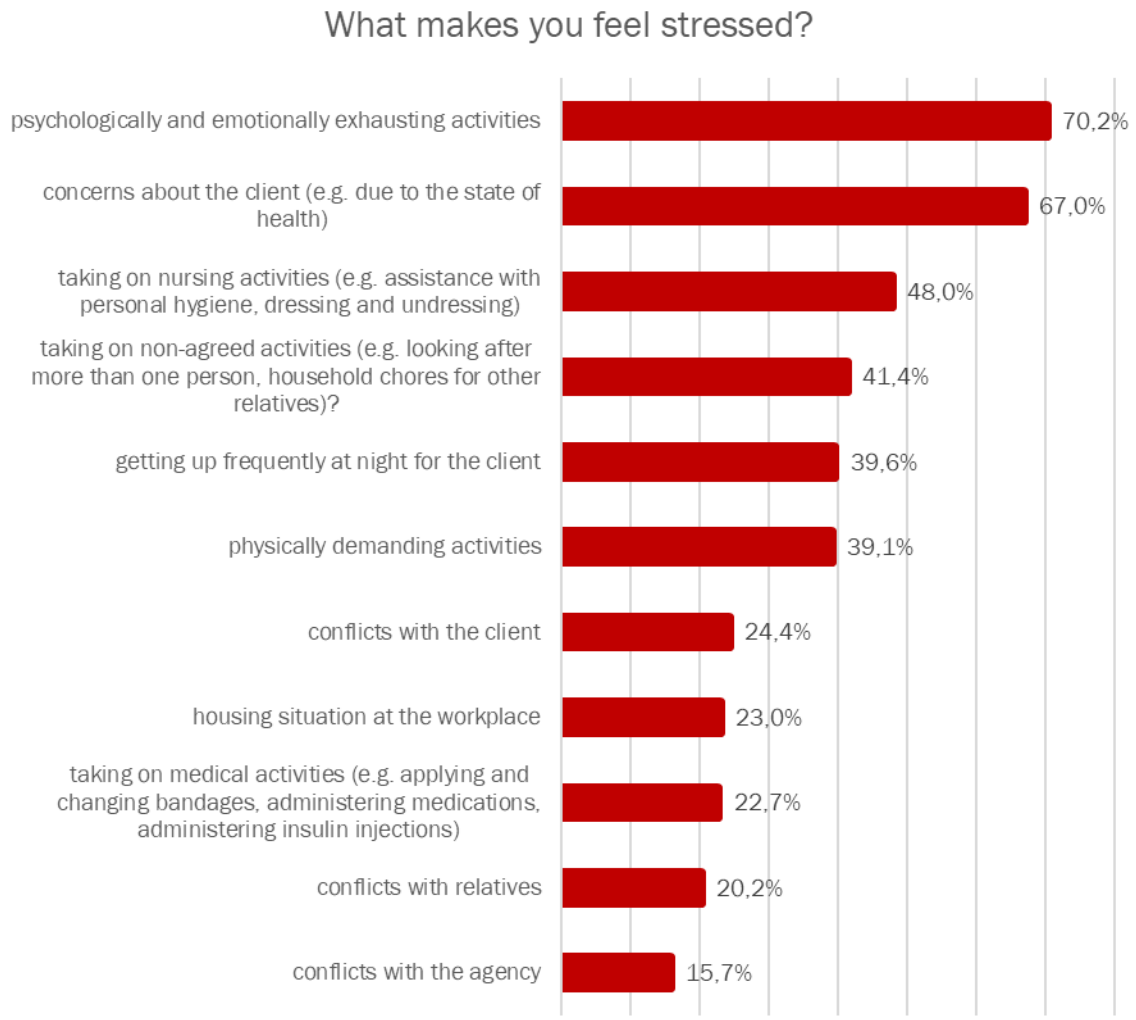
Figure 13: Perception of stress and support (n=1400)

Number of people to be cared for: The result is more complex when it comes to the number of people to be cared for. There is no difference if only the number of people agreed by contract is considered. 24% feel very stressed in this case, regardless of whether only one or several people are to be cared for. However, there is a difference when the number of people actually cared for is considered. If two or more people are being cared for, the proportion of respondents who feel very stressed increases to around 32%. How can this be explained? The decisive factor for the perception of stress is not so much the number of people to be cared for, but whether there is a discrepancy between the number of contractually agreed people to be cared for and their actual number, i.e. whether it has already been agreed in the contract that more than one person is to be cared for. Among the respondents who care for more than one person according to the contract and also in reality, there isn't a significantly higher proportion who feel "very stressed" than among the respondents who care for only one person. The proportions are 25% for the former and 22% for

the latter. However, of the respondents who care for more people than contractually agreed, almost 36% feel very stressed.

There are no differences among the respondents depending on whether the workplace is located in a rural or urban environment or how long they have been working as live-in care workers. In general, all employment-related aspects thus prove to be extremely impactful on whether the care workers surveyed feel stressed or not.

Named causes of stress: But which causes of stress are identified as central by the respondents themselves? All live-in care workers who indicated that they felt stressed were able to tick a number of causes in the questionnaire (multiple answers possible). The majority cite the mentally and emotionally exhausting activity as the cause of their perception of stress, followed by worries about the clients (e.g. because of the state of health). Almost half have stated that they feel stressed by taking on nursing activities (e.g. assistance with personal hygiene, dressing and undressing). Taking on non-agreed activities (e.g. looking after more than one person or household chores for other relatives, gardening, large cleaning activities, errands by car) is also cited as a cause, as well as frequent getting up at night and physically strenuous activities. About a quarter cite conflicts with clients, the living situation and taking on medical activities (e.g. applying and changing bandages, administering medication or insulin injections). Conflicts with relatives and conflicts with the placement agency are the least frequently mentioned causes.

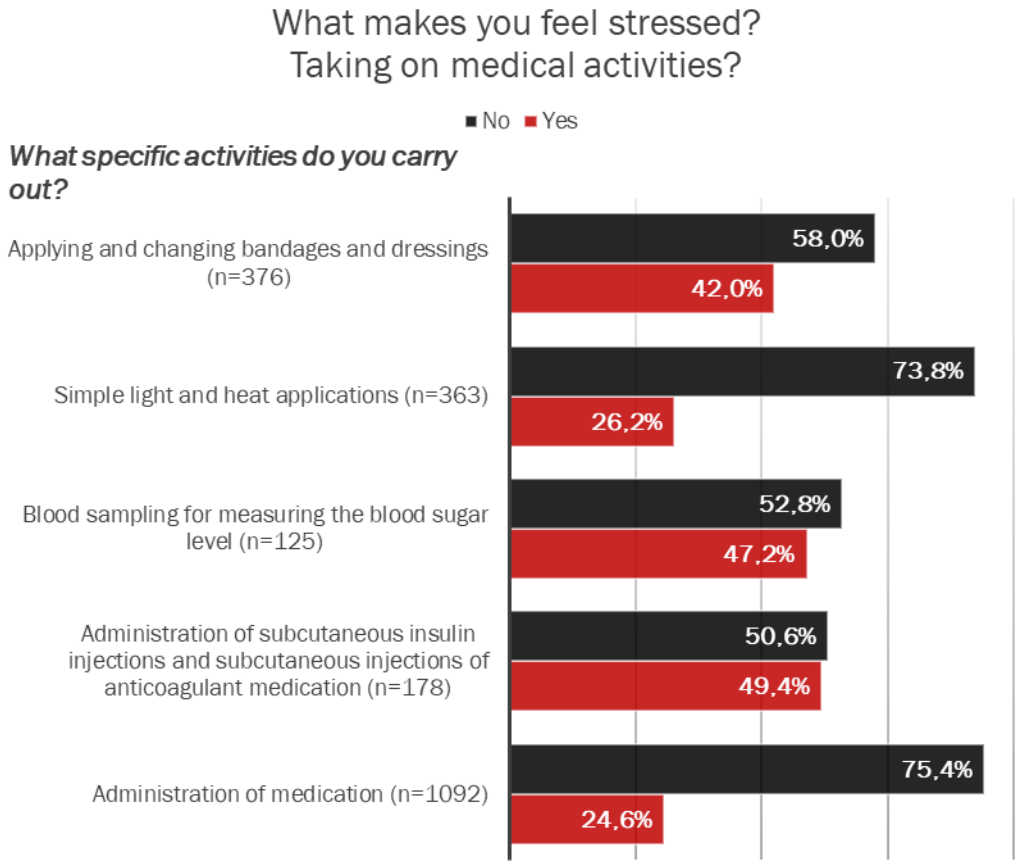


Source: 2024 FORBA/IG24 Survey

Figure 14: Causes of stress (n = 1297, multiple responses)

Medical activities: It is also interesting to take a closer look at those people who have to take on medical activities (see: Figure 3). Of the respondents who take on medical activities, 25% feel very stressed and 53% feel stressed. For comparison: Among respondents who do not have to take on these activities, 19% feel very stressed and 53% feel stressed. The difference is greater if we exclude respondents for whom the administration of medicines is the only medical activity taken on. Of the respondents who take blood to measure blood sugar levels, perform simple light and heat applications and/or change bandages and dressings, 30% feel very stressed.

Differences arise depending on the activities performed. In particular, administering injections, taking blood to measure the blood sugar level and applying and changing bandages and dressings are perceived by a large part as stressful. Of the respondents who administer injections and take blood, almost half said that taking on medical activities is stressful for them. About a quarter of those who administer medicines and perform light and heat applications declare the same.



Source: 2024 FORBA/IG24 Survey

Figure 15: Stress of taking on medical activities by performed activity

5.7 Exploitation

The high stress caused by the working and living conditions of the live-in care workers is very likely to contribute to the fact that almost 30% of the respondents also feel exploited at the workplace. The type of labour agreement also has an impact on this. Of employed respondents (5% of the participants), only 18% feel exploited. In comparison, 26% of the respondents who work independently without an agency feel exploited and 30% of those who work independently with an agency. Otherwise, all labour-relevant aspects, e.g. working hours or breaks, which are related to the perception of stress, also show a connection to the perception of being exploited.

As with stress, the perception of exploitation is also related to whether the respondents have to care for the clients at night. If this happens every day, almost half of the respondents feel exploited. If this never happens, then it is only 14%. The perception of being exploited also varies according to the average daily working hours and, at 41%, is highest among respondents who state that they work more than 14 hours a day.

If the daily break is less than one hour, then 60% of respondents feel exploited. With a two-hour break, this figure is 26%, and with more than two hours 9%. Half of the respondents who are unable to take this break several times a week feel exploited. This is reduced to 14% if the break can always be taken.

With regard to the number of people to be cared for — as with the perception of stress — the perception of exploitation does not depend on the number, but on whether more people have to be cared for than has been contractually agreed. If only the number of people agreed in the contract is taken into account, the proportion of those who feel exploited is 29%, regardless of whether only one person or several people are being cared for. However, as with the topic of stress, there is a significant difference when the number of people actually cared for is considered. If there are two people or more, then the proportion of respondents who feel exploited rises to around 45%. The decisive factor for this is whether it has already been agreed in the care contract that more than one person is to be cared for or not. If as many people are cared for as agreed in the contract, then there is no significant difference in the perception of being exploited, regardless of whether one or more people are cared for. 27% of the respondents stated that they feel exploited when one person is cared for and 24% when two or more people are cared for and this is also agreed in the contract. However, of the respondents who care for more people than contractually agreed, almost 60% feel exploited.

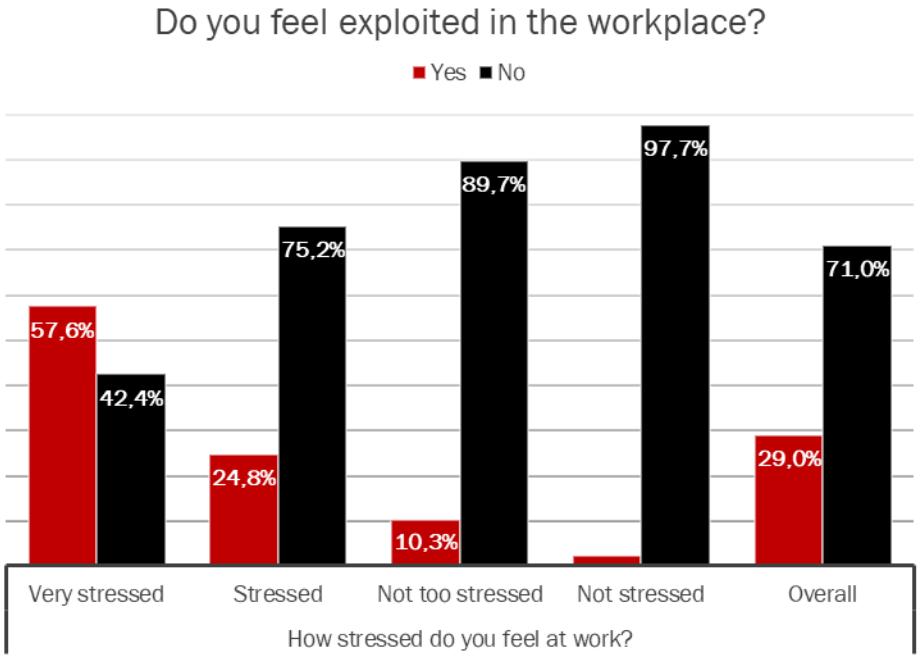
The living situation is also closely related to the perception of being exploited. If one’s own room cannot be locked, 47% feel exploited and 50% if there is unsatisfactory Internet access. 44% of the respondents, whose rooms cannot be sufficiently cooled, and more than half, 57%, whose rooms cannot be sufficiently heated, feel exploited. If there is no possibility to carry out one's own personal hygiene satisfactorily, the proportion increases to 69%. Likewise, with increasing dissatisfaction with food, the feeling of being exploited also increases.

On the other hand, support from relatives, neighbours or mobile nurses goes hand in hand with the fact that fewer respondents feel exploited. Conversely, lack of support leads to more respondents feeling exploited. Without support from relatives, half of the respondents feel exploited, while with given support it is 20%. The lack of support from neighbours has a less pronounced effect. If it is not available, 32% feel exploited compared to 21% if it is available. The same applies to the support provided by mobile nursing services.

Also, whether there was information about the state of health before starting work makes a difference for the perception of being exploited. More than half of the respondents who did not have this information feel exploited. If it is available, the value drops to 26%. Likewise, more than half feel exploited if this information was not correct. There is no connection to the duration of activity as a care worker. However, a weak correlation can be observed when it comes to the duration of activity in Austria. Of the respondents who have been working in Austria for one to six years, more feel exploited, namely 34%, than respondents with more than six years of professional

experience in Austria (24% and 27%). There is no difference in the perception of being exploited whether they are employed in an urban or rural region.

Against this background, it is not surprising that there is a strong connection between the perception of stress and the perception of being exploited. 58% of respondents who feel very stressed also feel exploited. However, this decreases sharply after that. Only 25% who feel stressed also feel exploited. Stress is thus perceived by the majority of respondents as not necessarily exploitative up to a certain limit. Only if it is perceived as excessive does it go hand in hand with a perception of exploitation for more than half of respondents.



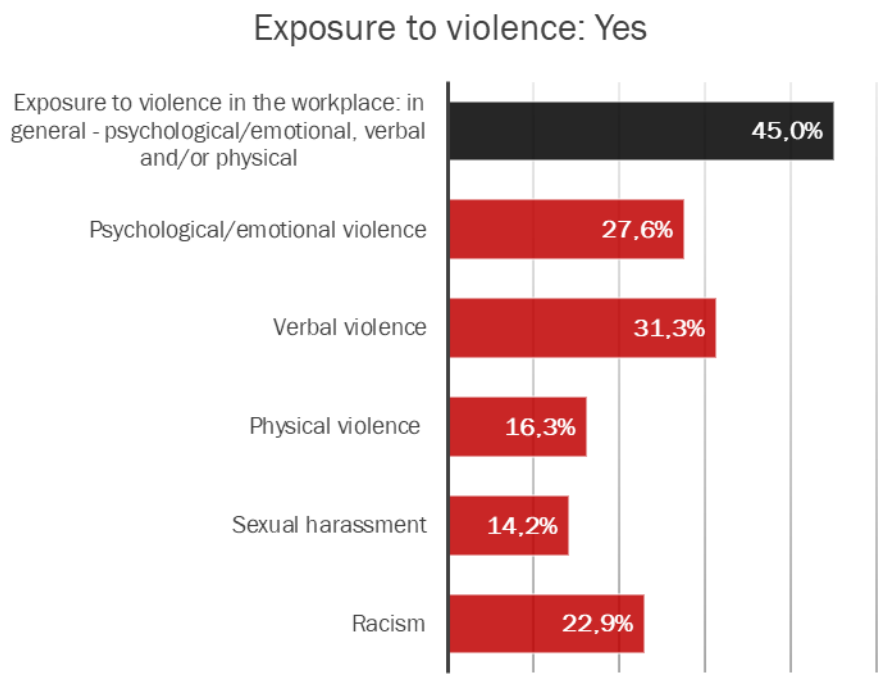
Source: 2024 FORBA/IG24 Survey

Figure 16: Perception of being exploited in the workplace by perception of stress (n=1414)

Appreciation by clients and relatives: There is also a connection between the perception of being stressed or being exploited and how appreciated live-in care workers are by clients and their relatives. Around half of the respondents feel appreciated by their clients and their relatives. Around 30% are more likely to only agree that they feel appreciated and 20% are more likely to feel not appreciated at all. For those respondents who feel appreciated, the perception of being stressed and exploited is lower than for live-in care workers who do not feel appreciated. Of those who feel appreciated by the clients, 18% feel very stressed. For comparison: of those who do not perceive appreciation, 48% feel very stressed. 15% of the respondents who are appreciated by the clients feel exploited. On the other hand, 80% of those who are not appreciated feel exploited. The link to appreciation by the relatives is similarly pronounced. 20% of those who are appreciated by relatives feel very stressed and 44% of those who are not appreciated. When it comes to the perception of being exploited, the ratio is 14% to 72%.

5.8 Exposure to violence

45% of the respondents have experienced verbal, psychological/emotional and/or physical violence during their care work. 31% report that they have experienced verbal violence, i.e. shouting, swearing or similar at the workplace and 28% that they have experienced psychological and emotional violence such as bullying, threats or humiliation. 16% report physical violence, e.g. pushing, painful grabbing, pulling on the hair or pinching. 9% have experienced all three forms of violence, 14% two and 22% one. In addition, 14% have also experienced sexual harassment and 23% racism in the workplace.



Source: 2024 FORBA/IG24 Survey

Figure 17: Exposure to violence (n = 1417)

Exposure to violence suffered by employees or self-employed workers in social and health professions and especially in elderly care is generally widespread (see Bauer et al., 2018) and its proportion is higher than in most other professions[12]. This does not make the high proportion of live-in care workers surveyed who experience violence at work any less problematic and noteworthy. What makes matters worse for the live-in care workers surveyed is that there is no clear separation between the workplace and the temporary place of residence. Thus, violence at the workplace also represents violence in one's own living space. Only 15% have received help and support from organizations such as the WKÖ (Chamber of Commerce Austria), other interest groups or their

[12] See also the 2022 survey on behalf of the GPA and conducted by IFES: https://www.gpa.at/content/dam/gpa/downloads/themen/gesellschaft-und-soziales/20019113%20GPA%20Aktionswoche%202022%20Gewalt%20PK%20UNTERLAGE%20v1.01.pdf (last accessed 26.06.2024)

placement agency for these problems and exposure to violence. Also, due to the workplace in the private household, which is more socially isolated compared to other places, and the inseparability between work and living space, the respondents do not have available the individual strategies identified by Bauer et al. (2018, S. 64) that workers in long-term care use to deal with exposure to violence: conversations with colleagues, with superiors or better planning of the working day.

Exposure to violence is also strongly related to the perception of stress and exploitation. If respondents have been exposed to violence, be it physical, psychological or verbal, then the proportion of those who feel very stressed (33%) is much higher than for respondents without this exposure (17%). There is also a similar correlation in the case of sexual harassment and racism. Not surprisingly, exposure to violence is also very relevant for the perception of being exploited. At 46%, this proportion is much higher among live-in care workers with exposure to violence than among respondents without this exposure (15%). In the case of sexual harassment and racism, the proportion of respondents who feel exploited rises to more than half.

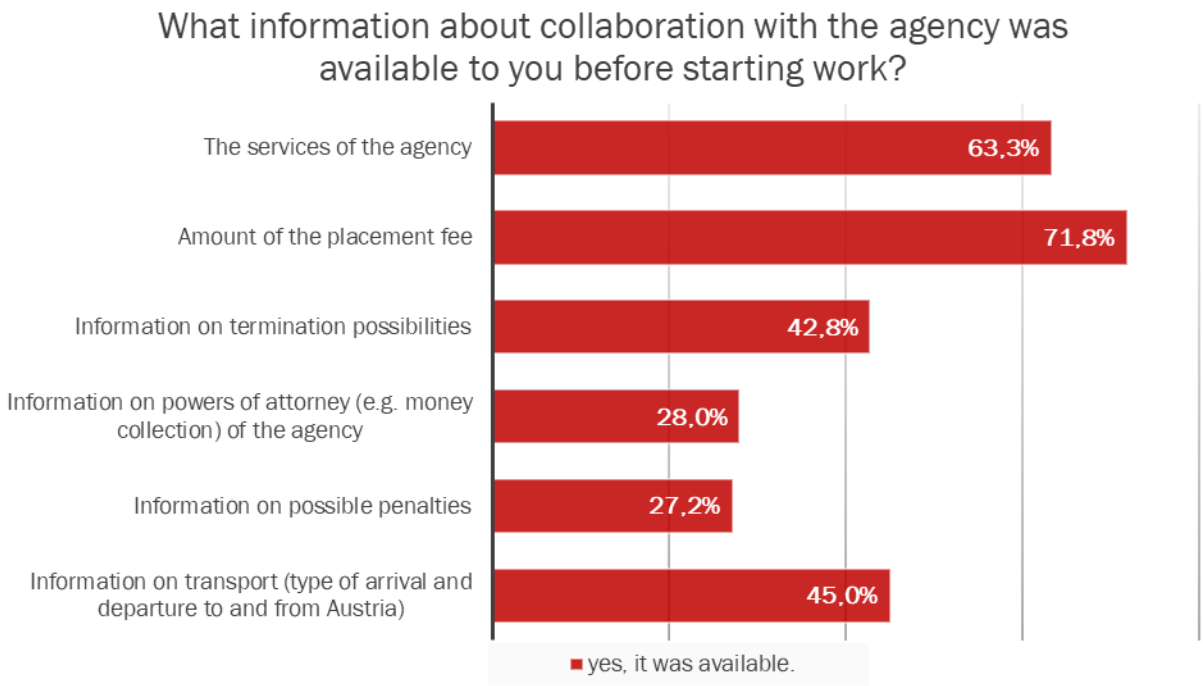
6 COOPERATION WITH PLACEMENT AGENCIES

The majority of the live-in care workers surveyed are self-employed, but work through a placement agency (78%). The relationship between live-in care workers and placement agencies has a decisive influence on the working and employment conditions.

For two thirds of the respondents working with a placement agency, it is an Austrian agency and for a further 24% it is both an Austrian and a non-Austrian agency (e.g. in the case of cooperation between placement agencies across national borders or if live-in care workers are employed by different agencies).

6.1 Information status before collaboration

Similar to the information on the clients' state of health and the living situation at the workplace, a great many of the respondents also lacked important information on the collaboration with the placement agencies before starting work. About a third did not know about the agency's services and a quarter did not know about the amount of the placement fee. A little more than half of the respondents were not aware of the possibilities of termination before starting work or how the transport is organised. Only about 30% were informed about possible penalties by the placement agencies and about the powers of attorney of the agencies, such as money collection.



Source: 2024 FORBA/IG24 Survey

Figure 18: Availability of information on collaboration with the agency (n = 1115)

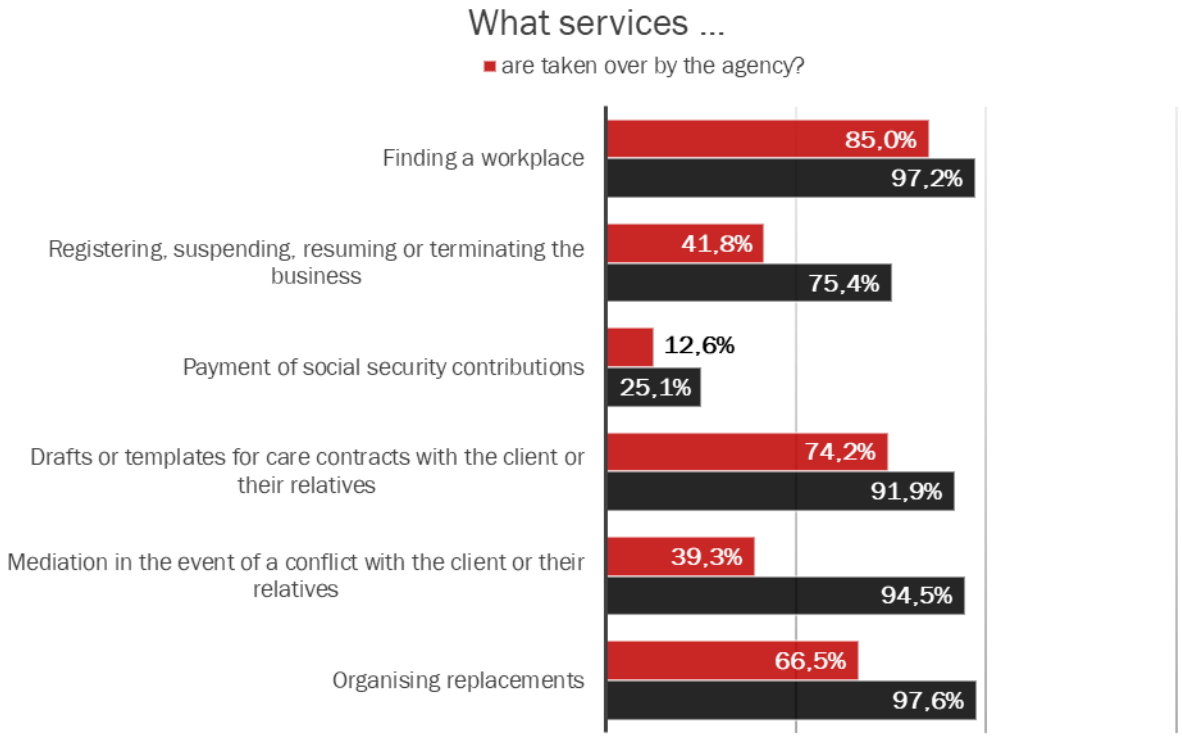
The services provided by the placement agencies, as well as the placement fee, are recorded and agreed in the organisational contract between the live-in care workers and the agency. However, around 69% of the respondents received the organisational contract only after the start of collaboration with the placement agency. Of these, 80% received it only when they started their work, the rest upon arrival in Austria. Less than half, i.e. 41%, had the organisational contract drawn up in their native language. Only around 59% had the impression that they had the opportunity to read and understand the contract. Only 26% had the opportunity to negotiate the contract with the placement agency. This lack of transparency and the lack of the opportunity to (co-)negotiate the contract contradict central aspects of an independent employment relationship.

6.2 Placement fees and services

Around 80% of the live-in care workers pay a regular placement fee to the agencies. 20% have indicated that there is no fee to be paid. The payment modalities are very different. For some, they are charged as daily fees, for others per shift or annually.

In exchange for these fees, the respondents receive different services from the placement agencies. For 85% of the respondents, the agencies fulfil their main task, which is to find a workplace. For three quarters of the respondents, the agencies offer the templates for care contracts with the clients, and for two thirds they organise the replacement in the event that the live-in care worker drops out (e.g. due to illness). For around 40%, the placement agencies take care of registering, suspending, resuming or terminating the (live-in care) business and mediate in the event of a conflict with the clients or their relatives. For about 13%, the placement agencies also organise the payment of social security contributions. According to the respondents, 8% do not receive any benefits at all for their paid fees.

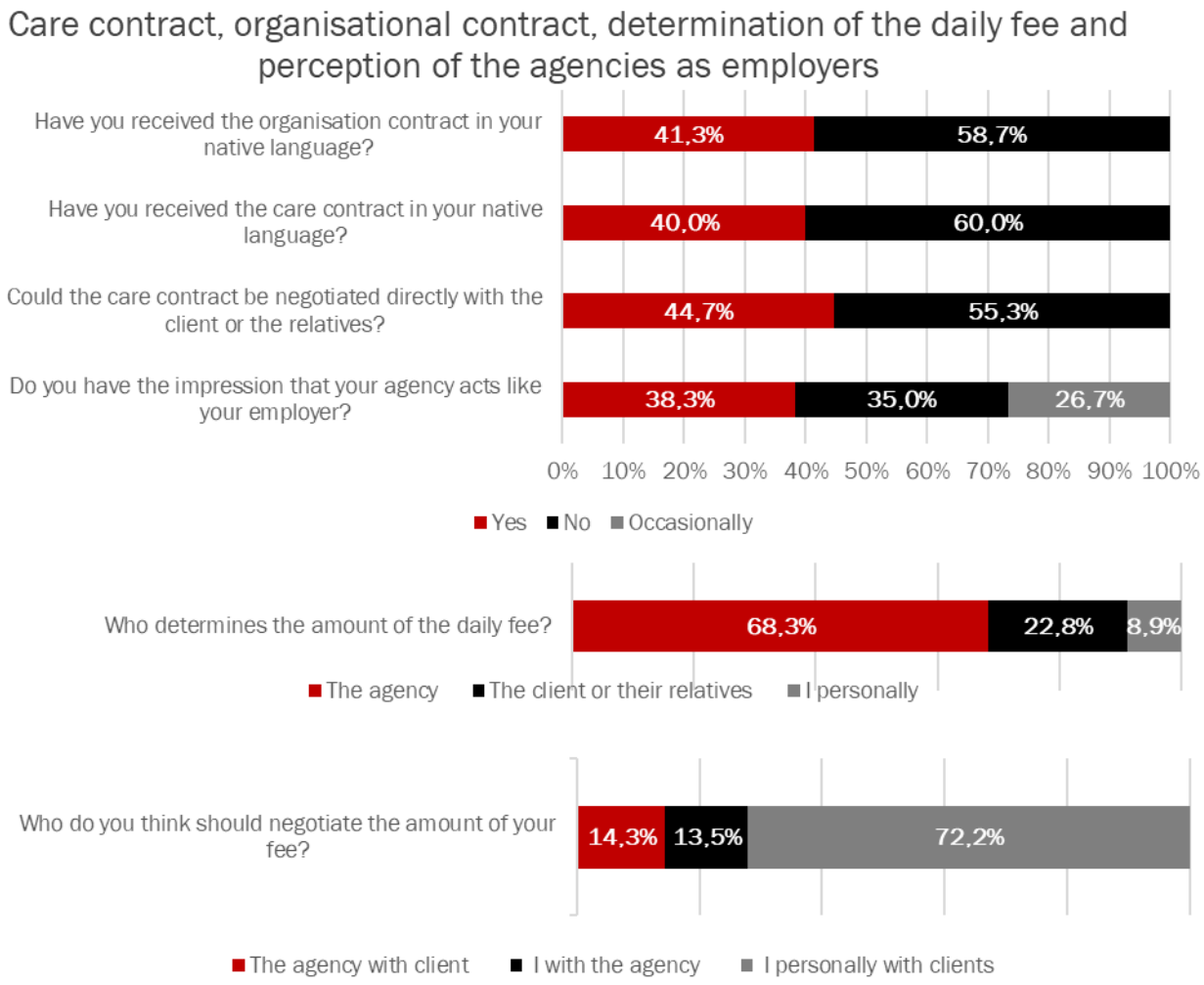
However, these services are demanded by the live-in care workers, to a greater extent than currently offered (Figure 19). The discrepancy between the offer and the demand is particularly pronounced for mediation in the event of a conflict with the clients or relatives. Around 95% of the respondents would like the placement agencies to take care of this mediation, but only 40% also receive it as an offer. The difference is also high for questions related to registering, suspending, resuming or terminating the live-in care business, where 75% would like the placement agencies to take care of these tasks. And organising a replacement by the placement agencies is also much more in demand than it is offered.



Source: 2024 FORBA/IG24 Survey

Figure 19: Services offered by and demanded from the agencies (n = 1026)

32% of the respondents are satisfied with the services of the agencies. 34% are rather satisfied, 23% are rather not satisfied and 10% are not satisfied. The distribution is very similar to the question of whether they feel appreciated by the agency. 38% have the impression that the placement agency acts like their employer, 35% do not have this impression, and 27% feel this way at least occasionally. Thus, a majority, namely 65%, perceive the relationship with the placement agency in general or at least occasionally as a dependent labour relationship. However, as shown above, a large part of the respondents do not have available the key services of the placement agencies.



Source: 2024 FORBA/IG24 Survey

Figure 20: Care contract, organisational contract, determination of the daily fee and perception of the agencies as employers (n = 1426, varies by question)

7 AUSTRIAN AUTHORITIES AND INTEREST GROUPS

In addition to the requirements of the clients and the wishes of the relatives as well as the framework conditions provided by the placement agencies, public authorities and interest groups also play a relevant role for the working, employment and living conditions of the live-in care workers.

7.1 Experience with public authorities and interest groups

Social security (in German, Sozialversicherung): Regardless of whether they are self-employed or dependent, live-in care workers are compulsorily insured in the Austrian social security system and have to pay contributions since 2007 (see: section 2 above). Around 71% of the respondents also had direct contact with the social security system, but only a fraction, 5%, were able to communicate in their native language. For 87%, however, it would be important to be able to communicate with social security in their native language. Despite these language barriers, the previous experience with social security is assessed positively by around 36% and rather positively by 42%. However, live-in care workers also report problems with social security, 15% with regard to debts or outstanding additional payments and about 8% with regard to other problems.

As part of the survey, there was also the possibility for the respondents in this section of the survey to indicate in an open field which problems arise during contact or in connection with social security. The low pension benefits for live-in care workers after many years of working in Austria are often cited here, along with high social security contributions. Live-in care workers also criticise the fact that they are only entitled to equalisation supplement from the pension insurance in the case of permanent residence in Austria. Another problem mentioned several times concerns the sickness benefit. The live-in care workers interviewed state that this is either not paid out at all or paid out too late and is only awarded for a limited period in the event of a prolonged incapacity for work. In addition to these criticisms regarding cash benefits under social security law, live-in care workers underline that there are always problems with the delivery of social security (SVS) notifications, for example if the live-in care workers in Austria also change their home address as a result of changing jobs, or if they are in their home country for a longer time. If certain deadlines are to be met, this can have serious negative effects for the live-in care workers. Following this, another point of criticism is the fact that, in case of problems with the social security of live-in care workers without sufficient knowledge of the German language, translation has to be organised and paid for privately. As a rule, there are no (information) offers or contact persons available in the native language and very few live-in care workers have such a good knowledge of German that they could pursue their rights with the public authorities without translation.

Tax office (in German, Finanzamt): The respondents had less contact with the tax office. 40% have previously contacted the tax office, only 5% of them had the opportunity to communicate in their native language. However, 87% would like the latter to be possible. Nevertheless, the experience

with the tax office is rated by the majority as positive (37%) to rather positive (42%). However, problems are also reported here: around 12% state that there are problems with the payment of family allowances and 10% have/had problems with regard to income tax.

The respondents were also able to name problems that arose in connection with the tax office themselves. As already mentioned in the case of social insurance, problems with the delivery of notifications as well as the need for privately organising and paying for translations in the event of a conflict are also often described here.

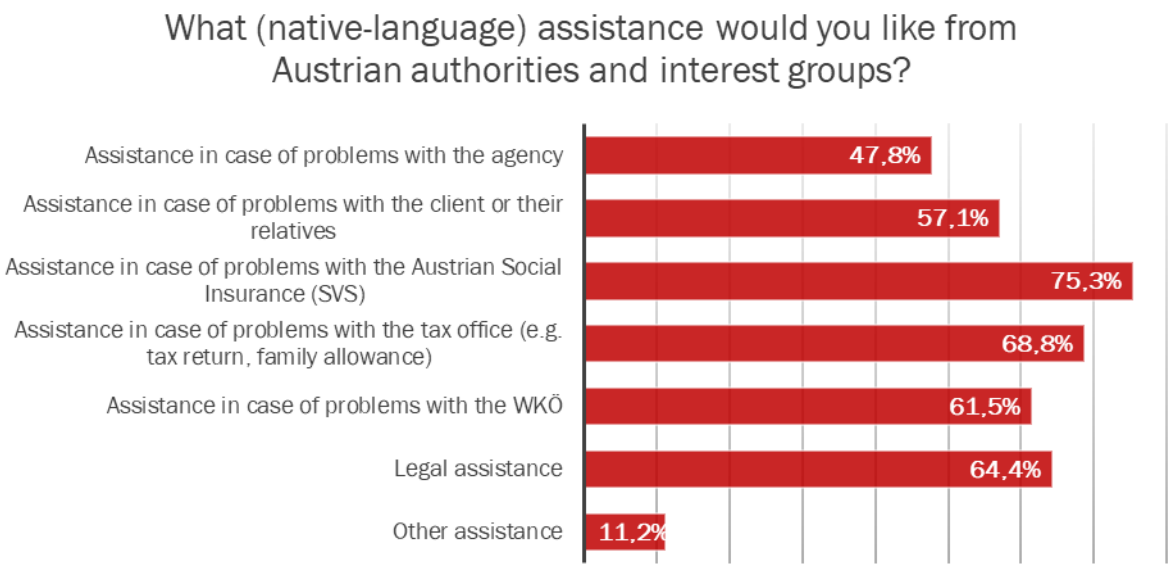
Austrian Chamber of Commerce (in German, Wirtschaftskammer Österreich): As self-employed live-in care workers, the respondents are members of the Austrian Chamber of Commerce (WKÖ) and this body also officially acts as a legal representation of interests. 40% of the respondents have contacted the WKÖ before. The proportion of those who had the opportunity to do this in their native language was much higher compared to the two Austrian authorities above. 31% were able to communicate with the WKÖ in their native language. However, among those where this was not possible, 80% would have found it important. The previous experience with the WKÖ were assessed as positive by 37% of the respondents and as rather positive by 38%. However, a quarter of the respondents also state that it was rather negative to negative.

Trade union initiative vidaflex: Vidaflex is a voluntary representation of interests for one-person companies, freelance service providers and micro-enterprises and, thus, also for live-in care workers. 5% of the respondents have already contacted vidaflex. Due to this small number, the further answers are only meaningful and can be generalised to a limited extent. Nevertheless, in comparison with the authorities and the WKÖ, the proportion of those who were able to communicate in their native language is remarkably high at around 88%. The experiences with vidaflex were positive for around 34% and rather positive for 32%. However, this means that they are assessed by 34% as rather negative to negative.

IG24 - Interest group of live-in care workers: IG24 is the third interest representation for "24-hour care workers". In contrast to the WKÖ and vidaflex, live-in care workers in private households are their sole target group and their concerns are their sole topics. 14% of the respondents have contacted the IG24 before. Since the present survey and the search for participants were organised, among other things, via the IG24, this difference in establishing contact compared to vidaflex may also have been caused by this. The fact that 94% of the respondents were able to communicate in their native language indicates that IG24 aligns its offers to the needs of the live-in care workers. The latter is also reinforced by the high number of respondents who rate their experience with the IG24 as positive. 51% perceived it as positive and 29% as rather positive. This means that 20% of the care workers surveyed rate it as rather negative to negative.

7.2 Expectations from public authorities and interest groups

In addition to the experience with public authorities and interest groups, expectations for (native language) assistance were also surveyed. 75% would like this in case of problems with the Austrian social security. There is also a high proportion who would like native-language assistance with problems with the tax office (69%) and with regard to the WKÖ (62%). 64% would like general legal assistance. The proportion of those who would like native-language assistance in the case of problems with the placement agency (48%) and in the case of problems with clients and/or their relatives is slightly lower (57%).



Source: 2024 FORBA/IG24 Survey

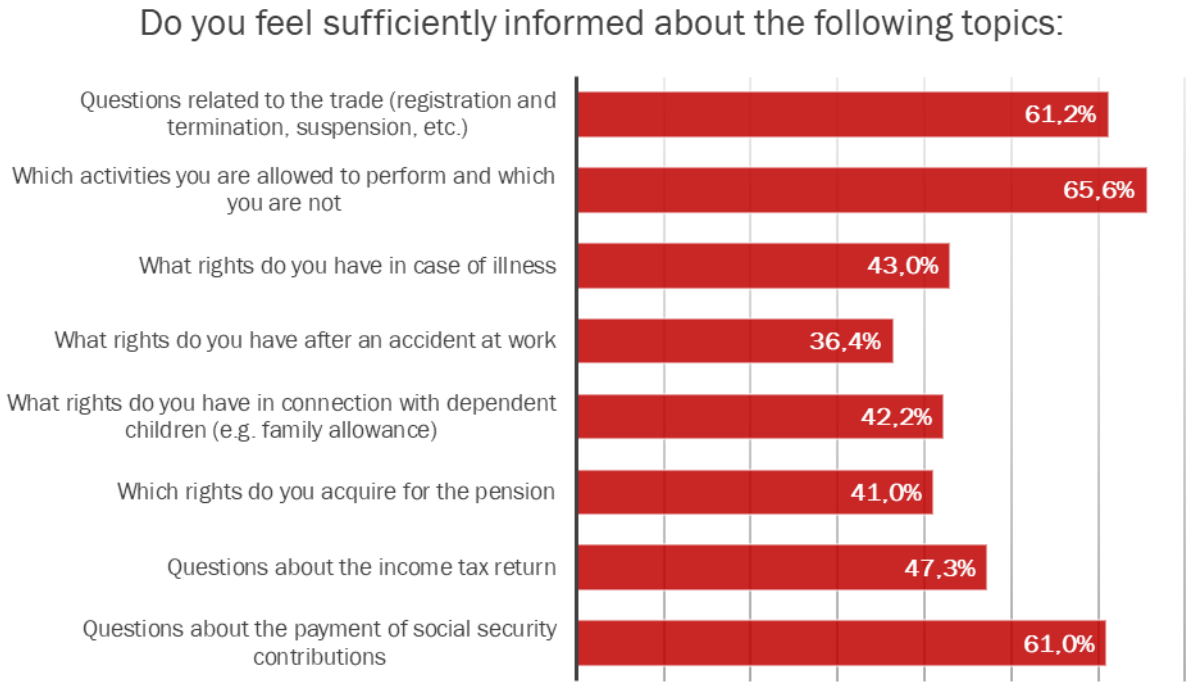
Figure 21: Expected assistance from authorities and interest groups (n=1224)

Also with regard to expectations from public authorities and interest groups, the live-in care workers had the possibility to answer these as open questions. In particular, the following expectations were expressed here:

- free psychological counselling and support for live-in care workers
- financial and organisational support in order to be able to participate in German courses
- information brochures and specific websites that provide information in various languages about the rights and obligations of live-in care workers in Austria
- native-language support in all Austrian institutions that are relevant for live-in care workers
- independent monitoring of working and living conditions at the respective workplace
- establishment of a central complaints telephone line for live-in care workers (e.g. at the Ministry of Social Affairs) in various languages

7.3 Level of information on personal care regulations in Austria

Only slightly more than half of the self-employed respondents feel sufficiently or at least rather sufficiently informed about the personal care regulations applicable in Austria, 16% do not feel sufficiently informed at all and 31% feel rather not sufficiently informed. The level of information varies according to subject areas. Only 66% feel informed about the direct care and nursing activities that they are or are not allowed to carry out according to Austrian law. With regard to trade regulations (registering, suspending, resuming, etc.) or the payment of social security contributions, it is only 61% in each case. The lowest, at 36%, is the proportion of those who feel informed about claims in the event of an accident at work. In general, the percentage of those who feel informed when it comes to claims for benefits is very low: 41% for pensions, 42% for dependent children, and 43% for claims in the event of illness. Also, less than half feel sufficiently informed about issues related to the income tax return.



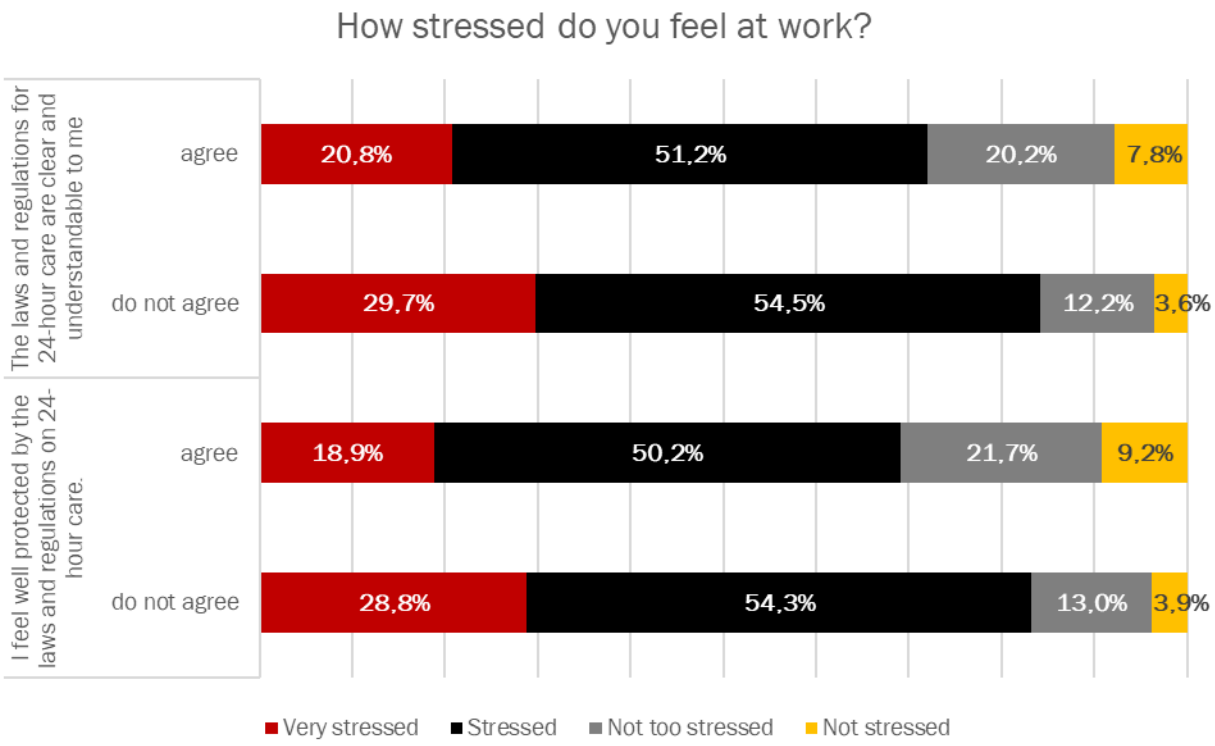
Source: 2024 FORBA/IG24 Survey

Figure 22: Level of information on the legal framework conditions for self-employed care workers (n=1148)

When it comes to the question of whether the Austrian laws and regulations are clear and understandable for live-in care workers in private households, the figures show significant shortcomings. Only a little more than half agree here, 15% fully agree and 42% are rather likely to agree. For 31%, these are rather not clear and understandable and for 12% not at all clear and understandable.

Only 9% fully agree and 32% are rather likely to agree with the question of whether they feel well protected by the laws and regulations. Just over half (35%) and (16%) do not agree with this at all. This means that the lowest figures are reserved for the qualitative assessment of legal protection, which points to legal deficits, which will be discussed in more detail in the last section.

Both knowledge of the laws and whether the respondents feel protected by them correlate, albeit weakly, with the perception of stress. Around 21% of the respondents for whom the laws and regulations are clear and understandable feel very stressed. On the other hand, 30% of those for whom the laws and regulations are not clear and understandable feel very stressed. 20% of those who feel protected by the law have a pronounced perception of stress. In contrast, 29% of those who do not feel well protected by the laws and regulations say that they are very stressed at work.



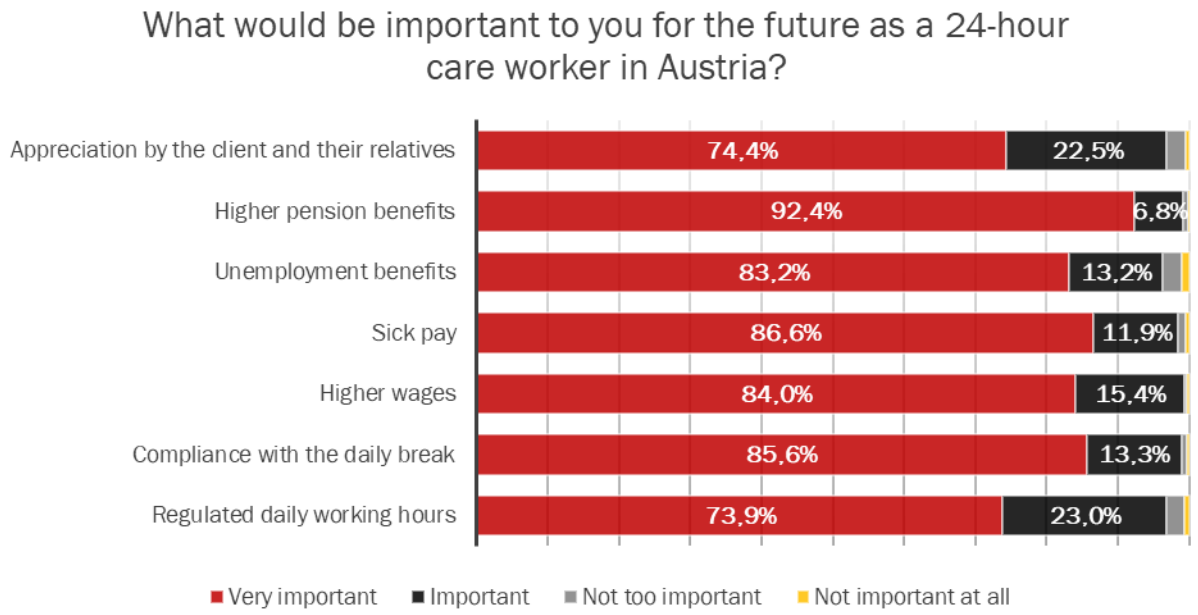
Source: 2024 FORBA/IG24 Survey

Figure 23: Perception of stress and level of information on laws and regulations on "24-hour care" (n=1216)

8 EXPECTATIONS AND PROSPECTS FOR THE FUTURE

8.1 Expectations regarding working, employment and living conditions

At the end of the survey, the live-in care workers had the opportunity to look into the future. Against the background of the results so far, it is not surprising that expectations for the future (multiple answers possible) are not about small changes and adjustments, but larger changes are considered necessary. For all the topics offered, the majority of respondents indicated that improvements are very important for them. Higher pension benefits are considered very important by 92%. 87% consider sickness benefits and 86% consider compliance with the daily break to be very important. This is followed by the urgent desire for higher wages, 84%, and an unemployment benefit, 83%. The desire for appreciation by the clients and their relatives and the regulated daily working hours form the conclusion, but with a proportion of around 74% of the respondents, it is still very high. These strong findings indicate that the majority of care workers want better regulation of their employment relationship.



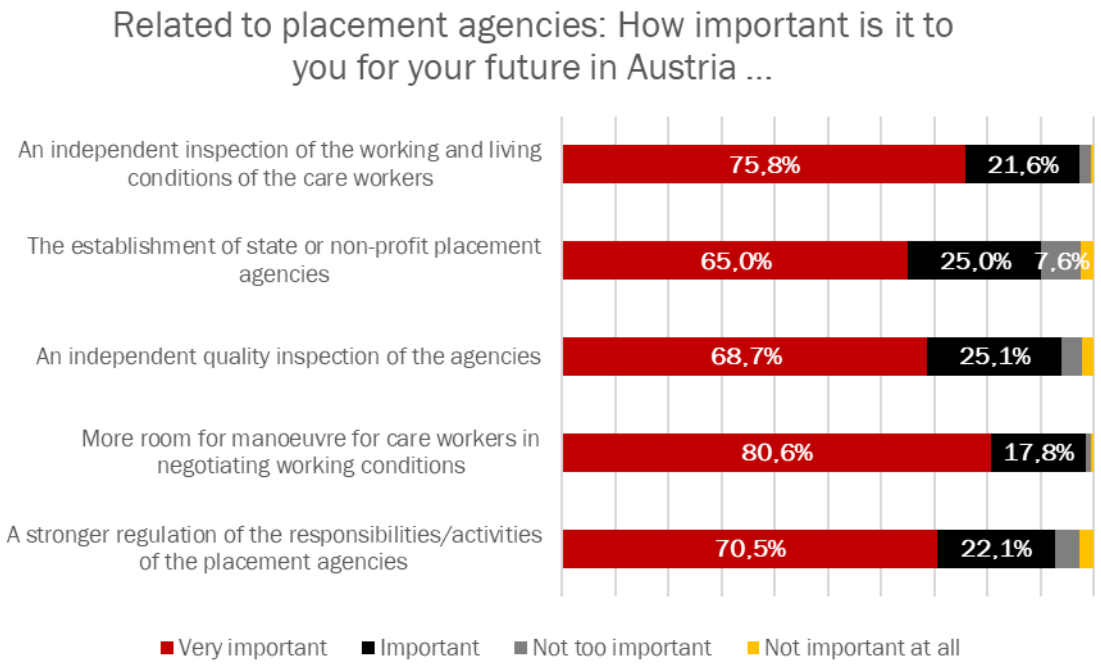
Source: 2024 FORBA/IG24 Survey

Figure 24: Expectations for the future as a care worker in Austria (n=1228)

8.2 Expectations regarding placement agencies

Among the respondents, there is also a desire for changes and improvements from placement agencies (multiple answers possible). About 76% of them consider independent inspection of the working and living conditions of live-in care workers to be very important. For 65%, the establishment of a state or non-profit placement agency and for around 69% an independent quality inspection of the agency would be very important. About 81% would like to see more room

for manoeuvre for live-in care workers in negotiating working conditions, and 71% would like to see more regulation of the responsibilities and activities of placement agencies. The fact that changes in placement agencies are very important for such a high proportion can be interpreted to the effect that current practice is perceived as inadequate and hindering.

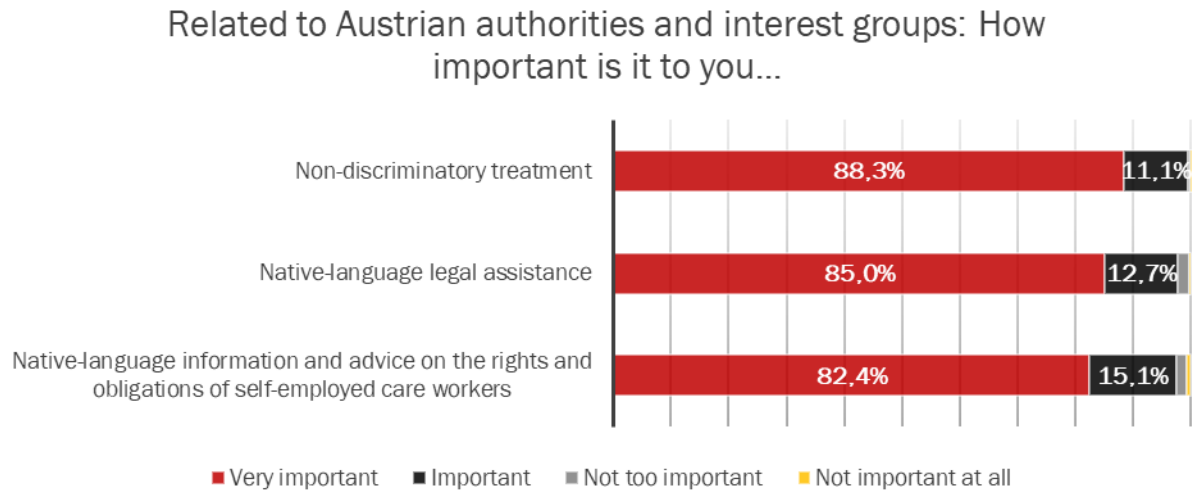


Source: 2024 FORBA/IG24 Survey

Figure 25: Expectations from placement agencies (n=1214)

8.3 Expectations regarding public authorities and interest groups

The following picture arises from expectations regarding authorities and interest groups (multiple answers possible). 88% consider non-discriminatory treatment to be very important, 85% native-language legal assistance and 82% native-language information and advice on rights and obligations.

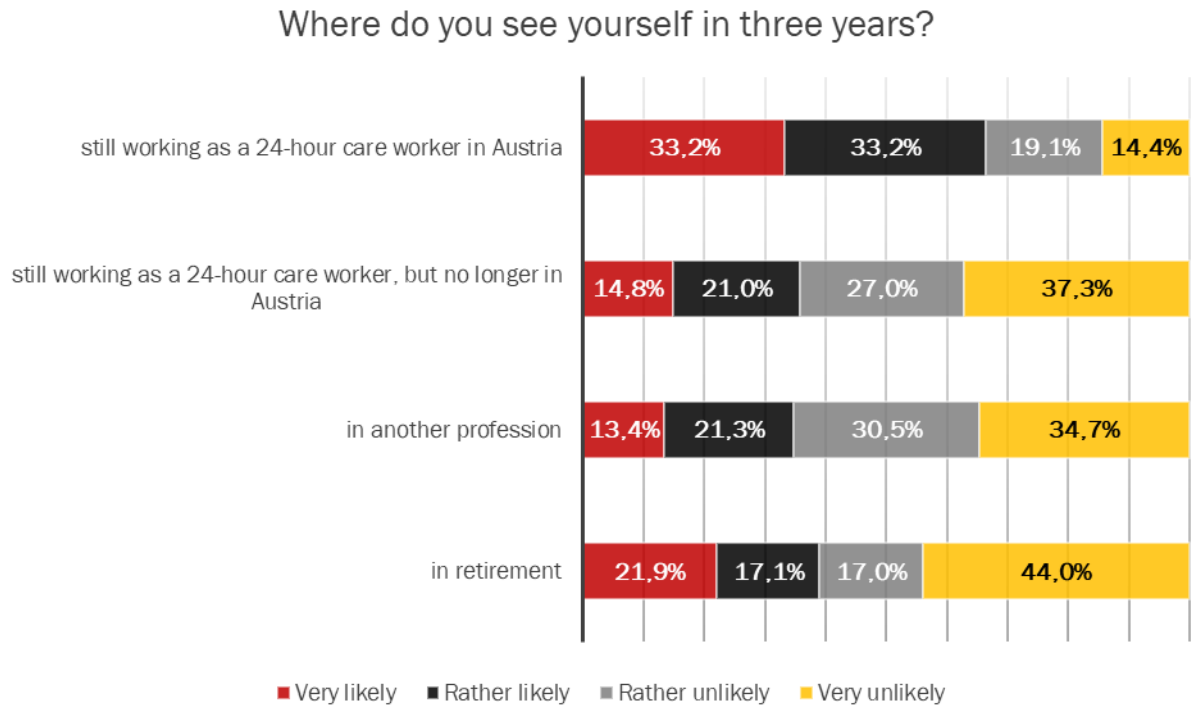


Source: 2024 FORBA/IG24 Survey

Figure 26: Expectations regarding authorities and interest groups (n=1120)

8.4 Professional future

With regard to their own professional future, one third of the respondents consider it rather unlikely or very unlikely to continue working as a live-in care worker in Austria in three years. Around 22% of the respondents consider it very likely that they will retire. Around 15% consider it very likely that they will continue to work as care workers, but no longer in Austria, and 13% that they will switch to another profession. Thus, the findings indicate that a larger proportion of the people now working in this sector may no longer be available for live-in care in Austrian private households in the short term.

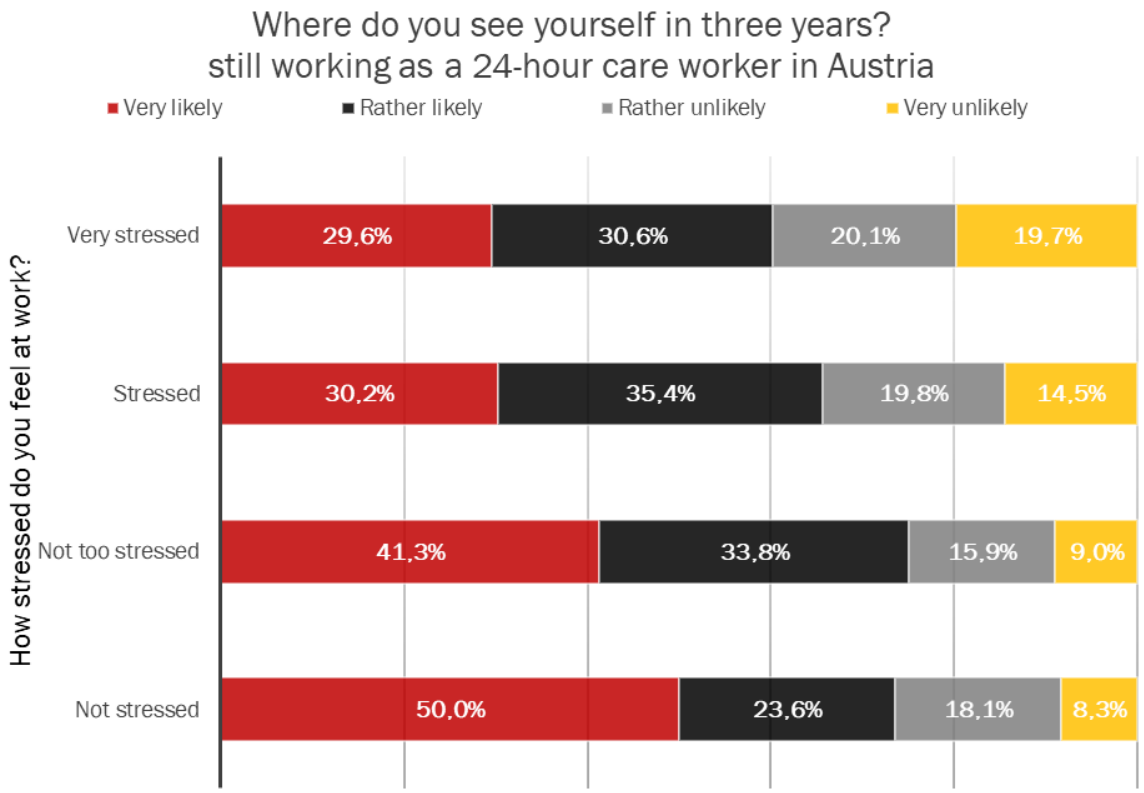


Source: 2024 FORBA/IG24 Survey

Figure 27: Where do the care workers see themselves in three years? (n=1185)

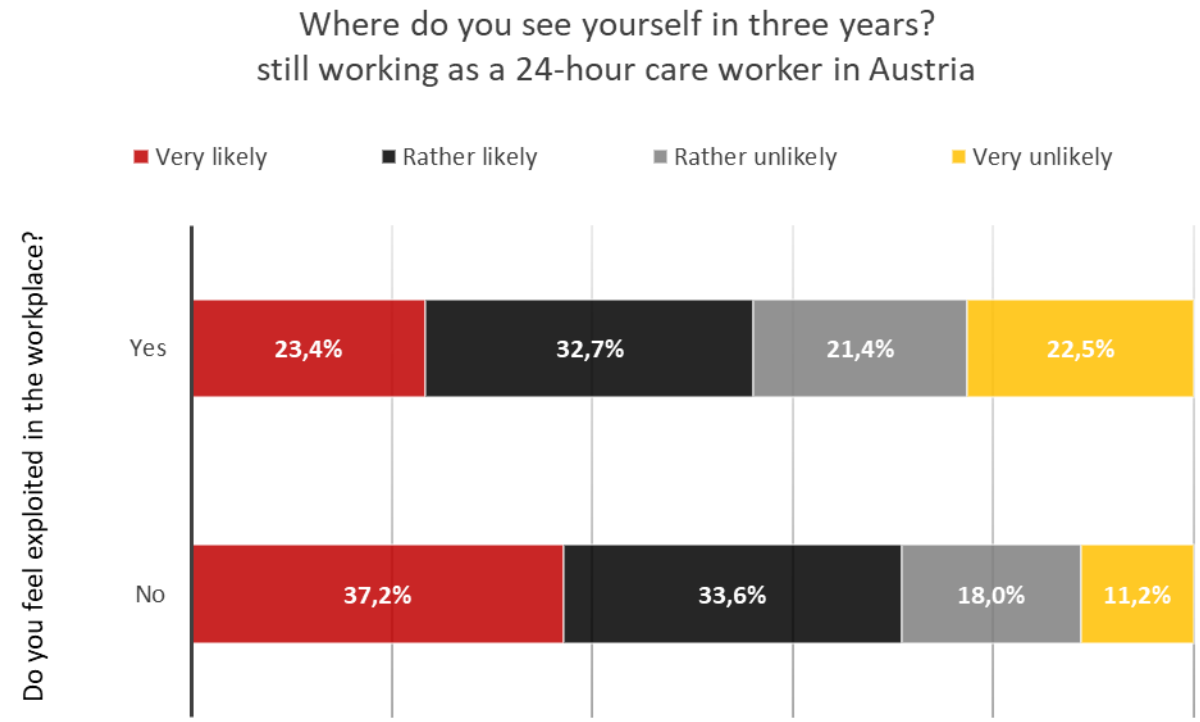
The anticipated probability of continuing to work as a live-in care worker in Austria increases significantly to 74% (very likely and rather likely added up) if the respondents do not feel stressed in their work. Conversely, this means that a higher stress is associated with the fact that the respondents no longer see themselves as working in personal care in the future (up to 40%, if very stressed). The same can be observed for the perception of being exploited. If the respondents feel exploited in the workplace, then almost half of them consider it unlikely to continue working as live-in care workers in Austria. In order to maintain the model of personal care in personal households, it will be of decisive importance to counteract the stress caused by the working and living conditions

of live-in care workers with drastic (state) measures. A discussion on what this could look like on the basis of these empirical findings will follow in the next section.



Source: 2024 FORBA/IG24 Survey

Figure 28: Probability of continuing to work as a 24-hour care worker in Austria in three years and perception of stress (n=1212)



Source: 2024 FORBA/IG24 Survey

Figure 29: Probability of continuing to work as a care worker in Austria in three years and perception of being exploited (n=1214)

9 SUMMARY AND RECOMMENDATIONS FOR ACTION

Migrant live-in care workers are confronted with great expectations in Austria: they are to look after, care for and – if necessary – also provide medical care for the elderly and sick, as well as for people in need of care in their private households, around the clock, seven days a week, and in a mostly unfamiliar country.

Due to their isolation at the workplace (which is also their place of residence), their social marginalisation and language barriers, the live-in care workers are only accessible to a limited extent and therefore there is insufficient information about their working and employment conditions and their relationship with placement agencies, clients or even with Austrian authorities and interest groups. In order to close this gap and to create comprehensive, publicly accessible empirical data that can serve as a basis for structural changes, a comprehensive quantitative online survey was carried out as part of the project "24h - Making the invisible work visible".

The present findings point to high stress levels at the workplace and place of residence in Austrian private households, low income, strong dependence (especially on placement agencies), information deficits and a lack of social security for live-in care workers. In view of this, it is not surprising that a large proportion of the respondents cannot imagine still working as a live-in care worker in Austria in the future.

If it is to continue to be possible for people in need of care in Austria to take advantage of live-in care in their own household, drastic changes will therefore be necessary. In the following, the seven most important results of the survey are summarised and recommendations for action are discussed on their basis.

9.1 Dependence on placement agencies

A fundamental problem of the current self-employed model of live-in care in private households is that the framework and working conditions and the fee cannot be set by most live-in care workers themselves. The fee can only be determined or at least negotiated by a minority of the respondents (9%) themselves. As a rule, the fee is handled by the placement agency, as well as the other clauses of the care contract (at 74.2%) - an agreement between the care worker and the client on activities - working hours, breaks, etc. In addition, the care contract is only available to a small part of the live-in care workers before starting work and often not in their native language. 69% received the organisational contract between the placement agency and the live-in care worker, which agrees, among other things, the services of the agency and the placement fees, only after the start of collaboration with the placement agency.

Against this background, it is not surprising that a majority of the live-in care workers surveyed (65%) perceive the placement agency as an employer in general or at least occasionally, but expect key services, such as mediation in the event of a conflict with clients or relatives.

Third-party determination and lack of transparency (see section 2) regarding the terms of the contract as well as the dependence on the placement agencies, which apply to a large part of the live-in care workers, are an indication that the criteria for an independent employment relationship are not fulfilled or only insufficiently so. At the same time, live-in care workers are not entitled to key benefits that employees receive (see section 4). This can be referred to as bogus self-employment.

Contrary to the currently strong dependence on the placement agencies, a large majority of respondents find more leeway in negotiating their working conditions very important (81%) or important (17.8%). Stronger regulation of the responsibilities and activities of the placement agencies is also desired: 71% think this is very important, 22% think it is important. The proportion of those who consider independent quality inspection of the placement agency to be very important (68.7%) and important (25.1%) is also high. The establishment of a public, non-profit placement agency (instead of private agencies) is also considered by the majority to be (very) important (90%).

Thus, the most essential measures to eliminate or at least reduce dependence on agencies are already listed. However, these measures would not fundamentally change anything about the bogus self-employment either.

Recommendations for action

In order to strengthen the position of "self-employed" care workers in private households or to reduce dependence on placement agencies, the currently voluntary Austrian Quality Certificate (ÖQZ-24) would have to be expanded and introduced as a mandatory quality seal for all placement agencies operating in Austria. This quality seal would have to contain minimum standards regarding working conditions (daily working hours, breaks, etc.) (see section 3) and remuneration for the care workers in private households (see section 5), but also regulate the collaboration between placement agencies and care workers in more detail. The specific working conditions (in compliance with the minimum standards) and the fee should be negotiated directly between the client and the care worker and recorded in the care contract, which should also be written in the native language. As part of their range of services, the placement agencies would have to ensure that minimum standards are met by paying attention to their implementation. Other services that should be offered by the placement agencies in any case are finding a workplace, mediation in case of a conflict with the client or relatives and organising replacements (for example in case of illness). These services as well as the amount of the placement fee must be stated in the organisational contract also in the native language of the care worker.

Compliance with the minimum standards and appropriate quality assurance must be ensured by regular inspections conducted by public institutions or interest groups (see section 6). Since compliance with minimum standards in the field of care work in private households could be ensured more easily by public, non-profit placement agencies and is also desired by the care workers surveyed (see above), their establishment should be considered. In any case, public, non-

profit placement agencies with high quality standards would set standards that all other agencies would also have to meet in order to continue to be able to place care workers in private households.

It is even easier to implement and guarantee minimum standards in care work through the dependent employment of care workers. This can be implemented either by employment with the clients or the relatives or via a supporting organisation (e.g. social security organisation or cooperative). The development of viable models for the employment of care workers is a great challenge (see for more detail: Sagmeister 2024), but it would solve the problem of bogus self-employment in the long term and would also establish valid labour standards in care work in Austria.

9.2 Information deficit before starting work

Many live-in care workers are only poorly informed about their future workplace before starting work. Overall, a quarter of the respondents were not adequately informed about the state of health of the clients before they started their work. The proportion of respondents who did not have (correct) information on the living situation (23%) or on daily working hours (32.6%) is also high. As already mentioned, the care contract, and thus also information about the daily working hours, are only available to a small part of the live-in care workers before the start of work and in their native language.

Overall, it turns out that live-in care workers who (want to) work in Austria have to get involved in unclear or not clearly defined employment and working conditions.

Recommendations for action

Before starting work, it must therefore be ensured that the care workers in private households receive all relevant information in a timely manner and also in their native language. This includes, on the one hand, all information about the state of health of the client, the living situation, meals, the necessary activities, etc., on the other hand, the agreements on working conditions and fees. For this, it is also necessary that the care contract between the care worker and the client or relatives is available in good time before the start of work and also in the native language of the care worker. This should be ensured by the placement agencies within the framework of the quality seal.

9.3 Stress and exploitation in the workplace

Excessive working hours, lack of breaks, night work and taking over nursing and medical activities strongly correlate with both the live-in care workers' perception of stress and the perception of being exploited. For 64% of respondents, the daily working hours are from 10 to 14 hours, 15% work more than 14 hours a day. 20% do night work daily, and for 33% this is the case at least once or several times a week. For half of the respondents, the daily rest break cannot always be taken, 7% say that they do not have a daily break at all.

Unsurprisingly, a large majority of respondents would like to have regulated daily working hours (96.9%) and compliance with the daily break (98.9%) for their future as care workers in Austria.

The living situation is also of central importance for an increased perception of stress among the respondents. For example, for 30% of the respondents, their personal room cannot be locked or sufficiently cooled in the summer (34%), 14% cannot sufficiently heat their room in winter.

Of the live-in care workers themselves, the psychologically and emotionally exhausting activity is most often mentioned as the cause of stress (70.2%). But also concerns for the clients (e.g. because of their state of health) is cited by a majority (67%) as the reason for a stressful work situation.

Recommendations for action

As already mentioned under section 1, it must be ensured that the working conditions such as daily working hours, breaks, night work, Sunday and holiday work and the fee (see also section 4) can be negotiated between the care worker and the client or relatives and are recorded in the care contract. At the same time, it is necessary – in compliance with the mentioned minimum standards – to limit the daily working hours (including willingness to work) and to set mandatory breaks. The exact values should be determined with the involvement of the various interest groups and experts. In order to ensure implementation, the care contract should also specify how the corresponding working hours and breaks (for example, through the planned assumption of care by relatives, publicly offered "social everyday support" or "visiting services") are guaranteed. "24-hour care" is not possible and, like continuous working hours of more than 10 hours, should not be expected from the care workers in private households.

In any case, with regard to the living situation, it is necessary to ensure a separate room with appropriate heating and cooling facilities. At the same time, alternatives to the "live-in model" should be developed, which enable care workers not to have to live at the workplace and thus to be able to better separate themselves from the stressful care and nursing situation. In addition, psychotherapeutic services in the native language are also needed to relieve the mental stress of the care workers.

Ensuring compliance with the minimum labour law standards and a corresponding living situation must be ensured by independent quality inspections conducted by public institutions or interest groups, even if this is made more difficult by the workplace in the private household (corresponding exceptions for inspections of the private household in the case of employment of a care worker must be defined).

As also already mentioned under section 1, the establishment and compliance with minimum labour law standards could in principle be ensured in a more targeted manner within the framework of an employee model and thus exploitation could be better prevented. An independent inspection conducted by public institutions or interest groups is also required here.

9.4 Exposure to violence

In addition to the above-mentioned stress caused by working and living conditions, 45% of the respondents say that they have experienced verbal, psychological/ emotional and / or physical violence in their care work. In addition, 14% are affected by sexual harassment/violence and 23% are confronted with racism in the workplace.

Due to the lack of separation between the workplace and the temporary place of residence, violence at the workplace always also means violence "at home". To make matters worse, due to the isolation in the private household, the strategies used in other areas to deal with violence at the workplace (e.g. conversations with colleagues or superiors) are not available. Of the respondents with exposure to violence, only 15% received help and support from the Chamber of Commerce, other interest groups or their placement agency.

The independence of live-in care workers also leads to legal uncertainty and gaps in protection with regard to discrimination and sexual harassment, as, for example, the Equal Treatment Act does not apply to self-employed workers.

Recommendations for action

The results of the survey show how urgent it is to develop concepts and strategies for the prevention of violence and to help with assaults at the workplace in private households. Since this is a very sensitive and difficult topic, experts are needed here in any case. In the event of discrimination and sexual harassment, the first contact persons for care workers in private households should in any case be the agencies, interest groups, but also the equal treatment advocacy office. It can therefore be stated that, as a rule, there is a need to expand the competences of the anti-discrimination offices, the equal treatment advocacy office and the women's shelters.

9.5 Low income, inadequate social security and risk of poverty

In 2024, the income of a home helper in the first year of service amounted to about 1,770 Euro net/14 times a year according to the collective agreement of the Austrian Social Economy (SWÖ). In comparison, half of the live-in care workers surveyed earn only up to 1,125 Euro per month/12 times a year (specified daily rates converted to a monthly income). Accordingly, only 6% of the care workers surveyed state that they can live well on their income. For the majority of respondents, 44%, it is barely sufficient, and for 21% it is not sufficient. Not surprisingly, less than 5% are also very satisfied with the fee and only 31% are satisfied.

The figures suggest that the majority of the live-in care workers surveyed in Austria are at risk of poverty (for a single-person household, the poverty risk threshold in 2023 was 1,572 Euro per month). The current model of live-in care is therefore not designed for making a living in Austria, but for commuting from countries with lower wage levels and lower living costs. In view of rising

costs in the countries of origin (e.g. Romania, Bulgaria, Croatia), the problematic basis of this arrangement is increasingly eroding.

However, live-in care workers in Austria lack not only a poverty-proof income, but also social security. There is no entitlement to holidays, sickness benefit can only be obtained under very specific conditions (in the case of a continuous incapacity for work of more than 42 days) and unemployment benefit only in the case of voluntary private insurance. Against this background, a large majority of respondents want better social security for their future as a live-in care worker in Austria: 96.4% state unemployment benefits, 98.5% sickness benefits and 99.2% higher pension benefits as very important and important.

Accordingly, only a minority feels well protected by the laws and regulations on live-in care. But when it comes to the question of whether Austrian laws and regulations are clear and understandable for care workers in private households, the figures show significant shortcomings. For 31%, these are rather not clear and understandable and for 12% not at all clear and understandable.

It is therefore obvious that there is a considerable need to improve both with regard to improved protection, in particular through social security (health, unemployment and pension benefits), as well as the dissemination of information about existing laws and regulations on personal care in the private household.

Recommendations for action

The low fees and the associated risk of poverty are among the most urgent problems for care workers. Work in the care sector is generally low-paid. However, in the case of care workers in the private household, there is also the weak negotiating position of care workers in the labor market, which is particularly striking due to the given self-employed model (keyword: lack of information about market conditions, information deficits regarding the legal situation).

In order to take corrective action here, minimum rates must be set according to the activities and the number of people to be cared for. They must also take into account existing training and professional experience in care. If the live-in care workers are also expected to provide care and assistance at night and on Sundays and public holidays, this must be paid accordingly, for example by extra pay. The determination of minimum rates and extra pay should take place with the involvement of the various interest groups and experts and should be continuously adjusted. Here, too, a mandatory quality seal can be a lever to determine implementation by agencies.

For the social protection of currently "self-employed" care workers, existing insurance benefits must be adapted to the special situation of the care workers. The continued remuneration or sick pay should take effect from the 1st day of the sick leave, and the voluntary unemployment insurance would have to be financially supported. In addition, separate contribution bases for pension insurance are required for self-employed care workers, whereby the credits to the individual

pension account are taken over by the public sector (e.g. Ministry of Social Affairs) (similar to the private insurance for caring relatives, for example).

The introduction of minimum rates is accompanied by an increase in the cost of personal care in the private household. Consequently, the funding rates for the employment of "self-employed" care workers must also be increased accordingly. At the same time, higher incomes also mean higher social benefits for care workers in private households.

Also with regard to income and social security, a transformation of the employment relationship for live-in care in private households to dependent employment would significantly improve the situation for the care workers. For example, an employment with a non-profit provider of social services would be eligible for a collective contractual minimum wage, which increases with the years of service. In addition, according to the SWÖ collective agreement, care workers in private households would receive various types of extra pay (for night work, work on Sundays and public holidays) as well as the 13th and 14th monthly salary. Employment would also have a positive effect on the social security of the care workers, e.g. through continued remuneration in the event of illness, vacation pay, unemployment benefits and higher pension entitlements (for example, through the application of the SWÖ-KV).

However, a transfer to an employee model would significantly increase the costs for care at home and thus the necessary support rates. Nevertheless, the question of public financial feasibility is not just a question of costs but is decisively related to the importance that care at home in particular and care work in general is given by society. In the current model, care work in the private household is greatly undervalued.

9.6 Need for improvements concerning authorities, interest groups and the inspection of working conditions

Although the Austrian authorities (social insurance, tax office) and the interest groups (WKÖ, vidaflex and IG24) are assessed mostly positively, shortcomings can also be identified. Especially when it comes to the public authorities, 95% did not have the opportunity to communicate in their native language. The language barriers are significantly lower at the WKÖ, where 31% can communicate in their native language, and at the trade union initiative vidaflex and IG24, where this proportion is at 88% and 94%.

In addition to more advice and legal assistance in their native language, a majority of the respondents (76%) would like an independent quality inspection of the working and living conditions of live-in care workers.

Recommendations for action

The Austrian authorities are challenged in two ways with regard to the working and living conditions of the care workers in private households. First, they need to make sure that communication and

reliable transfer of information are actually ensured. This means that information, advice and processing of problems that arise must be offered in the native language. In order to improve the level of information of the care workers regarding their rights and obligations, all relevant laws and regulations should also be made available in the native languages of the care workers. Secondly, Austrian public authorities or interest groups must ensure the independent inspection of the working and living conditions of care workers in Austria, as has already been mentioned several times, and compliance with defined minimum standards.

9.7 Lack of future prospects

In view of these findings, which point to severe stress at the workplace, low income and a lack of social security, it is not surprising that a large proportion of the respondents no longer see themselves as live-in care workers in Austria in the future. For example, one third (33.5%) say it is very or rather unlikely to continue to work in three years. 35.8% consider it very or rather likely to continue working as a live-in care worker in three years, but no longer in Austria. 39% consider it very or rather likely to be retired.

Recommendations for action

The implementation of the recommendations for action described in sections 1 to 6 would decisively improve the working and living conditions of migrant care workers in private households in Austria. As a result, care workers may be more willing to continue to offer their services in Austria. Thus, improvements in the working and living conditions of the care workers are at the same time an essential prerequisite for ensuring that people in need of help in Austria can continue to be cared for in a private household.

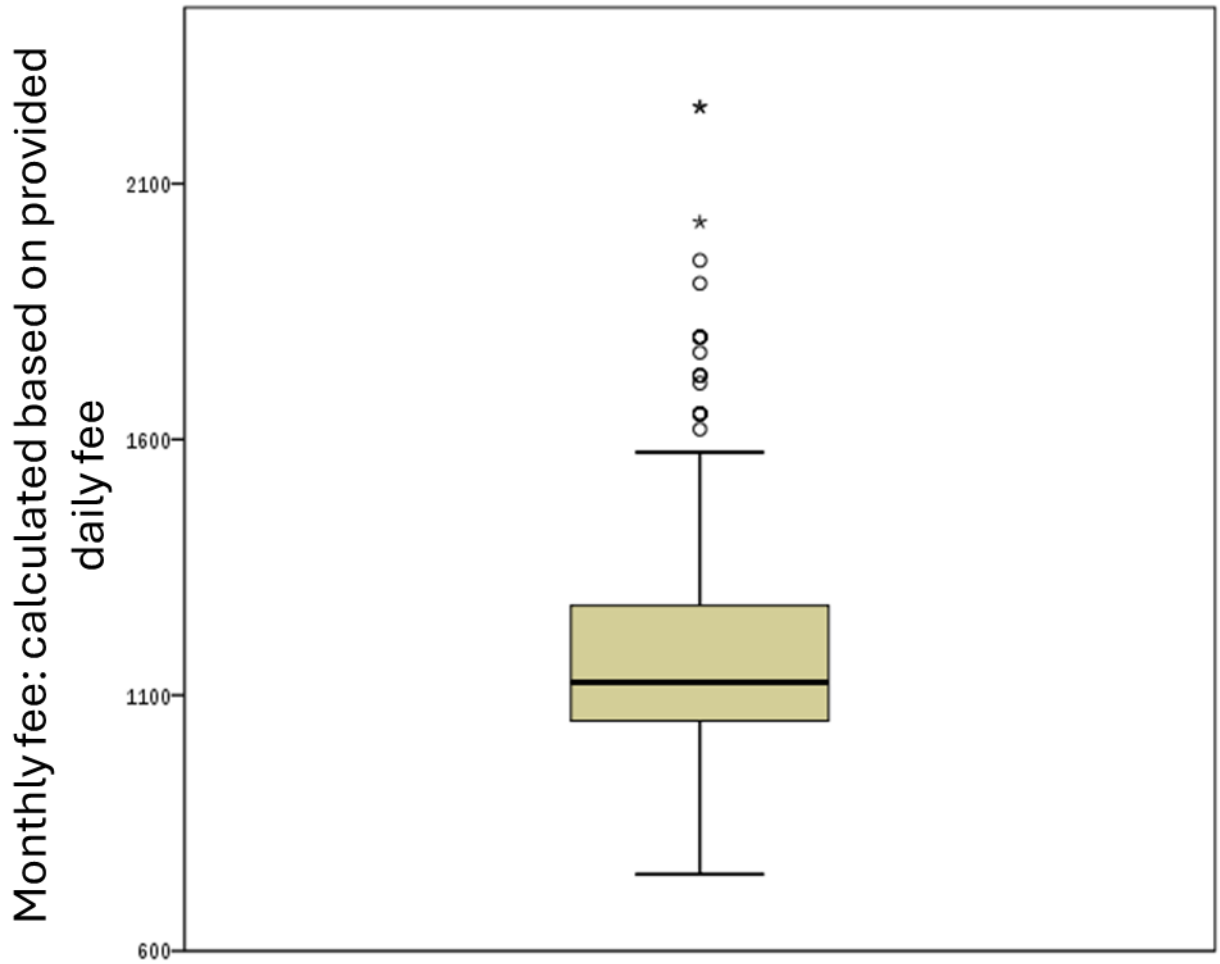
9.8 Concluding remarks

Improvements to the working and living conditions of migrant care workers can basically be achieved on two levels. On the one hand, by strengthening the position of currently “self-employed” live-in care workers through the establishment of and enforcement of minimum standards and quality assurance measures. This basically requires the introduction of a mandatory quality certificate for all placement agencies operating in Austria and the implementation of regular independent quality controls of the live-in care workers’ working and living conditions. On the other hand, establishing a regular employee model would make it easier and, above all, safer in guaranteeing minimal labor and social standards or employment conditions that correspond to the general standards in Austria. However, monitoring the enforcement of these standards plays a decisive role if the working and living conditions of care workers in private households are to be improved.

Furthermore, the fundamental question arises as to what role care workers in private Austrian households should play in the future. Currently, 4.8% of long-term care benefits recipients in Austria

make use of the “24-hour care” financial support. This is also due to the lack of suitable alternative care and nursing services for people in need of assistance. Austria's long-term care policy is primarily based on unpaid care of female relatives. Despite women’s increasing employment rate and the raising of women’s retirement age, the incompatibility of employment and caring for relatives hardly plays a role politically. Professional homecare, daycare and residential services or alternative forms of living are only available to an insufficient extent. This gap cannot be filled by live-in care in private households either. In the medium and long term, professional services must therefore be expanded so that people in need of care can also make use of professional care. Care workers in private households should only be used if they actually provide care (not nursing or medical care), and to an extent that is compatible with the Working Hours Act.

1 ANNEX



Source: 2024 FORBA/IG24 Survey

Figure 30: Boxplot for identifying outliers in the monthly fee

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