

Report | November 2024

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

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# Summary of survey results

## Introduction

A project by

**FORBA**

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ARBEITSWELT

**IG24**

Interessengemeinschaft  
der 24h-Betreuer:innen

Financed by

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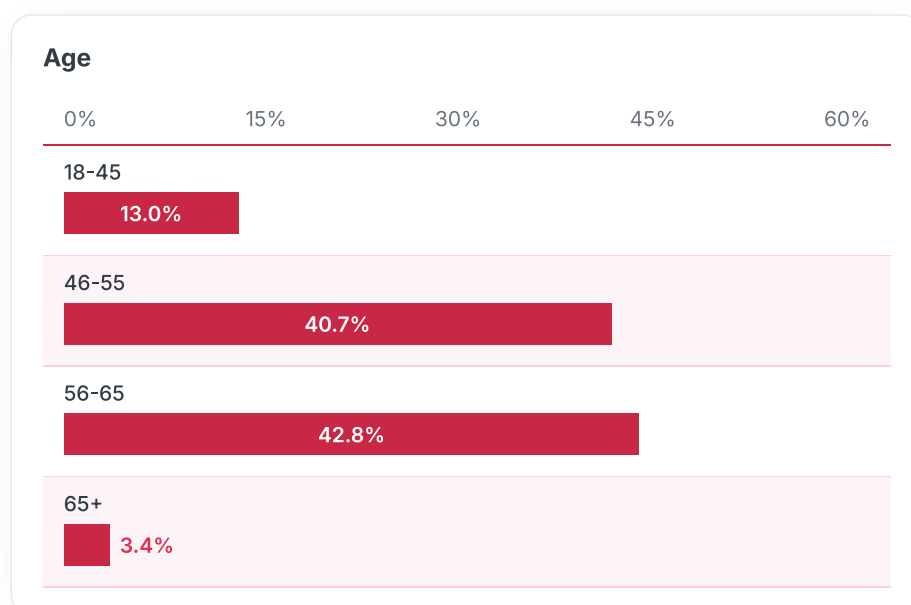


The complete version of the final report can be downloaded in the German language from the project website (<https://24h-unsichtbar.at/de/>).

Migrant live-in care workers in Austria face high expectations: they are expected to provide (nursing) care and - if necessary - also medical care round the clock, seven days a week to the elderly, ill or people in need of assistance in private households, all while being in a country that is mostly foreign to them.

Due to their isolation in the workplace and the residence (private households), their social marginalization and language barriers, live-in care workers are only partially accessible. As a result, there is insufficient information about their working and employment conditions, as well as their relationships with placement agencies, clients, or Austrian authorities and interest groups. To close this gap and to be able to generate comprehensive, publicly accessible empirical data that can serve as a basis for structural changes, a large-scale quantitative online survey was conducted as part of the "24h - Making the Invisible Visible" project.

## Socio-demographic data



## Gender

0% 25% 50% 75% 100%

Female

96.6%

Male

3.2%

Diverse

0.1%

## Main place of residence

0% 15% 30% 45% 60%

Romania

55.4%

Slovakia

23.4%

Bulgaria

8.6%

Croatia

6.5%

Other countries

6.1%

## Methodology

**Quantitative online survey (limesurvey).**

**Target group:** live-in care workers in private households in Austria.

**Sampling strategy:** self-recruitment, link shared via websites, email newsletter and selected social media.

**Special feature:** questionnaire available in seven languages.

**Participants:** 1426 (197 incomplete surveys).

**Error margin:** 2.6%.

**Duration:** April 12 to May 31, 2024.

The survey findings point to significant levels of stress/burden in the workplace and the residence within Austrian private households, low incomes, strong dependencies (especially on placement agencies), lack of information, and insufficient social security for live-in care workers. It is,

therefore, not surprising that a large proportion of respondents cannot imagine continuing to work as live-in care workers in Austria in the future.

If care-dependent individuals in Austria are to continue accessing care services in their private homes, it will be necessary to implement drastic changes. The following section summarizes the seven key findings of the survey:

## 1. Dependency on placement agencies

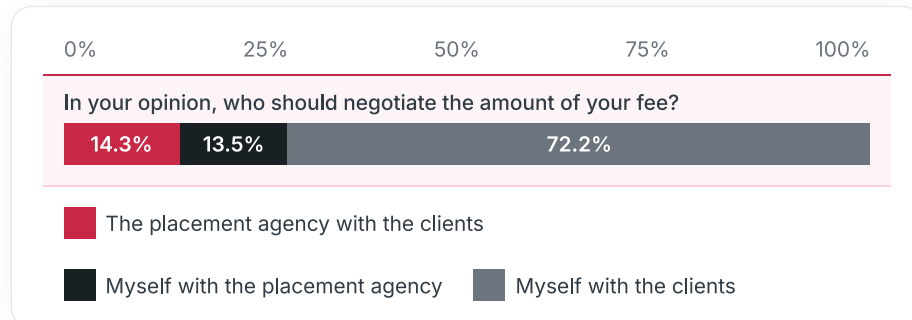
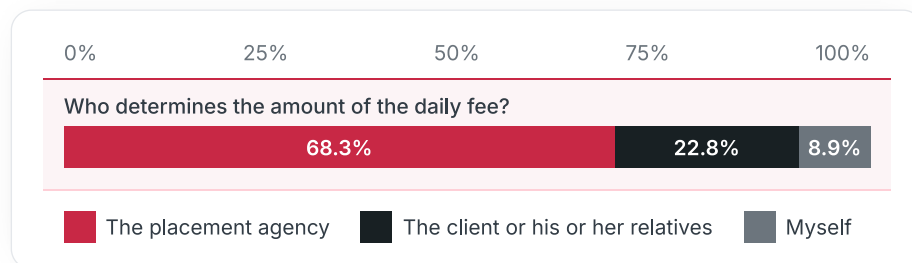
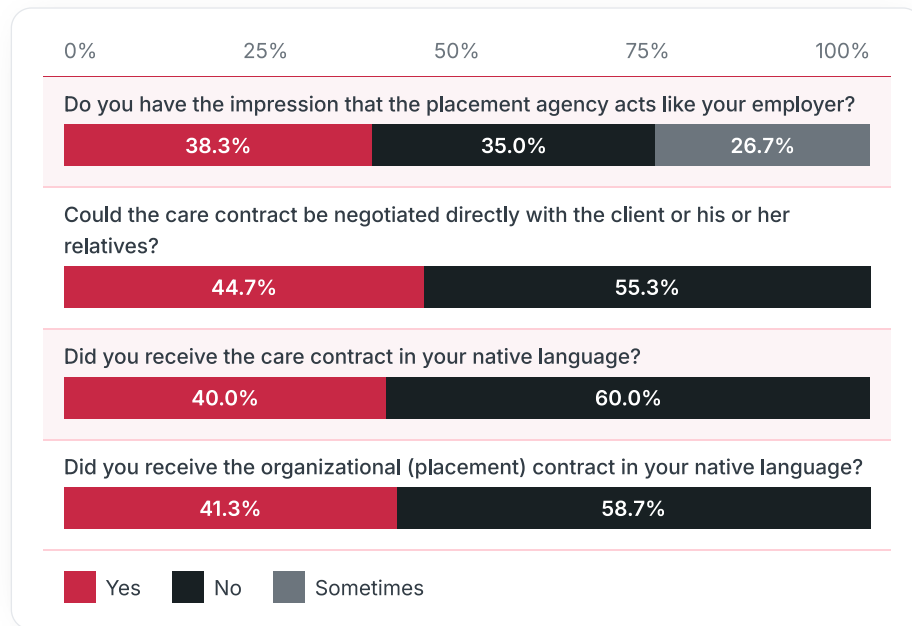
A fundamental issue with the current self-employment model for providing live-in care is that most care workers are unable to set the framework, their working conditions, or their fees themselves. Only a small minority of respondents (9%) can determine or at least negotiate their fees themselves. Typically, this is handled by the placement agency, which also imposes other terms of the care contract (*Betreuungsvertrag* in German) (for 74.2% of the respondents) an agreement between the care worker and the client regarding care tasks, working hours, breaks, etc. Additionally, only a small number of care workers (10%) receive the care contract before starting work, and often this contract is not available in their native language. Furthermore, 69% of respondents have only received the organizational contract between the placement agency and the care worker—which outlines the agency's services and placement fees—after starting work with the agency.

In this context, it is not surprising that a majority (65%) of respondents, generally or at least occasionally, perceive the placement agency as their employer. However, they feel that key services, such as mediation in case of conflicts with clients or their relatives, are missing. The external control, the lack of autonomy and transparency (see Nr. 2 – Lack of information before starting work) regarding the contractual conditions, as well as the dependence on placement agencies, which applies to a large portion of care workers, indicate that the criteria for a self-employed work model are not met or are only insufficiently met. At the same time, care workers are not entitled to key benefits that regular employees receive (see Nr. 5 – Low income, insufficient social security and risk of poverty). Therefore, this can be described as a form of false self-employment.

As a response to the current strong dependence on the placement agencies, a large majority of respondents find having more room for maneuver for negotiating their working conditions very important (81%) or important (17.8%). A stronger regulation of the responsibilities and activities of placement agencies is also desired: 71% consider this to be very important, and 22% important. A high percentage also believe an independent quality control of the placement agencies to be very important (68.7%) or important (25.1%). The establishment of a public, nonprofit placement service (instead of private agencies) is also seen as (very) important by the majority (90%).

These are the most important measures to at least reduce the care workers' dependence on placement agencies. However, even these measures would not fundamentally change the bogus self-employment situation of live-in care workers.

## Care contract, organizational (placement) contract, setting the daily fee and perceiving the placement agency as the employer



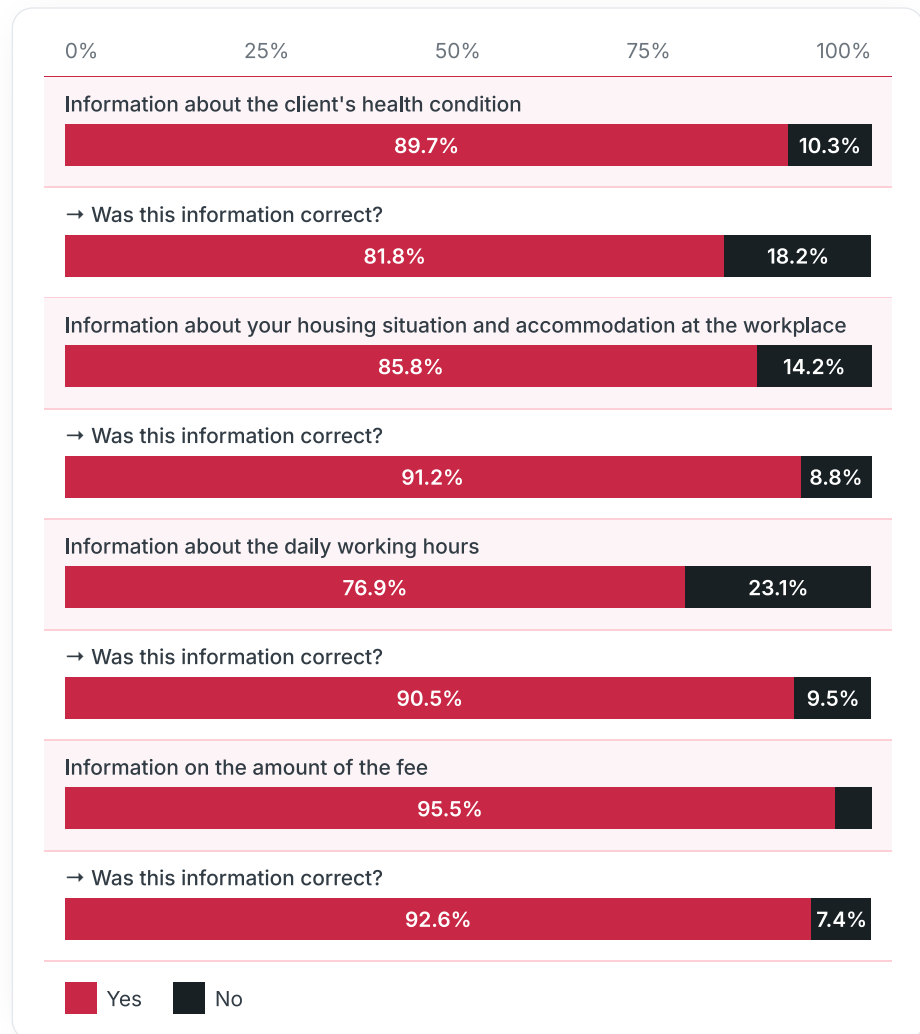
Source: 2024 Survey FORBA/IG24 (n=1426, varies according to question)

## 2. Lack of information before starting work

Many live-in carers are insufficiently informed about their future workplace before starting work. Overall, a quarter of the respondents were not properly informed about the health condition of their clients before they began their work. A significant portion of respondents also lacked (correct) information about the living situation (23%) at the workplace or the daily working hours (32.6%). As previously mentioned, the care contract, which includes, for example, information regarding the daily working hours, is only available to a small portion of care workers before starting work - and not in their native language.

Overall, it is obvious that care workers who (want to) work in Austria have to accept vague or unclearly defined employment and working conditions.

## What information regarding the workplace was available to you before you started work and was this information correct?



Source: 2024 Survey FORBA/IG24 (n=1422, varies according to question)

### 3. Stress and exploitation at the workplace

Excessively long working hours, lack of breaks, night shifts, and taking on nursing and medical tasks strongly correlate with both the care workers' sense of burdening and stress, as well as the feeling of being exploited. For 64% of the respondents, the daily working hours range from 10 to 14 hours, and 15% work more than 14 hours a day. 20% of respondents work night shifts every day, and for 33% of respondents, this occurs at least once or more per week. Half of the respondents cannot consistently take their daily breaks, and 7% report having no daily break at all.

Unsurprisingly, most respondents working as care workers in Austria want regulated daily working hours (96.9%) and adherence to scheduled daily breaks (98.9%) in the future.

### How long is the actual break per day? (n=1424)

0% 20% 40% 60% 80%

I have no break



Up to one hour



Two hour



More than two hours



### How many times per week is it not possible to take a break? (n=1319)

0% 15% 30% 45% 60%

Daily



Several times per week



One time per week



Never



### Do you have the possibility to leave the household during your break? (n=1326)

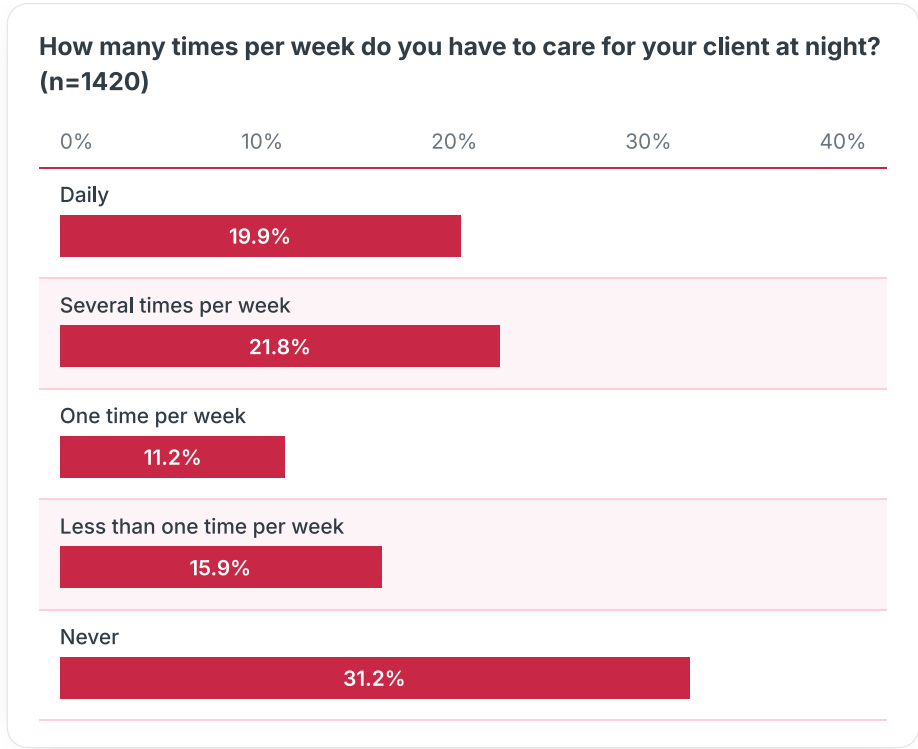
0% 25% 50% 75% 100%

Yes



No



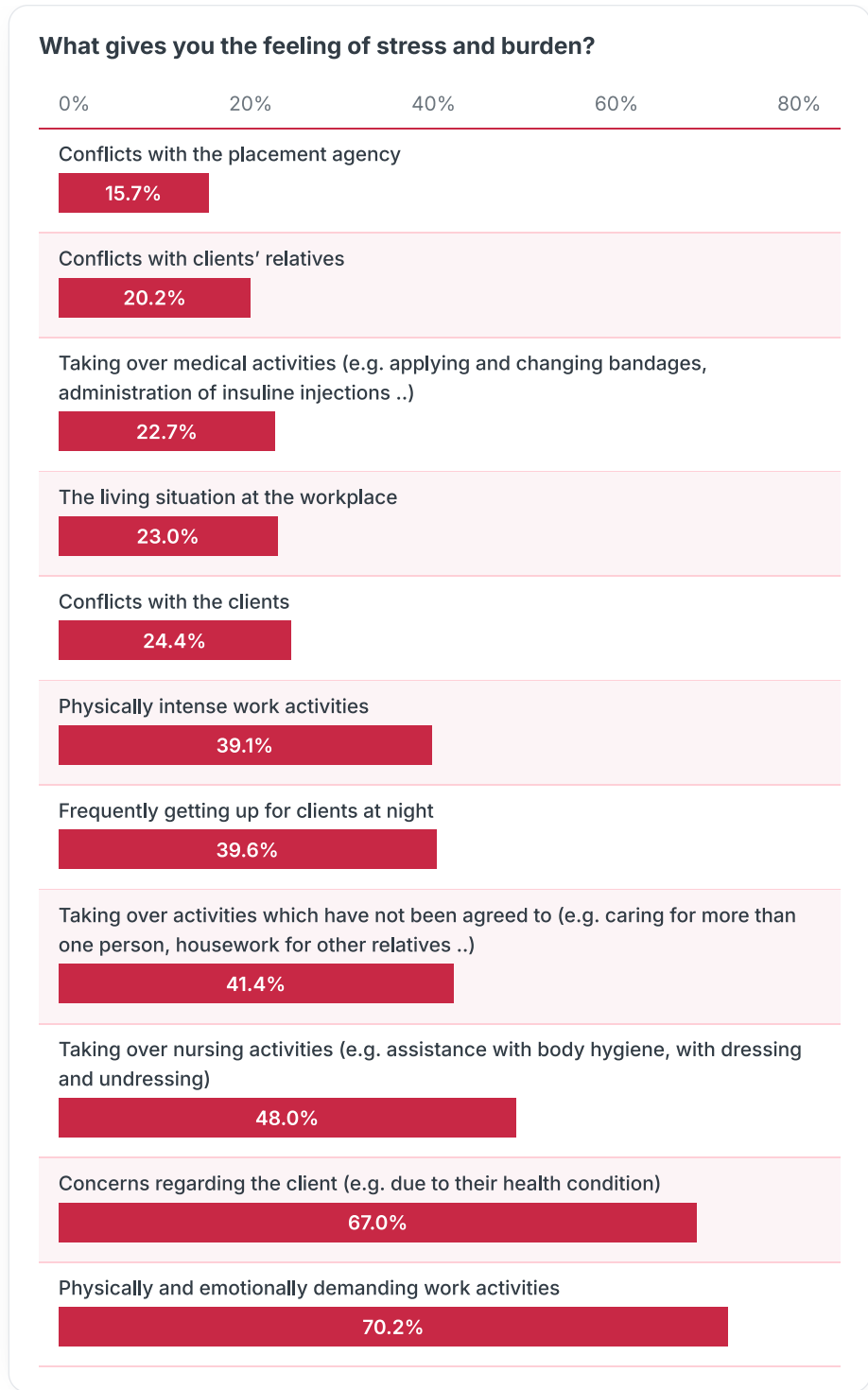


Source: 2024 survey FORBA/IG24 (n=1426, varies according to question)

The living situation is also of central significance for the respondents' increased sense of burden and stress. For example, 30% of respondents cannot lock their own room, 34% cannot cool it adequately during summer time, and 14% cannot heat it sufficiently in winter.

The mentally and emotionally intense and stressful work activity is mentioned most frequently by the care workers as a cause of stress and burdening (70.2%). However, concerns for clients (e.g. due to their health condition) are also mentioned by a majority (67%) as a reason for a stressful and burdening work situation.





Source: 2024 Survey FORBA/IG24 (n=1426, varies according to question)

## 4. Experiences of violence

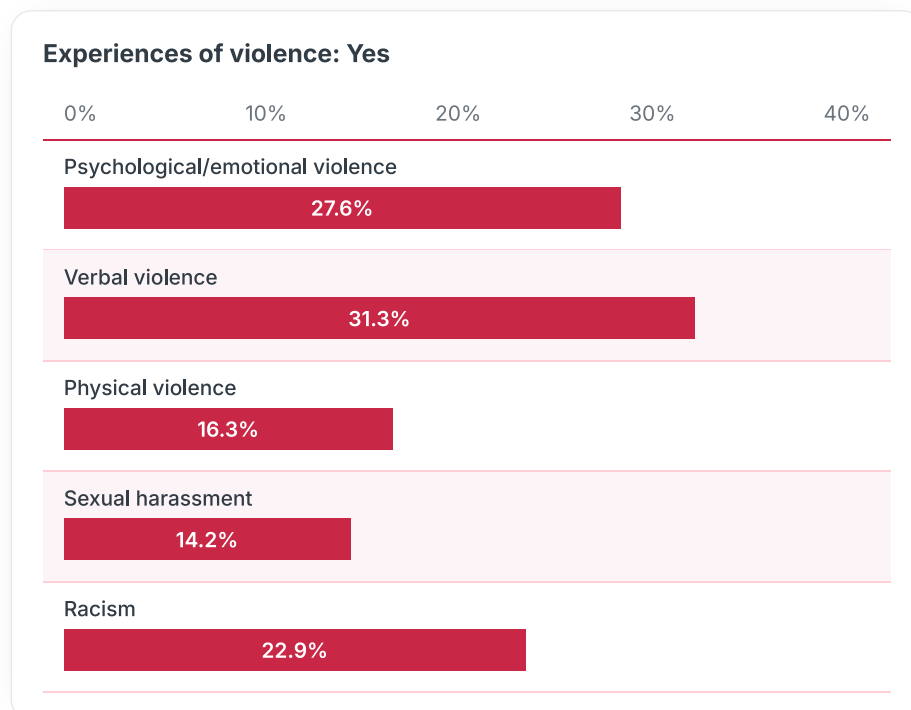
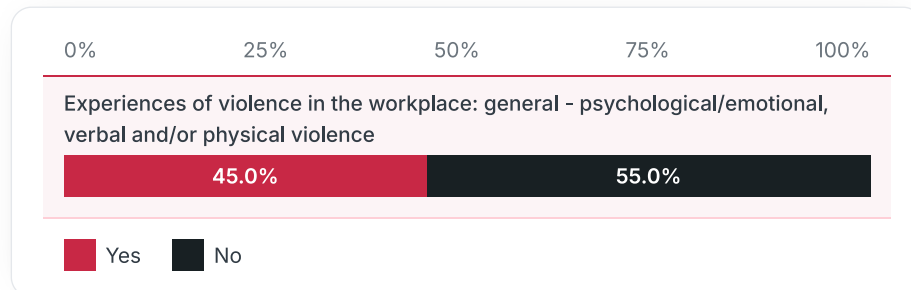
In addition to the aforementioned stress and burdening caused by working and living conditions, 45% of the respondents stated that they had experienced verbal, psychological/emotional and/or physical violence in their care work. Furthermore, 14% experience sexual harassment/violence and 23% experience racism in the workplace.

Due to the lack of separation between the workplace and the temporary place of residence, violence at work automatically implies violence "at home". This is aggravated by the fact that, due to the isolation in the private household, the strategies used in other industries to deal with violence in the workplace

(e.g. talking to colleagues or superiors) are not available. Of the respondents who had experienced violence, only 15% received help and support from the Chamber of Commerce, other interest groups or their placement agency.

The self-employment status of live-in care workers also leads to legal uncertainty and gaps in the legal protection against discrimination and sexual harassment, given that the Equal Treatment Act, for example, does not apply here.

### Experiences of violence: Yes / No



Source: 2024 Survey FORBA/IG24 (n=1426, varies according to question)

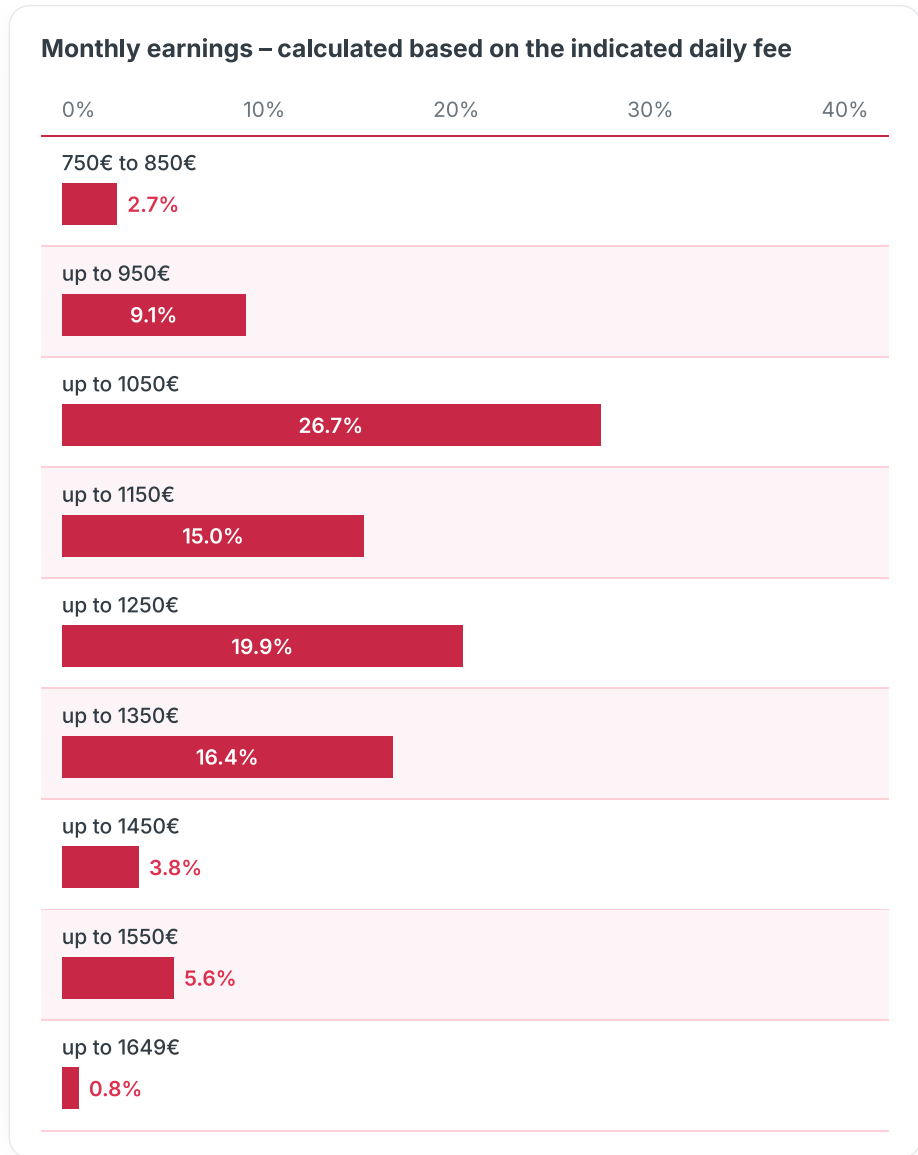
## 5. Low income, insufficient social security and risk of poverty

In 2024, the income of a "homecare worker" according to the collective agreement of the Austrian Social Economy (SWÖ) amounted to approximately 1,770€ net/month, paid 14 times a year in the first year of service. In comparison, half of the respondents only earn up to 1,125€/per month, paid 12 times a year. Accordingly, only 6% of the care workers surveyed stated that they can live comfortably on their income. For most respondents (44%) it is just enough and for 21% it is not enough for a comfortable living. Unsurprisingly, less than 5% are very satisfied with their salary and only 31% are satisfied.

The figures indicate that most care workers surveyed in Austria are at risk of poverty (the poverty risk threshold for a single-person household in 2023 was 1,572€ per month). The current model of 24-hour live-in care is therefore not designed for a sufficient income in Austria, but rather relies on commuter migration from countries with lower wage levels and lower living costs. Given the rising costs in the care workers' home countries (e.g., Romania, Bulgaria, Croatia), the problematic foundations of this arrangement are increasingly eroding.

Care workers in Austria not only lack a sufficient income to avoid poverty risks, but also face insufficient social security. They are not entitled to paid leave, sickness benefits can only be drawn under very specific conditions (in cases of continuous work incapacity for more than 42 days) and unemployment benefits are only available in the case of voluntary insurance. In this context, most respondents want better social security for their future as care workers in Austria: 96.4% consider unemployment benefits very important or important, 98.5% state the same for sickness benefits, and 99.2% for higher pension benefits. Accordingly, only a minority feel well protected by the laws and regulations related to "24-hour live-in care". Significant shortcomings are also evident when it comes to the question of whether Austrian laws and regulations for care workers in private households are clear and comprehensible: for 31% of respondents, these are somewhat unclear, and for 12%, they are completely unclear.

This indicates that there is a considerable need for improvement, both in terms of better protection - particularly through social security (sickness, unemployment and pension benefits) - and in the dissemination of information about existing laws and regulations on care workers in private households.



Source: 2024 Survey FORBA/IG24 (n=1426)

## 6. Necessary improvements for public authorities, interest groups and in the monitoring of working conditions

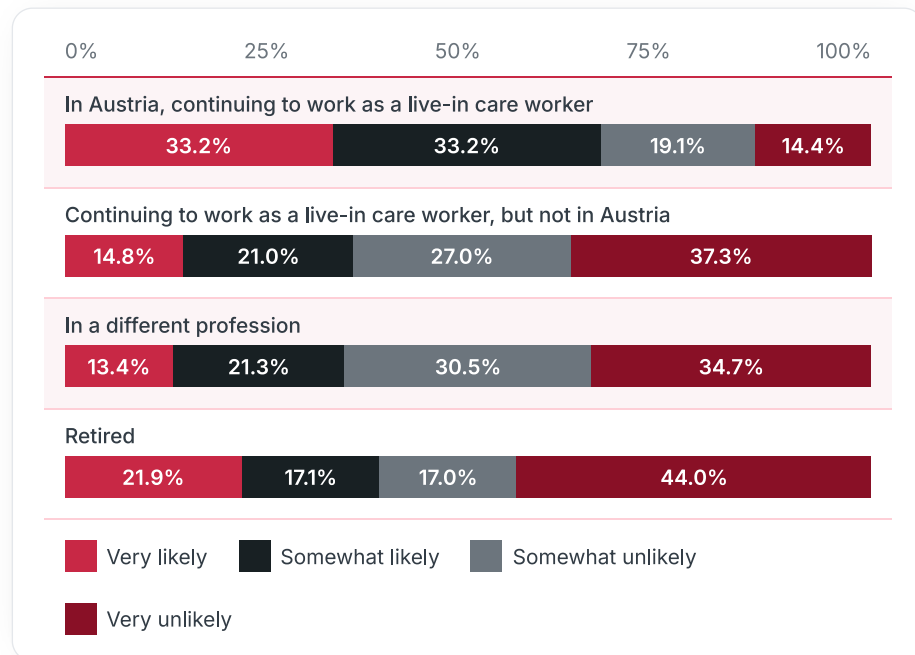
Although the Austrian public authorities (such as the social insurance, tax office) and the representative/interest groups (Austrian Chamber of Commerce - WKÖ, vidaflex and IG24) are generally perceived positively, there are also shortcomings. With the public authorities, 95% of the survey respondents did not have the possibility to communicate in their native language. Language barriers are significantly lower with the WKÖ, where 31% are able to communicate in their native language, and with the trade union initiatives vidaflex and IG24, where this proportion is as high as 88% and 94% respectively.

In addition to more advice and legal assistance in their native language, most survey respondents (76%) would like to see independent monitoring of the working and living conditions of live-in care workers.

## 7. Lack of future prospects

In light of these findings, which point to high levels of stress/burdening in the workplace, low income and a lack of social security, it is not surprising that a large proportion of survey respondents no longer see themselves working as live-in care workers in Austria in the future. A third (33.5%) consider it very or somewhat unlikely that they will still be working as a care worker in three years' time. While 35.8% believe it is very likely or somewhat likely that they will still be working as care workers in three years' time, they do not expect to do so in Austria. 39% consider it very likely or somewhat likely that they will retire.

### Where do you see yourself in three years?



Source: 2024 Survey FORBA/IG24 (n=1426, varies according to question)

## Conclusions

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.<sup>1</sup>

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.

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1. More detailed recommendations can be found in the long version of the final report.

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