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RESEARCH

Impact of COVID-19 Policy Responses on Live-In Care Workers in Austria, Germany, and Switzerland

Michael Leiblfinger*, Veronika Prieler*, Karin Schwiter†, Jennifer Steiner†, Aranka Benazha‡ and Helma Lutz‡

Context: The measures taken to counter the COVID-19 pandemic restricted the circular migration of live-in care workers between their countries of origin and the elderly persons' households.
Objective: In this comparative policy analysis, the impact of COVID-19 related policy measures for transnationally organised live-in care in Austria, Germany, and Switzerland is investigated.
Method: Policy measures and media debates were analysed and inquiries with care workers, representatives of care agencies, unions, and activist groups were carried out between March and June 2020.
Findings: In accordance with their institutionalisation of live-in care, Austria, Germany, and Switzerland responded differently to the challenges the pandemic posed to live-in care arrangements. However, all three countries focused on extending care workers' rotas and re-establishing transnational mobility. These priorities subordinated the interests of care workers to those of care recipients. Furthermore, the measures remained short-term solutions that failed to acknowledge the fundamental flaws and inequalities of a care model that relies primarily on female migrant workers and wage differentials within Europe.
Limitations: This policy comparison is based on an in-depth analysis of COVID-19 related policies, supplemented by inquiries among stakeholders with whom research had been done prior to the pandemic. More in-depth interviews are required to further substantiate the findings concerning their perspectives and gain insight into the longer-term effects of the pandemic.
Implications: The pandemic has brought the flaws of the live-in care model to the fore. Countries need to rethink their fragile care policies, which build on social inequality and uninhibited transnational mobility.

Keywords: live-in care; home-based care; transnational care; migration; care worker; COVID-19 policy

1. Introduction: The fragility of transnational live-in care arrangements

The live-in care model in Austria, Germany, and Switzerland is based on mostly female workers from Central and Eastern European countries providing care for an elderly person (or couple) in that person's own home (Bachinger, 2009; Greuter & Schilliger, 2010; Lutz, 2005). Typically, two (or more) carers alternate in rotas of two to twelve weeks and commute between their workplace and their homes in, e.g., Poland, Romania, or Slovakia. They spend their rotas living in the homes of the elderly they provide care for and are usually on call (almost) around the clock (Österle, 2014; Palenga-Möllenbeck, 2013; Schilliger, 2014). While live-in care workers are self-employed in Austria, they are employed either directly by the household or by temporary employment agencies in Switzerland. In Germany, EU-regulated posting of workers is the most common form of employment. In all three countries, many live-in care workers are brokered by agencies which are often in charge of the collection of payments, transportation, and similar services (Chau, 2020; Österle & Bauer, 2016; Rossow & Leiber, 2017).

Although to different extents and not uncontested, live-in care has become an increasingly established model for elderly care in these three German-speaking countries (Steiner et al. 2019). The existing literature documenting the working and living conditions of live-in carers reveals the precarity involved: conditions are generally characterised by long working hours and low wages, on-call duty (almost) around the clock, and a high degree of dependence on the employer (Aulenbacher, Leiblfinger & Prieler, 2020; Bachinger, 2015; Kretschmann, 2016; Lutz, 2011; Medici, 2015; Schwiter, Berndt & Truong, 2018; van Holten, Jähnke & Bischofberger, 2013). Furthermore, live-in care in private households entails a substantial share of informal and irregular labour (Lutz & Palenga-Möllenbeck, 2010; Larsen, Joost & Heid, 2009). In sum, transnational

* Johannes Kepler University Linz, AT
† University of Zurich, CH
‡ Goethe University Frankfurt, DE
Corresponding author: Michael Leiblfinger (michael.leiblfinger@jku.at)

live-in care arrangements considerably constrain carers' possibilities to rest and have adequate breaks as well as their opportunities for economic, social, and political participation, as well as being with their own families and friends (Chau, Pelzelmayer & Schwiter, 2018; Haidinger, 2013; Lutz, 2018; Melegh et al. 2018).

2. Methods and data

The comparative policy analysis builds on combined insight into the development of the live-in care markets in Austria, Germany, and Switzerland, which has been accumulated through more than a decade of research in this field (Benazha & Lutz, 2019; Leiblfinger & Prieler, 2018; Lutz 2005, 2011, 2018; Schwiter, Berndt & Truong, 2018; Steiner et al., 2019). From March to June 2020, data was collected and analysed on COVID-19 related policy measures that impacted live-in care and the corresponding media coverage. In order to supplement this in-depth policy analysis, various stakeholders in the field with whom research had been done prior to the pandemic were contacted. Information was gathered from inquiries with care workers, representatives of care agencies, unions, and activist groups. For a full empirical analysis of stakeholders' perspectives, more in-depth interviews are required that will broaden and further substantiate these findings as well as provide a clearer understanding of the longer-term effects of the pandemic on live-in care.

3. Findings: Impact of the COVID-19 pandemic on live-in care workers

During the first weeks of the pandemic, closed borders and other travel restrictions under COVID-19 made the fragility of the transnational live-in care arrangements apparent and brought live-in care (back) onto the political agenda (Aulenbacher et al., 2020; Leichsenring, Staflinger & Bauer, 2020a; Safuta & Noack, 2020; Schilliger et al. 2020). The following analysis shows how each of the three destination countries took measures that primarily served to safeguard their care provisions for the elderly. First, these measures aimed at keeping care workers in the households and, second, they strove to re-establish the transnational mobility of carers. Finally, supporting care workers left without income was a mere afterthought on the political agendas.

3.1 Extending workers' rotas

As a first reaction, agencies and households asked and sometimes implored care workers to extend their stays beyond the end of their rotas. Switzerland's authorities supported this strategy by facilitating the extension of live-in carers' work permits. Austria's federal government introduced a one-time, tax-free bonus of 500 Euros for live-in carers who extended their rotas for at least four weeks. In Germany, an association of placement agencies asked the government to establish the same incentives as in Austria (VHBP, 2020a), a demand that was repeated after two weeks, as the government was accused of bending the rules for seasonal agricultural workers, e.g., for the asparagus harvest, while proving inflexible with regard to domestic care workers (VHBP, 2020b).

In all three countries, many live-in carers extended their rotas. Apart from the fact that returning to their home countries had become difficult due to travel restrictions and quarantine regulations, many felt a moral obligation towards the elderly in their care—especially in this extraordinary situation. In the media, care workers were depicted as devoted and dedicated heroines similar to their common characterisation as angels (Krawietz, 2014; Weicht, 2010). At the same time, live-in carers who extended their rotas faced worsened working conditions and additional psychological burdens: Many households put visiting care services, which usually serve to relieve care workers and provide them with a few hours of rest, on hold for fear of contagion. Relatives who used to replace live-in carers, typically on Sundays, tended to stay away for the same reason (Horn & Schweppe, 2020). In some cases, agencies or households even required care workers to remain in the households during their free time to prevent them from contracting the virus and passing it on to care recipients. As a consequence, some live-in carers were isolated in the households for weeks, either working or on call around the clock with little opportunity to rest.

The pandemic brought changes in social practices and daily routines that negatively affected the mental health of care recipients with dementia (Brown et al. 2020), who make up a considerable proportion of those in live-in care settings.[1] The mental health of care recipients in general, who are at risk of a severe course of COVID-19 because of their old age, may also have been impacted (Rajkumar, 2020). This likely put further mental strain on care workers (Brown et al. 2020). In addition, live-in carers carried the psychological burden caused by the extended separation from their own homes, families, and friends and by the uncertainty as to how long the pandemic and accompanying restrictions would last (Leichsenring, Staflinger & Bauer, 2020b; Safuta & Noack, 2020; Schilliger et al. 2020).

In sum, even though it took an additional toll on live-in carers and was only a short-term solution, extending care workers' rotas was an easy-to-implement and (therefore) widely used solution for many agencies and families in all three countries.

3.2 Re-establishing transnational mobility

As a second strategy, families of live-in care recipients, care agencies, and their lobby organisations demanded exemptions to enable carers to cross closed borders. However, the extent of the measures to ensure the continuing transnational mobility of live-in care workers during the COVID-19 pandemic differed widely between the three countries under consideration.

In Austria, the federal government actively initiated negotiations with neighbouring countries for free passage of care workers. Furthermore, the provinces of Burgenland and Lower Austria collaborated with their respective local chambers of commerce and brokering agencies to organise charter flights that flew in 355 live-in carers from Romania, Bulgaria, and Croatia. In May, six special night trains were able to bring up to 2,000 care workers from Timișoara in Romania through Hungary

to Austria and allowed Romanian live-in carers to travel back home on the return trip of the trains. However, these trains were underused and there were reports that agencies prevented care workers from using them to travel home in an attempt to keep carers at their workplaces (e.g., Bachmann, 2020).

From the outset, these measures appeared insufficient to ensure the transnational mobility of nearly 62,000 live-in care workers, roughly half of whom come from Romania. However, they show the efforts Austria invested to ensure the continuation of the live-in care model. This cooperatively organised support also highlighted the alliance between state bodies, local chambers of commerce, and care agencies. For example, tickets for the special trains were originally announced to be sold only to agencies and not to care workers directly, which was later renounced. The necessary information and forms, moreover, were written in complex and technical German language. Thus, while the power of agencies in collaboration with the chambers of commerce as problem solvers and 'saviours' of the model increased, care workers became even more dependent on support from their agencies (Aulenbacher et al., 2020; Leiblfinger & Prieler, 2020).

In Germany, the government officially responded by facilitating only family members' caring roles for their (elderly) dependents. Among the changes, the duration of the carer's grant, a wage compensation benefit for short-term absence from work to fulfil care obligations, and the accompanying leave provision were doubled from 10 to 20 workdays. In addition, the government flexibilised the unpaid family care giver leave (BMFSFJ, n.d.). These measures were introduced as families reported difficulties finding care workers. It underlines not only the inherent familialism, but also that live-in and family care givers are interchangeable in the government's eyes. Unofficially, the German border police refrained from checking people at the Polish border—the home country of the majority of live-in care workers. This practice allowed carers to enter Germany, while agencies sent minibuses to pick up their migrant workers at the border. Although there was some confusion about diverging practices between various federal states, there seemed to be a consensus that care workers were not obligated to quarantine in Germany as their work was considered crucial for maintaining the elderly care system. However, none of this was publicly announced. The German state instead tacitly adopted a practice of letting care workers in to pacify the families that employ the up to 500,000 migrant live-in carers (Habel & Tschenker, 2020; Safuta & Noack, 2020).

While Austria created additional entry paths for care workers and Germany seemingly accepted an unofficial modus operandi, Switzerland generally permitted entry for work purposes. This included care workers who were formally employed by an agency or a family and were able to present a valid work permit. Neither the Swiss state nor the relevant lobbying organisations made any further tangible efforts to facilitate the mobility of live-in carers specifically. This also reflects the fact that the live-in model has not been established as a pillar in the elderly care regime to the same extent as in the other two countries.

By facilitating transnational mobility, the three countries (to different extents) contributed to re-establishing the supply of live-in care workers for their care recipients' households. However, this strategy put carers at risk of contagion. No matter whether their journeys were organised in chartered flights, trains, shared minibuses or private cars: they were in close contact with others—in travelling to train stations or airports, in stopping at petrol stations, rest stops, and border checkpoints. Moreover, care workers could face the additional burden of being quarantined for two weeks in the destination or home countries—in some cases even in both. Usually, they were not paid during these periods of isolation, similar to the situation of seasonal agricultural workers (Haley et al., 2020; Herrigel et al., 2020).

3.3 Lacking support for care workers financially affected by the pandemic

While a first group of workers extended their rotas and a second group, despite a risk of contagion, travelled long distances to their workplaces, there was a third group of workers: those who remained in their home countries, either because they gave preference to remaining or because they were immobilised. Many of the latter were unable to return to their workplaces or to start a new contract due to travel restrictions or cancelled assignments, e.g., when the care workers they were supposed to replace extended their rotas. Whereas governments implemented a variety of measures to mitigate the economic effects of the pandemic on both companies and employees, many live-in carers were not eligible for this support in the three destination countries.

Austria's federal government created a 'hardship fund' for small businesses that were affected economically by the COVID-19 pandemic. Businesses could receive emergency aid of up to 2,500 Euros per month for a period of six months[2] (BMF, 2020). However, most live-in carers were unable to access this fund, despite being self-employed. As their income is usually below the tax threshold, they typically do not have an income tax assessment notice, a tax number, or an Austrian bank account—all three of which are required for receiving hardship support. When criticised for this, the federal government argued that an Austrian bank account was necessary as a means of fraud prevention. The government, however, did not raise this issue when transferring the bonus for extended rotas to bank accounts abroad. Furthermore, it remains unclear whether the requirement of an Austrian bank account is consistent with the Single Euro Payments Area (SEPA) regulation. In addition, the long application form and the guidelines for accessing the fund were only available in complex and technical German language.

In Germany, emergency aid programmes were established for businesses and their employees based in that country (BMWi, 2020). However, many carers do not have German (employment or service) contracts, as most of them are either posted under EU-regulations or self-employed in their home countries. Therefore, they were not eligible for German assistance programmes.

Live-in care workers in Switzerland, who are typically employed either by an agency or directly by a household, faced similar problems. Their agencies could apply to government-funded short-time allowances for their employees, which payed 80% of the owed wages (SECO, 2020). However, this assistance was reserved for companies. As a result, care workers employed by private households or without existing contracts during the pandemic (e.g., if their previous contracts had run out) fell through the cracks of the government bailout system and often lost their entire income.

4. Discussion: The blind spots in the current debate

Even though many praised the importance of care work during the early weeks of the pandemic, our policy analysis shows that—at least with regard to live-in care—this recognition remained mostly symbolic. While various measures were implemented to ensure that Austrian, German, and Swiss elder population did not have to do without their live-in carers, the living and working conditions of the workers themselves became more precarious in many cases. Workers faced additional physical and emotional burdens, heightened financial precarity, and increased dependence on their employers and/or brokers. Undeclared live-in care workers experienced at least similar, but likely worse conditions. They were excluded from bonus payments, hardship relief funds, and travel facilitation. Lacking employment documentation, they also faced difficulties when attempting to cross national borders (Habel & Tschenker, 2020). Thus, the COVID-19 pandemic exacerbated working conditions that had been precarious prior to the pandemic for both documented and undocumented live-in carers. In all three countries, live-in care work lacks key employment law protection that safeguards workers in most other employment fields (Aulenbacher, Leiblfinger & Prieler, 2020; Lutz, 2011; Medici, 2015). Furthermore, where regulations exist, they are often not enforced in private households.

In sum, our analysis demonstrates that the policy responses to the pandemic did not affect everybody equally. On the contrary, the three governments' neoliberal care strategies, based on the outsourcing of elderly care to (mostly female) migrants, put the latter in a catch-22-situation: either they prolonged their stay and worked in the households of their clients, which led to extended separation from their own homes, families, and friends; or they exposed themselves to risks of contagion on their transnational journeys. The third option was to stay at home, which often led to financial hardship. Our findings are consistent with reports of migrant domestic and care workers in various parts of the world: they highlight the health-related and financial risks workers faced during the pandemic due to their precarious employment situations (Marchetti & Boris, 2020; Menon, 2020; Salvador & Cossani, 2020). Regardless of what live-in care workers ultimately decided or were compelled to do, their wants and needs were primarily left unconsidered in pandemic measures. The many women working in private households were once again expected to bear the brunt of hardships, in this case caused by a pandemic.

Furthermore, our comparative policy analysis shows that the measures taken were short-term solutions that served to maintain the live-in care model. They failed to acknowledge the fragility and inequality inherent in this care arrangement, which became even more visible during the COVID-19 pandemic. First, the model only works as long as transnational differentials in wages and in economic opportunities within Europe are substantial enough for workers to accept low pay, precarious working conditions, and circular migration that separates them from their homes, families, and friends for extended periods of time. Second, it relies on uninhibited transnational mobility and requires workers to 'commute' long distances—these journeys sometimes lasting up to 30 hours—every few weeks to reach their workplaces. The COVID-19 pandemic has shown how fast the second requirement can disrupt the model as a whole. But even before the pandemic, the cracks in the model had already become apparent. For instance, recruiters have had to move further East to find people willing to work under these conditions (e.g., Österle, 2016).

Thus, we need to proceed from the experiences during the current COVID-19 pandemic to reflect the (non-)sustainability of the live-in care model on a more fundamental level. Our societies do not gain from merely moving on from the pandemic. Instead, we need to adjust our care policies in a way that they cease to rely on social and gender inequalities and uninhibited transnational mobility as an essential prerequisite and enable care workers to have a decent life alongside their work.

Notes

[1] In Austria, over 40 percent of live-in care recipients had a dementia diagnosis in 2018 (SVB, n.d.). Even though there are no statistics on the respective proportions in Germany and Switzerland, it is likely that the numbers in those two countries lie in a similar range.

[2] The period was extended from an original three months.

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Competing Interests

The authors have no competing interests to declare.

References

Aulenbacher, B, Ezzeddine, P, Gábriel, D, Leiblfinger, M, Milankovics, K and **Prieler, V.** 2020. Facing COVID-19: Live-in Care in Central Europe. *Global Dialogue*, 10(3), forthcoming.

Aulenbacher, B, Leiblfinger, M and **Prieler, V.** 2020. "Jetzt kümmern sich zwei slowakische Frauen abwechselnd um meinen Vater …" Institutionelle Logiken und soziale Ungleichheiten in der agenturvermittelten 24h-Betreuung. In: Seeliger, M and Gruhlich, J (eds.), *Intersektionalität, Arbeit und Organisation*. Weinheim and Basel: Beltz Juventa, pp. 127–141.

Bachinger, A. 2009. *Der irreguläre Pflegearbeitsmarkt, Zum Transformationsprozess von unbezahlter in bezahlte Arbeit durch die 24-Stunden-Pflege*. Wien: Dissertation an der Universität Wien.

Bachinger, A. 2015. 24-Stunden-Betreuung als Praxis. ldentitätskonstruktionen, Arbeitsteilungen und Ungleichheiten – eine lntersektionalitätsanalyse. *SWS-Rundschau*, 55(4): pp. 476–495.

Bachmann, A. 2020. 24-Stunden-Betreuung: 90 Tage arbeiten und kein Mal frei. *MOMENT*. Available at: https://www.moment.at/story/24-stunden-betreuung-90-tage-arbeiten-und-kein-mal-frei (Accessed: 4 August 2020).

Benazha, A and **Lutz, H.** 2019. Intersektionale Perspektiven auf die Pflege: Geschlechterverhältnisse und Migrationsprozesse. In: Rudolph, C and Schmidt, K (eds.), *Interessenvertretung und Care. Voraussetzungen, Akteure und Handlungsebenen*. Münster: Westfälisches Dampfboot, pp. 146–160.

BMF, Austrian Federal Ministry of Finance. 2020. *Härtefallfonds: 6 statt 3 Zahlungen, bis zu 3.000 Euro Comeback-Bonus*. Available at: https://www.bmf.gv.at/presse/pressemeldungen/2020/Mai/haertefallfonds.html (Accessed: 30 July 2020).

BMFSFJ, German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. *Bessere Vereinbarkeit von Pflege und Beruf während der Corona-Krise*. Available at: https://www.wege-zur-pflege.de/service/corona.html (Accessed: 4 August 2020).

BMWi, German Federal Ministry for Economic Affairs and Energy. 2020. *Informationen und Unterstützung für Unternehmen*. Available at: https://www.bmwi.de/Redaktion/DE/Coronavirus/coronahilfe.html (Accessed: 4 August 2020).

Brown, EE, Kumar, S, Rajji, TK, Pollock, BG and **Mulsant, BH.** 2020. Anticipating and mitigating the impact of COVID-19 pandemic on Alzheimer's disease and related dementias. *The American Journal of Geriatric Psychiatry*, 28(7): pp. 712–721. DOI: https://doi.org/10.1016/j.jagp.2020.04.010

Chau, HS. 2020. *Brokering Circular Labour Migration: A Mobile Ethnography of Migrant Care Workers' Journey to Switzerland*. Abingdon: Routledge. DOI: https://doi.org/10.4324/9780429029905

Chau, HS, Pelzelmayer, K and **Schwiter, K.** 2018. Short-term circular migration and gendered negotiation of the right to the city: The case of migrant live-in care workers in Basel, Switzerland. *Cities: The International Journal of Urban Policy and Planning*, 76: pp. 4–11. DOI: https://doi.org/10.1016/j.cities.2017.04.004

Greuter, S and **Schilliger, S.** 2010. Ein Engel aus Polen: Globalisierter Arbeitsmarkt im Privathaushalt von Pflegebedürftigen. In: Denknetz (ed.), *Krise. Lokal, global, fundamental: Denknetz Jahrbuch 2009*. Zürich: Edition 8, pp. 151–163.

Habel, S and **Tschenker, T.** 2020. Stay at Work. Zur Situation der Live-In-Pflege in der Corona-Krise. *Soziale Sicherheit*, 6/2020, pp. 215–219. DOI: https://doi.org/10.1007/978-3-658-31078-3_10

Haidinger, B. 2013. *Hausfrau für zwei Länder sein. Zur Reproduktion des transnationalen Haushalts*. Münster: Westfälisches Dampfboot.

Haley, E, Caxaj, S, George, G, Hennebry, JL, Martell, E and **McLaughlin, J.** 2020. Migrant farmworkers face heightened vulnerabilities during COVID-19. *Journal of Agriculture, Food Systems, and Community Development*, 9(3): pp. 35–39. DOI: https://doi.org/10.5304/jafscd.2020.093.016

Herrigel, J, Schilliger, S, Zangger, A and **Lieberherr, S.** 2020. Landwirtschaft Schweiz: Landarbeit unter Covid-19. *Archipel*, 293. Available at: https://forumcivique.org/artikel/landwirtschaft-schweiz-landarbeit-unter-covid-19/ (Accessed: 9 September 2020).

Horn, V and **Schweppe, C.** 2020. *Häusliche Altenpflege in Zeiten von Corona. Erste Studienergebnisse*. Mainz: Johannes Gutenberg-Universität Mainz.

Krawietz, J. 2014. *Pflege grenzüberschreitend organisieren. Eine Studie zur transnationalen Vermittlung von Care-Arbeit*. Frankfurt am Main: Mabuse.

Kretschmann, A. 2016. *Die Regulierung des Irregulären. Carework und die symbolische Qualität des Rechts*. Weilerswist: Velbrück.

Larsen, C, Joost, A and **Heid, S.** (eds.) 2009. *Illegale Beschäftigung in Europa: die Situation in Privathaushalten älterer Personen*. München: Hampp.

Leiblfinger, M and **Prieler, V.** 2018. Elf Jahre 24-Stunden-Betreuung in Österreich: Eine Policy- und Regime-Analyse. Linz: Katholischen Privat-Universität Linz.

Leiblfinger, M and **Prieler, V.** 2020. *Updates on Migrant Live-in Care in Austria at the time of COVID-19: A Glimpse into the Media*. Available at: https://ltccovid.org/2020/04/10/updates-on-migrant-live-in-care-

in-austria-at-the-time-of-covid-19-a-glimpse-into-the-media1/ (Accessed: 23 April 2020).

Leichsenring, K, Staflinger, H and **Bauer, A.** 2020a. *Report: The importance of migrant caregivers in the Austrian Long-Term Care system highlighted by the Covid-19 outbreak*. Available at: https://ltc-covid.org/2020/04/01/report-the-importance-of-migrant-caregivers-in-the-austrian-long-term-care-system-highlighted-by-the-covid-19-outbreak/ (Accessed: 23 April 2020).

Leichsenring, K, Staflinger, H and **Bauer, A.** 2020b. *The situation of '24-hour care' from the perspective of migrant caregivers in Austria.* Available at: https://ltccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/ (Accessed: 6 May 2020).

Lutz, H. 2005. Der Privathaushalt als Weltmarkt für weibliche Arbeitskräfte. *Peripherie*, 25(97/98), pp. 65–87.

Lutz, H. 2011. *The new maids: transnational women and the care economy*. London: Zed Books.

Lutz, H. 2018. *Die Hinterbühne der Care-Arbeit*. Weinheim and Basel: Beltz Juventa.

Lutz, H and **Palenga-Möllenbeck, E.** 2010. Care work migration in Germany: Semi-compliance and complicity. *Social Policy and Society*, 9(3): pp. 419–430. DOI: https://doi.org/10.1017/S1474746410000138

Marchetti, S and **Boris, E.** 2020. Migrant domestic and care workers: high risk but low protection. *openDemocracy*. Available at: https://www.opendemocracy.net/en/pandemic-border/migrant-domestic-and-care-workers-high-risk-low-protection (Accessed: 30 July 2020).

Medici, G. 2015. *Migrantinnen als Pflegehilfen in Schweizer Privathaushalten. Menschenrechtliche Vorgaben und staatliche Handlungspflichten*. Zürich: Schulthess.

Melegh, A, Gábriel, D, Gresits, G and **Hámos, D.** 2018. Abandoned Hungarian workers and the political economy of care work in Austria. *Szociológiai Szemle (Review of Sociology)*, 28(4): pp. 61–87.

Menon, G. 2020. *The Covid-19 Pandemic and the Invisible Workers of the Household Economy. Domestic Workers Rights Union (DWRU), Bruhat Bangalore Gruhakarmika Sangha (BBGS), and Manegelasa Kaarmikara Union (MKU)*. Available at: https://cis-india.org/raw/dwru-bbgs-mku-covid19-invisible-household-workers (Accessed: 30 July 2020).

Österle, A. 2014. The transnationalisation of older care in Austria. In: León, M (ed.), *The Transformation of Care in European Societies*. Basingstoke: Palgrave Macmillan, pp. 161–181. DOI: https://doi.org/10.1057/9781137326515_8

Österle, A. 2016. 24-Stunden-Betreuung und die Transnationalisierung von Pflege und Betreuung: Aktuelle Dimensionen und wohlfahrtsstaatliche Implikationen. In: Weicht, B and Österle, A (eds.), *Im Ausland zu Hause pflegen. Die Beschäftigung von MigrantInnen in der 24-Stunden-Betreuung*. Wien: LIT, pp. 247–269.

Österle, A and **Bauer, G.** 2016. The legalization of rotational 24-hour care work in Austria. Implications for migrant care workers. *Social Politics: International Studies in Gender, State & Society*, 23(2): pp. 192–213. DOI: https://doi.org/10.1093/sp/jxv001

Palenga-Möllenbeck, E. 2013. New maids–new butlers? Polish domestic workers in Germany and commodification of social reproductive work. *Equality, Diversity and Inclusion*, 32(6): pp. 557–574. DOI: https://doi.org/10.1108/EDI-10-2012-0086

Rajkumar, RP. 2020. COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52(August 2020): p. 102066. DOI: https://doi.org/10.1016/j.ajp.2020.102066

Rossow, V and **Leiber, S.** 2017. Zwischen Vermarktlichung und Europäisierung: Die wachsende Bedeutung transnational agierender Vermittlungsagenturen in der häuslichen Pflege in Deutschland. *Sozialer Fortschritt*, 66(3–4): pp. 285–302. DOI: https://doi.org/10.3790/sfo.66.3-4.285

Safuta, A and **Noack, K.** 2020. A pandemic, and then what? The effects of the coronavirus pandemic on migrant care workers in Germany. *Routed Magazine,* 10. Available at: https://www.routedmagazine.com/care-workers-germany (Accessed: 29 June 2020).

Salvador, S and **Cossani, P.** 2020. *Domestic workers in Latin America and the Caribbean during the Covid-19 crisis. UN Women, ILO, and ECLAC Policy Brief*. Available at: https://lac.unwomen.org/en/digiteca/publicaciones/2020/06/trabajadoras-del-hogar-frente-a-la-crisis-por-covid-19 (Accessed: 30 July 2020).

Schilliger, S. 2014. *Pflegen ohne Grenzen? Polnische Pendelmigrantinnen in der 24h-Betreuung. Eine Ethnographie des Privathaushalts als globalisiertem Arbeitsplatz*. Basel: Dissertation an der Universität Basel.

Schilliger, S, Schwiter, K, Steiner, J and **Truong, J.** 2020. Grenzerfahrungen in der Betagtenbetreuung. *Die Wochenzeitung*. Available at: https://www.woz.ch/2019/care-arbeit/grenzerfahrungen-in-der-betreuung-von-betagten? (Accessed: 11 May 2020).

Schwiter, K, Berndt, C and **Truong, J.** 2018. Neoliberal austerity and the marketization of elderly care. *Social & Cultural Geography*, 19(3): pp. 379–399. DOI: https://doi.org/10.1080/14649365.2015.1059473

SECO, Swiss State Secretariat of Economic Affairs. 2020. *Kurzarbeitsentschädigung*. Available at: https://www.arbeit.swiss/secoalv/de/home/menue/unternehmen/versicherungsleistungen/kurzarbeit-eingang.html (Accessed: 15 July 2020).

Steiner, J, Prieler, V, Leiblfinger, M and **Benazha, A.** 2019. Völlig legal!? Rechtliche Rahmung und Legalitätsnarrative in der 24h-Betreuung in Deutschland, Österreich und der Schweiz. *Österreichische Zeitschrift für Soziologie*, 44(1): pp. 1–19. DOI: https://doi.org/10.1007/s11614-019-00337-4

SVB, Sozialversicherungsanstalt der Bauern, Kompetenzzentrum Qualitätssicherung in der häuslichen Pflege. *Qualitätssicherung in der häuslichen Pflege. Auswertung der von den diplomierten Gesundheits-/Krankenpflegepersonen durchgeführten Hausbesuche im Zeitraum von Jänner bis Dezember 2018* (24-Stunden-Betreuung).

van Holten, K, Jähnke, A and **Bischofberger, I.** 2013. *Care-Migration – transnationale Sorgearrangements im Privathaushalt. Obsan Bericht Nr. 57*. Neuchâtel: Obsan.

VHBP, Verband für häusliche Betreuung und Pflege e.V. 2020a. *Betreuungspersonen aus Osteuropa müssen zum Bleiben ermutigt werden – VHBP fordert Bleib-da-Anreiz wie in Österreich.* Available at: https://www.vhbp.de/aktuelles/detail/pressemitteilung-berlin-742020/ (Accessed: 11 May 2020).

VHBP, Verband für häusliche Betreuung und Pflege e.V. 2020b. *Spargel wichtiger als Oma und Opa? VHBP fordert Rechtssicherheit für Hunderttausende von Betreuungspersonen aus Osteuropa.* Available at: https://www.vhbp.de/aktuelles/detail/pressemitteilung-berlin-1/ (Accessed: 11 May 2020).

Weicht, B. 2010. Embodying the ideal carer. The Austrian discourse on migrant carers. *International Journal of Ageing and Later Life*, 5(2): pp. 17–52. DOI: https://doi.org/10.3384/ijal.1652-8670.105217

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