

Discussion Paper

THE DEPENDENCY ON EAST- TO- WEST CARE LABOUR MIGRATION IN THE EU

Addressing Inequalities and Exploitation

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INTRODUCTION

The European Union (EU) member states are facing a growing crisis in the availability of care provision and care labour, resulting from demographic aging and neoliberal policymaking. The ongoing Covid-19 crisis has also shown how fragile the European long-term care (LTC) system¹ is and how much Western European member states rely on the labour of women, especially migrant, ethnic-minority women or women from rural areas or lower social classes for its provision. While the care needs of the elderly population are increasing, states' expenditure on health and social care has largely been stagnating. Policymaking follows a cost-effective logic and instead of investing sufficiently in elderly care it promotes marketisation of the care sector. A competition-based care market has been developed that largely builds on a cheap migrant labour force, especially in wealthier Western EU member states. It is predominantly migrant workers who take the less desirable, more precarious jobs at the bottom of the hierarchy in the care sector².

The live-in care arrangement, where the care worker provides services to older or disabled people while living in their household, has become a common model in the EU. While there are differences between EU member states regarding the scale of live-in care systems, it is one of the dominant arrangements in Austria, Cyprus, Germany, Greece, Italy, Malta and Spain³. It is mostly migrant women who are employed as live-in care workers, coming from central and eastern Europe (especially Poland, Romania, Slovakia, Czechia and Hungary) and poorer non-EU countries⁴. While the precarious situation of non-EU carers is frequently addressed in studies and policy papers on labour migration, the situation of carers from within the EU (referred to as »mobile workers« rather than migrants) is often presented as unproblematic. It is assumed that as EU citizens they enjoy equal access to labour rights in all EU countries. This assumption is not in line with reality, however, which is often characterised by exploitation and rights violations when it comes to the labour conditions of live-in carers. These arrangements are built on regional inequalities in the EU, as employers in Western EU member states are able to take advantage of the more precarious labour market situation of mostly female carers from central and eastern European member states. This discussion paper will therefore focus on the situation and working conditions of intra-EU care migrants.

Providing live-in care in a private household involves hard working conditions for care workers. It entails various risks, including a higher dependency on the employer, exploitation, isolation and excessive working hours without rest time. Despite various attempts to provide legal and fair working conditions in live-in care, the sector is often still unregulated and consequently in the

- 1 Long-term care (LTC) refers to a range of health and social services for people who are dependent on help with their daily activities over an extended period of time, including people living with disabilities or any kind of chronic disease and older persons with limited ability to care for themselves due to physical or mental conditions.
- 2 Van Hooren, F. B. Apitzsch and C. Ledoux, (2018), 'The Politics of Care Work and Migration', in A. Weinart, S. Bonjour and L. Zhyznomirskaya (eds), Routledge Handbook of the Politics of Migration in Europe. Abingdon and New York: Routledge. <https://www.taylorfrancis.com/books/9781138201187>
- 3 Eurofound, 2020, Long-term care workforce: Employment and working conditions, p.26, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>.
- 4 For example in Germany, 99 per cent of care workers come from former Eastern bloc countries (the vast majority – 46.2 per cent – are Polish). Source: Katapult Magazin, 2020, Pflegenotstand wird durch Ausbeutung kompensiert, <https://katapult-magazin.de/de/artikel/artikel/fulltext/pflegenotstand-wird-durch-ausbeutung-kompensiert>, accessed 19 October 2020.

grey or black market. Even in countries where this sector is legally regulated, exploitative working relations still prevail.

The 24 hour live-in care work is an unsustainable arrangement: if decent working conditions, in particular legal working time limits, were to be maintained, many more care workers would be required for each care recipient. Therefore, in the long term the EU and member states will need to provide different solutions to fulfil long-term care needs. At the same time, in the short term, there is an urgent need for an adequate EU-level policy that takes into account the regional imbalances between the destination countries and countries of origin of care workers within the EU, centring on the needs of the workers themselves. The EU should ensure opportunities for professionalisation, such as training or accreditation; fair regulation of working hours for care workers; monitoring of working conditions on the care market; and access to workers' rights.

This discussion paper summarises the most important structural problems that characterise the live-in care market and policymaking at the national level. In addition to better functioning EU-level regulation, adequate and sustainable financing of long-term care and quality care implemented by the state are essential in order to find a long-term solution to meeting the care needs of everyone in the EU.

LACK OF RECOGNITION OF THE IMPORTANCE OF CARE

Care work often goes unrecognised as »work«. It has traditionally been provided as unpaid labour within the family, predominantly by women. Also today, a large number of (mainly female) family members provide care for their elderly relatives without financial compensation. Paid forms of care work are also provided mainly by women and the entire care sector remains undervalued, especially given increasing care needs.

Although European societies are rapidly ageing, with the proportion of people over 65 in the EU27 went from 17.4 per cent in 2009 to 20.3 per cent in 2019, state funding dedicated to care-related sectors has rarely seen an increase in the countries of origin of migrant care workers in recent years. In many countries across the EU, beyond some additional spending based on economic growth, extra resources have not been mobilised. While in some of the destination countries, such as the Netherlands, Belgium and Germany, spending on the health component of long-term care as a proportion of GDP is among the highest in the EU⁵, and spending per inhabitant has gone up proportionately more⁶, in central and eastern Europe the figures are significantly lower, with Bulgaria, Slovakia, Hungary, Poland and Romania at the bottom of the spenders' league in this category⁷. Across the board, spending on long-term care remains inadequate, forcing private

5 European Social Policy Network (ESPN) (2018), Challenges in long-term care in Europe – A study of national policies 2018, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>.

6 Eurostat, April 2021, [Healthcare expenditure statistics](#), accessed 12/05/2021.

7 European Social Policy Network (ESPN) (2018), Challenges in long-term care in Europe – A study of national policies 2018, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>.

households to handle the increased burden of care needs themselves⁸. At EU level, the European Commission bemoans the »strong and growing fiscal pressures on their health and long-term care systems, driven by already high levels of public expenditure and debt«,⁹ rather than encourage the allocation of higher expenditure to this key sector.

The undervaluation of care is further evident in the fact that care work is among the worst-remunerated sectors: across the EU, average hourly earnings for social services were 21 per cent below those for the economy as a whole in 2018.¹⁰

LEGAL FRAMEWORKS OF LIVE-IN CARE ARRANGEMENTS AT THE NATIONAL LEVEL

The emergence of the live-in care work sector is an outcome of the care, gender equality and migration approaches of European welfare states¹¹. States (especially in Western Europe) have responded to the growing demand for long-term care mainly through welfare policies encouraging private households to purchase domestic work. Tax concessions (for example, in the United Kingdom), tax breaks (for example, in Sweden) or cash-for-care schemes (such as in Austria) strongly increase demand for market solutions for care needs, and especially the employment of live-in care workers. The higher the rate of cash-for-care benefits, the lower the available professional, state-funded home-based care services, and the looser government regulation of payment is, the greater the number of migrant live-in care workers.¹² On one hand, cash-for-care policies have helped to improve the regularisation and professionalisation of the care sector. On the other hand, because public authorities have limited control over the quality of the services and the conditions of the employment of live-in carers, welfare policies supporting the commodification of care have largely fostered precarious employment and poor working conditions for migrant live-in carers from central and eastern Europe¹³.

Central and eastern Europe also faces a care crisis because of demographic aging and insufficient investment in public health and social care. Because governments have not been responding adequately to care needs and available state services are largely missing, live-in care arrangements are also widespread in the region. Migrant women primarily from Ukraine (in the case of Poland, Czech Republic and Hungary) are increasingly employed as live-in carers.

8 Katona, N. and Meleg, A. (2020), *Towards a scarcity of care? Tensions and contradictions of transnational elderly care systems in Central and Eastern Europe*. Budapest: Friedrich Ebert Stiftung.

9 European Commission (2019), *Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability, Country Documents 2019 Update*, https://ec.europa.eu/info/publications/joint-report-health-care-and-long-term-care-systems-and-fiscal-sustainability-country-documents-2019-update_en.

10 Eurofound (2021), *Wages in long-term care and other social services 21% below average*, accessed 12/05/2021.

11 Benazha, A., Leiblfinger, M., Prieler V. and Steiner J. (2021), *Live-in-Care im Ländervergleich*, in Aulenbacher, B., Lutz, H. and Schwiter, K. (eds), *Gute Sorge ohne gute Arbeit? Live-in Care in Deutschland, Österreich und der Schweiz*. Basel: Beltz-Juventa, pp. 20–45; van Hooren et al. (2018).

12 Sekulová, M. and Rogoz, M. (2017), *Impacts and Particularities of Care Migration Directed towards Long-term Care: Zooming in on Slovakia and Romania. Literature Review*. ICMPPD, Reminder Project.

13 Van Hooren et al. (2018).

Due to the lack of regulation a large black market has developed that is characterised by illegal employment. However, there is a lack of political will to regulate the sector, because it would require significant public investment and the political approach to elderly care is mainly characterised by cost considerations¹⁴. It seems that political leaders in central and eastern Europe favour a status quo that leaves families and live-in care workers (often migrants) in highly vulnerable situations¹⁵.

CARE LABOUR MIGRATION IN THE EU

Migrants and mobile workers form an important part of the EU's long-term care workforce, more so in those western EU states (for example Austria, Cyprus, Greece, Italy, Malta, the Netherlands, Spain) that rely heavily on the live-in care provision model, nearly entirely based on foreign labour.¹⁶ While across the EU the majority of migrant workers in long-term care come from outside the EU's borders (4.5 per cent of the long-term care workforce),¹⁷ substantial numbers are intra-EU migrants (3.4 per cent of the long-term care workforce), many of them from central and eastern Europe.

Cross-border work within the EU is particularly common in cases in which differences in working conditions and wages are large between bordering areas. This results in a care system built on the purchase of marketised migrant services at relatively low prices, which in turn increases internal tensions and regional inequalities. In many respects, this amounts to a »care drain«¹⁸: as the demand for care work is increasing everywhere, extracting caregivers to work in one country results in shortages in the country of origin. Furthermore, while economically better-off states can cut costs and keep care sector wages low by employing cheaper migrant labour, they often do not provide these migrant workers with social security or eligibility to join national safety nets.

Care labour migration within the EU lies at the intersection of the EU's employment, social, economic and gender equality policies. However, there is a lack of comprehensive or coherent EU policy on care, migrant or cross-border carers or live-in care work, even though these groups have been declared »essential« during the Covid-19 pandemic.¹⁹ The lack of EU-wide or cross-border regulations leaves the definition of rules for care workers and the families using the services of

14 Uhde, Z. and Ezzeddine, P. (2020), The political economy of translocal social reproduction: cross-border care mobility in the Czech Republic, in Katona, N. and Melegh, A. (eds), *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*, pp. 26–47. Budapest: Friedrich Ebert Stiftung.

15 See Milankovics (2020) on Hungary; and Matuszczyk (2020) on Poland. Milankovics, K. (2020), Challenges Hungarian care workers face when trying to act for themselves in the United Kingdom and in Hungary; Matuszczyk, K. (2020), Forgotten topic or invisible problem? Political discourse in Poland on live-in care migration, in Katona, N. and Melegh, A. (eds), *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*, pp. 48–68. Budapest: Friedrich Ebert Stiftung.

16 Eurofound (2020).

17 Eurofound (2020), p. 11.

18 Hochschild, A.R. (2000), Global Care Chains and Emotional Surplus Value, in Hutton, W. and Giddens, A. (eds), *On the Edge: Living with Global Capitalism*. London: Jonathan Cape, pp. 130–146.

19 Communication from the Commission: [COVID-19 Guidance on the implementation of the temporary restriction on non-essential travel to the EU, on the facilitation of transit arrangements for the repatriation of EU citizens, and on the effects on visa policy](#) 2020/C 102 I/02.

live-in carers open to intermediaries, such as placement agencies. Agencies can therefore take advantage of care migrants' weak position, imposing working conditions that are far from decent and applying arbitrary fees, which further reduce workers' often already low pay.²⁰

QUALITY OF CARE-WORK JOBS AND IMPACT ON MIGRANTS

The constant shortage of care workers means that care work has increasingly become a job for women who are struggling to get out of long-term unemployment or are structurally forced to settle for more precarious working conditions.²¹ While providing live-in care abroad can offer a competitive income compared with the labour market standard in poorer EU countries, care workers are often left disadvantaged as they are likely to get less desirable jobs after migration than they had before. Because of the lack of possibilities to professionalise, care migration proves to be a dead-end-job in the long term.²²

The quality of live-in care jobs is generally poor. Live-in care often entails rotating shifts (commonly two-week periods), and carers are often asked to come to work at short notice.²³ In this rotational system only the working periods are paid,²⁴ during which live-in carers mostly have to work extremely long hours without rest time. This violates the working times prescribed by labour codes and the EU Working Time Directive; therefore in some cases, these conditions have been classified as »modern slavery«.²⁵ The excessive working times often have major negative impacts on carers' health and include an increased risk of accidents at work, cardiovascular disease and depression.²⁶ Additionally, deplorable living conditions have often been reported, as well as lack of fresh or not enough food, cases of abuse and even physical violence.²⁷ Because the majority of live-in care workers are women, they are also particularly vulnerable to sexual abuse and gender-based violence. Emotional exhaustion and the stress associated with dealing with potentially difficult individuals in their care adds to the challenges of this work.²⁸

20 Steiner, J., Prieler, V., Leiblfinger, M. and Benazha, A. (2020), Truly Legal!? Legal Framing and Legality Narratives in 24-Hour Care in Germany, Austria, and Switzerland, in Katona, N. and Melegh, A. (eds), *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. Budapest: Friedrich Ebert Stiftung.

21 Uhde, Z. and Ezzeddine, P. (2020).

22 Bahna, M. (2020), The economic rationales behind crossborder care among care workers from Slovakia, in Katona, N. and Melegh, A. (eds), *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. Budapest: Friedrich Ebert Stiftung, pp. 92–114.

23 Eurofound (2020), p. 1.

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

25 Rogalewski, A. and Florek, K. (2020), The future of live-in care work in Europe. Report on the EESC country visits to the United Kingdom, Germany, Italy and Poland following up on the EESC opinion on »The rights of live-in care workers«. <https://www.eesc.europa.eu/en/our-work/publications-other-work/publications/future-live-care-work-europe>, European Economic and Social Committee (EESC).

26 Eurofound (2017b).

27 EESC (2020), p. 21.

28 Sweeney, R. (2020), Cherishing all equally 2020: inequality and the care economy, FEPS/ TASC.

Live-in carers come under different categorisations at EU and member state levels and may be recorded as domestic workers or as care workers.²⁹ Precarious employment arrangements are particularly common in live-in care, partly because employers are often single households and carers work in isolation. Live-in care is often unregulated and undeclared, which makes workers particularly vulnerable to economic crises.³⁰ Earnings are particularly low compared with other jobs in the care sector of the destination countries, despite the already mentioned difficult working conditions.

CHALLENGES OF REPRESENTING CARE WORKERS' INTERESTS AT NATIONAL AND INTERNATIONAL LEVEL IN THE EU

For trade unions, organising domestic workers (including live-in carers employed in private households) has always been considered a difficult logistical and financial challenge, because they are hard to reach and work in isolation in geographically dispersed private homes.³¹ Domestic workers worldwide and also in the EU are commonly not organised in trade unions for a variety of reasons: for low-income workers, membership fees can be too high, and in many cases the irregular employment prohibits them from joining trade unions.³² Additionally, in the case of migrant live-in care workers' dependency on the employers, language barriers, lack of availability due to circular migration, lack of knowledge of rights and the work of trade unions make their entry even more difficult.³³ However, there are also inspiring examples of successful organising of central and eastern European live-in care workers, for example, in Switzerland;³⁴ or globally, the adoption of ILO Convention No. 189 on Domestic Workers in 2011.³⁵ However, the ILO Convention has been ratified by only seven EU member states and domestic workers' rights are still commonly violated even in these countries.

29 EESC (2016), 'Opinion of the European Economic and Social Committee on the rights of live-in care workers', Official Journal of the European Union, C 487, 28 December. <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/rights-live-care-workers-own-initiative-opinion>.

30 Eurofound (2020), p. 61.

31 Schwenken, H. (2016), The Emergence on an impossible movement. Domestic Workers Organize Globally, in Gosewinkel, D. and Rucht, D. (eds), *Transnational Struggles for Recognition. New Perspectives on Civil Society since the Twentieth Century*. New York: Berghahn Books, pp. 206–230.

32 Milankovics (2020).

33 Steiner, J. (2021), Räume des Widerstands in der Live-in-Betreuung: Care-Arbeiter*innen organisieren sich, in Aulenbacher, B., Lutz, H. and Schwiter, K. (eds), *Gute Sorge ohne gute Arbeit? Live-in Care in Deutschland, Österreich und der Schweiz*. Basel: Beltz-Juventa, pp. 174–193.

34 Rogalewski, A. (2018), Organising and mobilising Central and Eastern European migrant women working in care. A case study of a successful care workers' strike in Switzerland in 2014. *Transfer: European Review of Labour and Research*. <https://doi.org/10.1177/1024258918800407>.

35 Schwenken (2016).

RECOMMENDATIONS ON IMPROVING THE WORKING CONDITIONS OF LIVE-IN CARE WORKERS

FOR THE EU

In the short-term:

- Start a discussion on introducing a common occupational definition of 'live-in' care work in the EU, recognised as a form of homecare provision. This definition should cover working arrangements for workers (employed or self-employed) living in private residences, where their work primarily involves provision of care services to older and disabled people. Live-in care workers, regardless of their employment or self-employment status, should be treated as part of the system of long-term care (LTC) provision.
- Ensure that live-in care workers are treated in a similar way to other care workers and enjoy similar protections. This includes:
 - ensuring that live-in care workers are covered by the provisions of the Working Time Directive, specifically the limits on working time (including stand-by);
 - protecting live-in care workers from bogus self-employment;
 - making sure that live-in care workers are not excluded from relevant EU and member state employment-related regulations, including, among others, proper remuneration, health and safety protection, social security and the right to freedom of association and collective bargaining.
- Foster a positive approach to public spending for social services within the European Semester. Bring care workers' rights into the European Semester and include them in the »New start for work-life balance« consultations.
- Focus on workers' rights such as access to decent work, including a decent income, equal pay, job security, professional development and adequate social protection at member state level in all relevant new EU policies. This includes:
 - calling on member states to pay particular attention to protecting the rights of intra-EU migrant live-in care workers. This can be enforced by granting oversight of the working conditions of live-in posted workers to the European Labour Authority;
 - ensuring that migrant care workers' health and care needs are met by promoting their full integration into the social security and health-care systems within receiving countries;
 - monitoring and regulating the operations of cross-border placement agencies for care workers to ensure that they are applying all relevant legal provisions, complying with decent work standards and not abusing the Posted Workers' or self-employment systems.
- Implement the European Pillar of Social Rights, in particular Principle 18 on long-term care. This will require substantial and increased financial commitments to improve investment in the care sector, including the training, recruitment and hiring of more staff, increasing wages in

the public section of the care sector, creating communal care facilities, as well as providing subsidies for at-home care provision, and investment in labour authorities and their capacity to monitor working conditions in care facilities and for live-in carers.

- Introduce care targets going beyond the Barcelona Objectives and the provisions of the Work-Life Balance Directive, which focus mainly on childcare, to consider the care needs of disabled and older people and their families' potential care obligations, increasingly present in an aging society, in line with the conclusions of the European Commission's Green Paper on Ageing.
- Incentivise the re-evaluation of jobs that are currently poorly rewarded – including elderly, disability and child-care work – to reflect their social importance.

In the long term:

- Strive for an »economy based on care«, in which all aspects of the economy and social life are directed towards the maintenance of and care for society and individuals. Replace EU-level policies aiming to achieve short-term fiscal stability with policies that promote public investment. Incentivise the creation of a universal social care infrastructure, investment in care provisions and valuing the care sector in the EU.
- Encourage member states to shift away from the 24 hour live-in care model which is unsustainable, depends heavily on the availability of intra-EU and non-EU migrant workers and promotes precarious working conditions. This includes:
 - encouraging member state investment in professional public home-based care services available for all;
 - promoting public care provision through assisted living arrangements or in community settings rather than individualised and market-based solutions, such as live-in care.
- Minimise regional economic inequalities between EU member states and introduce measures to mitigate differences in access to care in different EU member states.

For EU MEMBER STATES

In the short term:

- Invest resources in care provision through increased budgetary commitments: increase funding for health care and long-term care to provide those who need it with access to a flexible range of high-quality long-term care services.
- Introduce systems and registration procedures that make the formalisation and regularisation of live-in care work attractive and easy for carers and their employers. This includes:
 - encouraging the participation of carers in professional training courses to allow them to professionalise and formalise their skills; to this end, provide funding for the organisation and implementation of such courses and training by both government and non-governmental entities.
- Improve working conditions in the labour market overall, especially in predominantly sending countries, and ensure decent working conditions in the care sector. This includes:
 - increasing the minimum wage and ensuring that wages for part-time workers are in line with the full-time equivalent hourly wage: many of the low-paid professions in care earn minimum wages or just above, which tend to be adjusted upward when national minimum wages increase;
 - reducing the number of hours in the working week for all workers to allow for a better reconciliation of work and caring responsibilities;
 - improving working conditions in public-funded institutional settings by outlining requirements and standards for public procurement;
 - creating jobs in care, as increasing staffing levels can reduce the need for short-notice work and, together with increased professionalisation, training and improved processes, can reduce the physical and mental health challenges;
 - introducing legal provisions that allow live-in carers to join trade unions.
- Introduce measures that improve conditions for migrant care workers in live-in care settings in particular. This includes:
 - ensuring that tripartite bodies and labour inspection authorities are able to fulfil their function of providing quality control for live-in care arrangements; secure and better coverage and compliance with regulations and collective agreements, in particular in the live-in care sector;
 - regulating and adequately remunerating the specific working conditions common in live-in care work (long working hours, non-remunerated »stand-by« or travel time, emotional toll);
 - making sure that live-in care workers are not excluded from relevant member state employment-related regulations, including, among other things: proper remuneration, health and safety protection, social security and the right to freedom of association and collective bargaining;
 - enabling live-in care workers to become better integrated in the long-term care system and establishing close cooperation with professional, public health- and social care systems.

This requires providing adequate support mechanisms for live-in care, including home visit services, day care, or short stays in community-based long-term care facilities.

- Guarantee the transnational social rights of migrant care workers by ensuring that they are fully covered by social security in their destination country. This includes:
 - ensuring that the Posted Workers Directive and self-employment status are not applied to care workers in a bogus way;
 - ensuring that migrant care workers' health and care needs are met by ensuring their full integration into social security and health-care systems.
- Recognise that long-term care, especially in sending countries, is often delivered by family members in the form of unpaid labour; introduce adequate financial compensation, as well as social security and pension rights for individuals providing part-time or full-time care to their dependents.
- Ratify ILO Convention No. 189 on Domestic Workers.
- Fund and provide support to self-organised care worker groups and informal associations, as well as those working with migrant care workers to strengthen their capacity to organise.

In the long term:

- Strive for an »economy based on care«, in which all aspects of the economy and social life are directed towards the maintenance of and care for society and individuals, instead of the cost-oriented approach to long-term care that prevails today.
- Promote and provide legal and sustainable conditions for alternative forms of care provision, such as assisted living arrangements or community-care solutions, rather than individualised and market-based forms, such as live-in care.

ABOUT THE AUTHORS

Noémi Katona finished her PhD in sociology at the Humboldt University in Berlin in 2020. Her dissertation focused on prostitution and human trafficking. Since 2017 she has worked at the Centre for Social Science, Hungarian Academy of Sciences Centre for Excellence as a research fellow. Her main research interests include gender, migration, prostitution and care work. In 2020 she co-edited the volume *Towards a scarcity of care? Tensions and contradictions of transnational elderly care systems in Central and Eastern Europe* with Attila Meleg.

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