

# Transnational service provision in long-term care between Western and Eastern Europe

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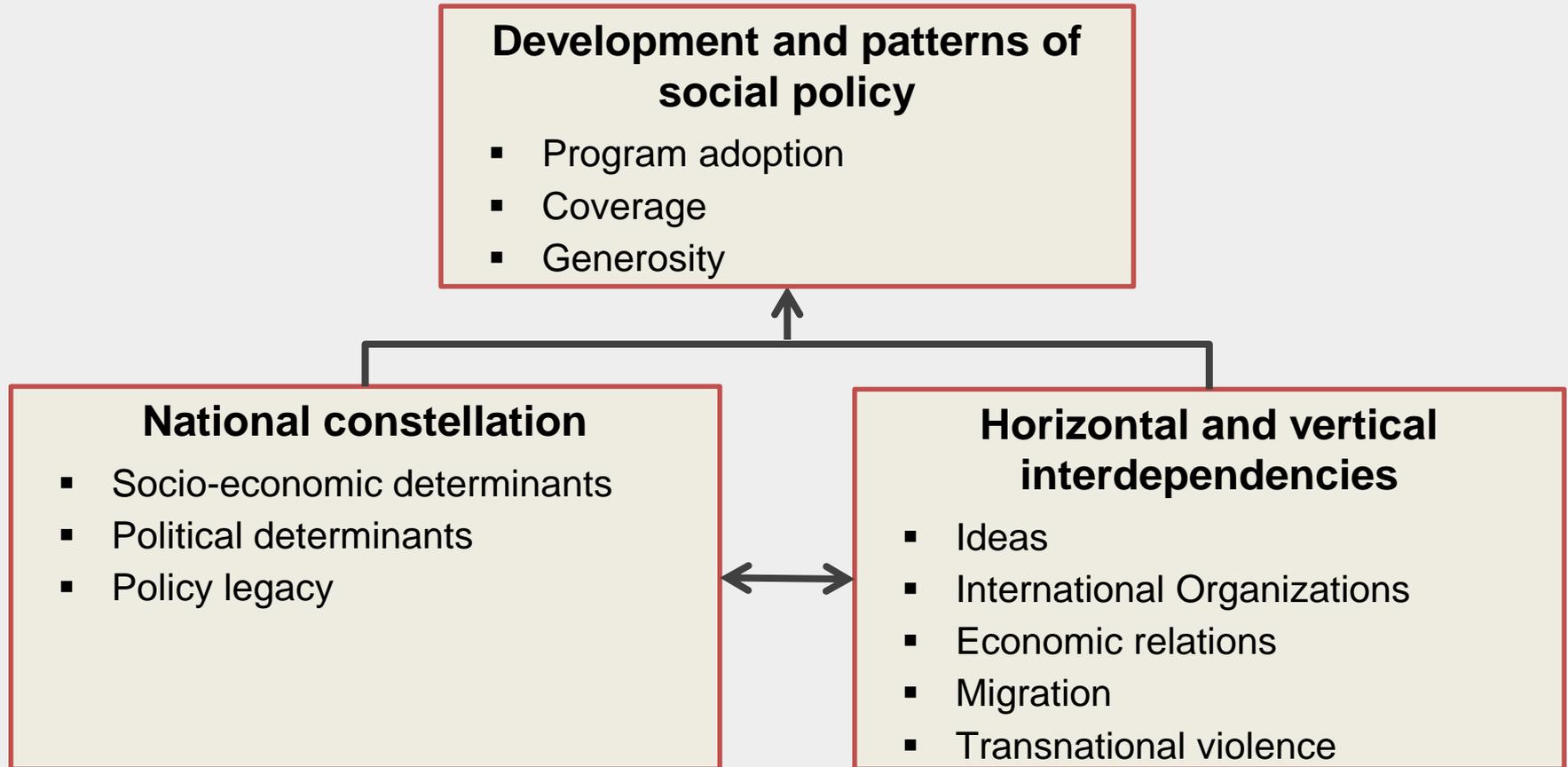
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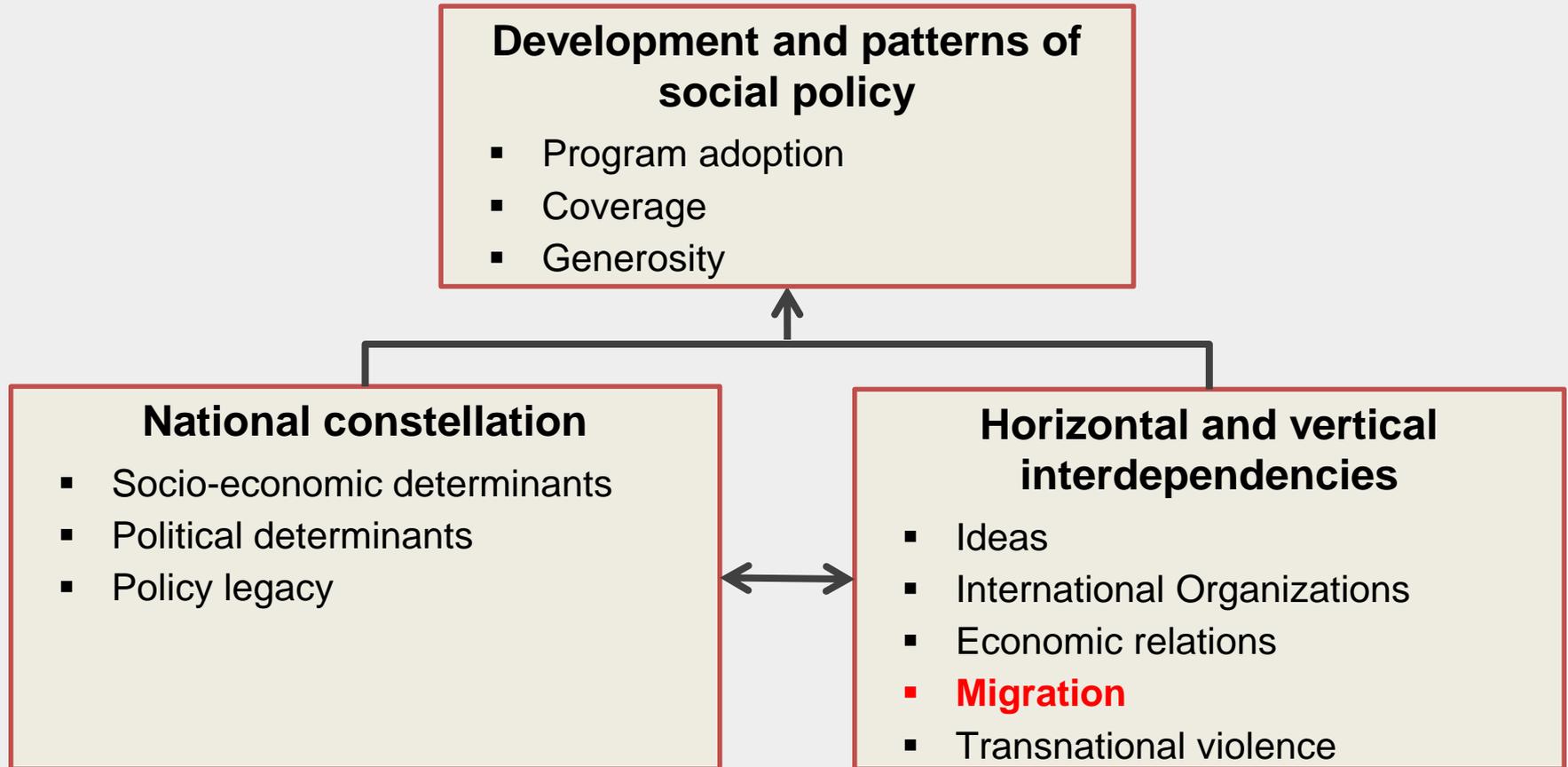
# 1. Content and Goal of Sub-project B7

- » Long-term care systems (LTCS) are latecomers of welfare state expansion.
- » LTCS differ in several aspects. We study their *care-mixes*.
- » Goal of the project is to explain why certain systems with respective care mixes came into being and how they develop over time
- » Study of six countries, i.e.
  - » Germany, Sweden and Italy as destination countries of care migration
  - » Ukraine and Romania as source country of care migration
  - » Poland as source and destination country of care migrationallows to analyse care migration, care chains and care drain.

# Analytical approach of the CRC



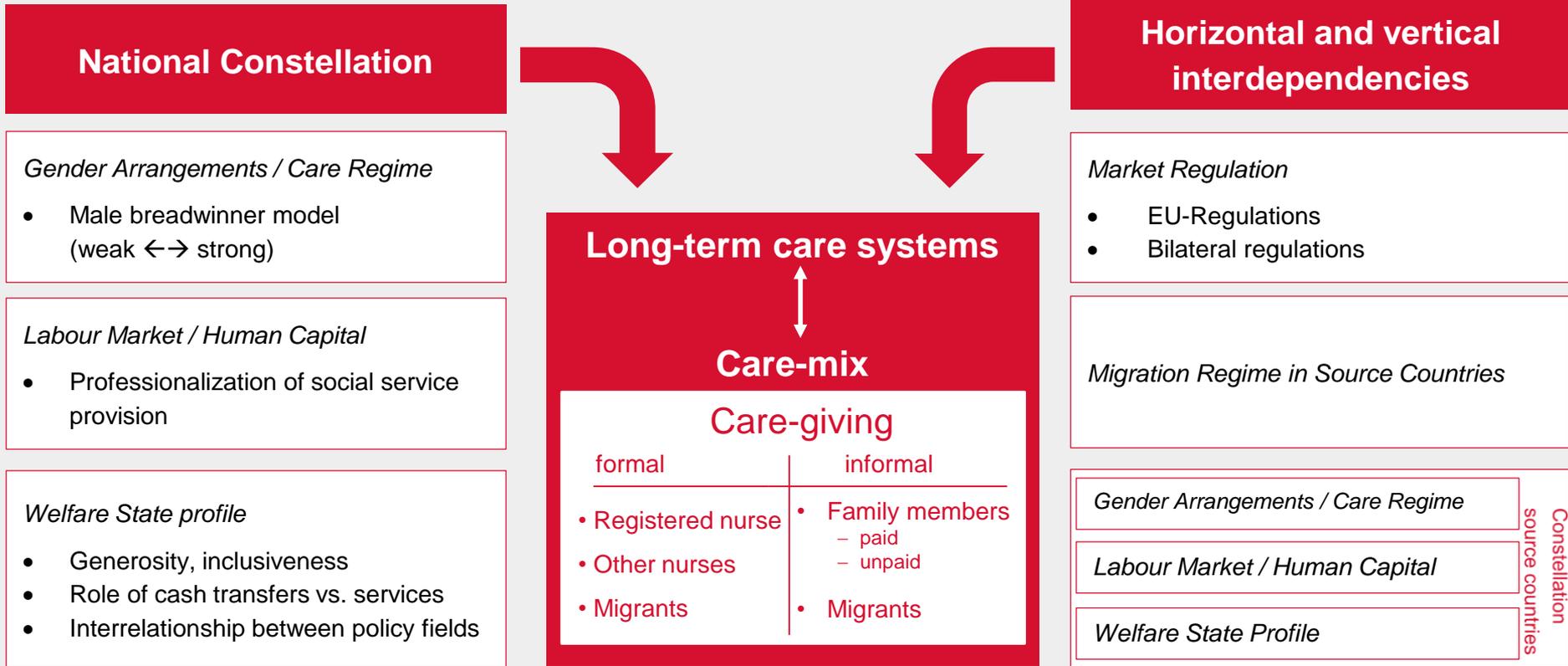
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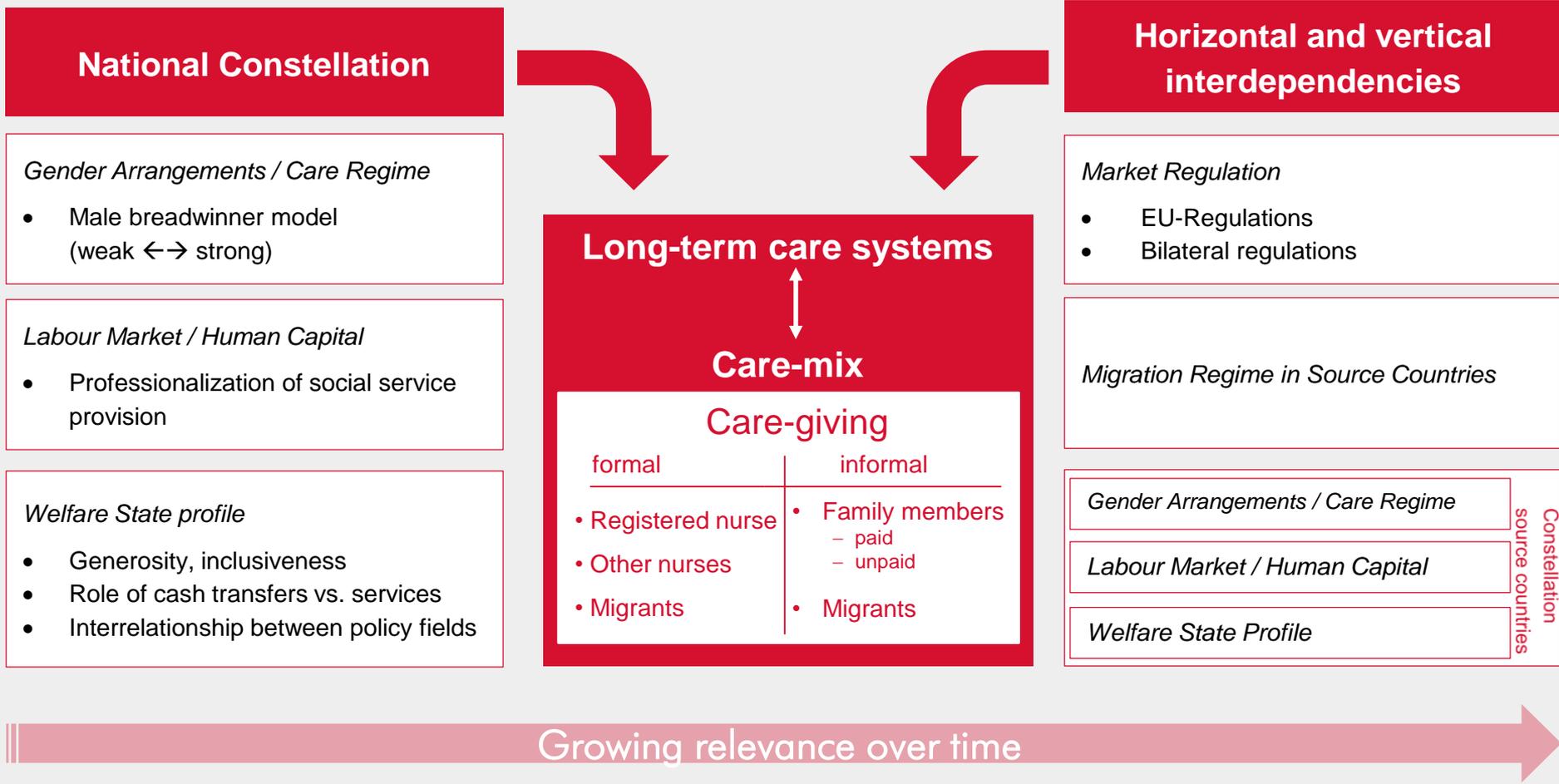
# 2. Analytical approach of sub-project B7



# Underlying hypothesis: Sequential ordering

- » Original type of LTCS depends on national constellation
  - › Formal care vs. informal care
  - › Home care vs. institutional care
  - › Care by professionals vs. care by care-givers with less formal qualification
  
- » Prerequisites of respective care-mixes, i.e. formal and/or informal care-givers are not reproduced within the system
  
- » Migration as a means to maintain care mixes that would not survive otherwise

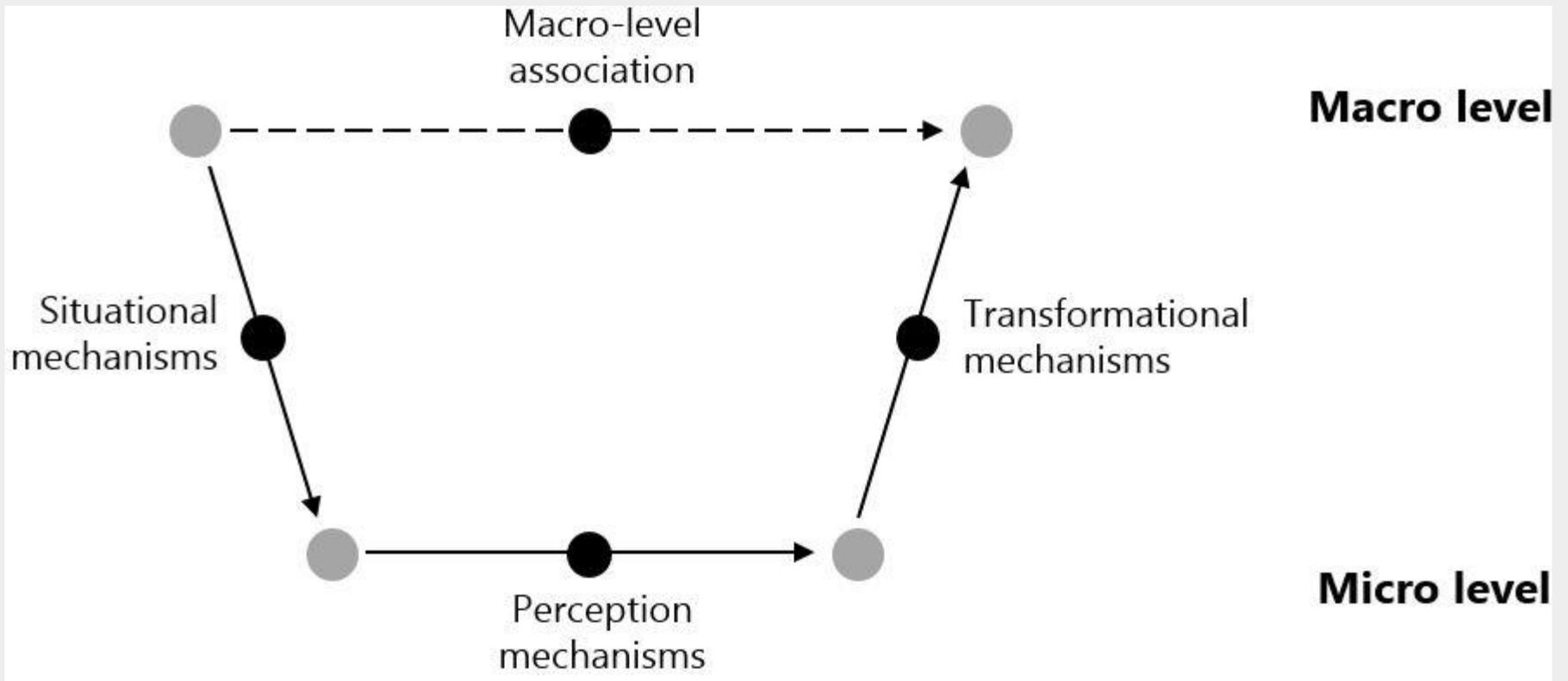
# 2. Analytical approach of sub-project B7



# 3. Process-tracing and causal mechanisms

- » Process-tracing
  - › is a method of within-case analysis
  - › to identify causal mechanisms linking independent variables to certain outputs conceptualized as dependent variable
  - › to create causal chains
  
- » We use the *explaining-outcome variant* aiming “to craft a minimally sufficient explanation of a particular outcome” (Beach & Pedersen 2013)
  
- » In order to link macro and micro levels we refer to *situational mechanisms, perception mechanisms and transformational mechanisms* (Hedström & Ylikoski, 2010: 59)

# 3. Process-tracing and causal mechanisms



# 4. Explanandum: Migrantization of LTC in Germany

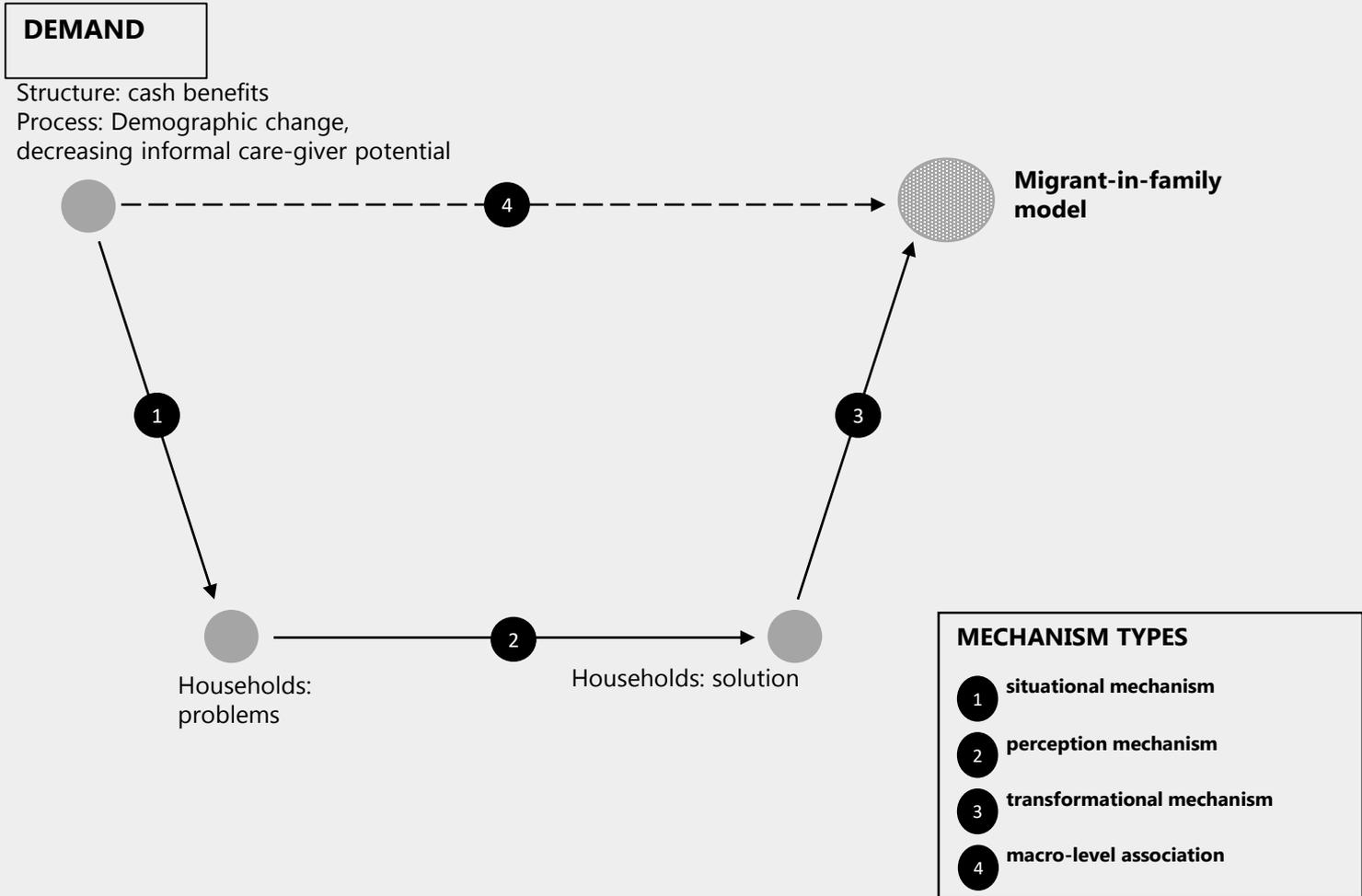
In Germany, care-giving is a 'migrantized' occupation

- » Share of migrants
  - › in the formal care sector: 18%
  - › In the overall labour force: 7%
  - › (Theobald & Hampel 2013: 22)
  
- » Estimates on numbers of migrant live-in care workers in private households
  - › From 60,000 (Rostgaard et al. 2011: 154) to
  - › 300,000 – 400,000 (Staola & Schywalski 2016).

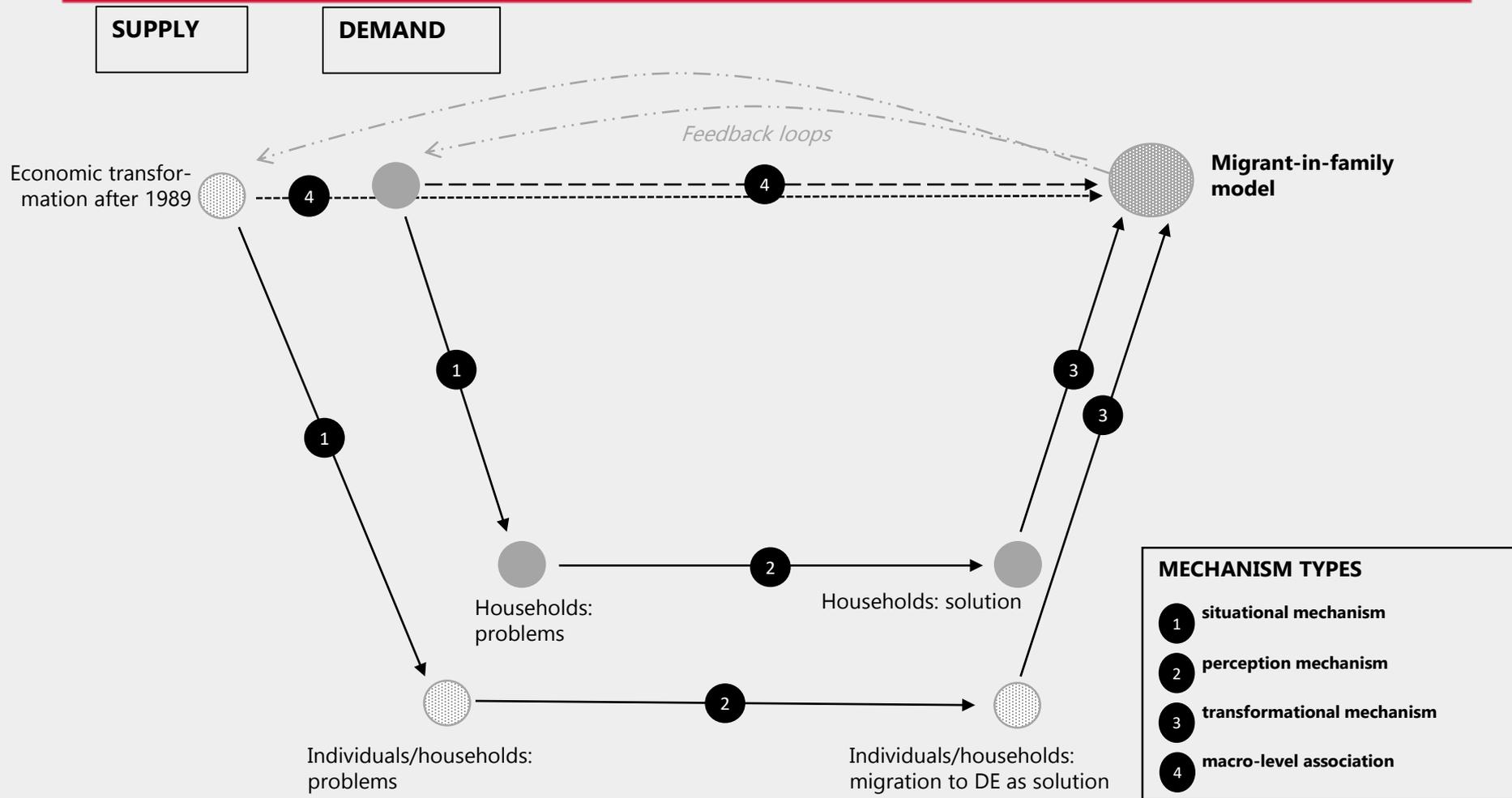
# 5. Explanation

- » National constellation before the introduction of LTCl in Germany
    - › Principle of subsidiarity
    - › Strong interest in limiting public expenditure
    - › Semi-professionalism
- } family centred care-model
- » Introduction of LTCl
    - › Measures to support family care (in particular: cash benefits)
    - › Introduction of welfare market → expansion of care industry
  - » Development thereafter
    - › Decreasing family-caregiving potential and willingness due to demographic change, increasing female labour-market participation and changes in gender regimes
    - › Expansion of care industry due to demographic change and marketization
    - › End of cold-war and EU extension → potential for migrant carers
- Increasing care migration

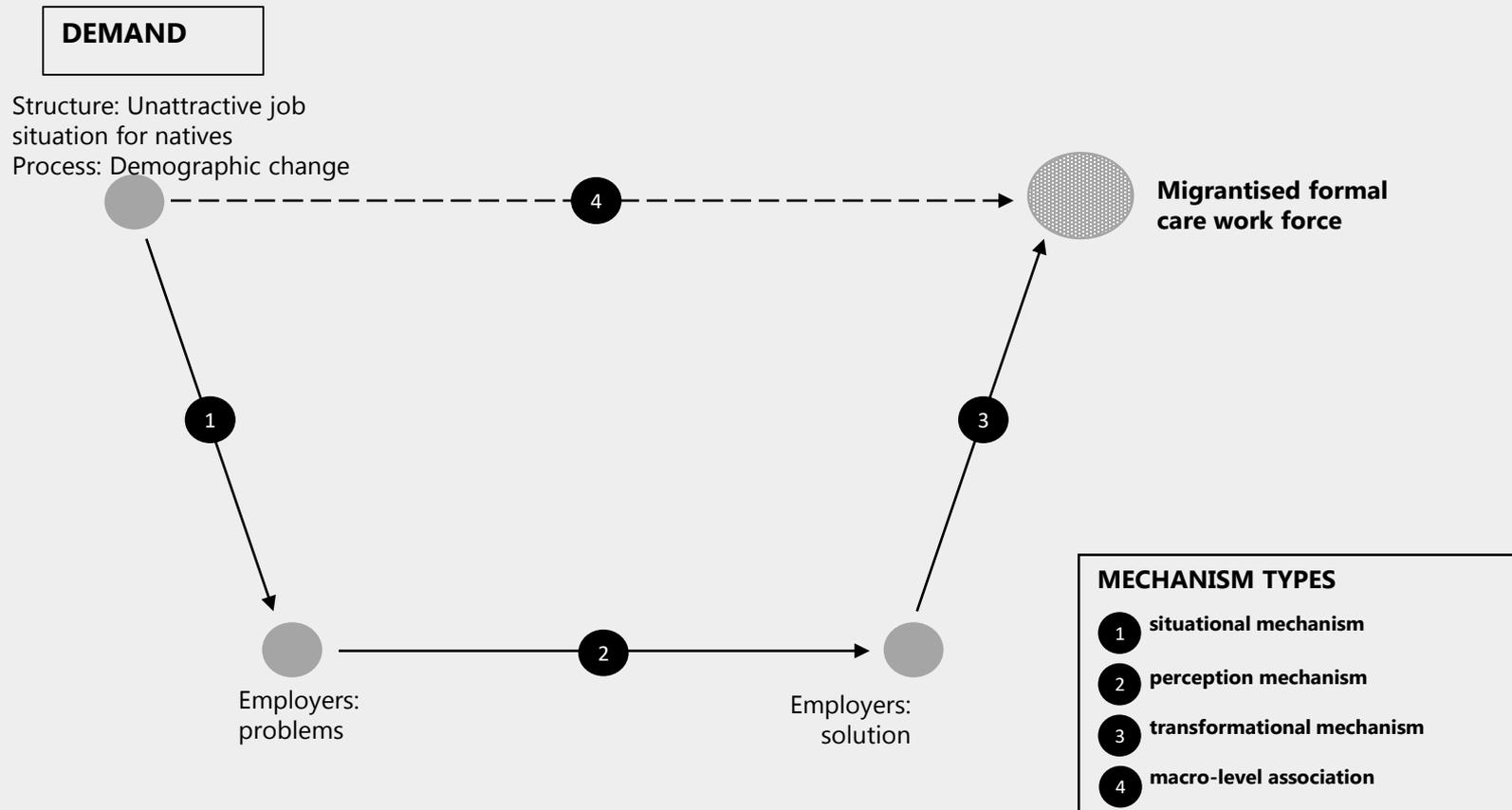
# 5. Stylist Explanation: Informal Care



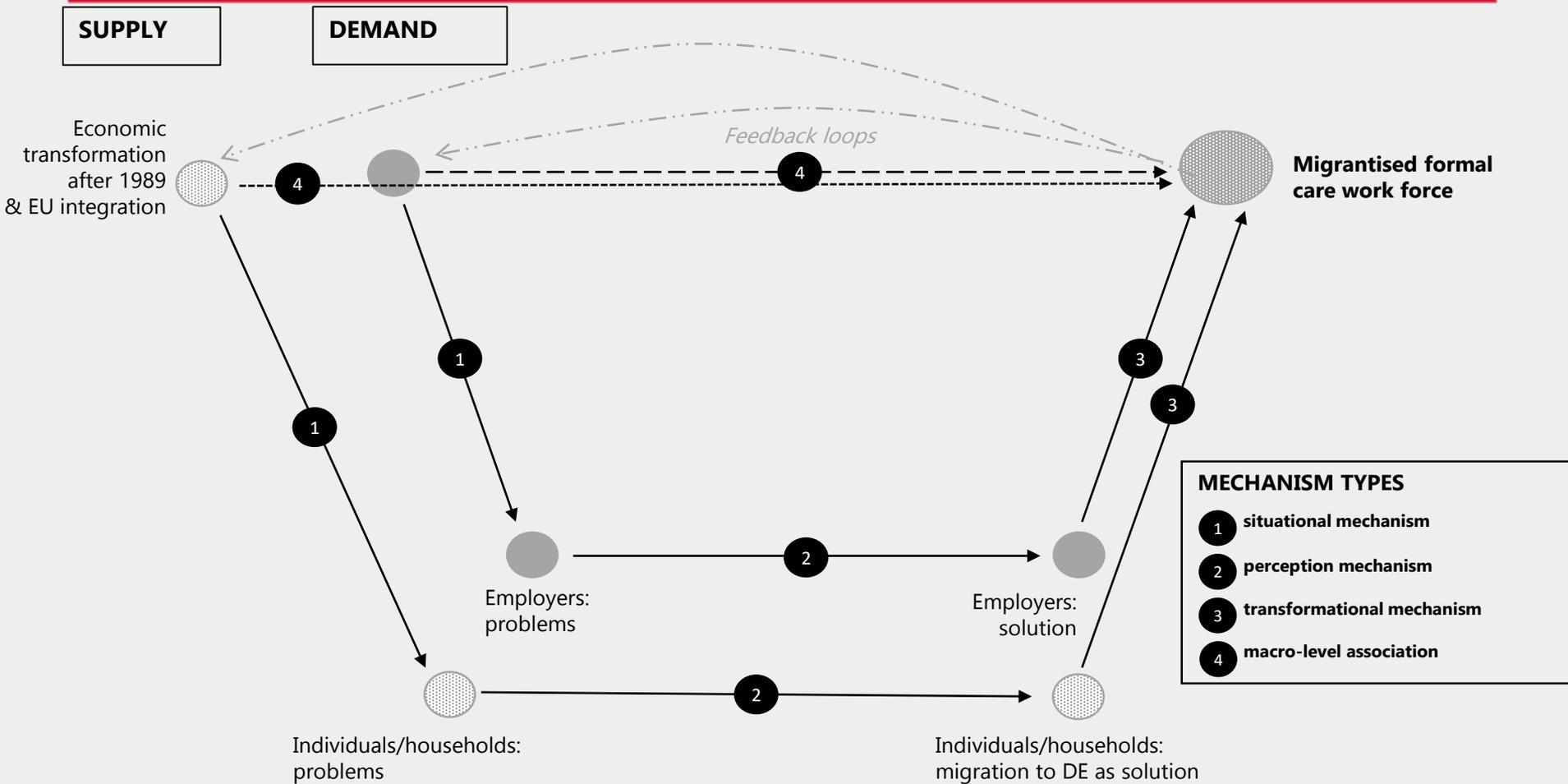
# 5. Stylist Explanation: Informal Care



# 5. Stylist Explanation: Formal Care



# 5. Explanation: Formal Care



# Conclusions & Next Steps

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- » The exemplary explanatory sketch seems to demonstrate the potential fruitfulness of the analytical framework and the chosen method
- » For Germany, the narrative must be supported by substantial evidence
- » For the other countries: respective narratives have to be developed and then supported by evidence.
- » The bulk of research has to go into the source countries

# The end

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Thank you for your attention!