Chapter 11
Intra-European Movement of Czechs with Special Regard to Austria and Care Givers (The "MICO" Type - Between MIgration and COmmuting)

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11.1 Introduction

A new era in the field of European migration came in the late 1980s and the very beginning of the 1990s when CEE countries freed themselves from communism and started to build their new democratic future. Deep societal (political and economic) transition and transformation processes in this region were crowned in 2004 when 8 CEE countries joined the European Union (EU). New migratory patterns typically showed increasing flows correlating with the date of joining the EU however, these patterns started to evolve only step by step over time.[1] In any case, the intensity of international migration of CEE citizens both within and outside the EU depends on many various factors related to both macro and micro level characteristics of the given country of origin – be it socioeconomic conditions, working opportunities, living standard, mentality, age, life satisfaction but also experience of migration movements and their historical context, existing social networks abroad and the "strength" and activities of respective diasporas. On the other hand, conditions in countries of destination matter too (e.g. Fassmann et al. 2014a).

Our goal is to contribute to the topic of intra-European migration while elaborating more on emigration of Czechs or rather on intra-European migration mobility of Czech citizens in general and their migration movements to Austria in particular. The emigration or long-term migration of Czechs (by contrast to immigration) and related patterns were almost ignored by the academic sphere (see exceptions to this trend – Nešpor 2002; Brouček et al. 2001; Hrubý, Brouček 2000; Filípek 1999;

[1] There are various studies informing us about migration and mobility to the EU, within the EU generally, between individual European regions or even between EU member states (see e. g. Okolski 2012; Verwiebe et al. 2014; Kahanec et al. 2014; Fassmann et al. 2014; Favell 2013, 2008; O'Reilly 2007; Engbersen et al. 2013; Bahna 2015; Verwiebe et al. 2015).

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Brouček, Grulich 2014; Pařízková 2011; Vavrečková, Hantak 2008; Vavrečková et al. 2000; 2008; Drbohlav, Rákoczyová 2012; Kuchyňková, Ezzeddine 2015). Therefore there is not much information we can rely on.

The chapter is structured into four sections. Following this introduction, selected available information about emigration and long-term migration of Czechs is presented. Some of the migratory/mobility flow and stock data for Czechs to/in Austria are also highlighted. Furthermore, our empirical study on Czech care givers in Austria, the topic which has not been much tackled so far, is introduced. The conclusion summarizes the most important results. Comments on how the given migratory patterns of Czech care givers fit other migratory types known among intra-European CEEc migrants are also made.

11.1.1 Emigration and Labour Migration from Czechia Abroad – Basic Parametres and Patterns

When dealing with the Czech international migration data, one has to mention that the flow as well as the stock emigration data is incomplete. Obviously, data on emigration of Czech citizens from Czechia is underestimated because, although citizens are obliged to declare a change of their permanent residence when emigrating abroad (leaving the country for a longer period or forever), they often do not follow this obligation (Kupiszewska, Nowok 2006, see also Fassmann et al. 2014a, b). In fact, the same fact is typical of many other EU countries and their intra-European migrations – very often they are not recorded and reported to respective authorities (see e.g. Verwiebe et al. 2014).

Despite logical expectations for more intensive international migration movements of Czechs after the Velvet Revolution, Czechs have always been rather reluctant to move. A summary of the most important factors which stand behind the low level of emigration (and long-term international migration) from a 1994 quotation is still relevant today: "Czechs seem to be firmly rooted in their own country. Although there is a tradition of emigration there are factors curbing the numbers of those leaving the country. First, there is the not completely unrealistic hope of a better tomorrow. Secondly, people always were and more so are tied to their own country (strong emotional ties to their properties and home than in many other countries). Thirdly, there is a heritage of the last forty years during which nearly all aspects of "personal activities" (a very important factor to emigration) were subjugated (… this is valid especially for middle-aged and older individuals who also often suffer from the lack of knowledge of foreign languages … - new remark). Fourthly, it is typical of the Czech mentality in particular not to solve a situation directly and drastically" (Drbohlav 1994: 102; see also Drbohlav, Rákoczyová 2012; Hampl et al. 1999 – some of the above aspects can also explain low intensity of internal migration in Czechia). Moreover, "fascination with the West" has diminished whilst

Table 11.1 Immigration to and emigration from Czechia, (flows) 2009–2014

	2009	2010	2011	2012	2013	2014
Immigration	39,973	30,515	22,590	30,298	29,579	41,625
Citizins of Czechia	1,174	2,469	1,917	1,691	1,736	3,135
Emigration	11,629	14,867	5,701	20,005	30,876	19,964
Citizens of Czechia	2,279	2,386	3,233	3,331	3,724	3,910
Overall net migration	28,344	15,648	16,889	10,293	−1,297	21,661

Source: Czech Statistical Office (n.d.)

being transformed into short or very short visits focusing on education, tourism, recreation or shopping. In addition, living standards in Czechia vis-à-vis old member states have been, albeit slowly, increasing while more working opportunities have started to appear.[2] Overall, regardless of the gradually less restrictive (intra-EU) policies of the old member states as potential destinations, the estimated emigration flow out of Czechia has been perceived as rather low so far (see Vavrečková et al. 2000) and its impacts on the society as a whole have been rather small (except for a very specific issue of Roma emigration and border zone circular labour migration at the beginning of the 1990s). Simply expressed, immigration rather than emigration has become an issue in Czechia.[3]

As Table 11.1 demonstrates Czechia, except for 2013, has recently been gaining population via the international migration. The overall immigration has been increasing after a drop in 2011 (due to the global crisis) whereas the overall emigration oscillates between around 6,000 people emigrating in 2011 and 31,000 people emigrating in 2013. The emigration of Czechs according to the official statistics represents numbers between 2,000 and 4,000[4] for a period 2009–2014. The problem is that this data is unreliable and many of those who had left the country are not taken into account, including migrants moving to other EU countries.

[2] Very good economic performance in Czechia was interrupted by the global economic crisis in 2008, nevertheless, the current economic development of the country measured via GDP growth is among the highest in the whole EU (as of the third quarter of 2015 – 4.5%) and is accompanied by low inflation rate (0.4% in 2014) and very low unemployment rate (as of October 2015 – 4.8%), too - see https://www.czso.cz/.

[3] The booming economy (especially in the mid of the 1990s, between 2000 and 2008 and since 2014 onwards) created strong "pulls" and in some of these periods brought increasing numbers of foreign labour force to Czechia: number of immigrants residing in Czechia grew from 78,000 in 1993 to 254,000 in 2004 and to the current 451,923 (as of December 2014 – see http://www.mvcr.cz/clanek/cizinci-s-povolenym-pobytem.aspx?q=Y2hudW09MQ%3d%3d)

[4] Between 1994 and 2000 registered emigration figures did not exceed 1,300 persons a year (this figure includes both foreigners and Czech citizens). After 2000, registered outmigration increased mainly due to foreign nationals leaving Czechia while the number of Czech citizens emigrating according to official statistics remained very low during the 2000s. Recently (2005–2009) this number has been around 2,000 persons (regardless of the change of emigration intensity as a whole).

Some of the information about Czech emigrants abroad can be taken from the EUROSTAT databases about Czech citizens living in other EU member states[5] (stock data). According to this source, the most numerous Czech minorities living abroad long-term (data for 2014 or 2013) are in Germany (43,000), Slovakia (12,000) Austria (10,000), Spain (9,000) and Switzerland, Italy and Ireland (between 5,000 and 6,000). As the data proves, there has been a significant increase of the given numbers from the 2000s onwards. On the other hand, in comparative perspective (Czechia vis-à-vis other "emigration countries") increasing of Czech intra-EU migratory mobility is in relative terms rather moderate (see Fassmann et al. 2014a, b). If the most recent data is summarized for the EU countries (although using the incomplete database, e.g. not including data for France or the United Kingdom) there were around 93,000 Czech citizens living in other EU member states in 2014. Whereas there is no specific and "robust" data about their reasons for migration, we can deduce that economic motives clearly predominate (see also Vavrečková et al. 2000, 2008; Vavrečková 2014).

Table 11.2 (see annex) brings another stock data – data from different sources put together by the Ministry of Labour and Social Affairs. This kind of data gives a very rough estimate of the Czech citizens employed in the EU and Switzerland between 2006 and 2014. These estimates indicate that numbers of Czech citizens abroad had increased significantly over time reaching around 112,000 in 2014. Since 2008, the estimated figures of Czechs employed in Austria have been significantly increasing too, with almost 13,000 Czechs in 2014. According to this data source, Austria ranks third among the given countries after the United Kindom and Germany where some 37,000 and 32,000 (respectively) Czechs might have worked in 2014.

11.1.2 Czechs in Austria

Because of many historical ties, Austria has been a traditional destination for CEE migrants for a long time. More specifically, in 2013 Czechs ranked the fourth most numerous immigrant (foreign-born) group in Austria among CEE with around 42,000 people (14.1%)[6] (many of them however, had already lived in Austria for many decades – see also Fassmann et al. 2014a, b; Reeger, Enengel 2015). Migrants from Czechia were also part of temporary, mostly circular and often cross-border movements just after the Velvet Revolution, i.e. in the early 1990s (see also sources in Verwiebe et al. 2014). This flow continues although it has been diminishing. The data from the latest Czech Census 2011 shows that 5,109 Czechs[7] acknowledged their regular cross-border commuting to Austria. Majority of them were eco-

[5] The data sources are administrative records or national surveys. For some datasets statistical estimation methods are applied, mostly based on census, migration and vital statistics data – see more: http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do

[6] After Romanians, Poles and Hungarians (Fassmann et al. 2014a, b).

[7] 0.5 million people however, did not answer the respective Census questions at all.

nomically active people commuting for work, with 46% commuting daily and 26% weekly.

As indicated above, between 10,000 and 13,000 "new Czechs" may be currently living and/or working in Austria. This is further supported by the data from The Public Employment Service Austria ("Arbeitsmarktservice" - www.ams.at) that shows that 12,742 Czechs worked in Austria at the end of 2014 (data based on social security payments). These numbers have been growing over time – e.g. in 2009 it was only 5,136 migrants. It seems that some of these migrants commute (see above) which is why most of them work in federal states bordering with Czechia – Lower Austria (4,296) and Upper Austria (2,770). The third most important hub of working Czechs is in the capital city of Vienna (2,248).

Overall, Austria represents quite an important destination for Czechs. Nevertheless, the intensity of migration and commuting of Czechs is, in a comparative perspective, rather low. Based on the above and generally limited information which would enable to break down the data by important sociodemographic and geographical characteristics, one can only speculate or deduce. There is probably no dominating "migration corridor" from Czechia to Austria in terms of migratory types, destinations, occupational structure, age and so on. There are rather smaller, fragmented "migration/mobility corridors" that respect diversity patterns even among one migratory group of Czechs within the intra-EU migration/mobility from Czechia to Austria. One may deduce that different Czech migrants and commuters move to Austria staying for shorter or longer periods or circulating back and forth. Vienna will be the destination for both highly-skilled Czechs often working for multinational or international companies (– these will not be as numerous), and medium or low-skilled blue-collar workers and small self-employed entrepreneurs operating mainly in services, construction, some industrial branches or private households. The latter migratory type will also be typical of Austrian regions, towns and villages that border or are located close to Czechia where, in addition, seasonal migrants and commuters will also be very active. As mentioned above the impact of the migration/mobility of Czechs upon Austrian cities and society is rather moderate due to a "dispersed character" of the given phenomena. Accordingly, the same moderate effect is apparent in Czechia. Work experience in Austria, be it long or short term, now brings additional financial sources for the Czech migrant/commuter and their families (via financial remittances) and in some cases an "added value" from social remittances. In any case, because of a growing living standard this has become a pleasant bonus rather than a necessity for Czech families involved in the given migration/mobility. On the same note, the overall impact of Czech activities performed in Austria is moderate and does not fundamentally influence economy and any sphere of the society.

Respecting the context outlined above we have decided to shed some light on the migration of Czech female care givers to Austria. There are several reasons behind this strategy: (1) This migratory type has been selected as one of the prominent ones within the studied intra-EU mobility, more specifically between the CEE and selected old EU member states (see Chap. 2 - by Denis Sert). (2) Through the research of this flow, we want to publish an important message about feminization

of the migration as pointed out throughout the whole book. Moreover, this type of migration deserves a special attention since what we currently know about this phenomenon lags behind due to "blurred realities" that accompany often informal organisation, on top of that, encapsulated in a private, family environment. Hence, we also contribute to demonstrate the complexity and diversity which are typical for the current CEE intra-EU mobility (see e.g. Ostaijen, Scholten – Chap. 13). (3) Though not so robust in quantitative terms now, the given flow has a potential to grow since there is an increasing demand on the Austrian side (related to ageing of Austrian population – see below). At the same time, it will probably be advantageous for Czech women to make use of these opportunities in Austria in the future (higher income). Furthermore, both sides can benefit from historical, cultural and geographical proximities.

11.1.3 Czech Care Givers in Austria

Like most European countries, Austria is an ageing country which means that the number of elderly people who are often in need of special assistance is increasing. This intensive ageing process seems to be a permanent feature of the today's Austrian society (see also UN 2015). Similarly to other European countries, for example Italy and Spain, Austria relies on foreign workforce. Unlike Italy and Spain however, care workers in Austria usually come from the EU countries (Österle, Bauer 2015). Similarly again vis-à-vis to Italy and Spain, taking care of the elderly is percieved as a family issue and families tend to care for their elderly at home instead of using institutional care (European Commission 2012; Riedel, Kraus 2010). This broadly used system resides in employing migrant care workers (predominantly women) in the 24-hour caring system (24-Stunden-Betreuung). It is based on rotation of two workers, normally after two weeks. Workers usually live with their client/patient for two weeks and are with them round the clock whilst having only a short break during the day. After two weeks, they switch with their colleague and go home for two weeks. This way, the patient is cared for constantly but workers also get some spare time and are free to go to be with their own family (Österle, Bauer 2012).

The system started to be used in Austria at the beginning of the 1990s but was practiced illegally or semi-legally for a long time. The application of this system has also been supported by cash-for-care benefits introduced in 1993. Using such benefits, people in need would get certain financial support without having to prove how it was spent (it could be given to family members or to an employed worker) (Österle, Bauer 2015; Bahna 2014). Thanks to this system, Austrian families could get benefits without having to show any employment contract of their care giver. The use of this system had become a widely spread phenomenon and an accepted option for Austrian families whilst the government did not proceed with any regulations. It was not until 2006 when several cases of irregular employment of migrant

care workers were reported (including families of some political leaders[8]). Hence, care work became a political issue and was part of the election campaign in 2006 (Österle, Bauer 2012; Riedel, Kraus 2010). As a result, the new government introduced a legal framework for care work in 2007 (in force since 1st January 2008). The main law, the Home Care Act (Hausbetreuungsgesetz), was applied. It introduced a new profession - personal care workers/givers in private households. Apart from this law, foreign care workers in Austria were also exempted from the labour market restrictions for workers from the new EU member states. These restrictions were in force between 2004 and 2011 (Österle, Bauer 2015). The new legislation specified the rules of employment of care workers, giving the list of tasks that should be performed, including medical tasks (which must be delegated by a doctor). To make the system affordable, the option of self-employment (instead of employment contract) was introduced (today, a vast majority of the care workers in Austria are self-employed). The legislation also changed the benefit scheme – currently, benefits are means-tested and the care workers have to prove their training (minimum of 200 hours) and work experience otherwise the family will not receive, according to the law, any financial aid.

Currently, according to available data, most women employed in care work in Austria are from Slovakia (56% in 2013) and Romania (30% in 2013) (Österle, Bauer 2015). It seems that women from Czechia constitute a less important group of care givers in Austria now (see in Bahna 2014). By contrast, in the 1990s, Czech women were probably the most numerous group working in the care sector there. With improving economic situation of Czechia, however, the care work in Austria is for Czechs not such an attractive option anymore and there are fewer women taking this path now. It does not mean, nevertheless, that it is not worth studying. Despite the decrease, this migration flow does not seem to stop. It is rather getting stabilised as an option for women working in care work and health care who need to earn more money. Differences in wages and prices between Czechia and Austria have been diminishing, nevertheless, in the field of care work, the gap still remains substantial. According to the OECD statistics, the average annual wage in Austria was 5.7 times higher than in Czechia in 2000, whereas it was still 3.4 times higher in 2014 (OECD n.d.).[9] Therefore, for nurses and care givers, especially from regions bordering on Austria (if necessary, they can return quickly back home), or originating in poorer Czech regions and for those with a good knowledge of German language a care giver job in Austria remains attractive. Moreover, similar culture and long-term good relations between Czechia and Austria makes Czech care givers acceptable in Austrian families, thus also supporting sector that to large extent must relay on foreign labour force. And, due to the ageing it will need even more such support.[10]

[8] For instance, mother-in-law of the then prime minister, Wolfgang Schüssel, was cared for by an irregular migrant (van Hooren 2008).

[9] In 2000, the average annual earnings in Austria were 27,935 € whereas in Czechia 4,830 €. In 2014, it was 39,988 € and 11,472 €, respectively (OECD n.d.).

[10] Interestingly, unlike in many other EU countries, the ageing process in Austria has so far been more of an issue for rural or less urban areas than urban areas (Goll 2010).

Moreover, just care/domestic workers who are identified within the IMAGINATION project as one part of "persons working in private households", are one of the current important migratory types through which CEE migrants operate in old member states and which also has become a target subpopulation to be explored (Scholten, van Ostaijen – Introduction).

11.2 Research and Methodology

Our qualitative approach using semi-structured interviews (see e.g. Vargas-Silva 2012) enables us to describe but also to understand migrants´ behaviour in their internally structured richness (Hitchings 2012). Such research activity, when properly applied, contributes to a more nuanced understanding how migrants experience life (in harmony with the concept of everydayness – e.g. Bennett, Watson 2002, in general, and "the relevance of studying migration from the perspective of everyday matters" - Ho, Hatfield 2011, 707, in particular).

Specifically, to research the care givers´ issue in Austria, we conducted seven interviews with Czech women who work in Austria as care workers. Of course, since we applied a qualitative research, we cannot make generalizing statements based on these seven interviews. Nevertheless, as mentioned above, these interviews give us insight into important types of migration and informants' migration strategies. The findings are, indeed, also supported by other research results (see for example Kuchyňková, Ezzeddine 2015; Rodrigues et al. 2012).

The interviews were conducted between August and October 2015. Four of the interviews were held via Skype with a webcam (in one case, the informant was at her home in Vienna, in other cases, the informants were at homes of their patients). Three interviews were held in person – one at a Czech home of the informant close to Lipno, one in a café in Brno and one in a restaurant in Otrokovice. The informants were found through advertisements, Facebook groups, church, Czech schools and agencies (partly in Vienna). The agencies turned out to be the most effective way to reach care workers. The search for informants was quite difficult – due to the nature of the work and constant moving between Czechia and Austria, the care workers do not have many ties among themselves. The interviews were designed as semi-structured, i.e. with a given structure, but room was left open to informants' own narratives and order in which they answered the questions. The main topics of the interviews were structured into the following thematic sections: motivation to start and keep working in Austria, working environment, social interaction with families where they work and future plans.

All the interviews were held in a very friendly atmosphere and the informants seemed to be relatively open about their work. The only exception was Valerie. She was worried that somebody will recognise her by her personal data. One of the other respondents, Lilia, asked to stop the recording since she realized she will talk about her irregular work in Austria before 2008.

Table 11.3 shows personal characteristics of the informants. Their age oscillates between 31 and 64, with more respondents being older than 50. This is in harmony with overall picture where 65% of the care workers in 24-hour care in Austria are between 41 and 60 years of age (Österle, Bauer 2015). Their length of work in Austria also varies a lot, with the longest period of 21 years. Only one of the informants, Saša, works outside the scheme of 24-hour care. She did such work for a shorter period of time and, then, she moved to work in a retirement home. Another informant, Martina, does not currently work directly in the 24-hour care system either. Martina has worked as a care giver in families for 2 years. Then, she was asked by her agency to coordinate other workers. Now she is employed in the office of the same agency. Therefore, during the interview, she also shared with us pieces of information about the organisation of the system, role of agencies and experience of agency's nurses. The informants work all around Austria. Due to the character of the 24-hour care, they change their location in Austria quite often. The only person who has not been moving around Austria is again Saša, she is based in Vienna.

11.3 Results of Own Empirical Study

The results are summarized in six main areas: motivation to work in Austria as a care giver, working environment, career, social interaction with families, future plans and decisive moments. Such structuring can show us why people actually decide for a career of a care giver in Austria, what makes them continue such work and what are the crucial points and events in this decision making. After going through these topics, the comparative perspective is added to the results.

11.3.1 Motivation to Work in Austria as a Care Giver

A poor financial situation of almost all of the informants was behind the motivation to start working in the care sector in Austria. Specific reasons vary: three informants were at that time alone in Czechia with one or more children, some of them had mortgage that they were not able to pay off (either alone or even with a husband). Other could not cope with their Czech pension.

"... My motivation to leave was purely financial – we had a mortgage to pay off."(Jana)

"So I decided to come here and do the same, but for better money." (Johana)

Only one respondent, Saša, did not leave because of her bad financial situation. She left first to Germany and later to Austria because she was upset with conditions in Czech hospitals and retirement homes (both for patients and for employees). Many times during the interview, she gave examples, as is the following one:

Table 11.3 Informants´ personal characteristics

Name (pseudonym)	Age	Family situation	Number of children	Years of work in Austria	Number of patients up to now
Saša	36	long-term relationship	0	11	x (works in a senior home)
Jana	59	married	3	15	15
Johana	54	single	3	6	5
Lilia	57	divorced	2	1,5[a]	3
Valerie	64	married	2	21	49
Martina	60	married	2	16	x (works more as a manager of an agency)
Diana	31	divorced	1	2	4

Notes:[a]*Lilia had worked in Austria also before without proper contract, but she did not want to talk about it*
Therefore, her irregular experience is not included in the length of work in Austria

> *"... at night, some patients sleep and some not, not like in Czechia, where when you don't sleep, they give you a pill to fall asleep, that is something that doesn't exist here, it's our work to be here for the people, we are paid for that, that's something everybody should realize." (Saša)*

Moreover, she was young and wanted to gain new experience abroad (she was 25 at the moment of departure). Currently, Saša is moving to Prague to a new retirement home that is being open by her Austrian company. Therefore, she might find a solution how to be back in Czechia while having "Austrian working environment" and the type of care she wants to give to her patients. At the same time, her life partner is Austrian – which is also the reason why she does not have far-reaching plans for the future.

11.3.2 Working Environment

As it was described above, the informants mostly work in the system of 24-hour care. In the system, there is a crucial role of agencies which mediate work and which also check working conditions that are listed in the Home Care Act. Hence, there is a clear list of duties that the care workers are supposed to do – the focus is naturally on the patient. Thus, besides direct taking care of the patient duties may also include cooking for the patient or other basic domestic work. The extent to which domestic chores are done depends on the situation – if the patient needs continuous care, care workers have to focus exclusively on him/her and they do not do other things around the house.

> *"This is not my own experience, but I know from my colleagues that in the beginning, it was terrible, that the relatives really thought that the nurses would do everything, but not now, if a patient is in a really serious condition, someone else in the family has to cook, because the nurse wouldn't have time for it." (Johana)*

Sometimes, the care workers do something extra if they have time. It seems that they manage to get extra money for such work. In case of Diana, such work includes gardening because her client is doing very well and Diana likes gardening. In any case, nobody forces her into it.

> *"Well, for example, I do some gardening for the lady, I don't have to, but as I say, I pass time like this, because I have to be here anyway. .... as I say, she is almost independent by now." (Diana)* (Diana currently takes care of a woman after operation who is getting better and she will not need Diana's assistance soon.)

Naturally, there are families that try to use the workers as maids who do everything, but from what the informants said, the agencies manage to solve such situations quickly and if they are not able to do so, they exclude these families from their services. It seems, as some informants indicated, that such a nice, almost ideal, situation is typical of Czech and (most) Slovak workers rather than that of workers from Romania. Apparently, there are agencies which do not follow the rules so much and there are workers from Eastern Slovakia, Romania and some other Eastern Europen countries who are, because of their worse economic situation, willing to work in worse conditions for much less money, which is, however, not in harmony with generally stipulated rules. All the informants seemed to be satisfied with the arrangement of two week non-stop stays in Austria. It gives them time to often go back home to see their family (some expressed that they even enjoy a model with these short-term separations). At some points, the informants mentioned that something in their job is not exactly like it should be, but all more serious issues seemed to be solved either by their agencies or by changing the patient, without any big conflict.

> *"... last time I was for one and half year in one place, but there was a terrible draught, so the granny had two rooms, but in one she slept and in the other she was sitting the whole time, as we are sitting, TV in front of her, but the TV was on only for news and love stories in the afternoon, otherwise nothing, and there was the draught, there was a balcony, when I was there, I didn't even have a bed, so her son came only after three weeks with it, the granny would let me lie down in her bed in the afternoon, such conditions I had. And I am supposed to have a room and a bed, right." (Valerie)*

> *"... well, if you have a "lying patient", the family doesn't come, then you don't have your two-hour break you should have, you don't get to go anywhere." (Diana)*

11.3.3 Career

Domestic work is often seen as work without any career possible: be it cleaning or caring, it is usually considered as a dead-end job without many prospectives of improvement (see, for example, discussion in Triandafyllidou 2013). To some extent, findings springing from our interviews supported the fact that care work is rather stable over time. At the same time, however, the life stories of our informants showed certain improvement over time. The first improvement is definitely legalization and stable position of the job compared to the beginning of their careers. The

second, and somehow more important for our study, is the improvement of the position within the whole care givers sector: the informants mentioned a more stable financial situation and more possibilities to choose a location of their next place of employment. In the case of Martina, the career moved even further as she started working as a manager of other care workers. Saša, who is the only one not working in the 24-hour care, got a good job in an Austrian care home that was about to open in Czechia. Before that, Saša was in charge of Czech and Slovak staff in her company. The possibilities of career in care work might be limited, but they are, nevertheless, existing and the position of the informants has been improving over time. (Of course, one has to keep in mind that this conclusion is based on our rather limited sample of informants.)

"So I am at this company, I did management here as well; I was in charge of the care workers in the 24-hour care. Czech and Slovak care workers. Also some workers from Romania and Hungary, but minimum... I went to help them, to control their work, I went to the families. I had around 80 care workers under me." (Saša)

11.3.4 Social Interaction with Families Where They Work

Obviously, in the system of 24-hour care, it is hard to fully integrate into the family because the workers switch, the patient often lives alone or he/she needs a lot of care. Therefore, it is complicated for the nurses to do anything else than being with the patient. There are usually some relationships established with the relatives. Except for Saša who only worked in a family for a short time, all the informants spoke about some families that they stay in touch with or some they particularly liked. From their stories, it is clear that sometimes, the care worker does not fit completely in the family, whereas in other cases, care workers are treated as family members and after leaving the family (mostly because their patient dies), they stay in touch. Sometimes, they stay in contact via sending each other a card at Christmas, birthday, etc.… They even keep meeting sometimes. Martina talked about some Slovak nurses that had "their" Austrian families over for a visit in Slovakia.

"Oh yes, I stayed in touch with them, via e-mail, especially those in Sölden, even though I was there just for a short time, I stayed in touch with the daughter-in-aw, also from Aurach. I also have a phone number of the lady from Upper Austria, where I was, but I don't have time… simply, to call them, but if it's Christmas or something, I remember all of them, this way, I don't ask too much, but I send a postcard or an SMS, e-mail. That's all." (Johana)

Diana then spoke about the intimacy within the family, that she treats the patient and the relatives almost as her own family. She also feels that she is taken as a family member. Nevertheless, Diana points out the need to stay little distant, especially from the emotions of the relatives of dying patients who, then, might behave badly towards the care worker.

"(The daughter of the patient)... *shouted at me, she was so upset, but it wasn't because of me, she just couldn't bear the situation. .... it is harder to deal with the family and their emotions, because working with the patient who is dying, that's my profession, I do that automatically." (Diana)*

In some cases, relatives of the patient tried to tell the nurse how to take care of the patient, especially in the beginning of their stay. It mostly seemed to work out well after some time when relatives could see that the care worker knew what she was doing. Sometimes, however, the agency had to intervene. On the other hand, there were also some cases mentioned when the care worker could not reach agreement with the family and she left.

11.3.5 Future Plans

Apart from Saša, who is now moving to Prague with her Austrian company (see above), all other informants plan to keep working in Austria at least for some time. Financial motives remain strong but it is not any more the most important reason. In some cases, informants' children are already grown up and they do not need that much financial support any more and the mortgages have been paid off. Therefore, a need to gain extra money is not too urgent. All the informants seem to like their work now even though they mention negative sides, too, namely loneliness and difficulties of the job. Only Jana seems to be quite sad about her job, pointing out how lonely she gets, also due to the fact that many of her patients cannot even talk to her. She states it quite clearly:

"If I didn't have to be here, I wouldn't." (Jana)

But other respondents appear to enjoy work with elderly and also the 24-hour care system:

"... you need to like this work and people, I really like old people... and... I really like helping them, so for me, this is no problem." (Johana)

"...you know this is also good that you work for two weeks, but then you have two weeks off – there is no other occupation where you can have this. And in these two weeks, you really have time to have some rest, to organize what you need to organize." (Diana)

Overall, informants seem to be motivated to stay longer at their current occupation (see also Vavrečková 2014), more times they mention their age and a retirement threshold until which they want to keep working as care givers. Some of them, for example Jana, also mention that by now, it would be hard for them to find work in Czechia because of their age. Therefore, it is better to keep working in Austria until they are retired.

11.3.6 "Decisive Moments"

As the interviews tell us, it seems that there are some crucial moments that led to the decision to work as a care worker in Austria. These are important, turning changes in one's life, such as divorce, mortgage or loss of work, that have left the respondents in financial problems which could not be easily solved via participation in the Czech labour market. Therefore, a common reason standing behind the start of working in Austria as a care worker is a serious financial situation.[11] At the same time, the 24-hour care system offers the workers to earn better salaries in Austria, but it does not force them to move there completely – they can still spend time at home with their families.

> *"... it's because I have high expenses and for the house, I was left with a mortgage after the divorce. If I was alone, without a child, I would rather work in a hospital, maybe I would move here completely, I wouldn't choose home care." (Diana)*

Secondly, during the time of work in Austria, there is probably one, not explicit, moment that is also important. It is resolving the initial financial problems, be it a debt or supporting younger children. In more interviews the informants proclaimed that currently, the original reason for such work had disappeared – children had grown up, the mortgage was paid off, but they still keep working in Austria as they did before.

The last common moment is reaching a retirement threshold. Except for Diana and Saša, who are in their thirties, the informants talked about retirement as an important turning point. Some of them wanted to keep working in Austria until their retirement age. Some others had already got Czech pension and keep working because they still want to earn more money and save little more for the time when they will not be able to work anymore. But even for those who keep working the retirement is significant. They know they have some basic income and, therefore, they can, for example, work little less, can have longer breaks between patients etc. Their retirement gives them extra sense of security despite the fact that the Czech pension is not really high.

11.4 Comparative Perspective, "Proving Robust Regularities"?

Austria is one of the typical countries benefiting from the work of migrant care givers. If we compare it with other countries, we can find some similarities but also important differences. Austria is comparable to other countries in the sense that its ageing society is in need of care. At the same time, Austrians themselves do not want to do such work – there is just around 1% of Austrians working in the

[11] Similarly, Kuchyňková and Ezzeddine (2015) found out that such important moment was a loss of work in advanced age and subsequent financial and social difficulties.

24-hour care system (Österle, Bauer 2015). Therefore, the country relies on migrant workers.

The difference from other countries is especially the high degree of regulation and also, as mentioned above, the fact that most care workers are from the EU countries, mostly from Slovakia, Romania, Bulgaria and Hungary. Furthermore, what is different from many other countries is that there is a significant role of agencies organizing the whole system in Austria (including non-profit organisations). They mediate care work and make arrangements for care workers. All these facts were clearly indicated in our interviews. Most of our informants (similarly to other care workers) have found their work just through agencies and currently, they seem to rely on them in all their working arrangements. It seems that from the perspective of Czech workers the existence of agencies helps prevent irregular activities in the sector.[12] The agencies seem to be reliable, stable and well-organized. They also seem to provide good means of control of the working environment and treatment of their workers. On the other hand, it seems quite possible that those agencies that our respondents made use of are those situated higher on the ladder of quality. There may be many other agencies which are far from providing such good services. As already touched above, conditions might be quite different (worse) for workers coming from Romania. But also in their case, the role of agencies will be probably rather important. This is something different from other European countries where the role of individual workers and his/her social networks prevail in the process of finding a job (see e.g. Ungerson 2010; Lutz 2012).

Another issue that is different from the experience of the given field in other countries is the problem of discrimination. As studies from some other regions show us,[13] we can find long stories of discrimination, often connected to ethnic differences among employers and employees. In this study, only one respondent, Diana, mentioned that some of her colleagues were treated badly and that they were told they are just *"... stupid Czechs who will do what we say"*. Apparently, no other demonstrations of discrimination were detected. This can be also due to ethnic and cultural similarities between Czechs/Slovaks and Austrians which might prevent such discrimination. Nevertheless, it is again worth noting that the situation can be quite different for care givers coming from countries further to East, and it would definitely deserve more attention.

On the other hand, what resonates with research experience in this field in many other countries is an important role of emotions (see for example Hondagneu-Sotelo 2007; Lutz 2011). All the respondents agreed that care work is highly demanding, not so much physically (but also) emotionally. Especially Diana developed her thoughts around difficulties of work with family members who might firstly try to tell nurses how they should do their work, but who can be often in stress because of their mother or father dying and therefore behaving disrespectfully or nervously towards their employees. On the other hand, the informants also talked about the

[12] On the other hand, one can deduce that among 29,000 who are estimated in the care sector in irregular position in Austria (see in Reeger, Enengel 2015) Czech females will appear too.

[13] See for example Hondagneu-Sotelo 2007 and Lutz 2011.

fact that they like to work with elderly, that it is a rewarding work and it gives them satisfaction. Therefore, they realize that the emotions also get back to them, that they are there to help somebody in need.

11.5 Concluding Remarks

The intra-European migration currently represents more or less a free migratory field. A very simplified proposition is that during the last decade in harmony with dominating economic motivations (see e.g. Fassmann et al. 2014a, b; Kahanec et al. 2014) CEE´ migrants started to move to the west within the continent while taking jobs at a secondary labour market – those jobs which are manually rather than intellectually demanding (see also in Scholten, van Ostaijen – Introduction; Favell 2013).

This fact is however too general and is ramified into many partial migratory modes and patterns (different in terms of quantity and also "quality" of the migratory flows and, consequently, stocks) whilst some of them can even go against the general proposition described above (e.g. the migration of highly qualified specialists). The emigration and long-term migration of Czechs in general and the migration of Czech care givers to Austria in particular seems to be a "strange type", standing somewhere on the borderline (see discussion on a large variety of the mobility/migration along with the overall feminization of the migratory process - see in Scholten, van Ostaijen - Introduction). Nevertheless, this type fully corresponds to newly identified trends in intra-European migrations (see e.g. Verwiebe et al. 2014), e.g. differentiation of the causes of and motivations for migration, different composition of migration populations as well as new forms of migration and, indeed, new sharply polarized roles on the primary versus secondary labour markets of immigrant societies (see Favell 2013) – see in this context also Kindler (Chap. 10).

As for Czechia, labour migration of Czech care workers to Austria has been - in accordance with the general patterns of migration - based primarily on economic motivation. Since the 1990s, when the economic differences between the two countries were big, Czech women started to migrate to Austria while finding their places mostly in an informal economy of care work. In fact, apart from the "pulls" on the Austrian side, factors such as historical relations, adequate knowledge of German language and shared culture eased the integration into the Austrian labour market. Moreover, after 2011, when Austria fully opened its labour market for Czech workers, new advantages appeared – namely no border controls and no need for special work permits. To summarize, the work of Czech women (supplemented by work of women from other countires, e.g. from Slovakia - Bahna 2014, 2015) has been an important pillar of the care for the elderly in Austria for a long time (Kraler et al. 2008), benefiting all the involved subjects. Despite the fact that the differences in living standards between Austria and Czechia have been diminishing, the wages in health care in Czechia remain fairly low. Hence, working in 2-week shifts in a rich

nearby Austria still offers Czechs some advantages (e.g. decent money and a possibility to find another part-time job at home) and some of them permanently "settle within mobility" (Fassmann et al 2014a, b). It seems apparent (based on statistics and the interviews) however, that over time Czech (and Slovak) women in the care work sector in Austria are gradually being replaced by other female workers from poorer Eastern parts of Europe (namely Romania – see also Bahna 2014) who accept lower salaries and overall worse conditions. Consequently, although there is still a stable migration connection/corridor between Czechia and Austria its strength and character have been changing in the last two decades.

There are three main factors that contributed to creating a specific migratory type we called "**MICO**": geographical closeness (between migrants´ original home and destination where the care service is delivered), a repeated and stable short stay and return model (usually two weeks in Austria and two weeks in Czechia) and a very busy working scheme (not enabling to normally integrate to Austrian society). This model lies between **mi**gration and **co**mmuting and it has, albeit to only a limited extent, some transnational features related chiefly to economic domain/integration, namely a circulation and remittances. Other activities (taking place when migrants stay to work in Austria) within political and sociocultural domains which also belong to key forms of migrant transnationalim (e.g. Boccagni 2012) are almost non-existent. Importantly, there is a very limited existence of a new, Austrian identity among these migrants. Accordingly, there is none or a very limited "socialization pressure" (except for a micro-family level) put on these care givers in the destination country. On the other hand, there is no disruption or breakdown of social/family relations in their mother country (similarly Bahna 2015; Kuchyňková, Ezzeddine 2015). Moreover, based on our interviews it seems that unlike within many other migratory types, the position of these care givers (at least within the legal/formal labour market) is less vulnerable, exploitative and discriminatory as their position is stable and they are well protected by their agencies.

What seems to be obvious however, like within the transnationalism these female migrants are trapped in their "myth of return" (we mean a wish to stop the "**MICO**") and they "tend to settle within mobility" (Fassmann et al. 2014a). They know that once "on the move" their benefits are higher than losses. The consequences of the arrangements described are positive for them since they make use of the free movement in the Schengen area while benefiting from ongoing differences between Czechia and Austria in wages and pensions. The importance of the MICO type is even higher when realizing that besides Czech care givers there is also a much more numerous group of Slovak care givers who would probably fit in it as well (see Bahna 2014, 2015).

Due to harmonizing "push" and "pull" migratory factors between Czechia and Austria in this particular care work sector (springing from wider mainly socioeconomic, demographic, historical and geographical settings), we might predict that the given flow (creating the Czech-Austrian specific migration corridor) will very likely continue in the future whilst having an impact on both Austrian rural areas and Vienna and other big cities.

11.6 Annex

Table 11.2 Number of Czech citizens being employed in the EU/EEA and Switzerland, 2006–2014

Country/year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Belgium	1,593	*	617	2,072	2,210	2,921	*	*	*
Bulgaria	*	*	*	186	10	187	*	*	221
Denmark	*	*	*	155	263	*	470	511	421
Estonia	*	*	7	85	106	121	153	110	*
Finland	11	11	*	135	175	358	408	444	505
France	82	72	96	*	1,163	*	*	*	*
Croatia	*	*	*	*	*	*	*	*	*
Ireland	4,524	12,000	10,230	12,900	12,700	11,960	11,358	10,121	4,256
Iceland	140	120	250	*	*	*	*	*	138
Italy	4,115	4,050	4,496	5,801	6,009	6,134	6,250	5,925	5,561
Cyprus	*	457	403	354	341	*	404	335	*
Liechtenstein	*	*	5	17	19	28	*	*	*
Lithuania	*	*	*	*	*	7	12	4	5
Latvia	*	35	*	125	*	*	*	*	*
Luxembourg	*	*	*	209	*	*	*	824	*
Hungary	118	110	285	261	250	*	*	*	*
Malta	61	66	63	56	77	*	*	*	219
Germany	12,404	13,579	13,931	14,013	14,341	22,372	23,500	26,893	31,753
The Netherlands	1,394	1,250	2,242	*	2,602	2,854	2,954	2,820	3,170
Norway	210	633	544	486	343	385	*	1,579	
Poland	205	164	134	176	1,089	1,183	1,247	1,285	1,950
Portugal	*	*	212	*	*	*	*	*	*
Austria	6,680	5,278	5,060	5,136	6,164	7,782	9,802	11,329	12,742
Romania	*	*	88	15	*	*	*	*	*
Greece	*	*	*	*	*	*	*	*	*
Slovakia	1,065	1,241	1,915	2,293	2,830	3,179	*	3,400	2,525
Slovenia	128	141	76	113	111	72	47	52	92
The United Kingdom	17,400	30,000	20,000	30,500	24,500	33,000	33,850	29,200	37,100
Spain	2,944	2,800	*	2,370	1,200	*	5,757	1,190	3,517
Sweden	140	232	73	*	1,212	1,249	*	1,320	*
Switzerland	1,440	4,157	1,098	4,809	5,570	*	*	*	6,219
Total number of Czech citizens	**54,654**	**76,396**	**61,825**	**82,267**	**83,285**	**93,792**	**96,212**	**97,342**	**112,408**

*Data not available

Source: Internal materials of the Ministry of Labour and Social Affairs of the Czech Republic
Data as of December, 31. Data represents only indicative numbers, while possibly putting side by side not compatible figures – e.g. on employees versus foreign citizens etc. To sum up, data is inaccurate and often incompatible; somewhere it suffers from not deregistration or, on the othe hand, registration of those who also represent second or third generations; some data was not available, somewhere it is only an expert estimate.

Table 11.4 Example of earnings of care givers in 24-hour care system in Austria (2015)

Earnings	
Type of service	Daily gross salary
Basic care for patients with care level between 0 and 3[a]	63 €
Care for patients with dementia with care level between 0 and 3	67 €
Highly qualified care for patients with care level between 0 and 3	70 €
Basic care for patients with care level between 4 and 7	68 €
Highly qualified care for patients with care level between 4 and 7	72 €
Presence of another person in the household	2 €
Care for another person in the household	7 €
Fees	
Initial fee to the agency for training and information seminar (in own language)	318 €
Annual fee to the agency	148 €
Taxes	
Income tax (for earnings between 11,000 € and 25,000 € annually)[b]	36.5%

[a]*The care level is determined by a doctor*
[b]*The earnings up to 11,000 € annually are tax free for self-employed workers. The tax is paid only for the earnings that exceed this amount – up to that sum, there is no taxation which makes the work even more profitable*
Source: based on one of the respective agencies´ documents

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