

# Selling Care Skills? The Multiple Meanings of Training for Polish Live-In Care Workers in Germany

Roxana Fiebig-Spindler 

Institute of Sociology, Goethe University Frankfurt, Germany

**Correspondence:** Roxana Fiebig-Spindler (fiebig-spindler@soz.uni-frankfurt.de)

**Submitted:** 5 January 2026 **Accepted:** 30 April 2026 **Published:** 25 May 2026

**Issue:** This article is part of the issue “Transnational Organization of Labour, Mobility, and Senior Care in Central and Eastern Europe” edited by Ewa Palenga-Möllnbeck (Goethe University Frankfurt), Dora Gabriel (ELTE Centre for Social Sciences / ELTE Centre for Economic and Regional Studies), Olena Fedyuk (CEU Democracy Institute), and Kristine Krause (University of Amsterdam), fully open access at <https://doi.org/10.17645/si.i533>

## Abstract

Migrant care workers from Central and Eastern Europe are essential to Germany’s senior care system, yet their work remains undervalued and poorly regulated. While brokerage agencies often frame live-in care as a “win-win solution,” it is characterized by challenging physical and emotional labor, precarious working conditions, low pay, legal ambiguity, and long working hours. Over the past 15 years, the sector has shifted from informal arrangements to a formalized market increasingly dominated by transnational brokerage agencies. These agencies not only recruit and place workers in households, but also offer services such as consulting, lobbying, and increasingly education through specialized training programs for live-ins, presenting themselves as drivers of professionalization and formalization. However, there are no legally defined qualifications for live-in carers. To appeal to clients, agencies depict Polish caregivers both as “naturally skilled” due to gendered, ethnicized, and age-related attributes and as “trained and experienced” through internal courses. This article explores the multiple meanings of training by examining its role from the perspective of both agencies and live-in care workers, based on narrative interviews and fieldwork in Poland and Germany and by adopting an intersectional lens. The article argues that although training has the potential to improve working conditions and care quality, it remains limited by structural inequalities and a lack of regulation. Without broader legal reforms, there is a risk that training will continue to serve more as a marketing strategy for agencies than as a tool for the genuine, fair, and sustainable formalization of the live-in care sector.

## Keywords

care brokerage; labor mobility; live-in; marketization; migrant care work; training for care workers; transnational senior care

## 1. Introduction

In Germany, as in many Western European countries, migrant care workers from Central and Eastern Europe, particularly from Poland, play a crucial role in meeting the increasing care demands of an aging population. Even two decades after the EU's eastward enlargement, a geopolitical division persists, with Central and Eastern European countries primarily serving as sending states for care workers, while wealthier Western nations function as receiving countries (Aulenbacher et al., 2024, p. 4). This pattern reflects economic inequalities, demographic shifts, and policy frameworks that shape a transnational care market characterized by feminization and precarity (Theobald, 2018). The live-in care model, where migrant caregivers reside in private households, has become an important pillar of the German care system, with an estimated 500,000 caregivers, most of them from Poland (Lutz & Benazha, 2020, p. 7). The EU promotes an adult-worker model, encouraging women to participate in full-time employment (Lewis & Giullari, 2005). However, Germany's familialistic care regime continues to assign primary responsibility for care work to women, creating a "double burden" for them (Palenga-Möllenbeck & Fiebig-Spindler, 2025, p. 559). Transnational live-in care is often framed as a "win-win solution" (Aulenbacher et al., 2021, p. 119) to this dilemma: Families access affordable care that aligns with cultural preferences for aging in place, while migrant care workers, mostly Polish women in their 50s or older, are attracted by financial incentives such as the 1:3 income gap between Germany and Poland (Palenga-Möllenbeck, 2024). This enables (German) women to buy themselves out of reproductive labor to engage in paid employment, resulting in an ethnicized redistribution of care work to women from poorer countries (Hess, 2002, p. 109), as well as the defamilialization and commodification of care. However, live-in care workers face structural inequalities, such as low wages ranging from €1,500 to €2,200 net per month (regardless of whether they are employed irregularly or through an agency), long working hours, emotional and physical strain, the requirement that they be available around the clock, and often no or limited protection under labor law. Clients who wish to use a brokerage agency to employ live-in care workers have to pay around €3,500 per month in total, which is why the black market is still attractive. The live-in care model is characterized by a lack of regulation and control mechanisms, resulting in a female-dominated labor market segment with precarious working conditions (Theobald, 2018). The German state, as Lutz and Palenga-Möllenbeck argue, plays a complicit role in this system, which reflects neo-colonial structures of care work organized along gendered and racialized lines (Lutz & Palenga-Möllenbeck, 2010). This devaluation of both care and migrant labor contributes to a general reluctance to invest in or pay adequately for live-in care.

Furthermore, national migration policies shape the integration of migrant workers into labor markets (Lutz & Benazha, 2020). In the case of Germany and Poland, both EU member states, freedom of movement applies. Combined with Germany's cash-for-care system, the state effectively acts as a knowing accomplice, tolerating undocumented and informal care work in private households to prevent the collapse of an inadequate care system and avoid public criticism over its failures (Lutz & Palenga-Möllenbeck, 2011).

Despite their central role in senior care, Polish live-in caregivers lack formal training and professional recognition, as there are no legally defined qualification standards. Brokerage agencies present them as experienced, dedicated, and culturally proximate quasi-family members (Prieler, 2021, p. 1), reinforcing the notion that what they need and possess are "natural" caregiving skills. Thus, the ideal caregiver personality type is coded as feminine and associated with specific cultural/ethnic backgrounds (Nyssen, 2024, p. 55) and a certain age. Therefore, training programs must be examined not just as skill-building measures, but through

an intersectional lens as sites where economic interests, social hierarchies, and normative expectations surrounding care work intersect along gendered and ethnicized lines.

At the same time, care recipients and their families increasingly expect certain qualifications, particularly in language proficiency and caregiving skills. In response, agencies have introduced training programs aimed at enhancing the marketability of care workers and legitimizing their services (which, in contrast to those available on the black market, are often more expensive). However, live-in care work covers a wide range of activities that are not legally regulated, including housekeeping, cooking, personal care, and companionship, all of which require person-centered care (Grenz & von Kutzleben, 2024, p. 7), a holistic proximity to the care recipient, and “emotional labor” (Hochschild, 1985). This individual approach to care relies heavily on implicit knowledge, “informal learning” (Latham et al., 2024), and so-called soft skills, including physical and psychological resilience and the ability to build emotional relationships with the care recipients. Thus, as this article will show, the standardization and formalization of live-in care, and thus training for live-in carers, remain highly challenging.

## 2. Data and Methodology

This article is based on data and findings from the international research project CareOrg – Researching the Transnational Organization of Senior Care, Labor and Mobility in Central and Eastern Europe, funded by the Volkswagen Foundation from 2023 to 2027. The project examines the marketization and transnational organization of senior care in Central and Eastern Europe. This study specifically draws on data from the Polish-German sub-project. The primary findings stem from semi-structured interviews conducted in Germany and Poland between 2020 and 2025 with two owners of German brokerage agencies, four owners of Polish agencies, 10 employees of Polish agencies, two representatives of trade unions, two representatives of a counselling center, and three representatives of employers’ associations. Additionally, a focus group interview with six Polish care workers and 12 individual interviews with Polish care workers were conducted. In addition, participatory observations were conducted during training sessions for care workers and recruiters, as well as an online first-aid course. A content analysis of agency-provided learning materials, including e-learning courses, complemented the data. The analysis was guided by questions on how different actors assess training, which skills and qualities they emphasize, and how references to ethnicity, gender, and age shape these perspectives. All interviews were conducted in the participants’ native language, transcribed, and analyzed using MAXQDA following a grounded theory approach (Glaser & Strauss, 2017). This approach informed not only data collection and coding but also the inductive development of categories through constant comparison across interviews, observations, and materials. The analysis is structured around emerging themes, tensions, and contradictions, foregrounding the situated perspectives of different actors.

## 3. Formal Training in the Live-In Care Sector

For the purposes of this article, I define the training offered by brokerage agencies as formal due to the absence of a regulated system of standardized qualifications with officially recognized credentials for live-in care workers: It is voluntary, free of charge, based on internal standards and curricula, and typically results in certification for care workers. In contrast, informal training refers to non-standardized, individualized instruction or learning that takes place directly “on the job,” through experience and improvisation in everyday care work.

Drawing on Hayes et al. (2019), I conceptualize professionalization in long-term care as the improvement of care workers' qualifications through regular training, alongside enhanced pay and working conditions. In line with Kispeter and Hussein (2026), I also consider the quality of care—particularly person-centered approaches—and care workers' autonomy, defined as their discretion to make confident decisions independently, as additional dimensions of professionalization. Furthermore, professionalization in the context of live-in care also means the professionalization of the services offered by intermediary agencies. The placement of Polish care workers in German households has shifted from an informal transnational care chain to a formalized and complex value chain (Palenga-Möllenbeck, 2024, pp. 23–24). Previously informally arranged through direct agreements or migrant networks, live-in care work has now become increasingly formalized and professionalized in response to the growing marketization of care work across Europe (Farris & Marchetti, 2017) and brokered by intermediary agencies (Aulenbacher et al., 2024, p. 25). These agencies play a key role in self-regulating, lobbying, and promoting the largely unregulated live-in care sector (Aulenbacher et al., 2021, 2024; Leiber et al., 2021; Palenga-Möllenbeck, 2024). Beyond recruitment and placement, they offer management, professional, and administrative support, marketing, lobbying, and increasingly a wide spectrum of training formats, including webinars, on-site courses, online learning platforms, informational materials via Facebook or agency websites, and consulting hotlines. Thematically, training spans illnesses common in old age (e.g., dementia, Alzheimer's, Parkinson's, diabetes), hygiene and care techniques (e.g., caring for bedridden patients, changing adult diapers), the use of assistive devices (e.g., operating a lift), first aid, language skills, and psychological topics (e.g., depression or dementia). The duration of training courses also varies greatly. Online courses on specific topics usually last between one and two hours, while on-site training courses can last from two hours to several days. One employers' association recommends a qualification that comprises a total of 440 hours (including 80 hours of online learning on domestic care and 320 hours of practical work).

Digital formats are attractive for live-ins, as this enables workers to access materials across borders and at flexible times, and agencies, because they are cost-efficient, enable participation tracking, and reach a wide audience. However, they also create barriers. Most live-in caregivers are over 50, and some well into their 70s, with varying degrees of digital literacy. According to one agency's head of training, around 20% of caregivers cannot complete online training at all, 30% require significant support, and only 50% manage independently. This illustrates how digital learning presupposes certain abilities such as reading comprehension, concentration, and digital competence, as well as reliable access to technology, thereby excluding some groups of caregivers.

Some agencies also provide expert hotlines staffed by nurses or psychologists, offering personalized advice. While highly valued in light of the holistic care approach expected from live-in workers, this individualized support by specialized staff is costly for agencies and therefore often substituted by internal staff such as recruiters or project managers who hold additional qualifications (e.g., nutrition, psychology, physiotherapy).

#### 4. Field Examples: Experiences From an Online Course and an On-Site Workshop

The online first aid course I attended was free of charge and open to the public, offered by a large Polish agency. Participation required registration with personal contact details via the agency's website, after which I received a link to the online session. Two days prior to the course, I received a reminder text message in Polish, asking me to indicate my motivation for attending. An additional reminder email, including the webinar link, was sent

one hour before the course. The session took place at 7 p.m. and lasted nearly two hours. Unfortunately, the number of participants in the online course was undisclosed, though there was lively participation in the chat.

The course appeared to be highly professional in its organization and delivery. Two young nurses, who served as trainers, presented practical knowledge, discussed relevant legal regulations concerning first aid, answered questions, and illustrated their input with examples from real-life situations in which live-in caregivers had been required to administer first aid. However, online formats face considerable limitations in relation to practical skills, since there is no possibility of hands-on demonstration and repetition. Thus, participants were encouraged to reinforce the acquired knowledge by taking an on-site first aid course to learn techniques such as cardiopulmonary resuscitation (CPR) with professional guidance.

The online course functioned not only as a skill-building measure, but also as a recruitment and marketing tool. Throughout the presentation, participants were repeatedly encouraged to consult the agency's job offers or to rate the company positively on Google and Facebook. Immediately after the course, I received an email—this time in German, whereas all previous communication had been in Polish—with a link to download a training certificate. The following day, another email provided access to the course recording on YouTube. Since attending, I have regularly received further emails with job offers from the agency, underlining that the online course serves not only as a training opportunity but also as a key recruitment strategy for care workers.

I also attended an on-site training session on maintaining a healthy back at work, organized by another large Polish agency and delivered by a staff member who was also a trained physiotherapist. The session took place at the agency's head office and was attended by around 15 care workers, most of them in their 50s and 60s, with two participants in their 70s. The agency created a welcoming atmosphere by providing hot and cold drinks as well as snacks. After the training, the workshop organizer told me that this was important to make participants feel comfortable and valued.

The physiotherapist demonstrated techniques for performing physically demanding tasks, such as lifting people in wheelchairs or transferring them to a bed, in ways that minimize physical strain. He also introduced muscle relaxation exercises and presented supportive tools, including small self-massage devices that participants could try out during the session. Ample time was set aside for questions and discussion, which proved particularly important given the participants' strong need to exchange experiences. Since most live-in caregivers work in isolation in Germany and rarely have opportunities to meet colleagues, the training session also served as a valuable space for social interaction and peer support. Outside such settings, peer-to-peer exchange is typically limited to travel time between Poland and Germany, as care workers often commute together via door-to-door transport services, such as agency-organized minibuses, or to online forums, including Facebook groups. At the end of the session, participants received a certificate along with a small goodie bag containing the agency's marketing materials.

## 5. Selling Care: How Agencies Invest in Training as Strategy

The field examples described above highlight the ambivalent role of training provided by agencies in the live-in care sector. On the one hand, agencies provide structured learning opportunities, offer certification, and facilitate cross-border knowledge transfer. On the other hand, training also serves as a recruitment and

marketing tool and key instrument through which agencies manage client expectations and position themselves in a highly competitive market. This section explores these tensions in greater detail.

Trained staff enhance agencies' competitiveness in the care market by meeting German clients' high expectations regarding caregivers' skills and knowledge. As the head of recruitment at a large Polish agency explained, agencies must justify higher fees to clients and distinguish themselves not only from competitors but also from the still-prevalent informal (black) market:

Ladies who used to work in the black market don't know how the market has changed over the years, how it all works. Our main task is to make them aware of this and to sell them this training product, because this way we have an easier way later on to sell...let's say the carer, to offer her as the attractive option, more attractive than the others who don't have this training.

In this context, training becomes a tradable resource within the transnational value chains shaped by brokerage agencies (Palenga-Möllenbeck, 2024). Higher qualifications and enhanced knowledge not only improve the quality of care but also increase satisfaction among both clients and caregivers. This, in turn, lowers agency costs by decreasing the frequency of unplanned caregiver changes—events that often generate additional administrative work and transportation expenses. Moreover, given intense competition, agencies depend heavily on positive recommendations from both clients and caregivers.

Nevertheless, many agencies restrict access to free training to specific groups. For example, one agency provides an online language course to all prospective caregivers, but full access to its learning platform is reserved for those already formally contracted. In this way, introductory courses function as recruitment tools designed to attract new workers, while more comprehensive training serves to secure loyalty among those already employed.

Some agencies are implementing training programs in anticipation of future regulations mandating basic qualifications for live-in caregivers, even if the immediate return on investment is limited. As one German agency owner put it:

It's a mixture of—you believe in it, you believe it improves quality, you're preparing for the future, and you hope it will become binding at some point.

Still, all interview partners emphasized that investing in training is financially risky, as caregivers can readily find work without formal qualifications and are often not interested in training. As a representative of an employers' organization put it:

What motivation does a 63-year-old caregiver from Romania have to pay several hundred euros for a course when she could still find a job without it?

One agency reported that although external caregivers can purchase access to their online courses, there is limited demand. Another agency owner recounted how she sold her jewelry when she first started her business to fund German lessons for caregivers, but many of the trainees left the agency soon after completing the course to work for others or informally. Since there are now many free online German courses available, the

agency owner stopped offering her own courses. This underscores the difficulty of retaining workers, making investment in training risky for agencies. Consequently, only large agencies with many employees, clients, and caregivers are currently in a position to afford and sustain training programs. Thus, many stakeholders advocate for the introduction of a standardized employment model with minimum qualification requirements in order to curb the black market, improve working conditions, and enhance the quality of care. They argue that such measures should be publicly funded to ensure fair caregiver compensation and avoid placing additional financial burdens on families, which could lead to a shift back to the black market.

All the agencies we interviewed emphasized the shortage of staff as one of the sector's greatest challenges, as many caregivers themselves are aging. Offering training, counselling, and support helps agencies position themselves as attractive employers, fostering satisfaction and loyalty among care workers while reducing turnover. At the same time, the economic and social conditions in Poland are improving, making it easier for younger, better-educated individuals—especially women—to find work domestically or in more appealing sectors abroad. As a result, agencies are increasingly recruiting from less affluent Eastern European countries such as Romania, Ukraine, and Bulgaria to meet rising demand. This trend reflects and reinforces racialized assumptions and global inequalities, as one recruitment manager from a Polish agency openly admitted:

These ladies are more hardworking and committed. Our carers have been going to Germany for years. Their expectations have increased—they want to earn more while doing less. Women from the eastern border, like Romania or Ukraine, are in a different situation. They know they have to work hard to earn a good wage. It's just easier with them.

However, the recruitment manager acknowledged that many of these women lack German language skills, making the development of training and language courses increasingly important. In this way, agencies seek to meet client expectations without improving working conditions or raising wages—ultimately perpetuating global care injustices. The following section examines in more detail how agencies manage client expectations by drawing on and reproducing narratives that frame care as a culturally inherited and “natural” ability of women, particularly those from Central and Eastern Europe.

## 6. Between Naturalized and Professionalized Notions of Care: How Agencies Manage Client Expectations

Live-in care is predominantly performed by women, reflecting gendered norms that frame care and domestic labor as inherently “female” (Lutz & Benazha, 2020). Such work is often perceived as natural and unskilled, contributing to its ongoing devaluation and low pay (Bolton, 2009). Feminist scholars have long challenged this narrative, emphasizing the essential role of care work for both human sustenance and societal reproduction, inside and outside the formal labor market (Ivancheva & Keating, 2020).

In live-in care, these conceptions intersect with ethnicity. Agencies frequently use national origin—particularly from Central and Eastern Europe—as a marketing tool, portraying caregiving as a culturally inherited skill. For instance, Polish caregivers are often depicted as especially suited to care due to presumed multigenerational family traditions, despite evidence that such family structures are no longer predominant in Poland (Bartova et al., 2023).

Ethnicity, gender, and age shape the construction of the “ideal” live-in caregiver (Aulenbacher et al., 2021; Prieler, 2021, p. 487). Women, especially women from Eastern Europe, are frequently assumed to possess an innate motivation and ability to care, alongside availability around the clock and resilience (Pfeil et al., 2020; Weicht, 2011). However, a former Polish agency owner criticized the cultural essentialization of Polish women and stressed the need for psychosocial skills:

It seems to them [the German clients and German agencies] that because we still live in multi-generational families and homes in Poland, we take care of our seniors at home, although it's not quite like that either. They think this is enough. Well, unfortunately, it is not enough, because to be able to work with a sick person or with an older person, you need to have some psychosocial predisposition....It is also necessary to simply have a way with these people.

The feminization and ethnicization of care workers intersect with age-related discourses. Clients often favor older women, associating age with life experience, maternal traits, and a strong sense of duty (Krawietz, 2014). Yet beyond a certain age—typically 70—caregivers may be seen as physically unfit for the job.

Live-in workers are expected to fulfill multiple, often contradictory roles: service providers, professional caregivers, moral actors, and quasi-family members (Gerhards et al., 2022). However, these expectations are rarely met in practice. Furthermore, agencies valorize motives such as a calling to help others, while financial necessity is viewed negatively (Chau, 2019; Prieler, 2021, p. 489), as this quote from a Polish agency owner shows:

Germans expect a professional, trained caregiver to come to their home and provide care services. She doesn't smoke, has a driver's license, and is between 40 and 60 years old. Believe me, I might still find someone aged 50–60, but a non-smoking, empathetic caregiver aged 40–50? No. Most of these women are struggling financially in Poland for various reasons....They learned German somewhere, at school, but they are not truly suited as a caregiver.

According to agencies, clients value person-centered care, emotional engagement, and language skills (Grenz & von Kutzleben, 2024). However, clients are not willing to pay more for the latter, forcing agencies to balance the expectations of clients and caregivers, as this example from a Polish agency manager who had lived in Austria for many years shows:

The lady...says: “Please find me a carer, I want her to talk like you.” “But I'm at level C1.” “Well, I can communicate with you,” she says. “But I'm at level C1! I can go to university in your country and study normally, as a student....If that's the language level you want, you will have to pay x euros extra.” And she says, “No, that's too expensive.”

To prevent potential conflicts about unmet expectations, some agencies offer sample recordings of carers speaking German. Most agencies also work with bilingual recruiters and managers and offer free online language courses for job applicants without language skills. A training manager at a major Polish agency described this approach as “creating” a care worker. Another reported strategy of agencies to improve the employability of their care workers was to exaggerate their informal care experience, e.g., suggesting that visiting a bedridden aunt equals “three months of experience.” Training certificates and references—collected

from families to validate caregivers' experience and competencies—are becoming increasingly important. Ultimately, however, compatibility is often valued more than formal qualifications, as one agency owner put it:

They have to match. It's not even about skills, but to a client who likes to shout and dominate, you don't send a carer with the same traits...you have to send one who is polite, compliant. And vice versa...and that way everybody is happy.

In conclusion, brokerage agencies align their qualification criteria with client expectations while struggling to meet high demands within the constraints of low wages and a limited workforce. Following a neo-colonial and neo-liberal logic, they employ various strategies, including training programs and exaggerated portrayals of experience and skills, while at the same time focusing on interpersonal compatibility and gendered and ethnicized marketing to “sell” caregivers to clients. Crucially, while skills such as empathy, patience, and communication are in many professions taught, assessed, and formalized through training, in live-in care they are frequently framed as personal traits rooted in gender, culture, or upbringing. This framing shifts them from the realm of acquired competencies to that of presumed “natural” dispositions, particularly when associated with femininity or specific national backgrounds. As a result, these skills are less likely to be recognized as qualifications that require investment, remuneration, and formal validation. By emphasizing soft skills in this essentialized way, agencies present training as optional—while using it to signal their professionalism without altering structural conditions such as contracts, wages, or working hours.

## 7. Caring as Calling? Polish Live-Ins Navigating Skills, Values, and Expectations

While the previous section has shown how agencies use training and frame skills to meet client expectations and to position themselves in a competitive market, this section shifts the focus to caregivers' perspectives, highlighting the fundamental tension Polish live-in care workers experience between person-centered care, framed as a quasi-familial “calling” grounded in supposedly innate qualities and values, and processes of professionalization.

When asked about key qualifications, carers emphasize soft skills, especially empathy and patience, as essential for working with older or ill individuals, such as those with dementia. This focus reinforces dominant narratives that portray caregiving as an innate ability. Yet their accounts also reveal an ambivalence: While some describe the job as “just like at home,” likening it to household chores and reproducing the image of unskilled reproductive labor, others stress the hardships of transnational care work—poor conditions, isolation, long absences from family, and the “high physical, mental and emotional costs of live-in care” (Prieler, 2021, p. 489). In light of these challenges, psychological resilience is often seen as the most important skill.

Therefore, caregivers often cope with the emotional demands of their work by familiarizing the care setting, calling the care recipients “grandma” or “grandpa,” and adopting Christian philosophies like “you reap what you sow,” as one carer expressed it:

When I do something, it's like I'm doing it at home....It's like taking care of my own mother....I can't do it any other way. Maybe that's why it comes back to me in some way.

Care workers also take up the discourse of the “right” motivation for working as a live-in carer (Prieler, 2021, p. 489), often citing strong family bonds and Christian values. This reinforces the enduring Polish myth of the “Matka Polka” (Polish Mother), which is historically rooted in the times of the Partitions of Poland and portrays women as self-sacrificing caregivers. It is entangled in the relations of the social hierarchy of power, disciplining women into accepting caregiving and motherhood as the basis of women’s identity and the most important determinant of their social roles in the national community (Hryciuk & Korolczuk, 2012, pp. 11–12).

Older women in Poland particularly have internalized these gendered expectations that also shape how Polish carers perceive German attitudes toward (senior) care, which they see as selfish and cold. That way, care workers reaffirm their self-worth within the asymmetric power dynamics they face, as this quote from a Polish care worker shows:

Well, unfortunately, this is the German mentality, isn’t it, that children don’t feel obliged to take care of their parents and that parents...don’t want to bother them....For us this is sad, we are taught differently in Poland...They cannot imagine how you can devote your life...to taking care of your own mother at home.

Carers are expected to provide holistic, individualized care and to conform to the daily rhythms and preferences of care recipients. Nonetheless, this does not mean they lack agency. Many actively shape their working conditions by finding creative solutions to manage their workload, as illustrated in this anecdote from a care worker:

I recently worked with an older couple—a man with Parkinson’s and a woman with dementia. When I arrived, I learned I was expected to shave the man. I had never done that before and didn’t feel comfortable with it. So, I turned to his wife and said, “You know how he likes it.” For the next two months, she shaved him herself, bringing his razor every morning.

While care workers stress the importance of innate “soft skills,” a 2023 online survey from the Austrian MigraCare project found that 76% of the 225 migrant live-in carers surveyed wanted more training in specific areas (Wojczewski et al., 2023). The most requested topics included managing difficult caregiving relationships, understanding legal rights and responsibilities, and handling aggression or sexual harassment. Our research confirms that the caregivers who participated in the training sessions found them very useful and would like to continue receiving training in the future. These findings highlight the need to provide care workers with better access to education and information. However, formal training occupies an ambivalent position for live-in care workers, as will be discussed in the following section.

## 8. Opportunities and Limitations of (In)Formal Training From The Care Workers’ Perspective

Many caregivers perceive limited benefits regarding formal training—particularly when additional qualifications do not translate into higher pay (Sobiesiak-Penszko, 2015). Given the already high costs of live-in care for families (such care is only affordable for upper-middle-class households) and the limited state subsidies available (Palenga-Möllenbeck & Fiebig-Spindler, 2025, p. 8), agencies reported that many clients are unwilling or unable to pay more for better-qualified staff. As a result, incentives to invest time and effort

in training remain low. However, our research underscores the central role of language skills in live-in care. Beyond improving salaries, such skills shape relationships with care recipients and families, enable the negotiation of working conditions, and are essential in emergencies. When these skills are absent, there is an increase in vulnerability, as one caregiver's story illustrates: For five years, she endured exploitative conditions—caring for a woman with dementia, cooking for extended family and neighbors, and performing tasks she wasn't trained for, such as speech therapy and physical activation—without the language confidence to set boundaries. Our research confirms that care workers tend to compensate for limited skills by taking on extra duties. However, others mitigate gaps through strategies like using translation apps or relying on bilingual agency staff. In addition, most live-in caregivers are retired or approaching retirement age (Rösler et al., 2023), and have already extensive care experience and little interest in career advancement. As the existing training is not standardized, it does not enable care workers to progress in their career anyway, for example by moving into a different sector, and this also makes it unattractive for younger live-ins. Practical barriers—including age, educational background, and the need to use scarce free time for training—further limit participation.

At the same time, live-in care workers acknowledge that training in areas such as care techniques, managing age-related illnesses, understanding rights and responsibilities, and language acquisition can provide important benefits. Specialist knowledge, e.g., about dementia, can improve the quality of personalized care (Damant et al., 2023; Ettelt et al., 2020), and so can training that aims to improve care workers' emotional and interpersonal skills (Hayajneh & Shehadeh, 2014; Manthorpe et al., 2017). Training can increase their confidence, improve their communication and negotiation skills, and enhance their autonomy in the hierarchical relationships with care recipients, their families, and agencies. Workplace autonomy is also considered a key source of dignity in an occupation often perceived as dirty and undervalued (Kispeter & Hussein, 2026; Stacey, 2005). As a result, training may contribute indirectly to better pay, higher job satisfaction, reduced stress and anxiety, and greater self-efficacy (Kuo et al., 2025; Prosen & Piskar, 2015). Furthermore, knowledge of how to properly use care aids (e.g., lifts) can reduce physical strain and health risks such as back injuries.

However, these benefits remain limited. We found that higher qualifications—especially in language proficiency or complex care tasks—are often associated with more demanding assignments, both physically and emotionally. Many live-ins, particularly older workers, therefore deliberately choose less demanding positions, even if they are lower paid. Furthermore, while formal training can enhance professional recognition, it may also introduce greater distance in relationships with care recipients, potentially conflicting with expectations of closeness and quasi-familial care (Hayes et al., 2019; Lewis & West, 2014; Walsh & Shutes, 2013).

A key limitation of formal training lies in its inability to fully prepare caregivers for the unpredictable, emotionally challenging situations they may experience—particularly in dementia care (Latham et al., 2024, p. 752). One representative of a German employers' association expressed this clearly:

These dementia situations are challenging....It's easy to say "Stay calm" when we're sitting at our desks. But when I'm standing in front of someone with dementia who suddenly drops their pants, gets angry, or hits me—staying calm is a pipe dream.

Caregivers confirmed this view, noting that each placement is a surprise, regardless of agency-provided descriptions. Patients, households, and health conditions vary widely, requiring caregivers to adapt continuously and rely on informal, on-the-job learning, which makes standardized training inherently limited. As Latham et al. (2024, p. 747) and others argue (Anvik et al., 2020; Eraut, 2004, 2007), practice in care is often guided by the principle “what works is what matters,” grounded in everyday interactions with clients, families, colleagues, and agency staff. In this sense, “learning to care is essentially and inevitably learning to care in this particular place” (Latham et al., 2024, p. 757).

Moreover, while formal training addresses certain skill gaps, much learning continues to take place informally—through improvisation, experience, and peer exchange in everyday care situations, as care workers explained during the on-site training in which I participated. One caregiver recounted her experience caring for a dementia patient, noting how much she learned through daily conversations with the patient’s daughter:

We always talked about what the client was doing, reflected on how to react, and so on. During this assignment, I learned the most...You have to observe, you have to do things yourself—you learn it from the people you care for, unfortunately. But I also believe that this kind of knowledge cannot simply be taught from books.

Positive relationships play a pivotal role in live-in care and for the job satisfaction of the caregivers, owing to the intimate and immersive nature of the care arrangement (Cohen-Mansfield & Golander, 2021; Iecovich, 2011). While training can improve care skills, it has limited influence on the quality of care relationships, which often hinge on mutual respect, understanding, and interpersonal “chemistry” (which is often cited in interviews by all parties involved). Thus, training for caregivers alone is insufficient to improve working conditions, as this anecdote of a care worker shows:

I started at 7 a.m. and often didn’t go to bed until 1 or 2 a.m., only when grandmother finally fell asleep....The family also expected me to do everything, even tasks meant for specialists, like speech therapy, which I refused because I’m not trained for that. After she broke her hip, I was even told to handle her mobilization myself, because the family didn’t want to pay for her specialist care.

Such accounts highlight that unmet expectations and unclear task boundaries remain central challenges. A lack of awareness regarding caregivers’ rights, responsibilities, and limitations often leads to conflicts and overburdening. While mutual training or counselling could help align expectations and improve relationships and working conditions, such initiatives are rarely offered by agencies beyond basic information provision. More fundamentally, the impact of training is constrained by the structural conditions of the unregulated live-in care system, shaped by for-profit agencies and persistent undervaluation of care work.

Finally, our findings suggest that collaboration between live-in caregivers and outpatient services offers a promising way to bridge the gap between formal training and practice. Larger German agencies increasingly integrate outpatient care into their services: Qualified nurses monitor patient health, perform quality checks, and step in when tasks exceed caregivers’ competencies. At the same time, nurses provide on-site instruction—for example, in using lifts or medical devices. Many caregivers reported such informal guidance as highly valuable, even when no formal cooperation existed. Others, however, expressed frustration, feeling that they

were expected to take over and perform tasks usually assigned to qualified staff, even though they did not have the legal authority to do so.

## 9. Conclusion

As this study has shown, training for live-in caregivers is often presented by agencies as a key solution for improving care quality and meeting the expectations of both clients and workers. This framing suggests that a lack of training is the central issue. However, extensive research indicates that the main challenges lie in structural conditions, including precarious employment, low pay, long working hours, and physically and emotionally demanding labor (Aulenbacher et al., 2021, 2024; Grenz & von Kutzleben, 2024; Prieler, 2021), which significantly shape care quality.

At the same time, the emphasis on training must be understood in relation to the business model of transnational brokerage agencies. Operating in a competitive, price-sensitive market, agencies depend on maintaining a flexible workforce while keeping labor costs low. Training thus serves a dual function: It enhances the agencies' competitiveness and signals quality to clients and care workers, without fundamentally altering wage structures or working conditions. This dynamic also explains the emphasis on soft skills such as empathy and adaptability. Although these can be developed through training, they are often framed as personal or culturally embedded traits, allowing agencies to valorize care work without recognizing it as a formally qualified activity that would justify higher pay.

Responsibility for improving conditions is frequently shifted onto policymakers. Agencies argue that better-qualified care workers would require increased public subsidies, thereby externalizing the costs of professionalization. This highlights a fundamental tension between the organization of live-in care as a for-profit market and the goal of ensuring fair working conditions and high-quality care. As long as profitability depends on cost minimization, there are clear limits to professionalization.

At the same time, meaningful improvements require stronger political and societal recognition of care work. In the German labor market, higher qualifications are usually linked to better pay and working conditions (Wirtschafts- und Sozialwissenschaftliches Institut, 2021), yet this does not apply to reproductive labor, particularly migrant care work. As Hochschild (2000) has shown, transnational care arrangements are embedded in global inequalities that devalue care labor while rendering it indispensable. Addressing these inequalities requires not only regulation but also substantial public investment, including stronger enforcement of labor standards and expanded care infrastructure.

The study further highlights the contradictory expectations placed on Polish live-in caregivers. While agencies and families increasingly demand formal skills, caregivers emphasize adaptability, resilience, and practical experience. The specific conditions of live-in care intensify these tensions. Caregivers face isolation, long absences from home, and the need to adapt constantly to individual households. Although agencies offer training and support, these remain limited and often voluntary. The lack of clear legal definitions of tasks and rights complicates the development of standardized training, leading to uneven quality of training. Online formats increase accessibility but cannot fully replace supervised, practice-based instruction. Much learning continues to occur informally through practice, observation, and peer exchange. While training can enhance employability, its impact on working conditions remains constrained by families' limited willingness

or ability to pay higher wages, partly due to insufficient public funding. Thus, for many caregivers, training remains unattractive because it requires time and effort without offering clear or immediate financial returns or improved working conditions.

However, when it is accessible and well-designed, training can enhance both care quality and job satisfaction. Caregivers particularly value opportunities for mental and physical health support, peer exchange, language learning, and greater awareness of their rights, which can strengthen their autonomy and self-efficacy.

In conclusion, a sustainable and just live-in care model requires a holistic approach. Policymakers must establish comprehensive regulatory frameworks, qualification and training standards, effective control mechanisms, financial incentives for qualified caregivers, and closer cooperation between live-in workers and outpatient services, without exposing caregivers to further exploitation. Alternative approaches, including a stronger role for non-profit providers such as Caritas or Diakonie, may help rebalance care quality, worker protection, and affordability. Ultimately, meaningful professionalization depends on aligning regulation, funding, and organizational structures to move beyond cost minimization and recognize care work as an essential part of the social infrastructure.

### Acknowledgments

The author would like to thank the anonymous reviewers and editors for their constructive and insightful comments, as well as the individuals who shared their personal experiences with the author and made this study possible.

### Funding

The project CareOrg – Researching the Transnational Organization of Senior Care, Labor and Mobility in Central and Eastern Europe (2023–2027; <https://careorg.eu>) is funded by the Volkswagen Foundation (VolkswagenStiftung). Publication of this article in open access was made possible through the institutional membership agreement between Goethe University Frankfurt and Cogitatio Press.

### Conflict of Interests

The author declares no conflict of interests.

### Data Availability

The ethnographic data on which this study is based are stored on secure data servers of Goethe University Frankfurt. They are confidential and context-dependent and cannot be shared in accordance with research ethics commitments made to participants.

### LLMs Disclosure

ChatGPT and DeepL, run in a secure, university-owned environment, were used only for translations and language and grammar editing, and their outputs were critically revised by the author; the LLM tools did not generate or modify the substantive content of this manuscript.

### References

Anvik, C., Vedeler, J. S., Wegener, C., Slettebø, Å., & Ødegård, A. (2020). Practice-based learning and innovation in nursing homes. *Journal of Workplace Learning*, 32(2), 122–134. <https://doi.org/10.1108/JWL-09-2019-0112>

- Aulenbacher, B., Lutz, H., Palenga-Möllnbeck, E., & Schwiter, K. (Eds.). (2024). *Home care for sale: The transnational brokering of senior care in Europe*. Sage.
- Aulenbacher, B., Lutz, H., & Schwiter, K. (2021). *Gute Sorge ohne gute Arbeit? Live-in-Care in Deutschland, Österreich und der Schweiz*. Beltz Juventa.
- Bartova, A., Thaning, M., Van Lancker, W., Backman, L., & Nieuwenhuis, R. (2023). *Family profiles: Risks, resources and inequalities* (rEUsilience Working Paper Series, No. 1). rEUsilience. <https://doi.org/10.31235/osf.io/7uaf6>
- Bolton, S. C. (2009). The lady vanishes: Women's work and affective labour. *International Journal of Work Organisation and Emotion*, 3(1), 72–80.
- Chau, H. S. (2019). Producing (im)mobilities in home care for the elderly: The role of home care agencies in Switzerland. *International Journal of Ageing and Later Life*, 13(2), 23–50. <https://doi.org/10.3384/ijal.1652-8670.18396>
- Cohen-Mansfield, J., & Golander, H. (2021). Predictors of migrant live-in care workers' burden/burnout and job satisfaction when caring for frail older persons in Israel. *The Journals of Gerontology: Series B*, 76(6), 1151–1160. <https://doi.org/10.1093/geronb/gbaa171>
- Damant, J., Ettelt, S., Perkins, M., Lorraine, W., Wittenberg, R., & Mays, N. (2023). Facilitators of, and barriers to, personalisation in care homes in England: Evidence from Care Quality Commission inspection reports. *International Journal of Care and Caring*, 7(1), 91–113. <https://doi.org/10.1332/239788221X16426133095792>
- Eraut, M. (2004). Informal learning in the workplace. *Studies in Continuing Education*, 26(2), 247–273. <https://doi.org/10.1080/158037042000225245>
- Eraut, M. (2007). Learning from other people in the workplace. *Oxford Review of Education*, 33(4), 403–422. <https://doi.org/10.1080/03054980701425706>
- Ettelt, S., Damant, J., Perkins, M., Williams, L., & Wittenberg, R. (2020). *Personalisation in care homes for older people*. Policy Innovation and Evaluation Research Unit, London School of Hygiene and Tropical Medicine. <https://piru.ac.uk/assets/uploads/files/personalisation-in-care-homes-final-report.pdf>
- Farris, S. R., & Marchetti, S. (2017). From the commodification to the corporatization of care: European perspectives and debates. *Social Politics: International Studies in Gender, State & Society*, 24(2), 109–131. <https://doi.org/10.1093/sp/jxx003>
- Gerhards, S., von Kutzleben, M., & Schweda, M. (2022). Moralische Probleme der Versorgung von Menschen mit Demenz durch osteuropäische Live-in-Hilfen: Eine ethische Analyse der Erwartungen von Angehörigen in Onlineforen. *Ethik in der Medizin*, 34(4), 573–590. <https://doi.org/10.1007/s00481-022-00708-8>
- Glaser, B. G., & Strauss, A. L. (2017). *The discovery of grounded theory: Strategies for qualitative research*. Routledge. <https://doi.org/10.4324/9780203793206>
- Grenz, A., & von Kutzleben, M. (2024). Conceptualisations of good care and conflicts in live-in migrant care arrangements for people with dementia—Perspectives of family caregivers in Germany. *BMC Geriatrics*, 24(1), Article 702. <https://doi.org/10.1186/s12877-024-05283-9>
- Hayajneh, F. A., & Shehadeh, A. (2014). The impact of adopting person-centred care approach for people with Alzheimer's on professional caregivers' burden: An interventional study. *International Journal of Nursing Practice*, 20(4), 438–445. <https://doi.org/10.1111/ijn.12251>
- Hayes, L., Johnson, E., & Tarrant, A. (2019). *Professionalisation at work in adult social care: Report to the All-Party Parliamentary Group on Adult Social Care*. GMB Trade Union. [https://kar.kent.ac.uk/77269/1/Professionalisation\\_at\\_Work\\_0309.pdf](https://kar.kent.ac.uk/77269/1/Professionalisation_at_Work_0309.pdf)
- Hess, S. (2002). Au Pairs als informelle Haushaltsarbeiterinnen—Flexibilisierung und Ethnisierung der

- Versorgungsarbeiten. In C. Gather, B. Geissler, & M. S. Rerrich (Eds.), *Weltmarkt Privathaushalt. Bezahlte Hausarbeit im globalen Wandel* (pp. 103–119). Westfälisches Dampfboot.
- Hochschild, A. R. (1985). *The managed heart: Commercialization of human feeling*. University of California Press.
- Hochschild, A. R. (2000). Global care chains and emotional surplus value. In A. Giddens & W. Hutton (Eds.), *On the edge: Living with global capitalism* (pp. 130–146). Jonathan Cape.
- Hryciuk, R. E., & Korolczuk, E. (2012). *Pożegnanie z Matką Polką? Dyskursy, praktyki i reprezentacje macierzyństwa we współczesnej Polsce*. Wydawnictwo Uniwersytetu Warszawskiego. <https://doi.org/10.31338/uw.9788323511175>
- Iecovich, E. (2011). What makes migrant live-in home care workers in elder care be satisfied with their job? *The Gerontologist*, 51(5), 617–629. <https://doi.org/10.1093/geront/gnr048>
- Ivancheva, M., & Keating, K. (2020). Revisiting precarity, with care: Productive and reproductive labour in the era of flexible capitalism. *Ephemera: Theory & Politics in Organization*, 20(4), 251–282.
- Kispeter, E., & Hussein, S. (2026). Combining professionalization and personalization in English long-term care: Analyzing stakeholder views through a workforce lens. *Frontiers in Sociology*, 10, Article 1719789. <https://doi.org/10.3389/fsoc.2025.1719789>
- Krawietz, J. (2014). *Pflege grenzüberschreitend organisieren: Eine Studie zur transnationalen Vermittlung von Care-Arbeit*. Mabuse.
- Kuo, T.-S., Chu, L.-C., Shih, C.-L., Li, Y.-C., & Kao, P.-L. (2025). Emotional labor, job satisfaction, and retention among home care workers in Taiwan: A comprehensive analysis. *Frontiers in Psychology*, 16, Article 1545955. <https://doi.org/10.3389/fpsyg.2025.1545955>
- Latham, I., Brooker, D., & de Vries, K. (2024). How do care workers learn to care for people with dementia living in care homes? A model of informal learning. *Journal of Workplace Learning*, 36(8), 746–769. <https://doi.org/10.1108/JWL-04-2024-0080>
- Leiber, S., Rossow, V., Österle, A., & Frerk, T. (2021). Yet another black box: Brokering agencies in the evolving market for live-in migrant care work in Austria and Germany. *International Journal of Care and Caring*, 5(2), 187–208. <https://doi.org/10.1332/239788220X15988973352874>
- Lewis, J., & Giullari, S. (2005). The adult worker model family, gender equality and care: The search for new policy principles and the possibilities and problems of a capabilities approach. *Economy and Society*, 34(1), 76–104. <https://doi.org/10.1080/0308514042000329342>
- Lewis, J., & West, A. (2014). Re-shaping social care services for older people in England: Policy development and the problem of achieving “good care.” *Journal of Social Policy*, 43(1), 1–18. <https://doi.org/10.1017/S0047279413000561>
- Lutz, H., & Benazha, A. V. (2020). Transnationale soziale Ungleichheiten: Migrantische Care- und Haushaltsarbeit. In A. Biele Mefebue, A. Bührmann, & S. Grenz (Eds.), *Handbuch Intersektionalitätsforschung*. [https://doi.org/10.1007/978-3-658-26613-4\\_36-1](https://doi.org/10.1007/978-3-658-26613-4_36-1)
- Lutz, H., & Palenga-Möllnbeck, E. (2010). Care work migration in Germany: Semi-compliance and complicity. *Social Policy and Society*, 9(3), 419–430. <https://doi.org/10.1017/S1474746410000138>
- Lutz, H., & Palenga-Möllnbeck, E. (2011). Care, gender and migration: Towards a theory of transnational domestic work migration in Europe. *Journal of Contemporary European Studies*, 19(3), 349–364. <https://doi.org/10.1080/14782804.2011.610605>
- Manthorpe, J., Harris, J., Samsi, K., & Moriarty, J. (2017). Doing, being and becoming a valued care worker: User and family carer views. *Ethics and Social Welfare*, 11(1), 79–91. <https://doi.org/10.1080/17496535.2016.1247904>
- Nyssen, S. (2024). Becoming/being a care worker: Personality in a language training for migrant job seekers

- in Flanders. *International Journal of the Sociology of Language*, 2024(285), 55–71. <https://doi.org/10.1515/ijsl-2023-0033>
- Palenga-Möllenbeck, E. (2024). Divided Europe? The role of home care agencies from Poland, and how the ideal of Decent Work gets lost along transnational value chains. In B. Aulenbacher, H. Lutz, E. Palenga-Möllenbeck, & K. Schwiter (Eds.), *Home care for sale: The transnational brokering of senior care in Europe* (23–36). Sage.
- Palenga-Möllenbeck, E., & Fiebig-Spindler, R. (2025). Emerging home care markets in Central and Eastern Europe: Transformations of senior care, labour mobility, and housing in Poland and Germany. *Berliner Journal für Soziologie*, 35, 549–564. <https://doi.org/10.1007/s11609-025-00579-y>
- Pfeil, W. J., Reichel, A., & Urnik, S. (Eds.). (2020). *Pflege und Betreuung—Who cares?* MANZ'sche Verlags- und Universitätsbuchhandlung.
- Prieler, V. (2021). 'The good live-in care worker': Subject formation and ethnicisation in Austrian live-in care. *Sociológia – Slovak Sociological Review*, 53(5), 483–501. <https://doi.org/10.31577/sociologia.2021.53.5.18>
- Prosen, M., & Piskar, F. (2015). Job satisfaction of Slovenian hospital nursing workforce. *Journal of Nursing Management*, 23(2), 242–251. <https://doi.org/10.1111/jonm.12121>
- Röslér, U., Nguyen, D., Skwarek, A., Wegge, J., & Melzer, M. (2023). *Arbeit in der häuslichen Betreuung I: Menschen und Arbeitssituationen*. Bundesanstalt für Arbeitsschutz und Arbeitsmedizin. <https://doi.org/10.21934/baua:fakten20230929>
- Sobiesiak-Penszko, P. (2015). *Niewidzialna siła robocza. Migranci w usługach opiekuńczych nad osobami starszymi*. Instytut Spraw Publicznych. <https://www.isp.org.pl/pl/publikacje/niewidzialna-sila-robocza>
- Stacey, C. L. (2005). Finding dignity in dirty work: The constraints and rewards of low-wage home care labour. *Sociology of Health and Illness*, 27(6), 831–854. <https://doi.org/10.1111/j.1467-9566.2005.00476.x>
- Theobald, H. (2018). Care: Ansätze und Perspektiven der international vergleichenden Geschlechterforschung. In B. Kortendiek, B. Riegraf, & K. Sabisch (Eds.), *Handbuch Interdisziplinäre Geschlechterforschung*. [https://doi.org/10.1007/978-3-658-12500-4\\_70-1](https://doi.org/10.1007/978-3-658-12500-4_70-1)
- Walsh, K., & Shutes, I. (2013). Care relationships, quality of care and migrant workers caring for older people. *Ageing & Society*, 33(3), 393–420. <https://doi.org/10.1017/S0144686X11001309>
- Weicht, B. (2011). Embodying the ideal carer. *International Journal of Ageing and Later Life*, 5(2), 17–52. <https://doi.org/10.3384/ijal.1652-8670.105217>
- Wirtschafts- und Sozialwissenschaftliches Institut. (2021, March 30). *Diese fünf Faktoren bestimmen Ihr Gehalt* [Press release]. <https://www.wsi.de/de/pressemitteilungen-15991-diese-funf-faktoren-bestimmen-ihr-gehalt-31863.htm>
- Wojczewski, S., Ernst, A., Bagheri, R., & Adler, V. (2023). *MigraCare—Weiterbildungsbedarf bei 24-Stunden-Betreuer\*innen in Österreich. Ergebnisse einer Online-Umfrage 2023*. MigraCare. <https://ois.lbg.ac.at/wp-content/uploads/sites/24/2024/03/MigraCare-Umfrage-Endbericht-0.2.pdf>

## About the Authors



**Roxana Fiebig-Spindler** (MA) is a research assistant in the international CareOrg project at the Institute of Sociology, Goethe University Frankfurt. Since her master's thesis in cultural anthropology, she has researched migrant care work, focusing on Polish care workers in Germany. Her research interests include migration, care, and social inequalities.