

In Times of the Market and Community Shift: On Live-In Care and Caring Communities

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Abstract

Under the auspices of neoliberalism, senior care provision is facing both a market and community shift. The respective shifts in societal care responsibilities are particularly evident in how care provision and arrangements are influenced by the state, market, family, and community. This article is conceptualised as a literature review, reflecting on and reinterpreting research results. It spotlights significant tendencies in the field of care and care work, such as their enforced transnational and local commodification and communitisation in neoliberalism, and how they affect demands and claims on care, work, and housing. It continues by reflecting on research on live-in care and caring communities in Austria and Germany as paradigmatic cases of the market and community shift; it shows how these modes of care provision and care arrangements create a specific life-care-work-housing nexus and are challenged by, contradictory to, or conflicting with the demands and claims on decent or good care, work, and housing. Finally, the article concludes with some comparative remarks on both modes of care provision.

Keywords

care responsibility; care work; caring communities; community-based care provision; demands and claims on care; housing; hybrid and unequal care arrangements; live-in care; market-based care provision

1. Introduction

This article reflects on demands and claims in senior care with regard to care, care work, and housing. Care “can be primarily seen as the work of looking after the physical, psychological, emotional and developmental needs of one or more people,” be it by paid or unpaid labour and including the work done to care for oneself (Kofman & Raghuram, 2015, p. 52). As a social practice, care “embraces the range of human experiences and relationships of obligation, trust, loyalty and commitment concerned with the well-being of others” and oneself (p. 52). In this narrower and wider sense, care and care work consist of all the relations, practices, and activities in terms of self-care and care for others, answering to the contingency of life in the life course as well as in everyday life (Klinger, 2013, pp. 81–83) and on the individual, institutional, and societal level (Tronto, 2013, pp. 17–64). Housing can be considered as one of the loci where care provision, in terms of care as well as care work, takes place. In case of the private household or collective forms of housing (Roller & Schneider, 2024, pp. 12–14), the two also figure as living spaces and workplaces (Lutz & Benazha, 2024; Palenga-Möllenbeck & Fiebig-Spindler, 2025; Roller et al., 2024). In this context, housing provision, its quality, affordability, and accessibility, can be considered as infrastructure of care and care work preconditioning, affecting, co-shaping, or limiting their provisioning (Tronto, 2025, p. 695).

This article is organised as a literature review and joint discussion on research on neoliberal developments and tendencies in the field of care and care work, and on two modes of senior care provision: live-in care and caring communities as paradigmatic cases of the market and community shift. The article aims to reflect on the neoliberal shift of societal care responsibilities and the respective demands and claims it is imposing on the two modes of senior care provision mentioned above, both in terms of care and housing arrangements. Section 2 of the article discusses tendencies in contemporary capitalism that are setting care and housing provision under pressure, as well as the transnational and local organisation of care and care work. It introduces the life–care–work–housing nexus together with the demands and claims emerging from or related to it. They figure as *tertia comparationis*, allowing us to compare the modes of care provision and care arrangements in line with and bridging the respective research strands focusing on either live-in care or caring communities. In the face of shifting care responsibilities from family and state to market, or from family and state to community, Section 3 reflects on live-in care and caring communities—referring to the state-of-the-art research in Austria and Germany. In Section 4, the article concludes with some remarks on the two modes of care and housing provision and respective care arrangements.

2. Approaching the Neoliberal Market and Community Shift, Transnational and Local Care Provision, and Demands and Claims on Care

Current global geopolitical upheavals and disruptions are characterised by market dictates and a logic of “deals,” authoritarian political developments, the principle of “might makes right,” and a renewed global militarisation. Issues such as peaceful coexistence, caring for one another, dealing with the vulnerability and dependency of life, and social security are evidently important topics but more present in the niches of the public discourses on care and housing than in the mainstream or subject to protest—be it by trade unions or social movements (Knobloch et al., 2022; Meier-Gräwe et al., 2023; Rudolph & Schmitt, 2019). On the one hand, this mirrors decades in which unrestrained capitalism has led to the increasing commodification of all areas of life, including care. The neoliberal restructuring of the welfare state since the 1980s diminishes opportunities to reconfigure care and housing provision in relation to more political and ethical than

economic aspects. This development led to crises of care and housing provision in many parts of the world—including the wealthier world regions losing their longstanding ideals or dreams of prosperity, wealth, and security (Aulenbacher, Novy, et al., 2025; Dowling, 2021; Katona & Melegh, 2020). Furthermore, social policies of the last decade are more and more influenced by authoritarian political tendencies combined with new forms of national protectionism and social polarisation (Atzmüller et al., 2023). On the other hand, the rediscovery of the community, be it by volunteer work or civil society engagement, and the respective initiatives and projects, be it as part of progressive or regressive social movements, can be understood as a reaction to experienced effects of neoliberalism and market fundamentalism (Aulenbacher et al., 2018; Karner & Weicht, 2016). Moreover, they can also be considered an element of neoliberal governance drawing on voluntariness to shift societal responsibility into the community sphere, thereby complementing or replacing public services of the welfare state (Kessl & Schoneville, 2024; van Dyk et al., 2026; van Dyk & Haubner, 2021). In terms of societal responsibility, the market and the community shift therefore have to be considered as conflicting as well as complementary tendencies, which are historically related to each other by the neoliberal mode of care provision and its (destructive) effects.

2.1. Set Under Pressure and Challenged: Care, Care Work, and Housing in Later Life

Questions about the conditions for a sustainable and caring society often appear naïve or cynical in light of “careless capitalism” (Lynch, 2021), as well as the precarity of care and poor working conditions in the crises-driven sector of senior care provision. While care and care work are feminised and ethnicised, undervalued, privatised, and externalised (Klinger, 2013), the market shift in neoliberalism takes, more and more, centre stage (Farris & Marchetti, 2017). This transfers risks onto private households, especially women and migrant workers, or it tends to replace professional work with lay work, provided by unpaid or volunteer workers (van Dyk & Haubner, 2021). In addition, community-based modes of care provision are affected by neoliberalism through its impact on public funding (van Dyk, 2025) and by austerity-driven social policies in particular, making it a challenge to develop new care arrangements.

The described developments make care and care work—which are in line with an ethics of care that recognises the ever-given contingency, vulnerability, and neediness of life—more and more impossible (Tronto, 2013, p. 18–45). In later life, the vulnerability and neediness of existence become especially acute (Grenier et al., 2020). Marketised care provision, be it by non- or for-profit organisations, is accessible to those who are able to pay for it. Social exclusion in later life marks these overlaps along lines of class, gender, citizenship, ethnicity, neighbourhood, and belonging (Walsh et al., 2021). In postmigrant societies, recognition and democratic participation shape access to and responsiveness within care, housing, and labour (Foroutan, 2021; Huxel et al., 2021; Römhild, 2017). In this context, live-in care and caring communities have in common that they create a specific life–care–work–housing nexus which is characterised by blurring boundaries between living space and workplace, and influenced by the market or community shift inherent to these care arrangements.

2.2. Highlighting the Transnational and Local Dimensions of Senior Care Provision

In the case of the market shift and under the auspices of the austerity-driven reorganisation of the welfare state, on the one hand, care provision is becoming increasingly precarious, while society and individuals become ever more dependent on care work in light of demographic change. On the other hand, new care

industries emerge and shape new forms of “commodification,” “marketization,” and “corporatization” (Farris & Marchetti, 2017) of care, care work, and care provision that are strongly interrelated with the trans- and internationalisation of labour and politics and create new patterns of migration. From the perspective of the receiving countries, labour and care migration can be understood as a coping strategy. It promises to make care and care work locally available and home care feasible while the respective trans- and international recruitment of the migrant workforce reorganises inequalities between regions as well as between care recipients and workers (Anderson & Shutes, 2014; Huxel et al., 2021; Kofman & Raghuram, 2015; Lutz, 2018b; Melegh, 2023; Yeates, 2009). Following Lutz’s (2018a, pp. 578–584) concept of care migration, these transnational care arrangements can be understood not only as part of global care chains but also as embedded in broader forms of care circulation, in which transnational social inequality and the marketisation of care provision become structuring forces in the organisation and distribution of care and labour. This is evident in the creation of new market-based modes of care provision (Aulenbacher et al., 2024; Chee, 2025) and subsequent care gaps between receiving and sending countries.

In this context, not only labour but also emotional and social resources (e.g., skills, capacities) are transferred across borders. In the sending countries, this “increases the care deficit through the absence of formal and informal carers and it strips the health and care systems in those countries of their vital resources” (Williams, 2011, p. 28). In the receiving countries’ transnational modes of care provision and care arrangements, seniors (often in socio-economically privileged positions) and migrant care workers (in structurally disadvantaged positions) enter into an asymmetrical relationship of economic dependency, in terms of citizenship and corresponding rights and the informal and formal negotiation of working and living conditions on the individual as well as the institutional level (Lutz, 2018b; Palenga-Möllnbeck, 2022; Palenga-Möllnbeck & Fiebig-Spindler, 2025). This lens clarifies how transnational care provision is co-constructed by marketisation, precarious labour, and metricised welfare in postmigrant societies (Huxel et al., 2021).

In the case of the community shift, we can observe, across different national contexts, the emergence of community-based modes of care provision. On the one hand, these initiatives arise as reactions to care gaps, welfare retrenchment, and the marketisation and corporatisation of care. On the other hand, they also speak to broader transformations of late-modern societies—characterised by increasing precarity, fluidity, and instability of social ties. In this context, questions of belonging, rootedness, and meaningful social bonds gain particular importance. Community-based care initiatives address these issues by seeking to re-embed care in local social relations and in the everyday life contexts of seniors. Caring communities (Sempach et al., 2023) and caring neighbourhood (De Donder et al., 2024) initiatives or civic care cooperatives are locally embedded and often organised around the life–care–work–housing nexus, aiming at connecting living arrangements, care practices, and work relations in new ways.

From the perspective of social capital theories (Bourdieu, 1986; Claridge, 2018; Putnam, 1994), these developments can be understood as attempts to mobilise and rebuild local capacities in the form of trust, reciprocity, and dense associational networks. At the same time, these efforts to build trust and belonging are embedded in a context in which access to social capital is unequally distributed. Through support network theories, these community-based initiatives can be understood as a reconfiguration of support relations. Care and everyday support are embedded in informal networks of households, neighbours, and kin (Pahl, 1984), within which unequal power relations, gendered expectations, and the uneven distribution of

responsibilities within and between households tend to remain socially invisible—that is, they are normalised as “natural” or “appropriate” rather than problematised as relations of inequality. From this perspective, we can understand community-based care as the (re)organisation of locally grounded yet partly transnational networks of support, in which formal and informal, familial and non-familial, paid and unpaid actors interact and in which migrant care workers occupy specific, often precarious positions.

Taken together, market and community shifts do not simply close existing care gaps, but reassemble and redistribute them in often problematic ways, through commodified, transnational live-in care on the one hand, and locally embedded, civically-driven caring communities on the other. Both types of arrangements mobilise and reshape support networks under unequal conditions of resources, recognitions, and rights, frequently relying on unpaid or underpaid work and risking the reproduction—or even deepening—of societal inequalities.

2.3. Hybrid and Unequal Care Arrangements and Demands and Claims in Senior Care Provision

The market and the community shift mark overarching tendencies regarding the anticipated or aimed-at societal responsibility for care provision. This is particularly evident in the hybrid and unequal modes and forms of care provision in the field of senior care. Modes of care provision and the respective care arrangements are embedded in the social fabric of the society and take shape through its normative and institutional order and the relations of inequality inherent to it, among them the relations of gender, race, and class. In the case of Austria and Germany, care provision and the related forms of housing provision are typically embedded in the welfare state, and care work is organised by the private and third sector, state, private household/the family, and social networks/communities. This institutional and normative setting, e.g., concerning public funding and social policies, expectations of different parties involved or of historically given responsibilities, as well as the care arrangements are influenced by the interplay of interfering or conflicting “institutional logics” (Thornton et al., 2012): those of the state, market, corporation, family, and community and—where the church or professions are involved—the respective religious and professional orientations (Aulenbacher et al., 2018; Dammayr, 2019). In the market-, as well as community-based care arrangements, these “logics” serve as sensemaking orientations, be it as beliefs, norms, or values, guiding individual, collective, and organisational practices, giving identity and authority to actors and legitimising their activities (Thornton et al., 2012, pp. 2, 73). In terms of inequality, care arrangements are also embedded in the normative and institutional societal order and thereby stratified by gender, ethnicity/race, and class with regard to the historically-given division of labour, paid as well as unpaid labour, and the accessibility and affordability of care and housing (Aulenbacher et al., 2018). Both the hybrid and unequal shape of care provision and arrangements have to be taken into consideration regarding the demands and claims on care and care work, as well as housing.

In the sociology of work, Hürtgen and Voswinkel's (2014, p. 42) study stimulated research on claims on work by distinguishing them from wishes. Unlike wishes, which can be considered to be more or less arbitrary, claims are rooted in and justified and legitimised by the values of modern society, thereby becoming considered to represent “normality” (Hürtgen & Voswinkel, 2014). Building on this and drawing on the perspective of “institutional logics” and French pragmatism, Dammayr (2019, pp. 20–31) distinguishes demands and claims to investigate care and care work in the field of senior care provision. Claims are expectations, for instance, the claim on autonomy, justice, and equality (Dubet, 2008) that people refer to in a justified manner. Their relatedness to “universal, shared normative beliefs and norms” (Dammayr, 2019,

p. 28) constitutes and legitimises the raising of claims. In the case of care and care work, claims can be considered as “sensemaking” expectations with regard to their quality, be it self-care or care for others (Dammayr, 2019, pp. 31–47). Demands refer to the social fabric of the society and perform as functional requirements, influenced by the “institutional logics” of the market, corporation, state, profession, family, community, religion, as well as the given division of labour (Aulenbacher et al., 2018; Dammayr, 2019). For instance, in the face of the neoliberal reorganisation of care responsibilities, demands referring to the market shift, and claims related to the professional ethics of care and the respective expectations on decent or even good care, work, and housing are contradictory and conflicting (Dammayr, 2019, pp. 394–414). However, demands and claims can contradict and conflict with each other not only in combination, but also separately.

Through the lenses of demands and claims, we can take into account how modes of care provision and the respective care arrangements are embedded in the normative and institutional order of the society and its inherent relations of inequality. Thereby, demands and claims are suitable to figure as a *tertium comparationis* for our joint discussion of research on live-in care and caring communities and to reflect on the respective concepts and expectations of decent or even good care. In analysing the demands and claims for live-in care and caring communities, the article focuses on the creation of the respective life–care–work–housing nexus. This is what live-in care and caring communities have in common, but in different ways. Therefore, this nexus is suitable to figure as a *tertium comparationis*, allowing us to compare these care arrangements.

3. Through the Lenses of Demands and Claims: Reflecting on Research on Live-In Care and Caring Communities in Austria and Germany

The cases of live-in care and caring communities represent two established and (concerning live-in care) widely and (concerning caring communities) increasingly used care arrangements. They consist of different combinations of life, care, work, and housing, and thus also of interrelations between the respective spaces of living and workplaces. They are affected by the market or community shift in the societal reorganisation of care responsibilities, the transnationalisation of labour, care, and politics, and the local organisation of care provision in different ways, influencing the demands and claims that become visible in the respective care arrangement. They differ in terms of the logics giving shape to them and the relations of inequalities embedded and contested in the two care arrangements, both leading to the rise of different demands and claims related to the respective life–care–work–housing nexus.

3.1. Demands and Claims in Live-In Care

In the face of demographic change, declining welfare states and eroding home-based gendered and intergenerational care provision by the family, the transnational brokerage of live-in care has become a stable pattern to marketise, formalise, standardise, legalise and thereby normalise and legitimise live-in care as an established and widely accepted, yet nonetheless contested pillar in the Austrian and German care regime and welfare state (Leiber & Österle, 2022; Leiber et al., 2020; Lutz & Schwiter, 2024; Steiner et al., 2019). In both countries, live-in care brokerage commercialises a formerly informally created care arrangement which is based on a mode of shuttle or circular migration: Two migrant carers live and work in the household of the care recipient alternating their presence at work in Austria or Germany and at home in the Central or Eastern European country they come from, e.g., Poland, Slovakia, Romania, Hungary or

Ukraine (Leibfingler & Prieler, 2018; Lutz, 2018b; Palenga-Möllenbeck & Fiebig-Spindler, 2025; Weicht & Österle, 2016). As intermediators, brokerage agencies recruit and place the carers, and shape the care and working conditions directly or indirectly by their service provision, while the other parties involved, the care-recipients, their relatives, and the care workers, often informally, negotiate the everyday working conditions and care provision in the private household. Conflicting and contested demands and claims on decent or good care and work in terms of professionalism and quality, fairness and justice, equality and recognition, autonomy and self-determination become evident in different dimensions of the hybrid and unequal live-in care arrangement (Aulenbacher et al., 2021; Emunds et al., 2022). We focus on the life-care-work-housing nexus: Live-in care links the ideal of ageing at home and seniors' self-determination with the privatisation of care responsibilities and with the commodification of care work within the household. As a result, live-in care is in line with the societal isolation of ageing in later life by taking privacy in charge for care responsibilities. The live-in of the care worker as its core element fuses workplace and living space (Lutz & Benazha, 2024).

Live-in care is part of the global mode of “extractivism of care” (Wichterich, 2016, p. 54), which indicates the appropriation and exploitation of care resources and labour force in the frame of newly interconnected trans—and international value and care chains (Lutz, 2018a; Palenga-Möllenbeck, 2024; Peng, 2024). Its life-care-work-housing nexus is created in the respective context of costs, profits, and wages. A pillar of the care regime and welfare state, directly or indirectly supported by federal and/or care allowances, live-in care addresses the middle classes in terms of income as well as of housing provision (lodge and board for the care workers in the household of the care recipient). Furthermore, in a “divided Europe” (Lutz, 2018b), live-in care is built upon the economic, prosperity, and wealth gaps between countries and regions in Western, Central, and Eastern Europe making the vulnerable female migrant workforce recruitable and thereby cheap labour available by also undermining working conditions in the receiving countries (Aulenbacher et al., 2020; Lutz, 2018b; Näre & Widding Isaksen, 2022). Herein, live-in care bridges two care gaps: On the one hand, in the private household, live-in care either substitutes family care or complements it (Emunds et al., 2022). It gives support to those care recipients in need who want to stay at home as part of their claim on a self-determined life in their given surroundings, but are not able to care for themselves. On the other hand, in the face of the austerity-driven social policy of declining welfare states, live-in care complements and substitutes more personnel-intensive, strictly regulated, and expensive care provision in residential care homes for seniors.

In this context, the transnational creation and supply of a vulnerable workforce is constitutive to brokered live-in care as a business model and affordable middle-class care arrangement. The profits generated by brokerage agencies are based on state-subsidised services combined with cheap labour. With regard to claims on good care and work, it is accompanied by the win-win-win ideologeme: care recipients gain support for a self-determined life at home, relatives benefit in terms of autonomy and relief, care workers gain income for a better life in their home countries (Schwiter et al., 2014). However, this argument neglects socio-spatial and social inequalities in Europe and between the parties involved (Schilliger et al., 2022) and thereby serves as a hidden legitimation of the contested live-in care arrangement. A closer look at this ideologeme shows that claims of the care recipients and their relatives in terms of gaining care, autonomy, and relief are embedded in and related to the standards of living in the receiving countries, while claims on better, equal, just, or fair pay of the care workers have to be argued against the grain of this transnational care arrangement. The implicitly ethnicising ideologeme relates the argument of good income to the wage

level of the sending countries, promising to improve the carers' living standard there, and ignores the constraints given by the living costs in the receiving countries, making living out impossible. Furthermore, this ideologeme is part of a broader discourse suggesting that there is no alternative to this low-cost mode of care provision (Weicht, 2016, p. 134) and legitimising poor working conditions through strategies of "othering" migrants (Palenga-Möllnbeck, 2022, pp. 4–5.) or by constructing the female migrant workforce as more or less appropriate to do the job under the given conditions (Prieler, 2021).

The life-care-work-housing nexus influences not only the costs and wages but also the working hours. In both countries, housekeeping, companionship, everyday life assistance, and, in Austria, in contrast to Germany, medical support (under special conditions) are all covered by live-in care, and brokerage agencies offer additional services like transport, supervision, and conflict mediation. Furthermore, live-in care is called and advertised as "24-hour-care" or "24/7" care provision. This suggests a more or less unlimited availability of the care workers, made possible by the life-care-work-housing nexus (Aulenbacher, Palenga-Möllnbeck, et al., 2025). In this context, we want to emphasize a two-fold demand of care recipients and their relatives: In line with the promises of brokerage agencies, both parties may expect that the carers provide good comprehensive care by subordinating their own life and work to the given order of the household and the demands and claims of the care recipient (Aulenbacher et al., 2021; Emunds, 2016; Lutz & Benazha, 2024). Furthermore, corresponding to the "24/7" promise, and related to the market logic of having paid for it, they may expect that live-in care workers will be prepared to work or be on call beyond the limitations regulated by law, contract, and/or more or less given standards of the brokerage industry (Aulenbacher, Palenga-Möllnbeck, et al., 2025). In everyday life, there is a risk that care workers will have unregulated working hours and unpaid overtime, especially if the care recipient has significant health problems such as dementia (Emunds et al., 2021, p. 6).

The flipside of the promise and claim on a self-determined ageing at home concerning the autonomy of the care recipient and the relatives is a high degree of heteronomy in the care workers' lives. It is embedded in the life-care-work-housing nexus inherent to this care arrangement and the respective demands. The care workers' unconditional claim on a limitation of their working time, enabling them not only to recover and thus maintain their own physical integrity, but also to realize their own wishes and pursue their own interests, which is codified in human rights, becomes precarious or even impossible (Emunds, 2024). Claims become more of a subject for interpersonal informal negotiations between the parties involved and their goodwill than to rights and duties (Aulenbacher et al., 2021) and, in the logic of neoliberal governance, to individual responsibility (Prieler, 2021).

However, in the life-care-work-housing nexus, at least two vulnerable groups of persons meet: the seniors and the mostly female migrants. Brokerage agencies advertise live-in care as a custom-made 1:1 care arrangement that provides an appropriate substitute or complement to family and an alternative to residential care homes. Imagining intimacy and good interpersonal relations as the focus of live-in care overlooks the burden of hard work and the isolated privacy in the household (Aulenbacher et al., 2021; Lutz & Benazha, 2024). In terms of autonomy and heteronomy, this means that seniors experience becoming dependent on care as a loss of their capacity to conduct their own lives, i.e., as a far-reaching loss of autonomy (Rossow, 2021). From this standpoint, the claim to remain at home is part of the claim to continue with their self-determined lives. Relatives, in turn, are challenged by the seniors' declining ability to care for themselves and their partial loss of autonomy, and are often suddenly confronted with extreme demands

due to (perceived) family care obligations. The loss of autonomy of the care recipient is accompanied by the loss of autonomy of the relatives. Live-in care promises to compensate for both losses, more or less implicitly at the cost of the care workers' living and working conditions. As the private household is simultaneously a protected sphere of private life and a workplace with limited external oversight and regulation of care quality and working conditions, the vulnerability of seniors and mostly female migrants makes the live-in care arrangement and its inherently unequal relationships prone to violence, including mistreatment or sexual harassment (Ignatzi, 2014).

The term "distorted emancipation" emphasizes that the commodification of care "did not make private care public; it is still private within the private economy. Even if marketization creates certain possibilities for financial rewards of care, it institutionalizes a double misrecognition of care" (Uhde, 2016, p. 401): as both unpaid and paid work. In transnational live-in care, this "misrecognition" (Uhde, 2016) is experienced by the care workers in different ways. It actively influences—and in turn is influenced by—claims on equality and justice, redistribution, and recognition, such as the ambivalent (mis)recognition of the care workers' absence from and the remittances for their home country (Haidinger, 2013, pp. 68–76). Studies on the transnational life-care-work-housing nexus, concerning the one within the household in the workers' home country and the one within the care recipient's household in the receiving country, give insight into conflicting demands and claims. Transnational motherhood can be interpreted as a paradigmatic case of the reorganisation of everyday life and care in the face of conflicting demands and claims. Demands and claims are reinterpreted by care workers with regard to absence and presence and the respective forms of (digital) communication, short-term and long-term goals (e.g., emotion and intimacy in everyday life and earning money for the children's higher education), and they thus create new forms of long-distance motherhood (Haidinger, 2013, p. 152). No less related to the normative and institutional order of the society and the gendered division of labour (Bahna & Sekulová, 2019), the transnational arrangement lets female migrant care workers feel "guilty" in not meeting the demands and claims of decent or even good care for the children (Sekulová, 2013, p. 229). Finally, the public discourse on labour migration remains gendered, stigmatising transnational motherhood and its children as "Euro-orphans," with new emancipatory elements in the gendered division of labour only slowly emerging (Lutz, 2018b; Lutz & Palenga-Möllenbeck, 2014, p. 225). In other words, the invisible part of the live-in care arrangement is the reorganisation of the life-care-work-housing nexus of the care workers within their home countries with regard to the respective demands and claims in both countries (Bahna & Sekulová, 2019, pp. 194–115; Haidinger, 2013, pp. 148–242). Such demands and claims interrelate in the social practices in the care workers' own as well as the care recipient's household, consequently affecting both the care arrangements at home and abroad.

In the face of such constellations, live-in care constitutes a contested field of interest representation, involving the brokerage agencies as the most powerful lobbyists of the model, collective initiatives of live-in carers, and also organisations of relatives (Wojczewski et al., 2026). Given the demographic trends and in view of the developments in the welfare states over recent decades, it is unlikely that live-in care will quickly become obsolete. Labour and social policy is therefore addressed to regulate working conditions in the live-in care sector (Leiber & Österle, 2022), thereby creating the conditions that make good work and care in this field more likely; this includes interfering in the life-care-work-housing nexus. Instead of the "24/7" logic, a range of additional support by services, family members, or social networks could ensure a better handling of problems inherent to this mode of care provision: for example, by reducing working hours, breaking isolation, and offering professional care and cure. However, such an improvement of live-in care

stands in direct conflict with government efforts not to push for the expansion of affordable professional services by public funding.

Through the lenses of the ethics of care, live-in care itself needs to be regulated, which also includes the certification and control of brokerage agencies (Emunds et al., 2021), so that they can be held accountable not only for the quality of the service provided, but also for working conditions; this is linked, for example, to the payment of cash-for-care benefits. Another option for making live-in care fairer, in line with the claims of carers and care recipients, could be to expand municipal care centres, which, on the one hand, assess needs and, on the other, support the coordination of meeting those needs, thus taking on the complex task of case and care management. If everything is no longer in “one hand,” a mix of services is needed in home care (Hagedorn et al., 2022). Live-in care can be provided only in accordance with labour, social, and human rights in a mix of professional outpatient, day, and short-term care services which interfere in the life-care-work-housing nexus.

3.2. Demands and Claims in Caring Communities

Caring communities, indicating here the umbrella term for hybrid communitarian approaches and practices of care, have, for over a decade (Klie, 2014; Wegleitner et al., 2015), represented local model projects and social-space-oriented initiatives and programmes dedicated to a forward-looking reorganisation of care and communal living, often with a focus on later life. Central to many of these initiatives is the attempt to reconnect everyday life, care, work, and housing in specific localities, rather than treating them as separate policy domains. Core motifs connecting this highly heterogeneous landscape include: understanding people as relational beings whose coexistence and social constitution are shaped by interdependence and care; the shared responsibility of all—citizens and professional services, civil society, and the state; the promotion of social belonging and co-creation; integrated care and support within the immediate living environment—neighbourhood, district, or municipality; and an orientation towards a just shaping of everyday social participation, health, and care (Sempach et al., 2023; Wegleitner & Schuchter, 2018, 2021). They thus address key socio-political challenges: from loneliness (not exclusively) among seniors, to socio-economic inequalities that marginalise specific groups (e.g., people with migration biographies or people experiencing homelessness), unequal health opportunities, socio-ecological issues, and tasks linked to demographic change. This shifts the organisation of care away from a purely professional, provision-driven model towards an understanding that care emerges within more complex, social-communicative constellations and networks of care relationships (Schuchter et al., 2021, p. 20).

This makes it apparent, first, that caring communities can be seen as a reaction to the negative side-effects of late-modern, neoliberal developments—individualisation and competition, commodification of life domains, fragmentation of social and health systems, ecological exploitation, and the neoliberal delegation of responsibility for a good life and care to individuals. Second, it reveals a heightened normative self-understanding that necessitates critical positioning. From this perspective, caring communities have been interpreted as an expression of “community capitalism” (van Dyk & Haubner, 2021), and a symptom of late-capitalist outsourcing of welfare and care responsibilities into the private sphere—delegated to citizens, predominantly women, through unpaid care, de-professionalisation trends, and precarity (e.g., part-time work, live-in care).

The field of caring communities has been shaped by distinct, interwoven lines of development that together frame its diverse practices and aspirations. The first line originates in Public Health and health promotion, emphasising local communities, settings, and structural conditions for healthy, self-determined lives, and extends to end-of-life care through compassionate cities (Kellehear, 2005) and compassionate communities (Wegleitner et al., 2015). A second line arises from senior care and integrated home care or nursing, where non-profit providers connect home support, networking, prevention, and bridging roles such as community health nurses. A third line comes from social work and quarters-based practice, bringing systemic attention to local care conditions, rights, labour standards (including live-in care), and risks of neoliberal instrumentalisation within familialistic care regimes (Fleischer, 2018, 2023). A fourth line is socio-ethical and care-political, drawing on relational care anthropology, the ethics of care, and care democracy (Tronto, 2013), linking local practice to agendas of a care revolution and care-centred economies (Knobloch et al., 2022; Meier-Gräwe et al., 2023; Thiessen et al., 2020; Winker, 2015), including care-activist efforts and municipal care councils (Dowling & Moser, 2024). A fifth line moves through urban and spatial planning and municipal development (Power & Williams, 2020), tying care to the design of housing and neighbourhood infrastructures—public space, mobility, proximity services—and to diverse communities and often cooperative reorganisations of living together (e.g., intergenerational and co-housing models), where the built environment and collective governance become levers for everyday care, participation, and ageing in later life. From this perspective, housing, everyday care practices, work biographies, and local infrastructures are treated as connected fields that must be shaped in an integrated way.

Across these lines, realisations span continua (Fröhlich et al., 2025; Knobloch et al., 2022; Sempach et al., 2023): from immediately care- and nursing-oriented to social-space moderation, networking, health promotion, prevention, awareness-building, and care-political activism; from primarily civil-society-led to professionally led; from target-group-specific to life-course and social-space oriented; from institutionalised offerings with continuous positions to decentralised, cooperative, or neighbourhood forms; and from permanent services to short-term project funding. Moreover, realisations range from explicit service provision to opening enabling spaces and participatory futures work, that is, participatory processes of imagining and planning future care and neighbourhood arrangements, and from “care-politically blind” to “care-politically centred” initiatives that foreground citizen participation, unfair care distribution, and care labour conditions. Depending on these different characteristics and local structures, the composition of paid and unpaid care work, the relationship between formal and informal care, the intertwining of care and housing, and potential systemic contradictions between claims and demands at different levels differ markedly.

Because caring communities operate as hybrid care arrangements at the intersection of everyday life and institutional systems, they make both types of expectations visible; citizens’ normative claims to belonging, voice, and recognition sit alongside institutional demands and requirements for coordination, financing, professional standards, and spatial infrastructure. These expectations converge and collide along the axes of care, work, and housing. Citizens articulate claims to social belonging and meaningful participation in shaping local life and care (Kainradl et al., 2024, pp. 48–52); such claims, especially pronounced among seniors, seek spaces of encounter, recognition of lived experience, and real co-creation of local care arrangements, including intergenerational and intercultural ties. Yet demands embedded in caring community process design and settings—meeting times, venues, digital reliance, language regimes, participation formats—often produce unintended exclusions. These micro-settings also reveal how care, work obligations, and housing locations jointly shape who can participate. The micro-politics of who can attend, speak, and decide silently

filters out those with care burdens, mobility restrictions, precarious work, or migration biographies. Here, claims to inclusive belonging and equality encounter organisational and resourcing demands, revealing a structural tension (Wegleitner et al., 2025, pp. 666–667). Unless participation is designed as an enabling infrastructure, the distribution of unpaid care work remains gendered and classed (Raap et al., 2021).

In this life–care–work–housing nexus, the widely shared claim to self-determined ageing in later life collides with demands arising from structural disintegration, such as fragmented interfaces between social and health care, underfinanced home- and community-based services, siloed budgets, and missing locally anchored coordinating roles. In urban contexts, weak coupling to city planning, housing, and mobility constrains the promise of place; in rural contexts, distance and service gaps pose different barriers. Thus, the claim to self-determination requires demands to be met at the system level, in the sense of integrated, cross-sector funding and governance for nursing, social work, case/care management, social-space moderation, community health nursing, and assisted living; fair recognition and cushioning of informal care to avoid entrenched gendered pension gaps and classed inequalities.

The more tightly caring communities are embedded in existing structures, the more sustainable they appear (Stouthard, 2023), but the lower their transformative leverage and the higher the risk of reproducing unjust care cultures becomes (e.g., reliance on unpaid women’s work, marginalising prevention). Conversely, decentralised “radical care” (Hobart & Kneese, 2020; Laufenberg, 2020) approaches stage alternatives and politicises care yet remains precariously dependent on short-term grants and volunteer labour, risking co-optation as gap-fillers for austerity.

Caring communities also occupy a fault line between care as a communal claim—belonging, support, and co-creation in and with the community—and care as an individualised right—the ability to choose, receive, and enforce entitlements (Fleischer, 2023). The communal claim typically relies on shared neighbourhood infrastructures, collective coordination, and place-based reciprocity; without these, participation, mutual support, and solidarity tend to remain sporadic. The individualised right, in turn, depends on clear standards, the ability to carry entitlements across different contexts, and professional assurances that limit arbitrariness. When these conditions are connected (local arrangements that can realise legally defined entitlements), care becomes more experiential and usable in everyday life as well as more dependable. When they diverge (communal belonging without enforceable rights, or rights without local enabling structures), care often shifts into unpaid household work and moral obligation, or remains a formal entitlement with limited practical reach.

In light of current society-wide developments and deepening cuts to welfare state systems and basic public services, it is likely that caring communities will face policy demands for cost-saving community solutions, based on conservative familialistic care provision (Gábel & Katona, 2025) and opposed to claims on care democracy and transformation. On the demand side, municipalities and funders often instrumentalise caring communities to fill gaps without changing budgets, labour standards, or housing structures. On the claim side, care actors and activists call for fair redistribution of care, decent work, and publicly financed, place-based infrastructures (Thiessen et al., 2020).

In caring communities, the increasing indispensability of live-in care highlights the interplay of claims and demands. The work of live-in carers is integral to many local care arrangements; if the aim is self-determined

living at home, their roles and vulnerabilities must be recognised. This requires integrating live-in carers into local networks, improving working and living conditions, and addressing their marginalised, gendered, and transnationally precarious status (Wojczewski et al., 2026). In this context, a double movement is required. First, an immediate claim to recognition and protection of live-in carers as part of local care ecologies is necessary by implying concrete functional demands: inclusive case and care management as well as network practices that name responsibilities across agencies, care-networks, and households. Second, the shared claim to self-determined living at home should not rest on normalising exploitative live-in care arrangements. Normatively, a future-oriented claim to care justice rejects the naturalisation of exploitative roles as system-immanent and instead points towards integrated, well-financed home- and community-based services and fair employment standards that reduce the reliance on live-in care arrangements. Care should therefore be organized in such a way that live-in care provided under the given working conditions can be replaced in the life-care-work-housing nexus, shaped by new forms of local care provision and supported by the state.

4. Conclusion

In the face of shifting societal care responsibilities, live-in care and caring communities are similar cases. Their approaches tend to serve neoliberal governance in different ways. They allow externalising costs by privatising care burdens and responsibilities instead of politicising them. For a welfare state committed to an austerity agenda, both options may appear useful and serve to ease the burden. In the first case, the extractivist mode of care provision relies on the cheap labour of a vulnerable, mostly female migrant workforce handling increasingly precarious work that is seen as a substitute for family care and made available by brokerage. The life-care-work-housing nexus inherent to this mode of care provision guarantees its affordability and accessibility for the middle classes, and is a cost-saving solution for the welfare state. Paid care services remain affordable and financeable. In the second case, care burdens and care responsibilities are shifted onto volunteer workers. By demanding and making use of unpaid care and by activating volunteer work, the state attempts to relieve itself of the burden of expanding professional care infrastructures. Even more, caring community initiatives must be aware of this danger of instrumentalisation by austerity policies and resist it, since their original self-imposed goal is a politically ambitious transformation and change of care structures.

Regarding the claims on care and housing provision, they are decidedly different cases: live-in care is highly ambivalent with regard to claims on autonomy in the sense of a self-determined life for seniors. Its life-care-work-housing nexus fuses the promise of and claim on autonomy and living at home in later life by focusing on the private household as living space and locus of care and housing provision. Thus, it becomes part of the societal isolation of age and ageing in later life by its seclusion in privacy instead of inclusion in public everyday life. Conversely, caring communities take part in creating socio-spatial and social infrastructures of care and housing provision and social networks to include ageing in later life beyond the private household in the public sphere and hence create a contrasting life-care-work-housing nexus. While live-in care brokerage as a growing migration industry represents the economic shift in care and housing provision, caring communities, if considered not only as a civil society's initiative but as a social movement, potentially can push a political shift to require new forms of public responsibility for senior care provision.

In the context of neoliberalism and austerity-driven social policies in a declining welfare state, live-in care and caring communities bridge increasing care gaps in the face of demographic change. While live-in care as an extractivist and exploitative mode of care provision raises and increases care gaps (in the sending countries and surroundings of the migrant workers), caring communities claim, among other things, to be part of deliberative searches for solutions of more democratic care and housing provision. This constellation has led to initiatives crossing the borders between the two modes of care provision, perhaps finding new ways to conceptualise and develop more appropriate care and housing arrangements.

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References

- Anderson, B., & Shutes, I. (Eds.). (2014). *Migration and care labour: Theory, Policy and Politics*. Palgrave Macmillan.
- Atzmüller, R., Décieux, F., & Ferschli, B. (Eds.). (2023). *Ambivalenzen in der Transformation von Sozialpolitik und Wohlfahrtsstaat. Soziale Arbeit, Care, Rechtspopulismus und Migration*. Beltz Juventa.
- Aulenbacher, B., Décieux, F., & Riegraf, B. (2018). Capitalism goes care: Elder and child care between market, state, profession, and family and questions of justice and inequality. *Equality, Diversity and Inclusion: An International Journal*, 37(2), 347–360.
- Aulenbacher, B., Leiblfinger, M., & Prieler, V. (2020). The promise of decent care and the problem of poor working conditions. Double movements around live-in care in Austria. *sozialpolitik.ch*, 2, 1–21.
- Aulenbacher, B., Leiblfinger, M., & Prieler, V. (2021). Anforderungen und Ansprüche in der Live-in-Betreuung. Oder: „...ab und zu denken wir uns, das ist eigentlich unmöglich.“ In B. Aulenbacher, H. Lutz, & K. Schwiter (Eds.), *Gute Sorge ohne gute Arbeit? Live-in-Care in Deutschland, Österreich und der Schweiz* (pp. 147–171). Beltz Juventa.
- 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., Novy, A., Baumgartner, B., Fröhlich, V., & Volmary, H. (2025). Facing transformative change? Care and housing in Europe. *Berliner Journal*, 35(3/4), 391–400.

- Aulenbacher, B., Palenga-Möllnbeck, E., & Schwiter, K. (2025). Unbegrenzt verfügbar—begrenzt verhandelbar, Arbeitszeit als Kernkonflikt der Live-in-Betreuung. *WSI-Mitteilungen*, 78(1), 38–46.
- Bahna, M., & Sekulová, M. (2019). *Cross border care. Lessons from Central Europe*. Palgrave Macmillan.
- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–58). Greenwood.
- Chee, L. L. (2025). *Merchants of migrant domestic labour, recruitment agencies and neoliberal migration governance in Southeast Asia*. Springer.
- Claridge, T. (2018). Functions of social capital—Bonding, bridging, linking. *Social Capital Research*, 20(1), 1–7. <https://doi.org/10.5281/zenodo.7993853>
- Dammayr, M. (2019). *Legitime Leistungspolitiken? Leistung, Gerechtigkeit und Kritik in der Altenpflege*. Beltz Juventa.
- De Donder, L., Stegen, H., & Hoens, S. (2024). Caring neighbourhoods in Belgium: Lessons learned on the development, implementation and evaluation of 35 caring neighbourhood projects. *Palliative Care and Social Practice*, 18. Advance online publication. <https://doi.org/10.1177/26323524241246533>
- Dowling, E. (2021). *The care crisis: What caused it and how can we end it?* Verso.
- Dowling, E., & Moser, M. (2024). *Gemeinsam Sorgearbeit organisieren. Care-Räte umsetzen. Ein Toolkit*. https://care-r.at/wp-content/uploads/2025/08/Care-Raete_Toolkit-1.pdf
- Dubet, F. (2008). *Ungerechtigkeiten. Zum subjektiven Ungerechtigkeitsempfinden am Arbeitsplatz*. Hamburger Edition.
- Emunds, B. (2016). Menschenunwürdige Pflegearbeit in deutschen Privathaushalten. Sozialethische Bemerkungen zu den Arbeitsverhältnissen mittel- und osteuropäischer Live-Ins. *Jahrbuch für Christliche Sozialwissenschaften*, 57, 199–224.
- Emunds, B. (2024). Ethical comments on the working-time regime of live-in care. In B. Aulenbacher, H. Lutz, E. Palenga-Möllnbeck, & K. Schwiter (Eds.), *Home care for sale. The transnational brokering of senior care in Europe* (235–248). Sage.
- Emunds, B., Hagedorn, J., Heimbach-Steins, M., & Quaing, L. (2022). *Häusliche Pflegearbeit gerecht organisieren*. Beltz Juventa.
- Emunds, B., Kocher, E., Habel, S., Pflug, R., Tschenker, T., & von Deetzen, V. (2021). *Gute Arbeit für Live-In-Care. Gestaltungsoptionen für Praxis und Politik* (Policy Paper NBI-Positionen 2021/2). https://nbi.sankt-georgen.de/assets/documents/cillas-\/-und_nbi-position-2021_2-live-in-care.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.
- Fleischer, E. (2018). Älter werden in Mieming—wo geht die Reise hin? Partizipative Sozialplanung in einer Tiroler Landgemeinde. *soziales_kapital*, 19, 136–150.
- Fleischer, E. (2023). Caring communities—Appell an den Gemeinsinn statt sozialer Rechte? In R. Sempach, C., Steinebach, & P. Zängl (Eds.), *Care schafft Community—Community braucht Care* (pp. 107–118). Springer.
- Foroutan, N. (2021). *Die postmigrantische Gesellschaft: ein Versprechen der pluralen Demokratie*. transcript.
- Fröhlich, V., Gábel, D., & Pimminger, F. (2025). Caring communities and urban cultures of care for older people in Austria, Hungary, and the Netherlands. *Urban Planning*, 10, Article 10038. <https://doi.org/10.17645/up.10038>
- Gábel, D., & Katona, N. (2025). Caring communities in senior care—Municipal practices and civic initiatives in rural Hungary. *Berliner Journal für Soziologie*, 35, 597–612.
- Grenier, A., Hatzifilalithis, S., Laliberte-Rudman, D., Kobayashi, K., Marier, P., & Phillipson, C. (2020). Precarity and aging: A scoping review. *The Gerontologist*, 60(8), 620–632.

- Hagedorn, J., Hänselmann, E., Emunds, B., & Heimbach-Steins, M. (2022). *Doppelte Personenzentrierung– Leitidee für den Leistungsmix in der häuslichen Versorgung* (Working Paper FAgS Nr. 80 / ICS AP Nr. 17) [https://nbi.sankt-georgen.de/assets/documents/policy-paper_nbi-ics_juli-2022-\(1\).pdf](https://nbi.sankt-georgen.de/assets/documents/policy-paper_nbi-ics_juli-2022-(1).pdf)
- Haidinger, B. (2013). *Hausfrau für zwei Länder sein. Zur Reproduktion des transnationalen Haushalts*. Westfälisches Dampfboot.
- Hobart, H. I. J. K., & Kneese, T. (2020). Radical care. Survival strategies for uncertain times. *Social Text*, 38(1), 1–16.
- Hürtgen, S., & Voswinkel, S. (2014). *Nichtnormale Normalität? Anspruchslogiken aus der Arbeitnehmermitte*. Edition Sigma.
- Huxel, K., Karakyali, J., Palenga-Möllnbeck, E., Schmidbauer, M., Shinozaki, K., Spies, T., Supik, L., & Tuidar, E. (2021). *Postmigrantisch gelesen, Transnationalität, Gender, Care*. transcript.
- Ignatzi, H. (2014). *Häusliche Altenpflege zwischen Legalität und Illegalität. Dargestellt am Beispiel polnischer Arbeitskräfte in deutschen Privathaushalten*. LIT.
- Kainradl, A., Kukovetz, B., Pupic, D., Sprung, A., & Wegleitner, K. (2024). Social participation of older people with migration experiences through the lens of active citizenship and caring communities. *The Annual Review of Social Work and Social Pedagogy in Austria*, 1, 37–58.
- Karner, C., & Weicht, B. (Eds.). (2016). *The commonalities of global crises. Markets, communities and nostalgia*. Palgrave Macmillan.
- Katona, N., & Melegh, A. (Eds.). (2020). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in central and eastern Europe*. Friedrich Ebert Stiftung.
- Kellehear, A. (2005). *Compassionate cities: Public health and end-of-life care*. Routledge.
- Kessl, F., & Schoneville, H. (Eds.). (2024). *Mitleidsökonomie*. Beltz Juventa.
- Klie, T. (2014). *Wen kümmern die Alten? Auf dem Weg in eine sorgende Gesellschaft*. Pattloch.
- Klinger, C. (2013). Krise war immer... Lebenssorge und geschlechtliche Arbeitsteilung in sozialphilosophischer und kapitalismuskritischer Perspektive. In E. Appelt, B. Aulenbacher, & A. Wetterer (Eds.), *Gesellschaft. Feministische Krisendiagnosen* (pp. 82–104). Westfälisches Dampfboot.
- Knobloch, U., Theobald, H., Dengler, C., Kleinert, A. C., Gnadt, C., & Lehner, H. (2022). *Caring societies– Sorgende Gesellschaften: Neue Abhängigkeiten oder mehr Gerechtigkeit?* Beltz Juventa.
- Kofman, E., & Raghuram, P. (2015). *Gendered migrations and global social reproduction*. Palgrave Macmillan.
- Laufenberg, M. (2020). Radical Care und die Zukunft des Wohlfahrtsstaats: Konturen einer paradoxen Politik der Sorge. *BEHEMOTH: A Journal on Civilisation*, 13(2), 99–120.
- Leiber, S., & Österle, A. (2022). Formalisierung des Informellen. Die Regulierung der „24-Stunden-Betreuung“ in Österreich und Deutschland. *WSI-Mitteilungen*, 75(5), 380–385.
- Leiber, S., Rossow, V., Österle, A., & Frerk, T. (2020). 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.
- Leiblfinger, M., & Prieler, V. (2018). *Elf Jahre 24-Stunden-Betreuung in Österreich. Eine Policy- und Regime-Analyse*. Katholische Privat-Universität Linz.
- Lutz, H. (2018a). Care migration: The connectivity between care chains, care circulation and transnational social inequality. *Current Sociology*, 66(4), 577–589.
- Lutz, H. (2018b). *Die Hinterbühne der Care-Arbeit. Transnationale Perspektiven auf Care-Migration im geteilten Europa*. Beltz Juventa.
- Lutz, H., & Benazha, A. (2024). At home with the employer? Contradictory notions of the care client's home as a workplace and living space. In B. Aulenbacher, H. Lutz, E. Palenga-Möllnbeck, & K. Schwiter (Eds.), *Home care for sale: The transnational brokering of senior care in Europe* (pp. 219–231). Sage.

- Lutz, H., & Palenga-Möllnbeck, E. (2014). Care-Migrantinnen im geteilten Europa—Verbindungen und Widersprüche in einem transnationalen Raum. In B. Aulenbacher, B. Riegraf, & H. Theobald (Eds.), *Sorge: Arbeit, Verhältnisse, Regime / Care: Work, relations, regimes* (pp. 217–231). Nomos.
- Lutz, H., & Schwiter, K. (2024). Umkämpfte Formalisierung und Normalisierung der Live-in-Betreuung. Zur Vermarktlichung von Care-Arbeit im „sorglosen Kapitalismus.“ In R. Atzmüller, K. Binner, F. Décieux, R. Deindl, J. Grubner, & K. Kreissl (Eds.), *Gesellschaft in Transformation, Sorge, Kämpfe und Kapitalismus* (pp. 68–78). Beltz Juventa.
- Lynch, K. (2021). *Care and capitalism*. John Wiley & Sons.
- Meier-Gräwe, U., Praetorius, I., & Tecklenburg, F. (Eds.). (2023). *Wirtschaft neu ausrichten. Care-Initiativen in Deutschland, Österreich und der Schweiz*. Barbara Budrich.
- Melegh, A. (2023). *The migration turn and Eastern Europe, a global historical sociological analysis*. Palgrave Macmillan.
- Näre, L., & Widding Isaksen, L. (2022). *Care loops and mobilities in Nordic, Western and Eastern European welfare states*. Palgrave Macmillan.
- Pahl, R. E. (1984). *Divisions of labour*. Basil Blackwell.
- Palenga-Möllnbeck, E. (2022). Making migrants' input invisible: Intersections of privilege and otherness. *Social Inclusion*, 10(1), 183–194.
- Palenga-Möllnbeck, 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-Möllnbeck, & K. Schwiter (Eds.), *Home care for sale, the transnational brokering of senior care in Europe* (pp. 23–36). Sage.
- Palenga-Möllnbeck, 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(1), 549–564.
- Peng, I. (2024). Brokering care migration—A new element in the transnational care worker supply chain. In B. Aulenbacher, H. Lutz, E. Palenga-Möllnbeck, & K. Schwiter (Eds.), *Home care for sale, the transnational brokering of senior care in Europe* (pp. 295–310). Sage.
- Power, E. R., & Williams, M. J. (2020). Cities of care: A platform for urban geographical care research. *Geography Compass*, 14(1), Article 12474. <https://doi.org/10.1111/gec3.12474>
- 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.
- Putnam, R. D. (1994). Social capital and public affairs. *Bulletin of the American Academy of Arts and Sciences*, 47(8), 5–19.
- Raap, S., Knibbe, M., & Horstman, K. (2021). Caring neighbourhoods: Maintaining collective care under neoliberal care reforms. *European Journal of Social Work*, 25(5), 867–879.
- Roller, K., Rudolph, C., Eck, S., Schneider, K., & Vischer, N. (2024). *Wohnen, Care, Geschlecht—Theorie und Praxis kollektiven Wohnens aus Geschlechterperspektive*. Westfälisches Dampfboot.
- Roller, K., & Schneider, K. (2024). Orte der Sorge, Zu Care und Geschlecht in gemeinschaftlichen Wohnprojekten. In K. Roller, C. Rudolph, S. Eck, K. Schneider, & N. Vischer (Eds.), *Wohnen, Care, Geschlecht—Theorie und Praxis kollektiven Wohnens aus Geschlechterperspektive* (pp. 10–25). Westfälisches Dampfboot.
- Römhild, R. (2017). Beyond the bounds of the ethnic: For postmigrant cultural and social research. *Journal of Aesthetics & Culture*, 9(2), 69–75.
- Rossow, V. (2021). *Der Preis der Autonomie. Wie sorgende Angehörige Live-in-Arbeitsverhältnisse ausgestalten*. Barbara Budrich.

- Rudolph, C., & Schmitt, K. (Eds.). (2019). *Interessenvertretung und Care, Voraussetzungen, Akteure und Handlungsebenen*. Westfälisches Dampfboot.
- Schilliger, S., Schwiter, K., & Steiner, J. (2022). Care crises and care fixes under Covid-19: The example of transnational live-in care work. *Social & Cultural Geography*, 24(3/4), 391–408. <https://doi.org/10.1080/14649365.2022.2073608>
- Schuchter, P., Wegleitner, K., & Heller, A. (2021). Ethik in der kommunalen Sorge: Lebenskunst und ethische Spannungsfelder. In A. Riedel & S. Lehmeier (Eds.), *Ethik im Gesundheitswesen*. Springer. https://doi.org/10.1007/978-3-662-58685-3_59-1
- Schwiter, K., Berndt, C., & Schilling, L. (2014). Ein sorgender Markt, Wie transnationale Vermittlungsagenturen für Seniorenbetreuung, Im/mobilität, Ethnizität und Geschlecht in Wert setzen. *Geographische Zeitschrift*, 102(4), 212–231.
- Sekulová, M. (2013). Transnational households in the context of female migration from Slovakia to Austria. In *Urban People/Lidé Mesta*, 15(2), 217–236.
- Sempach, R., Steinebach, C., & Zängl, P. (Eds.). (2023). *Care schafft Community-Community braucht Care*. Springer.
- Steiner, J., Prieler, V., Leiblfinger, M., & Benazha, A. (2019). Völlig legal!? Rechtliche Rahmung und Legalitätsnarrative in der 24h-Betreuung in Deutschland, Österreich und der Schweiz. *Österreichische Zeitschrift für Soziologie*, 44(1), 1–19.
- Stouthard, L. (2023). How caring communities become part of the health system of the future in the Netherlands: Developments, bottlenecks, and impact. *International Journal of Integrated Care*, 23(1), Article 96. <https://doi.org/10.5334/ijic.ICIC23036>
- Thiessen, B., Weicht, B., Rerrich, M. S., Luck, F., Jurczyk, K., Gather, C., Fleischer, E., & Brückner, M. (2020). *Großputz! Care nach Corona neu gestalten. Ein Positionspapier zur Care-Krise aus Deutschland, Österreich, Schweiz*. https://care-macht-mehr.com/wp-content/uploads/2022/11/2020_08_13_Manifest-Care.macht_mehr_final.pdf
- Thornton, P. H., Ocasio, W., & Lounsbury, M. (2012). *The institutional logics perspective. A new approach to culture, structure, and process*. Oxford University Press.
- Tronto, J. C. (2013). *Caring democracy. Markets, equality, and justice*. New York University Press.
- Tronto, J. C. (2025). Afterword: The centrality of housing for good care. *Berliner Journal für Soziologie*, 35, 691–703.
- Uhde, Z. (2016). From women's struggles to distorted emancipation. *International Feminist Journal of Politics*, 18(3), 390–408. <https://doi.org/10.1080/14616742.2015.1121603>
- van Dyk, S. (2025). Engagierte und Communities als Lückenbüßer in Zeiten fragiler sozialstaatlicher Solidarität. *Amos international*, 19(4), 22–31.
- van Dyk, S., Graefe, S., & Lorig, P. (2026). Freiwilligkeit im Gegenwartskapitalismus—Ein soziologisch inspirierter Streifzug. In P. Schink & P. Lorig (Eds.), *Freiwilligkeit. Eine Spurensuche in Geschichte und Gegenwart* (pp. 123–143). transcript.
- van Dyk, S., & Haubner, T. (2021). *Community-Kapitalismus*. Hamburger Edition.
- Walsh, K., Scharf, T., Van Regenmortel, S., & Wanka, A. (Eds.). (2021). *Social exclusion in later life. Interdisciplinary and policy perspectives*. Springer.
- Wegleitner, K., Heimerl, K., & Kellehear, A. (Eds.). (2015). *Compassionate communities: Case studies from Britain and Europe*. Routledge.
- Wegleitner, K., & Schuchter, P. (2018). Caring communities as collective learning process: Findings and lessons learned from a participatory research project in Austria. *Annals of Palliative Medicine*, 7(2), 84–98.

- Wegleitner, K., & Schuchter, P. (2021). *Handbuch Caring Communities—Sorgenetze stärken—Solidarität leben*. Österreichisches Rotes Kreuz.
- Wegleitner, K., Sprung, A., Kainradl, A.-C., Pupić, D., Kukovetz, B., & Kribernegg, U. (2025). Social participation and active citizenship of older adults in caring neighbourhoods: Insights from the inter- and transdisciplinary project Caring-Living-Labs Graz. *Berliner Journal für Soziologie*, 35, 651–672.
- Weicht, B. (2016). Die einzige Möglichkeit: Die 24-Stunden-Betreuung aus diskursiver Perspektive. In B. Weicht & A. Österle (Eds.), *Im Ausland zu Hause pflegen. Die Beschäftigung von MigrantInnen in der 24-Stunden-Betreuung* (pp. 115–138). LIT.
- Weicht, B., & Österle, A. (Eds.). (2016). *Im Ausland zu Hause pflegen. Die Beschäftigung von MigrantInnen in der 24-Stunden-Betreuung*. LIT.
- Wichterich, C. (2016). Feministische Internationale Politische Ökonomie und Sorgeextraktivismus. In U. Brand, H. Schwenken, & J. Wullweber (Eds.): *Globalisierung analysieren, kritisieren und verändern. Das Projekt Kritische Wissenschaft. Christoph Scherrer zum 60. Geburtstag* (pp. 54–71). VSA.
- Williams, F. (2011). Towards a transnational analysis of the political economy of care. In R. Mahon & F. Robinson (Eds.), *Feminist ethics and social policy, towards a global economy of care*. UBC Press.
- Winker, G. (2015). *Care revolution: Schritte in eine solidarische Gesellschaft*. transcript.
- Wojczewski, S., Nagy, F., & Durisova, S. (2026). Shaping home care in community: Social networking between migrant live-in careworkers and family caregivers. A case study in Austria. *Geriatric Nursing*, 69, Article 103898. <https://doi.org/10.1016/j.gerinurse.2026.103898>
- Yeates, N. (2009). *Globalizing care economies and migrant workers. Explorations in global care chains*. Palgrave Macmillan.

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