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Care Outsourcing From Germany to Central and Eastern Europe

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Abstract

The transnational care market in Europe is commonly understood as the migration of (mostly) female care workers from East to West. Less attention has been paid to a reverse mobility: older persons relocating from West to East in search of more affordable care. This article presents research on care homes in Poland, the Czech Republic, Slovakia, and Hungary that cater both to local, relatively wealthy seniors and to clients from Germany who move there for care at roughly one-third of German prices. Although the numbers of such relocated seniors remain low and do not provide a structural solution to Germany's care crisis, this trend is emblematic of the intensified marketisation of care in Germany and in the receiving countries. It constitutes a distinct formation of exclusive marketisation (available only for those who can afford it) within the evolving European transnational care market. We argue that grasping the multifaceted nature of care outsourcing requires analysing how it is entangled with other forms of mobility and entrepreneurial projects, for example in tourism or construction. By shifting the analysis from Western Europe to the Central and Eastern European (CEE) region, we seek to avoid reproducing power geometries that cast CEE primarily as a reservoir of cheap care labour or as a socio-economically "deprived" dumping ground for Western problems. Our research underscores the importance of actors beyond family and state in transnational care arrangements and shows how ambiguous German–CEE histories call for a regional, historically attuned perspective on care in an unequal Europe.

Keywords

care outsourcing; care relocation; Central and Eastern Europe; exclusive marketisation; long-term care; regional history; transnational care

1. Introduction

Due to the introduction of cash-for-care schemes in many Western European countries in the 1990s (Da Roit et al., 2016), and the opening of the Iron Curtain, a transnational care market has emerged in Europe. In this market, care labour is predominantly brokered from countries in Central and Eastern Europe (CEE) to Western Europe (Aulenbacher et al., 2024). Reflecting a pattern also observed globally (Peng, 2024), the transnationalisation of care is therefore primarily understood as the migration of (mostly) female care workers from economically weaker to economically stronger regions (Michel & Peng, 2017).

The reverse movement, the relocation of older persons in need of care to more affordable destinations, remains far less common. While this form of care outsourcing has been examined mainly in Asian contexts (Horn et al., 2016; Johnston & Pratt, 2022; Ormond & Toyota, 2016; Pratt & Johnston, 2022) and the global South (Schweppe, 2022), its European variant is shaped by a distinctive constellation: the rights associated with European citizenship, including the portability of pensions and care entitlements (Dwyer, 2001; Horn & Schweppe, 2017), and persistent socio-economic hierarchies between Western Europe and CEE countries (Gábriel, 2022; Lewicki, 2023; Lewicki & Probst, 2026; Palenga-Möllenbeck, 2022; Uhde & Ezzeddine, 2019).

Moreover, the infrastructure that facilitates the relocation of older persons for care within Europe is closely intertwined with established channels of care worker migration (Aulenbacher et al., 2024; Prieler, 2024). For this reason, even though the relocation of care recipients remains limited in scale, it should be understood as an integral component of the broader transnational European care market that this thematic issue examines.

In this article, we present results from a multi-sited ethnographic study into care relocation from Germany to the Czech Republic, Slovakia, Hungary, and Poland. In these countries, a small number of entrepreneurs, ranging from family businesses to medium-sized national companies and international investment firms, reach beyond national borders to recruit customers, offering care at roughly one-third of the cost of similar institutions in Germany.

The limited research on care outsourcing to CEE has largely focused on the precarity of older German people (Ormond & Toyota, 2016) and on the needs of families seeking solutions to their care challenges (Bender et al., 2018; Horn et al., 2016). Analysing debates in German-language media, Schwiter et al. (2020) show how the outsourcing of care for vulnerable seniors is scandalised, while the extraction of a migrant live-in care workforce is normalised. Western seniors appear as legitimate subjects of care, whereas care workers are reduced to a labour resource whose own family relationships and care needs are overlooked (Uhde & Ezzeddine, 2019). Großmann and Schweppe (2020) examine the legitimisation strategies of Polish care entrepreneurs who market their facilities as "just like in Germany, only better" (p. 823), and ethicists have discussed the dilemmas of outsourcing care to lower-income countries (Bally-Zenger et al., 2017; de Vries, 2021).

Overall, these studies conclude that the actual number of older adults relocated from Germany to receive care in lower-income settings within Europe is too small either to resolve Germany's care needs or to affect care capacities in the receiving countries. On that basis, one might conclude there is little more to say about care outsourcing. Yet new care homes are opened and continue to advertise their services. This prompted us,

at the outset of the project, to ask how care for older Germans is embedded in other sectors, aspirations, and entrepreneurial projects. To do so, we adopted a perspective from within the CEE region itself, asking: (a) How are care homes serving German-speaking seniors embedded in local CEE care landscapes? (b) How does care outsourcing intersect with other forms of mobility, entrepreneurial activity, and intimate outsourcing related to care and labour? and (c) How do these arrangements and practices unfold while situated within the hierarchical East–West relations that structure Europe? (Lewicki & Probst, 2026, p. 43). We argue that understanding care outsourcing requires shifting the analytical lens from Western Europe to CEE (Jelínek, 2025a, 2025b, 2026; Jelínek & Krause, 2026; Sapieha, 2026b). Doing so reveals that the common image of care homes catering exclusively to German clients is misleading. It obscures the diversity and complexity of transnational care arrangements in the region, which involve not only German seniors but also local older adults, both with and without transnational ties.

2. A Regional Perspective on Marketised Care Landscapes and Regimes

In claiming a regional perspective, we do not conceptualise regions to simply exist on a current map, but as a historical "product of networked flows and relations fixed in a more or less provisional manner" (Allen & Cochrane, 2007, p. 1162). In the case of CEE, these flows and relations include long-standing migration movements, shifting and contested borders, shared histories of belonging to different empires (Habsburg, Russian, Prussian) and to the Eastern bloc, relatively low positioning within EU economic hierarchies, and the framing of the area as a "less-developed" region through EU policies and development programmes.

Milligan and Wiles' (2010) landscapes of care and Williams' (2018) notion of care regimes help us to capture this complexity, including its historical layers. Care landscapes, as Milligan and Wiles (2010, p. 739) define them, are the spatial expression of the socio-structural forces that shape how care is experienced and practised. Williams (2018, p. 552) similarly understands care regimes as the intersection of policies, regulations, conditions, cultures, legacies, and power relations that organise care in society. Sciortino (2004) adds that regimes are contingent rather than planned: They emerge from implicit conceptual frames, bureaucratic turf wars, and successive "quick fixes" to emergencies triggered by shifting political constellations (pp. 32–33). Regimes and care landscapes are therefore the ongoing product of practical "repair work" (Sciortino, 2004, pp. 32–33).

Care outsourcing is one such form of repair. Enabled by national social policies and European social rights legislation—though not directly intended by either—it reflects broader transformations of care regimes under austerity and marketisation (Aulenbacher et al., 2018; Dahl, 2017). It functions as a typical "fix" in Dowling's (2022, p. 15) sense: a response to care gaps that becomes a business opportunity without resolving underlying structural problems. It also aligns with the wider processes of commodification, marketisation, and corporatisation of care described by Farris and Marchetti (2017, p. 123), in which states retreat from direct provision and large for-profit companies dominate, corporatising care.

In CEE, however, fragmented and institutionally weak care regimes leave little room for major corporate providers. The sector is shaped instead by small and medium-sized actors whose activities reflect forms of "entrepreneurialism" (Sapieha, 2026b) targeting "exclusive" clients. This "entrepreneurial turn" (Sapieha, 2026b) is driven less by strategic planning (Safuta, 2021) and more by the opportunistic seizing of emerging openings. Care outsourcing to CEE both feeds into and crystallises these dynamics and is emblematic of

"exclusive marketisation": Care is organised through market mechanisms but remains accessible only to those who can pay, deepening inequalities in access. This contrasts with "inclusive marketisation," where markets exist but are strongly regulated and subsidised (Chatzidakis et al., 2025).

3. Methods

This article draws on multi-sited ethnographic research conducted in several stages and in changing researcher constellations. Pilot research by Sapieha and Krause (2017–2019), later joined by Schurian-Dąbrowska (2019) and a consortium including Ezzeddine and Búriková (2020), prepared the ground for the main study (2021–2025), funded by the ERC Starting Grant "ReloCare" and conducted by Krause, Sapieha, and Jelínek together with Prieler and Horváth.

The research followed a three-stage design. In the first phase, we tried to establish the number of homes in Poland, Czech Republic, Slovakia, and Hungary offering care services to clients from Germany by comparing their online presence with results from calling them up and checking whether they currently had, had previously had, or planned to have German-speaking residents. We searched online using German terms such as "Pflegeheim" (nursing home) and "(Alten-)Pflege im Ausland" (senior care abroad), combined with country names, identifying both individual homes and German-language platforms listing homes abroad. We complemented this with further online research in local languages to gather information on each home and its context, including checks in chambers of commerce. The second stage involved on-site visits to identified homes. In total, we visited 32 homes and conducted 88 in-depth interviews with owners and managers, care workers, intermediary agencies, seniors and relatives, and public authorities.

In the third research stage, we carried out in-depth participant observation in five homes. Covid-19 restrictions and differing fieldwork durations meant that the depth of data collected varies across the four countries. Repeated, long-term field visits took place in three homes in Poland (Sapieha, 2026a, 2026b; Schurian-Dąbrowska, 2019), two in the Czech Republic (Jelínek, 2025b; Jelínek & Krause, 2026), and one in Hungary (Prieler et al., 2026).

The research questions focused on daily life in the care home (Schurian-Dąbrowska, 2019), including the role of language (Jelínek, 2025a; Schurian-Dąbrowska & Krause, 2023), entrepreneurial and regional logics (Jelínek, 2025b, 2026; Sapieha, 2026b), and the articulation of regional histories in care outsourcing (Jelínek & Krause, 2026; Sapieha, 2026a). As part of their PhD projects, Sapieha and Jelínek followed selected homes closely over several years, at times joined by Krause. In 2023, Prieler, Horváth, and Krause conducted joint fieldwork in Hungary, and Krause and Prieler also interviewed family members (mainly by phone). Based on the results from the first and second research phases, we did not conduct in-depth fieldwork in Slovakia, as our mapping suggested that the number of German residents had declined there after an initial peak.

At every research stage, whenever possible, we made calls and visits collaboratively, combining our language skills and different regional sensitivities. The research generated materials which include multilingual interviews, shared fieldwork descriptions in English, notes from navigating care homes' online presence, and visual materials, especially on buildings and the embeddedness of homes in their local surroundings (Sapieha, 2026a). In line with ethnographic practice, we treated data collection and analysis as an intertwined process that continuously reshaped each other (Ballestero & Ross Winthereik, 2021).

4. Results

4.1. Entrepreneurial Actors in Fragmented Care Landscapes

The long-term care systems in Poland (Czepulis-Rutkowska, 2017; Safuta, 2021), the Czech Republic (Dudová, 2018; Souralová & Šlesingerová, 2017), Slovakia (Káčerová et al., 2021; Szüdi et al., 2016), and Hungary (Gál, 2017; Gyarmati, 2019) share forms of fragmentation and tension between social and health care (Social Protection Committee, 2021; Spasova et al., 2018). Although there are local specificities, they are all essentially based on informal care work, performed mostly by female family members, whose work is invisibilised in current political discussions (van Horen et al., 2026). Societal ageing, women's labour market participation, and changing family structures put these familial care regimes increasingly under pressure. At the same time, the expansion of public long-term care provision and funding has been slow or has not happened at all. As a result, considerable shortages in home care and residential care services can be observed across all four countries studied, as reflected in unmet care needs and waiting periods of up to a year or longer for a care home place (Gyarmati, 2019). The shortages of places are also linked to workforce shortages caused by (circular) outmigration of care workers to Western European countries (see e.g., Katona & Zacharenko, 2021) and bad working conditions within the care sector, including low social recognition and remuneration. Thus, while previously serving mainly as sending countries of care workers, in particular Poland and the Czech Republic have become receiving countries, mainly from Ukraine (Kindler, 2008).

Within the care landscapes of the four countries, private entrepreneurs have entered the scene, shaping the care market and filling gaps for those who can afford to pay for it. Processes which in other European countries took several decades have happened in CEE countries over a shorter time period (Sapieha, 2026b). It is within this accelerated market development context that the care homes which recruit customers across the border from Germany are situated.

These homes tap into a gap in the German care regime by offering institutional care at roughly a third of the cost in Germany, making it potentially attractive for families who must supplement statutory care insurance with out-of-pocket contributions that frequently exceed €3,000 per month. Older persons are entitled to a care allowance based on assessed need (Theobald, 2012), which, together with their pension and health insurance, can be carried across borders (Dwyer, 2001). Yet despite these systemic incentives, the actual number of seniors who relocate to CEE countries remains lower than available capacities, even as individual homes maintain waiting lists.

4.2. Numbers and Diversity of Relocated Seniors

Our mapping shows what earlier studies have also found: The number of German seniors receiving care in CEE countries is far lower than media debates and online listings suggest (cf. Großmann & Schweppe, 2020, p. 830–831). We estimate that around 1,500 people from Germany and to a small extent from Switzerland have relocated for care in CEE countries between 2019 and 2024, but numbers fluctuate. Previous studies have argued as well that the precise number is difficult to establish. Like Großmann and Schweppe (2020) in their study on Poland, we came across several homes that had stopped recruiting German seniors, but also others which had great ambitions and were just beginning such recruitment.

Throughout the duration of the project, we came into contact with and confirmed a total of 33 institutions that had German-speaking clients. This is much lower than what we found on the internet beforehand: around 128 facilities advertising their services in German or on German-language platforms (Table 1).

Overall, the numbers need to be treated with caution. We were relying on the homes' self-reported figures, and were not able to cross-check with their records. Also, who among their clients the owners or employees considered German or just German-speaking depended on the respondents' understanding of Germanness (see Sections 4.6 and 4.7). Furthermore, it can be assumed that the number of homes and seniors hosted in them might have changed again by the time this article is published.

Table 1. Mapping results: number of care homes and relocated residents (2020–2024).

Country	Care homes listed online	Care homes caring for relocated seniors	Exclusively or mainly German-speaking residents	Care homes that had stopped caring for relocated seniors	Estimated capacity in absolute numbers
Poland	63	9	2	9	ca. 400
Czech Republic	19	8	2	3	ca. 300
Slovakia	17	5		5	None at time of research
Hungary	29	11	1	5	ca. 200–300
Total	128	33	5	22	ca. 900–1000

All care homes were owned and operated by private, commercial companies or non-profit organisations and had registered as senior care facilities in the respective countries. Some of them had contracts with the national health insurances or were part of regional social care networks, others catered exclusively to privately paying clients.

Across all the countries we studied—especially in the Czech Republic and Poland—care homes were located in less developed regions. Care entrepreneurs drew on targeted EU regional development programmes, which also aim to strengthen long-term care. These programmes provided funding to build or refurbish facilities serving both local residents and EU citizens.

The older Germans we met were heterogeneous in age, health condition, degree of decision-making involvement, financial background, and family situation. There was also diversity in family backgrounds: Some had spouses and extended families back home, while others had no involved relatives at all—a few even requiring state-assigned guardians to arrange their relocation. Occupational backgrounds varied widely, from electricians and truck drivers to teachers and civil servants. Overall, we could not identify a clear relationship between socio-economic background and the decision to relocate. Less surprising was the socio-economic pattern across facilities: Homes with monthly fees below €2,000 tended to host a larger share of residents from lower-income backgrounds, while those charging higher fees—up to €3,000—and offering a more favourable staff-to-resident ratio or more extensive services attracted more affluent clients.

4.3. German Customers as Part of Innovative (Interim) Business Strategies

Catering for local as well as foreign clients seemed for some homes to be a business strategy to balance fluctuating demand, and also responded to specific developments in the respective care regimes. In Slovakia, for instance, Búriková found that although publicly run facilities remained the most important type of provider and accounted for more than three-quarters of care home places, an increase in private care homes (from around 25 percent of clients in 2006 to around 55 percent in 2017) was closely linked to the amendment of the Social Services Act, put into practice from January 2011. Before the amendment, only public providers had been eligible for subsidies. Due to the amendment, non-profit but non-state providers could also apply for public subsidies, which drove the emergence of non-profit care homes, whose managers however would have preferred running for-profit companies, as they told Búriková in her interviews (conducted 2021). During this transition process, foreign clients played an interesting role. As it took some time to rearrange the payment of subsidies and because the vast majority of Slovak clients could not afford market prices, foreign clients were crucial because they provided much-needed cash during a financially insecure time. As soon as the private care homes had enough subsidised local clients, care entrepreneurs were no longer keen to accept foreign clients as they led to more work, mainly related to the need to navigate different national care bureaucracies.

Similarly in Poland, Sapieha followed entrepreneurs who experimented with the gaps available in the unsettled Polish care market, given the limited availability of state institutional care (Wrotek & Kalbarczyk, 2025). Targeting older persons with severe care needs from Germany has become one of these commercial experiments, often piggybacking on agencies that are specialised in sending live-in carers to Germany (Sapieha, 2026b).

In Hungary, where the few available publicly-funded care institutions are run by municipalities or churches, Horváth, Prieler, and Sapieha found in 2022 a wide variety of commercial care homes catering to seniors relocated from Germany. Small care entrepreneurs house only two or three older persons in their private homes, while larger facilities accommodate between 60 and 100 residents, including assisted living arrangements (Prieler et al., 2026). Alongside clients from Germany and Switzerland, these larger facilities also target more affluent Hungarians who spent most of their working lives in higher-income countries and consequently have greater financial resources to fund their care in later life.

While most care homes in which we could conduct fieldwork were small-scale homes ranging from ca. 16 to 80 residents, in the Czech Republic and Poland large transnational companies are starting to enter the sector, such as the French publicly listed company Orpéa/SeneCura (KPMG, 2021, p. 51). In the Czech Republic, Ezzeddine learned from experts and union representatives (interviews conducted 2021) that these players have started to shape the residential care sector, particularly with regard to professionalisation and negotiating wages and standards—an example of what Farris and Marchetti (2017) identified as the "corporatization of care."

4.4. Challenges and Reasons to Stop

Relocating to a care home abroad is a significant decision carrying substantial challenges for seniors, relatives, and providers alike. In the case of Slovakia, care entrepreneurs decided to stop serving foreign customers after their private businesses had consolidated, and due to the extra workload which accompanies foreign

clients. This pattern also appeared in other countries. Care home managers and care workers complained about heavier workload due to the additional administration such as registering residents with the municipality, or sending reports to the insurance company to sort out payments. In some cases, intermediary agencies deliver part of that work. Communication challenges in day-to-day care work were common, especially where language barriers existed between residents and staff (Schurian-Dąbrowska & Krause, 2023). While trained care professionals are accustomed to navigating difficult communication, many workers in these facilities are care assistants who receive most of their training on the job. They often rely on rudimentary German skills acquired during periods of work abroad. Even so, communication difficulties, with both residents and their family members, emerged as a recurring issue across all countries studied. In Poland, larger facilities employ dedicated staff to manage communication with relatives, while smaller ones must make do with whatever resources they have.

Across all four countries, interviews and calls consistently revealed that the health status of incoming seniors is often far more severe than care homes had anticipated based on declarations by relatives or intermediary agents. This discrepancy required homes to scale up care provision, hire geriatric expertise, and absorb higher costs—demands that proved labour-intensive and were not always feasible. Language barriers and unexpectedly high care needs were among the most frequently cited reasons for discontinuing the recruitment of clients from Germany.

4.5. Links Between the Long-Term Care Sector and Other Business Sectors

For many care homes and intermediary agencies, catering to foreign seniors is just one strand of a broader business portfolio. Across all four countries, we encountered entrepreneurs active not only in long-term care but also in entirely unrelated sectors—waste management, technology, agriculture, and car trading among them. While such diversification into unrelated fields was the exception, links with tourism, construction, and real estate development were a consistent pattern across all four countries.

The link to tourism is particularly visible in the Polish regions of Lower Silesia and West Pomerania, the "spa triangle" of the Czech Republic, and the area around Lake Balaton in Hungary—all regions with long-standing tourism traditions. Care homes in these areas advertise beautiful landscapes and tourist amenities, and highlight convenient highway connections or nearby airports. We also encountered numerous care homes that had previously operated as hotels or bed-and-breakfast establishments. In regions with short tourist seasons, entrepreneurs saw senior care provision as a way to reduce dependence on seasonal income and establish a steadier revenue stream. Yet converting a hotel into a care home is far from straightforward: Many facilities listed as care homes on platforms had not yet recruited any foreign senior clients. This reinforces our argument that catering for German-speaking seniors is part of a broader business strategy, rather than a systematic development within local care regimes.

We also met several care entrepreneurs who were active in either the construction business themselves or had close family or business relationships with people in this industry. Others came from project management, consulting, or sales and marketing and seemed to regard developing a care home and hosting seniors as an alternative property investment (cf. Horton, 2021), or simply a profitable utilisation of existing buildings, as we learned in Slovakia and Poland. As one Slovakian owner stated: "If you want to reap the benefits from a building in the town, this is the way." In Poland, Hungary, and the Czech Republic, we came across projects

involving plans to build assisted living apartments for foreign seniors and thereby combine long-term care services with an investment scheme where (future) clients, but also relatives or other individuals, can invest in the construction of those buildings.

4.6. Interlinked (Care and Labour) Mobilities and Regional Histories

The establishment of private for-profit care homes and the recruitment of clients from across borders is linked in various ways to labour migration, transnational ways of being and belonging (Levitt & Glick-Schiller, 2004), and transnational ways of organising social protection (Bruzelius & Shutes, 2022), although these links played out differently in the four countries.

The link with care migration was particularly strong in Poland (Krzyżowski et al., 2017; Sapieha, 2026b) and, to a lesser extent, in the Czech Republic and Hungary. In all three countries, several employees had previously worked as live-in care workers or in health and nursing institutions in Germany and Austria before returning home. Although most did not hold formal nursing diplomas, they were sought after for their work experience, language skills (however limited), and "familiarity" with German seniors and "their ways." In one Czech case, a worker alternated between several weeks of live-in care in Germany and shifts in a care home for Germans at home. At the same time, as Jelínek shows (2025a, 2026), Czech care homes often lose workers whose German is "too good" to jobs in Germany, attracted by proximity to the border and higher wages.

Migration experience was also common among care home managers and owners. In the Czech Republic, we met a care home owner who had migrated to Germany in the 1990s to work in construction and later returned to convert his family house into a care home. In Poland, one founder had herself worked as an intensive care nurse in Germany before returning to establish a home there.

Given the general shortage of care workers across all four countries, care homes also relied on migrant labour to fill staffing gaps. In the Czech Republic and Poland, this drew particularly on workers from Ukraine and Moldova. Following the Russian invasion of Ukraine, the number of Ukrainian women employed in Polish homes increased significantly during our final fieldwork phase. These patterns show that care outsourcing is embedded in care chains identified by research on live-in care arrangements in Europe (Aulenbacher et al., 2024), forming part of the complex and unequal care mobilities within Europe (Bruzelius & Shutes, 2022; Ezzeddine & Krause, 2022).

Linkages with labour migration and live-in care migration were also evident among intermediary agents (Prieler, 2024). One notable example is a large Polish labour recruitment agency whose core business was recruiting live-in care workers from CEE countries for families in Germany and Austria; as a small sideline, it began connecting German families with care homes in Poland, becoming a pioneer in organising care relocation (Sapieha, 2026b). Agencies focused solely on care relocation were rare and, where they existed, tended to be very small—often consisting of individual brokers with transnational backgrounds themselves. Some were citizens of German-speaking countries who had settled in CEE countries, in some cases as retirement migrants; others were CEE citizens who had lived in Germany for a period or studied German at university, and who leveraged their language skills to act as intermediaries between families and care providers.

Regional transnational ways of being and belonging also shaped the lives of the residents. A care home complex in Poland illustrates this well. Located in a region with limited institutional care provision but a long history of transnational migration to Germany, the owner quickly filled a first home with Polish residents whose children lived abroad (and so could pay for the care). Using EU funds, she then established a second home targeting German-speaking seniors specifically. Of the approximately 60 residents, only two had no connection to Germany; all others had either lived there themselves and were funding their care from German pensions and insurance, had children or grandchildren living and working in Germany, or came from families belonging to the region's German minority. Among the German speakers, only a few had relocated solely for care purposes and spoke no Polish—all others had Polish-German backgrounds, though these were newly accentuated by the presence of the monolingual German-speaking residents (Jelínek & Krause, 2026).

Similar patterns emerged in Hungary, where residents in private care homes are often the parents of labour migrants who earn enough abroad to fund their parents' care back home, or are themselves return migrants who, after working lives spent in Germany, have accumulated pension or care insurance entitlements there and can therefore afford private care.

Migration histories among residents could be remarkably complex. In Poland, we met two men who illustrated this well: One had migrated as a so-called guest worker from Italy to Germany in his youth, another from Turkey. Both had stayed on, started families, and grown old in Germany. Their children, facing difficulties in organising affordable care, eventually moved them to Polish care homes, where they were treated as "German" seniors, despite both having retained little of their once rudimentary German.

As these examples make clear, the category of "German" is far from straightforward. One of the project's major findings is that the group we set out to research—German-speaking older adults receiving institutional care in the CEE region—is far from homogeneous. We began from media narratives suggesting that elderly German-speakers move directly from Germany or Switzerland, with no prior connection to the receiving country and purely for financial reasons, in order to access affordable yet high-quality care. In practice, these "parachuted seniors" constituted only a fraction of our participants. In Hungary in particular, we encountered many German speakers who had previously lived in the country. They had first spent their holidays in the region as children or as adults ("previous vacationers"), while others relocated as retirees and spent months or even years getting to know the local context before deciding to seek care there ("previous retirement migrants"; Prieler et al., 2026).

Another subgroup consisted of older persons (mentioned above) who had left their CEE home countries in earlier life to work in Germany or Switzerland, and had then returned post-retirement or upon developing care needs—what we call "returnees." Among these returnees, multilingualism and multiple citizenships were common, and so was having a pension and/or care-related entitlements from different countries. Some had not worked in German-speaking countries themselves but had children who did, and spent time abroad through them. This group was particularly visible in Poland in an area (Upper Silesia) shaped by transnational families (Palenga-Möllenbeck, 2014). Here, returnees also included members of German-speaking minorities and those who had experienced changing state affiliations in their biographies ("ethnic Germans"). They belonged to families from villages and towns which had been under Polish, Prussian, and German rule across the 20th century (Jelínek & Krause, 2026), and this background enabled a number to migrate to Germany

even before the fall of the Iron Curtain as "Spätaussiedler"—a legal status granted to those able to prove German descent, which applied to many Upper Silesians.

4.7. Historical Entanglements of German-Speaking Populations

The example of "Spätaussiedler" points to the complex histories of the regions in relation to German-speaking populations. In Poland, care homes in the historical regions of Pomerania and Upper Silesia can draw on workers and clients from transnational families with histories and links to both Poland and Germany (Krzyżowski et al., 2017), due to these regions' histories of shifting borders. In the Czech Republic, the historical dynamics did not involve shifting borders but population movements, notably in the former Sudetenland. All care homes serving German-speaking clientele are located in the former Sudetenland, which before the Second World War was inhabited primarily by German-speaking minorities who were expelled after the war, due to their mobilisation supporting the German Nazi regime and occupation. The German clientele in these homes were not returning Sudeten Germans. Yet the former Sudetenland region's complex history still resurfaces indirectly in its current socio-economic positioning (Jelínek, 2025b, 2026). The area never regained its pre-Second World War population density, remained relatively underdeveloped, and gradually became an outsourcing zone to which so-called Czech "problem populations" were relocated, including ethnic minorities and people with mental or health disabilities. One care home serving German-speaking clients, for example, was established in a former institution for people with mental disabilities. The closure of many factories has also left behind a pool of low-skilled workers who can be employed in care homes for comparatively low wages (Jelínek, 2025a, pp. 4–9, 2025c). With the opening of borders, new infrastructures have been developed to attract German visitors who frequently cross the border for petrol stations, casinos, brothels, dental clinics, beauty salons, and markets offering low-priced cigarettes, alcohol, and clothing (Lewicki & Probst, 2026). Care homes have thus become just one more service in a region shaped by cross-border mobility.

In all four countries, the continued presence of German language skills among local populations is actively leveraged in care relocation, alongside the advantage of proximity to the border. Care entrepreneurs in parts of Hungary, for instance, invoke the centuries-long presence of the "Donauschwaben"—German-speaking settlers invited by the Habsburg monarchy to repopulate territories along the Danube after the retreat of the Ottoman Empire—to explain why their region appeals to German-speaking seniors. In Silesia, Polish care managers rely on local German-speaking residents to translate for incoming German clients (Jelínek & Krause, 2026; Schurian-Dąbrowska & Krause, 2023). The distinctiveness of the regions where care homes cluster thus emerges from the interplay of historical trajectories and more recent investments, which together shape their attractiveness for cross-border care provision.

5. Conclusion

Our study confirms previous findings that the number of German-speaking seniors relocating for care to CEE countries is relatively small. It could therefore be argued that the phenomenon of care outsourcing within Europe does not deserve much attention, because it is neither solving the care shortages in German-speaking countries nor affecting greatly the host countries' care resources. However, we argue that care outsourcing is an interesting case to consider, since it is emblematic of the privatisation and marketisation of care in Europe and also shows how inequalities are written into transnational European welfare provision.

As we have shown in this article, the overarching tendencies towards the marketisation and privatisation of care across Europe, together with country-specific trends, show that the emergence of private care homes that (also) cater for German clients is shaped not only by shortages within the German long-term care regime but also by developments within CEE care landscapes and regimes towards exclusive marketisation. Furthermore, it is shaped by historical and regional dynamics such as past and present transnational migration patterns, interlinked with shifting state affiliations and populations. The emergence of private care homes catering to German clients is furthermore shaped by entrepreneurs' interlinkages with other business activities, who see the care business as one of several business opportunities. Within this picture, care outsourcing seems to be a side effect of marketisation.

The category "German" proved far more diverse than expected. Our initial online search focused on care homes advertising in German or on German-language platforms, assuming this signalled an interest in German clients. However, it became clear early in the research that the notion of Germanness needed to be unpacked, as its meaning varies both across countries and within regions. Many care homes are located in (former) border regions, where clients may belong to German-speaking minorities or have lived through shifting state borders. Some seniors are former local residents who acquired other citizenships during their migration trajectories and later chose to return for old age. Others worked in Germany for many years and therefore receive German pensions or care insurance benefits. Any inquiry into nationality, ethnicity, or language must therefore take this layered complexity into account.

In foregrounding these complexities, we argue for a shift away from a Western European-centric research logic in which CEE countries figure only as suppliers of cheap labour or as socio-economically deprived areas warehousing "problem populations"—a logic that reproduces categorisations of "the East" as a "reservoir of cheap labour" and land (Lewicki, 2023, p. 1482). Instead, we call for an approach that takes seriously the local histories of CEE care landscapes, moving beyond the care needs of wealthier Western countries that have so far dominated the literature.

Building on the work by Lewicki and Probst (2026), Palenga-Möllenbeck (2014, 2022), Safuta (2018), and others, we have taken initial steps in this direction by attending to local care landscapes and historically interlinked mobilities. In doing so, we aim to counter a double marginality: first, the well-documented neglect of care work; and second, the marginalisation of the places where it is conducted—CEE—within the unequal power geometry (Lewicki, 2023, p. 1483; Massey, 1993) of Europe. This power geometry risks being reproduced when the countries that export labour—and, in the case of care outsourcing, the countries that receive people with care needs—are afforded less analytical attention.

Thinking from the region furthermore brings into sight how regional landscapes of care provisioning are shaped by past and present mobilities, processes that are barely captured by dominant methodological nationalism in social policy research as forcefully argued by Bruzelius and Shutes (2022) and Lewicki and Probst (2026). These mobilities are linked to past and present economic inequalities and the wider history of the region, including conflicts and shifting state borders. As a result, some populations, for example from Polish Silesia, had privileged mobility rights due to citizenship rights even before EU accession. Related entitlements (e.g., pensions, care insurance) arising from these past mobilities can then be reinvested into the region's care landscape in various forms by entrepreneurs, care workers, clients, and transnational families. The phenomenon of care relocation therefore shows the relevance of not taking bounded nation

states as units of analysis when thinking about care provisioning and marketisation of care. It also requires bringing actors beyond the family and the state into the analysis of transnational care arrangements, including local entrepreneurs.

Care relocation is a reverse movement to the much-studied migration of care workers: It sends ageing bodies abroad rather than receiving younger ones to perform care work at home. It therefore points to the need to think about social protection, social policy, and the marketisation of care regimes transnationally, multidirectionally, and across multiple scales, including temporal scales of the past and the present (Bruzelius & Shutes, 2022). Within this frame, a picture emerges in which historically produced inequalities are not incidental but constitutive—shaping the transnational connections that structure CEE and the care solutions that older adults and their families within Europe pursue.

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Conflict of Interests

In this article, editorial decisions were undertaken by Ulf R. Hedetoft (University of Copenhagen).

Data Availability

The ethnographic data on which this study is based are stored on secure data servers at the University of Amsterdam. They are confidential and cannot be shared in accordance with research ethics commitments made to participants.

LLMs Disclosure

Claude Sonnet 4.6 (Anthropic), run in a secure, university-owned environment, was used only for language editing; it did not generate or modify the substantive content of this manuscript.

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