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EDITORIAL

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# Transnational Organization of Labour, Mobility, and Senior Care in Central and Eastern Europe

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## Abstract

This thematic issue explores the complex processes and outcomes of transnational care economies in Central and Eastern Europe. It shifts the analytical gaze to this region, foregrounding silences around care gaps, the emergence of new actors alongside largely indifferent welfare states, dynamics of professionalization and precarization, and the entanglements of paid and unpaid work within families and communities. The contributions trace movements from, to, and within Ukraine, Poland, the Czech Republic, Slovakia, Hungary, Romania, Bosnia and Herzegovina, Slovenia, Austria, Germany, Italy, and the Netherlands. In addition, the issue asks how sustainable mobile care is and considers future scenarios of senior care in Europe.

## Keywords

Central and Eastern Europe; intersectionality; knowledge co-production; marketization and professionalization of care; migration and mobility; senior care; social politics and policies; transnational care chains; war

## 1. Introduction

The story of transnational care migration from Central and Eastern Europe (CEE) is far from new. What emerged after the fall of the Iron Curtain as a temporary opportunity for many women who had lost their

jobs in the post-socialist transition and convenient personalized care for older adults in Western and Southern Europe has since proved to be not only a persistent arrangement, but one that has now transformed care, labour, and mobility regimes throughout Europe. Far from disappearing, the model of migrant-in-the-family or migrant-in-the-care system has expanded to incorporate growing numbers of actors and agents, institutions and legal frameworks that have enabled, complicated, and solidified what was essentially rooted in transnational care chains relying on economic inequality and gendered work, and results in care and skill gaps in certain regions while privileging others (Katona & Melegh, 2020). Far from erasing or even out these inequalities and gaps (Lutz, 2025), emerging regimes of care and mobility legalize and normalize the extraction of care and labour, formalizing, monetarizing, and marketizing them according to the logics of labour extraction, outsourcing costs onto the workers, and monetarizing the logic of care (Aulenbacher et al., 2024; Farris & Marchetti, 2017).

This thematic issue aims to capture the new amorphous situation and the dynamics that are currently shaping care and mobility in CEE, giving new roles to the region and repositioning the various actors involved in organizing transnational care, and to reflect the lessons to be drawn from the trends, developments and changes we observe. It foregrounds thinking from the CEE region, rather than from regions that have traditionally been at the receiving end of care migration.

Turning the gaze eastwards is timely. This collection appears at a time of "multiple crises" and social change (Melegh, 2026), including the situation of an ongoing war, in which, paradoxically, care work is more needed than ever, yet is continually rendered invisible, pushed aside, or neglected by what has been termed the "cannibalistic nature of capitalism" (Fraser, 2022). During the Covid-19 pandemic, restrictions on the mobility of care workers in Europe briefly highlighted the instability of the care mobility model, which is characteristic of CEE (Ezzeddine & Uhde, 2025). At the same time, the pandemic also highlighted the reliance on these models and the neglect of this sphere from the point of view of more sustainable solutions. The pandemic brought out the deeply rooted historical, structural and symbolic asymmetry in the region, based on intersectional and transnational inequalities (Lutz, 2025) and "peripheral whiteness" (Safuta, 2018). In many national discourses of both sending and receiving countries, the needs of domestic care workers were rendered invisible, downplaying the risk and cost to the workers, while the need of older people and their families for care was rendered a purchasable commodity (Palenga-Möllenbeck, 2024).

This collection consequently paints a bigger picture of transnational care mobilities as interconnected vessels: the independence of some people is based on the dependency of others. Geopolitical extractivism, externalization of societies, and the invisibilization of care needs shape the field not only in the context of crises such as Covid-19 or the direct effects of war (Dutchak et al., 2026a) and the resulting humanitarian and military priorities, but also in everyday practice. It approaches the current situation as the outcome of historical, longitudinal societal ignorance and neglect by various actors (states, care providers) and of a persistent refusal to find long-term, heuristic solutions for senior care work, a "profitable sector," as Dutchak et al. (2026a) and Krause et al. (2026) characterize it.

Our approach is to look not just at migration or care work per se. In a more comprehensive approach, we focus on transformations of decent care and care work, the transnationalization of institutions, the mobility of persons in need of care, and the mobilization of care workers for their rights. Importantly, we investigate the perspectives of various actors shaping and benefiting from care mobility (older citizens, care workers, family

members, entrepreneurs) as well as emerging institutions that are enabling and increasingly regulating mobility and care (transportation, work placement agencies, training companies, small and large corporations providing care facilities). We also take into account the views of care users (older citizens and their families) and mobile workers who materialize care through their daily bodily work. It is through this prism of the organization of labour and mobility that we seek to capture the changes in senior care in CEE.

## 2. CEE at the Crossroads of Care Mobilities

Access to care in Europe is unevenly distributed. Not only Western countries, but increasingly CEE countries too are externalizing the costs of their demographic decline by relying on non-sustainable care mobilities. Mobile care workers are thus becoming the more or less formalized and regularized pillar of care systems across Europe. It is surprising how the increasing marketization of care mobility is met with widespread reluctance on the part of states, especially in CEE countries, which are particularly affected by the outmigration of care workers, to respond to this care crisis. Moreover, it is the absence of the state and political silence with regard to senior care needs that fuels the privatization of responsibility for senior care—for profit and not for profit. Even if the state supports the care sector as described in the example of Romania in this collection, with its rather "cosmetic" support for domestic services, this tends to lead merely to the formalization of such services rather than to their development towards accessible care systems with good working conditions (Hărăguș & Földes, 2026). What's more, some vulnerable groups of the older population, particularly older people who stayed behind when their family members outmigrated, fall out of the system (Dutchak et al., 2026a; Hărăguș & Földes, 2026). At the other end of the spectrum, however, we have the example of care systems like in the Netherlands, where strict regulation and generous funding only benefit the care receivers' side and do not really result in improved working conditions for the new trend of live-in care workers (Hernandez et al., 2026). Hrženjak's contribution on care recruitment from Bosnia and Herzegovina to Slovenian nursing homes shows yet another organizational role of the state as a key player in creating hierarchies via differentiated and unequal working conditions for migrant care workers (Hrženjak, 2026). Thus, even if the institutional care sector is better regulated than domestic care labour, it continues to be based on a hierarchy of rights, restricted mobility and segmented labour markets. The invisibilization of older people's needs is particularly serious in Ukraine, which has been supplying Europe with care workers for decades and where due to rapid demographic shifts, privatization reforms, labour migration and now refugee migration mainly by young women, the state is increasingly retreating from its responsibility and relying on international aid organizations, whose short term, project-based financial support can hardly meet the rapidly growing demand (Dutchak et al., 2026a).

## 3. Emerging Transnational Care Markets and Their Actors

New trans-European care markets are thus emerging, resulting from and creating an asymmetrical Europe. Migrant care work has become a commodity that is traded but also increasingly managed by transnational brokering agencies that are central to accessing work in better-off Western and Eastern European households; these agencies are also increasingly providing training (Fiebig-Spindler, 2026). As we demonstrate in this collection, the care sector has many faces but one common denominator: Almost all business and employment models (such as subcontracting structures, bogus self-employment, exceptions to labour law) are characterized by formalized precarity (Hrženjak, 2026; Katona & Gábriel, 2026; Palenga-Möllenbeck et al., 2026; Wojczewski et al., 2026). The risks are generally passed down to care

workers. Alongside international corporations, small-scale local entrepreneurs, often with backgrounds in sectors such as hospitality or construction, are entering the business of care for older adults. They extend their reach beyond national borders to recruit clients, reversing the usual flow of care mobilities by moving, this time, the people in need of care (Krause et al., 2026).

Brokerage agencies, work platforms and social media groups are also becoming key players in enabling and processing care work and care mobilities, in particular in the domestic care sector. With all the repercussions of unregulated platform work, they contribute in their own way to increasing job insecurity: In Hungary, for instance, due to the lack of purchasing power among care-receiving households, they are increasingly taking the place of formalized brokerage agencies, and contribute to the current opposite trend towards the informalization and deprofessionalization of the transnational domestic care sector (Katona & Gábriel, 2026); in Ukraine, Poland, and Germany, they partly share the digital infrastructure with brokerage agencies (Palenga-Möllenbeck et al., 2026).

At the same time, however, as demonstrated by the analysis of Poland as a "trans-European hub" for carers recruited not only from Poland but also from other EU and non-EU countries, care agencies and their representative organizations have gained significant influence in shaping the care market. As a "game changer" (Palenga-Möllenbeck & Fiebig-Spindler, 2025), they not only respond to existing regulations but also actively contribute to their development through lobbying, the establishment of industry standards, and everyday regulatory practices. Thus, this field is characterized by contradictory and hybrid dynamics that increasingly blur established categories and institutional boundaries. Agencies take on tasks traditionally associated with trade unions, trade unions broker jobs, workers become customers of agencies, and families become employers (Palenga-Möllenbeck et al., 2026).

The training and education of live-in care workers remain weakly regulated and fragmented (Deneva et al., 2026; Fiebig-Spindler, 2026; Katona & Gábriel, 2026; Wojczewski et al., 2026). CEE countries face challenges in establishing clear professional standards for care workers, which results in significant variation in workers' qualifications. In Austria, the majority of live-in care workers have care-related training certificates; however, formal qualifications are not legally required (Wojczewski et al., 2026). In Germany, there are no legally defined qualification requirements for live-in carers either, contributing to low levels of formal training (Fiebig-Spindler, 2026). In Hungary, the home-care market is seriously underregulated, and a growing number of short-term and online training programmes often provide certificates with no real value rather than recognized professional qualifications (Katona & Gábriel, 2026). Tacit knowledge and emotional labour are not only core elements of professionalism, but also hold together a fragmented institutional environment (Deneva et al., 2026; Dutchak et al., 2026b; Katona & Gábriel, 2026).

## 4. Towards Sustainable Paths to Decent Care and Working Conditions in the Care Sector

This thematic issue offers numerous points of reference, approaches, and examples of how transnational care can be organized in a sustainable and fair way. The EU's common political and economic structures definitely have potential and declare a common sense of good labour and desire to establish care standards, resulting in attempts to regulate the European care market.

Two of the articles examine how transnational justice in transnational care work can be derived from ethical approaches. Matiaško (2026) argues that the "right to care and support" as a new normative category is located at the intersection of political philosophy, human rights law, and constitutional jurisprudence. The recognition of the right to care makes visible precarious care arrangements, violations of care workers' rights, and regulatory shortcomings that might otherwise remain overlooked in social policy debates.

Aulenbacher et al. (2026) analyse how two forms of senior care provision in Austria and Germany, caring communities and the live-in sector, represent two types of shift, i.e., the marketization and communitization of care. Both models carry many risks of neoliberal externalization and privatization. The authors, however, advocate for new forms of care reorganization within caring communities that integrate transnational care migrants into local settings in a sustainable manner. Palenga-Möllenbeck et al. (2026) also highlight the key role of brokerage and independent mediation with strong elements of counselling and training in the live-in care sector, which would enable the formation of sustainable "working alliances" within flexible care and fair work.

In their analysis of a caring community in Hungary, Gábriel et al. (2026) discuss precisely this kind of local negotiation process and identify the potential and limitations of this type of governance. Local municipalities play an ambivalent role in relation to civil society organizations that foster community-based initiatives: while they provide space and infrastructure for local groups, they often respond more slowly than civil society organizations to emerging community needs.

New transnational solidarity networks, mainly on social media, represent new forms of labour struggles (Ezzeddine, 2026). The case studies on live-in work from the Czech Republic, Slovakia, Poland, Germany, Austria, and Ukraine show that industrial action is driven by numerous grassroots local initiatives and by NGOs and trade unions working together across national borders, and requires forms of industrial action that go beyond traditional trade union work. However, there are also many informal networks that now operate via interest groups in the digital sphere, providing a great deal of advice, information and networking opportunities (Palenga-Möllenbeck et al., 2026).

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## Conflict of Interests

The authors declare no conflict of interest.

## Data Availability

The data are confidential and largely concern vulnerable groups; therefore, only selected and anonymized datasets are available upon request.

## LLMs Disclosure

Perplexity AI was used for formatting the references.

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