IV. CARE WORKERS' CAPACITIES TO ACT

Challenges facing Hungarian care workers when trying to act for themselves in the United Kingdom and in Hungary

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Introduction

The so-called 'care drain' in western Europe – the employment of cheap migrant labour in care work – has been widely discussed in the academic and public discourses (see also Uhde & Ezzeddine, 2020, in this volume). As explained in the Introduction to this volume, the marketization of care has resulted in the increased employment of central and eastern European women in western European households. This reflects an unequal exchange between eastern and western European countries. While I agree that working conditions and regulations in care work are defined by demographic and socioeconomic developments, in this chapter I will focus on carers' perspectives and their capacity to cope and to act for themselves within larger political and socioeconomic contexts.

As a Hungarian carer working in the United Kingdom, I draw on my own experiences and on discourses and dialogues among and with carers and families. Over the past decade I have been trained and employed as a carer. I have also talked to numerous Hungarian carers who have been employed abroad to find out what they think and feel about the prospect of 'Brexit' – whatever that turns out to mean – and what their intentions are in terms of work in the future. I am still in constant dialogue with them and often brainstorm about what kind of social structures

we might be able to build in order to improve working conditions in Hungary. There is also a kind of self-supervision or self-help network within a small community of carers, who are in regular touch. Although many of them express a wish to return to Hungary and work in the care sector there, most of them do not plan to return. This is because of the huge differences between working in the United Kingdom and in Hungary when it comes to legal regulations, wages and working conditions. While these are strongly influenced by the socioeconomic differences between the two countries, I believe that nevertheless there are many things policymakers and the carers themselves could do to achieve better working conditions in Hungary.

While I present the United Kingdom as a positive example in contrast to Hungary, care work is undervalued and underpaid there as well, in common with other forms of reproductive work. From Hungarian carers' point of view, working in the United Kingdom has various advantages compared with working in Hungary. I will highlight how carers experience the formal legal structures and the informal networks and relations they work within, reflecting on their ability to cope with or change their working conditions. Formal and informal networks, information channels, unions, laws and customs, the quality of social dialogue in the larger society, media attention, as well as business solutions all have an impact on carers' capacity to act. In my analysis I will show carers' experiences in the United Kingdom and in Hungary, and what helps or hinders them, with the purpose of advocating for more rights and better working conditions. I will show that the legal frameworks and economic circumstances of care work have to be changed in Hungary in order to confer more dignity on both the elderly and care workers. I will also argue that care culture, customs and social awareness must improve for the same reasons. This chapter is not a thorough sociological analysis of care work in these countries. Instead I will show what care workers experience and what improvements I, as an activist, suggest in terms of civic participation.

First, I will present the UK care system from a care worker's perspective and highlight what institutions and legal circumstances make care work in the United Kingdom better for Hungarian workers. I then explain what care workers find most problematic in Hungary. Finally, I will give an example of what solutions are available to activists and grassroots initiatives in order to improve carers' working conditions. Although systemic change is needed to improve carers' overall situation, for example, addressing the social value of care work in society, I would like to show

the aims and possible achievements of local initiatives. I believe that, despite all difficulties resulting from various systemic factors, carers can and should act for themselves in order to improve their situation by cooperating with each other.

Background

This text is based on my personal experiences as a care worker and an activist in this field. I have been working as a live-in carer in the United Kingdom since 2015. I have also been participating in sustainability-related grassroots development of social infrastructures and advocacy in Hungary since 1998. I received my first care training in 2011 in Hungary, where I had the chance to do my practical training in a municipality-managed elderly care home. I was also a hospice volunteer for some years in Hungary. During my care-related work in the United Kingdom I have had the opportunity to study the English elderly care system on-site. Because I have had clients from several regions of England, I have also been able to see how different local councils organise social care for the elderly. After I became a self-employed live-in carer in the United Kingdom, I also worked for care agencies to recruit carers from abroad. Between 2016 and 2019 I interviewed approximately 200 fellow carers or carers-to-be, mainly central and eastern European and third-country (non-EU) nationals, mainly women. This experience helped me a lot to understand the social and economic backgrounds, as well as the personal motivation of these people.

At the same time, I am also active in the network of carers who work in Hungary. In 2017 I co-founded an initiative called Conscious Ageing (which later became the Hekate Conscious Ageing Foundation). Among other aims, we work on improving working conditions and the overall elderly care situation in Hungary. We started an elderly care programme called the Osmosis Community-Based Elderly Care System (Osmosis CareNet). We help both families and carers with information, consultancy, matchmaking, conflict-resolution and mediation. We also run a Facebook group to improve communication, advocacy and interest representation among stakeholders in Hungary. Through that work I have the chance to talk to many families and carers and learn about individual circumstances, as well as the sector's systemic problems. These are the sources of information and experience on which this chapter is based. Osmosis CareNet will be analysed as an example of grassroots self-organization of carers, aimed at finding a communal solution for care needs in a socio-political

situation in which the state does not provide feasible opportunities for families needing care services. In other words, circumstances in which elderly care is strongly marketised.

The advantages of working as a live-in carer in the United Kingdom

The practical implications of the UK system for carers is that carers are integrated, visible and regulated actors in the system. This legal and structural legitimacy, together with proper workers' rights and support systems, result in a relatively well-structured space for carers to act for themselves. In what follows I will describe the main trends in care migration in the United Kingdom, and then look at the available institutions and tools that support the work of carers.

Increasing demand for migrant care workers in the United Kingdom

Elderly care is provided primarily by two major, interrelated social structures in the United Kingdom: the health care system and the social care system. Central and eastern European migrant elderly carers typically work in the social care system. Skills for Care estimates (2020) that around 84 per cent of the adult social care workforce are British; 7 per cent are EU nationals and 9 per cent are non-EU nationals. Both health care and social care employers recruit from the same pool for many caregiving roles. Another recent analysis of Skills for Care (2019) shows that the estimated number of adult social care jobs in England[1] in 2018 was 1,620,000, of which 1,225,000 (76 per cent) were carers and another 84,000 (5 per cent) were regulated professionals (for example, nurses, occupational therapists and social workers), including 41,000 registered nurses (these are nurses not working for the National Health Service). Another analysis published by The Health Foundation found that if the adult social care workforce grows proportionally to the projected number of people aged 65 or over in the population, then the number of adult social care jobs will increase by 36 per cent (580,000 jobs) to around 2.2 million jobs by 2035 (Buchan, Gershlick, Charlesworth & Seccombe, 2019).

1 In many aspects of health care and social care, domestic data is collected and monitored by England, Wales, Scotland and Northern Ireland separately, therefore I focus only on England in the following analysis.

This means that, while care demand is increasing dramatically, there is only a limited increase in the available workforce. This means that there is already a major labour shortfall in the health care and social care systems. According to AgeUK (2020) there already aren't enough care workers for everyone who needs them. Social care in the United Kingdom is already in a fragile state. AgeUK (2020) says that '130,000 new care workers are needed each year just for the social care workforce to cope with current levels of demand'. And because there is such a huge shortage of carers in the United Kingdom, and supporting structures and information channels are functioning well, carers can easily quit and find new clients if, for example, service users fail to respect their professional and personal boundaries. When carers have real opportunities to change jobs, for example, because legal, cultural and social structures underpin such moves, carers have enormous room and capacity to act for themselves.
In what follows I will describe what is available for EU-national central and eastern European migrant carers in the United Kingdom in terms of working conditions and capacities to act. I draw attention to the structural elements that are potential power-sources for carers.

Legal framework

The most common job types for central and eastern European migrant carers in the United Kingdom are: (i) carer in a care or nursing home; (ii) domiciliary carer; and (iii) live-in carer. Care jobs are offered typically by care provider companies or charities, such as care homes and agencies. Many carers work as self-employed service providers, who opt to work with agencies. A self-employed live-in carer makes about 700–900 GBP per week, while the cost of being self-employed is about 5-10 GBP per week. Carers can and mostly do work legally, therefore they are regulated and protected by the law. The Care Act, the Health and Social Care Act, and the Health and Safety Regulations are primarily important in regulating care work, including live-in care arrangements. A detailed list of laws and regulations is easily available for carers on the homepage of the Care Quality Commission (CQC),[2] which is a state-funded, but independent regulatory body for health and social care in England. CQC plays a very important role in the UK quality control system. It offers a non-mandatory, fee-based quality control service and certification to all care service providers. Based on this certification, service providers are able to

2 For more information see Care Quality Commission, 2020.

demonstrate their independent ratings to potential customers, families and the elderly themselves.

The fact that carers can work legally is crucial in relation to their capacity to act. Being legally recognised means that carers can represent their interests, speak up and seek protection and support in basically any area of their work. This applies not only to UK citizens, but to other migrant workers as well. EU nationals, including CEE migrant workers, have the same rights as UK nationals. After 'Brexit', this situation is likely to change for newcomer EU migrant carers. But the legal status of those already working in the United Kingdom is likely to remain the same and according to Government communication they will have the same rights and protections as UK nationals.

Based on the new UK 'points-based' immigration system I predict that from 1 January 2021, newcomer care migrants are likely to encounter more hostile working conditions, similar to those non-EU migrants suffer from at the moment. National visa regulations are and have been often used to restrain the capacities of migrant carers to act. This has been the case for non-EU nationals even before Brexit.

Care-related support available for carers in the United Kingdom

The roles, functions and boundaries of care work and carers are strictly regulated in the United Kingdom. This means that carers, clients and family members can and should know what is and what is not part of the job of a carer. For example, cleaning and other housekeeping tasks are not carers' responsibilities.

Also regulated are what caring tasks a live-in care worker should and should not do. As already mentioned, care needs are covered by the health care and the social care systems. These two cooperate closely and, for example, an elderly patient cannot be discharged from hospital until there is proper and appropriate care in place at home, provided by the social care infrastructure. It is the responsibility of health care workers to make sure that sufficient care services are in place at home. Until appropriate care is in place at home, patients must stay in hospital. Additionally, health care services are provided in patients' homes by district nurses. The district nurse network is part of the national health care system and they work closely with live-in carers. If a carer needs medical advice or help on the job, there is always a local number to call for advice 24/7. A district nurse is always there to give proper medical advice or

redirect to the ambulance service if needed. Also regulated are the care services for which live-in carers are responsible and the tasks for which district nurses are responsible. For example, changing a dressing on a wound is not the job of a live-in carer. In fact, carers are not allowed to change dressings; that is the job of a district nurse.

That means that a carer is never left alone at any time to solve issues with the client that arise out of the blue. This is very important for carers. When a live-in carer is alone with a client, in their home, it is a huge responsibility. Anything can happen to the client and in fact something often does happen. Making decisions and providing care in medical emergencies is a major responsibility that also requires high-level medical skills. Live-in carers do not and should not have the sole responsibility in such cases. It is crucially important to have sufficient backup and support systems behind carers. One cannot provide a good enough service without them. This is well established in the United Kingdom because of the effective cooperation between the social and health care systems, and the district nurse system.

Training is another important aspect of support for carers in enabling them to provide a professional service. According to the law, carers must receive induction training in their job before they start their first assignment. This is organised by the recruitment agency that employs the carer, if the carer is not self-employed. There is also an annual update training that is obligatory by law for both employed and self-employed carers. It is organised by either the company/agency or independent training providers. The obligatory training applies to both UK and foreign carers.

Self-organising and institutional support

Self-organisation and advocacy are also very important in developing working conditions for carers. There is a long history of workers fighting for their rights in the United Kingdom (Lovell, 1977). Trade unions, the workers' movement and the feminist movement have been relatively strong since the nineteenth century and are still important in shaping working relations and culture today.

Union membership costs about 7–8 GBP a month at Unison,[3] the largest British public service union. Being a union member means that carers receive information about the sector, major policy dialogues, legal challenges, achievements and campaigns. There are also various free helplines

3 For more information on Unison see their website https://www.unison.org.uk/

and legal support for union members, should a carer need them. Circulars and newsletters are regularly distributed to carers by email. This means that carers do not feel abandoned and that help is always just an email or phone call away.

Trade unions also function as watchdogs, because they provide a constant presence and control of the sector. The very fact that they exist has an impact on society and regulates people's, families' and service users' behaviour. Working in the care sector I also experience that representing interests and communicating clearly about relevant issues as a carer are generally appreciated.

The use of media and social media in improving working conditions

According to my experience in the United Kingdom there are various communication and media channels open to those who are willing to speak up. These include specific advocacy groups, municipality helplines, local charities, unions, and media outlets at the local, regional and national levels. Health care and social care are well discussed in the British media. There are several journalists who specialise in health care. Problems, issues and difficulties are covered in depth and the government is constantly challenged by the media. Ageing, demographics, dementia, elderly care, financing, care migrants and workforce shortages are part of the daily social dialogue. From the point of view of central and eastern European migrant carers, the media provides information on what is going on in the country at the national level and what is to be expected. There are also special programmes and support lines provided by media channels to which one can reach out. Now with the 'Brexit' process and also during the coronavirus pandemic, the public media feels like a reliable source for information and guidance.

While public communication is primarily helpful in spreading information about relevant issues in care work in the wider society, social media plays a crucial role in self-organising and in cooperation among carers. Carers commonly organise, for example, in Facebook groups and exchange information quite assiduously. They ask questions and make recommendations about potential workplaces. This is a very powerful tool for cooperation. As already explained, it is easy to find another client, agency or care/nursing home to work in. Therefore, carers and carers' groups have the power to influence their own communities concerning the selection of workplaces. Word of mouth is a strong and efficient

means of acting for carers, and social media platforms provide free structures for communication. There are many Facebook groups maintained by carers themselves. Some are even in Hungarian, specifically for Hungarian carers working in the United Kingdom. When someone wants to find a new placement, recommendations are sought from the group members. Currently I work together with two agencies and they were both recommended to me by fellow carers in a Facebook group a few years ago. Often, carers share their bad experiences in these groups, so basically one can obtain first-hand information about agencies or care homes very easily.

The role of market actors in shaping workers' rights and working conditions

There are two significant market actors in the care sector that strongly shape working conditions: insurance companies and recruitment agencies.

Liability insurance companies

It is often a requirement that carers take out Carer's Liability Insurance. It costs about 80 GBP per year. This offers protection to carers in the event that they make a serious mistake on the job. It reduces carers' vulnerability. Often, families take out similar insurance policies to protect themselves against instances in which, for example, the carer is injured on the job and claims compensation from the family.

Recruitment agencies

Organised, professional elderly care has a long tradition in the United Kingdom. Families and the elderly themselves know what it means to hire carers or other domestic help (such as cleaners or gardeners). Agencies also play an important role in communicating with families and service users about what they can and cannot expect from a care set-up in their homes. Agencies typically operate with a business model in which the family pays the agency for organising and managing the continuity of care and for all the conflict resolution that is an inevitable part of care operations most of the time.

In the elderly care sector, clients and carers come and go. People die, carers stop working; they are not constantly present as individuals and stakeholders in the community. Continuity and quality assurance are provided by local agencies most of the time. These are typically small,

often women-led local businesses or franchises organising care for members of the local community. They have several roles:

(i) recruiting and training carers;
(ii) checking carers' reliability, experience and references;
(iii) checking and assessing families, working conditions and clients' care needs;
(vi) providing training for families when they start hiring carers; and
(v) mediating between carers and families if there is an issue that the parties cannot resolve on their own.

From the point of view of carers, agencies are a huge source of help and background support to which they can turn when they are looking for a new client or need advice or mediation in a given job. Because there is such a vast shortfall of carers in the United Kingdom, there is strong competition between agencies to attract carers, so they tend to be as good as they possibly can, encouraging carers to remain with them. Good, reliable carers enjoy a rather welcoming environment at good agencies, regardless of their nationality or religion. Less good agencies attract less experienced carers with fewer prospects, offering lower wages. Upward mobility to good wages is available to all carers, however, even if they are not British. Top wages are basically defined by clients' financial limitations and are currently about 100–120 GBP per day for self-employed carers.

There are large differences between agencies. Agencies charge the families, and carers do not pay additional money for their services. There are different types of agencies, with different business models. The weekly fee that families pay to the agency varies a lot, ranging from about 100–200 GBP (introductory agencies, working with self-employed carers) to about 400–600 GBP (full-time employers). According to feedback from UK carers, however, the latter are going out of business, being too expensive for families and not paying the carers enough. Both self-employed and full-time employed carers are covered by social security and state pensions.

The sector is underfunded and not all business models are financially viable. There are many agencies that take advantage of inexperienced, non-assertive carers and save money by exploiting them and by providing them fewer rights and more insecure working conditions. Often difficult clients are given to carers who are not in a position to refuse a given job. On the other hand, the transparent agency network helps to increase the capacity of carers to switch to better agencies and to improve their working conditions.

All in all, there are several institutions and tools that assure carers good working conditions; or support them in advocating for better ones. Legal employment contracts generally provide concrete descriptions of carers' tasks and define their responsibilities. The quality control system provided by an independent institution (CQC) also helps to make the care market transparent. Based on the district nurse system, the efficient cooperation between the health care system and self-employed live-in carers provides constant professional support for carers regarding medical issues. Additionally, because attending follow-up training is prescribed by law, carers are encouraged to constantly professionalise themselves. Because live-in carers work legally, they can join trade unions, which are highly effective in the United Kingdom in distributing information and advocating for rights. Insurance companies and recruitment agencies are crucially important in making the situation of migrant care workers less precarious. Also, the intense media attention helps to politicise care work and to build a more respectful culture around care. The media can be also used to influence decision-makers in order to achieve more adequate legal regulation.

Working conditions and capacities to act in Hungary

As I mentioned in the introduction, I have talked to about 200 people who wanted to become carers in the United Kingdom. Most of them were doing care work in Hungary. Also, I talk to Hungarian carers working in Hungary on a daily basis within the framework of Osmosis CareNet.

As Gábriel (2020, in this volume) also shows, while there is an increasing demand for elderly care in Hungary because of demographic ageing, state expenditure on social and health care is not increasing. The care deficit is growing constantly: waiting lists for places in nursery homes are getting longer and longer; and unfilled job vacancies are also steadily increasing. One of the main reasons for the latter is that wages in the social sector are the lowest in the national economy (Gyarmati, 2019). Because of the decline of state services, the number of caring family members and paid live-in carers is increasing. Because live-in care arrangements are mainly illegal, however, there is no reliable statistical data about the actual number of live-in carers.

The carers we work with in the Osmosis network come from various backgrounds and typically offer either live-in or domiciliary care services.

Some of them are hospital nurses, who are (also) so badly paid that they have to have second jobs to make ends meet. Another pool of carers is non-skilled middle-aged women, who have no access to the legal labour market and are trying to find some kind of income. Most of these women are not trained as carers, which causes various difficulties for them and the families as well. Many of them are fleeing domestic abuse or poverty, or have housing-related issues that force them to choose live-in jobs.

According to my experience and that of the other carers I have talked to, the most important factor that affects carers' capacity to act in Hungary is that carers and the sector itself largely operate on the black labour market. Working legally and paying taxes entails so much additional cost that it is hardly worth it for carers to do. The legal way of providing live-in care is to become self-employed and pay monthly taxes. However, a live-in carer can make only about 120–300 euros per week, based on the ability of the care recipient or their family to pay for such services. If the carer decides to become self-employed legally, there is a minimum cost of 50 euros per week (taxes, fees, expenses), which takes a large bite out of the weekly wage. Consequently, if carers pay taxes they cannot earn a living wage or support their families. Moreover, this 50 euros has to be paid even during periods in which the carer does not have a client or income, which makes their general situation even more precarious.

The fact that live-in carers work illegally means that they lack all forms of social security, such as paid vacation, sick leave, pension and insurance. It also defines their access to rights, and it has various consequences for their ability to build up supporting structures.

Carers I have talked to primarily lack:

- systematic medical/care-related support or advice;
- legal protection;
- unions, advocacy groups;
- liability insurance;
- agency support;
- media, watchdog helplines;
- training updates.

Carers in Hungary are left completely alone in their job and enjoy no social or legal protection and support. Moreover, a care-related culture and customs are not present in Hungarian society in the same way as in the United Kingdom. Families and service users are not used to respecting workers' professional and personal boundaries within the framework of domestic help. As a result, exploitation of carers is common practice. There is absolutely no quality control or assurance in the system. Several

carers have told me that families want them to feed the animals, clean the whole house and cook for the whole family (not only the client). They often say that daily breaks are not properly provided. They also complain about not having sufficient supplies of nappies, gloves, cleaning equipment and food, which should be provided by the families.

There are absolutely no advocacy groups or charities the carers can really benefit from, either. While there are very active trade unions in the social sector,[4] which aim to improve working conditions and represent workers' interests in the public sphere as well, this is only available for those employed by state institutions. Private carers do not join trade unions, especially because most of them are working illegally. Therefore, there is no union or other institution that represents their rights. The only forum for carers to act and to communicate with each other is social media. Carers come together in Facebook groups, which are the platforms for self-support groups. If carers need care-related help, support or advice, the only place they can turn to is Facebook and their informal personal networks.

Also, no political party has invested sufficient amount of energy in reaching out to care workers and trying to change general working conditions and regulations in the sector.

Even though many families are looking for carers, there is a lack of structures through which supply and demand could meet in a regulated and quality-controlled manner. That also means that it is not very easy for carers to find clients, which means in turn that they have only limited options to leave a client or job, even if working conditions are far from adequate.

The Osmosis Community-Based Elderly Care System in Hungary

As already mentioned, systemic change is needed to significantly improve the situation of care workers in Hungary. Nevertheless, as an activist, I believe that we carers can do many things to improve working conditions. With other carers we are building a stakeholder-initiated and -owned autonomous elderly care support system in Hungary, called the Osmosis Community-Based Elderly Care System, or the Osmosis CareNet for

4 For example, the Trade Union of Workers in Social Care. (Szociális Ágazatban Dolgozók Szakszervezete, 2020).

short[5]. Our aim is to respond to the various challenges already described via self-organisation. Work started in 2017 and it is based mostly on experiences gained in the United Kingdom and in Hungary. I am coordinating this programme, which supports both families and carers in Hungary. As part of the Osmosis Programme we manage a Facebook group, supporting elderly care–related stakeholders in Hungary. The group now has over 8,000 members, including families, carers, journalists, politicians, researchers, businesses, nurses and doctors. We also provide tailored consultancy services to families, which means that we talk to them individually via Skype or Zoom.

Main activities of Osmosis CareNet

- community building;
- capacity building for carers, families and other stakeholders;
- consultancy, training, conflict resolution, mediation;
- helping to reconcile care-related demand and supply;
- awareness-raising;
- advocacy;
- building a quality control system within the community.

The main idea behind Osmosis CareNet is to connect carers and families and to build a community in which the interests of all involved parties are supported. Such a structure helps to initiate transparent communication among the actors and thus can serve as a quality-control platform. All the above listed activities are already in place, even though capacities are limited, as there is no proper funding behind the programme. At the moment we receive up to five direct requests for carers from families a day. Also, there are between three and ten requests per week from families for information or advice. We do not have sufficient resources to meet all these needs properly. In August 2020 a private company joined the community and gave a larger donation. This funding is going to be used to launch a website to support the activities listed above. The launch of the site is expected in December 2020.

The most difficult element of the system is to build a large enough pool of reliable and professional carers available for live-in care and domiciliary care. It requires a lot of work both to build and to maintain this carer pool. In the United Kingdom this work is funded by the families directly (agency fees) and organised by the agencies themselves. A good agency

5 For more information see the website: https://hekate.foundation/osmosis-carenet/

has about 100–150 carers on its books, all of them thoroughly cross-checked. Maintenance and quality checking of the carer pool is also very important. All this work requires at least 1–2 full time staff.
A long-term aim of the Osmosis system is to form a union for and with private care service providers and stakeholders. Unfortunately, the system is growing slowly as it is seriously underfunded and lacks resources. The other reasons for the slow growth lie in all the difficulties resulting from the fact that carers generally work illegally and because of the lack of supporting institutions, as already explained. All the elements of the system are being built from scratch, because there are hardly any other institutions or structures with which effective cooperation is possible, except for a few progressive municipalities, NGOs and individuals. The only available capacities are personal networks, social media, communication and IT skills, expertise in care and community development.

Conclusions

I have been listening to both families and carers for years now. Families complain about carers, carers complain about families and in fact, everyone is right to some extent. Elderly care is a complex and delicate space of human interaction. A lot of skills, attention, goodwill, trust, cooperation and communication are needed from all the parties involved, including carers, family members, clients and other potential actors in the system, such as GPs, nurses, hospital staff, social workers and occupational therapists. When these are not present, when supporting structures are missing, there is too much demand on both carers and families. At the end of the day families want more from carers, carers want more from families and everyone is unhappy. Especially the old people, who are often left behind in the turbulence.
As a migrant care worker myself and also as an activist, I have been participating in social dialogue around care migration in Europe for a few years now. I have been listening to policy-level experts, scholars, activists and carers as well. Based on these experiences and information on care work in the United Kingdom and in Hungary, I have found that care work is generally underpaid and undervalued in our societies, for systemic reasons. Nevertheless, I have seen that doing care work in the United Kingdom provides significantly better working conditions compared with Hungary. Being able to work legally and being supported by workers' rights, unions, institutions, organisations, structures and information make a huge difference. While the biggest difference derives from

the socio-economic inequalities between these two countries, which also gives rise to care migration, there are several things activists and grassroots initiatives can do to improve the situation in Hungary.

After highlighting the most important supporting institutions and actors that help care workers in the United Kingdom, I showed how care workers in Hungary experience their job and what their primary difficulties are. Finally, I introduced the Osmosis CareNet project that I am involved in, which aims to respond to these needs. The aims and focus of this network are inspired by my experiences in the United Kingdom. Our overall objective is to build a care culture and a system in which carers' and families' interests are both respected. Transparent and well-functioning communication between the different actors is of key importance in order to improve how care is provided. This project is an example of a bottom-up approach that aims to change the situation of care workers in Hungary.

Hopefully this initiative is an effective step towards a large-scale change in the entire care sector. Legal working conditions, training, quality control and supporting structures must be built and developed so that they offer a safe and suitable environment to work in. This work can be done in cooperation among carers, researchers, policymakers, politicians, experts, NGOs, the media and many other relevant actors in society.

There are numerous capacities, potentials and powers in the hands of policymakers, politicians, activists, academics, intellectuals, carers themselves, and many other stakeholders to reach out for. After the first wave of the corona pandemic, it is expected that economies are going to work hard to reinvent themselves. 'Unskilled workers' are now 'key workers'. At least for the time being, societies seem actually to mean it. We now have a major opportunity to help create the supporting structures and capacities needed to really make it happen.

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TOWARDS A SCARCITY OF CARE?

Tensions and contradictions in transnational elderly care systems in central and eastern Europe

Editors: **Noémi Katona, Attila Melegh**

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