

# *Challenges of becoming in need of care and promises of agencies for live-in care in Germany*

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## **Abstract**

*There are different models of care for elderly people in Germany. Policy strategies provide support, but this is weak for some models, such as live-in care. The latter is an option to stay at home with the help of live-in care. There is no public support for this model, so individuals have to organise it themselves or refer to offers from live-in care agencies that provide carers. Their promises can contribute to the social representation of this model of care. This, in turn, can generate expectations of live-in care. This paper aims to analyse which promises might contribute to the social representation of live-in care and what it might mean for clients to share them. For this purpose, text messages on the websites of 50 agencies are analysed. Agencies empathetically describe the challenges of becoming a care recipient and present live-in care as the best solution. The analysis reveals recurring narratives relating to arrangements, carers and agencies that stabilise different social representations.*

**Keywords:** *Care in Germany, live-in care, narratives, social representations*

## Introduction

There are many reasons why people may need long-term care. Individuals and their families then face challenges such as physical or psychological strain, financial or organisational problems. The German government has adopted several measures to help those in need. However, home care in particular remains difficult. Government support is limited and there is a gap in provision. Private organisations, such as agencies that offer to provide helpers, are trying to fill the gap. This paper examines what they promise and what these promises might mean for individuals who rely on them. First, it describes some of the challenges and solutions to provide some relevant background information.

### *People in need of care, support of care insurance and the chosen care model in Germany*

According to the latest data, almost 5 million people in Germany are in need of care (BMG, 2023). Questions arise such as: what kind of state support can they expect, e.g. to cover the costs? What models exist? Which models do clients choose and what can they expect from them?

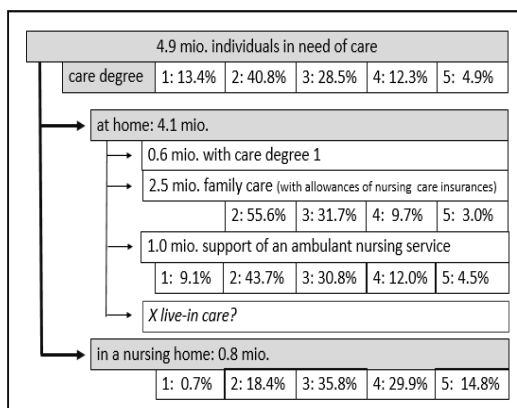
In 1995, the German government decided to introduce compulsory care insurance to provide security in the event of the need for care.<sup>1</sup> In order to receive financial support from the care insurance, the person has to undergo an assessment procedure. If a person is found to be in need of care, he or she is given a “care level” between 1 and 5, where 1 is for people who need little support and 5 is for people who are very dependent and need intensive care throughout the day. The person in need of care receives financial support from the care insurance scheme according to the level of care certified. It ranges from 125 € (care level 1) to about 2,000 € (highest care level 5) per month.<sup>2</sup> Figure 1 shows some data on people in need of care, their level of care and the chosen care model.

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<sup>1</sup> <https://www.bundesgesundheitsministerium.de/themen/pflege/online-ratgeber-pflege/die-pflegeversicherung> (accessed 10/18/2023).

<sup>2</sup> This description is simplified, as the regulations are more complex and depend e.g. on whether the person in need of care stays at home or in a nursing home.

**FIGURE 1:** Number of people in need of care and care in Germany



(Data source: Destatis, 2022d)

The data show that most people who need care stay at home. Often, little help is needed at first, provided by family, volunteers or professional helpers. As the need for care increases, the person or their family face the challenge of not only coping psychologically with diminishing abilities and increased need for help, but also organising extensive support. This can lead to a choice between family care, possibly supported by an outpatient care service, live-in care or a nursing home. A brief description of all models is given below to put live-in care in context. Due to the specificities of national health care systems, this description focuses on studies and data collected in Germany.

### *The family as care providers*

Wetzstein and colleagues (2015) call familial care the biggest “care service” in Germany. About 4.7 million individuals are involved as caregivers, two thirds of them are women. According to an older study by Künemund (2002), family caregivers have a comparatively low educational level and receive little social support. They report health problems above average. Strain would be particularly high, if individuals went to work, cared for an elderly relative and children at the same

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Data from the DGB (2018)<sup>3</sup> show that working family members provide an average of 13 hours of care per week, and 71% experience a work-care dilemma. When the care recipient has dementia, a third reduce their working hours or quit their job (Schäufele et al. 2016).

Family caregiving is often associated with economic risks (Ehrlich et al. 2020), risks of career interruptions (Au & Hagen, 2018) or even unemployment (Stroka & Linder, 2016). However, concurrent employment is not generally a source of strain: According to Bidenko and Bohnet-Joschko (2021), family care can affect health, but going to work can also turn out to be a resource - but only up to a certain number of working hours.

Not only economic factors, but also new role perceptions or mobility requirements can limit the resources of family caregivers (Dallinger & Eichler, 2010; Steiner et al., 2019). More complicated or intensive care leads to an increasing need to organise additional help or to find an alternative solution.

### *Ambulant nursing services as professional care providers*

Home care is an important pillar of the health care system in Germany. Around one million people in need of care receive help from one of the approximately 15,400 home care services (Destatis, 2023). However, the care provided by home care agencies is limited in time and may entail costs that are not covered by care insurance. For example, the estimated cost of outpatient care for a person with care level 3 is around €2,400 per month, of which €1,363 is covered by care insurance and €1,037 by the person in need of care.<sup>4</sup>

### *Nursing homes as professional care providers*

There are about 16,100 nursing homes in Germany (Destatis, 2023), about half of which are privately owned (Statista, 2023). In most cases, people have to pay their own contribution to the costs of nursing homes. On average, this amounts to €2,248 per month (BIVA, 2022). For older people in need of care, this could lead to financial problems if they do not have assets or receive financial support from relatives: The average gross pension is around €1,600 per month (Destatis, 2022a). More than a quarter of all pensioners receive less than €1,000 per month, with women in particular receiving very low pensions (Destatis, 2022b). The gross pension is therefore often insufficient to finance a nursing home. This

<sup>3</sup> DGB: Deutscher Gewerkschaftsbund is an umbrella organisation for eight member unions (<https://en.dgb.de/>, accessed 07/08/2023).

<sup>4</sup> <https://www.muenchener-verein.de/ratgeber/pflege/pflegekosten-und-pflegefinanzierung/> (accessed 04/04/2023).

could also be the case for relatives, as the average net income is €2,135 (Destatis, 2022c), which is also lower than the average contribution. This shows how difficult it can be to finance nursing home care.

In addition, public discussion often refers to the limited resources of nursing homes. One important aspect is the number of staff. Although a minimum standard has been set, a shortage of nursing staff can lead to difficult working conditions. This, in turn, could affect the time available for patients. For example, a calculation published by a recruitment agency concludes that nurses have about 42 minutes per patient per shift. This includes time for basic care, treatment care, documentation and planning, team meetings, communication with relatives, doctor visits or emergencies (Anbosa, no date). If there were a shortage of nurses, the time would be even less. Another aspect of limited resources is savings on care products, accommodation, food and other facilities. For example, a recent study in Saxony shows that the average cost of catering is €5.28 per person per day (Parikom, 2022). This amount is expected to cover all meals and drinks, as well as energy and staff costs. It is therefore likely to result in a loss of quantity and/or quality.

### *Live-in care*

Live-in carers usually come from other European countries and live with the person in need of care for some time. It is an option that is vaguely regulated, for example in terms of quality standards, training, insurance, working hours and income (Leiber & Rossow, 2022).

When families or a person in need of care decide to have live-in care, they have to find carers either on their own or with the help of an agency. If they organise it without an agency, they would have to employ the carer and get the status of an employer with all the bureaucratic obligations. This means a lot of paperwork and is quite expensive due to employer contributions. This is why many opt for undeclared work (Leiber & Rossow, 2022). Another option is to employ a self-employed carer. To avoid problems of bogus self-employment, self-employed carers must be able to prove that they work for several clients and are free from instructions. Otherwise, clients risk high retroactive payments of social security contributions, taxes and penalties (Verbraucherzentrale, 2018). This is also the case for undeclared work. Alternatively, they can hire a so-called “24-hour care agency” to find a carer for them. A German agency acts as an intermediary between the client and an agency in another European country. The client signs a contract with the non-German agency, sometimes with both agencies. The foreign agency sends its carers to Germany. Costs range from 2,200 to 3,200 euros per month.<sup>5</sup> As there

<sup>5</sup> <https://www.pflegehilfe.org/24-stunden-pflege> (accessed 04/10/2023).

is no legally recognised professional status for home care, the financial support from the care insurance is lower than for clients in nursing homes, e.g. in the case of care level 3, the client receives 525 euros for family or home care, but 1,262 euros for care in a professional setting. (The last option, 24-hour care provided by a professional care service, would only be affordable for a very small minority. Based on older data, Satola and Schywalski (2016) estimated the cost at around €24,000 per month).

Most live-in care arrangements are said to be irregular. A study by the Polish Ministry of Labour concluded that 94% of all Polish live-in caregivers work illegally in Germany (Drepper, 2016). Overall, there is no valid data on how many live-in carers work in Germany. Estimates range from 115,000 to 300,000 (Böning & Steffen, 2014) and up to half a million (Stiftung Warentest, 2017; rbb24, 2020).

The German government recognises that live-in care is not controlled and that people in need of care need protection (Deutscher Bundestag, 2016). However, there is still no state support for families to find and organise live-in care. A few years ago, the Public Employment Service (Agentur für Arbeit) offered a service to find caregivers and at least advise families, but it stopped this service in 2019. Instead, it advises families to contact private agencies.

A growing number of older people living at home and weak regulations have made live-in care a very attractive market. In 2009 there were around 60 24-hour care agencies, by 2016 the number had risen to 266. In 2021, the number was 784 (Holsing & Leitner, 2022).

### *In case of a decision: all but no nursing home?*

A 2017 online survey of 1,000 adults in Germany shows that most (85%) believe that nursing homes take the pressure off relatives, but 80% fear this for themselves and only 6% would voluntarily agree to move into one. The main reason for this fear is a perceived shortage of nursing staff, and 48% believed that nursing homes would not provide immediate and competent help. 83% were convinced that they were profit driven. 59% feared they would not be able to afford a care home and almost half feared they would not be able to get out once there. These attitudes reflect some of the problems with care homes described above. According to the survey, about a third would prefer to move to their own flat in a home for the disabled and receive help from an out-patient care service. Another third would prefer to stay at home, also with the help of an outpatient care service. 19% would like to be cared for by a family member and 11% with the help of live-in care (PWC, 2017). Recent survey data from 1,004 people confirms that 89% would prefer to stay at home if they needed care, and only 9% would consider a nursing home. A third said they would prefer assisted suicide to avoid a nursing home (Knops, 2022).

## **The decision: possibly a result of social representations**

We can conclude that becoming a care-dependent person can be associated with different challenges. Factors influencing the choice of a particular care model include motives, family skills and abilities, or contextual variables such as financial aspects or the availability of options. Most people will have only selective information when making choices. The way these options are socially represented may then be particularly relevant.

Social representations are “a structured mental – i.e. cognitive, evaluative and symbolic – content about socially relevant phenomena, which takes the form of images or metaphors, and which is consciously shared with other members of a social group. In the collective view, social representations are seen as a public process of creation, elaboration, diffusion and change of shared knowledge in the everyday discourse of social groups (...)” (Wagner, 1994, p. 200). Reports and public discussion, or in general “the process of communication shapes and transforms our shared representations” (Moscovici, 1993, p. 8). The process of constructing, modifying or integrating social representations can be driven by different anchors: for example, emotional or thematic anchors or anchoring through fundamental antinomies (Höijer, 2011). They can also be made concrete through objectification (Moscovici, 2011). “Everything in a social representation is ordered around a figurative kernel that in a sense ‘underlies’ all the images, notions or judgements that a group or society has generated over time” (Moscovici, 2011, p. 454).

Social representations of age and care can guide people’s decisions. This study focuses on the decision to stay at home with the help of live-in care. Searching Proquest and Scopus for “social representations +care models” or “+live-in care +Germany” did not yield any results. Therefore, to the author’s knowledge, there are no empirical studies on social representations of care models. Therefore, an empirical study was conducted that focused only on live-in care. What do agencies promise, how is live-in care socially represented?

## **Method**

In order to understand social representations of live-in care, this study analyses information provided by agencies. This information is collected from their websites, thus collecting ‘non-reactive’ (Rasmussen, 2008) or ‘natural’ (Salheiser, 2014) data. The data collection took place in November 2022 and included 50

agencies that were simply selected by a Google search (see Appendix). There were no other selection criteria. All agencies use text and visual messages. Both could influence the way in which becoming a care recipient and residential care are socially represented. However, due to the amount of material, only text messages are analysed.

In order to analyse the text provided on the webpage, the paper uses content analysis according to Mayring (2019). The first step is to summarise the content. For material that offers many lines of interpretation, a second step would be explication. However, this was not considered necessary for this material. The promotional information conveys clear sales messages with little variation in interpretation. The third step is to categorise the content. These categories result from the analysis and are:

- social representations of the initial situation
  - of the elderly
  - of their relatives
  - in nursing homes
- social representations of the solution and promises of/for the
  - perfect type of care
  - perfect caregivers
  - perfect agency
  - clients

These categories also guide the presentation of the results.

## Results

### *Social representations of the initial situation*

#### *Situation of the elderly*

Several agencies argue that they are well aware of the wishes, concerns and needs of people who become dependent on care (8). They emphasise that all older people would prefer to stay at home (25, 29, 35, 37, 49) because it is their familiar environment (2, 8, 19, 37), their “castle” (38) or “the only place where they can be happy” (1). If they had to move to a nursing home, they would be afraid and would need time to cope (39).

#### *Situation of relatives*

Some agencies provide exculpatory arguments as to why family members would not be able to care for their relatives themselves. For example, they argue that



family members would not have enough time because of their work or other family responsibilities (38). Relatives would not always be able to cope with high demands (24), but would have limited resources (38). At the same time, they would find it difficult to “put” their relative in a nursing home (25). On the other hand, they want the best for the elderly person and to enable them to stay at home (36).

### *Situation in nursing homes*

Nursing homes are seen as “strange places”, “far away” from the elderly’s families (8), without enough space and staff, which would lead to a lack of care (24) and little time for the elderly (39). Because of the high cost of nursing homes, people would feel burdened (13). Therefore, moving to a nursing home should and could be avoided (18, 25).

### *Social representations of the suggested solution*

#### *Perfect type of care*

Choosing residential care provided by an agency would be a “good” or even “excellent” decision (7, 12), hence the choice of the “majority” (13). Instead of ending up on a long waiting list (39) or in an environment determined by the care crisis, older people could expect individual, “privileged” and “all-inclusive” care (7, 8, 9, 13, 16, 17, 18, 19, 24, 26, 29, 33, 34, 35, 37, 46, 49). Residential care would be more flexible than a nursing home (18), the best alternative to it (1, 5, 15, 16, 20, 25, 38). Arrangements are described as legal (1, 4, 5, 7, 14, 15, 17, 18, 24, 25, 31) and affordable (4, 9, 13, 16, 31, 32) and cheaper than a nursing home (2, 7, 14, 18, 24, 30, 35, 37, 41). Agencies promise the best value for money (17, 19, 25). At the same time, clients do not have to worry about hidden costs (19) or labour exploitation because the arrangement is based on fair conditions (1, 3, 7, 9, 15, 16, 17, 44).

#### *Perfect caregivers*

Most agencies promise perfect carers. They are described as adaptable and very flexible (28, 40). They are also described as open-minded (28), considerate (2, 7, 9, 18, 24, 31, 40), respectful (40), trustworthy (9, 16, 26, 50), reliable (1, 2, 3, 5, 15, 21, 31, 37) and hardworking (24, 42). They are described as friendly (2, 10, 19, 26), humorous (40), sensitive (5, 8, 9, 11, 17, 23, 28, 33, 42, 47, 50), loving and caring (7, 11, 13, 15, 16, 17, 19, 21, 23, 24, 26, 28, 30, 33, 35, 37, 38, 40, 41, 46, 47, 49). Some agencies speak of “angles” (13, 47).

Regarding their professional competences, some agencies refer to “nurses” (3, 5, 39), others to qualifications (1, 23, 35), professionalism (8, 10, 11, 13, 16, 17), competences (8, 10, 12, 17, 20, 23, 27, 31, 35, 50), training (5) or simply experience (1, 5, 7, 10, 11, 13, 17, 18, 20, 23, 24, 31, 35, 37, 40, 47).

Some agencies promise to find a carer for everyone (10). They rule out problems even for people with dementia (48) and claim that any difficult care can be handled by experienced carers (18). Agencies would only place carers they would send to their own parents (23).

Sporadically, they promote values such as the Catholic faith, traditional values of welfare and charity (40), or the positive cultural background of carers, e.g. from Poland (12, 17, 18, 24). Some agencies conclude that Polish carers would guarantee the care of the person in need of care (18). Furthermore, caring for the elderly and living in multi-generational households would be normal for Eastern European countries (28, 32, 48).

In addition to personality traits, professional competences and values, agencies also refer to the motives and motivation of care workers. They want to work in Germany (31) and are generally described as highly motivated (31, 47), committed (18, 28, 40), enthusiastic and passionate (23, 24, 36). Few agencies even promise that their carers would be dedicated and committed (5, 8, 24). Their carers would care as family members would (20, 32). Clients could expect 'genuine emotional attachment' (28), friendship (16) or even family closeness (21, 33).

In order to validate the competence, integrity and health of carers, some agencies stated that they were 'tested' or checked (1, 2, 9, 15, 23, 27, 44). Strict recruitment criteria and standards (9, 16) and ongoing quality controls would ensure high quality care (3, 9, 12, 17, 44).

### *Perfect agency*

Agencies also describe themselves as passionate: "We care with passion" (16), "We love what we do" (30), "Our service is our vocation" (27), "Our heart's desire is to find you loving and qualified care" (35) or "We have a heart for the elderly" (2). They are "experts" and clients can choose them "without worries" (6). They describe themselves as a powerful ally (29) or a trustworthy partner (27) and promise a simple solution with little paperwork (16). Some agencies offer "guarantees" such as satisfaction (15), "maximum security" and "some quality of life" (17).

To demonstrate their expertise, agencies quote figures such as experience of 50,000 placements (7), more than 3,000 carers (15) or years of experience (13, 27, 31). Others refer to "many" families (31), all of whom would be satisfied (13).

In an attempt to promote their own merits, some agencies point to bad agencies, characterised by empty promises (21), lack of transparency, hidden costs and confusing and complicated regulations/rules (4). While clients may have had bad experiences with other agencies or carers (21), these agencies claim to be better (27).

### *Perfect solution for the elderly in need of care*

Perfect caregivers ensure perfect care because care is centred on the client's wishes (1, 5, 7, 8, 10, 24, 42). Many agencies advertise help 24 hours a day (13, 21, 24, 25, 26, 29, 31, 35, 38, 41, 47) or "almost all day" (7). Spontaneous help is 'always' possible (44), including at night (1, 29, 47): "The carer is always present and provides competent care - that is possible!" (13).

Carers would do the housework (38), prepare healthy food (18), accompany the person to the doctor (38, 47), spend time with the person (18, 24, 29), talk and listen to them (48) and provide amusing entertainment (38, 47).

Above all, emotional closeness would enable clients to live in family-like structures without being a 'burden' on their own family members (24, 35, 44). In turn, the familiar environment allows them to remain independent, autonomous and self-determined (1, 4, 7, 13, 18, 19, 21, 22, 29, 35, 45). This arrangement maintains social relationships (19, 45) and routines (19, 29). Because carers provide protection, clients feel safe (1, 5, 11, 13, 18, 23, 30, 42). "The carer makes everything possible and a lot of things easier" (24) and enables people in need of care to cope successfully with everyday life (24, 47) or even to live a "worry-free" life (28). As a result, agencies promise positive emotions (11, 14, 23, 29, 44), improved self-esteem and general wellbeing (22, 23, 24). Residential care would prevent loneliness and depression (47). Overall, dignity (1, 18, 28, 37, 41, 45) and quality of life (7, 19, 23, 44, 45, 47) are maintained or improved. One agency goes so far as to promise that 'the person in need of care will live longer' (5).

### *Perfect for relatives*

Relatives would also benefit from live-in care, as it would be a "relief" for them (5, 16, 18, 19, 20, 21). It allows them to fulfil family or professional obligations (16, 18, 19) and to spend time with the person in need of care according to the person's wishes instead of caring duties (20).

Most agencies promise perfect care in every respect, only a few point out some limitations.

### *Mentioned restrictions*

While some agencies refer to 'nurses' and professional care, few make it clear that carers are neither trained nor certified (32, but experienced, 13, 49). They are therefore not allowed to provide medical services (5, 32, 48).

Contrary to the term '24-hour care', some agencies emphasise that carers would not work 24 hours a day because they need breaks, time off and night rest (2, 7, 22, 25, 28, 29, 32, 45, 49). Some agencies add that carers would still be on call (44, 47, 48). Often such comments about restrictions are placed under a rather long

description of promises about live-in care. Sometimes they are contradictory. One agency talks about 24-hour care, but later specifies that 24-hour carers work 5-6 hours a day (8). Another agency states that live-in care would be available 24 hours a day, later reduces it to 40-48 hours a week and adds that if more time is needed, each hour would be charged at €12 (29).

## Discussion

### *Anchors stabilize social representations of live-in care*

Social representations of live-in care use different anchors - mainly thematic and emotional anchors or anchors via antinomies, referring to fears and desires - as well as objectification, referring to stereotypes. In some cases these anchors are interlinked.

For example, the initial situation described for people in need of care reflects the public debate on care for the elderly or could be based on pre-existing attitudes or experiences. Anchors are reduced abilities, challenges in balancing work and care, and limited resources, all of which lead to a difficult situation. Agencies express sympathy for such difficult situations in families and present live-in care as an ideal solution to cope with them.

Commentaries on nursing homes often use emotional anchoring, especially the emotion of fear. If, at the same time, the media report on deficits in nursing homes, as is often the case in Germany (e.g. Schramm, 2022, Reister, 2021, Fuchs & Köpf, 2022), the negative social representation of nursing homes becomes frightening - and a powerful anchor. This, in turn, could make live-in care more attractive and create high expectations. By presenting residential care as the best solution, antinomies are based on a contrast between nursing homes and residential care.

Agencies seek to persuade through the representativeness heuristic by pretending that most people would choose residential care - which contradicts the empirical evidence presented above. Claims about value for money and quality are also sweeping statements. The main promise is that live-in arrangements provide perfect care and put clients in a privileged position.

Comments on carers are likely to address the obvious desire to be cared for by someone with high intrinsic motivation and empathy, as in family structures, but also with professional competence. Furthermore, they do not need to fear negative experiences such as health problems of the carer, inadequate care or even criminal offences. In this respect, marketing arguments capitalise on anchors via antinomies, which may refer to media reports on deviant or criminal behaviour of

caregivers (e.g. Vaassen, 2018, Rieger & Weißbier, 2017) or internet forums.<sup>6</sup> While some agencies subtly acknowledge that there might be problems in other cases, their own carers would only have positive attributes. Not only strong emotional anchoring could be used, but also objectification, e.g. through the symbol of angels. Again, the representativeness heuristic is used to persuade, in this case the stereotype of the perfect carer, e.g. from Poland. However, a setting based on the involvement of lay people, who are likely to act not only from intrinsic motives but also from extrinsic motives, could be a source of disappointment.

Similar to the social representations described above, agencies present themselves as intrinsically motivated with attributes of professions (e.g. vocation, support in non-economic settings), thus disguising their economic interests. While other agencies may be 'black sheep' that only create new problems, they are trustworthy and offer guarantees. Again, social representations based on anchoring through antinomies. Furthermore, marketing arguments include guarantees of limited reliability, as they are neither standardised nor controlled.

Benefits for clients may refer to diminishing abilities and skills, suggesting that live-in care can contribute to an almost normal life - or even promise a longer life. Because of emotional anchors that associate 'normal' life with all its positive associations, even unrealistic promises can be effective.

### *Recurring narratives produce unrealistic promises*

The results revealed recurring narratives that were used to establish a particular narrative about residential care. If clients believed them, they could be disappointed when promises turned out differently in their cases.

For example, agencies often claim that the arrangements were legal. Steiner and colleagues (2019) call this the "legality narrative". However, clients need precise legal knowledge in order to assess whether the contract they sign with agencies abroad complies with German law. In the event of a conflict, clients could be charged. If the client has only signed a contract with an agency abroad, a German agency may appear to be just an intermediary with no legal involvement. The client would then have to deal with legal conflicts. This could make it easier for agencies to make big promises.

There have already been cases that have gone to court. For example, a Bulgarian carer went to court to claim that she should be paid for 24 hours a day because she stayed with the elderly person all day. Her claim was directed at the agencies involved and the client. In the end, the court awarded her €38,709 for seven months,

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<sup>6</sup> E.g. <https://forum.jusline.at/viewtopic.php?t=9533> (accessed 04/07/2023).

emphasising that on-call duty should also be paid at the German minimum wage.<sup>7</sup> This example shows that despite a narrative of legality, legal problems can arise that can cause immense problems and additional costs. If live-in care were to be interpreted as a 24-hour on-call service, with carers living in the home of the person in need of care, this model of care would also become unaffordable for most families. Roughly speaking, it would cost around 7,000 euros per month for a six-day week or 5,760 euros for a five-day week.

This leads to the next *narrative of value for money*. While agencies advertise the best prices and cheap solutions compared to nursing homes, this may turn out to be false, either because of hidden costs or reduced financial support.

Above all, agencies promote a *narrative of professionalism*. But carers employed by 24-hour agencies don't have to be nurses. They do not have the training of professional staff, nor can they rely on the professional support of home care services or nursing homes. This in turn can cause problems for carers and clients. Carers may experience stress and feel overwhelmed. According to Lutz (2009) and Karakayali (2010), carers sometimes provide care that was officially excluded from the contract. Interviewees in the study by Hopfgartner and colleagues (2022) report that when problems arise, agencies present caregivers with a choice between staying and continuing to work or being fired. In general, such overburdening and lack of control can lead to unprofessional behaviour, in some cases even to care errors or violence (Gräbel & Behrndt, 2016; Tesch-Römer, 2018).<sup>8</sup> Both have a negative effect on clients.

Agencies repeatedly present a *narrative of intrinsic motivation and dedication*. The resulting narratives of caregivers neglect that other motives may be dominant, for example, to do a job for a short period of time that does not require training, but can earn a lot of money quickly (compared to the average income in their country). For example, interviews conducted in Austria confirm that Romanian carers have mainly financial motives (Hopfgartner et al., 20-22). For example, the net income in Romania in 2022 was about 9,000 Euros per year.<sup>9</sup>

Against this background, live-in care work could become attractive in Germany. At the same time, respondents complain that they have to pay high fees to the agency if they want to move to another client. The study by Phan-Warnke and Freitag (2021) confirms that contracts often contain clauses and penalties. This can result in a carer staying in one place without really wanting to. This would also undermine the *narrative of emotional closeness*.

<sup>7</sup> Urt. v. 05.09.2022, Az. 21 Sa 1900/19, <https://gerichtsentscheidungen.brandenburg.de/gerichtsentscheidung/638> (accessed 04/12/2023).

<sup>8</sup> At the same time, caregivers can also become victims of violence (Hopfgartner et al., 2022).

<sup>9</sup> <https://de.statista.com/statistik/daten/studie/1198914/umfrage/durchschnittliches-nettoeinkommen-von-singles-und-familien-in-rumaenien-im-vergleich/> (accessed 08/10/2023).

Finally, the *all-inclusive care narrative* is also likely to fail. The study by Hopfgartner and colleagues (2022) provides examples of carers who did not take on domestic tasks. Although some studies identify exploitation (Hopfgartner et al., 2022; Phan-Warnke & Freitag, 2021), this is indicative of autonomy and a position of power. A study of Polish carers confirms that 80% feel free to choose where they work and would not work more than six hours a day on average (Petermann et al., 2017).

All in all, various narratives imply exaggerated promises that influence the construction of social representations. Agencies serve the desire for dignified ageing by promising an easy, legal, cheap and reliable solution with the best care provided by experienced, empathic and intrinsically motivated carers. Some of these promises are unrealistic and unprofessional. In addition, such statements devalue professional care to some extent and reduce care homes to an institution to be avoided.

## Limitations and conclusion

The study presented here has several limitations. It sheds light on only a small facet of social reality, as it is based on the description and interpretation of web page text from 50 agencies. However, the results show almost identical representations of the challenges of becoming dependent on care, of agencies, live-in care and carers. In this respect, it can be assumed that we are close to theoretical saturation.

It remains to be seen whether clients share these perceptions of domiciliary care, or how perceptions might change as a result of experience. Reviews on the internet sometimes show only excellent ratings. Of course, it is possible that all clients are completely satisfied - but this seems highly unrealistic. It should be borne in mind that internet reviews may be manipulated for marketing reasons (Hu et al., 2021), in which case such reviews do not represent social reality.

Other sources give evidence for disappointment as described above, e.g. a forum on “experiences with 24 hours live-in care”:<sup>10</sup> Clients report that carers often do not speak enough German, making care extremely difficult or impossible. This may not be an isolated case. It could be part of an agency’s strategy if they were particularly interested in sending carers abroad without (sufficient) language skills, knowing that clients would ask for a replacement in order to charge the commission again (Hopfgartner et al., 2022). Other clients report caregivers who refuse to do housework or who ask for more money every time they are asked to

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<sup>10</sup> <https://pflegeheimportal.de/blog/erfahrungen-mit-einer-24-stunden-pflege-aus-osteuropa.html> (accessed 03/31/2023).

do something. They would not prepare healthy food, but only reheat ready meals. These observations fit in with the limited willingness to do work other than ‘caring’ as described above. Some clients report carers who were unreliable or unable to cope with caring for a person with dementia. Other clients report criminal behaviour, such as carers stealing the elderly person’s belongings or committing fraud. Other carers had alcohol or mental health problems themselves and were unable to care for the elderly person. Agencies would not screen carers to ensure a good fit, but would send anyone, explaining that clients had no choice anyway because there were simply not enough staff. Some clients report that their relative eventually moved into a nursing home because of the unsatisfactory support provided by live-in care. They experienced that the care in professional nursing homes was much better. All these examples are individual cases, but they highlight possible experiences that contradict the promises made by agencies.

Live-in care is an important option for home care because it fills a gap in the provision of care in Germany. There is no doubt that agencies and carers can do an excellent, professional and high quality job, so this solution is beneficial for carers, clients and relatives. However, live-in care is a very attractive market due to the combination of the growing number of elderly people in need of care, limited resources for family care and the lack of standards and controls for agencies and caregivers. The lack of regulation allows agencies to make many promises or guarantees without fear of sanctions. Typical market mechanisms imply that providers want to achieve a goal with the least possible resources, or make the highest possible profit with the given resources. The problem, of course, is that the object subjected to economic principles is a human being, either the elderly person or the carer.

The recent German government stated after its election that it would address this issue (SPD et al., 2021). So far, however, nothing has changed with regard to residential care. There may be several reasons for this. As long as a person in need of care stays at home, care seems to be a private, family - and mainly female - responsibility. In addition, home care is cheap for the state as families pay for most of it themselves with little public support. Finally, older people do not have a strong lobby in Germany. Nevertheless, efforts are needed to take live-in care out of the grey market and to better protect older people and live-in carers.



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## Appendix: Table 1 – included agencies

Aurea Pflegevermittlung	<a href="https://aurea-pflegevermittlung.de/">https://aurea-pflegevermittlung.de/</a> (accessed 11/23/22)
Bayernpflege	<a href="https://www.bayernpflege.de/">https://www.bayernpflege.de/</a> (accessed 11/23/22)
Brinkmann	<a href="https://www.brinkmann-pflegevermittlung.de/">https://www.brinkmann-pflegevermittlung.de/</a> (accessed 11/23/22)
CPS24, Care Pro Senior 24	<a href="https://www.cps24.info/">https://www.cps24.info/</a> , (accessed 11/23/22)
Cura Optima	<a href="https://cura-optima.de/24-stunden-pflege/">https://cura-optima.de/24-stunden-pflege/</a> (accessed 11/23/22)
Deutsche Altenpflege	<a href="https://deutschealtenpflege.de">https://deutschealtenpflege.de</a> (accessed 11/23/22)
Deutsche Seniorenbetreuung	<a href="https://www.deutsche-seniorenbetreuung.de">https://www.deutsche-seniorenbetreuung.de</a> (accessed 11/23/22)
Dianna 24	<a href="https://dianna24.de/">https://dianna24.de/</a> (accessed 11/23/22)
Enni	<a href="https://www.ennie.de">https://www.ennie.de</a> (accessed 11/23/22)
Evita Care	<a href="https://evitacare24.de">https://evitacare24.de</a> (accessed 11/23/22)
Fischer Pflegevermittlung	<a href="https://www.fischer-pflegevermittlung.de/">https://www.fischer-pflegevermittlung.de/</a> (accessed 11/27/22)
Gastamo	<a href="https://gastamopflege24.de/">https://gastamopflege24.de/</a> (accessed 11/27/22)
Hausengel	<a href="https://www.hausengel.de/24-stunden-pflege-zu-hause/">https://www.hausengel.de/24-stunden-pflege-zu-hause/</a> (accessed 11/26/22)
Ihre 24 Std. Pflege	<a href="https://www.ihre-24h-pflege.com/">https://www.ihre-24h-pflege.com/</a> (accessed 11/26/22)
Jacura	<a href="https://jacura.de/">https://jacura.de/</a> (accessed 11/26/22)
Jan Schweitzer Pflege 24	<a href="https://jan-schweitzer-pflege24.de/">https://jan-schweitzer-pflege24.de/</a> (accessed 11/26/22)
Jaso24 Pflege Ja zum Sozialen	<a href="https://jaso24-pflege.de/">https://jaso24-pflege.de/</a> (accessed 11/26/22)
KWH Seniorenbetreuung Stuttgart	<a href="https://meine-pflege-zu-hause.de/">https://meine-pflege-zu-hause.de/</a> (accessed 11/26/22)
Lebenshilfe24	<a href="https://www.lebenshilfe24.de/">https://www.lebenshilfe24.de/</a> (accessed 11/26/22)
Linara	<a href="https://www.linara.de">https://www.linara.de</a> (accessed 11/26/22)
Marta	<a href="https://info.marta.de/24-stunden-pflege-zuhause/">https://info.marta.de/24-stunden-pflege-zuhause/</a> (accessed 11/27/22)
Mecasa	<a href="https://www.mecasa.de/24-stunden-pflege/">https://www.mecasa.de/24-stunden-pflege/</a> (accessed 11/26/22)
Medi experts	<a href="https://www.pflege24-mit-herz.de/">https://www.pflege24-mit-herz.de/</a> (accessed 11/26/22)
Nonstoppflege	<a href="https://nonstoppflege.de/">https://nonstoppflege.de/</a> (accessed 11/26/22)
Pflege 24	<a href="https://www.pol-pflege24.de/">https://www.pol-pflege24.de/</a> (accessed 11/26/22)
Pflege 24	<a href="http://www.pflege24.org/">http://www.pflege24.org/</a> (accessed 11/26/22)
Pflege 24 Expert	<a href="https://pflege24.expert/">https://pflege24.expert/</a> (accessed 11/26/22)
Pflege Agentur Stefanidis	<a href="https://pflege-fuer-daheim.de/">https://pflege-fuer-daheim.de/</a> (accessed 11/27/22)
Pflege zu Hause Küffel	<a href="https://www.pflegezuhaeuse.info/24-stunden-pflege/">https://www.pflegezuhaeuse.info/24-stunden-pflege/</a> (accessed 11/27/22)
Pflege24 NRW	<a href="https://www.pflege24nrw.de/">https://www.pflege24nrw.de/</a> (accessed 11/26/22)
Pflegeagentur 24	<a href="https://pflegeagentur24.de/">https://pflegeagentur24.de/</a> (accessed 11/26/22)
Pflegehelden	<a href="https://www.pflegehelden.de">https://www.pflegehelden.de</a> (accessed 11/26/22)
Pflegehilfe für Senioren	<a href="https://www.pflegehilfe-senioren.de">https://www.pflegehilfe-senioren.de</a> (accessed 11/27/22)
Pflegekräfteservice	<a href="https://pflegekraefte-service.de/24h-pflege/">https://pflegekraefte-service.de/24h-pflege/</a> (accessed 11/27/22)
PR Care 24	<a href="https://pr-care24.de/de/">https://pr-care24.de/de/</a> (accessed 11/27/22)

Primecare	<a href="https://primecare.de/">https://primecare.de/</a> (accessed 11/27/22)
Procuracare	<a href="https://www.procuracare.de/">https://www.procuracare.de/</a> (accessed 11/27/22)
Schwabenpflege	<a href="https://www.schwabenpflege24.de/">https://www.schwabenpflege24.de/</a> (accessed 11/27/22)
Senioba	<a href="https://senioba.de">https://senioba.de</a> (accessed 11/27/22)
Seniocare 24	<a href="https://www.seniocare24.de/">https://www.seniocare24.de/</a> (accessed 11/27/22)
Sofiapflege	<a href="https://www.sofiapflege.de/">https://www.sofiapflege.de/</a> (accessed 11/23/22)
Sorgenfrei	<a href="https://www.sorgenfrei-betreut.de/24-stunden-pflege.html">https://www.sorgenfrei-betreut.de/24-stunden-pflege.html</a> (accessed 11/27/22)
Stahlberger Pflege 24	<a href="https://www.stahlberger-pflege24.de/">https://www.stahlberger-pflege24.de/</a> (accessed 11/27/22)
Sunacare	<a href="https://www.sunacare.de">https://www.sunacare.de</a> (accessed 11/27/22)
Tollbetreuung	<a href="https://www.toll-betreuung.de/">https://www.toll-betreuung.de/</a> (accessed 11/27/22)
Top Pflege	<a href="https://top-pflege24.com/">https://top-pflege24.com/</a> (accessed 11/27/22)
Ulmer Pflege 24	<a href="https://www.ulmer-pflege24.de/">https://www.ulmer-pflege24.de/</a> (accessed 11/27/22)
Verbund Pflegeberatung	<a href="https://verbund-pflege-beratung.de">https://verbund-pflege-beratung.de</a> (accessed 11/27/22)
Vilena	<a href="https://vilena.de/24-stunden-pflege-berlin">https://vilena.de/24-stunden-pflege-berlin</a> (accessed 11/27/22)
Vitalpflege	<a href="https://vital-24-pflege.de/">https://vital-24-pflege.de/</a> (accessed 11/27/22)