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Intensive work in precarious conditions: Paid, in-home eldercare in Poland's public sector

Introduction

Ageing societies across the globe face the onerous task of ensuring care for an increasing number of dependent elders. While Poland's population is not ageing as quickly as those of some of its European neighbours, the number of seniors in the country is nonetheless growing at a steady pace. Indeed, by the end of 2013, 14.7 per cent of the population was aged 65 or older, with the share of those aged 80 and above just under 4 per cent (GUS 2014, 3). Further, in 2013, men and women aged 65 could expect to live another 15.5 years and 19.8 years, respectively, figures that since 1991 had increased by 3.2 years for men and 3.9 years for women. Moreover, the projected percentage of people aged 65 and older by 2020 is 18.9, with the figure growing to 32.7 per cent by 2050 (GUS 2014, 26, 35). While not all seniors need assistance, one in three elders in 2009 was unable to independently complete the daily tasks of living, such as getting into and out of bed, and dressing and undressing (GUS 2014, 17).

In Europe, systems of long term care (LTC) vary widely, from those characterised by high levels of spending on formal, public sector LTC (Denmark and Sweden), to those that spend little on formal LTC and are instead oriented toward informal care, while providing little support to families (Poland and Italy) (Kraus et al. 2010, in Styczyńska 2012). Indeed, in Poland, elders and people with disabilities in need of assistance have traditionally been — and continue to be — cared for primarily by family members and relatives (Kotowska and Wóycicka 2008; Bień et al. 2007). In response to the rising number of dependent elders, and in the contexts of both an increase in women's labour force participation and a high rate of emigration, the Polish government has taken steps toward the establishment of a comprehensive system of LTC. In 2012, a Department of Senior Policy was

founded in the Ministry for Labour and Social Policy, and in late 2013 the Council of Ministers passed a resolution creating a national framework of programmes and policies aimed at “creating conditions for dignified and healthy ageing” (MPiPS 2013). In addition, a current draft “Law on Assistance to Dependent Persons” is intended as the foundation for a new system of LTC¹.

While to date most care for dependent elders has been provided by family members and relatives, there are several options for seniors for whom family care is not possible. Hourly and live-in care can be purchased in the informal sector and the expanding private sector, where care services agencies cater to the increasing financial prosperity of adult children who work abroad but remain responsible for elderly parents’ care back home. In rural and some urban areas, religious charities such as Caritas operate health care centers staffed by nurses — in most cases, nuns — who also visit elders isolated in the countryside who are in need of both medical and basic care (McEvoy 2011). Finally, seniors who meet medical and income requirements may utilise services organised by local social assistance centers in the public sector.

In the context of neoliberal reform of welfare states, European nations increasingly attempt to cut costs by privatising a variety of public services (Hermann and Flecker 2011), including eldercare (Wollman and Marcou 2010). While researchers have documented the effects of privatisation of public services on employees and their working conditions in Poland (Kozek and Radzka 2011), and studies have examined how commercialisation affects the quality of care in Polish nursing homes (Jachowicz 2006), scholars have paid less attention to the ways in which the contracting out of public sector care affects in-home carers, their clients and the quality of care (Sobis 2013).

How does the organisation of public sector care at the local level in Poland affect the work of paid, in-home carers and their clients? Through the use of a case study, this article examines some of the effects of the commercialisation of in-home care services on the work of carers. The low wages paid to carers by non-profit agencies contracting with one local government in 2007 contributed to job turnover among carers, affecting the quality of care for seniors. In 2009, the local government specified a minimum hourly wage for agency-employed carers; however, it did not increase the annual funding for care services, and the number of hours of care provided to elders decreased. The allocation of an insufficient number of hours for the carer to complete assigned tasks, as well as necessary but unassigned tasks (such as planning, organizing, and conversing with the elder), can result in a great deal of stress for carers, and situations in which they work hours for which they are not paid. This article thus argues that while the commercialisation of public sector care services can lead to a deterioration in carers’ working

¹ Koalicja na Pomoc Niesamodzielnym. *Główne założenia ustawy*. http://niesamodzielnym.pl/?page_id=1269. Accessed May 27, 2015.

conditions (e.g., through the introduction of fixed-term, civil-law contracts), the level of local funding for in-home care also plays a role, as this affects the number of hours of care assigned to dependent elders.

Neoliberal reform of the welfare state and in-home eldercare

The occupation of in-home carer for elders as described in formal job descriptions generally consists of instrumental and practical tasks (Aronson and Neysmith 1996). In-home care for elders is multifaceted, often requiring workers to complete tasks ranging from shopping, cooking, cleaning, laundry, errands, banking, bill-paying and accompanying clients to doctor's appointments, to personal care, including toileting, bathing and dressing; workers may also be responsible for nursing tasks such as provision of medication and minor wound care (Degiuli 2007; Solari 2006). In-home care is not homogeneous, however, and varies with the elder's health status (Karakayali 2010).

Neoliberal reform of welfare states can make the work of paid, in-home carers even more difficult. Numerous studies indicate that cost containment in health care and social services, along with growth in the for-profit home care sector, contribute to low wages, minimal benefits, part-time and unstable work schedules, lack of training, support and opportunities for advancement, as well as to the physical and emotional stress faced by care workers. These conditions lead to high job turnover and inadequate supplies of workers, resulting in a low quality of care for seniors (Broadbent 2013; Fleming and Taylor 2007; Nugent 2007). Further, market model approaches to health care, including the casualisation of care work and its intensification, affect the quality and continuity of care (Sharman et al. 2008; Denton et al. 2007). In a comparative study, Purkis et al. (2008) found that in trying to implement neoliberal policy and provide care in the most efficient way, case managers in Canada failed to take into account important relational issues between family members, and restricted carers' visits to clients to very limited periods of time aimed at completing specific tasks. In contrast, as Iceland was unaffected by neoliberal restructuring, care providers maintained flexibility; nurses coordinated care, and allotted additional hours of care based on the clients' needs. Finally, in studying the effects of Taylorised home care on Danish workers' feelings for elderly clients, Liebst and Monrad (2008) identified what they termed "existential frustration" among carers. Care workers believed that in the current system they were unable to provide care that was consistent with their empathy for their clients.

Limited time and focus on the physical tasks of care can hinder the development of carer-client relationships which, argue Aronson and Neysmith (1996, 5, 7), are the "pathway" for the negotiation necessary to make practical caring possible. Relationships do not develop overnight, however. Initially, writes Karner

(1998, 75), “two strangers” cooperate “to perform specific tasks of home and/or personal care”; “norms are established ... territories are delineated”, and “issues of privacy and dignity must be negotiated”. In their study of relationship-building between seniors and paid carers, Gantert et al. (2008) identified “facilitators” and “barriers” to the process. Having — or not having — time was vital to relationship-building; if time was not available, elders were frustrated, hindering the process. Continuity in carers and the elder’s decision to accept his or her need for care were also important. Moreover, carer interest in the elder’s life facilitated relationship-building, as did time for conversation, mutual self-disclosure, and opportunities for the elder to reciprocate (Gantert et al. 2008). While studies indicate that emotional labour is a key component of in-home care, the skills required for the “personalising ... [and] emotional aspects” of care work are overlooked by policy-makers, as is the time necessary for such tasks (Aronson and Neysmith 1996, 69). Research has also documented the existence of strong emotional bonds, including the development of “fictive kin” relationships, between care workers and clients (Karner 1998). Aronson and Neysmith (1996, 66) found that elders may transform carers into family members, and that workers have used the “language of friendship and family relations to describe their ties with clients” — language that contrasts with the official “vocabulary of formality” associated with home care work.

Methods

The findings presented in this article are based on the analysis of qualitative data collected during seven months of field work in a large Polish city (hereinafter, the “City”) in 2007. In-depth interviews were conducted in Polish with a convenience sample of 20 carers (19 women and one man) employed by a non-profit organisation (hereinafter, the “Agency”) contracting with the City’s local government for provision of in-home care for elders and people with disabilities. Local and national social welfare representatives were also interviewed (with some re-interviewed in 2014). Following transcription by a native speaker, interview transcripts were loaded into the qualitative data analysis software, NVIVO, and analysed, drawing on grounded theory. More specifically, data analysis involved a process of “open coding”, in which initial concepts were specified in the data; these concepts were subsequently grouped into categories and subcategories. Finally, a process of “selective coding” was utilised to refine and integrate the major categories of data and develop a theory². In addition to interview data, publically available documents, including relevant laws, policies and reports were also reviewed and analysed, initially in 2007, and again in 2014.

² See Strauss and Corbin (1998) for an elaboration of grounded theory.

Context

In Poland, in-home care for needy elders is mandated by the Law on Social Assistance of 2004 (*Ustawa o pomocy społecznej*; hereinafter, the “Law”), with local social assistance centres tasked with organising the locally-funded and means-tested care³. Article 50 of the Law specifies that a person living alone who, due to old age, illness, or disability is in need of assistance with the activities of daily life, is entitled to “regular” (housework and personal care, locally funded) or “specialist services” (assistance to persons with mental and physical disabilities, federally funded). In accordance with the Law, city and communal governments, in conjunction with social assistance centres (*ośrodek pomocy społecznej* — “OPS”), establish the budget for eldercare provision in their jurisdictions. In 1999, prior to the passage of the 2004 Law, the City and the municipal OPS established a public tender for the provision of care services, and local non-profit organisations began to compete for city contracts⁴.

Direct care services are contracted out at two levels: OPS contracts with the nonprofit organisations that are successful in periodic public tenders, and in turn, contracting organisations, such as the Agency, employ carers⁵. The Agency provides services on the basis of an in-home needs assessment conducted by an OPS social worker, who also determines the types, duration and frequency of services required. As services are means-tested, the social worker also assesses the elder’s (and/or his or her family’s) total income during the interview. The Agency employs some carers on permanent employment contracts (*umowa o pracę*), with a guarantee of eight hours daily/40 hours weekly (Monday through Friday), paid vacation and sick days; in 2007, these carers earned the national minimum monthly salary⁶. An increasing number of carers, however, contract with the Agency by means of fixed-term renewable, civil-law contracts (*umowa zlecenia*) and are compensated on an hourly basis (to include weekends), with no guarantee of a minimum number of hours⁷.

³ *Ustawa z dnia 12 marca 2004 o pomocy społecznej* (Dz.U. 2004 Nr 64, poz. 593; available at <http://www.dziennikustaw.gov.pl/DU/2004/s/64/593>). The 2004 Law succeeded the Law on Social Assistance of 1990 (Dz.U. 1990 Nr 87, poz. 506; available at <http://www.dziennikustaw.gov.pl/DU/1990/s/87/506>).

⁴ Interview with the Agency’s care services coordinator, 5 June 2007. The organisation of public sector care services described here applies to the City; the local government and the OPS may organise care differently in other locations. In small towns and rural areas more carers may be employed directly by OPS on permanent contracts, or may contract directly with the village head (*wójt*) (Interview, social worker, City’s OPS, 4 October 2014).

⁵ The winners of public tenders tend to be the organisations that propose the lowest hourly cost of care (Interviews with Polish Red Cross care services coordinator, City, 6 July 2007; and social worker, City’s OPS, 7 July 2007).

⁶ Interview with Agency’s care services coordinator, 5 June 2007.

⁷ The respondents interviewed in 2007 who were contracting on a fixed-term, civil-law basis were ineligible for social contributions. Subsequent to the year 2007, some types of civil-law

Contracting out care: Low pay, insufficient hours and stress

How does the organisation of public sector care at the local level and, in particular, the commercialisation of in-home care for elders, affect the work of paid, in-home carers and their clients? Analysis of data indicates that the City's contracting out of care to external agencies led in part to extremely low wages paid to carers, which contributed to job turnover among workers; this in turn affected the quality of care provided to elders. When a minimum wage was subsequently established, however, the City's annual care budget remained relatively unchanged, resulting in fewer hours of care provided to elders, and consequent stress and unpaid hours for carers.

Waging relationships

Between 2004 and 2013, the hourly cost of care nearly doubled (from PLN 6.46 to PLN 12). From this amount, the Agency (and other contracting organisations) paid carers an hourly wage, using the remainder for overhead costs. Through 2008, the Agency determined the hourly wage for carers. Only in 2009 did the City and OPS begin to mandate that the Agency guarantee workers a specified minimum hourly wage; the measure was aimed at improving the quality of care and attracting better qualified workers (MOPS 1999–2013)⁸.

Carers interviewed in 2007 identified some of the ways in which low wages affected the provision of care. Agnieszka, 23, described how her client's previous experience with carers influenced their first meeting⁹:

...when I arrived, she had a negative attitude toward me — in the course of the first hour — because she didn't know who I was. I was, I believe, carer number eleven in the course of a year. ... but that's only because the salary is such a joke at the [Agency]. If the pay were higher ... they wouldn't quit so quickly.

As other researchers have found (Faul et al. 2010), the remuneration in this occupation creates little job attachment for workers; clients may indeed experience a revolving door of carers. A lack of continuity in carers may be particularly difficult for elders with dementia. Carer Hanna, 29, was assigned to provide companionship to a woman with Alzheimer's disease for two hours, twice a week:

I arrived and said, "Good morning, Ms Madzia. My name is such and such, I'm from the [Agency]". And she replied, "I don't know you. Leave. Please leave". That was a decisive answer

contracts were modified to make contractors eligible for social contributions, to include social security and health care contributions as well as pension benefits; workers may also allow deductions for sickness insurance premiums. "Umowa-zlecenie — wszystko, co musisz o niej wiedzieć". <http://www.bankier.pl/wiadomosc/Umowa-zlecenie-wszystko-co-musisz-o-niej-wiedziec-700008.html> Accessed January 30, 2015].

⁸ In particular, see the 2012 report, p. 51.

⁹ All names used in this article are pseudonyms.

that didn't invite discussion. ... That was very hard for me — that someone would shut the door in my face and I'd have to leave. ... Whereas she was focused on the fact that she'd had a longtime carer who had suddenly resigned and that's why someone new was coming.

The elder's wariness may not be directed at the carer personally, but at her role as a representative of the institution responsible for ensuring the older person's care. With little trust that a new carer will stay, elders may only very cautiously commence relationships.

Budgeting money and time

Wage increases are generally positive occurrences, however, in the context of minimal funding for care, the wage rise in 2009 created additional problems for some carers. Although the City mandated that the Agency pay a minimum hourly wage of PLN 5.28 (gross), its annual budget for in-home care remained approximately the same as in 2008 (MOPS 1999–2013). Indeed, the annual care allocation remained consistent through 2012, even as both the total cost of one hour of care, and the mandated minimum hourly wage for carers rose steadily. In 2010, the total hours of care provision decreased by 23 per cent from the 2009 figure; by 2013, the hours of care had fallen an additional 9.5 per cent, even while annual funding grew by approximately 2 per cent from 2012 (MOPS 1999–2013)¹⁰.

Carers interviewed in 2007 had already noted some of the ways in which an insufficient number of assigned care hours could affect their working conditions, especially when caring for very low-income clients. Three respondents had “full charge” of their clients; in addition to all care-related tasks, they were responsible for budgeting the client's monthly income, a task that could involve much more than simple bookkeeping. When interviewed in 2007, Jolanta, 47, had been caring for 75-year old Klaudia for six years; the woman was bedridden and lived on social assistance, having earned very little retirement due to having cared for her ill mother for 20 years. Over time, Jolanta had become increasingly involved in Klaudia's life, taking on greater responsibilities, despite being paid by the Agency for the same number of hours (six per day, 30 per week). Jolanta and Klaudia put great effort into stretching the older woman's small pension to cover rent, utilities and an adequate supply of adult protective underwear (“Pampers”). While the National Health Fund paid for 60 briefs per month, Klaudia required 30 per week. Jolanta was thus constantly in search of lower prices, which were still expensive: “the cheapest I've found them is for PLN 16.16 for ten Pampers, whereas in the

¹⁰ In its annual report for 2012, MOPS explained that the reduction in the number of care hours was necessary to ensure an adequate quality of care in light of the concurrent increase in carer wages. The report also noted that in 2013, provision of nursing care and household services were to be differentiated by payment of a higher wage for the former (PLN 8.32 and PLN 7.15, respectively) (p. 51).

drugstore next door, ten cost PLN 18.50. So for us, PLN 2.50 is a large amount — that's a loaf of bread". To come up with more money, Jolanta and Klaudia "bombaraded" the OPS several times a month to request one-time grants to help to cover rent, on which Klaudia was behind in payment. Jolanta hoped that Klaudia would be able to purchase subsidised Pampers from another of her clients who, although incontinent, did not use her entire monthly allotment. Family members were unable to help out:

[Klaudia] was an only child. There's a cousin who lives far away ... she has turned up two or three times — brought some cold cuts, little things. I asked her to bring Pampers because that's the most important thing for us — that's what we need; but she didn't. Klaudia can eat ham, but she doesn't have to, right? She can eat jam; it lasts longer. Whereas the deal with the Pampers, it's horrible.

As this scenario reveals, Jolanta devotes a great deal of thought and energy to finding the "best deal" so that her client can make ends meet on a meager pension. Jolanta's situation, along with those of other respondents with "full charge" of clients, reflects both inadequate funding at the local level for in-home eldercare and social assistance, and at the national level for healthcare.

Carers may also have to budget the time they spend with elders. While the carer may be able to complete the assigned tasks of physical care, the elder may also be in need of simple companionship. Indeed, time — or the lack of it — was an issue repeatedly raised by respondents. The provision of care in the private household can foster close bonds between carers and clients (Ibarra 2002). The carer may be the client's friend, yet as a paid care provider, she is still responsible for the completion of various care and household tasks. This duality in the relationship can create stress for the carer as she tries both to fulfill her obligations as a worker, and as a companion. How do carers deal with this tension? Jadwiga, 52, effectively "multitasked", concurrently completing practical care tasks and interacting with her demanding client. In contrast, Agnieszka, 23, rushed to finish assigned tasks so as to be able to spend time actively talking with the elderly woman for whom she cared:

... each time I arrived I wanted to do everything first, and only later quietly sit down and talk. Generally, the lady wanted me to put my tasks off because she wanted to talk with me. But I wanted to get all of my responsibilities out of the way, so that I wouldn't have a guilty conscience...

Agnieszka quickly tidied the woman's room, retrieved her lunch from the cafeteria and, most importantly, filled three plastic bottles with water, placing them near the woman's chair so that she could make tea on her own. Having been scolded once for forgetting the water, Agnieszka recognised the importance of completing these tasks during each visit. Yet, clearly, to her client, the young woman's companionship and conversation were just as important. Neysmith and Aronson (1996) have argued that the work's location in the informality of the private household makes it difficult for carers to separate practical and emotional tasks. In the

situations presented above, workers clearly acknowledged the importance of both, but struggled to balance the recognised and remunerated duties with the emotional support crucial to lonely elders.

Finally, some respondents had difficulty budgeting the limited hours of care assigned to elders. When care hours are too few, clients who are lonely and without family available for support may ask carers for additional assistance; workers may also simply feel pressure to stay beyond a shift's end. Barbara, 56, struggled to finish her work in the time allotted, particularly when caring for one of her clients, Ms Maria. She stayed

... at least an hour longer, almost every day. I don't know why. It was strange because as it got closer to the time I was supposed to leave she began to have the most problems. ... she wanted me to extend my stay and I wasn't able to firmly say that I couldn't. ... and that's why she sometimes took advantage of the situation a little. And [she'd say] "fix my quilt, my little pillow" or something... ... "because there's no one to help me"... And it ended up that I wasn't able to get everything done in those three hours.

Ms Maria may indeed have required assistance with additional projects, yet such requests may have masked her need for human interaction. Even with additional hours of assigned care, she may still have found projects for Barbara to complete before her departure. While studies (Meintel et al.; Solari 2006) indicate that some workers willingly put in extra hours to care for elderly clients, Aronson and Neysmith (1996, 70) argue that such work is "at times, not given 'voluntarily' but more or less coerced"; workers who are alone responsible for a needy elder's care may experience a sense of "moral compulsion" to attend to clients' needs.

Discussion and conclusion

The results of this case study can be discussed in the context of research conducted on the effects of liberalisation on care work, as well as in light of studies of the liberalisation and privatisation of Poland's public sector. Conversely, recent developments in Poland's efforts to establish a program of LTC should be discussed in light of this study's findings.

The literature reviewed above indicates that neoliberal reform of social policy has, in general, negatively affected the multifaceted work of in-home eldercare, which involves both practical tasks and emotional labour. Cost cutting in social and health care services, along with the privatisation of care services, has contributed to the precarisation of carers' lives, and a low quality of care for elders. Rationalisation of care has increased the pace of work and led to a focus on the practical tasks of care; both developments interfere with the forging of carer-elder relationships.

As the case study reveals, some of these processes have occurred in the City. When public tenders were introduced in the late 1990s, local non-profit agencies began to compete for contracts to provide direct care services; the key to success in

the bidding process lay in proposing the lowest hourly cost of care. The commercialisation of public sector care affected carers' working conditions in several ways. As the Agency sought to stretch the City's limited annual care budget to cover the hours of assigned care (as determined by OPS), it resorted to the use of fixed-term contracts for carers in place of the more costly and restrictive permanent employment contracts. These civil-law contracts resulted in lower net compensation for many carers and, for several years, in a lack of social protections. Commercialisation further contributed to low wages paid to carers. The Agency had little flexibility in dividing the total hourly cost of care between overhead expenses and carer wages. Consequently, the hourly wage in 2006, for example, was PLN 3.5 to 4.0 (gross) (MOPS 1999–2013)¹¹. Carers Agnieszka and Hanna spoke in their interviews of the effects of low wages on carer retention, and the role of high job turnover in impeding the development of relationships with clients.

Commercialisation was not the only process, however, contributing to a decline in carers' working conditions and in the quality of care. Rather, the state's reliance upon limited local funding for in-home eldercare provision also figured in the deteriorating quality of carer and client experiences. The benefits of a mandated wage rise in 2009 were to some extent nullified by the absence of a concurrent increase in the annual funding allotted to care services. The consequent reduction in care hours escalated carers' stress as they sought to complete designated tasks in less time, while also struggling to meet the emotional support needs of lonely elders. The 2010 drop in assigned hours may have had the harshest effect upon carers who held full responsibility for their client's care. In 2007, Jolanta expended a tremendous amount of energy and time, both compensated and uncompensated, in helping the exceptionally needy Klaudia to make ends meet on a miniscule pension. By 2010, when care hours were cut, Jolanta would likely have had to spend an even greater amount of personal time on tasks such as searching for the cheapest package of Pampers.

The City's commercialisation of in-home eldercare services is part of a larger process of liberalisation of the country's public services. Having begun prior to Poland's accession to the European Union, this process has proceeded in different ways and at varying paces in various branches of the public sector (Kozek 2011). With respect to the general effects of the processes of liberalisation and privatisation on public sector employees (in the health care and hospital, public transportation, postal services and electricity sectors), work has intensified (in some cases aided by employee monitoring software). In addition, either real or perceived competition has led employers to cut costs by making workers redundant or introducing forms of labour flexibility. The latter has resulted in the creation of two unequal groups of employees: "core" (valued and thus rewarded with

¹¹ See the 2012 report, p. 51.

stable positions and opportunities for training and advancement) and those on the “periphery” (less-valued and consequently working at an even greater intensity as independent or short-term contractors with few, if any, benefits) (Kozek and Radzka 2011, 121). Workers in this latter category are arguably members of the “precariat”, lacking nearly all of the forms of “labour security” identified by Standing (2011, 10).

This case study, though limited in scope, nonetheless suggests that processes similar to those occurring in other branches of Poland's public sector have been initiated in the realm of social welfare. In attempting to allocate limited local funding for in-home care, the City cut employment costs through the commercialisation of direct care service provision. In turn, the contracting Agency created two categories of workers: those with longer tenures (in some cases pre-dating commercialisation) who retained employment contracts (*umowa o pracę*), and an increasing number of carers who contracted with the Agency on a civil-law basis. Moreover, work intensified for some carers who rushed to complete assigned and unassigned tasks in fewer hours, as the City's (laudable) establishment of a minimum wage was unaccompanied by an increase in the overall funding for in-home care provision.

While it is difficult to predict how the provision of in-home eldercare services will ultimately develop in Poland, there are some indicators. The proposed “Law on Assistance to Dependent Persons” aims to support families in caring for dependents of all ages; there are provisions for respite care, payment of carers' retirement and disability contributions, and reimbursement for training of family carers (Koalicja na Pomoc Niesamodzielnym 2015)¹². The bill also establishes three levels of financial support (based on the extent of the dependent's need for care), which may be used to support either family care, or to pay for externally-provided care, whether on an in-home or institutional basis¹³. Care providers, whether individuals, private firms, non-profit and charity organisations, or municipal or district organisational units must be (or employ) “professional carers” (a designation requiring a level of certified training) and qualify for placement on a care provider registry maintained by the provincial governor (*wojewoda*). Indeed, the authors of the draft law envision the creation of a “market for services”, comprising thousands of companies. This market, according to the bill's authors, will in turn lead to the creation

¹² Draft law available at http://niesamodzielnym.pl/wp-content/uploads/2015/03/projekt-UPN_uzasadnienie_ekspertyza_FIN_17.03.2015.pdf. Accessed May 27, 2015.

¹³ Eligible dependents (or their family members) will receive “care checks” (*czek opiekuńczy*) from OPS which they can use to employ a carer and/or purchase necessary care supplies and equipment. The local OPS will receive financial support from a new state Care Security Fund (*Fundusz Zabezpieczenia Opiekuńczego*), which derives income from, among other sources, fees paid by care services providers for placement on the *wojewoda*'s provider registry. OPS remains responsible for determination of necessary nursing and household tasks, and for monitoring the quality of care provision.

of some 200,000 new jobs (the target population being people nearing retirement), thus effectively limiting both the informal market in in-home care provision and the westward migration of qualified carers¹⁴.

This law, as proposed, is impressive in its scope and its attention to the well-being of dependent elders and family carers. For non-family carers, however, the law could be improved to include provisions to insure that paid carers' working conditions are not precarious, particularly in the context of "thousands" of companies competing for clients. This might be achieved by requiring that local governments mandate that care services agencies pay workers a "living wage" (not simply the "minimum monthly salary"), and make social contributions on their behalf. The findings of this case study suggest that if such measures are not taken, needy elders may continue to experience a revolving door of carers with little attachment to low-wage jobs with no provisions for social contributions; indeed, contributions to retirement funds would be particularly important for women in their 50s who have experienced several periods of economic inactivity over the course of their working lives. Finally, as this and numerous other studies indicate, the quality of paid, in-home care for elders is in large part dependent upon the development of a strong and trusting relationship between elders and carers — something that is made difficult when carers are given few material incentives to stay on the job.

In conclusion, through presentation of the results of a qualitative case study, this article contributes to the literature examining the effects of neoliberal social policy reform on paid, in-home care provision, and the liberalisation and privatisation of the public sector in Poland and other European countries. The article has also sought to provide policymakers with insight into the importance of ensuring that carers have stable jobs and are adequately compensated for the valuable work that they do.

References

- Aronson, J., and S.M. Neysmith. 1996. "You're not just in there to do the work': Depersonalizing Policies and the Exploitation of Home Care Workers' Labour." *Gender & Society* 10(1): 59–77.
- Bień, B., B. Wojszel, and E. Sikorska-Simmons. 2007. "Rural and Urban Carers for Older Adults in Poland: Perceptions of Positive and Negative Impact of Caregiving." *International Aging and Human Development* 65(3): 185–202.
- Broadbent, K. 2013. "I'd rather work in a supermarket': Privatization of Home Care Work in Japan." *Work, Employment and Society* 28(5): 702–717.
- Degiuli, F. 2007. "A Job with No Boundaries." *European Journal of Women's Studies* 14(3): 195–196.
- Denton, M., I. Zeytinoglu, K. Kusch, and S. Davies. 2007. "Market-Modelled Home Care: Impact on Job Satisfaction and Propensity to Leave." *Canadian Public Policy* 33 (Special Volume on Health Human Resources): S81–S99.

¹⁴ Koalicja na Pomoc Niesamodzielnym. *Główne założenia ustawy*. http://niesamodzielnym.pl/?page_id=1269. Accessed May 27, 2015.

- Faul, A.C., T.J. Schampfire, J. D'Ambrosio, D. Feaster, C.S. Oak, and A. Farley. 2010. "Promoting Sustainability in Frontline Home Care Aides: Understanding Factors Affecting Job Retention in the Home Care Workforce." *Home Health Care Management & Practice* 22(6): 408–416.
- Fleming, G., and B.J. Taylor. 2007. "Battle on the Home Care Front: Perceptions of Home Care Workers of Factors Influencing Staff Retention in Northern Ireland." *Health & Social Care in the Community* 15(1): 67–76.
- Gantert, T.W., C.L. McWilliam, C. Ward-Griffin, and N.J. Allen. 2008. "The Key to Me: Seniors' Perceptions of Relationship-Building with In-Home Service Providers." *Canadian Journal on Aging* 27(1): 23–34.
- Główny Urząd Statystyczny (GUS). 2014. *Sytuacja demograficzna osób starszych i konsekwencje starzenia się ludności Polski w świetle prognozy na lata 2014–2050*. <http://www.stat.gov.pl> Accessed January 15, 2015.
- Hermann, C., and J. Flecker. 2011. "Privatization of Public Services and Impacts on Employment and Working Conditions — European Experiences." *Perspectives on Work* 15(1–2): 26–28.
- Ibarra, M. 2002. "Emotional Proletarians in a Globalized Economy: Mexican Immigrant Women and Elder Care Work." *Urban Anthropology and Studies of Cultural Systems and World Economic Development* Fall: 317–351.
- Jachowicz, A. 2006. "Domy pomocy społecznej — konieczność czy może luksus?: Sytuacja DPS w świetle zmian ustawy o pomocy społecznej." *Polityka Społeczna* 5–6: 16–20.
- Karakayali, J. 2010. *Transnational Haushalten: Biographische Interviews mit care workers aus Osteuropa*. Wiesbaden: VS Verlag.
- Karner, T. 1998. "Professional Caring: Homecare Workers as Fictive Kin." *Journal of Aging Studies* 12(1): 69–82.
- Koalicja na Pomoc Niesamodzielnym. 2015. *Projekt: Ustawa o pomocy osobom niesamodzielnym*. http://niesamodzielnym.pl/wp-content/uploads/2015/03/projekt-UPN_uzasadnienie_ekspertyza_FIN_17.03.2015.pdf. Accessed 27 May, 2015.
- Kotowska, I.E., and I. Wóycicka (eds.). 2008. *Sprawowanie opieki oraz inne uwarunkowania podnoszenia aktywności zawodowej osób w starszym wieku produkcyjnym. Raport z badań*. Warsaw: Ministry of Employment and Social Policy, Department of Economic Analysis and Prognosis.
- Kozek, W. 2011. "Prywatyzacja i liberalizacja usług publicznych w Polsce." In *Gra o jutro usług publicznych w Polsce*, ed. W. Kozek. Warszawa: Wydawnictwo Uniwersytetu Warszawskiego, 23–73.
- Kozek, W., and B. Radzka. 2011. "Wpływ liberalizacji i prywatyzacji usług publicznych na zatrudnienie." In *Gra o jutro usług publicznych w Polsce*, ed. W. Kozek. Warszawa: Wydawnictwo Uniwersytetu Warszawskiego, 97–123.
- Kraus, M., M. Riedel, E. Mot, P. Willeme, G. Roehrling, and T. Cypionka. 2010. "A Typology of Long Term Care Systems in Europe." *ENEPRI Research Reports* 91. <http://www.ceps.eu/book/typology-long-term-care-systems-europe>. Accessed June 27, 2014.
- Liebst, L.S., and M. Monrad. 2008. "Imellem empati og depersonalisering — en følelessociologisk analyse af tayloriseringens konsekvenser for hjemmeplejere" [Between Empathy and Depersonalization: An Emotional Sociological Analysis of the Consequences of Taylorisation for Home Care Workers]. *Tidsskrift for Arbejdsliv* 10(1): 56–71.
- McEvoy, G.E. 2011. *Paid Care in the New European Union: Polish Eldercare Workers in Kraków and Berlin*. PhD dissertation, Department of Sociology, University of California, Los Angeles.
- Meintel, D., S. Fortin, and M. Cognet. 2006. "On the Road and on Their Own: Autonomy and Giving in Home Health Care in Quebec." *Gender, Place and Culture* 13(5): 563–580.
- Miejski Ośrodek Pomocy Społecznej (MOPS) Kraków. 1999–2014. *Sprawozdania opisowe z działalności MOPS*. <http://www.mops.krakow.pl/mops-w-liczbach>. Accessed May 20, 2015.
- Ministerstwo Pracy i Polityki Społecznej (MPiPS). 2013. *Założenia długofalowej polityki senioralnej w Polsce na lata 2014–2020*. <http://www.mpips.gov.pl/seniorzyaktywne-starzenie/zalozenia-dlugofalowej-polityki-senioralnej-w-polsce-na-lata-20142020/>. Accessed June 27, 2014.

- Neysmith, S.M., and J. Aronson. 1996. "Home Care Workers Discuss Their Work: The Skills Required to 'Use Your Common Sense.'" *Journal of Aging Studies* 10(1): 1–14.
- Nugent, L.S. 2007. "Can't They Get Anything Better? Home Support Workers Call for Change." *Home Health Care Services Quarterly* 26(2): 21–39.
- Purkis, M.E., C. Ceci, and K. Bjornsdottir. 2008. "Patching Up the Holes: Analyzing the Work of Home Care." *Canadian Journal of Public Health* 99: S27–S31.
- Sharman, Z., A.T. McLaren, M. Cohen, and A. Ostry. 2008. "We Only Own the Hours': Discontinuity of Care in the British Columbia Home Support System." *Canadian Journal on Aging* 27(1): 89–99.
- Sobis, I. 2013. "Nothing but Trouble: Studies on the Effects of Reforms of Elderly Care in Sweden and Poland." *NISPAcee Journal of Public Administration and Policy* 6(1): 31–60.
- Solari, C. 2006. "Professionals and Saints: How Immigrant Careworkers Negotiate Gender Identities at Work?" *Gender & Society* 20(3): 301–331.
- Standing, G. 2011. *The Precariat — The New Dangerous Class*. London: Bloomsbury.
- Strauss, A., and J. Corbin. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. London: SAGE.
- Styczyńska, I. 2012. "Provision of Long Term Care for the Elderly in Poland in Comparison to Other Countries." *CASE Network E-Briefs* 5. <http://www.case-research.eu/en/node/57292>. Accessed June 27, 2014.
- Wollman, H., and G. Marcou (eds.). 2010. *The Provision of Public Services in Europe: Between State, Local Government and Market*. Cheltenham, UK: Edward Elgar.

Intensive work in precarious conditions: Paid, in-home eldercare in Poland's public sector

Abstract

This article utilises a case study of a Polish city's provision of in-home eldercare in the public sector to examine how commercialisation of, and local funding for care affect the work of carers. Drawing on in-depth interviews with carers and the analysis of public documents, the author argues that while commercialisation increases worker insecurity, the local government's allocation of funding for services directly impacts the hours of care assigned to elders. Low levels of financing lead to declining hours of care; in turn, carers' work intensifies, as they must complete both assigned and unassigned but necessary tasks in less time.

Intensywna praca w precaryjnych warunkach: odpłatna opieka domowa nad osobami starszymi w sektorze publicznym w Polsce

Abstrakt

Niniejszy artykuł wykorzystuje studium przypadku opieki domowej nad osobami starszymi w sektorze publicznym zapewnianej przez miasto w Polsce w celu zbadania, w jaki sposób komercjalizacja i lokalne finansowanie opieki wpływają na pracę opiekunek. Opierając się na pogłębionych wywiadach z opiekunkami i analizie dokumentów publicznych, autor dowodzi, że o ile komercjalizacja zwiększa niepewność pracowników, o tyle samorządowa alokacja funduszy na usługi bezpośrednio wpływa na godziny opieki oferowane osobom starszym. Niski poziom finansowania prowadzi do spadku liczby godzin przeznaczonych na opiekę. Równocześnie ma miejsce intensyfikacja pracy opiekunek, ponieważ muszą one ukończyć zarówno przydzielone, jak i nieprzydzielone im zadania w krótszym czasie.