

Making the invisible work visible  
Data collection on 24-hours live-in carers

# Questionnaire

December 2024

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## 1 INTRODUCTION

Dear participant

The Centre for Labour Field Research (FORBA), together with IG24 – Interest Group for Live-In Care Workers and the University of Vienna Institute of Sociology, is conducting a survey on the working and living conditions of 24-hour live-in careworkers in Austria. The survey aims to draw attention to the current situation and the issues within this sector. Demands and proposals for improvements will be formulated based on the results of the survey.

The success of this survey depends on your support. Completing the survey will take about xxx minutes.

Questions that are mandatory are marked with an asterisk (\*). You can skip all other questions if you cannot or do not want to answer them.

For navigation, please use only the buttons labelled "Next" and "Back" at the bottom of the page. Please do **NOT** use the "Back" function of your browser.

**You can always pause the survey to continue later.** If you reopen the survey on the same computer, smartphone or tablet by using the same link, and if cookies are enabled and not too much time has passed, you can continue the survey right where you left off.

Alternatively, or if you want to take extra safety precautions, you can also manually save your progress by clicking on the three dots at the top right-hand corner and selecting '**Resume later**'.

### **Data protection information**

The survey is anonymous, in accordance with data protection regulations (GDPR, DSG). Therefore, the data you enter cannot be traced back to you.

Further information on protecting your data can be found at: xxxx

If you have any questions or encounter technical problems, please contact Andreas Schadauer (FORBA), preferably in German or English, at: [umfrage@forba.at](mailto:umfrage@forba.at)

For more information on this project, please visit: <http://24h-unsichtbar.at>

**Note:** This is an adapted version of the online questionnaire. In the online version the links/filters are not visible for the participants but are applied automatically.

## A. General information about the respondent

A1. How old are you?

---

A2 What is your gender?

- |       |                          |
|-------|--------------------------|
| Woman | <input type="checkbox"/> |
| Man   | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

A3 What is the highest level of education you have completed?

- |                       |                          |
|-----------------------|--------------------------|
| Compulsory education  | <input type="checkbox"/> |
| Vocational education  | <input type="checkbox"/> |
| Highschool            | <input type="checkbox"/> |
| College or University | <input type="checkbox"/> |

A4\_1 In your opinion, how well do you speak German?

- |             |                          |
|-------------|--------------------------|
| Very well   | <input type="checkbox"/> |
| Well        | <input type="checkbox"/> |
| Average     | <input type="checkbox"/> |
| Poorly      | <input type="checkbox"/> |
| Very poorly | <input type="checkbox"/> |

A4u1 When you are not working in Austria as a live-in careworker, which country do you mainly live in?

- |                     |                          |
|---------------------|--------------------------|
| Bulgaria            | <input type="checkbox"/> |
| Croatia             | <input type="checkbox"/> |
| Republic of Moldova | <input type="checkbox"/> |
| Poland              | <input type="checkbox"/> |
| Romania             | <input type="checkbox"/> |
| Serbia              | <input type="checkbox"/> |
| Slovakia            | <input type="checkbox"/> |
| Hungary             | <input type="checkbox"/> |
| Ukraine             | <input type="checkbox"/> |

I'm living in Austria

☐

In another country

☐

**A4u1t. You said you lived in another country. Which country is that?**

---

**A5 Do you have children under 15 years of age in the country you live in?**

Yes

☐

No

☐

**A6u1 How many years have you worked in the live-in care industry?**

---

**A6u2 For how many years have you been working in this industry in Austria?**

---

**A7u1 Which Bundesland (federal state) are you currently working in?**

Burgenland

☐

Carinthia

☐

Lower Austria

☐

Upper Austria

☐

Salzburg

☐

Styria

☐

Tyrol

☐

Vorarlberg

☐

Vienna

☐

**A7u2 Is your workplace in a rural or urban (e.g. in cities such as Graz, Linz) area?**

rural area

☐

urban area

☐

**A8 At your current live-in care workplace, you work ...**

under an employment contract (as an employee)

☐

independently (through a placement agency)

☐

independently (without a placement agency) ☐

**A9 How did you find your current job?**

Through a placement agency ☐

Through personal contacts ☐

Through an ad ☐

Some other way... ☐

---

**FILTER: IF A9 „Some other way ..“ go to A9t otherwise B2u1\_1**

**A9t You mentioned that you found your current job through  
some other way. Can you tell us how?**

---

**B. Working and living conditions at your current job**

The next questions are related to working and living conditions at your current workplace in Austria. They reference both the placement agency and your clients/customers. Once again, we assure you that all the information you provide will remain anonymous, and cannot be traced back to you, the agency you work with or your client.

**If you are not currently working in Austria, please answer the questions with your last job in Austria in mind.**

**B2u1\_1 What job information was made available to you before you started work?**

	Yes	No
Information regarding the client's health status.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Was this information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding your living and accommodation conditions at work.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Was this information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding your daily work hours.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Was this information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding your pay.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Was this information accurate?	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are related to the carework contract ("Betreuungsvertrag") signed with the client or their relatives.

**B3u1\_1** When did you receive the carework contract ("Betreuungsvertrag")?

- |                          |                          |
|--------------------------|--------------------------|
| before starting work     | <input type="checkbox"/> |
| on the first day of work | <input type="checkbox"/> |
| later                    | <input type="checkbox"/> |

Ja    Nein

**B3u2\_1** Did you also receive the carework contract ("Betreuungsvertrag") in your mother tongue? ☐ ☐

**B3u2\_2** Did you have the opportunity to read and understand the carework contract before starting work? ☐ ☐

**B3u2\_3** Did you have the opportunity to negotiate the content of the carework contract ("Betreuungsvertrag") directly with the client or their relatives (e.g. exact tasks, working hours, break times, etc.)? ☐ ☐

#### Carework activities actually carried out in the workplace

**B4u1\_B4u1a** According to your contract, how many people are you caring for?

- |             |                          |
|-------------|--------------------------|
| 1           | <input type="checkbox"/> |
| 2           | <input type="checkbox"/> |
| 3           | <input type="checkbox"/> |
| More than 3 | <input type="checkbox"/> |

**B4u1\_B4u1b** How many people are you caring for in reality?

- |             |                          |
|-------------|--------------------------|
| 1           | <input type="checkbox"/> |
| 2           | <input type="checkbox"/> |
| 3           | <input type="checkbox"/> |
| More than 3 | <input type="checkbox"/> |

### B4u3 What are the tasks you perform?

Please select all options that apply to you.

- |   |                          |
|---|--------------------------|
| Household management, organisation of daily schedule, socialising               | <input type="checkbox"/> |
| Managing the household spending book ("Haushaltsbuch")                          | <input type="checkbox"/> |
| Securing a replacement in case of absence                                       | <input type="checkbox"/> |
| Support with oral food or fluids intake   | <input type="checkbox"/> |
| Assistance with personal hygiene and use of the toilet or incontinence products | <input type="checkbox"/> |
| Assistance with dressing and undressing   | <input type="checkbox"/> |
| Assistance with lifting, moving, sitting, lying down                            | <input type="checkbox"/> |
| Administration of medication  | <input type="checkbox"/> |
| Application of bandages and dressings   | <input type="checkbox"/> |
| Administration of subcutaneous injections of insulin or anticoagulants          | <input type="checkbox"/> |
| Blood sampling to determine glucose levels                                      | <input type="checkbox"/> |
| Simple applications of light and heat   | <input type="checkbox"/> |

### Working hours

Note: The survey can be paused and continued later. To do this, click on the three dots in the top right and select the "Continue later" option.

**We will now discuss working hours in your current or your last turnus in Austria.**

**B5u1\_1 How long is/was your turnus?**

- |         |                          |
|---------|--------------------------|
| 14 days | <input type="checkbox"/> |
| 3 weeks | <input type="checkbox"/> |
| 4 weeks | <input type="checkbox"/> |
| longer  | <input type="checkbox"/> |

---

**FILTER: If B5u1\_1 „longer“ go to B5u1t**

---

**B5u1t You answered that your turnus is longer than 4 weeks, exactly how long is it?**

---

**B5u2 On average, how many hours do you actually work each day?**

---



**B5u3\_1** How many times a week do you have to care for your client at night?

- |                       |                          |
|-----------------------|--------------------------|
| Daily                 | <input type="checkbox"/> |
| A few times per week  | <input type="checkbox"/> |
| Once per week         | <input type="checkbox"/> |
| Less than once a week | <input type="checkbox"/> |
| Never                 | <input type="checkbox"/> |

**B5u4\_1** How long is your daily break?

- |                      |                          |
|----------------------|--------------------------|
| I don't have a break | <input type="checkbox"/> |
| Less than an hour    | <input type="checkbox"/> |
| One hour             | <input type="checkbox"/> |
| Two hours            | <input type="checkbox"/> |
| More than two hours  | <input type="checkbox"/> |

**B5u5\_1** How many times a week do you miss this break?

- |                      |                          |
|----------------------|--------------------------|
| Daily                | <input type="checkbox"/> |
| A few times per week | <input type="checkbox"/> |
| Once per week        | <input type="checkbox"/> |
| Never                | <input type="checkbox"/> |

**B5u6\_1** Can you leave the household during your break?

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

### Housing, food and support at work

**B6** The next questions are related to the housing situation during your current or last turnus in Austria. \*

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Do you have your own room?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If own room:</b> Can your room be locked and is e.g. not a pass-through room?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If own room:</b> Does your room have a window?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If own room:</b> Is your room cool enough during summer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If own room:</b> Is your room warm enough during winter?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the appropriate conditions to ensure proper personal hygiene (showering, washing, skin care, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have free and functional internet access?

☐ ☐

**B7 Now let's talk about meals:**

Are your meals provided at work?

Yes No

☐ ☐

**If no:** Are you paid extra to account for meals?

☐ ☐

Do you have enough time to eat?

☐ ☐

**If B7 „yes, meals are provided“ go to B7u2**

**B7u2 How satisfied are you with the meals provided at work?**

very satisfied

☐

satisfied

☐

not satisfied

☐

very unsatisfied

☐

**B8u1 Thinking about your current or previous turnus, are you receiving any support from....**

The client's relatives?

Yes No

The client's neighbours?

☐ ☐

Mobile nursing staff ("Hauskrankenpflege")?

☐ ☐

**B8u2 Also:**

Do you have sufficient aids available (e.g. nursing bed, wheelchair, walking frame, etc.)?

Ja Nein

Are visits from the Austrian authorities carried out to inspect the quality of live-in care services provided?

☐ ☐

Does the placement agency carry out visits to inspect the quality of live-in care services?

☐ ☐

**Stress and workplace demands**

Note: The survey can be paused and continued later. To do this, click on the three dots in the top right and select the "Continue later" option.

**B9u1\_1 How well can you get along verbally, or how well were you able to get along verbally with your last client?**

- |             |                          |
|-------------|--------------------------|
| Very well   | <input type="checkbox"/> |
| Well        | <input type="checkbox"/> |
| Poorly      | <input type="checkbox"/> |
| Very poorly | <input type="checkbox"/> |

**Wenn B9u2\_1 Do you feel appreciated by your client?**

- |            |                          |
|------------|--------------------------|
| Yes        | <input type="checkbox"/> |
| Mostly yes | <input type="checkbox"/> |
| Mostly no  | <input type="checkbox"/> |
| No         | <input type="checkbox"/> |

**B9u2\_2 Do you feel appreciated by your client's relatives?**

- |            |                          |
|------------|--------------------------|
| Yes        | <input type="checkbox"/> |
| Mostly yes | <input type="checkbox"/> |
| Mostly no  | <input type="checkbox"/> |
| No         | <input type="checkbox"/> |

**B9u4 How demanding do you feel your work is?**

- |                      |                          |
|----------------------|--------------------------|
| Very demanding       | <input type="checkbox"/> |
| Demanding            | <input type="checkbox"/> |
| Somewhat demanding   | <input type="checkbox"/> |
| Not at all demanding | <input type="checkbox"/> |

**B9u5 What makes you feel your work is demanding?**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Having to carry out specialised care activities (e.g. assistance with personal hygiene, assistance with dressing and undressing)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Having to carry out nursing activities (e.g. applying and changing bandages, administering medication, giving insulin injections)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Having to take on tasks that have not been agreed on (e.g. caring for more than one person, housework for other relatives, gardening, extensive cleaning, tasks to be done using a car) | <input type="checkbox"/> | <input type="checkbox"/> |
| Having to perform demanding physical activities   | <input type="checkbox"/> | <input type="checkbox"/> |
| Having to perform demanding emotional activities  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Fearing for the client (e.g. because of their health condition) | <input type="checkbox"/> | <input type="checkbox"/> |
| Conflict with the client  | <input type="checkbox"/> | <input type="checkbox"/> |
| Conflict with the relatives                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Conflicts with the placement agency                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Living situation at the workplace                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Client waking up frequently during the night                    | <input type="checkbox"/> | <input type="checkbox"/> |

**B9u6 Do you have enough time for yourself and your personal needs?**

(e.g. for phone calls with family back home, shopping, interactions with colleagues in the industry, administrative tasks with Austrian authorities, etc.)

- |            |                          |
|------------|--------------------------|
| Yes        | <input type="checkbox"/> |
| Mostly yes | <input type="checkbox"/> |
| Mostly no  | <input type="checkbox"/> |
| No         | <input type="checkbox"/> |

**B9u7 Do you feel exploited at work?**

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

**Experiences with workplace violence**

The following questions deal with sensitive subjects, so we would like to reiterate that all answers are completely anonymous and cannot be attributed to you in any way.

**B10u1 Have you experienced violence at work?**

Please select all the options that apply to you.

- |  |                          |
|--|--------------------------|
| Physical violence (e.g. pushing, painful physical contact, hair pulling, pinching) | <input type="checkbox"/> |
| Psychological/emotional violence (e.g. harassment, threats, humiliation)           | <input type="checkbox"/> |
| Verbal violence (e.g. shouting, swearing)  | <input type="checkbox"/> |
| I did not experience any violent situations.                                       | <input type="checkbox"/> |

**B10u2\_1 Have you experienced sexual harassment at work (e.g. unwanted touching, lewd comments, persistent stares)?**

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

**B10u2\_2 Have you experienced racism at work?**

Yes ☐

No ☐

**B11 Have you received help and support for any of these issues (e.g. from placement agencies, professional interest groups or the Chamber of Commerce (WKO))?**

Yes ☐

No ☐

**B11t You answered that you received support in such situations, can you tell us from whom?**

---

### **Earnings / pay**

The following questions are related to your pay. If you do not currently provide live-in care services, please answer with your last job in mind.

**B12u1 What is your daily pay, minus SVS social insurance contributions?**

---

**B12u2 How satisfied are you with this pay?**

Very satisfied ☐

Satisfied ☐

Neither satisfied, nor unsatisfied

Not satisfied

Not at all satisfied

**B12u3 And how well can you manage with your pay?**

I can live well ☐

It's sufficient ☐

It's barely enough

It's insufficient

**B12u4 Who sets your daily pay amount?**

- The placement agency ☐
- The client or their relatives ☐
- Me ☐

**B12u5 In your opinion, who should negotiate the amount of your pay?**

- The placement agency together with the client or their relatives ☐
- Me with the placement agency ☐
- Me with the client or their relatives ☐

**B12u6**

- |   | Ja                       | Nein                     |
|---|--------------------------|--------------------------|
| Do you get bonuses for working on Sundays and public holidays?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get bonuses for working at night?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever receive a lower pay than the one agreed in the contract?         | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your current pay adequately reflect your qualifications?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your current pay adequately recognise your live-in care work experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your current pay adequately recognise your knowledge of German?          | <input type="checkbox"/> | <input type="checkbox"/> |

**B12u12 Has your current pay increased with the increased need for care?**

- Yes ☐
- No ☐
- Does not apply ☐

**B13u1 Who pays you?**

- The placement agency ☐
- The client or their relatives ☐

**B13u2 In your opinion, who should pay you? \***

The placement agency ☐

The client or their relatives ☐

**Transportation between the country of origin and Austria for the current turnus**

Note: The survey can be paused and continued later. To do this, click on the three dots in the top right and select the "Continue later" option.

**B14u1 How is transportation organised between Austria and your home country?**

I organize my own transportation ☐

By the placement agency (optional) ☐

By the placement agency (mandatory) ☐

---

**FILTER: If B14u1 by placement agency go to B14**

---

**B14 You answered that the transport is organised by the agency, do you agree or disagree with these statements?**

	Ja	Nein
Transportation organised by the placement agency works well.	<input type="checkbox"/>	<input type="checkbox"/>
Transportation organised by the placement agency is done safely.	<input type="checkbox"/>	<input type="checkbox"/>

**B14u5 Do you get extra money for transportation?**

Yes ☐

No, I have to pay for my own transportation. ☐

---

**FILTER: If B14u5 yes go to B14u6**

---

**B14u6 Is this extra money enough?**

Yes ☐

No ☐

**C. Experiences with the placement agency/agencies**

Hint: The questions in this section are just shown to participants who answered A8 self-employed with placement agency.

The following questions are related to your experience with the placement agency.

**C1u1 You mentioned that you currently work as an independent live-in careworker with a placement agency.**

- This is an Austrian placement agency ☐
- This is a placement agency registered outside Austria ☐
- Both (for example, there is a collaboration between an Austrian agency and an agency from outside Austria) ☐
- I don't know ☐

**FILTER: If C1u1 Austrian placement agency or both go to C1u2C1u2 Does the agency hold an Austrian quality certificate for placement agencies within the live-in care system (ÖQZ)?**

- Yes ☐
- No ☐
- I don't know ☐

**C2 What information about working with the placement agency was made available to you before you started working?  
Please select all that apply to you.**

- Placement agency services ☐
- The amount of the placement fees ☐
- Details about the power of attorney of the placement agency (e.g. "Inkasso" power of attorney) ☐
- Termination details ☐
- Details of possible penalties ☐
- Transportation details (how to travel to and from Austria) ☐

**C3u1 When did you receive the contract ("Organisationsvertrag") with the placement agency?**

- Before starting to work with the placement agency ☐
- After starting to work with the placement agency ☐

---

**FILTER: If C3u1 After starting to work go to C3u1a**

---

**C3u1a After starting to work with the placement agency:**

- Upon arrival in Austria ☐
- Upon starting to work (when live-in care work started) ☐



**C3u2 In which language did you receive the placement contract ("Organisationsvertrag")?**

Please select all that apply to you.

In German ☐

In my mother tongue ☐

	Yes	No
<b>C3u3_1</b> Did you have the opportunity to read and understand the placement contract ("Organisationsvertrag") in advance?	<input type="checkbox"/>	<input type="checkbox"/>

<b>C3u3_2</b> Did you have the ability to negotiate the clauses in the placement contract ("Organisationsvertrag")?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

**Placement fees**

Note: The survey can be paused and continued later. To do this, click on the three dots in the top right and select the "Continue later" option.

**C4u5 Do you pay a placement fee?**

Yes, every day ☐

Yes, monthly ☐

Yes, bi-annually ☐

Yes, annually ☐

Yes, for every turnus ☐

No ☐

---

**FILTER: If C4u5 not No go to C4u6**

---

**C4u6 How much is the placement fee?**

Please enter the amount in Euro (€) here: \_\_\_\_\_

---

**FILTER: If C4u5 not No go to C4u7**

---

**C4u7 Overall, do you believe placement fees are reasonable?**

Yes ☐

No ☐

**C5u1 What services does the placement agency offer you?**

Select all that apply to you.

- |   |                          |
|---|--------------------------|
| Placing me at a job   | <input type="checkbox"/> |
| Registration, pausing, reactivation or cancellation of the commercial licence ("Gewerbe") | <input type="checkbox"/> |
| Payment of SVS social insurance contributions   | <input type="checkbox"/> |
| Drawing up the carework contract with the client or their relatives                       | <input type="checkbox"/> |
| Mediating conflicts with the client or their relatives                                    | <input type="checkbox"/> |
| Arranging a replacement in case of absence  | <input type="checkbox"/> |
| Organizing transportation between Austria and the country of origin                       | <input type="checkbox"/> |
| I don't receive any services from the placement agency offers in exchange for fees        | <input type="checkbox"/> |

**C5u2 The placement agency collects my pay on my behalf and passes it on to me (after deducting the SVS social insurance contribution and placement fees).**

- |     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

**C6 Which services should be taken over by the placement agency?**

Select all that apply to you.

- |  | Ja                       | Nein                     |
|--|--------------------------|--------------------------|
| Placing me at a job  | <input type="checkbox"/> | <input type="checkbox"/> |
| Registration, pausing, reactivation or cancellation of the commercial licence ("Gewerbe")  | <input type="checkbox"/> | <input type="checkbox"/> |
| Payment of SVS social insurance contributions  | <input type="checkbox"/> | <input type="checkbox"/> |
| Drawing up the carework contract with the client or their relatives  | <input type="checkbox"/> | <input type="checkbox"/> |
| Mediating conflicts with the client or their relatives   | <input type="checkbox"/> | <input type="checkbox"/> |
| Arranging a replacement in case of absence   | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizing transportation between Austria and the country of origin  | <input type="checkbox"/> | <input type="checkbox"/> |
| Collecting my pay on my behalf and passing it on to me (after deducting the SVS social insurance contribution and placement fees). | <input type="checkbox"/> | <input type="checkbox"/> |

**C7u1\_C7u1a** Are you satisfied with the services provided by the placement agency?

- Yes ☐
- Mostly yes ☐
- Mostly no ☐
- No ☐

**C7u1\_C7u1b** Do you feel valued/appreciated by the placement agency?

- Yes ☐
- Mostly yes ☐
- Mostly no ☐
- No ☐

**C7u3** Do you feel that the placement agency is acting as an employer towards you?

- Yes ☐
- No ☐
- Sometimes ☐

**CA. Questions or self-employed live-in careworkers without a placement agency**

**Hint:** The questions in this section are just shown to participants who answered A8 self-employed without placement agency.

You have stated that you are currently working as an independent live-in careworker without a placement agency.

**CA1** How long in years have you been working as a live-in careworker without a placement agency?

\_\_\_\_\_

**CA2 Why do you work without a placement agency?**

Please select all the options that apply to you.

- I have had bad experiences with placement agencies. ☐
- I don't need to work with a placement agency. ☐
- It benefits me financially to work without a placement agency. ☐
- I can work more autonomously without a placement agency. ☐
- Without an agency, I can negotiate directly with my clients. ☐

**D. Experiences with public authorities and professional interest groups in Austria**

The following questions are related to your experience with the Austrian authorities, professional interest groups representing you, and regulations.

Please think about the entire time you have spent as a live-in careworker in Austria.

**D1u1\_1 Have you ever contacted the Chamber of Commerce ("Wirtschaftskammer - WKÖ")?**

- Yes ☐
- No ☐

---

**FILTER: If D1u1\_1 Yes got to D1u1\_2****D1u1\_2 Were you able to communicate with them in your mother tongue?**

- Yes ☐
- No ☐

---

**FILTER: If D1u1\_2 No got to D1u1\_3****D1u1\_3 Would it be important for you to be able to communicate with them in your mother tongue?**

- Yes ☐
- No ☐

**D1u4 Overall, how was your experience so far with the Chamber of Commerce (WKÖ)?**

- Positive ☐
- Somewhat positive ☐
- Somewhat negative ☐
- Negative ☐

**D2u1\_1 Have you ever contacted the Social Insurance House (SVS)?**

Yes ☐

No ☐

---

**FILTER: If D2u1\_1 Yes got to D2u1\_2**

---

**D2u1\_2 Were you able to communicate with them in your mother tongue?**

Yes ☐

No ☐

---

**FILTER: If D2u1\_2 No got to D2u1\_3**

---

**D2u1\_3 Would it be important for you to be able to communicate with them in your mother tongue?**

Yes ☐

No ☐

**D2u4 Overall, how was your experience so far with the Social Insurance House (SVS)?**

Positive ☐

Somewhat positive ☐

Somewhat negative ☐

Negative ☐

**D2u6\_1 Do you have debts or additional payments to make to the Social Insurance House (SVS)?**

Yes ☐

No ☐

**D2u6\_2 Do you have any other problems with the Social Insurance House (SVS)?**

Yes ☐

No ☐

---

**FILTER: If D2u6\_2 Yes got to D2u6t**

---

**D2u6t You have stated that you have other problems with the Social Insurance House (SVS). What are those?** \_\_\_\_\_

**D3u1\_1 Have you ever contacted the fiscal authorities ("Finanzamt")?**

Yes ☐

No ☐

---

**FILTER: If D3u1\_1 Yes go to D3u1\_2**

---

**D3u1\_2 Were you able to communicate with them in your mother tongue?**

Yes ☐

No ☐

---

**FILTER: If D3u1\_2 No go to D3u1\_3**

---

**D3u1\_3 Would it be important for you to be able to communicate with them in your mother tongue?**

Yes ☐

No ☐

**D3u4 Overall, how was your experience so far with the fiscal authorities ("Finanzamt")?**

Positive ☐

Somewhat positive ☐

Somewhat negative ☐

Negative ☐

**Have you encountered problems with the fiscal authorities ("Finanzamt") regarding...**

	Yes	No
<b>D3u5_D3u5a</b> payment of child benefit ("Familienbeihilfe")?	<input type="checkbox"/>	<input type="checkbox"/>

<b>D3u5_D3u5b</b> your tax return?	<input type="checkbox"/>	<input type="checkbox"/>
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<b>D3u5_D3u5c</b> other reasons?	<input type="checkbox"/>	<input type="checkbox"/>
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**FILTER: If D3u5\_D3u5c Yes go to D3u5t**

---

**D3u5t** You answered that you have encountered other problems, what would those be? \_\_\_\_\_

**D4u1\_1** Have you ever contacted Vidaflex about issues related to your live-in carework?

Yes ☐

No ☐

---

**FILTER: If D4u1\_1 Yes got to D4u1\_2**

---

**D4u1\_2** Were you able to communicate with them in your mother tongue?

Yes ☐

No ☐

---

**FILTER: If D4u1\_2 No go to D4u1\_3**

---

**D4u1\_3** Would it be important for you to be able to communicate with them in your mother tongue?

Yes ☐

No ☐

**D4u4** Overall, how was your experience so far with Vidaflex?

Positive ☐

Somewhat positive ☐

Somewhat negative ☐

Negative ☐

**D5u1\_1** Have you ever contacted IG24 (consisting of DREPT and Inciativa24) about issues related to your live-in carework?

Yes ☐

No ☐

---

**FILTER: If D5u1\_1 Yes go to D5u1\_2**

---

**D5u1\_2** Were you able to communicate with them in your mother tongue?

Yes ☐

No ☐

---

**FILTER: If D5u1\_2 No go to D5u1\_3**

---

**D5u1\_3 Would it be important for you to be able to communicate with them in your mother tongue?**

Yes ☐

No ☐

**D5u4 Overall, how was your experience so far with IG24 (or "DREPT pentru îngrijire")?**

Positive ☐

Somewhat positive ☐

Somewhat negative ☐

Negative ☐

**D5u5\_1 What support (in your mother tongue) would you like to receive from public authorities and professional interest groups in Austria?**

Please select all the options that apply to you.

Support regarding issues with the placement agency ☐

Support regarding issues with the client or their relatives ☐

Support regarding issues with the SVS Social Insurance House ☐

Support regarding issues with the fiscal authorities (e.g. with the tax return, with the child benefit) ☐

Support regarding issues with the Commerce Chamber (WKO) ☐

Legal support ☐

Other kinds of support ☐

---

**FILTER: If D5u5\_1 Other kinds of support go to D5u5t**

---

**D5u5t You answered that you would like to receive other kinds of support, what would those be?** \_\_\_\_\_

**Knowledge about regulations for live-in careworkers in Austria**

**D6 Do you feel sufficiently well informed about regulations for live-in carework in Austria?**

Yes ☐

Mostly yes ☐

Mostly no ☐

No ☐



---

**FILTER: If A8 self-employed to to D7**

---

**D7 Do you feel sufficiently well informed about the following topics:**

	Yes	No
Issues related to the commercial licence ("Gewerbe"), e.g. registration, pausing, reactivation and cancellation of the commercial licence ("Gewerbe")	<input type="checkbox"/>	<input type="checkbox"/>
Which tasks you are allowed to perform and which you are not	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in case of an accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Your rights with respect to dependent children (e.g. child benefit)	<input type="checkbox"/>	<input type="checkbox"/>
Your retirement rights	<input type="checkbox"/>	<input type="checkbox"/>
Issues related to your tax return	<input type="checkbox"/>	<input type="checkbox"/>
Issues related to your SVS Social Insurance House contributions	<input type="checkbox"/>	<input type="checkbox"/>

---

**FILTER: If A8 employee go to D8**

---

**D8 Do you feel sufficiently well informed about the following topics:**

	Yes	No
Provisions of the Labour Code	<input type="checkbox"/>	<input type="checkbox"/>
Regulations related to working hours, break times, minimum wage, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Which tasks you are allowed to perform and which you are not	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in case of illness	<input type="checkbox"/>	<input type="checkbox"/>
Your rights in case of an accident at work	<input type="checkbox"/>	<input type="checkbox"/>
Your rights with respect to dependent children (e.g. child benefit)	<input type="checkbox"/>	<input type="checkbox"/>
Your unemployment rights	<input type="checkbox"/>	<input type="checkbox"/>
Your retirement rights	<input type="checkbox"/>	<input type="checkbox"/>

**D9u1 Do you agree or disagree with these statements?**

	Stimme voll und ganz zu	Stimme eher zu	Stimme eher nicht zu	Stimme überha upt nicht zu
The laws and regulations regarding live-in carework are clear and easy for me to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel well protected by live-in carework laws and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Demands for the future

**E1 For the future, what would be particularly important to you as a live in careworker in Austria?**

	Very important	Important	Some-what important	Not important at all
Regulated daily working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observance of daily breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appreciation from clients and their relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E2 As for placement agencies, how important are the following issues for your future in Austria:**

	Very important	Important	Some-what important	Not important at all
Stricter regulation of the responsibilities/activities of placement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More flexibility in negotiating working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent inspections of placement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of state-owned or non-profit placement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent inspections of working and living conditions of live-in careworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E3 And as for the Austrian authorities and professional interest groups, how important are the following are to you:**

	Very important	Import- ant	Some- what import- tant	Not import- ant at all
Information and advice in mother tongue regarding the rights and obligations of independent live-in careworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance in mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-discriminatory behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E4 Where do you see yourself in three years?**

	Very likely	Likely	Some- what likely	Not very likely
In Austria, as a live-in careworker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a live-in careworker, but not in Austria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing another job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for participating in the survey!**

If you have any questions or encounter technical problems, please contact Andreas Schadauer (FORBA), preferably in German or English, at: [umfrage@forba.at](mailto:umfrage@forba.at)

For more information on this project, please visit: <https://24h-unsichtbar.at/en/>

[www.24h-unsichtbar.at](http://www.24h-unsichtbar.at)

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