Economy and Society

ISSN: 0308-5147 (Print) 1469-5766 (Online) Journal homepage: www.tandfonline.com/journals/reso20

The quiet collapse: Authoritarian neoliberalism and the crisis of care of older people in Hungary

Noémi Katona & Dóra Gábriel

To cite this article: Noémi Katona & Dóra Gábriel (13 Apr 2026): The quiet collapse: Authoritarian neoliberalism and the crisis of care of older people in Hungary, Economy and Society, DOI: 10.1080/03085147.2026.2632445

To link to this article: https://doi.org/10.1080/03085147.2026.2632445

Published online: 13 Apr 2026.

Economy and Society: 1–23
https://doi.org/10.1080/03085147.2026.2632445

The quiet collapse: Authoritarian neoliberalism and the crisis of care of older people in Hungary

Noémi Katona and Dóra Gábriel

Abstract

The care of older people has undergone significant commodification worldwide. States have increasingly adopted neoliberal policy approaches that have accelerated processes of marketization in the care sector. This paper examines care architecture in an authoritarian neoliberal country that is shaped by conservative, familistic ideologies, using Hungary as a case study. It explores a model of authoritarian neoliberal policymaking and its effects on the home care market for older people in a migration context, showing that the emigration of care workers results in increased regional inequalities and, consequently, the deterioration of the care workforce in the countries of origin. Under this authoritarian neoliberal regime, the home care sector remains underfunded, poorly regulated and largely neglected in public discourse, contributing to a substantial and growing care crisis.

Keywords: care economies; home care for older people; Hungary; informal economy; care migration; authoritarian neoliberalism.

Noémi Katona (corresponding author), Department of Sociology, Institute for Social Sciences, Corvinus University Budapest, Budapest, Hungary. E-mail: noemi.katona@uni-corvinus.hu and ELTE Centre for Social Sciences, Institute for Sociology, Hungary. E-mail: katona.noemi@tk.elte.hu
Dóra Gábriel, ELTE Centre for Social Sciences, Institute for Sociology and ELTE Centre for Economic and Regional Studies, Institute for Regional Studies, Budapest, Hungary. E-mail: Gabriel.dora@tk.elte.hu and gabriel.dora@krtk.elte.hu

Introduction

Providing care for older adults is one of the major challenges of our ageing societies today. Older family members have traditionally been cared for informally within the family, but in late capitalism, the system of caring for older adults has been fundamentally transformed, increasingly becoming a commodity sold on a global market, resulting in a crisis of care (Fraser, 2016, 2023). The commodification of care for older people has been conceptualized by numerous scholars, who have analysed the various trends in care economies and the changing role of the state, the market and families in care provision. The 'care diamond' conceptual framework aims to capture the prevailing trends of marketization by focusing on the different actors in care provision: markets, states, households and non-profit sectors (Razavi, 2007). Current transformations in welfare-state care systems are often described using diverse policy frameworks and classifications, reflecting the growing diversity of market-oriented institutional arrangements in care provision. Care regime analysis and typologies of marketization (Farris & Marchetti, 2017) identify the different versions of neoliberalism across European countries and the changing welfare states, which also deeply affect the values associated with care provision (Eggers *et al*., 2023). However, the rather recent, post-2008 trend of authoritarian neoliberalism is rarely addressed in this scholarship. This paper aims to contribute to the academic discourse on recent political developments in care economies by providing a case study on how care economies evolve under conditions of authoritarian neoliberalism. The paper seeks to explain the implications of these developments and focuses on the role of the authoritarian neoliberal state in governing care in the context of local and transnational care markets.

According to Lendvai-Bainton and Szelewa (2021, p. 562), authoritarian neoliberalism refers to a 'unique recombination of political authoritarianism and economic marketisation' that 'entails the rewriting of national welfare contracts'. It describes a regime in which neoliberal economic policies, such as market deregulation, austerity and the weakening of the welfare system, are implemented through increasingly authoritarian means that erode democratic norms. These mechanisms may include weakening checks and balances, the manipulation of institutions, and the centralization of power (Lendvai-Bainton & Szelewa, 2021). This novel political-economic configuration has evolved since the 2008 economic crisis under Viktor Orbán's political regime, the 'System of National Cooperation', introduced after Fidesz's re-election with more than two-thirds of the seats in parliament in 2010. This political system has been thoroughly analysed and conceptualized in numerous ways in political science, resulting in its labelling as an illiberal democracy (as Orbán called it in 2014), a hybrid regime (Bozóki & Hegedűs, 2018), and authoritarian capitalism (Scheiring, 2020).[1]

Care regimes have been well studied in Western European countries, and their effects on care migration are well documented. However, the consequences for Central and Eastern European (CEE) member states, from which many care workers come, remain underexplored. Care provision in Hungary is strongly

shaped by the main trends of the transnational care market, and, in turn, the Hungarian care regime shapes Hungary's position in the global care chain. In Hungary, there is a large outmigration of care workforce to Germany and Austria (Gábriel, 2023) and a smaller volume of incoming care workers from neighbouring countries, mainly Romania and Ukraine (Turai, 2018). The state still loosely regulates home-based care, which results in a prevailing informal economy offering comparatively low wages, weak security and poor working conditions for care workers, leading to outflows of qualified and younger workforce. This results in an increasing care gap, growing inequalities in access to care, and the deterioration of the workforce engaged in home-based care for older adults.

The paper contributes to the conceptualization of care economies in two ways. First, by bringing authoritarian neoliberalism into the literature on long-term care (LTC) regime typologies. The paper highlights that there have been unique developments in the care diamond in the Hungarian case, with a shift towards politically loyal church-based institutions rather than formal market actors. This raises the question of how the two elements in the care diamond, the state and civil society, actually interact. Second, we connect regime analysis with the effects of transnational care migration. The paper argues that state-market-family-civil society dynamics do not solely take place in a national context, but care regimes affect each other and are also deeply defined by countries' positions in the global political economy (Wallerstein, 2002) and in global care chains (Hochschild, 2000; Parreñas, 2001).

The paper is based on empirical sociological research involving qualitative methodology. In the first step, we analysed relevant policy documents and politicians' public statements. We then conducted 27 semi-structured interviews with various stakeholders (representatives of brokerage agencies and other intermediaries, including administrators of social media groups, family members of care recipients and care workers) in Hungary between 2021 and 2025. We ensured the anonymity of all interviewees. First, the paper provides an analysis of care policies, ongoing transformations and the governmental discourse on care. Afterwards, it presents the implications for the home care market based on the interviews.

Development of the European home care market

Marxist feminists have long argued that the exploitation of women's reproductive labour is an integral element of the capitalist mode of production (Dalla Costa & James, 2017; Federici, 2014, 2021). In capitalism, social reproduction and human needs are subordinated to accumulation, and therefore, reproductive labour is undervalued (Bhattacharya, 2017). Federici (2014) and Fraser (2014, 2023) analyse how reproductive labour was historically and globally governed and exploited under different capitalistic accumulation regimes. The increase in fictitious commodification in the nineteenth century, as analysed in Polanyi's work *The great transformation* (1944), marks an important historical development in how reproductive work, including care, has been organized in

society. The increasing commodification of care has intensified trends of marketization and even corporatization within the care industry, especially in Western Europe (Farris & Marchetti, 2017).

The commodification of care work that began in the core countries led to the emergence of global care chains, in which the value of care flows from the periphery and semi-periphery to the core countries (Boris & Parreñas, 2010; Hochschild, 2000; Yeates, 2012). In the European context, Western European countries' care systems are increasingly relying on migrant care workers, especially women from Central and Eastern Europe (Lutz & Palenga-Möllenbeck, 2012). The migration of care workers creates an unequal exchange between Western and Eastern Europe, further widening the care gap in the sending regions (Katona & Melegh, 2020). Fraser (2014) described the ever-longer care chains as an intensified form of fictitious commodification in the twenty-first century that enhances global inequalities.

Since the 1990s, Western European states have played a crucial role in the commodification of care by strongly supporting the outsourcing of care provision to market actors. Cash-for-care policies have been introduced (Ungerson, 1997), which encourages households to outsource their care duties (Farris & Marchetti, 2017). This has also sparked the formalization of home care markets for older adults (Österle & Bauer, 2016), where migrant women primarily work, and manifests in the growing number of profit-oriented placement agencies (Palenga-Möllenbeck, 2024). The regulation of the care market is insufficient, and the legal recognition of care work as a basic component of social reproduction is still missing from states' imaginaries (Ezzeddine & Matiaško, 2026).

The different trends of formalization and informalization, and their impact on workers, have been widely discussed. Traditionally, informality prevailed in home care, and this has been strongly criticized by numerous scholars. Portes (1983) highlights that the state plays a decisive role in organizing and regulating production, thereby shaping the intertwining of formal and informal economies. According to Böröcz (1992, 2000) the informal economy provides financial capital at the expense of both workers and the state. Also, in informal economies, workers become more vulnerable with fewer forms of protection and lower wages (Tronto, 2013). Thus, state regulation that formalizes the market may increase social protection and be interpreted as a form of countermovement. However, the actual effects of this are debated in the academic literature, since informal care is associated with several advantages over that provided through the formal economy, including increasing the ease of entry into the labour market and the opportunity to cater to low-income consumers who cannot afford to buy services from the formal market (La Porta & Shleifer, 2014). Also, formalization does not necessarily lead to better working conditions, potentially still involving precarious working conditions (Aulenbacher *et al.*, 2020; Steiner *et al.*, 2020), and even lower salaries than for non-brokered workers (Martínez-Buján & Moré, 2024).

European care regimes in an era of neoliberalism

There is a growing literature on typologies of care regimes, which draws on Esping-Andersen's welfare regime typologies developed in the 1990s and studies the complex interplay among the state, family, market and civil society (Razavi, 2007). Saraceno and Keck (2010) provide a policy analysis of how various countries distribute responsibilities for intergenerational care, considering the gendered effects of these arrangements. The approach distinguishes three policy orientations: familialism by default, supported familialism and defamilialization. According to this clustering, the Hungarian system may be categorized as familialism by default or unsupported familialism concerning its policies applicable to caring for older people, which terms Saraceno and Keck (2010) define as the following: 'Familialism by default, or unsupported familialism, when there are neither publicly provided alternatives to, nor financial support for family care. This dimension can be implicit, but also explicit, as in the case of financial obligations within the generational chain and kinship networks prescribed by law' (Saraceno & Keck, 2010, p. 676). However, there is a significant discrepancy between policies on childcare and those applicable to care for older people in the Hungarian context, as childcare is strongly supported by the state with generous allowances and benefits, though in a rather selective way (Fodor, 2022; Saraceno & Keck, 2010).

Bartha and Zentai (2020) further unpack the concept of de- and re-familialization, examining how care and family policies reflect underlying ideals about intergenerational responsibility and the division of care between state, market, family and community. Their findings on the CEE region show that the lack of a coherent LTC system is a common feature, with institutional care services limited, costly and largely accessible only to middle-class families. They emphasize the multiple, intersecting inequalities that characterize the care arrangements of recent decades: while different versions of refamilization increase or at least maintain gender inequality, they also often imply the use of migrant labour.

While the familial model of care for older people is common in CEE countries, recent policies indicate clear changes to care provisions across the region. Similarly to Hungary, state support is limited in Poland, resulting in a significant burden on family carers (Krakowiak, 2020). In the Czech Republic, besides strongly supported familialism, intense marketization trends are prevailing (Jelínek & Prieler, 2025; Souralová & Šlesingerová, 2017). The Romanian Strategy on Long-Term Care and Active Ageing indicates a policy shift toward the defamilialization of care by prioritizing community-based care over institutionalization (Government of Romania, 2022).

Some care regime typologies address the intersection with labour and migration regimes (Williams, 2012). However, these studies focus primarily on the Western European countries that increasingly employ migrant labour, mostly women, and analyse their access to social rights and citizenship. The

effects of care drain and the sending states' responses to the emerging care crisis have not been adequately addressed in this discourse and require further analysis. This paper aims to contribute to the scarce scholarship by describing how states may fail to properly address the effects of care drain while actively contributing to the prevailing informality in the care market by under-regulating and under-financing the sector.

Furthermore, the paper examines how values shape policymaking and, consequently, care economies. As Pfau-Effinger (2005) highlighted, values related to gendered norms, family and state responsibility strongly shape welfare state arrangements and care regimes, interacting with social, economic and political contexts and providing a framework of legitimacy for welfare policies. Recent policy document analysis confirms that cultural ideas are reflected in prevailing welfare systems (Eggers *et al.*, 2023). While Germany and Austria are both conservative welfare states, care marketization has been much more intense in the Austrian care regime on the demand side than in Germany. This can be interpreted as due to the legitimacy of left-libertarian political ideas in Austria, where the autonomy of citizens in organizing their own care is a central element. However, in Germany, statist ideas have been combined with left-libertarian values, while neoliberal elements were not promoted, leading to a more familial approach to care. The Hungarian case is a specific example of how conservative ideas may shape policymaking regarding care for older people.

Care for older people in an authoritarian neoliberal state

Increasing care gap

Demographic aging is a crucial element of social transformation in Hungary that has not been adequately addressed in social policies. The old-age dependency ratio is increasing (it was 31.9 in 2024, while 25.7 in 2014[2]) (Eurostat, 2026a), as well as the proportion of the population aged 65 and over compared to the total population (20.7 in 2024, but 17.5 a decade earlier)[3] (Eurostat, 2026b). Since the purchasing power of pensions is declining compared to incomes, the gap between the working population and pensioners is constantly widening (HCSO, 2025[4]).

Szikra and Öktem (2023) studied the transformation of social policies in the Hungarian and Turkish welfare states, finding that democratic backsliding enables swift changes to welfare institutions, although this does not inherently lead to welfare retrenchment. Even though pensioners represent a politically loyal and symbolically valued target group in illiberal welfare systems, only rapid and visible reforms have been implemented to secure electoral support, without fundamentally expanding universal welfare provisions (Szikra & Autischer, 2025).

The failure of the welfare infrastructure is evident in social service provision, which is severely underfunded despite growing care demand. The number of

healthy years lived after the age of 65 has not increased significantly, and the Hungarian data (7.5 years in 2023) are far below the EU27 average (9.4)[5] (Eurostat, 2026c). However, state-provided residential and home-based services have failed to meet the rising needs (Gyarmati, 2019). Waiting lists for residential care homes were published until 2019, when it was shown that 34,288 people were registered on the national waiting list for social care services (most commonly for placement in residential homes), while there were 52,154 residents receiving care in long-term residential care institutions across Hungary, and the total capacity was approximately 54,000 places. According to the State Audit Office of Hungary (SAO), in the case of public residential care institutions operated by the central state, several structural barriers limit the use of available places: staff shortages and low wages lead to unfilled positions, and outdated infrastructure prevents licensing (SAO, 2024). The SAO clearly points out that the goals of the National Strategy on Long-Term Care, including increasing care services, have not been practically implemented in a timely or sufficiently effective manner, primarily due to inadequate financing.

Gyarmati (2022) has pointed out that the consequences of staff shortages are especially severe in care for older people, where wages are up to 5 per cent below the overall average in the social services sector. 'The consequences of staff shortages are manifold: there is less and less time to provide individual care; increasing stress and risk of injury, rising number of patients, faster pace of work, substitutions and the division of responsibilities, and a lack of time for trade union activity' (Gyarmati, 2022, p.1).

Thus, the state's retrenchment is very visible in social care provision for older people; however, the issue remains largely ignored in political discourse and is insufficiently addressed. The serious problems with care for older people are hardly ever addressed in parliament, aside from Ungár Péter's (Green Party) ongoing efforts to put them on the agenda (Gulyás, 2022). For example, despite the severe problems in the social sector, it is again education and health care, not social care, that are highlighted in the political programme of the main opposition party, Tisza, which has started campaigning for the 2026 national elections (Működő Országot, 2025). However, concerning pension policies, the latter's party programme mentions the establishment of new residential care homes and the 'training of public employees to provide support services to our elderly compatriots' (Tisza Party programme, 2025).

Redefinition of social rights and the role of families in providing care

In neoliberal authoritarianism, the state and institutional power are reconfigured in ways considered necessary to achieve prosperity. These include increasing welfare retrenchment and the broader shift from welfare to workfare (Bruff, 2014). Neoliberal policymaking and the decreasing role of the state in public and social service provision is a general trend in Hungary as well,

which is made very explicit in political statements: 'It is better to acknowledge, even if it is difficult, that the concept of the welfare state is over. Instead of that, we should try to build up workfare states and replace entitlements with a merit-based society' (Orbán, speech in 2014, translated by Mihaly Koltai, cited by Lendvai-Bainton & Szelewa, 2021, p. 564).

The introduction of workfare, together with the promotion of traditional heteronormative family values, positions the state as offering a morally superior response to a crisis of capitalism (Bruff, 2014). These principles have subsequently guided welfare reforms over the last decade (Szikra & Öktem, 2023). Orbán's announcement of the illiberal state also involved a redefinition of social rights. This was made explicit in the Fundamental Law of Hungary, adopted in 2011 to replace the 1949 Constitution. This has been a crucial element of the Orbán government's political reforms. Instead of granting the entitlement to provisions necessary for subsistence, it formulated the state's role in aspirational terms: those in need may receive support, but the right itself is reinterpreted as a policy *objective* of the state (Drinóczi, 2019).

The Fundamental Law does not simply redefine social rights as state objectives but also shows the state's withdrawal from its role of providing support to those in need, a withdrawal that has become very explicit in the case of older people. The Fundamental Law declares that 'Everybody is responsible for themselves' (Article O), and that 'Adult children have the duty to take care of their parents in need' (Article XVI. § 4). The same ideas were also implemented in the amendment to the Social Law in 2022, which states that, first, people should care for themselves; if they are unable to do so, then their family members are responsible for caring for them. Family members who do not fulfil this duty shall be legally accountable according to the Civil Rights Act and Family Law, which provisions have already been applied in various cases (Barta, 2023). Thus, welfare provision and social rights are increasingly supplanted by punitive measures, reflecting Bruff's (2014) analysis of the authoritarian tendencies within neoliberalism that intensified after the 2008 economic crisis.

Care for older people and the family's duty to provide it are differently addressed in political discourse than childcare. While care for older people is a largely neglected issue, childcare is an essential part of the economic, ideological and political system of the Orbán regime (Fodor, 2022). Family policies and symbolic initiatives, like the 'Year of Families' in 2018, combine illiberal governance and demographic nationalism and encourage the unpaid labour of women in the household. Fodor (2022) conceptualizes the Hungarian care regime as a 'carefare' regime that proclaims women as mothers and caretakers. This regime strongly reinforces gender inequalities in care by increasing women's workload but leaving that of men unchanged. It considers women's role in society to be providing unconditional care, while their social citizenship is tied to care work.

In contrast, care for older people is much less gendered in its political rhetoric, even though empirical research proves that it is primarily female family

members who provide care for older people within the family (Kopasz, 2021; Rubovszky, 2017). Also, while older people are largely neglected in very generous and symbolically central family policies (as if they were not part of the family), adult children's legal obligations and roles are emphasized when care for older people is addressed. The National Strategy on Long-Term Care introduces the 'caring family member model', which entails elements such as psychological support for carers[6] and education programmes designed to sensitize future generations to care for older people (EMMI, 2020). Although the strategy mentions financial support for informal carers, it does not include any financial measures. At the same time, it also suggests flexible working hours for informal carers, promoting the unpaid second shift for women (Hochschild & Machung, 2012) instead of adequately financing state-provided care. This also has serious implications for gender inequality. Thus, the National Strategy on Long-Term Care also does not involve adequate financial support for family members to provide care (Gyarmati, 2022).[7] Consequently, the amount of unpaid, unsupported care work is striking: it was estimated in 2017 that in the 18+ population, 25.5 per cent were providing informal care (Rubovszky, 2017); another estimation in 2016 was 19 per cent (European Commission, 2018).

Centralization and churchification

The strong centralization and bureaucratization of welfare are important characteristics of authoritarian neoliberal welfare provision. Significant centralization has occurred in both health care (Orosz, 2018) and education (Hunyadi & Wessenauer, 2016), accompanied by a reduction in public expenditure in these sectors. This shift has indirectly facilitated the expansion of the private sector, while also contributing to a noticeable deterioration in the quality of services (Lendvai-Bainton & Szelewa, 2021).

While in several Western European countries, like Austria, the outsourcing of social services to the market is an explicit and crucial element of the care regime (Aulenbacher *et al.*, 2024), in Hungary, state services are primarily outsourced to politically and ideologically loyal church-based organizations in the fields of education and social care, including care for older people. Neumann (2022) analysed the relationship between the state and the church, and the increasing role of the church in education thus:

> The passages of the Fundamental Law adopted in 2011 on the intertwining of Christianity and the nation, the 2011 Church Act, symbolic governmental acts emphasizing religious dimensions and affiliations, and the encouragement of churches to take over responsibilities in maintaining social and educational institutions represent a fundamental shift away from the post-transition status quo, whose two main pillars were the state's ideological neutrality and the principle of church autonomy. (Neumann, 2022, p. 344, translated by the authors)

The influential role of the church in social care has been declared in legal documents and public statements of governmental actors. The Law on Social Care states that only if family members cannot fulfil the duty of care for older people should municipalities, the state, the church and civil society organizations provide care (Act III of the 1993 Law on Social Care and Basic Social Services, § 2). In line with this, the public statements of the former State Secretary for Social Affairs, Attila Fülöp, explicitly call for the withdrawal of the state from care provision: '[…] we must definitively break with the previous misconception that social care is a monopoly of the state. Care now starts with families and ends with the state through civil organizations, municipalities, and the church' (Hirado.hu, 2022).

The role of 'established Churches' in providing social services has been exponentially growing in the Orbán regime. Fodor (2022) calls the tendency 'churchification'. 'While in Western liberal democracies engaging for-profit and non-profit providers allows states to control and cut costs, in Hungary state services are not commodified or marketized but churchified: increasingly overseen by politically and ideologically loyal religious organizations, which preach a specific ideology, and support the sustenance and reproduction of an anti-liberal political order' (Fodor, 2022, p. 43). Churchification also manifests in the unequal financing of services, since Church-related social institutions receive 68 per cent more than the average for providing the same services as state-based institutions (Act LV of 2023). This unequal distribution of financial resources and the portrayal of the church as a better caregiver based on ideological and not professional reasons leads to major tension in the social sector (Meleg, 2023). The increasing role of the church in care for older people is especially salient in residential care. In the last two decades, the number of care recipients in long-term residential social care maintained by church-related institutions[8] has tripled.

The shift in the perception of social care is also evident in the renaming of the responsible State Secretary from Social Affairs to 'Care Policy' in 2022, first announced in 2021 by Attila Fülöp (Meleg, 2025). In his public statements, Attila Fülöp emphasizes 'caritas' and faith-based care provision and highlights the importance of the role of churches. This changing political attitude has been strongly criticized and interpreted by experts as a form of deprofessionalization of social work (Meleg, 2025; Talyigás, 2023).

In summary, under the Hungarian care regime, the state is reducing its provision of services to older people despite growing demand, reframing social rights as aspirations rather than entitlements, and openly retreating from care responsibilities in its legal measures and political discourse. Meanwhile, public care services have become increasingly centralized and largely shifted to church-run institutions. This evolution of the care regime reflects the rise of authoritarian neoliberalism, marked by the restructuring of the legal framework, the reconfiguration of the welfare state, and the enforcement of punitive measures (Bruff, 2014).

Underregulation of the Hungarian home-based care market

Although on the surface the market appears absent under the authoritarian neoliberal care regime, our empirical research reveals an ongoing process of informal commodification, as wealthier families increasingly rely on market-based solutions to meet their care needs. This section explores the dynamics of the home-based care market under this regime, revealing how care workers, care users and intermediaries experience it.

State retrenchment partly results in the commodification of care services for older people; however, it is only the middle- and upper-middle class that can afford to pay for such market-based services (Gábriel & Katona, 2024). A strongly informal market persists, as the government loosely regulates home care and no labour inspectorate oversees it. While in many other Western European countries the regulation of the informal home care sector has been on the political agenda and regulated in various ways in recent decades, in Hungary, politicians rarely mention the informal care market and how care has become marketized. The informal home care market was not even addressed in the National Strategy on Long-Term Care (EMMI, 2020).

Legally, home-based care workers have different options for registering as labourers with the authorities. Care workers in Hungary can either register as sole proprietors or flat-rate taxpayers, both statuses requiring tax payments to access social benefits. However, most work informally because legal options are costly relative to the low wages.[9] Some are registered by households, which exempts both parties from taxes but also from social protection. Employment through companies is rare in this sector (Gábriel & Katona, 2024).

The state's lack of action – i.e., failing to regulate properly or invest in the care sector – results in the prevailing informality in home-based care for older people. The legislature has not defined the criteria for performing home-based care work in a transparent way that all parties can rely on. As one of our informants, an administrator of a social media group, summarized: 'There are legal options available, but instead of providing for people, they often end up taking away from them' (Social media administrator, SMA01).

Intermediaries can play an important role in shaping work relations, job security, and quality assurance in home-based care. In recent years, an increasing number of formal intermediary market actors (e.g., brokerage companies, training companies offering matchmaking services) have appeared in this sector in Hungary as well. However, while in several Western European countries, there are larger, more profitable matchmaking companies in the home care sector that also have significant lobbying power (Steiner *et al.*, 2020), in Hungary, matchmaking companies are rather small and are financially struggling due to the limited financial means of households and scarce state allowances (Gábriel & Katona, 2024). 'If everyone [every carer] were registered, there would simply be nothing [no money] left' (Matchmaking company, MC04).

Even though the head of a matchmaking company we interviewed, a middle-aged woman, was legally running her company, the business was not financially viable, as the formal employment of care workers is very costly. Another matchmaking company that operated under such conditions had to shut down after about 30 years.

> The point is that I didn't have any [independent] contractors, and I didn't hire anybody. And that's because, although it's much more efficient to simply hire employees as quasi-subcontractors, the professional decisions are there [come into play] at that moment. […] But the employer must be able to pay for it [formally employing staff on contracts]. If they don't have that much income, they can't simply extract it. (Matchmaking company, MC07)

This interviewee ran a company providing home-based care services in Budapest since the 1990s. She had very high professional standards, not only concerning her own work as an intermediary but also regarding the quality-of-care services. She always insisted on formally employing carers instead of working with freelancers, since she could better ensure the quality of their services. At the company's peak in the 2000s, she had 25–30 full-time workers, but since then, the company had been in decline. She finally decided to shut it down in 2024 because it was no longer affordable, and she did not want to give up her principle of only formally employing carers. Since the cost of home-based care is also constantly increasing on the formal market, and households do not have more financial means to pay for this, they turn to cheaper, informal solutions. The lack of state support for families to purchase care services was also raised by other interlocutors.

> The big problem is that there are no public subsidies. Everything is paid by the families. I can say that I don't charge anything [for my service]. I go and do it [I offer the service], but my colleagues [employees] have to be paid. We cannot provide this service for free. That's why it would be good if there were public subsidies. (Matchmaking company, MC08)

Other matchmaking companies face similar financial pressure and therefore do not work towards formalizing the market in Hungary. According to one of our informants, an administrator of a social media group for more than 10 years, everything works against formalization in the Hungarian home-based care sector, since all parties, especially carers and households, have an interest in keeping work in the black market. Additionally, according to her, families and carers do not overly appreciate the work of matchmaking companies in Hungary. While families often complain about the high fees of such services, they disregard the fact that the companies' activities constitute real work. As the latter put it: 'This is a distinct profession. It involves a lot of responsibility and work that no one is willing to pay for. […] Agencies are in a very difficult

situation. There's no accountability. The entire setup is illegal, and the overall conditions are poor' (Social media administrator, SMA01).

Since there is no market demand for more professional but costly services from formal intermediaries, social media has become an important platform for connecting care workers and families. According to another social media group administrator, who is also a care worker, there are around 50–60 social media groups dedicated to home care. Thus, the state's neglect – the underregulation and underfinancing of home care – has resulted in the prevailing informality not only of care work itself, but also of its intermediation.

Impacts of the transnational care market

Care migration in Hungary

In addition to the state's inaction, the transnational market and the consequent care migration have a clear impact on the development of the Hungarian care economy. The major difficulty identified in the narratives of intermediaries was the shortage of workers, while the number of clients is steadily increasing.

> It is for a reason that two colleagues are constantly interviewing [potential new carers], and there are new recruitments every week, so they [the care workers] change. Obviously, the number of our patients is also changing. This is also an important thing [...]. Therefore, we need more colleagues, but unfortunately, it varies [there are fluctuations in staff]. Let's say, she [a carer] is still here with us this week, but she is already going to Germany to work next week. (Matchmaking company, MC03)

The lack of a new generation of care workers was also identified as one of the most serious problems by the head of a training company. 'Nowadays, care courses are completed, but even though I have a recruitment agency, nobody wants to be a care worker in Hungary, not even a babysitter, but everyone goes abroad, and this is to be taken literally' (Training company, TC02). The following training company explained the reasons that trained carers leave, focusing on the formal and legal working conditions abroad.

> There's no question of working undeclared [in Austria]. That alone makes it much more attractive, even if they're [the carers are] not earning more than in Hungary. But the fact that they're officially employed, social security is paid for them, and after a few years they become eligible for a pension – even from there – well, that can be a major pull factor. (Training company, TC02)

Incoming care migration could be a means of replacing the eligible care workforce. Since the 1990s, ethnic Hungarian women have increasingly come to Hungary to provide home-based care for older adults. As Turai (2018) explains,

women from Transylvania and Transcarpathia who lack formal qualifications have typically been recruited and employed informally. Only in a few cases have these women been engaged in formal employment in order to increase their job security, or combined informal employment in home-based care with formal employment in social or health care institutions (Turai, 2018). Many family members and companies are convinced of the reliability of ethnic Hungarian care workers, and the image of 'Transylvanian aunties' is equated with a caring heart and has become a benchmark. However, migrant workers and the quality of care provided by them are differently assessed by other intermediaries due to negative experiences involving a lack of professionalism and the overstepping of the boundaries of patients while living in their households.

Although the image of 'Transylvanian aunties' remains strongly associated with home-based care in Hungary, migration routes in the region have recently undergone a significant transformation. Turai (2018) also notes that, after the 2008 economic crisis, Transylvanian and Transcarpathian women increasingly moved to Western Europe to provide home-based care due to the higher wages. Also, since households in Hungary nowadays cannot pay much more than their counterparts in Romania, the Hungarian market seems to have become less attractive to carers. As one of our matchmaker interviewees put it, 'Romania has taken over, so slowly it's gonna be us going there [to work]'.

Deterioration of the quality of the care workforce

The increased emigration of carers has a serious impact on the local home care market, resulting in a decrease in quality-of-care work. 'I am under no illusions that the quality in the Hungarian system will start to improve – because anyone who is capable does not stay at home [in Hungary]' (Social media administrator, SMA01).

Partly due to increasing outmigration, almost all companies have been working with retired women, some of whom are over 70. One of our respondents is a representative of a company that has been working in the field for a long time and has followed the major changes and trends concerning care workers. She perceived that while a couple of decades ago, younger women were typically working as carers, today it is increasingly common for women to start providing home-based care shortly after retiring to supplement their pensions. Thus, during the current economic crisis, as the authoritarian neoliberal state keeps pensions low and withdraws from public care provision, an increasing number of retirees are undertaking care work to compensate for their small pensions, driven by a general fear of impoverishment.

Due to the rapidly declining number of younger care workers, intermediaries are either predominantly working with the older generation of women, who are often not trained as care workers, or shutting down their businesses. The trend of increasing demand, combined with the lack of a trained, professional

workforce, is especially serious and evident in the social media groups where care workers are (not being) recruited or selected, and anyone can offer care services. A social media group manager used very strong words to describe how bad the situation is:

> And we get a lot of people coming to us who have no idea what caregiving involves. […] The cultural environment among Hungarian caregivers is so poor that it defies description – this is how the system filters people. […] Most of these women would need mental health support. You can't entrust an older person to them. They [the prospective carers] are the ones who need help. (Social media administrator, SMA01)

Another social media group administrator had very similar impressions about the carers.

> The situation is catastrophic. Anyone and everyone is doing it. I read recently that many are doing it out of necessity – because they have no other option. They are mostly older retirees, aged 60–70, but some are even 80 years old. They just show up off the street, with no qualifications or training […]. Honestly, I would forbid them from being anywhere near a sick person. (Social media administrator, SMA02)

A care worker also confirmed the growing trend of people in financial hardship turning to home care, attracted by the relatively decent pay and housing opportunities. She expressed frustration over how hard it is to find reliable colleagues to share shifts with. 'But there are caregivers who are willing to work for less pay – those aren't real caregivers. Because very often, poor people take a job for less money just for the housing. This is a major problem' (Care worker, CW01).

The involvement of unqualified, incompetent people in home care often results in serious mistreatment. Both social media group administrators have reported numerous problematic incidents: 'There were cases (more than one) of incorrect medication [being given], alcoholism, giving sedatives, and leaving the patient unattended. There were many such incidents' (Social media administrator, SMA01).

A family member also reported that they had hired a carer through an agency for her mother, who was seriously ill, but one day, when they got home, they found her mother lying on the floor, her ribs broken, while the care worker was drunk outside in the courtyard. Although they reported the incident to the police, nothing had happened since. The agency that employed the carer refused to pay any financial compensation and instead offered only limited assistance.

> Well, they also offered an additional 2–3 days for free, where their caregivers came out and helped over the weekend, but it was really minimal. Basically, it

> was of no real use to us. And even that was only offered on the condition that we declared we wouldn't pursue any police investigation or legal action. (Family member, FM01)

At the time of our research, a couple of years after the incident, the company was still operating. Matchmaking companies have also reported cases of alcohol consumption by carers. Additionally, stealing from care recipients has also become a widespread problem. 'And then there's theft going on. They steal from the older people, and some of the thefts are pretty serious. There was someone who cleaned out the whole house. Later, they were selling the stolen stuff online on Facebook, I saw it' (SMA02). Care workers shared stories about when other carers had stolen all the food from the refrigerator purchased by family members for the care recipient. Yet, in the absence of formal contracts and intermediary oversight, such actions typically go unpunished. While group administrators may remove the offenders from specific social media platforms, the existence of many other groups allows them to continue working elsewhere without accountability.

In summary, the lack of regulation in Hungary's home care sector – combined with the emigration of qualified caregivers – has led to a sharp decline in workforce quality, rising cases of theft and abuse, and overall deterioration in the standard of care for older adults.

Conclusions

In conclusion, drawing on the Hungarian case, this paper has examined how care for older people is governed within an authoritarian neoliberal context. The literature on care marketization and European care regime typologies has largely overlooked the relevance of the emergence of authoritarian neoliberalism. The current analysis has demonstrated that care for older people in such regimes is increasingly characterized by state retrenchment and shaped by unsupported familialism, alongside trends of centralization and outsourcing care provision, while silencing and under-regulating the care market.

Much of the literature on care regime typologies focuses on shifts among the four key actors identified in the care diamond: the state, family, market and civil society (Razavi, 2007). However, this paper highlights the ambiguity and fluidity of these categories in practice. Churches – typically classified as part of civil society – are closely intertwined with the state in the Hungarian context. The growing role of church actors in care provision, accompanied by disproportionately high levels of state funding, can be interpreted as a form of crony capitalism, a system of illegitimate beneficiaries (Magyar, 2016; Scheiring, 2020). The churches most active in-service provision are those that openly support the Orbán government, effectively turning state subsidies into rewards for political loyalty. This may further signal enhanced political control, consistent with the broader logic of authoritarian neoliberalism. These developments

also mirror the regime's core values (Eggers *et al*., 2023, Pfau-Effinger, 2005;), highlighting the conservative approach and centrality of the church and the family as key social institutions.

Alongside the churchification of care, the state imposes filial obligation to care for older people, which is regulated by law. The relocation of responsibility to individuals, the constitutionalization of austerity, the coercive legal and policy measures, and the moralizing rhetoric associated with this shift are common authoritarian neoliberal state practices (Bruff, 2014).

Despite the significant hardship of caring for older people, the issue has been neglected in political and public debates, and social movements addressing it have remained scarce. In contrast, in Austria, the commodification of care has resulted in countermovements of social protection in a Polányian sense (1944), although these remain ambivalent according to Aulenbacher *et al.* (2020) because they address only selected aspects of marketization, thereby stabilizing rather than transforming the commodification of care. In authoritarian-neoliberal Hungary, however, sectoral organizing and countermovements remain weak or non-existent due to increasingly coercive legal, institutional and policy processes, thereby also hindering the emergence of strong triple movements seeking emancipation (Fraser, 2017).

Drawing on empirical insights into the deteriorating conditions of the home care market, the paper shows that the ongoing care crisis in an authoritarian neoliberal state has deepened into what one interlocutor aptly called a care 'catastrophe', further exacerbated by the ongoing outmigration of care workers. This analysis contributes to the literature on care regimes, intersecting it with migration frameworks (Williams, 2012) and drawing attention to how emerging care needs and the 'care drain' profoundly impact local care provision. While regime typologies typically focus on national contexts, we argue that such an approach is increasingly insufficient given the transnational nature of care markets. Due to unequal labour exchange, national regimes are interdependent, and a country's position in global care chains may lead to an increased care gap, exacerbating care scarcity.

Overall, the paper seeks to contribute to the scholarly debate on care economies by showing how global care markets and care drain are generating widening care gaps and deepening regional inequalities. It further adds to the discussion by examining the authoritarian-neoliberal segment of contemporary global capitalism, which fuses neoliberal policymaking with weakened democratic institutions, thereby obstructing initiatives aimed at promoting social protection or worker emancipation.

Acknowledgements

We are grateful to the editors of this special issue – Rhacel Salazar Parreñas, Sabrina Marchetti and Wasana Handapangoda – for their insightful guidance. We also thank the anonymous reviewers and the journal's editors for their constructive feedback.

We appreciate the valuable comments and suggestions from our colleagues, especially Éva Fodor, Zsuzsanna Vidra, Jacob Richard Thomas and Sabina Schnell. Finally, we acknowledge the inspiring working atmosphere within the consortium and the support of our colleagues in the CareOrg project.

Disclosure statement

The authors report no potential conflict of interest.

Funding

This work was supported by Volkswagen Stiftung under Grant number 9C117.

Ethical approval statement

Ethical approval for this study was obtained from the Institutional Ethics Review Board of the ELKH Centre for Social Sciences (Reference No. 1-FOIG/26-11/2023) prior to the commencement of research. The submitted documentation demonstrated that all potential risks were appropriately assessed, and the study complies with the research ethics principles of the ELKH (today ELTE) Centre for Social Sciences. All participants provided informed consent, and consent for publication was obtained where applicable.

Notes

1 In the current paper, we will use the terminology 'authoritarian neoliberalism', since this also encompasses neoliberal economic policies, while 'illiberalism' focuses more on a political approach: 'the rejection of liberal democratic principles, aiming at the concentration of power and the dismantling of the institutions of checks and balances' (Szikra & Autischer, 2025, p. 2).

2 Retrieved from https://ec.europa.eu/eurostat/databrowser/view/tps00198/default/table?lang=en. (Accessed 30 May 2024).

3 Retrieved from https://ec.europa.eu/eurostat/databrowser/view/tps00028/default/table?lang=en. (Accessed 30 May 2024).

4 Retrieved from https://www.ksh.hu/kiadvanyok/helyzetkep/2024/#/kiadvany/nyugdijak-es-egyeb-ellatasok/a-nyugdijak-es-a-keresetek-ertekalakulasa (Accessed 13 August 2025).

5 Retrieved from https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table?lang=en. (Accessed 30 May 2024).

6 In the paper, the terms *care worker* and *carer* are used synonymously.

7 Currently, the government defines three different categories of allowances based on the care needs of the family. Family members can receive a monthly sum of between 48,000 HUF (£116) and 87,000 HUF (£210) (Kormányhivatalok, 2025), which is

significantly below the minimum wage. Therefore, these sums are not adequate support for families.

8 Retrieved from https://www.ksh.hu/stadat_files/szo/hu/szo0027.html (Accessed 30 May 2024).

9 As a sole proprietor, a carer must pay a fixed monthly tax of 50,000 HUF (£120) to be entitled to social security and unemployment benefits. As a 'flax-rate tax' taxpayer, they pay a social security contribution based on their income (which is between £525 and £900 if they provide live-in care in two-week shifts). The wages of live-in care workers increased during our empirical research (2023–2025), from an average daily 13,000 HUF (£34) to 18,000 HUF (£44).

ORCID

Noémi Katona http://orcid.org/0000-0001-5500-4461
Dóra Gábriel http://orcid.org/0009-0009-5372-7979

References

Act III of the 1993 Law on Social Care and Basic Social Services. (1993). Retrieved from https://net.jogtar.hu/jogszabaly?docid=99300003.tv.

Act LV of 2023. (2023). On the Central Budget of Hungary for 2024. Retrieved from https://net.jogtar.hu/jogszabaly?docid=a2300055.tv.

Aulenbacher, B., Leiblfinger, M. & Prieler, V. (2020). The promise of decent care and the problem of poor working conditions: Double movements around live-in care in Austria. *Sozialpolitik.Ch*, *2*/2020. Retrieved from https://doi.org/10.18753/2297-8224-160

Aulenbacher, B., Lutz, H., Palenga-Möllenbeck, E. & Schwiter, K. (2024). Introduction – Senior home care for sale: Agency-brokered transnational live-in care in Europe. In B. Aulenbacher, H. Lutz, E. Palenga-Möllenbeck & K. Schwiter (Eds.), *Home care for sale the transnational brokering of senior care in Europe* (pp. 1–20). SAGE Publications Ltd.

Barta, J. (2023). A nyugdíjaskori megélhetés és a szülőtartás kapcsolata [The relationship between retirement livelihood and filial responsibility]. *Miskolci Jogi Szemle*, *18*(2), 5–22.

Bartha, A. & Zentai, V. (2020). Long-term care and gender equality: Fuzzy-set ideal types of care regimes in Europe. *Social Inclusion*, *8*(4), 92–102.

Bhattacharya, T. (2017). *Social reproduction theory: Remapping class, recentering oppression*. Pluto Press.

Boris, E. & Parreñas, R. S. (Eds.) (2010). *Intimate labors: Cultures, technologies, and the politics of care*. Stanford Social Sciences.

Böröcz, J. (1992). Dual dependency and the informalization of external linkages. *Research in Social Movements, Conflicts and Change*, *14*, 189–209.

Böröcz, J. (2000). Informality rules. *East European Politics and Societies*, *14*(2), 348–380.

Bozóki, A. & Hegedűs, D. (2018). An externally constrained hybrid regime: Hungary in the European Union. *Democratization*, *25*(7), 1173–1189.

Bruff, I. (2014). The rise of authoritarian neoliberalism. *Rethinking Marxism*, *26*(1), 113–129.

Dalla Costa, M. & James, S. (2017). The power of women and the subversion of the community. In S. Aronowitz & M. J. Roberts (Eds.), *Class* (1st ed., pp. 79–86). Wiley.

Drinóczi, T. (2019). Szociális jogok [Social rights]. In A. Jakab, M. Könczöl,

A. Menyhárd & G. Sulyok (Eds.), *Internetes jogtudományi enciklopédia* (pp. 1–10). PPKE JÁK. Retrieved from https://ijoten.hu/uploads/szocialis-jogok.pdf

Eggers, T., Grages, C. & Pfau-Effinger, B. (2023). How culture influences the strengthening of market principles in conservative welfare states: The case of long-term care policy. *International Journal of Social Welfare*, *33*(2), 413–426.

EMMI. (2020). Tartós ápolás-gondozásra vonatkozó stratégia 2030 [Strategy on long-term care 2030]. Retrieved from https://cdn.kormany.hu/uploads/document/c/c6/c68/c68381aafe390e0744e99b10df3a98b3bd67ce67.pdf.

European Commission: Directorate-General for Employment, Social Affairs and Inclusion, London School of Economics and Political Science & Zigante, V. (2018). *Informal care in Europe: Exploring formalisation, availability and quality*. Publications Office of the European Union.

Eurostat. (2026a). Healthy life years at age 65 by sex. Retrieved 2 February 2026 from https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table?lang=en.

Eurostat. (2026b). Old-age-dependency ratio. Retrieved 2 February 2026 from https://ec.europa.eu/eurostat/databrowser/view/tps00198/default/table?lang=en.

Eurostat. (2026c). Proportion of population aged 65 and over. Retrieved 2 February 2026 from https://ec.europa.eu/eurostat/databrowser/view/tps00028/default/table?lang=en.

Ezzeddine, P. & Matiaško, M. (2026). Live-in care on trial: The failed promise of solidarity in European care governance. *Economy and Society*, *55*(2). Retrieved from https://doi.org/10.1080/03085147.2026.2631338

Farris, S. R. & Marchetti, S. (2017). From the commodification to the corporatization of care: European perspectives and debates. *Social Politics: International Studies in Gender, State & Society*, *24*(2), 109–131.

Federici, S. (2014). The reproduction of labour power in the global economy and the unfinished feminist revolution. In M. Atzeni (Ed.), *Workers and labour in a globalised capitalism* (pp. 85–107). Macmillan Education UK.

Federici, S. (2021). *Patriarchy of the wage: Notes on Marx, gender, and feminism*. PM Press/Spectre.

Fodor, E. (2022). *The gender regime of anti-liberal Hungary*. Springer International Publishing.

Fraser, N. (2014). Can society be commodities all the way down? Post-Polanyian reflections on capitalist crisis. *Economy and Society*, *43*(4), 541–558.

Fraser, N. (2016). Contradictions of Capital and Care. *New Left Review*, *100*, 99–117.

Fraser, N. (2017). A Triple Movement? Parsing the Politics of Crisis after Polanyi. In M. Burchardt & G. Kirn (Eds.), *Beyond Neoliberalism* (pp. 29–42). Springer International Publishing.

Fraser, N. (2023). *Cannibal capitalism: How our system is devouring democracy, care, and the planet – and what we can do about it*. Verso.

Fundamental Law of Hungary. (2011). Freedom and responsibility (Article XVI, § 4). Retrieved from https://net.jogtar.hu/jogszabaly?docid=a1100425.atv.

Gábriel, D. & Katona, N. (2024). Diversification of the senior home care market in Hungary: Informality and the operation of intermediaries. In B. Aulenbacher, H. Lutz, E. Palenga-Möllenbeck & K. Schwiter (Eds.), *Home care for sale: The transnational brokering of senior care in Europe* (pp. 64–78). SAGE Publications Ltd.

Gábriel, D. (2023). The interconnectedness of biographies, migration, and gender norms. *Intersections*, *9*(1), 62–78.

Government of Romania. (2022). *National strategy on long-term care and active ageing 2023–*2030. Ministry of Labour and Social Solidarity. Retrieved from https://ageing-policies.unece.org/browse-policy/3112

Gulyás, E. (2022, June 10). Ungár Péter: 850 ezer közszférában dolgozó ember örült volna, hogy foglalkozunk a gondjaikkal [Péter Ungár: 850 thousand people working in the public sector would be happy if we addressed their concerns]. Népszava. Retrieved from https://nepszava.hu/3159673_ungar-peter-lmp-ellenzek-idosgondozas-interju.

Gyarmati, A. (2019). *Ageing and care for the elderly in Hungary: General survey and problems*. Friedrich-Ebert-Stiftung Budapest.

Gyarmati, A. (2022). *Situation of those working in elderly care in the EU and Hungary*. Friedrich-Ebert-Stiftung.

Hirado.hu. (2022, February 18). Fülöp Attila: Az idősek családban tartását támogatja a kormány. [Attila Fülöp: The government supports keeping older people within the family]. Retrieved from https://hirado.hu/belfold/cikk/2022/02/18/fulop-attila-az-idosek-csaladban-tartasat-tamogatja-a-kormany.

Hochschild, A. R. & Machung, A. (2012). *The second shift: Working families and the revolution at home*. Penguin Books.

Hochschild, A. R. (2000). Global care chains and emotional surplus value. In W. Hutton & A. Giddens (Eds.), *On the edge: Living with global capitalism* (pp. 130–146). Jonathan Cape.

Hungarian Central Statistical Office (HCSO). (2025). *Pensions and other benefits*. Retrieved 13 August 2025 from https://www.ksh.hu/kiadvanyok/helyzetkep/2024/#/kiadvany/nyugdijak-es-egyeb-ellatasok/a-nyugdijak-es-a-keresetek-ertekalakulasa.

Hunyadi, B. & Wessenauer, V. (2016). *Demokrácia az oktatásban az illiberális Magyarországon [Democracy in education in illiberal Hungary]*. Political Capital, Friedrich-Ebert-Stiftung Budapest.

Jelínek, M. & Prieler, V. (2025). How to shut down a care home in 24 hours: Fragmentations and ambiguous quality regulations in senior long-term care in the Czech Republic. *Problemy Polityki Społecznej Studia i Dyskusje*, 1–18. Retrieved from https://doi.org/10.31971/pps/200745

Katona, N. & Melegh, A. (Eds.) (2020). *Towards a scarcity of care? Tensions and contradictions in transnational elderly care systems in Central and Eastern Europe*. Friedrich-Ebert-Stiftung Budapest.

Kopasz, M. (2021). 'Van, amikor szakad a cérna': Demenciával élő idősek családi gondozóinak terhelődése egy kvalitatív vizsgálat tükrében ['When the thread breaks': The burden on family caregivers of older adults with dementia - Insights from a qualitative study]. *Socio.Hu*, *11*(4), 47–68.

Kormanyhivatalok.hu. (2025). Ápolási díj [Care allowance]. Retrieved 13 August 2025 from https://kormanyhivatalok.hu/kormanyhivatalok/budapest/megye/apolasi-dij.

Krakowiak, P. (2020). Gaps in end-of-life care and lack of support for family carers in Poland and Central Eastern Europe. *Palliative Care and Social Practice*, *14*. Retrieved from https://doi.org/10.1177/2632352420958001

La Porta, R. & Shleifer, A. (2014). Informality and development. *Journal of Economic Perspectives*, *28*(3), 109–126.

Lendvai-Bainton, N. & Szelewa, D. (2021). Governing new authoritarianism: Populism, nationalism and radical welfare reforms in Hungary and Poland. *Social Policy & Administration*, *55*(4), 559–572.

Lutz, H. & Palenga-Möllenbeck, E. (2012). Care workers, care drain, and care chains: Reflections on care, migration, and citizenship. *Social Politics: International Studies in Gender, State & Society*, *19*(1), 15–37.

Magyar, B. (2016). *Post-communist mafia state: The case of Hungary*. CEU Press, in association with Noran Libro.

Martínez-Buján, R. & Moré, P. (2024). Transnational migration and brokering agencies in the home care sector in Spain. In B. Aulenbacher, H. Lutz, E. Palenga-Möllenbeck & K. Schwiter (Eds.), *Home care for sale the transnational brokering of senior care in Europe* (pp. 142–156). SAGE Publications Ltd.

Meleg, S. (2023). Az egyházi térnyerés dilemmái a szociális ágazatban [The dilemmas of church expansion in the social

sector]. *Párbeszéd: Szociális Munka Folyóirat*, *10*. Retrieved from https://doi.org/10.29376/parbeszed.2023.10/K/11

Meleg, S. (2025). Mi a gondoskodáspolitika? Megújítási vagy ideológia vezérelt kiszorítási kísérlet? [What is care policy? Renewal or an attempt at exclusion driven by ideology?]. *Párbeszéd: Szociális Munka Folyóirat*, *12*(1). Retrieved from https://ojs.lib.unideb.hu/parbeszed/article/view/15922.

Működő Országot. (2025). Retrieved 30 July 2025 from https://mukodoorszagot.hu

Neumann, E. (2022). Populizmus, Egyházak és Oktatáspolitika a 2010 utáni Magyarországon. [Populism, Churches, and Education Policy in Post-2010 Hungary]. *Educatio*, *31*(3), 343–355.

Orosz, É. (2018). Tudománytörténeti adalékok az egészségügy jelenlegi válságának értelmezéséhez [Historical insights into understanding the current crisis of the health care system]. *Esély*, *5*, 3–24.

Österle, A. & Bauer, G. (2016). The legalization of rotational 24-hour care work in Austria: Implications for migrant care workers. *Social Politics*, *23*(2), 192–213.

Palenga-Möllenbeck, E. (2024). Divided Europe? The role of home care agencies from Poland, and how the ideal of decent work gets lost along transnational value chains. In B. Aulenbacher, H. Lutz, E. Palenga-Möllenbeck & K. Schwiter (Eds.), *Home care for sale the transnational brokering of senior care in Europe* (pp. 21–36). SAGE Publications Ltd.

Parreñas, R. S. (2001). *Servants of globalization: Women, migration and domestic work*. Stanford University Press.

Pfau-Effinger, B. (2005). Culture and welfare state policies: Reflections on a complex interrelation. *Journal of Social Policy*, *34*(1), 3–20.

Polanyi, K. (1944). *The great transformation*. Farrar & Rinehart.

Portes, A. (1983). The informal sector: Definition, controversy, and relation to national development. *Review (Fernand Braudel Center)*, *7*(1), 151–174.

Razavi, S. (2007). *The political and social economy of care in a development context*. United Nations Research Institute for Social Development.

Rubovszky, C. J. (2017). *Az idősgondozás megoldatlanságának áldozatai: A gondozó családtagok helyzete a mai Magyarországon [Victims of unresolved long-term care issues: The situation of family caregivers in Hungary today]*. Eötvös Loránd Tudományegyetem Társadalomtudományi Kar Szociológia Doktori Iskola.

Saraceno, C. & Keck, W. (2010). Can we identify intergenerational policy regimes in Europe? *European Societies*, *12*(5), 675–696.

Scheiring, G. (2020). *The retreat of liberal democracy: Authoritarian capitalism and the accumulative state in Hungary*. Springer International Publishing.

Souralová, A. & Šlesingerová, E. (2017). Post-socialist eldercare in the Czech Republic. In K. Christensen & D. Pilling (Eds.), *The Routledge handbook of social care work around the world* (1st ed., pp. 159–170). Routledge.

State Audit Office of Hungary [SAO]. (2024). Jelentés: Az időskori bentlakásos szociális ellátás ellenőrzése az államháztartás központi alrendszerében [Report: Monitoring of social care for older people in the central subsystem of public finances]. Retrieved from https://www.asz.hu/dokumentumok/24009.pdf.

Steiner, J., Prieler, V., Leiblfinger, M. & Benazha, A. (2020). *Truly legal!? Legal framing and legality narratives in live-in care in Austria, Germany and Switzerland*. Retrieved from https://doi.org/10.5167/UZH-196978

Szikra, D. & Autischer, L. (2025). Illiberal social policy in Europe: When policy implementation meets welfare ideas. *Politics and Governance*, *13*, 9707. Retrieved from https://doi.org/10.17645/pag.9707

Szikra, D. & Öktem, K. G. (2023). An illiberal welfare state emerging? Welfare efforts and trajectories under democratic backsliding in Hungary and Turkey. *Journal of European Social Policy*, *33*(2), 201–215.

Talyigás, K. (2023). Gondoskodáspolitika – Szociálpolitika:

Változások sora Az új Szociális Törvény és következményei [Care policy – Social policy: A series of changes]. *NYUSZET.Hu*. Retrieved from https://nyuszet.hu/wp-content/uploads/2023/08/Talyigas_katalin_gondolkodaspolitika_tanulmany.pdf.

Tisza Party programme. (2025). Retrieved 25 August 2025 from https://www.magyartisza.hu/tisza-program.

Tronto, J. C. (2013). *Caring democracy: Markets, equality, and justice*. New York University Press.

Turai, T. (2018). *Hierarchiák fogságában: Kelet- és közép-európai nők a globális idősgondozói ellátórendszerben [Captured by hierarchies: Women in Eastern and Central Europe in the global elderly care system]*. Balassi Kiadó/MTA Bölcsészettudományi Kutatóközpont.

Ungerson, C. (1997). Social politics and the commodification of care. *Social Politics: International Studies in Gender, State & Society*, *4*(3), 362–381.

Wallerstein, I. (2002). *The capitalist world-economy: Essays*. (Repr., transferred to digital print. 2002). Cambridge University Press.

Williams, F. (2012). Converging variations in migrant care work in Europe. *Journal of European Social Policy*, *22*(4), 363–376.

Yeates, N. (2012). Global care chains: A state-of-the-art review and future directions in care transnationalization research. *Global Networks*, *12*(2), 135–154.

Noémi Katona, PhD in Sociology, Assistant Professor at Corvinus University Budapest, and Postdoctoral Researcher at the ELTE Centre for Social Sciences in the project *CareOrg – Researching the transnational organization of senior care, labour, and mobility in Central and Eastern Europe*. Her research focuses on diverse issues related to senior care, especially the marketization of care.

Dóra Gábriel, PhD in Sociology, Postdoctoral Researcher at the ELTE Centre for Social Sciences and Research Fellow at the ELTE Centre for Economic and Regional Studies. Her academic work focuses on the marketization of care, the community shift in care, transnational care migration and international retirement migration. Currently, she is involved in the research project *CareOrg – Researching the transnational organization of senior care, labour and mobility in Central and Eastern Europe*.