

Final Report

(edited for publication)

Project title:

Moral conflicts in familial dementia care involving migrant live-in carers in Germany and Israel: A comparative empirical-ethical exploration and analysis (MoDeCare)

Initiative:

Niedersächsisches Vorab (only specific calls)

Call/Sub-Program:

Research Cooperation Lower Saxony – Israel

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Project Duration:

30 months (1 June 2022 – 30 November 2025)

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319.900 EUR

Summary (German)

Das MoDeCare-Projekt widmete sich der Erforschung der ethischen Herausforderungen häuslicher Demenzversorgung mit Hilfe migrantischer Live-in-Betreuungshilfen in Deutschland und Israel. Ziel war es, die moralischen Konflikte in den Triaden aus Live-in Hilfe, Person mit Demenz und Familienmitgliedern systematisch zu erfassen und durch eine Kombination aus qualitativer Forschung und ethischer Analyse zu verstehen. Das Projekt entwickelte ein konzeptionelles Rahmenwerk, das moralische Konflikte auf Mikro-, Meso- und Makro-Ebene zu analysieren hilft und dabei zwischen Konflikten von Normen, Werten oder einer Kombination aus beidem unterscheidet. Empirische Untersuchungen zeigten, dass alle Beteiligten der Versorgungstriade multidimensionale Vulnerabilitäten aufweisen, die eng miteinander verflochten sind und sich gegenseitig beeinflussen, wobei Unterschiede zwischen den nationalen Kontexten die Rolle von Wohlfahrts- und Pflegesystemen verdeutlichen.

Darüber hinaus wurden die alltäglichen Sorgepraktiken und der Umgang mit den Verhaltens- und psychologischen Symptomen von Menschen mit Demenz untersucht, wobei insbesondere die Erfahrung, Kommunikation und Kooperation zwischen Familien und Live-in Hilfen als entscheidend hervorgehoben wurden. Das Projekt beleuchtete auch die organisatorischen und strukturellen Herausforderungen, denen Familien bei der Koordination von Live-in Betreuung gegenüberstehen, sowie die Belastungen in Krisensituationen, wie beispielsweise während des Israel-Gaza Kriegs seit 2023, die moralische Dilemmata zwischen eigener Sicherheit und Sorgeverantwortung verschärften. Gleichzeitig zeigte sich, dass die Personen mit Demenz in dem Setting aktiv Verantwortung übernehmen, Resilienz an den Tag legen und die Sorgebeziehung mitgestalten.

Insgesamt liefert MoDeCare ein umfassendes Bild der ethischen, relationalen und strukturellen Dimensionen migrantischer Live-in-Betreuung und zeigt sowohl gemeinsame Muster als auch kontextspezifische Unterschiede zwischen Deutschland und Israel auf. Die Ergebnisse tragen zur wissenschaftlichen Diskussion in Medizinethik, Care Ethik, Gerontologie, Psychologie und Migrationsforschung bei, bieten empirisch fundierte Grundlagen für politische Empfehlungen und bilden die Basis für Folgeprojekte wie TriaDe.

Summary

The MoDeCare-project (Moral Conflicts in Familial Dementia Care Involving Migrant Live-in Carers in Germany and Israel) aimed to advance our understanding of the ethical challenges of home-based dementia care arrangements that rely on migrant live-in caregivers. In response to a growing reliance on this form of care in ageing societies, the project addressed a key gap in the literature, namely the lack of systematic empirical-ethical analysis of moral conflicts arising within these arrangements.

The project adopted a comparative and interdisciplinary approach, combining qualitative social research with ethical analysis across two national contexts, Germany and Israel. It was among the first to provide empirically grounded insights into all three perspectives involved at the micro-level (people with dementia, family members, live-in carers) within a cross-national comparative framework, and to conduct ethical analyses informed by these findings. The focus was on the triadic care arrangement involving persons with dementia, migrant live-in caregivers (live-in carers), and family members. MoDeCare conceptualized care as an interdependent relational system, shaped by everyday interactions as well as broader institutional and structural conditions. Empirical data were collected through qualitative interviews with multiple stakeholders, including experts in dementia care or/and migrant caregiving (n=24, in Germany 10; in Israel 14), family members of persons with dementia (n=29, in Germany 12; in Israel 17), migrant live-in carers (n=31, in Germany 10; in Israel 21), and persons with dementia (n=7, in Germany 3; in Israel 4), and were complemented by ethical analysis drawing on care ethics and family ethics.

A central scientific contribution of the project was the development of a conceptual framework for analyzing moral conflicts in migrant live-in dementia care. The framework distinguishes between conflicts involving moral norms and values and situates them across micro (interpersonal), meso (organizational), and macro (structural) levels. This allows for a systematic understanding of how ethical tensions arise within caregiving relationships and how they are shaped by institutional arrangements such as migration regimes, labor markets, and long-term care systems.

Empirically, the project generated new insights into the multidimensional vulnerabilities of all actors within the caregiving triad. The findings demonstrate that vulnerabilities are deeply entangled, with the needs and constraints of one actor affecting the others. In addition, the project examined everyday caregiving practices, particularly the management of behavioral and psychological symptoms of dementia, highlighting the central role of experiential knowledge, as well as the importance of communication and cooperation between family members and caregivers.

At the systemic level, the project identified significant organizational and structural challenges associated with migrant live-in care. The comparative analysis showed that while both Germany and Israel rely heavily on migrant caregivers, differences in legal frameworks, welfare systems, and labor market conditions shape how care is organized and experienced.

The project also examined how crisis situations, specifically the Israel– Hamas war, intensify moral tensions within caregiving arrangements. Migrant live-in carers in Israel faced acute dilemmas between personal safety and caregiving responsibilities, highlighting the structural invisibility of this workforce in emergency contexts. Complementary findings demonstrated that older care recipients themselves exhibit agency and resilience, challenging assumptions that portray them solely as passive recipients of care.

Through its interdisciplinary and comparative design, the MoDeCare project contributes to advancing knowledge in gerontology, migration studies, and care ethics. It provides an empirically grounded and theoretically informed account of moral conflicts in migrant live-in dementia care and offers a foundation for policy-relevant ethical reflection on the future organization of long-term care in ageing societies.

Scientific results

1. Conceptualizing Moral Conflicts in Migrant Live-in Dementia Care

One of the central scientific outcomes of the project was the development of a conceptual ethical framework for analysing moral conflicts in migrant live-in dementia care arrangements. Building on empirical insights and interdisciplinary ethical analysis, the project introduced a structured framework to identify and categorize the types of conflicts that arise within the caregiving triad (von Kutzleben et al. 2025).

The framework starts from the observation that live-in care arrangements are characterized by entangled vulnerabilities, expectations, and responsibilities among the parties involved, which makes them particularly prone to moral conflicts (Gerhards et al. 2022). Rather than focusing on a single perspective, the framework adopts a triadic approach, recognizing that conflicts typically emerge from interactions between the needs and interests of the person with dementia, the caregiver, and the family.

From a conceptual perspective, the framework builds on a broad understanding of morality that includes both moral norms and moral values. Moral norms refer to widely recognized standards or obligations regarding what is considered right or permissible behaviour, such as respecting autonomy or avoiding harm. Moral values, in contrast, relate to broader evaluative considerations concerning what individuals perceive as meaningful, desirable, or important in life.

The framework distinguishes three basic types of moral conflicts which may arise in dementia home based arrangements with migrant live-in carers: 1) conflicts between norms, when two moral obligations collide, such as respecting the autonomy of a person with dementia versus ensuring their safety; 2) conflicts between values, when different conceptions of what is valuable in life are incompatible, and 3) conflicts between norms and values, when adherence to general moral norms may contradict personal values or practical goals, such as enabling aging in place while recognizing that caregivers' working conditions may conflict with labour standards.

In addition to differentiating types of conflicts, the framework conceptualizes moral conflicts across three societal levels. At the micro-level, conflicts arise within or between individuals involved in the caregiving relationship, including intra-individual

tensions or disagreements between members of the caregiving triad. At the meso-level, conflicts emerge from institutional or organizational structures, such as the roles of placement agencies, contractual arrangements, or family expectations regarding caregiving responsibilities. At the macro-level, broader societal frameworks such as migration regimes, labour laws, and long-term care policies shape the context in which caregiving arrangements operate and may themselves generate or intensify moral conflicts.

By combining these two analytical dimensions, the framework provides a structured matrix that allows researchers and practitioners to identify and categorize moral conflicts occurring within migrant live-in care arrangements. Importantly, the framework highlights the interconnectedness of conflicts across levels, showing how macro-level policies or institutional practices may shape interpersonal tensions within the caregiving triad. Beyond its theoretical contribution, the framework was designed as a heuristic tool for empirical research and practical application. By applying the framework to empirical examples drawn from existing research on live-in care, the study demonstrates how ethical analysis can help clarify the moral dimensions of caregiving practices and provide a more differentiated understanding of the challenges faced by families, migrant caregivers, and persons with dementia. This conceptual framework provided the analytical foundation for the empirical components of the project, guiding the investigation of vulnerabilities, everyday caregiving practices, and systemic challenges within migrant live-in dementia care arrangements.

2. Public and Policy Discourses on Live-in Care

The project also examined public and policy discourses regarding moral conflicts occurring in the micro-setting of live-in arrangements for people with dementia. Thus, we conducted an ethical analysis of the expectations of relatives towards live-in care for people with dementia in Germany based on a qualitative content analysis of 182 contributions from three German-language online forums (Gerhards et al. 2022). In addition, we analyzed 22 online available policy documents from stakeholders, such as statements and contributions to the discussion, as well as ten expert interviews in Germany (Grenz et al. 2024).

The online forum analysis revealed that relatives have diverse and often disappointed expectations that express problematic and partly contradictory claims regarding live-in care for people with dementia. The policy document and expert interview analysis highlights three arguments regarding the future regulation of live-in care in current socio-political discourses in Germany: 1) maintain: professionalization of live-in care, 2) supplement: integrating live-in care into the care mix, 3) abolish: alternatives to the live-in care model. There is consensus that political measures must move beyond purely legal solutions. Regulation of framework conditions, mediation, and care practices is necessary. Regarding the future design of live-in care, particular emphasis is placed on adjusted financial incentives, professionalized live-in and live-out services, as well as the organization and promotion of informal care networks and collaborations with formal providers like outpatient services as key levers.

3. Vulnerabilities within the Triadic Care Arrangement

A major empirical component of the project examined vulnerabilities experienced by all parties involved in migrant live-in dementia care arrangements (Ulitsa et al. 2025). Drawing on qualitative interviews with dementia care and/or migrant caregiving experts in Israel and Germany (n=24; 14 in Israel and 10 in Germany), the study explored how vulnerabilities emerge within the triadic care relationship. To analyze these dynamics, the study adapted a multidimensional framework of vulnerability originally developed in geriatric ethics and extended it to the migrant caregiving triad, distinguishing six dimensions: physical, psychological, relational/interpersonal, moral, socio-cultural–political–economic, and existential/spiritual.

The findings show that five of these six dimensions were recognized by experts as relevant across the caregiving triad, although they manifest differently depending on the actor and context, while existential or spiritual vulnerability was not mentioned in the interviews. Overall, the analysis confirms that vulnerabilities within migrant live-in dementia care arrangements are deeply entangled, with the vulnerabilities of one actor often intensifying those of others within the caregiving relationship.

The comparative analysis highlighted differences between the German and Israeli contexts. Israeli experts emphasized the shared and relational nature of vulnerability within the caregiving triad and the strong involvement of family members, reflecting the country's home-care-oriented system. In contrast, German experts placed greater emphasis on the vulnerability of migrant live-in carers, particularly regarding working conditions and limited autonomy. These differences illustrate how welfare regimes, migration policies, and cultural norms shape vulnerability in live-in care. These insights informed subsequent investigations of how such dynamics unfold in everyday caregiving practices.

4. Everyday Care Practices and Behavioural Challenges in Dementia

Another key contribution of the project was the empirical investigation of everyday care practices within migrant home-based dementia care arrangements, with particular attention to the management of behavioral and psychological symptoms of dementia (Ayalon et al. 2025). This empirical component was conducted in Israel and was based on qualitative interviews with 21 migrant live-in carers and 17 family members caring for older persons with advanced dementia.

The analysis identified three main domains: challenges related to behavioral symptoms, strategies for managing them, and the caregiving relationship between family members and migrant carers. Behavioural symptoms such as agitation, aggression, repetitive questioning, sleep disturbances, and hallucinations were identified as among the most demanding aspects of care. Migrant live-in carers, who provide most day-to-day support, confront these challenges continuously, often with limited formal training.

Participants described practical strategies such as distraction, emotional reassurance, repetition, humor, and adapting daily routines, while emphasizing that effective care relies largely on experiential knowledge developed through everyday interaction.

The findings also highlighted the central role of family members as coordinators and mediators, particularly in transferring knowledge about the person with dementia. At

the same time, cultural differences, language barriers, and differing expectations may create tensions within the caregiving relationship. Overall, the findings underscore the importance of trust, communication, and mutual recognition in sustaining care arrangements.

5. Systemic Challenges in Organizing Migrant Live-in Care

In addition to examining everyday caregiving practices, the project investigated systemic challenges in organizing migrant live-in dementia care from the perspective of family members (Ayalon et al, under review). Analysis of qualitative interviews with 42 family members of persons with dementia who relied on live-in migrant caregivers (17 in Israel and 25 in Germany) revealed a range of meso- and macro-level challenges related to organizing and regulating these arrangements.

Across both countries, family members described a strong sense of being left alone in managing complex care arrangements. They reported substantial administrative and organizational responsibilities, including coordinating work schedules, negotiating employment conditions, navigating bureaucratic procedures, and managing everyday conflicts within the household. Many effectively became de facto employers, often without prior experience or sufficient institutional support.

Despite differences between the two care systems, family members in both countries reported limited institutional support. However, the nature of the challenges varied. In Israel, participants emphasized bureaucratic complexity and the high level of privatized responsibility placed on families, alongside a perceived imbalance of bargaining power shaped by labor shortages. In Germany, participants highlighted the instability of agency-based arrangements, including caregiver turnover and limited transparency. Many described live-in care as the only viable alternative to institutional care, despite the ongoing coordination it requires.

Overall, the findings show that migrant live-in care arrangements rely heavily on the organizational and managerial efforts of families, while formal support remains limited. These results point to the need for stronger regulatory frameworks and institutional support structures.

6. Moral Challenges in Times of Crisis

An additional line of research within the project examined how external crises may intensify ethical tensions within migrant caregiving arrangements (Ayalon & Ulitsa, 2024). Following the outbreak of the Israel–Hamas war in October 2023, qualitative interviews were conducted with migrant live-in carers in Israel (n=25) to explore their experiences during wartime.

The findings revealed a series of moral dilemmas emerging under conditions of insecurity and threat. Migrant caregivers often described the experience of being caught in a conflict that they perceived as “not their war.” Although they had migrated primarily for economic reasons, they suddenly found themselves facing life-threatening circumstances alongside the older individuals for whom they cared.

Live-in carers also described situations in which they had to balance their own safety with their responsibility toward the person with dementia, particularly during rocket

alerts when care recipients were physically unable to reach safe shelters quickly. In addition, some caregivers faced difficult decisions regarding whether to remain in Israel or return to their home countries during the conflict.

These findings illustrate how crisis situations can amplify the moral interdependence within the caregiving triad and highlight the structural invisibility of migrant caregivers in emergency preparedness policies.

7. Agency and Resilience among Older Care Recipients

Complementing the focus on caregivers and family members, the project also examined the perspectives of older adults receiving migrant care (Ulitsa & Ayalon, 2025). Interviews conducted during the wartime period in Israel revealed that many older participants demonstrated strong agency and resilience despite the difficult circumstances.

Participants often described experiencing concern not only for their own safety but also for the well-being of their caregivers and family members. Many expressed a desire to maintain emotional stability and avoid burdening others with their worries. In addition, participants described various coping strategies, including maintaining optimism, preserving daily routines, and engaging in supportive relationships.

These findings challenge stereotypical portrayals of older adults as passive recipients of care and instead highlight their active role in shaping caregiving relationships and maintaining social cohesion during times of crisis.

8. Integrating Empirical Findings and Ethical Analysis

Taken together, the scientific results of the MoDeCare project demonstrate that migrant live-in dementia care arrangements are characterized by complex relational dynamics and ethically significant interdependencies. The findings show that caregiving relationships are shaped not only by individual needs and capacities but also by broader structural conditions, including migration policies, labour regulations, and long-term care systems.

The project contributes to the field in three main ways. First, it advances theoretical understanding of moral conflicts in long-term care by developing a conceptual framework for analysing ethical tensions within caregiving relationships. Second, it generates new empirical insights into vulnerabilities, caregiving practices, and everyday moral challenges within migrant live-in dementia care arrangements. Third, it highlights the policy relevance of these findings by demonstrating the need for improved institutional support for families, migrant caregivers, and persons with dementia.

By integrating ethical theory with empirical social research, the MoDeCare project provides a comprehensive account of the moral challenges inherent in home-based dementia care involving migrant live-in carers. These insights contribute to ongoing debates in gerontology, migration studies, and care ethics, while also informing policy discussions on the future of long-term care systems in aging societies.

Self-assessment in comparison with the original goals and plans (e.g., unexpected results, other substantive/methodological deviations)

The project faced a number of challenges. They called for revisions and adaptations of the original work plan and time schedule. On this basis, we were able to complete the project successfully and also initiate a number of additional research activities and co-operations.

Recruitment in Germany proved challenging. These challenges were partly related to the specific characteristics of the research field, as live-in care arrangements often operate within a legal grey area, which can make potential participants hesitant to engage in research. Moreover, effects of the COVID-19 pandemic continued to affect access to the field, for instance through heightened protective measures in private households caring for particularly vulnerable persons and increased gatekeeping by intermediaries. In response to these challenges, we adapted our research design accordingly, including abandoning the initial plan to conduct triadic interviews in all cases and instead placing greater emphasis on individual interviews and flexible recruitment strategies. Despite all our efforts, however recruitment eventually resulted in a smaller number of interview participants in Germany than initially planned. This was compensated by a stronger focus on the analysis of the public and expert discourse in Germany (Gerhards et al. 2022; Grenz et al. 2024). In Israel, by contrast, we were able to conduct more interviews than anticipated.

In addition, the research process was disrupted by the ongoing war in Israel, which led to a shortened research stay for the German postdoctoral researcher in Israel in 2023 and repeated interruptions to the research workflow due to daily attacks and related infrastructural and organizational constraints. It also resulted in the cancellation of a project meeting in Israel in September 2023, as well as the cancellation of the planned conference at the same time in Israel *Putting Care in Context: Care Ethics, Care Constellations & Caring Communities*. To accommodate these unforeseen circumstances, a cost-neutral extension of the project duration (12 months until November 30th 2025) as well as an additional funding for relief measures (20.000 Euros) was proposed and granted (Decree of amendment dated 6 February 2024). This enabled the completion of data collection and analysis despite the delays. The conference scheduled to be held in Israel in October 2023 was postponed and converted into a hybrid conference in October 2023. We were however able to reschedule our in-person project meeting at the third workshop in Oldenburg.

At the outset, our analysis focused both on vulnerabilities and moral conflicts. While the original aim was to examine moral conflicts, we realized that understanding vulnerabilities was a necessary prerequisite for a meaningful analysis of moral conflicts. This sequential approach ultimately enriched our findings by providing the contextual foundation needed to interpret ethical tensions within the care triad.

Insights gained through interdisciplinary and international collaboration

The interdisciplinary and international collaboration enriched both theoretical and practical understanding of migrant live-in care, offering ethically and empirically informed insights relevant for different countries and research traditions. A central strength of the MoDeCare project was the close collaboration between researchers from different disciplinary backgrounds and national contexts. The project brought together expertise from gerontology, social work, and ethics, allowing the research team to address migrant live-in dementia care arrangements from multiple analytical perspectives. This interdisciplinary exchange played a crucial role in shaping both the conceptual and empirical components of the project.

With regard to the interdisciplinary aspect, the collaboration enabled the integration of empirical qualitative research with ethical analysis. While social science approaches provided detailed insights into everyday caregiving practices, vulnerabilities, and institutional arrangements, ethical analysis offered conceptual tools for systematically examining moral conflicts emerging within these caregiving relationships. The development of the project's conceptual framework for analysing moral conflicts in migrant live-in dementia care represents a direct outcome of this interdisciplinary dialogue, as empirical observations from qualitative research informed the ethical analysis, while ethical theory helped structure the interpretation of empirical findings. The international collaboration between Israel and Germany further enriched the project by enabling a comparative perspective on migrant live-in care arrangements. Although both countries rely on migrant caregivers to support home-based dementia care, the institutional and regulatory contexts differ significantly. Israel's long-term care system strongly promotes aging in place through the employment of migrant live-in caregivers, whereas in Germany live-in care arrangements often operate through semi-regulated private agencies and rotating caregiving models. Comparing these contexts allowed the project to identify how different welfare regimes, migration policies, and labour market structures shape caregiving practices, vulnerabilities, and moral conflicts within similar care arrangements.

This comparative perspective also highlighted both shared challenges and context-specific dynamics. Across both countries, the research revealed similar patterns of interdependence and vulnerability within the caregiving triads. At the same time, important differences emerged regarding the organization of care, the role of agencies, and the distribution of responsibilities between families and formal institutions. These insights helped clarify how structural conditions influence the ethical and practical dimensions of caregiving.

In addition, the collaboration facilitated methodological learning and exchange among the research teams. Researchers shared qualitative research strategies, interview approaches, and analytical frameworks for studying complex caregiving relationships. The interdisciplinary dialogue also contributed to the development of a shared vocabulary for discussing ethical tensions, vulnerabilities, and relational dynamics within migrant live-in care arrangements.

Overall, the interdisciplinary and international collaboration significantly strengthened the project by enabling a more comprehensive understanding of migrant live-in dementia care. By combining ethical analysis with empirical research and by comparing different national contexts, the project generated insights that would have been difficult to achieve within a single disciplinary or national perspective. This potential of interdisciplinary and international research motivated us to initiate an edited volume based on our project workshops and assembling international perspectives on ethical issues in live-in care. The volume is currently in preparation with the renowned publisher de Gruyter (see below, publications).

Further perspectives and sustainable impacts of the project (e.g., follow-up projects, appointments)

Follow-up projects: The empirical and ethical collaborations in this project provided a starting point for future comparative research on migrant care, dementia care, and intergenerational care arrangements across diverse cultural and welfare contexts. The DFG-funded project *TriaDe – Eastern European Live-in Care in Home Care Triads for Dementia* (2023–2026; German Research Foundation [DFG], project no. 509885213), conducted at the Department of Health Services Research at Carl von Ossietzky Universität Oldenburg (Oldenburg, Germany) and the Institute for Advanced Study in the Humanities (KWI) in Essen (Essen, Germany), builds directly on the conceptual and empirical work of MoDeCare and further develops its findings.

Policy relevance: Findings inform policymakers on labour, migration, and long-term care regulations, highlighting structural inequalities and systemic ethical conflicts. Live-in care varies considerably between countries, yet many issues are similar – for example, as observed in the “Sindrome Italia” and other studies. Taking a cross-national perspective highlights the underlying problems and indicates what changes would be necessary to mitigate them. These insights contributed to the joint policy statement *Recommendations for the future development of live-in care in Germany*, which was submitted to the Federal Ministry of Health (Germany) and published online on 21 April.

Research appointments and networks: All project members can leverage the international network built during this project for ongoing collaborations, advisory roles, and program development related to aging, care ethics, and migrant work. In addition, the results have informed the subsequent project *TriaDe*, in which project member Anna-Eva Nebowsky assumed a leading role and further developed and disseminated findings from MoDeCare alongside new results generated within *TriaDe*. Anna-Eva Nebowsky also received the Lower Saxony – Scotland Tandem Fellowship from the European Centre for Advanced Studies, which enabled a two-week research stay in Edinburgh and resulted in a joint paper that is currently under review.

Natalie Ulitsa participated in the 6th Conference of Scientific Cooperation between Lower Saxony and Israel held in Hannover in March 2024, supported by the project's funding framework. This visit also enabled a research stay in Germany and facilitated in-person collaboration with Anna-Eva Nebowsky on joint publications. She was also scheduled to participate in the 7th conference in March 2026, likewise funded by the program; however, due to the security situation, the conference was postponed to September 2026.

Knowledge dissemination: Our findings address both academic audiences and practitioners and contribute to fostering sustained ethical awareness among healthcare professionals, social workers, and decision-makers. Dissemination took place through three workshops and presentations at several conferences, including a panel session at the international conference *Aging and Social Change* (see Appendix).

Global relevance: By analysing migrant live-in care as a transnational phenomenon, the project opens perspectives for global policy dialogues and cross-national initiatives to improve care standards and worker protections. These aspects will be addressed in the edited volume *Ethical Aspects of Migrant Live-in Care in Context: International Perspectives*, currently being prepared with de Gruyter.

Contribution to the special objectives of the project

The MoDeCare project aimed to provide an empirically informed ethical analysis of moral conflicts arising in migrant live-in dementia care arrangements in Germany and Israel. The project successfully achieved the objectives outlined in the original proposal by integrating qualitative empirical research with ethical analysis and cross-national comparison.

First, the project fulfilled its objective of empirically exploring moral conflicts within the caregiving triad consisting of the person with dementia, migrant live-in caregivers, and family members. Through qualitative interviews with multiple stakeholders, including experts, family members, and migrant live-in carers the project generated new insights into everyday caregiving practices, vulnerabilities, and moral tensions emerging in these care arrangements. The findings demonstrate that caregiving relationships are characterized by complex interdependencies and negotiations of roles, responsibilities, and expectations.

Second, the project achieved its objective of conducting a systematic ethical analysis of the identified moral conflicts. Drawing on theoretical perspectives from family ethics and care ethics, the project examined the normative structures emerging in the empirical findings. This work led to the development of a conceptual framework that distinguishes different types of moral conflicts and situates them across micro-, meso-, and macro-levels. The framework provides a structured approach for analysing ethical tensions arising in migrant live-in dementia care arrangements.

Third, the project realized its objective of conducting a comparative analysis between Germany and Israel. By examining migrant live-in care arrangements within two different welfare and regulatory contexts, the project identified both shared dynamics

and context-specific challenges. The comparison highlighted how structural conditions, including migration policies, labour regulations, and long-term care systems, shape caregiving practices, vulnerabilities, and moral conflicts within the caregiving triad.

Finally, in line with the project's overarching aim, the research generated insights that can contribute to the development of empirically informed ethical reflection and policy-relevant recommendations. By clarifying the moral tensions embedded in migrant live-in care arrangements and identifying structural factors that influence these tensions, the project provides a foundation for future discussions on the ethical organization and regulation of home-based dementia care.

Taken together, the project successfully met its special objectives by combining empirical investigation, ethical analysis, and cross-national comparison to advance understanding of moral conflicts in migrant live-in dementia care.

Public relations and media coverage

The findings of the MoDeCare project were primarily disseminated through academic and professional channels. Project results were presented at international academic conferences and workshops focusing on ageing, dementia care, migration, and care ethics. These presentations facilitated exchange with scholars and practitioners working in related fields.

Three international workshops organized within the project, one hosted by the Israeli research team and two by the German research team, served as key dissemination platforms. These workshops brought together researchers and experts in dementia care, ethics, and migration studies to discuss preliminary and final findings of the project.

In addition, the project results have been disseminated through several peer-reviewed scientific publications addressing ethical aspects of migrant live-in care, vulnerabilities within the caregiving triad, everyday caregiving practices, and systemic challenges in organizing migrant live-in care arrangements.

While the primary audience of the project has been the academic community, the findings also have relevance for policy discussions on long-term care systems and migrant care labour. Through publications, conference presentations, and professional networks, the project contributes to broader discussions on the ethical and structural challenges of migrant live-in dementia care. Furthermore, the project was made accessible to a broader public through an updated website hosted at the University of Oldenburg, as well as through interviews with policymakers currently active in the field and representatives of NGOs engaged in supporting relatives, persons living with dementia, and live-in carers. In addition, we circulated some of our recruitment materials, contributing to the wider dissemination of information on the project. We furthermore gave an interview to the German Apotheken-Umschau (24-Stunden-Pflege – ist das Live-in-Modell die Antwort auf die Pflegekrise? Link: <https://www.apotheken-umschau.de/pflege/pflege-zuhause/24-stunden-pflege-live-in-modell-als-loesung-der-pflegekrise-fuer-pflegebeduerftige-angehoerige-pflegekraefte-1235087.html>).

Tables Section of the Final Report

Participating researchers and students, including institutional affiliation and source of funding

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- Milena von Kutzleben, Department for Health Services Research, Division for Prevention and Rehabilitation Research, PI, permanent position
- Merle Weßel, Department for Health Services Research, Division for Ethics in Medicine, PI, non-permanent position, participated from 06/2022 until 09/2023 (departmental funds)
- Anna-Eva Nebowsky (PostDoc), Carl von Ossietzky Universität Oldenburg, Department for Health Services Research, Division for Ethics in Medicine, funding: MoDeCare
- Robin Forstenhäusler (student assistant), Carl von Ossietzky Universität Oldenburg, funding: MoDeCare
- Adele Grenz (student assistant), Carl von Ossietzky Universität Oldenburg, funding: MoDeCare
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DFG-funded project TriaDe:

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Matthias Hauer (M.A.), Carl von Ossietzky Universität Oldenburg, Department for Health Services Research, Division for Ethics in Medicine

Qualification works (especially doctoral theses and habilitations)

- Simon Matteo Gerhards, Compulsory student research project in Medicine
- Adele Grenz, Master's thesis in Health Services Research
- Dr. Anna-Eva Nebowsky, PhD in Sociology, November 2024, Institute for General Sociology, Technical University Berlin

- Dr. Merle Weßel, Habilitation (postdoctoral lecturer qualification) in History, Theory and Ethics of Medicine, May 2024, School for Medicine and Health Sciences, Carl von Ossietzky University of Oldenburg

Publications

1. Ayalon, L. & Ulitsa, N. (2024). "This is not my war:" Moral challenges faced by migrant home care workers at times of war. *The American Journal of Geriatric Psychiatry: Open Science, Education, and Practice*, 2, 11-18. <https://doi.org/10.1016/j.osep.2024.06.002>.
2. Ayalon, L., Ulitsa, N., Nebowsky, A., Schweda, M. & von Kutzleben, M. (2024). Caring for an older person with dementia: Behavioral problems in the eyes of family caregivers and migrant home care workers. *Dementia: The International Journal of Social Research and Practice*, 24(5), 884-901. <https://doi.org/10.1177/14713012251323661>.
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7. Von Kutzleben, M., Weßel, M., Ulitsa, N., Nebowsky, A., Ayalon, L. & Schweda, M. (2024). A conceptual framework for understanding moral conflicts in live-in care for people living with dementia. *Frontiers in Psychiatry*, 15, 1453948, <https://doi.org/10.3389/fpsy.2024.1453948>.
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9. Ayalon, L.*, Nebowsky, A.*, Ulitsa, N., von Kutzleben, M. & Schweda, M. (2024). The live-in migrant home care arrangement in the eyes of family members: Findings from Israel and Germany. *Health & Social Care in the Community*. *The authors share the first authorship

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Articles under review

Ulitsa, N., Ayalon, L., Nebowsky, A., von Kutzleben, M. & Schweda, M. (2025). Balancing needs and system gaps: Expert perspectives on dementia home-based care with migrant caregivers in Israel. *Aging & Social Policy*.

Appendix

Workshops:

Workshop No.1 (hybrid): **“Moral Conflicts in Familial Dementia Care Involving Migrant Live-in Carers. Ethical and Social-psychological Perspectives”**

February 15th 2023, Carl von Ossietzky University Oldenburg, V03-0-C003

Program:

09.30-09.45	Welcome to the (hybrid) workshop: Mark Schweda
09.45-10.45	Session 1: Live-in Care in Germany (Chair: Merle Weßel)
09.45-10.15	Presentation 1: Anna-Eva Nebowsky (Oldenburg) Live-in carers in Germany: high demand vs. unreasonable expectations – first insights from agencies and main carers of people with dementia
10.15-10.45	Presentation 2: Paul Becker & Agnieszka Skwarek (Berlin) Current situation and future developments of domestic care in Germany and the perspective of live-in carers on their care situation on the ground
10.45-11.00	Coffee Break
11.00-12.00	Session 2: Live-in Care in Israel (Chair: Anna-Eva Nebowsky)
11.00-11.30	Presentation 1: Natalie Ulitsa & Liat Ayalon (Ramat Gan) Situations of conflict and tension within triadic care arrangements in Israel - first insights from family caregivers and live-in-carers
11.30-12.00	Presentation 2: Daniela Arieli (Jezreel Valley) Ethical dilemmas of family caregivers related to their role as employers of live-in care workers
12.00-13.00	Lunch Break
13.00-14.30	Session 3: Care(giving) and Migration (Chair: Milena von Kutzleben)
13.00-13.30	Presentation 1: Anna- Christina Kainradl (Graz) Autonomy, justice and older migrants. Perspectives from aging studies for an intersectional analysis
13.30-14.00	Presentation 2: Sharon Avidor; Pnina Dolberg; Ronit Even-Zahav; Yael Sela & Efrat Neter (Emek Hefer) Sustaining formal caregivers: Presentation of a pilot program offering support groups for non-live-in formal caregivers in Israel
14.00-14.30	Presentation 3: Helen Kohlen (Vallendar) Care ethics and the democratisation of care – Trivial, unreal or radical?
14.30-14.45	Coffee Break
14.45-15.30	Discussion & Outlook (Mark Schweda)

Workshop No. 2 (hybrid): “Putting Care in Context: Care Ethics, Care Constellations & Caring Communities”

Originally: October 17th 2023, Bar Ilan-University

Eventually: March 6th & 7th 2024, hybrid

Program:

Workshop Schedule: 6/03/2024

(Israeli Time)

10:00-10:20	Welcome to the hybrid workshop Prof. Liat Ayalon & Prof. Mark Schweda
10:20-10:30	Spoken word poetry “Grandmother Power” Mrs. Noa Levy, a spoken word poetry artist and doctoral fellow, Bar-Ilan University
10:30 – 11:15	Session One: Care, Live-in Care, and Care Constellations Chair: Dr. Milena von Kutzleben
10:30 - 10:45	Presentation 1: Familial dementia home care involving migrant live-in-cares: Comparative analysis of expert’s views in Germany and Israel Dr. Natalie Ulitsa, Bar Ilan University & Ms. Anna-Eva Nebowsky, Carl von Ossietzky Universität Oldenburg
10:45 – 11:00	Presentation 2: Homecare as a cross-road of vulnerabilities Dr. Daniela Arieli, Ruppin Academic Center
11:00 – 11:15	Presentation 3: A good enough metaphor’: Female migrant caregivers using Motherhood as an interpretative framework for personal and professional relationships Dr. Sharon Ramer Biel, Academic College of Tel Aviv-Yafo
11:15 – 11:30	Break
11:30 – 12:30	Session Two: Care in Context Chair: Dr. Natalie Ulitsa
11:30 – 11:45	Presentation 1: Older immigrants’ perceptions of their care resources: Family, community and state Dr. Pnina Dolberg, Ruppin Academic Center & Dr. Sagit Lev, Bar-Ilan University
11:45 – 12:00	Presentation 2: The role of culture in shaping attitudes of laypersons toward the delivery of care to older people via a robot Dr. Hanan AboJabel, Hebrew University of Jerusalem
12:00-12:15	Presentation 3: Dementia care for culturally diverse groups: Insights from a pilot study and next steps to consider Dr. Zümrüt Alpınar-Segawa, Institute for Ethics, History and Philosophy of Medicine, Hannover Medical School
12:15-12:30	Presentation 4: A Micro caregiving initiation: Remarriage of older widowed Muslim men in Israel Dr. Chaya Koren, University of Haifa
12:30 – 12:45	Discussion and Closing Remarks

Workshop Schedule: 7/03/2024

(Israeli Time)

10:00 – 10:45	Session One: Caring Communities Chair: Ms. Anna-Eva <u>Nebowsky</u>
10:00 – 10:15	Presentation 1: Dementia Friends program in Israel: Key findings from an evaluation study Dr. Shiri <u>Shinan-Altman</u> , Bar-Ilan University & Prof. (Emerita) Perla Werner, University of Haifa
10:15 - 10:30	Presentation 2: Needs, services, and support for caregivers of people with dementia at home Mrs. Debi Lahav, <u>Emda</u> , the Alzheimer's Association of Israel
10:30 - 10:45	Presentation 3: The digital community of live-in caregivers on Facebook: The Case of Filipino migrant workers in Israel Dr. Deby Babis, Ariel University
10:45 – 11:00	Break
11:00 – 11:30	Session Two: Care and Care Ethics Chair: Prof. Mark <u>Schweda</u>
11:00 - 11:15	Presentation 1: Who takes care of the caregivers in nursing homes? On the possible relationships between vulnerability and mistreatment Dr. <u>Sagit Lev</u> , Bar-Ilan University & Dr. <u>Pnina Dolberg</u> , Ruppin Academic Center
11:15 - 11:30	Presentation 2: Facets of cross-border mobility for live-in care work in Germany. An ethnographic approach to the global phenomenon Dr. Tanja <u>Višić</u> , Institute for European Ethnology and Cultural Analysis, Ludwig-Maximilians-Universität München
11:30 - 12:00	Discussion and Closing Remarks Prof. Amber M. Gum, Department of Mental Health Law & Policy, University of South Florida; Prof. <u>Liat Ayalon</u> ; & Prof. Mark <u>Schweda</u>

Workshop No. 3 (hybrid): “Ethical Aspects of Migrant Live-in Care in Context: International Perspectives”

March 3rd & 4th 2025, Carl von Ossietzky University Oldenburg, V04-0-033

Workshop Schedule:

Day 1

12.30-12.45	Welcome to the (hybrid) workshop: Mark Schweda
12.45-13.45	Session 1: Care, autonomy and vulnerability (Chair: Natalie Ulitsa)
12.45-13.15	Presentation 1: Anna-Eva Nebowsky, Mark Schweda & Milena von Kutzleben (GER, in person) <i>Entangled vulnerabilities in live-in care arrangements in Germany</i>
13.15-13.45	Presentation 2: Milena Kriegsmann-Rabe (GER, in person) <i>Autonomy and self-determination of live-ins & research as an ambiguous process</i>
13.45-14.15	Coffee Break
14.15-15.45	Session 2: Transnational live-in care (Chair: Anna-Eva Nebowsky)
14.15-15.15	Presentation 1: Brigitte Aulenbacher & Wasana Handapangoda (AUS, online) <i>The making of a vulnerable workforce: evidence from domestic work and home care brokerage in Austria and Sri Lanka</i>
15.15-15.45	Presentation 2: Ruth Bartlett (UK, in person) <i>Building an ethical evidence-base for live-in care when dementia is the primary support need</i>
15.45-16.15	Discussion and conclusion for the day

Day 2

10.00-11.30	Session 3: Stigma, Justice, and Discrimination (Chair: Milena von Kutzleben)
10.00-10.30	Presentation 1: Anna-Henrikje Seidlein (GER, online) <i>Shedding light on relationships in migrant live-in arrangements</i>
10.30-11.00	Presentation 2: Natalie Ulitsa and Liat Ayalon (ISR, in person) <i>Moral challenges of migrant home care at times of war</i>
11.00-11.30	Presentation 3: Li-Fang Liang (TW, online) <i>The paradoxes of feminist care ethics: examining the intersectionality of live-in migrant care work in Taiwan</i>
11.30-11.45	Coffee Break
11.45-12.15	Discussion & Outlook (Mark Schweda)

Presentations directly related to the project:

2025

Nebowsky, A.-E. (2025). *Live-in Versorgung bei Demenz im internationalen Vergleich – Deutschland und Israel.* Conference *Live-in Versorgung: Zukunfts- oder Auslaufmodell?*, Kulturwissenschaftliches Institut Essen, Essen, Germany, 28–29 November 2025. **Presenter:** Anna-Eva Nebowsky.

von Kutzleben, M., Nebowsky, A.-E., Ulitsa, N., Schweda, M. & Ayalon, L. (2025). *Live in-Hilfen in der häuslichen Versorgung von Menschen mit Demenz in Deutschland und Israel – ein fragiles Versorgungskonzept im internationalen Vergleich.* 24. Deutscher Kongress für Versorgungsforschung, Hamburg, Germany, 22–24 September 2025. **Presenter:** Milena von Kutzleben.

Nebowsky, A.-E., von Kutzleben, M. & Schweda, M. (2025). *Entangled vulnerabilities in live-in care arrangements in Germany.* MoDeCare Workshop No. 3: *Ethical Aspects of Migrant Live-in Care in Context: International Perspectives*, Oldenburg, Germany, 2025. **Presenter:** Anna-Eva Nebowsky.

Ayalon, L. & Ulitsa, N. (2025). *Moral challenges of migrant home care at times of war.* MoDeCare Workshop No. 3: *Ethical Aspects of Migrant Live-in Care in Context: International Perspectives*, Oldenburg, Germany, 2025. **Presenter:** Liat Ayalon.

von Kutzleben, M. & Schweda, M. (2025). *A conceptual framework for the ethical analysis of moral conflicts in migrant live-in care.* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenters:** Milena von Kutzleben and Mark Schweda.

Nebowsky, A.-E. & Ulitsa, N. (2025). *Moral conflicts in German and Israeli Live-in Care.* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenters:** Anna-Eva Nebowsky and Natalie Ulitsa.

Ayalon, L. (2025). *Moral challenges of migrant home care at times of war.* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenter:** Liat Ayalon.

Kohlen, H. (2025). *Live-in-Care as an every-day practice of interdependencies. What can a feminist care ethical lens contribute to the debate?* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenter:** Helen Kohlen.

Ulitsa, N. (2025). *“The least bad solution”: Israeli experts’ views on dementia home-based care with migrant caregivers.* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenter:** Natalie Ulitsa.

Nebowsky, A.-E. & Jacobs, P. (2025). *Dementia Care and the polycrisis: Comparative perspectives from Germany and Scotland.* Panel *Live-in Care in the Polycrisis of Population Aging and Social Change*, Conference *Aging and Social Change – Aging, Intergenerational Solidarity and the Polycrisis*, Norrköping, Sweden, 22–23 October 2025. **Presenter:** Anna-Eva Nebowsky.

Ulitsa, N. & Ayalon, L. (2025). *Experiences and coping strategies of older care recipients during the Israel-Hamas war.* Conference *Mental Health in the Context of War: The Implications of the October 7 Attacks and the Subsequent War*, Hebrew University of Jerusalem, Jerusalem, Israel, 12–13 May 2025. **Presenter:** Natalie Ulitsa.

2024

Ulitsa, N. & Nebowsky, A.-E. (2024). *Dementia home care involving migrant live-in carers: Comparative analysis of experts’ views in Germany and Israel.* MoDeCare Workshop No. 2: *Putting Care in Context: Care Ethics, Care Constellations, and Caring Communities* (online workshop), 2024. **Presenters:** Natalie Ulitsa and Anna-Eva Nebowsky.

Nebowsky, A.-E., von Kutzleben, M. & Schweda, M. (2024). *Moralische Konflikte in der häuslichen Versorgung von Menschen mit Demenz durch eine Live-in Hilfe: Eine care- und familienethische Analyse.* Jahrestagung der Akademie für Ethik in der Medizin (AEM), 2024. **Presenter:** Anna-Eva Nebowsky.

Schweda, M., Ayalon, L., von Kutzleben, M., Ulitsa, N. & Nebowsky, A.-E. (2024). *Moral conflicts in live-in care for people with dementia in Germany and Israel: Empirical insights and ethical considerations.* 6th Conference of Research Cooperation between Lower Saxony and Israel, Hannover, Germany, 18–19 March 2024.

Nebowsky, A.-E. & Ulitsa, N. (2024). *Vulnerabilities in Migrant Home Care for Older Persons with Dementia: A Comparative Study of Experts’ Views from Israel and Germany.* Aging and Social Change Conference, 2024. **Presenter:** Anna-Eva Nebowsky.

2023

Nebowsky, A.-E. (2023). *Live-in carers in Germany: high demand vs. unreasonable expectations.* MoDeCare Workshop No. 1: *Moral Conflicts in Familial Dementia Care Involving Migrant Live-in Carers. Ethical and Social-psychological Perspectives*, Oldenburg, Germany, 2023. **Presenter:** Anna-Eva Nebowsky.

Ulitsa, N. & Ayalon, L. (2023). *Situations of conflict and tension within triadic care arrangements in Israel – first insights from family caregivers and live-in carers.* MoDeCare Workshop No. 1: *Moral Conflicts in Familial Dementia Care Involving Migrant Live-in Carers. Ethical and Social-psychological Perspectives*, Oldenburg, Germany, 2023. **Presenter:** Natalie Ulitsa.

Nebowsky, A.-E., von Kutzleben, M., Schweda, M. & Weßel, M. (2023). *Moral conflicts in familial dementia care involving migrant live-in carers in Germany and Israel: A comparative-ethical exploration and analysis.* EACME Conference 2023. **Presenter:** Anna-Eva Nebowsky.

Nebowsky, A.-E., von Kutzleben, M., Schweda, M. & Weßel, M. (2023). *Ethische Kompetenzen und moralische Konflikte in der häuslichen Versorgung von Menschen mit Demenz durch eine Live-In Hilfe: Eine care- und familienethische Analyse.* Jahrestagung der Akademie für Ethik in der Medizin (AEM), Halle, Germany, 28–30 September 2023. **Presenter:** Anna-Eva Nebowsky.

Nebowsky, A.-E., von Kutzleben, M., Schweda, M. & Weßel, M. (2023). *Aging in a foreign company: A care and family ethical analysis of moral conflicts in the home care of people with dementia by a live-in carer.* Age and Care Conference, Graz, Austria, 2023. **Presenter:** Anna-Eva Nebowsky.

von Kutzleben, M. (2023). *Häusliche Versorgungsarrangements für Menschen mit Demenz – wie werden sie gestaltet?* Fachtagung des DemenzNetzes Oldenburg, Oldenburg, Germany, 18 January 2023. **Presenter:** Milena von Kutzleben.

2022

von Kutzleben, M., Weßel, M., Gerhards, S., Ansmann, L. & Schweda, M. (2022). *Live-In-Care – ein erfolgreiches Modell für tragfähige häusliche Versorgungsarrangements bei Demenz? Verschränkte Vulnerabilitäten, moralische Konflikte und Vorstellungen guter Versorgung.* Gerontologie- und Geriatrie-Kongress Altern zwischen Vulnerabilität und Resilienz, Frankfurt am Main, Germany, 13 September 2022.

Weßel, M., Schweda, M. & von Kutzleben, M. (2022). *Eine empirisch informierte ethische Analyse von Familienrollen und Sorgeverantwortlichkeiten in Live-in Arrangements bei Demenz in Deutschland.* Workshop Care an der Intersektion von Gender, Race und Migration, Universität Oldenburg, Germany, 4 July 2022.

Nebowsky, A.-E., von Kutzleben, M., Schweda, M. & Weßel, M. (2022). *Menschen mit Demenz, Live-In-Hilfen und pflegende Angehörige als triadische Konstellation: Ethische Herausforderungen und methodische Reflexion einer multiperspektivischen Feldforschung.* Tagung Feldforschung in der Medizin, Germany, August 2022.