In the last decade, more and more Hungarian women have decided to leave Hungary and care for elderly people in Western and Central European countries, like in Austria. The commuting of women care workers can be explained by the labor market situation and persistent economic inequality in migratory spaces, and the increasing demand for live-in caretakers in the informal sector of Austrian elderly care. By applying methods of a combined interview technique (narrative biographies and semi-structured ones), we conducted 28 interviews with commuting live-in care workers, and left-behind husbands, recruitment agencies, and organizations, both on the Hungarian and Austrian fields. The qualitative research focuses on the migration motivations, the family arrangements of the individuals, as well as the social mechanisms, and institutions of live-in caretaking. The interviewees, originally living in a depressed Hungarian county called Baranya, did not have previous professional experience in formal care. Many of them were affected by unemployment, employment instability, overtime, and bankruptcy of the firm they were employed by. On the basis of biographies, we found the following types of employment trajectories: 1) loss of economic security of physical workers after the transition in the early 1990s, 2) economic breakdown after the financial crisis in 2008, and 3) failed entrepreneurship. The breakdown of the household economy could also happen due to the decline of partner’s health, or growing indebtedness. Our analysis found mechanisms explained by the theory of new economics of labor migration. On the basis of biographies and narratives, we found that besides the abovementioned narratives of economic pressure, the narratives of rootlessness, adventure, pioneering and career, there are stories, and related biographies that present complex household strategies concerning migration. These migration narratives frequently appeared together with the different narratives and biographies pointing at economic pressure, and in many cases, were deeply embedded in family ties. Our research suggests that in most of the cases, care workers’ decision of migration is not an individual calculation, but rather a family strategy, where households take into account the employment opportunities, health issues, and special needs of other family members.