



Policy proposals to improve working conditions for care workers

This Policy Paper has been prepared in the context of the EU-Horizon-funded research project “Care4Care”.

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This project has received funding from the European Union’s Horizon Europe research and innovation programme under GA n° 101094603



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Introduction

Care systems throughout the European Union are in crisis. There are multiple reasons for these crises: they originate in the history of care work as women's work to be provided in the family; the undervaluation of care work on labour markets; and the fact that the demand for care work is rising rather than diminishing¹ – labour shortage is now at the heart of care crises in most EU member states. Due to the complex character of the crises and the interrelatedness of labour shortages, workloads and working conditions, it is challenging to find solutions and ways forward. The Covid-19-pandemic highlighted many of these problems and showed how essential care work is for our societies.²

The working conditions of care workers are one of the determining factors in the quality of care. But care services are diverse; it is one thing to organise decent care in early child education but another to organise decent care for sick people or elderly and disabled adults. Care systems have also developed quite differently in EU Member States. The diversity of care workers is also high – in training, recognition and work activity as well as in social background.

Against this backdrop, the Care4Care project:

- looks at working conditions for professional (paid) care workers who have at most a Bachelor's degree and provide personal assistance and/or health assistance to elderly persons, sick persons, and persons with disabilities, in hospitals and residential care as well as in home care;
- studies legal and institutional frameworks, working conditions and dimensions of gender and migration, in care sectors in France, Germany, Italy, Poland, Spain and Sweden;³
- focuses on proposals for improving working conditions and tackling disadvantages and discrimination based on gender and migration in care sectors at EU level.

We draw on this research when we propose below policy proposals for EU Member States and the EU. Note that issues that concern the fight against undeclared work, "care drains" or the regulation of agencies and intermediaries, while very relevant in care sectors, have not been at the centre of

¹ See Care4Care-WP2 (fn 3).

² European Commission 'Communication on the European Care Strategy' COM(2022) 440 final (September 7, 2022); Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care, OJ 2022, C 476/01.

³ The research results have been published in the Care4Care team's comparative reports; they are publicly available on the project's website <<https://www.care4care.net/wp-reports-results/>>: For the comparative report as part of Work Package 2 (WP2), see Care4Care Consortium 'Comparative and National Reports on Care Workers Job Quality and Inclusive Working Conditions' Care4Care Deliverable No. D2.3 (June 2024), hereafter cited as "Care4Care-WP2"; for the comparative report as part of Work Package 3 (WP3), see Care4Care Consortium 'Comparative Care Workers' Discrimination Map Report' Care4Care Deliverable No. D 3.3 (June 2024), hereafter cited as "Care4Care-WP3". Note: All the pages cited from the national reports in this policy paper refer to the Adobe Acrobat Reader pages and not to the pages of individual national reports.



the attention of Care4Care research. This policy paper focuses on working conditions, in particular considering gender and migration.⁴

0. Policy objectives

I. Problems to be addressed

The care economy and care work are key for the future of European societies and economies.⁵ However, the Care4Care project's research has highlighted the great diversity of institutional settings in which care work as a social service is organised. Across EU Member States, there is a multitude of public and private actors and entities which provide care services, in both public and private care sectors. For example, they may be offered at regional or municipal level, provided by private commercial companies, including temporary work agencies and placement agencies, and by private non-profit associations. Moreover, care services are offered by individual care workers, often home care workers, who provide care services directly to the care recipient; often this is done by live-in workers, i.e. care workers who work and live in the household of the person they care for. Undeclared work,⁶ including “bogus” self-employment,⁷ is present in care work in many countries within the EU, especially in live-in-care,⁸ with risks not only of exploitation and substandard working conditions, but also of unfair competition against institutions that offer regular employment. Digital platforms increasingly play a role in the provision of home care and live-in work.⁹

We have seen in our research that two key debates shape the public discourse on the care crisis, namely, 1) the debate about low wage levels, poor quality of working conditions, including health and safety concerns, and lack of effective enforcement of working conditions and protection for care

⁴ In addition, the Care4Care project will develop, as societal output, seminars for social partners in order to foster collective bargaining in care sectors; and a platform that will give care workers information on their labour rights.

⁵ European Commission ‘European Care Strategy’ (fn 2).

⁶ We use the term “undeclared work” as a general and all-inclusive concept to define any paid activities performed by any worker (national or non-national, documented or undocumented) that are lawful as regards their nature but not declared to public authorities, taking account of differences in the regulatory systems of the Member States (see Care4Care-WP3 Pp. 11 (fn 3)).

⁷ We use the terms “false self-employment” and “dependent self-employment” as commonly understood as involving persons/workers registered as self-employed whose conditions of employment are de facto dependent employment (see Care4Care-WP3 Pp. 11 (fn 3)).

⁸ We use the term “live-in carers” for paid professionals, with or without formal care training, whose work primarily involves long-term care provision while living in a private residence with the care receiver (Care4Care-WP3 Pp. 26 (fn 3)); Eurofound ‘Long-term care workforce: Employment and working conditions’ Pp. 26 (Publications Office of the European Union 2020)).

⁹ Alisa Trojanski (European Economic and Social Committee, Workers’ Group Research Report) ‘Towards the “Uberisation” of care?’ (Luxembourg 2020); Karolien Lenaerts, Milou Habraken, Dirk Gillis, Noah Vangeel and Laurène Thi ‘Digital Platform Work in the Health and Social Care Sector: Implications for Occupational Safety and Health’ Pp. 10 (European Agency for Safety and Health at Work 2024); Lorena Poblete and Eva Kocher (ed.) ‘Digital intermediaries in care work’ (Hart Publishing, forthcoming).



workers;¹⁰ 2) the debate about skills and staff shortages and the challenges of recruitment and talent management in care sectors, problems that are continuing to shape care work as labour shortages are expected to worsen in the future, given the age demographics of care workers, many of whom will retire in the coming years.¹¹

We have also seen that these two debates are closely interrelated: Difficult working conditions and low wages contribute to making work in care sectors an unattractive professional choice for many. In fact, care sectors often show high incidences of flexible, often precarious, forms of employment, and low wage levels, as well as low rates of trade unionisation (especially in live-in care), a fragmentation of collective bargaining and low coverage by collective agreements.¹² Vicious circles are in place here, with labour shortages contributing to high workloads, and high workloads making care work less attractive. In rural areas, the availability of care services is often even more difficult.

The care workforce is heterogeneous in many ways. Firstly, our research shows that the professional character of work, qualifications and skills in health care, in residential care and in home care is recognised differently in the EU Member States, with live-in work in private households often not being formally recognised at all.

Secondly, care work is clearly structured along gender dimensions and migration backgrounds, a phenomenon that has been an important focus of the Care4Care project. The strong gender dimension shows itself very clearly, as most people providing and in need of care are women. Women make up more than 75% of the formal care workforce in almost all countries.¹³ Moreover, responsibilities for unpaid care in the family keep many more women than men out of the labour market.¹⁴ The gendered character goes back to the gendered division of labour that is prevalent in most countries. Forms of work – paid and unpaid – that are associated with emotions and social interactions are often still considered women’s work; this is particularly the case with care work. As a consequence, many funding systems and social security systems have a “familiaristic” structure, in that they are built on the general assumption that care work is primarily to be performed in private settings, and is implicitly assigned to women.¹⁵

Migrant workers also play an important role in the care industry, especially in live-in-care where they usually make up the largest proportion of the workforce.¹⁶ We have seen that migrants may not always have a substantial presence in other sectors of the care economy, but they are increasingly in demand by care service providers and states, which look to foreign labour markets in view of

¹⁰ Care4Care-WP2 Pp. 14, 56, 145, 169, 225, 347, 367, 368 (fn 3).

¹¹ Eurofound ‘Long-term care workforce’ Pp. 13 (fn 7).

¹² Care4Care-WP2 Pp. 17, 28, 56, 61, 145, 169, 225, 367, 368 (fn 3).

¹³ Care4Care-WP2 Pp. 15, 59, 162, 237 (fn 3); Eurofound ‘Long-term care workforce’ Pp. 10 (fn 7); Social Protection Committee and DG EMPL ‘2021 Long-term care report: trends, challenges and opportunities in an ageing society’ Pp. 12 (European Commission 2021).

¹⁴ European Commission ‘European Care Strategy’ (fn 2).

¹⁵ Care4Care-WP2 Pp. 297 (fn 3).

¹⁶ Eurofound ‘Long-term care workforce’ (fn 7); SPC and DG EMPL ‘2021 Long-term care report’ Pp. 74 (fn 12).



existing workforce shortages.¹⁷ In other countries, these policies may lead to an outflow of skilled care workers (the “care drain”).¹⁸

The care crisis is not the only crisis European societies are having to address at the moment. Our research also points to the development of new technologies, in particular digitalisation and artificial intelligence, which presents both an important future potential and challenge for care work that has to be considered when developing policy proposals.¹⁹ Technologies can help with tackling people’s needs, but it is hard to say how far they are already able to reduce workloads as they may need specific training. Attention should also be paid to the development of algorithmic management in care work, and the trend towards platformisation of work.

II. General policy objectives

Already the European Pillar of Social Rights (principles 16 and 18) emphasises the right to timely access to affordable, preventive and curative health care of good quality, as well as the right to affordable long-term care services of good quality, especially home-care and community-based services. The European Care Strategy also calls for available, affordable and accessible high-quality care services across the European Union.²⁰

To this end, the situation for both care receivers and the people caring for them will have to be improved.²¹ These objectives do not contradict each other but are instead intimately linked: Without improvements of working conditions for carers, decent care cannot be achieved for the care recipients.

The following policy proposals have been developed based on research in the Care4Care project, focusing on working and employment conditions. In particular, we have looked at dimensions of gender and migration in care sectors in six Member States: France, Germany, Italy, Spain, Poland and Sweden. Please note that in this policy paper issues of the fight against undeclared work, “care drains” and the regulation of agencies and intermediaries are not covered in any detail, as they were not at the centre of our research.

When pointing to possible measures on the level of all Member States as well as on an EU level, we need to keep in mind certain structural limitations:

¹⁷ Care4Care-WP3 Pp. 27-30 (fn 3).

¹⁸ The term “care drain” refers to a phenomenon resulting from recruitment strategies directed towards other countries. These provide job opportunities for individuals from these countries. To the extent that migrant workers use their income in the country from which they were recruited, or send parts of their income there, money flows from the recruiting country to the other country. On the flip side, however, the countries from which the care workers are recruited may experience difficulties due to the outflow of skilled care workers (“care drain”) (Care4Care-WP2 Pp. 316 (fn 3)); EMPL and FEMM ‘Report (A9-0189/2022) towards a common European action on care’ (June 22, 2022).

¹⁹ Care4Care-WP2 Pp. 13, 25, 169, 340, 445 (fn 3); Karolien Lenaerts et al. ‘Digital Platform Work: Implications for OHS’ Pp. 18 (fn 8).

²⁰ European Commission ‘European Care Strategy’ Pp. 3-4 (fn 2); Council Recommendation (fn 2).

²¹ European Commission ‘European Care Strategy’ Pp. 3-4 (fn 2).



Firstly, care services are social services; states and societies have responsibilities for providing affordable and accessible care, and improving care work is an indispensable part of this. In particular, social partners, social dialogue and social welfare organisations have an important role to play. However, our analysis of the institutional settings of care work in the Member States has shown that the formal competences, roles, responsibilities and practices of different actors such as states, social partners, social welfare organisations and civil society, differ quite considerably between Member States. We will therefore name possible measures for the Member States, without naming specific actors at national levels.

Secondly, in many aspects of care policies, the EU has only very limited competences; responsibilities lie mainly with the Member States. National care systems are, on the other hand, closely related to social security systems, which have developed very differently in the Member States. Policy proposals at EU level need to take into account the division of competences and the diversity of national systems.

III. Overview

In the following Sections, we first develop general ideas on how to improve job quality and address undervaluation of care work (Section 1). We then take a look at adverse working conditions with a focus on working time, stress factors, workload as well as violence and harassment as issues of health and safety at work (Section 2). Section 3 is dedicated to specific issues of live-in work. We then address migration (Section 4) and gender (Section 5) as cross-cutting dimensions. General considerations on funding and the design of governance and management systems for care work are developed in Section 6.

1. Better job quality; addressing undervaluation

The social and professional framework for care jobs is still lacking when it comes to making care professions more attractive. Questions of job quality and undervaluation are particularly relevant for live-in workers who work in private homes, often invisible to society. It is in this area in some countries where, according to our research, undeclared work is more prevalent than in other care sectors. The following proposals for improving job quality and addressing undervaluation cover these workers; home care workers should not be treated as second-tier professionals. Section 3 will add more specific proposals for this kind of work.

Our general proposals for strategic changes in the professional environment cover: (a) career development in care work; (b) improving equipment and working environment; (c) fighting undervaluation of care work by increasing wages; (d) and, above all, as a precondition for the efficacy of measures, improving workers' voice and collective representation .

I. Possible measures on national levels

a) Career development

The European Care Strategy already calls for “building career pathways in the long-term care sector, including through upskilling, reskilling, skills validation, and information and guidance services” – a strategy that will have to go hand in hand with “strengthening professional standards, offering attractive professional status and career prospects [...] to long-term care workers, including to those



with low or no qualifications”.²² In short, a system that enables career paths in care sectors has to be created. To this end, measures at various levels are necessary:

- Clear and standardised career paths in care work should be developed; enabling intersectoral mobility paths should also be devised.
- Professional skill certificates should certify and recognise competences and skills in care work. Care workers have both technical and interpersonal competences (for administrative tasks, see b)). Both are equally important and should be given equal recognition. In particular, recognition of competences and skills from third-country nationals, but also between EU Member States, should be facilitated. In addition, the recognition of work experience, including work in self-employment, informal learning outside of formal education and training, should be taken into account – while underlining that work experiences that come with caring for one’s own family members are not equivalent to professional care for third parties.
- Opportunities for all carers – including migrant carers and home care workers – to participate in vocational education and training should be provided as part of the employment, during paid working hours, and publicly subsidised.²³ Education and training must be continuously designed so as to equip care workers with future skills and competences, including digital ones. Individual plans for competence development should be available for all workers. Training opportunities and recognition should be made available in various formats and languages to facilitate access. In particular, trainings should be organised in flexible and adaptable ways that fit diverse work schedules of care workers.
- Legal and institutional frameworks should enable workers to make use of existing competences. One possible measure would be to regulate staffing levels with an obligatory minimum of care workers with specific qualification levels.²⁴
- Remuneration and job evaluation systems should match career paths and give validation to acquired skills; higher competence and skill levels should correlate with higher wages.

b) Equipment, and working environment in general

In many areas, investment in the quality of care equipment and instruments, replacing obsolete devices with modern, ergonomic and adapted equipment, could contribute greatly to job quality in care work. Integrating new technologies will also enhance work quality and contribute to worker

²² Sec. 8 of Council Recommendation (fn 2).

²³ Caritas Europa, EAPN, EFFE, EFFAT, EFSI, Eurocarers, ERGO, Don Bosco International, FairWork, FEANTSA, La Strada International, Make Mothers Matter, PICUM, UNICARE, SIMI, Social Platform and Red Acoge ‘Joint recommendations for the European Care Strategy regarding migrant care providers and service users’ Pp. 5-6 (2022).

²⁴ Example from Germany: Sec. 113c SGB XI (Social Security Code No. 11 on social long-term care insurance) regulates staffing levels in full inpatient care facilities, see Heinz Rothgang (ed.) ‘Abschlussbericht im Projekt Entwicklung und Erprobung eines wissenschaftlich fundierten Verfahrens zur einheitlichen Bemessung des Personalbedarfs in Pflegeeinrichtungen nach qualitativen und quantitativen Maßstäben gemäß § 113c SGB XI (PeBeM)’ (Bremen, August 2022).



retention.²⁵ The state or social security funds should create a financial aid scheme for employers (including private households in the case of home care) to adapt facilities and workplaces, as well as provide for necessary training.

The attractiveness of jobs in the care economy would also be enhanced if workers could focus on care tasks in which they have acquired competences. Our research has shown that the quantity and burden of administrative and routine tasks is an important factor for care workers leaving their job. Promoting organisational, managerial and technical innovations that would enable a clearer division of tasks between workers, and specialisation in view of career development, can be a step towards better job quality. Job evaluation schemes also have to account for administrative work.

c) Increasing wages

Career development (as sketched above) should serve as the basis for increasing wages so as to reflect the true value of care work; our research has shown how care work is in often undervalued compared to other professions. Here, in particular, the social partners have to play a central role. Recognition of the diversity of skills and competences in care sectors, including interpersonal and emotional work, has to be the starting point (see above a)).²⁶

Career development has to be reflected in job evaluation and remuneration. Pay scales should enable all workers, including live-in workers, to benefit at the end of their career from a comfortable salary.

In addition, seniority in the care profession should be a relevant factor in remuneration. Compensatory bonuses could be assigned not only for particularly physically and emotionally demanding tasks, but also for care workers who take night shifts or weekend shifts.

d) Collective representation and collective bargaining in care sectors

There is general agreement on the importance of worker participation, social dialogue and collective bargaining in care work. Not only the European Care Strategy,²⁷ but also the ILO report on paid care work focuses on reward and representation of care workers".²⁸

In fact, it is key for a social and sustainable development of care sectors that social partners play a central role. The legal and institutional framework for industrial relations in care sectors has to effectively enable collective bargaining both at sectoral and at local level. The Care4Care project

²⁵ Research shows that worker retention can improve if new technologies allow better client-to-worker matching, more control over shift scheduling, and more efficient staffing (Emmanuele Pavolini and Eric Marlier 'Addressing knowledge gaps in relation to the long-term care workforce' Pp. 23 (European Social Policy Analysis Network (ESPAN) 2024)).

²⁶ Our research shows that good interpersonal relationships and recognition of the emotional dimensions of care work are of above-average importance in all project partner countries for nurses and healthcare professionals with vocational training or a Bachelor's degree. For the comparative report as part of Work Package 4 (WP4), see Care4Care Consortium 'A country-based descriptive report of care workers' well-being for each country of the project' Care4Care Deliverable No. D4.3 (forthcoming), hereafter cited as "Care4Care-WP4".

²⁷ European Commission 'European Care Strategy' Pp. 12-13 (fn 2).

²⁸ Laura Addati, Umberto Cattaneo, Valeria Esquivel and Isabel Valarino 'Care Work and Care Jobs for the Future of Decent Work' Pp. 25 (International Organisation Office 2018).



acknowledges this and will develop, as societal output, seminars for social partners in order to foster collective bargaining in care sectors.

Therefore, not only institutions representing workers need a voice, but also employers need to be represented. In particular, “user-employers” (i.e., persons employing care workers directly to work in their home) need a representation that acts as negotiating partner.

Our research has very clearly analysed the considerable differences of systems of collective representation and collective bargaining in EU Member States. In view of these differences, measures to further these goals might take on different shapes in the Member States. In some countries, unionisation efforts can be supported and collective bargaining can be promoted by extended central bilateral agreements and trilateral agreements with the participation of the state.²⁹ In other countries, incentivising care institutions and employers or employer organisations to bargain collectively may be an adequate instrument. In others with fragmented collective bargaining systems, a central representational organ of care professionals can be useful.

The Minimum Wage Directive (EU) 2022/2041³⁰ provides an adequate framework for analysis and the development of specific policies, as it requires Member States with a collective bargaining coverage rate below 80% to adopt action plans to promote collective bargaining. In this context, union membership and collective agreement coverage in care sectors should be assessed separately, for private and public care sectors. When implementing the Directive, measures should be specifically targeted towards care sectors.

II. Possible measures at EU level

a) Career development

In the context of career development policies, the EU could and should contribute to standardising qualifications and recognising credentials across Member States, in relation to social, technical, linguistic and transcultural competencies and skills acquired.³¹ This would also facilitate the mobility of care workers.

In EU policies on skills and talents work,³² it is of utmost importance that emotional work as well as interactive work is recognised and valued adequately. In particular, these competencies will have to be integrated into the EU qualification frameworks. In order to develop adequate methods for such standardisation, pilot projects focusing on these skills would be an important step.

²⁹ Example from France: Ségur de la Santé agreement signed on 13 July 2020 by the Prime Minister and the Minister for Solidarity and Health with several trade unions (FO, CFDT, UNSA) and the Fédération hospitalière de France (FHF).

³⁰ Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union, OJ L 275 Pp. 33–47 (October 25, 2022).

³¹ Caritas Europa et al. ‘Joint recommendations for the European Care Strategy’ Pp. 6 (fn 21); Pavolini and Marlier ‘Addressing knowledge gaps’ Pp. 24 (fn 23).

³² European Commission ‘European Skills Agenda for sustainable competitiveness, social fairness and resilience’ (July 1, 2020); European Commission ‘Communication on Skills and Talent Mobility’ COM(2023) 715 final (November 15, 2023).



b) Collective representation and collective bargaining in care sectors

The EU can and should also support social dialogue and collective bargaining at national level in care sectors; such policies can be promoted in the framework of Section 8 of Chapter II of the European Pillar of Social Rights. In this context, the Minimum Wage Directive 2022/2041 is an important instrument, as it is designed not only to ensure adequate minimum wages in the EU Member States, but also to promote collective bargaining on wage-setting. In addition, the Council should recommend Member States to further strengthen social dialogue and collective bargaining at national level.³³ Evaluation and follow-up measures should look at care sectors in particular, in order to develop targeted measures with regard to this sector. A collection of data concerning collective agreement coverage at sectoral level would help understand how to promote collective bargaining in the sector.

In addition, ESF+ funds could be used for investments in worker and employer organisations that provide advice, information and support to migrant care workers specifically. The Commission should, in particular, support national social partners with the organisation of live-in care workers, utilising ESF+ funds. In particular, cross-border cooperations between social partners should be fostered.

The EU should specifically invest in social dialogue and support the capacity building of social partners in care sectors at European level.³⁴ In all care sectors, including home care, key actors on both sides should be recognised as social partners.³⁵ This should become an issue for the new Commission's Pact for European Social Dialogue, to be expected in early 2025.

2. Health and safety risks in care work

Health and safety aspects are a major problem in care sectors. Obviously, care work can present serious chemical and physical risks - for example, muscular-skeletal risks. But care sectors are also high-risk sectors in respect of psychosocial risks,³⁶ such as stress, workload, long working hours,

³³ European Council 'Recommendation on access to affordable high-quality long-term care, 2022/C 476/01' OJ C 476/9 (November 15, 2022); European Commission 'Proposal for a Council Recommendation on strengthening social dialogue in the European Union' COM (2023)38 final Pp. 4 (January 25, 2023).

³⁴ European Commission 'Communication on Strengthening social dialogue in the European Union: harnessing its full potential for managing fair transitions' COM(2023)40 final Pp. 8 (January, 25 2023); See also, Tripartite Declaration for a Thriving European Social Dialogue, signed at the Val Duchesse Social Partners Summit in January 2024, by the Commission, the Belgian Council Presidency and European social partners, establishing a European Social Dialogue Envoy as a contact point for social partners, and launching a Pact for Social Dialogue, to be concluded by early 2025 <<https://ec.europa.eu/social/main.jsp?catId=1632&langId=en>> (February 6, 2025).

³⁵ Cf. Commission decision setting up the European social dialogue committee for social services < https://employment-social-affairs.ec.europa.eu/news/commission-decision-setting-european-social-dialogue-committee-social-services-2023-07-10_en> (July 10, 2023); EFFE, EFSI, EFFAT and UNI Europa 'Joint Statement – Action to Tackle Labour and Skills Shortages - Labour and Skills Shortages in the Personal and Household Services Sector in Europe' (October 2024).

³⁶ European Agency for Health and Safety at Work (EU-OSHA) 'Psychosocial risks in the health and care sector.' Pp. 1 (2023).



violence and harassment. , Our research has found that, in all Member States the Care4Care project has worked on, care workers are exposed to a wide range of risks to their health and wellbeing.³⁷

It is therefore indispensable that all specific health risks associated with care professions are included in health and safety risk assessment. Prevention of these risks must be a primary objective. Care workers must be made aware of, trained in, and prepared for these risks. We have seen that Member States organise health and safety at the level of establishments and labour inspections in diverse ways.³⁸ Worker representatives should, however, always have an important role in health and safety at work, in addition to labour inspectors.

Where prevention is not possible or fails in specific cases, appropriate compensation systems should be in place.³⁹

We have already mentioned the need to equip work spaces in care with modern, accessible, adaptable and ergonomic tools; such measures can not only enhance job quality and professional esteem, but also prevent health and safety risks. In the following, however, we focus on possible concrete health and safety measures concerning working time, workloads and violence.

I. Policy Proposals for measures on national levels

a) Working time

As our research has shown, long and irregular working hours⁴⁰ and insufficient rest periods are a constant and central problem in care work; they are closely linked to the shortage of care workers in the labour market. Too often, working shifts exceed 10 hours, shifts are frequently performed consecutively, the rest period of 11 hours is not guaranteed, working time on on-call duty is not always recognised. Most of these demands would be met by effective enforcement of European working time law (Directive 2003/88/EC⁴¹).

In addition, disconnection periods in which employers are not allowed to contact workers should be considered.⁴² Due to staffing problems, care workers are too often contacted during rest periods,

³⁷ Care4Care-WP2 Pp. 14-15 (fn 3); Care4Care-WP3 Pp. 21, 31, 301, 378, 386 (fn 3); European Commission 'European Care Strategy' Pp. 13 (fn 2).

³⁸ Care4Care-WP2 Pp. 24, 62, 96, 103, 105, 173, 190, 211 (fn 2).

³⁹ Example from France: Art. L. 4163-1 et seq. of the French Labour Code regulates the recording of the exposure to risks in the form of points; see also Art. D. 4163-2 of the French Labour Code, which organises a system of funding by allocating points to private law workers who are exposed to predefined occupational risk factors. These points can be used to finance training, to reduce working hours while maintaining salary, to access early retirement or to finance professional retraining.

⁴⁰ Our research shows that domestic workers, in particular, experience a lack of control over working time (Care4Care-WP4 (fn 24)).

⁴¹ Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, OJ L 299/9–19 (November 18, 2003).

⁴² On a general right to disconnect, see Loïc Lerouge and Francisco Trujillo Pons 'Contribution to the study on the 'right to disconnect' from work. Are France and Spain examples for other countries and EU law?' European Labour Law Journal 13 (3) (2022).



and asked to fill-in at short notice. This creates considerable stress for workers, while at the same time taking the burden of responsibility for the sustainable management of staffing levels off the employer.

It also has to be acknowledged that the time dedicated to coordinate within a group of workers (“team time”/“collective time”) is working time. This is of particular importance for the integration of migrant workers into existing teams.

In general, there are good reasons for further reductions of working time in care work. We have seen that the gendered nature of care work, i.e. the fact that mostly women are employed in care work, also reflects on the working conditions: All the common issues of work/family balance – part-time contracts, temporary contracts, flexible work contracts – are very clearly present in care work. Moreover, it is also not uncommon for care workers to have multiple employers, partly due to a lack of full-time positions. Generally reducing the effective working time to a reasonable level, comparable to other sectors, might make work in care sectors more attractive, could help workers who want to work full-time instead of only part-time, and could thereby mitigate labour shortages.

b) Workloads / staffing levels

Working time and workloads can often only be sustainably reduced if staffing levels are increased.⁴³ Considering the fact that labour shortages are not limited to care sectors, but have come to be a structural problem of European labour markets,⁴⁴ care sectors are in fierce competition with other sectors. Looking at hidden and potential labour forces, such as family carers and migrants, is becoming all the more important (see below Sections 4 and 5).

Standards on nurse-to-patient-ratios⁴⁵ should nevertheless be regulated and implemented effectively. In this respect, Member States will have to choose diverse measures, as our research shows that regulations and institutional systems that allow for the setting of staffing levels differ quite considerably.⁴⁶ In some countries, funding could be made conditional on the implementation of staffing levels; in others, direct regulation via public law may be possible. In any event, legal systems should allow for the effective fixing of staffing levels via collective bargaining.

c) Violence and harassment at work

We have seen that psychosocial risks are particularly common in care work; high workloads, irregular working hours and high emotional job demands can lead to burnout and post-traumatic

⁴³ Care4Care-WP2 Pp. 266 (fn 2).

⁴⁴ Eurofound ‘Measures to tackle labour shortages: Lessons for future policy’ Pp. 27 (Publications Office of the European Union Luxembourg 2023).

⁴⁵ Examples from the US, Australia, Asia and European countries are given by Michael Simon und Sandra Mehmecke ‘Nurse-to-Patient Ratios Ein internationaler Überblick über staatliche Vorgaben zu einer Mindestbesetzung im Pflegedienst der Krankenhäuser’ Working Paper Pp. 116 (Hans Böckler Foundation 2017); European Federation of Nurses Associations (EFN) ‘Policy Statement on EU Nursing Workforce within a Global Safe Staffing Level Context’ (EFN April 2024).

⁴⁶ Care4Care-WP2 Pp. 266, 289, 416 (fn 3).



stress which can impact workers' mental and physical health.⁴⁷ There are also still deficits in the recognition of stress factors as a health-and-safety-issue.⁴⁸

Harassment, abuse and different forms of violence are more and more recognised as health and safety risks; this issue is particularly relevant in care work.⁴⁹ In some countries such as Italy⁵⁰ or Sweden,⁵¹ the safety of care workers against third-party aggression, in particular physical and verbal assaults, has already received attention. Apart from policies on increasing police presence and the application of criminal law, specific preventive approaches are important. In this respect, the ILO Violence and Harassment Convention 190 is important: It calls for health-and-safety measures to be applied in cases of violence and harassment. Member States who have not yet done so should ratify this Convention.⁵² Practical guides in relation to risks of violence and harassment at work will have to be developed; employers and workers should be trained and educated on these issues, psychological support systems should be set up. In line with health-and-safety procedures, employers should identify situations giving rise to violence, as well as implement safety protocols to manage the risks associated with care work.

Workers may also need training on how to act in case prevention fails and aggression takes place. Many care workers also lack effective access to justice in cases of violence and harassment. Free legal aid for care workers and information of their rights in clear, simple and accessible language is therefore paramount. States should also guarantee rights against victimisation and guarantee that workers who make a complaint of violence or harassment do not suffer any disadvantages.

This is particularly important in the case of undeclared migrant workers who should be guaranteed legal protection and residency in the host country at least for the duration of enforcement procedures (see below Section 4 for migration policies in general). Safeguards should be in place preventing labour authorities from reporting undeclared workers to migration authorities.

⁴⁷ Our research revealed above-average levels of burnout due to physical, emotional, and mental exhaustion among all types of care workers in all countries of the project partners. In addition to exposure to traumatic events (such as death and suffering), family members of care recipients contribute to a particularly high level of stress among care workers. Emotional and social support contributes to higher life satisfaction and lower staff turnover (Care4Care-WP4 (fn 24)).

⁴⁸ Care4Care-WP2 Pp. 21, 224 (fn 3); EU-OSHA 'Psychosocial risks in the health and care sector' (fn 35): overview of psychosocial risks in the sector and their prevalence and discussed effective interventions to prevent, reduce and manage psychosocial risks in health and care workplaces.

⁴⁹ Care4Care-WP3 Pp. 21, 31, 301, 378, 386 (fn 3); European Commission 'European Care Strategy' Pp. 13. (fn 2).

⁵⁰ Example from Italy: Gruppo di Studio Italiano CEASE-IT 'Studio Multicentrico Nazionale Gli Episodi Di Violenza Rivolti Agli Infermieri Italiani Sul Posto Di Lavoro' (Università degli Studi di Genova 2021).

⁵¹ Example from Sweden: Government Inquiry Report 'Ett starkare skydd för offentliganställda mot våld, hot och trakasserier' (SOU 2024:1).

⁵² Council Decision (EU) 2024/1018 of 25 March 2024 inviting Member States to ratify the Violence and Harassment Convention, 2019 (No 190) of the International Labour Organization OJ L (April 2, 2024).



A rigorous implementation of Directive 2012/29/EU on protection of victims of crime⁵³ would help provide effective support for care workers who are victims of violence and harassment. In particular, according to Art. 1 (1)(2), victim protection must not be dependent on residence status.

II. Policy Proposals for measures at EU level

As far as health and safety issues are concerned, the European Union should evaluate and analyse the instruments of European Union law in this area, with a view to adequately covering the specific health-and-safety risks in care work.

a) OSH Framework Directive 89/391/ECC

The Framework Directive on Health and Safety 89/391/EEC⁵⁴ already recognises in a very general way all possible health risks that work activities could pose and has introduced risk assessment as an adequate approach to developing targeted protection measures. Nevertheless, a specific Directive on psychosocial risks would be helpful to more effectively address not only psychological risks and stress, but also violence and harassment as health risks at work.

The European Social Partners' cross-industry Framework agreement on work-related stress of 2004 should also be updated in relation to psychosocial risks such as violence and harassment at work, in accordance with the ILO Convention on Violence and Harassment in the Worlds of Work (Convention No 190). The EU Commission could, on the basis of Art. 154 TFEU, initiate a dialogue on a new European Framework Agreement specifically addressing violence and harassment at work.⁵⁵

b) Working Time Directive 2003/88/EC

The Working Time Directive 2003/88/EC⁵⁶ already establishes limits to an excessive use of workers' time. These standards should not be lowered, but instead enforced more systematically. The EU should follow up and monitor the enforcement of the Directive in the Member States.

The European Social Partners for care work should look into possible sectoral measures for the effective limitation of working time, in order to reduce stress in care work. In this context, the regulation of disconnection periods in which employers may not contact workers should be looked into.⁵⁷ The EU Commission could initiate such a process.

⁵³ Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JH, OJ L 315/57–73 (November 14, 2012).

⁵⁴ Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, OJ L 183 (June 29, 1989).

⁵⁵ Considered in European Commission 'Strategic Framework on Health and Safety at Work 2021-2027' COM(2021) 323 final Pp. 13-14 (June 28, 2021).

⁵⁶ Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, OJ L 299/9-19 (November 18, 2003).

⁵⁷ European Parliament 'Resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect (2019/2181(INL))' (European Parliament, January 21, 2021); Eurofound 'Right to disconnect: Implementation and impact at company level' Pp. 10-16 (Publications Office of the European Union, Luxembourg 2023).



3. Live-in work

Live-in-workers find themselves in particularly precarious conditions. Already the representatives of the European Economic and Social Committee who visited the United Kingdom, Germany, Italy and Poland in 2020 reported that representatives of the interests of employees, employers and those in need of care mostly agree in their criticism of many structural problems, especially the exploitation of migrant women.⁵⁸ Our research confirms that the main problems in this sector are excessive working hours, a strong dependence on the employer's goodwill and a particular vulnerability to violence, harassment and discrimination due to isolation of the workplace.⁵⁹

All the measures recommended above for the improvement of job quality and career development in care sectors are also valid for live-in-work. In addition, the following recommendations focus on questions of employment status, labour rights and enforcement. Note that undeclared work is highly prevalent in this sector,⁶⁰ but mostly outside of the scope of this policy paper.

I. Policy Proposals for measures on national levels

a) ILO Domestic Workers Convention

We call on Member States that have not yet done so to ratify and fully implement the ILO Domestic Workers Convention 189.⁶¹ Live-in workers are an important sub-group of domestic workers as regulated in this Convention.

Ratification is an important step to grant full labour and social security rights and benefits for these workers. However, our research has shown that countries that have ratified the Convention are not necessarily compliant with it.⁶² While the Convention (Art. 2) does allow for subjecting domestic care workers to specific labour law protection, it also establishes limits and procedural requirements; in particular, it asks for “at least equivalent protection” for such workers. Any such exception needs to

⁵⁸ Adam Roglewski and Karol Florek ‘The future of live-in care work in Europe Report on the EESC country visits to the United Kingdom, Germany, Italy and Poland following up on the EESC opinion on “The rights of live-in care workers” (European Social and Economic Committee 2020); see also, Dalila Ghailani Eric Marlier, Isabel Baptista, Thibaud Deruelle, Ilda Duri, Anne-Catherine Guio, Korina Kominou, Pedro Perista and Slavina Spasova ‘Access for domestic workers to labour and social protection: An analysis of policies in 34 European countries’ Pp. 13 (European Commission 2024).

⁵⁹ Care4Care-WP2 Pp. 14, 256 (fn 3); Care4Care-WP3 Pp. 31 (fn 3).

⁶⁰ Care4Care-WP2 Pp. 14 (fn 3); See also, Martin Guzi, Barbora Holubová, Marta Kahancová, Martin Kahanec, Monika Martišková, Marek Radvanský, Pavol Bors and Lisa Schönenberg ‘Tackling undeclared work in the personal and household services sector’ (European Labour Authority March 2022).

⁶¹ For example, Germany, Italy, Spain, and Sweden, but not France and Poland, have ratified the ILO Convention 189 (Care4Care-WP2 Pp. 13 (fn 3)).

⁶² Care4Care-WP2 Pp. 13 (fn 3); Caer4Care-WP3 Pp. 200 (fn 3); Martin Guzi et al. ‘Tackling undeclared work in the personal and household services sector’ Pp. 34-35 (fn 58).



be reviewed in light of the Convention, and in light of EU law.⁶³ In particular, live-in-workers should have the same options to earn state support or benefits as workers in other sectors.⁶⁴

b) Employment status

To establish pathways to a regular employment status for live-in care workers is maybe the most important policy objective in this area. Establishing the existence of an employment relationship is ultimately about whether all or none of the labour law (and social security law) standards apply. Nevertheless, our research shows that, in some countries, live-in-workers are classified as “self-employed” or a similar category, sometimes induced by posting agencies.⁶⁵ This is highly problematic. These relationships will mostly have to be considered bogus self-employment.⁶⁶ Therefore, a “legalisation” of self-employment in live-in work only removes the little legal leverage these workers have. As the rules for classifying workers under EU labour law do not allow for exceptions for live-in-workers,⁶⁷ such measures do not provide legal certainty,⁶⁸ but risk providing nothing more than a disguise of employment.

We have seen, however, that in some countries, domestic home care is already on the way to becoming well-structured and regulated through systems for formal declaration and social and tax incentives, which help to promote legal employment arrangements. Such systematic measures, in addition to funding, are necessary in order to effectively promote compliance with labour law (see also below Section 6). People that are cared for in their homes need a variety of social services that cater to their individual needs. Regular consultation and adaptation of services to individual needs is paramount; this can reduce the work burden on live-in workers and enable them to have shorter working hours.

In this respect, it would also make sense to incentivise employment through agencies rather than having the family as user-employer; this allows for professionalised management of labour rights, working conditions and career development. In particular, such agencies could, with the help of social partners, coordinate or organise safe spaces and external intermediaries, as well as provide for working time slots dedicated to collective and group coordination that enable the formation of teams.⁶⁹ Other forms of co-employership could also be explored, following the French example of

⁶³ ECJ 24 February 2022, Case C-389/20 (CJ v Tesoreira General de la Seguridad Social (TGSS)); ECJ 19 December 2024, Case C-531/23 (Loredas); Care4Care-WP2 Pp. 26 (fn 3).

⁶⁴ Martin Guzi et al. ‘Tackling undeclared work in the personal and household services sector’ Pp. 3, 64 (fn 58).

⁶⁵ Care4Care-WP2 Pp. 263, 264 (fn 3).

⁶⁶ Care4Care-WP2 Pp. 263, 264 (fn 3); For the definition, see fn 6; see also, Eva Kocher “Legal certainty” for live-in work in Germany: A strategy for formalization?’ International Labour Review 163 (3) (2024).

⁶⁷ ECJ 24 February 2022, Case C-389/20 (CJ v Tesoreira General de la Seguridad Social (TGSS)); see also Care4Care-WP2 or Care4Care-WP3 (fn 3).

⁶⁸ Martin Guzi et al. ‘Tackling undeclared work in the personal and household services sector’ Pp. 28, 29, 39 (fn 58).

⁶⁹ Example from France: Act no. 2024-317 of 8 April 2024 on measures to build a society for ageing well and independent living: The law created a professional card by 2025 for home carers working with the elderly and disabled; cf. Nathalie Canieux ‘Le travail à domicile auprès des personnes vulnérables: des métiers du liens’ Journaux officiels Pp. 41 (2020).



the funding of training and other measures by all user-employers, in the form of a social service.⁷⁰ Another example is the German social security funds in the construction sector (SOKA BAU) as a joint institution of the social partners.⁷¹

c) Enforcement

Although the laws of the Member States, in accordance with the European Working Time Directive 2003/88/EC, do not allow for excessive working hours of live-in-workers, we have found that these rules are often not enforced.⁷² The same is true for other kinds of labour law violations in households.⁷³ This is an issue that Member States must address. A first step would be to ensure that households are considered proper workplaces with all the consequences that derive from this, given national labour law and health and safety at work regulations.

However, employment in a private household has some specificities: possibly limited access of labour inspectorates, limited knowledge of user-employers of their duties as an employer, limited control over the workplace when employers are agencies, etc.⁷⁴ These characteristics require the design and implementation of specific instruments to facilitate law enforcement in the sector. In particular, Member States have to ensure that the regulatory framework for health-and-safety at work and its enforcement is effectively adapted to the special characteristics of live-in care work. Instruments to be considered include information platforms, apps to handle administrative declaration, preventative visits of labour inspectorates, or worker interviews by inspectorates. Employers in this sector will also need more advice and counseling than other employers (see below Section 7a)).

Incentives for compliant user-employers as well as employing agencies are also an important instrument; social voucher schemes, tax incentives or social security incentives could be created.⁷⁵ Self-employment (as mentioned above) should not be included in such incentives.

⁷⁰ Coralie Perez and Ann Vourc'h 'Individualising training access schemes: France – the Compte Personnel de Formation (Personal Training Account – CPF)' OECD Social, Employment and Migration Working Papers (2020).

⁷¹ In accordance with Section 4 (2) of the Collective Agreement Act, the provisions of the underlying collective agreement apply directly and mandatorily to the statutes of the joint institutions of the parties to the collective agreement and the relationships of their members. The SOKA-Bau collective agreement is generally binding and applies to the entire construction sector in Germany <<https://www.soka-bau.de/soka-bau-a-z/geltungsbereich> (February 06, 2025)>.

⁷² Care4Care-WP2 Pp. 14, 261, 364 (fn 3).

⁷³ Martin Guzi et al. 'Tackling undeclared work in the personal and household services sector' Pp. 28, 29, 39 (fn 58).

⁷⁴ Care4Care-WP2 Pp. 173 (fn 3); Dalila Ghailani et al. 'Access for domestic workers to labour and social protection' Pp. 14 (fn 57); Effrosyni Bakirtzi 'European Centre of Expertise in the field of labour law, employment and labour market policies (ECE)' ECE Thematic Review 2022-2023: Application of EU labour law in the long-term care sector' Pp. 13 (European Commission April 2023).

⁷⁵ Example from Italy: By 31 December 2025, employers hiring or converting domestic workers in indefinite employment contracts for assisting elderly individuals aged at least eighty years will be granted a 100% exemption from total social security contributions and insurance premiums for up to 24 months (Care4Care-WP3 Pp. 17 (fn 3)). Example from Spain: Bonuses are granted to employers hiring workers in family contexts, effectively reducing the tax or Social Security contributions required for such employment (Care4Care-WP3 Pp. 17 (fn3)); See also, Martin Guzi et al. 'Tackling undeclared work in the personal and household services sector' Pp. 3 (fn 58).



II. Policy Proposals for measures at EU level

Council Decision 2014/51/EU authorising Member States to ratify ILO Convention No 189⁷⁶ implicitly recognised the relevance of specific measures in the area of live-in work. Against this background, the European Commission should adopt a recommendation indicating possible effective strategies and guidelines on the implementation of the Convention, as well as offer technical assistance to Member States to overcome the barriers for them ratifying the Convention or implementing it completely.

a) Employment status

These barriers also concern bogus self-employment, a phenomenon that is widespread in this sector, partly coordinated by agencies specialised in brokering cross-border work of care workers from Central and Eastern European countries posted to Western European Member States.⁷⁷ The European Labour Authority (ELA) could play a larger role in controlling these issues and could conduct inspections. It should be noted that the Temporary Agency Work Directive 2018/957⁷⁸ applies to many settings in which live-in workers are employed by agencies and work in private households.⁷⁹ Problems lie in implementation of the Directive and the compliance of small agencies (which predominate in care sectors).

In general, however, problems of non-implementation of employment status are similar in this sector to those that gave rise to the Platform Worker Directive of 2024 and the Commission's Proposal on combating disguised employment of trainees of March 2024.⁸⁰ A Directive creating a rebuttable presumption of employment for this sector, following the example of the platform work and traineeships, would therefore be a good option for live-in work. The Member States' implementation of such a measure would have to come with a package of complementary measures, funding and coordination of social services that cater to individual needs of the persons in need of care. Thus, the Directive should come with financial aid and guidelines for Member States and national social partners to address the specific challenges of employment and working time arrangements in live-in work.

⁷⁶ Council Decision (2014/51/EU) of 28 January 2014 authorising Member States to ratify, in the interest of the European Union, the International Labour Organisation's Convention on Decent Work for Domestic Workers, 2011 (Convention No 189), OJ L 32 (February 1, 2014).

⁷⁷ For example, Germany, Italy, Spain, and Sweden, but not France and Poland, have ratified the ILO Convention 189 (Care4Care-WP2 Pp. 13 (fn 3)).

⁷⁸ Directive (EU) 2018/957 of the European Parliament and of the Council of 28 June 2018 amending Directive 96/71/EC concerning the posting of workers in the framework of the provision of services (Text with EEA relevance), OJ L 173 Pp. 16-24 (July 9, 2018).

⁷⁹ European Commission 'Report on the application and implementation of Directive (EU) 2018/957 of the European Parliament and of the Council of 28 June 2018 amending Directive 96/71/EC concerning the posting of workers in the framework of the provision of services' COM(2024) 320 final Pp. 7-8 (European Commission April 10, 2024).

⁸⁰ Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on improving working conditions in platform work, OJ L 2831 (November 11, 2024); European Commission 'Proposal for a Directive of the European Parliament and of the Council on improving and enforcing working conditions of trainees and combating regular employment relationships disguised as traineeships (Traineeships Directive)' COM(2024) 132 final (March 20, 2023).



b) Recognising rights of live-in-workers

In its landmark judgment of 24 February 2022, the CJEU established that discrimination of live-in-workers can be considered a violation of EU gender equality law 79/7/EEC.⁸¹ It reiterated this assessment in its decision from 19 December 2024.⁸² Based on this conclusion, the EU should question the remaining exclusions from labour standards in EU law. In particular, it should clarify that domestic workers, including live-in care workers, fall within the scope of OSH Framework Directive 89/391/EEC.⁸³ We also call for a full inclusion of (domestic) live-in workers in the Directive (EU) 2019/1152 on transparent and predictable working conditions in the European Union.⁸⁴

There is also a need for better statistical monitoring of the sector in terms of both worker profiles and their employment conditions, as well as user profiles and their needs, and coverage of collective agreements. A standard definition of households as workplaces that could be uniformly applied across EU Member States would facilitate inclusion in European statistical nomenclatures.⁸⁵

4. Migration as a cross-cutting issue

Migration as well as discrimination of migrants are problems that are highly relevant for care sectors. As one consequence, the cooperation of migrant workers with workers educated in the host country can lead to conflicts, especially if workloads and working time are as precarious as they are in care work; our research has shown that stress and high workloads tend to endanger cooperative environments.⁸⁶

On the other hand, migrant workers are important for the future of care in Europe. Migrants (both intra-EU migrants and third country nationals) are, with good reason, seen as part of the hidden and potential workforces that could help address the problem of labour shortages. They bring valuable skills to the table that often remain unrecognised.

⁸¹ ECJ 24 February 2022, Case C-389/20 (CJ v Tesoreira General de la Seguridad Social (TGSS)) (on Directive 79/7/EEC of 19 December 1978 on the progressive implementation of the principle of equal treatment for men and women in matters of social security); Care4Care-WP2 (fn 3); see also Mia Rönnmar 'Court of Justice of the European Union (Third Chamber) CJ v Tesoreira General de la Seguridad Social (TGSS), Case C-389/20' *International Labour Law Reports* 42 (2023); Elisa Chiericato 'The role of EU law in challenging the unjustified differential treatment of domestic workers: An analysis of the Court of Justice decision in CJ v Tesorería General de la Seguridad Social (TGSS) (C-389/20)' *European Law Review* 47(6) (2022).

⁸² ECJ 19 December 2024, Case C-531/23 (Loredas); see also Eva Kocher 'Equal treatment for domestic workers – one more step on a long and winding road' *Global Workplace Law & Policy Blog* (forthcoming).

⁸³ The relevant addendum to Art. 3 (a) and all similar rules in the associated Directives including the Working Time Directive should be deleted; Edoardo Ales, Mark Bell, Olaf Deinert and Sophie Robin-Olivier 'International and European Labour Law Article-by-Article Commentary' Directive 89/391/EEC Art. 3 Rn. 30 (Baden-Baden; München; Oxford; Portland 2018).

⁸⁴ Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union, OJ L 186 Pp. 105-121 (July 11, 2019); Art. 1 (7) would have to be deleted.

⁸⁵ Martin Guzi et al. 'Tackling undeclared work in the personal and household services sector' Pp. 2–3 (fn 58).

⁸⁶ Care4Care-WP3 Pp. 261 (fn 3).



At the same time, migration policies tend to be dominated by objectives of restrictions to migration. These policies and the narratives that are sometimes attached to them can endanger objectives of both attracting qualified foreign care workers and of fighting discrimination against these workers. This inherent contradiction has to be taken into account not only when designing migration policies towards care workers, but also when designing policies about immigration to the EU in general.

In view of this situation, this Section particularly addresses legal migration pathways, reception and integration of migrants, working conditions, as well as non-discrimination and access to rights.

I. Policy Proposals for measures on national levels

a) Legal migration pathways

Our research has pointed out the legal migration pathways that many Member States are exploring for long-term care workers from third countries.⁸⁷ To this end, it is crucial to simplify migration procedures to facilitate access to rights for migrant workers. Developing integration pathways through training for care sectors could be a useful instrument in this context.

We have also seen that some EU Member States have had good experiences with the regularisation of undeclared workers, while still many migrants already living (and sometimes already working) in a Member States are not granted permits for employment, or are in an undeclared status.⁸⁸ For these cases, regularisation policies should be implemented. “Lane changes” - i.e., access to work permits for asylum seekers or facilitating migrant live-in workers' access to stable permits - should also be considered.

When implementing schemes for the regularisation of workers, Member States should take care to also regularise their immediate family members.

b) Support: reception, recognition, integration

Opening labour markets in care to migration means much more than just creating legal migration pathways. Migrant workers need support, including adequate measures for reception and integration. The recognition of professional competences and diplomas and de-bureaucratized recognition processes are the most important measures in this context. Transparent and fast administrative procedures should also be accessible for employers.

This also involves language training, which should be cost-free for workers and be offered during working time. In addition, care should be taken to match language requirements to the specific job and the communication requirements with both the persons in need of care and co-workers. In this regard, adequate group and collective time has to be guaranteed, allowing for the creation of teams

⁸⁷ Examples from Germany and France: “Triple Win Program”, organized jointly by the Federal Employment Agency and German International Cooperation Society (GIZ) (Care4Care-WP3 Pp. 265 (fn 3); French Lab Migration, a laboratory for experimentation and innovation on migration in the private-sector employer sector, initiated in Marseille in 2022 by the French Federation of Individual Employers (FEPEM) and other social partners, in order to attract workers for the homecare sector (Care4Care-WP3 Pp. 129 (fn 3)).

⁸⁸ Care4Care-WP3 Pp. 134, 136, 163, 182, 187, 220, 271, 306, 365 (fn 3).



and enabling good communication. The acknowledgment of group and collective time as working time has to be ensured.

The funding of care services also needs to account for employers' cost for language training, group time, and related expenses.

c) Monitoring working conditions when issuing permits

Member States that open their labour markets to foreign workers have a responsibility to prevent exploitation and unfair working conditions. Migration laws should consider these risks which our research has clearly shown.⁸⁹ The most important measure to this end is to avoid the binding of residence permits to individual employment. Any permit should take into account the reality of multiple employments within the sector and, in addition, allow a change of employer and status.

In addition, on a migrant's first entry into the national labour market, states could review employment contracts for compliance with labour standards and ensure that contracts are written in a language that the worker understands. In particular, governments should require wages and other working conditions to be not lower than those set by collective agreements or established industry practices.

d) Fighting discrimination and granting access to rights

Care4Care research shows how migrant care workers suffer from different forms of discrimination.⁹⁰ Although we have seen that migrant status is not uniformly recognised as a discriminatory factor in all legal frameworks, migrant status often intersects with factors such as race, ethnic origin, religion, or nationality. Based on the Equal treatment Directive 2000/43/EC⁹¹, all Member States have legal frameworks in place in order to combat such discrimination.⁹² They should introduce, nevertheless, special non-discrimination rules for migrant workers, when implementing Art. 1 (1b) of the revised Single Permit Directive (EU) 2024/1233.⁹³

However, migrants who experience discrimination in care work frequently refrain from reporting incidents because access to legal services is difficult and costly, and because they fear prosecution in the event of undeclared employment or lack of legal status.⁹⁴ It is therefore indispensable for workers to be able to access a residence status independent of a specific employment or work relationship.

Structures for legal support, advice, counselling and empowerment are needed in order to promote better access to workers' rights for migrant care workers. Member States should provide systematic

⁸⁹ Care4Care-WP3 Pp. 222, 223, 276, 306, 394, 412 (fn 3).

⁹⁰ Care4Care-WP3 Pp. 30, 31, 93, 127, 139, 268 (fn 3).

⁹¹ Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin, OJ L 180 Pp. 22-26 (July 19, 2000). This policy paper uses the terms "race" and "ethnic origin" in conformity with the Directive.

⁹² Care4Care-WP3 Pp. 24, 275 (fn 3).

⁹³ Directive (EU) 2024/1233 of the European Parliament and of the Council of 24 April 2024 on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State (recast), OJ L 1233 (April 30, 2024).

⁹⁴ Care4Care-WP3 Pp. 31, 32, 271 (fn 3).



information to care workers about their rights, support organisations, and mechanisms for complaints and redress (see also above for live-in-workers). General awareness-raising programmes on racial and ethnic stereotypes, as well as public action to collect statistical data and support scientific research on discrimination could accompany these measures.

Equality bodies have a key role in facilitating migrant workers' access to justice, as well as in addressing structural aspects of discrimination. The standards put forward by Directive (EU) 2024/1499 provide important guidelines here.⁹⁵

The CARE4CARE project will develop a web platform as a pilot for six EU member states, which will provide information on care workers' rights.

II. Policy Proposals for measures at EU level

a) Legal migration pathways

In order to support Member States in furthering the labour mobility of third-country migrant workers, aimed at addressing labour shortages and promoting access to work permits and social rights for migrant care workers, the EU should provide a framework. The EU Talent Pool can be considered an element of such policies,⁹⁶ as are the simplification of migration procedures and the improvement of migrant workers' rights as promoted by the European Commission's Legal Migration Package.⁹⁷

At EU level, the European Commission's Blue Card Directive facilitates the recruitment of highly skilled non-EU workers, including those in care roles. The Commission has already announced that it will begin mapping the admission conditions and rights of long-term care workers from non-EU countries in different Member States, with a view to exploring the added value and feasibility of developing an EU-level admission scheme to attract migrant workers.⁹⁸ On this basis, the potential to expand the Blue Card Directive to include specific pathways for care professionals could be explored. It is paramount, in this context, to enable non-EU workers to change employers and/or work for multiple employers (as the revised Single Permit Directive (EU) 2024/1233 intends to do). This is essential to ensure fair working conditions and to eliminate undue pressure.

The ELA has an important role in this respect, in particular in the development of policies on cross-border care work, by sharing information concerning working and employment conditions,

⁹⁵ Council Directive (EU) 2024/1499 of 7 May 2024 on standards for equality bodies in the field of equal treatment between persons irrespective of their racial or ethnic origin, equal treatment in matters of employment and occupation between persons irrespective of their religion or belief, disability, age or sexual orientation, equal treatment between women and men in matters of social security and in the access to and supply of goods and services, and amending Directives 2000/43/EC and 2004/113/EC, OJ L (May 29, 2024); see also Directive (EU) 2024/1500 of the European Parliament and of the Council of 14 May 2024 on standards for equality bodies in the field of equal treatment and equal opportunities between women and men in matters of employment and occupation, and amending Directives 2006/54/EC and 2010/41/EU, OJ L (May 29, 2024).

⁹⁶ European Commission 'Proposal for a regulation of the European Parliament and of the Council establishing an EU talent pool' COM(2023) 716 final (November 15, 2023).

⁹⁷ European Commission 'Communication on attracting skills and talent to the EU' COM(2022) 657 final (April 27, 2022).

⁹⁸ European Commission 'Communication on Skills and Talent Mobility' (fn 30); European Commission 'European Care Strategy' Pp. 15 (fn 2).



employment support services, but also by conducting joint labour inspections and helping Member States with tackling undeclared work. The EU should also invest in worker and employers' organisations that provide advice, information and support, including specific outreach and counseling for migrant workers. The ELA can be entrusted with specific tasks in this regard.

b) Fighting discrimination

Art. 1 (1b) of the revised Single Permit Directive (EU) 2024/1233 creates a principle of non-discrimination of migrant workers, "irrespective of the purpose of their initial admission to the territory of that Member State, based on equal treatment with nationals of that Member State". Implementation in the Member States should be carefully monitored.

In general, the Commissioner for Equality, when developing a New Anti-Racism Strategy for post-2025, should take great care to consider migrant care workers and cross-border care work.

As concerns the working conditions and fair treatment of workers, the UN Migrant Worker Convention⁹⁹ is an important instrument. The EU should therefore explicitly authorise and recommend Member States to ratify this Convention.

5. Fighting discrimination based on gender

Care work is gendered work; our research has shown that it is an expression of occupational gender segregation, both horizontal and vertical.¹⁰⁰ Fighting gender discrimination must therefore consider the social structures and stereotypes that are inherent in our societies. It is not surprising that the measures generally discussed in order to create more just and equal societies would also be important measures to counteract the social division of labour that assigns devalued care work to women. These concern:

- abolishing structural barriers that hinder women's access to the labour market, and adopt public services (day care centers, etc.) to cope with family care functions;
- fighting all forms of violence against women, and provide shelter places;
- preventing sexist and homophobic messages and hate speech in the media, including in social media;
- promoting work-life balance, establishing the right to access more flexible work arrangements, and parental leave for all genders without victimisation, in line with the EU Work-Life Balance Directive (EU) 2019/1158;¹⁰¹

⁹⁹ International Convention on the Protection of All Migrant Workers and Members of Their Families, adopted by the United Nations on December 18, 1990.

¹⁰⁰ Care4Care-WP3 (fn 3); See also, Blandine Mollard, Jakub Caisl, Davide Barbieri, Marre Karu, Giulia Lanfredi, Vytautas Peciukonis, Maria Belen Pilares, Jolanta Reingardė and Lina Salanauskaitė 'Gender inequalities in care and consequences for the labour market' Pp. 15 (European Institute for Gender Equality 2021).

¹⁰¹ Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU, OJ L 188/80 (July 12, 2019). Our empirical studies show that the conflict between work and private life is above average in all countries of the project partners, especially



- creating obligations for employers to draw up equality plans, identify discrimination, particularly in relation to pay (through pay audits).¹⁰² The implementation of the Pay Transparency Directive (EU) 2023/970¹⁰³ can be an important step in this direction. In particular, the undervaluation of interactive and emotional work, should be addressed here (see above 1.1.a)).

In view of labour shortages, it is important to mobilise the hidden labour force of family carers. In many countries, there is a latent tension between public provision of care services and care provided by family members, mostly women.¹⁰⁴ Member States, in a situation of lack of funding and labour shortages, tend to point to the importance and value of unpaid care in the family.

There are, however, structural risks attached to these policies. Firstly, they often rely on female members of households and families to provide care without pay and adequate financial compensation, thereby not only contributing to gender pay, time and pension gaps, but also reinforcing the stereotypes of care work being women's work that have been such an important factor in care crises in the first place. Secondly, these policies are often promoted with a wish to respect preferences and desires of people in need of care, without considering that such preferences are also shaped by experiences with deficient social services, or public images of social services. This shows that creating better public care and community care is also urgently needed. Community care of good quality could also counteract the social isolation among seniors that has become a major social problem.¹⁰⁵

On a more concrete level, in order to attract more men to the sector, gender stereotypes that are linked to the idea of "care" as a supposedly feminine concept should be questioned publicly and urgently.¹⁰⁶

It would also be useful to gather more information and systematically collect data on gender inequalities in care occupations, through statistics, surveys, and research.¹⁰⁷ A gender perspective should be present in research, including qualitative analysis, in order to capture the full scope of gendered work experiences in care.¹⁰⁸

in Germany, among nursing and healthcare professionals with vocational training or a Bachelor's degree (exception: France, which is slightly below average) (Care4Care-WP4 (fn 24)).

¹⁰² Care4Care-WP2 Pp. 434 (fn 3); Care4Care-WP3 Pp. 379, 380, 382 (fn 3).

¹⁰³ Directive (EU) 2023/970 of the European Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms, OJ L 132 Pp. 21-44 (May 17, 2023).

¹⁰⁴ Care4Care-WP2 Pp. 9, 138 (fn 3).

¹⁰⁵ Care4Care-WP3 Pp. 14 (fn 3).

¹⁰⁶ European Commission 'European Care Strategy' Pp. 12, 17 (fn 2); European Commission 'Communication on A Union of Equality: Gender Equality Strategy 2020-2025' COM(2020) 152 final (March 5, 2020).

¹⁰⁷ Care4Care-WP3 Pp. 30, 23 (fn 2); Blandine Mollard et al. 'Gender inequalities in care and consequences for the labour market' Pp. 70-71 (fn 98).

¹⁰⁸ Care4Care-WP3 Pp. 14, 23 (fn 3).



These measures also concern the EU level. In the development of a new Gender Equality Strategy post-2025 in relation to gender, the specific issues of professional care work should be highlighted.

6. Funding, Governance and Management

I. Policy Proposals for measures on national levels

a) Social clauses in funding systems

Implementing the measures we propose is not only complex, but also requires unprecedented budgetary efforts for the national care systems. The funding of care systems does not only have to reflect demographic changes and mirror changes in family structures and ways of living, but also has to contribute to improving job quality and working conditions, in particular reducing workloads for care workers. These objectives are imperative if accessible and high-quality care for everyone is to be guaranteed. For political discussions, it could be helpful to assess the costs of such an investment in comparison to the future costs of a system in crisis.

As our research shows, the national systems have quite diverse funding structures. Nevertheless, in all systems, public expenditures go into two ways: Funding care institutions and in-kind services on the one hand, and on the other supporting families and people in need of care financially to enable them to afford care services, including the employment of care workers as user-employers.¹⁰⁹

Both of these funding mechanisms can and should be formally linked and conditioned to working conditions. As far as the funding of social and welfare institutions is concerned, a standard of minimum requirements would have to be set up. Compliance with such standards as well as adherence to collective agreements would have to be introduced by way of social clauses, as a condition for accreditation and/or funding, in particular in the context of public procurement. Some countries have already had experience with such clauses.¹¹⁰

As far as financial benefits for people in need of care are concerned, these could also be made conditional on the use of socially responsible services by the introduction of social clauses. Voucher or tax credit systems have already been designed in some countries.¹¹¹

As a precondition for such policies, the introduction of quality certificates for employers and care institutions would be a first step. These should also cover agencies for live-in work, and thereby help inform users about the work standards the agencies have established.

¹⁰⁹ Care4Care-WP2 Pp. 225, 257 (fn 3).

¹¹⁰ Example from Germany: Since September 2022, service contracts financed by the social insurance institutions can only be concluded with providers that guarantee the minimum standards of a collective agreement (Care4Care-WP2 Pp. 258 (fn 3)).

¹¹¹ Example from France: Act no. 2024-317 of 8 April 2024 on measures to build a society for ageing well and independent living: The law created a professional card by 2025 for home carers working with the elderly and disabled; cf. Nathalie Canieux 'Le travail à domicile auprès des personnes vulnérables: des métiers du liens' Des Journaux officiels Pp. 41 (2020).



b) Case management systems

Our research has analysed in detail how the provision of care services is fragmented in many countries – there are private, public, social and welfare actors, at the least. The same applies to funding which often comes from a variety of public and private sources.¹¹² This makes the organisation of decent work in care highly complex.

Nevertheless, organisational environments can and should be designed in a way as to enable people in need of care to access a range of professionals and pay them fairly. This also requires incentives and easy access to information. Some Member States have started experimenting with a measure that can be put to good use in order to guarantee compliance with the minimum standards for decent work in care: Person-centered case management may help establish a reliable mix of care services and a reliable support network for the people in need of care.¹¹³

A focus on decent work and minimum standards for employment contracts and working conditions should be integrated into such systems. This would be particularly important for live-in care. Case management also allows experiences from individual cases to be used to further develop the infrastructure and analysis of working conditions in care work.

c) Cross-sectional policy approaches

Care work poses particular challenges because it concerns so many policy fields simultaneously: Health, Education, Social Policies, Labour Market, Family Policies, External and Migration Policies, Financial Policies, Regional and International. In most Member States, these policy fields also concern different ministries, governmental agencies, and civil society actors. In order to develop coherent care strategies that are able to effectively establish decent and fair working conditions for workers, cross-sectional and cross-disciplinary councils, advisory boards, working groups, etc. have to be designed.

II. Policy Proposals for measures at EU level

The European Union should support Member States in the development of quality assurance systems to be used in funding, as well as monitoring care services; indicators on working conditions and non-discrimination work should be an important part of these.¹¹⁴ The European Labour Authority might be the right forum for these tasks. Social partners should be the primary actors involved in drawing up such indicators.

¹¹² Care4Care-WP2 Pp. 13, 49, 52, 257, 344 (fn 2).

¹¹³ Example from Germany: Local care support centres ('Pflegestützpunkte') in accordance with Sec. 7c SGB XI offer advice and support to people in need of care and their relatives. In Sweden, since 2022, there is a requirement that all persons receiving care at home have a fixed care contact, who is a person with special responsibility for the individual receiving care at home (Mr. Linus Sikström 'Reforms in the area of long-term care in Sweden' Pp. 4 (European Commission 2024). Moreover, in 2024, the National Board of Health and Welfare will conduct an investigation following up the introduction of this requirement. In Italy, the "integrated entry gates" facilitate a comprehensive, multidimensional assessment of LTC needs, paving the way for tailored 'integrated individual assistance plans' (Carla Antonucci 'Implementation of the Council Recommendation on access to affordable high-quality long-term care, 2022/C476/01' Pp. 4-5 (European Commission 2024)).

¹¹⁴ Caritas Europa et al. 'Joint recommendations for the European Care Strategy' Pp. 6 (fn 21).



The Commission should continue to support (and develop) cooperation between Member States to share best practice and pool research and innovation programmes. The EU – in particular, the European Labour Authority – can offer technical assistance and consulting in these processes. It is particularly helpful that the ESF+ funding is also provided for changes of work organisation – these are important for many of the changes envisioned in this paper.

In the EU, as well as in the Member States, cross-sectional approaches should be implemented.

Summary

The availability of affordable and accessible high-quality care services for everyone who needs them is an objective the importance of which can hardly be overstated. High-quality long-term care empowers people who, as a result of old age, illness and/or disability, depend on help for daily activities, to maintain their autonomy and live with dignity. High-quality jobs with secure and safe working conditions and no-discrimination are a necessary requirement if these goals are to be achieved. This also encompasses addressing the vulnerability of certain groups of workers, such as live-in and migrant care workers, and fighting discrimination based on migration status and gender.

In view of the institutional diversity of care sectors in the Member States and between the Member States, a variety of targeted measures will be necessary to address these problems. Our proposals therefore cover a wide range of issues, among them:

- the promotion of career development and professionalisation,
- standardisation of qualifications and their recognition, in particular in relation to interactive and emotional work,
- the reduction of working time and workloads,
- addressing violence and harassment at work,
- enforcement of labour and social standards,
- opening pathways for third-country care workers into European labour markets,
- protecting migrant workers from discrimination,
- and supporting the building of diverse teams in care work.

Some general issues should be highlighted:

- Firstly, decent work has to be an important factor in any policy concerning decent care. Standards for better job quality and better working conditions should be integral to all definitions and priorities around sustainable and quality care systems. In particular, funding of care services should be made conditional on standards of good working conditions.
- Secondly, all types of care workers (and their representatives) should be acknowledged and recognised, including live-in workers.
- Thirdly, workers' voice, the recognition of social partners from both sides as well as social dialogue are of utmost and cross-sectional importance. The structuring and strengthening of social dialogue paves the way for facilitating the effectiveness of any measure in the care economy.



- Four: the governance of care and care work has to take into account its cross-sectional and cross-disciplinary character.
- And lastly: in order to develop more nuanced measures, and to monitor their implementation, statistics are crucial. To this end, statistical categories that reflect the realities of care sectors, are needed.

Most of the measures needed in order to improve job quality and address undervaluation lie in the competence of Member States, national social partners and care institutions. However, the European Union can support Member States and social actors considerably by setting standards and legal frameworks, and also by organising knowledge exchange. As far as the organisation of labour markets is concerned, the European Labour Authority can be an important actor.

It is our hope that EU actors and actors in the Member States cooperate effectively to address the many aspects of the care crises. Their actions are urgently needed in order to provide affordable, available and accessible care services to everyone who needs them, while at the same time taking care of care workers themselves.