

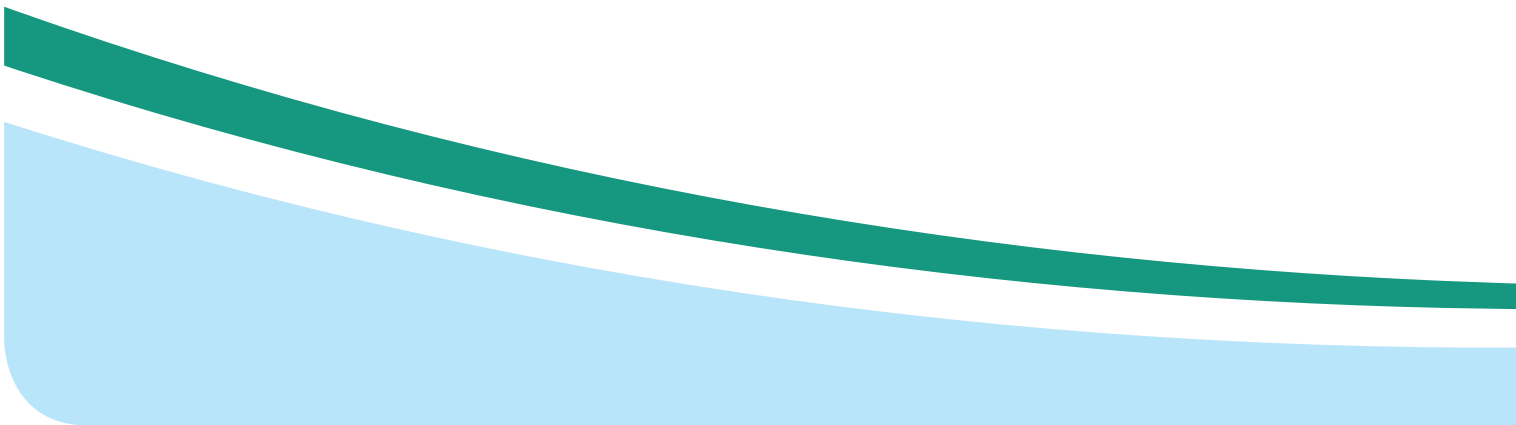
# The future of live-in care work in Europe

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”

*Adam Rogalewski and Karol Florek*



European Economic  
and Social Committee



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# Introduction

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In September 2016, the EESC adopted an own-initiative opinion on “The rights of live-in care workers” (SOC/535, rapporteur: Adam Rogalewski, expert Karol Florek). It was the first policy document at European level addressing the issue of the working conditions of live-in care workers. As a follow-up to this initiative, the EESC resolved to carry out four country visits to the United Kingdom, Germany, Italy and Poland, chosen for being countries of origin and destination of live-in care workers located in the four corners of the EU. These countries were also selected because of their different prevailing models of employment of live-in care workers. The main aim was to listen to stakeholders, deepen the research on the living and working conditions of live-in care workers and gain a better understanding of the needs of care recipients, as well as the long-term care situation in these countries. A secondary aim of the report was to present positive developments in the visited countries in the area of live-in care work in the EU in order to support the exchange of good practices among the Member States.

**Live-in care workers** are defined as workers employed to provide care services to older and disabled people who live in private residences as care recipients. Care work is a female-dominated occupation. Most workers who deliver care services in the home setting do not live in, and most are not migrants. However, live-in care jobs tend to be predominantly carried out by migrant women due to the particular conditions offered by live-in care work (work combined with housing and food). These conditions can have many positive aspects for both workers and care users. However, they can also increase the reliance of workers on their employers, and lead to isolation, working on-call, and the risk of exploitation, while placing live-in care workers in an especially vulnerable position in relation to immigration policies.

These stakeholder meetings were held on 29 November 2017 in London, 21 March 2018 in Berlin, 16 May 2018 in Rome and 13 June 2018 in Warsaw.

A variety of stakeholders participated in the four round tables, including live-in care workers, representatives of trade unions, employers and their associations and organisations dealing with ageing, labour mobility and migrant rights (see the list of participants in Appendix II). The discussions also benefited from the participation of policy and academic experts and members of regulatory authorities and labour institutions and inspectorates. In total, seven EESC members participated in these meetings: Adam Rogalewski, Marina Yannakoudakis, John Walker, Pietro Vittorio Barbieri, Pietro Francesco de Lotto, Krzysztof Pater and Janusz Pietkiewicz. Assistance was provided by Karol Florek, EESC expert, and Judite Berkemeier, EESC administrator.

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The agendas of the round-table meetings with stakeholders were structured around the following three groups of questions, with each subsequent discussion being moderated by an EESC member representing the different Committee groups: Employers (group I), Workers (group II) and Diversity Europe (group III):

1. What is the situation of live-in care workers? How are the employment and working conditions and status of the live-in care workforce distinct from the overall social care workforce?
2. What is the situation of care users and the families who rely on live-in care arrangements to meet their care needs? What are the challenges in recruiting and retaining live-in care workers? What support (if any) is available to care recipients when employing live-in care workers? What support is needed or desirable?
3. How common are live-in care arrangements as a sub-sector of care? Is live-in care expected to grow with the increasing demand for care? How can this translate into job creation and economic growth? Are current care policies at national level adequate to meet the needs of the population? What changes need to be made to strengthen the care sector in the short and long term?

The report presents a summary of the input from stakeholders during the round tables in relation to these questions, with a set of recommendations arising from the meetings. The first part presents an executive summary of the round tables' findings and conclusions arising from the discussions. An appendix includes the summary of the discussion in the visited countries and the list of the participants in the round table.

The draft report was presented on 15 October 2019 at the debate organised by the Section for Employment, Social affairs and Citizenship (SOC section) of the European Economic and Social Committee, with the participation of the employers' organisations, trade unions, NGOs, representatives of the Commission and other stakeholders. The final version of the report includes changes and comments proposed by the participants at the debate.

We would like to thank all of the participants for their contributions to the meetings and assistance in developing the report and recommendations.

## Key findings

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1. The organisers believe that the findings of this report will contribute to the implementation of the 18th principle of the European Pillar of Social Rights (long-term care), which states that Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services. Live-in care workers represent an important yet forgotten strand of long-term care. Without improving their working conditions, we will not be able to provide European citizens with affordable and quality care.
2. The organisers of the event were surprised to find that most stakeholders – representing workers, employers and care recipients – shared many similar opinions, perspectives and goals for the care sector. Stakeholders share a common critique of many of the structural problems of live-in care work, especially that it functions through the exploitation of migrant and mobile women, and that this is not only unethical and shameful, but also unsustainable. The role of the social partners and civil society organisations is crucial in terms of regulating the working conditions of care workers, and thus the dialogue that occurred in the round tables was positive. Yet, despite the goodwill expressed by stakeholders to find solutions, including through negotiations between unions and employers, stakeholders feel powerless to fix the structural issues that can only be resolved through effective action at national, European and international levels.
3. Participants agreed that there is a need to regularise the situation of live-in care workers, and supported their professionalisation. They also called for the stronger involvement of the state, including addressing inadequacies in financial support for long-term care. Where disagreements among stakeholders arose, they emerged mainly in relation to how to solve the challenges. Although participants agreed that professionalisation of live-in care workers needs to occur, they disagreed on whether they should be treated as part of the care workforce or as a more professional part of the domestic workforce. Despite this, there was broad agreement that a core aim of professionalisation should be to bring such work into the formal economy and to ensure better access to training for live-in care workers.
4. Germany and Italy have both ratified ILO Convention 189 on domestic workers, which sets out rights for care workers employed by households, whereas Poland and the United Kingdom have not. However, especially in the case of Italy, stakeholders raised the problem of the disparity between formal rights on paper and the lack of them in practice.

5. There is a lack of data on the number of live-in care workers, which needs to be rectified through research and proper data collection and registration of care workers at Member State and EU levels. Experts who study the sector know that live-in care is booming, yet they point out the basic lack of data about the size of the workforce due to the irregular employment relationships that characterise the informal economy. Consequently, policy-makers are operating on the basis of estimates, since the real number of informal workers is not adequately collected at either national or EU level. With the exception of the United Kingdom and Poland, the phenomenon of live-in care workers is not new, yet reliable estimates of workers active in this sector remain difficult to obtain.
6. Stakeholders agreed that, along with the EU, Member States need to urgently find resources and political capital to sustainably plan, manage and finance long-term care policy in Europe. There is an escalating care deficit arising from demographic change, the ageing of the European population, rising chronic health needs, the diminishing size of the workforce, and an increasingly tight supply of care workers, combined with the fact that many families already cannot afford care. As mentioned by participants, the role of the state is important not only in terms of subsidising care work but also in terms of its regulation. The state should play a pivotal role in providing quality care as presented below (figure 1).

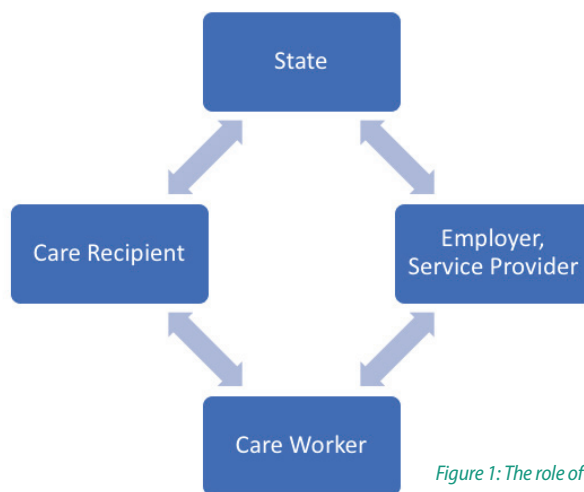


Figure 1: The role of the state in care provision

7. While it is imperative for Member States to prioritise planning the care economy and to adequately finance long-term care for all their citizens, to encourage the necessary changes, a long-term care policy at EU level, similar to the EU's industrial policy, would be highly desirable. A core aim for such a policy should be to develop a sustainable funding model to facilitate quality employment for live-in care workers and affordability for families. Greater financial support to families will enable higher wages and attract more care workers into the profession, raising both the quantity and quality of care.

## Key findings

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8. Increased funding of long-term care should also include adequate resourcing for labour inspectorates responsible for the protection and enforcement of the labour rights of live-in care workers, and their inclusion in care quality monitoring regimes. However, in order to address exploitation and avoid pushing workers further into irregular and clandestine employment, it is crucial that the enforcement of employment standards be separated from immigration enforcement. Migrant workers need to be able to file a complaint without risking deportation.
9. The issue of working time and compliance with the Working Time Directive provide the biggest challenges for the social partners and civil society organisations. Regulation of live-in care workers' working time is a key demand of trade unions. Typically, carers are required to work, or be present, for much longer than 40 hours a week, yet they are remunerated for only 40 hours a week. In regular employment circumstances, 24/7 care would require a minimum of three carers to be employed. However, few families can afford this. Stakeholders representing families and care recipients therefore stressed the issue of costs, while employers stressed the risk of overregulation and perverse impacts that could encourage the informal economy rather than the opposite. There is ambiguity in what is counted as working time and the definition of '24/7 care'. Some participants in Germany and Poland claimed that live-in carers do not work continuously but are continuously available on 'stand-by', which should not count as working time. Notwithstanding these disputes between working and stand-by time, there was nonetheless broad agreement that live-in care workers in the majority of cases are not adequately remunerated.
10. The employment relationship of live-in care workers tends to be more complex than a standard form of employment. Live-in care workers are rarely formally employed by the recipients or their families. This is due to the fact that a family employing a live-in care worker directly faces too many administrative barriers as well as risks and obligations, which exceed the capacity of families. Genuine self-employment also presents significant difficulties for workers. This is why intermediaries, such as agencies, play an important role in this sector as employers for live-in care workers and service providers for care recipients (figure 2). This structure is even more complex in the case of Polish workers posted in Germany by Polish agencies, since the German care service provider does not directly employ the care worker (figure 3). Such complex structures mean that multiple players are involved in the care provision.



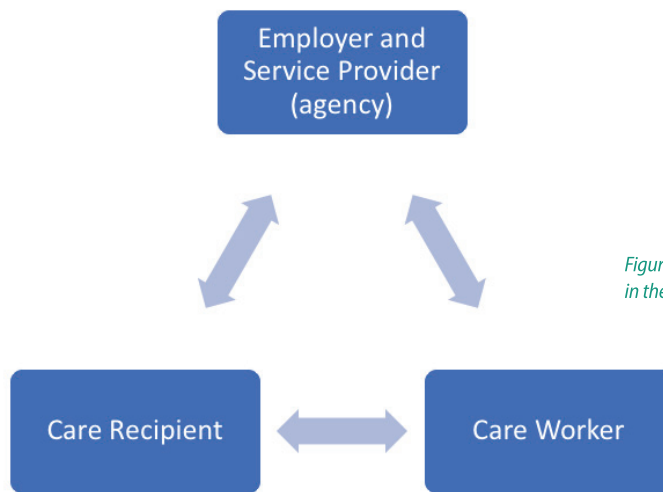


Figure 2: Working relationship in the live-in care sector

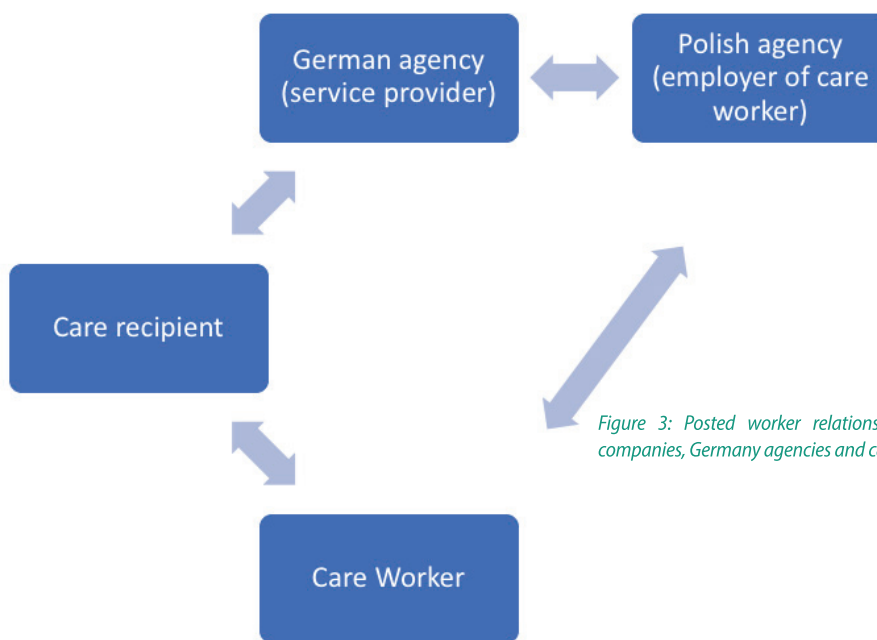


Figure 3: Posted worker relationships between Polish companies, Germany agencies and care recipients

11. Participants agreed that there is an urgent need for better regulation of working and living conditions of live-in care workers. However, a key question relates to the best model to achieve this. Namely, whether this should occur through employment covered by collective bargaining agreements (as in the Italian model) or self-employment. Many discussions were about how to achieve regulation that benefits both families and care workers in a way that is equitable, enforceable and affordable for society as a whole.

## Key findings

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12. Distinct models of regulating employment of live-in care workers were identified in the four countries:
  - 12.1. **Italy** – A collective bargaining framework covering homecare was negotiated in 2013 between union and employer federations. The collective agreement regulates terms and conditions of employment of domestic workers and was an important step in improving the conditions of live-in care workers. However, representatives of the social partners argue that it is still far from perfect as it exempts workers from protections that other workers are entitled to, including sick leave, pay for extra hours, and maternity leave, which is limited to three months as opposed to the usual six. Work within a family is not recognised as work in other economic sectors and the perceived lack of dignity of this profession holds back progress and compromises the quality of care. Additionally, while live-in care workers are often trained and specialised, they face the problem of unregulated jobs. Furthermore, the introduction of the collective agreement has not prevented live-in carers being employed in the irregular way. In many cases, wages stipulated by the agreements were too high for families to pay. Despite the agreement, a large amount of live-in care work falls outside of this framework and into the informal economy. Whereas most homecare workers are Italian citizens, live-in care workers tend to be migrants, and many of them – especially non-EU citizens – are often excluded from this framework due to the barriers created by a lack of regularisation of their residency.
  - 12.2. **Germany** – Employment of live-in care workers is predominantly organised through a complex chain of agencies (predominantly German and Polish) and workers are covered by the Posting of Workers Directive. In general, workers have civil contracts with a Polish labour agency. They are then sent to a German agency that arranges a placement with a German family. The result of this situation is that neither the Polish workers nor the German families are sure of who is actually responsible for the employment of the workers and the quality of the care. For the Polish care workers, the employer is a Polish agency based in Poland; for the German families, the care provider is a German agency. This situation leads to a lack of accountability for the care delivery and working conditions of care workers. There are, however, positive examples of employment practices, such as those promoted by Caritas, where workers are employed on an 8-hour shift basis. A lack of interest from government in regulating the conditions of employment has led to a trend towards more informal work, sham contracting and ‘self-employed’ posted workers replacing employees. The situation facing non-EU national workers such as Ukrainians is worse than that of Polish workers, as they lack basic protections due to their immigration status.
  - 12.3. **United Kingdom** – Traditionally, most long-term care has been delivered through nursing homes, but this established system has been eroded. A significant proportion of care is also delivered in the home through large national homecare providers and some place live-in care

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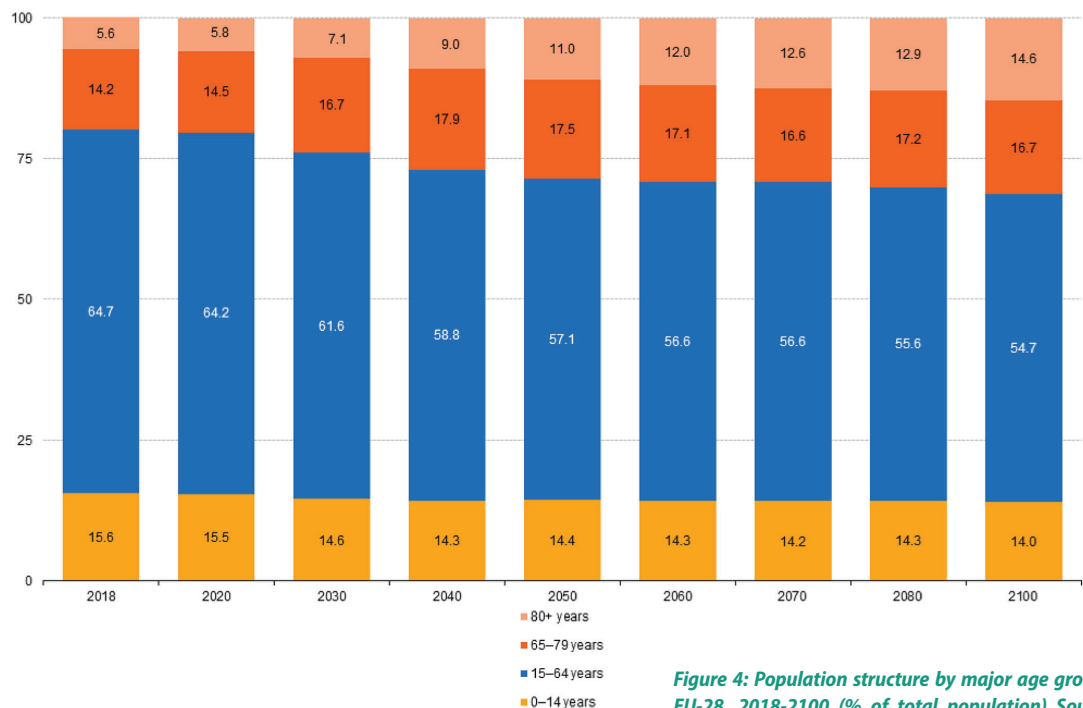
workers with clients. Within the formal sector, workers are generally employed directly by these providers, but in some cases they act only as an agency, so that the client is the employer. However, a significant proportion of live-in care is unregulated and workers find themselves in a very precarious position. Live-in carers employed informally or semi-formally, such as those subject to the 'migrant domestic work visa', fall under a 'master-servant' relationship rather than an employment framework, with workers tied to employers. The persisting crisis in financing long-term care is very likely to see the number of live-in care workers increase.

- 12.4. **Poland** – This country has the most acute shortages and unmet needs of care workers in the EU. Although Poland was historically a country of origin of care providers, due to an ageing population and lack of care infrastructure, it has recently started to attract care workers from abroad and now finds itself in a unique position of being both a source and destination of migrant care workers. Most migrant care workers in Poland are Ukrainian, the largest migration group in Poland, although a new pathway with the Philippines is being opened. Live-in care work is not regulated and conducted mainly irregularly, with workers finding themselves working informally without contracts and often suffering from a lack of regular migration status.
13. The internationalisation of live-in care work and its cross-border characteristic (mobile workers and third country nationals) mean that the solutions to regulate live-in care work cannot be found exclusively at Member State level. Furthermore, it is important to avoid unfair competition between Member States in attracting care workers because, with the ageing of the population, including of the care workers themselves, there will be more demand for care and a smaller workforce. There is a need for a level playing field to enable both Member States and companies to employ live-in care workers from within and outside the EU while avoiding any kind of social dumping.
14. Live-in care work is very demanding, both physically and emotionally. Given the strong feminisation of live-in care and the isolation of live-in care workers, the wages of these workers are very low and their work is not sufficiently recognised by society. According to participants, there is a need for a paradigm shift in society's perception of live-in care work. It is important to recognise its value in society and to make this profession more attractive for the local population, including the male workforce. Professionalising live-in care and making it more attractive for the local population would play an important role in providing a quality service and quality working conditions in this sector.
15. Considering the convergence of challenges in relation to providing live-in care work in the visited countries, a discussion needs to take place to develop a European framework regulating the service provision of live-in care, while respecting the autonomy of the social partners and different models of industrial relations.

## Key findings

16. Many participants in the meetings felt that the EESC, being the voice of the organised civil society at EU level, should continue to play a driving role in framing the policy discussion on the future of live-in care.
17. Participants at the presentation of the report at the meeting in Brussels shared the view that it is important to look at the live-in care sector also from the perspective of its economic potential for the EU economy. The ageing of the European population (see figure 4) will undoubtedly bring about a higher demand for care provision and care workers. There is, however, an opportunity to change the narrative from a negative one, where care work is a problem or cost, to one where it is recognised as contributing to economic growth and employment. It is important to make sure that public and private companies operate in business-friendly environments and are provided with a level playing field in order to avoid any form of social dumping and unfair competition. At the same time, it is important to make sure that jobs created in the sector are quality jobs, because only those will attract local people of all genders and provide quality care.

**Population structure by major age groups, EU-28, 2018-2100**  
(% of total population)



**Figure 4: Population structure by major age groups, EU-28, 2018-2100 (% of total population) Source: Eurostat<sup>1</sup>**

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18. Participants at the Brussels meeting also underlined the role of digitalisation in delivering and organising care work in the future. This includes using applications and work platforms for employing care workers, as well as other electronic devices that could improve care provision and make care recipients more independent while staying at home. However, such jobs cannot be automated or offshored because care is emotional work and requires human sensitivity.
  19. Access to long-term care needs to be affordable for the EU population. There is a need for more investment in the care sector to create quality care, quality working conditions and a business-friendly environment, including incentives for public and private companies operating in this sector.

# Conclusions from the round-table discussions

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The following conclusions were drawn from the three sets of questions explored during the round-table discussions in London, Berlin, Rome and Warsaw:

## 1. Situation of live-in care workers

- 1.1. In all the countries visited, evidence indicates that substantial numbers of live-in care workers find themselves in a very vulnerable situation, performing 24/7 care work, not receiving minimum wages, lacking sufficient rest times, experiencing difficult living conditions, and being generally unable to assert their labour rights due to isolation and dependent or irregular residence status.
- 1.2. There are significant exclusions of domestic workers from employment standards regulations, and under-enforcement of standards, where they apply, impacting on all workers in the sector. A significant – and least visible – subset of live-in care workers face difficulties related to their residence status, with work residency permits depending on a particular employer. This means that they lack the right to freedom of movement and, in some cases, are at risk of deportation if they interact with labour monitoring and enforcement bodies.
- 1.3. The United Kingdom, Germany, Italy and Poland all have very different care systems and histories of migration, and there are major differences in migration patterns. However, the growing phenomenon of live-in care work is leading to a convergence, with the emergence of global care chains by which richer countries use, and often abuse, carers from poorer ones. Poland and other Central and Eastern European countries were previously a reservoir of caregivers for Western European countries, but for the past few years have themselves become affected by skills shortages in the sector and started getting dependent on workers from the Ukraine and other non-EU countries. While this is a reality, labour migration has not been adequately governed in most EU Member States to enable people from non-EU countries to migrate to work in care occupations in a way that ensures decent work and equal treatment, or to regularise their status if already employed. Access to work permits for non-EU carers is impossible in many countries and, where it is possible, permits are usually tied to a single employer, which frequently leads to exploitation.
- 1.4. There is an escalating problem of skills shortages in the institutional and homecare setting, with labour shortages in the care sector projected to worsen. Demographic change is placing an unprecedented strain on the care system, a consequence of growing life expectancy, the growing needs of people with disabilities and chronic conditions, the shrinking of the working age population, and migration flows across borders and from rural areas to large cities, all of which impacts on the availability of medical, care and domestic workers.

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## 2. Situation of care recipients and their families

- 2.1. There is a clear trend for care recipients and families opting for homecare rather than nursing homes as a preference. However, in all four countries, a lack of public investment has been a major factor underlying the demand for live-in care, especially in informal and other precarious forms of employment. Elderly people, having paid taxes all their lives, are entitled to affordable long-term care that meets basic standards. However, solutions cannot come at the cost of the safety, welfare and wellbeing of care workers or through the propagation of the informal economy.
- 2.2. Many families and care recipients find themselves in the position of employers, both legally and in the informal economy. The situation is particularly difficult for both parties when the employer is a vulnerable person. The growing informal sector of care work carries with it many risks, due to the lack of oversight from health authorities that are responsible for monitoring quality and standards of care.
- 2.3. Due to inadequate investment by states in the care economy, families and care recipients face barriers in the form of either a lack of care services altogether, or prohibitively high costs for formal care services. While many poorer care recipients have no choice but to turn to the informal care economy, there is equally a pattern of abuse and exploitation. This happens when a live-in carer is not only employed as a cheaper option to look after a vulnerable person, but is expected to perform various duties besides care, including cleaning, cooking and housework for the whole family.
- 2.4. As care work has traditionally been household-based, highly gendered, unpaid and 'invisible', the phenomenon of families replacing a family carer with a migrant worker also occurs largely in the shadows.
- 2.5. To ensure a sustainable long-term care system for their citizens, states must commit adequate financing, regulatory measures and monitoring to ensure quality standards and affordability. This includes properly regulating and monitoring labour standards for all workers (including through work-permit schemes for migrant workers) and subsidising care. In the absence of necessary political attention towards addressing issues of exploitation, the sustainability of the social care system will continue to deteriorate.

# Conclusions from the round-table discussions

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## 3. Expectations for the long-term care sector in the short and long term

- 3.1. Union and employer stakeholders agreed that the rapid growth in household services was largely possible through easy access to the informal economy. While live-in care often operates in the informal economy, it is nonetheless facilitated through the services of intermediaries and placement agencies. A common point of understanding was reached among stakeholders at the meetings in Rome, Berlin, London and Warsaw that the state has the responsibility to address the negative situation facing live-in care workers and care recipients, including through proper regulation of intermediaries active in the sector that encourages quality care and quality employment.
- 3.2. This informal labour market for live-in care did not appear by accident; it emerged due to a lack of state support, and is a product of political neglect, and, in some cases, of a legislative exemption from labour laws for workers in the household setting. While regular homecare is generally cheaper than residential care, informal unregulated live-in care is cheaper than both, especially when relying on workers with an insecure residence status. Live-in care as a 'low cost' model is thus being subsidised through workforce exploitation and carries with it risks for families, society and the care workers themselves.
- 3.3. The challenge is to avoid a situation where families and intermediaries continue to abuse the lack of a regulatory system to the detriment of the safety, health and welfare of live-in care workers and care recipients. Any solutions will require states to play a greater role. However, perverse impacts of regulation need to be avoided so as not to push live-in care further into the informal economy. The case of Italy, in particular, demonstrates the risks of regulation without adequate resourcing, in other words, of 'rights on paper' but not in practice.
- 3.4. The future of the social care system is a challenge facing all of Europe and needs to be tackled through collaboration and dialogue, involving states, the EU and all of the social partners. While union and employer stakeholders held some diverging views on solutions, there was consensus that a reform of the care system is needed to bring live-in care work out of the shadows into the formal economy, ensuring a sustainable workforce, as Europe's future growing care needs cannot be sustained by an underclass of exploited women.



Appendix I  
**Summary of discussions  
in visited countries**

# United Kingdom

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## The situation of live-in care workers

### ***Migrant live-in care worker's experience in the United Kingdom***

*The meeting in London heard testimony from "Grace", a migrant domestic worker who unfortunately could not attend the meeting in person due to her fear of contract termination or other penalty. Her story was communicated on her behalf by Susan Cueva from the trade union UNISON. Grace was brought to the UK to look after an elderly man with dementia who requires 24/7 care; however, she also looks after all the family's children and cooks and cleans for the whole family. For all this, she is paid GBP 50 per day, less than the minimum wage. She is afraid to join a union because she is on a migrant domestic work visa, which is linked to her employer; if she loses her job, she faces deportation.*

Grace's story is a typical situation in the UK, according to Susan Cueva (of trade union UNISON), who added that it is very difficult for UNISON to organise live-in carers to stand up for their rights. Migrant domestic workers and their supporters have campaigned for a long time to be recognised as workers, including through the worker-led organisation Kalayaan established in 1987. However, under the changes to the Overseas Domestic Workers Visa in 2012, the recognition was removed and immigration conditions that encourage exploitation have worsened. In particular, the right to change employers was removed, creating situations of dependency and irregularity and facilitating exploitation.

Mary Honeyball (MEP from the Labour Party) confirmed that these workers have a rather limited capacity to exercise their rights because they fear deportation. They come to find work in the UK due to poverty, yet sometimes find themselves in a worse position. The situation can be classified as 'modern slavery' because it is similar to the 19th century situation that applied to household servants, working in an unregulated environment, with no freedom, salaries less than the minimum wage, and in fear of quitting their job due to the high degree of material and emotional dependency on the employer. Employers often keep the passports of their workers, and there is a huge industry of human trafficking behind live-in care work.

Although migrant live-in care workers from EU countries do not face the same immigration and visa difficulties due to freedom of movement rights, they do face the central problem of sham contracts, 24/7 work and the master-servant relationship. Brexit was raised by stakeholders representing unions and migrant advocacy organisations as a particular risk for care workers with EU citizenship. There is widespread concern that exploitation will worsen if their status is downgraded to the level of non-EU migrants. Barbara Drozdowicz (Eastern European Resource Centre) said that there is no data available on the number of live-in care workers in the UK. She called for the inclusion of migrant advocacy groups in the discussion on the design of visa and work permit schemes to avoid a deterioration of the situation in the context of Brexit.

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While the issue of exploitation and modern slavery was identified as a key issue, the discussion also raised the virtues of encouraging a culture of volunteerism. This suggestion was opposed strongly by union and migrant rights' representatives who argued that live-in care workers should not be compared with housewives working for free or seen as a replacement for family members but had to be recognised as workers and covered by the Working Time Directive and other existing legislation regulating employment. Linn Aakvik (Focus on Labour Exploitation) argued that while both agencies and families promoted an 'emotional relationship' between the carer and the person being cared for, this remains an employment relationship, and the issue of addressing exploitation is key. The live-in care workers are also typically expected to do the housework in addition to care, so that their situation becomes one of exploitation. For this reason, there needs to be a clear distinction made between carers and cleaners working in the household.

### **The situation of care users and their families**

As the cost of care for families is very high in the UK, families increasingly opt to save money by informally employing live-in carers, in most cases migrant workers. Fees are prohibitively expensive for most families due to a lack of adequate funding. Sharon Wilde (trade union GMB) calculated that for the care recipient or their family, live-in care can be less than half the cost of a place in a nursing home. But if 24/7 care was undertaken through formal care services, it would require the direct employment of three carers (in three shifts) and cost four times as much as the price of a care home.

Both Mary Honeyball and Susan Cueva made the point that, even in the formal economy, local authorities responsible for the delivery of care services to families often outsource them and take no responsibility for the living and working conditions of the carers. Local authorities have encouraged personalised homecare because it is cheaper. This problem has the potential to get worse as the population continues to age and more and more elderly people prefer to stay at home. This cannot be allowed to happen at the cost of mass exploitation in private homes. According to ADASS (the Association of Directors of Adult Social Services), social care services suffered some GBP 6 billion in cuts between 2010 and 2017. And the current shortfall for social care remains at GBP 1 billion per year, according to figures released by the Local Government Association in March 2017. Karol Florek (EESC group II expert) commented that an increasing reliance on live-in care workers, often through informal labour provided by migrant workers without a secure immigration status, is occurring in this context of care underfunding. Despite the UK's history of a strong formal social care system, people are increasingly priced out of this system, which leads to an 'informalisation' of care. One in ten of the UK's population are unpaid carers, with a great number facing poverty.

# United Kingdom

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Issues raised from an employer perspective by John Walker (EESC group I member) included paying while people are asleep or for travelling time relating to home care, which creates additional costs that need to be regulated. The carers cannot be self-employed; they are employees of companies or families, and when families become employers, they also have to pay pensions. Union representatives argued that, as there is a grey area whereby the vulnerable person being looked after is also the employer, workers have no clarity about where to go for redress if needed, and from the perspective of bargaining, unions have no one to bargain with.

A discussion on how to professionalise or regularise live-in care centred on questions raised by John Walker (EESC group I member) and Marina Yannakoudakis (EESC group III member) about the risk of overregulation, which would make services too expensive for taxpayers, with the risk of driving live-in care workers further into the black market. Ms Yannakoudakis suggested that soft regulation would be more desirable and felt that some workers were in this situation voluntarily, preferring work 'on the black' to avoid paying taxes. However, union and migrant advocacy stakeholders strongly disputed this last point, pointing out that migrant workers are either on tied work permits or in an irregular situation, which essentially allows employers to do whatever they want, while workers have no choice but to accept it, as their permit can be withdrawn if they have one, and they risk deportation.

## The future of the social care system

The number of personal assistants has seen steep growth, yet there is no certainty about the numbers. Susan Cueva estimates that there are approximately 400 000 personal care workers in the UK, some living in, others not.

The stakeholders agreed that the UK faces a deficit in the care sector, which is growing due to the ageing population, but is without adequate support. Issues of cost for families are paramount, as is the need for the professionalisation of live-in care workers. Rather than seeking additional regulation, existing legislation needed to be properly reformed, enforced and resourced. There seemed to be consensus among all of the stakeholders about the undesirability of the informal economy, and that it underlies the problems of rights and lack of formal salaries and social protection. Marina Yannakoudakis stressed that with the ageing population, funding needs will grow, and yet currently there are people in hospitals taking up beds due to the lack of adequate community-based care.

Mary Honeyball provided a number of specific recommendations, such as: recognising live-in care as a job and not part of general domestic work; providing proper training for live-in care workers for their caring duties; involving health services such as the NHS and the Care Quality Commission when looking at the situation of live-in care workers; ensuring that workers and their employers pay contributions towards social security; making sure this work is regulated, especially with regard to working hours and

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pay; resourcing inspectorates to enable them to perform better; revising or reforming the visa regime to stop exploitation; and requesting the European Parliament committee to look more closely into the relationship between human trafficking and live-in care work.

The stakeholders agreed that the inspectorate authority was very poorly resourced. Mary Honeyball added that while the UK has a regulated care home sector with a system of inspections, and must conform to regulations such as minimum wages, tax and insurance, there are no such measures in place for live-in care work. There are not enough inspectors to check the living and working conditions in private homes and enforce regulations. Linn Aakvik pointed out that the UK has only one tenth of the budget of Norway for inspectorates, despite having a population more than ten times larger. While inspectors now have legal authority to enter homes, they are hesitant to do so due to a lack of capacity to manage problems arising from the findings.

A number of existing institutional arrangements were identified as conducive to the goals of bringing informal work into the formal sector. John Walker suggested that the Disclosure and Barring Service (DBS), a criminal record check, is being applied, but only in relation to 'visible' workers. Susan Cueva stressed that workers employed on migrant domestic visas are already covered by DBS. John Walker also suggested ACAS, the Advisory, Conciliation and Arbitration Service, which plays a key role in checking the working hours of live-in care workers. Speaking on behalf of her council, Wendy Brice-Thompson (a councillor for the London Borough of Havering) said that the professionalism of care workers needs to be supported, a path that her council has been going down for 20 years for foster carers. Every local authority in the UK has a local adult safeguarding board that covers recipients and carers and oversees DBS checks. Meri Ahlburg (Focus on Labour Exploitation) stressed that the question of registration needs to work in a way that means workers benefit from it, and as part of this, an information campaign could perhaps be launched to inform them about the benefits of social security.

# Germany

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## The situation of live-in care workers

### **Polish migrant live-in care worker's experience in Germany**

*Barbara Janikowska, a Polish caregiver, came from Konstanz to address the stakeholders on her work and life situation. She said she spoke on behalf of thousands like her who live and care for people in Germany and have similar stories. Ms Janikowska has training in medicine and social work and 25 years of experience working with elderly people. She came to work in Germany because EUR 1.50 per hour in Poland was not enough to live on. The eight years spent working in Germany were an 'odyssey from one agency to another', as she experienced highly exploitative working conditions. Her first live-in care job in Germany was supposed to be looking after one person but it turned out to be a group of seven. She found herself permanently on duty, working in one house continuously for ten months with just one short break for a holiday. She worked from 5 a.m. to 10 p.m. and only received a bowl of dry potatoes in the evening. She was kicked out overnight without any explanation, being later told that she had been there too long, had become too expensive and 'had seen too much'. Another time, she was fired by her agency after two families took interest in her welfare situation and complained to the agents. Ms Janikowska said she worries about her retirement, as her pension contributions are so low that all she can expect in old age is poverty.*

Stakeholders representing both workers and employers strongly agreed that the situation live-in care workers face is exploitative and scandalous, arguing jointly that there was a need for stronger regulation, training, qualification and professionalisation. Many participants believed that there had been a failure of state policy.

Research findings on the working conditions of live-in carers in Germany were presented by Dr Sylvia Timm (Fair Mobility Project of trade union DGB). The data estimated the number of care givers in 2014 to be 300 000, but there was no updated reliable estimate available. The number is likely to be much higher, especially as workers are rotating, going back and forth to and from their respective countries. Dr Margaret Steffen (trade union Ver.di) explained that in this highly precarious labour market with a large proportion of undeclared work, reliable data on how many people come to Germany and how many leave is not available. Prof. Arne Petermann (German association of agencies VHBP) from the German home care association, estimated that there are 400 000 workers and that 90% of live-in care work is precarious and exploitative.

Alongside undeclared and irregular employment, typical types of employment include postings and self-employment. A transition since 2011 from posted worker contracts towards de facto self-employment for the majority of live-in care workers has meant that many carers have lost protections afforded to posted workers. In legal terms, these workers are often pushed into situations of bogus self-employment as they have no clarity about who is their employer. The structural situation was one where Polish posting agencies abused the Polish social security system while German placement agencies

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assumed no responsibility or liability. There are substantial and growing numbers of Ukrainian workers in Germany whose situation is generally worse compared to Polish workers.

Infringements of labour law are common and include: work beyond legal working time, e.g. 78 consecutive days, 8 a.m. to 10 p.m., no breaks or rest periods, work on Sundays and holidays; worked hours not being remunerated, statutory minimum wage not being paid, overtime and stand-by time not paid, random payroll deductions; workers not receiving payslips; and considerable social insurance fraud. In addition, some agencies impose contractual penalties of up to EUR 5 000 in the event that a worker who signs a contract fails to arrive for work. Thus, rather than earning any money, some workers can end up being debtors to the intermediaries. Living conditions for workers were often deplorable, including unheated and mouldy rooms, storerooms used as living space, lack of fresh food or not enough food, and cases of abuse including physical violence.

The Polish Labour Inspectorate interacts with German employers and provides phone counselling services to Polish workers in Germany. Agnieszka Jaroszek (Polish Labour Inspectorate) said (at the meeting in Poland) that issues of inadequate living conditions, lack of heating, violence and harassment persist, although, in recent years, 90% of cases related to lack of payment for hours worked. There are insufficient mechanisms to solve payment issues and difficulties with pursuing individual claims through courts, which called for a systemic solution.

### **The situation of care users and their families**

The number of people in need of care was 2.86 million in 2015, and this is expected to double by 2030. Dr Sylvia Timm estimated that currently in one in ten German households there is a caregiver from Eastern Europe. Pietro Vittorio Barbieri (EESC group III member) made the point that live-in care is in high demand, as people with care needs want to choose where to live, which is usually in their own home. There is not enough support available for dependent people in their homes, and with a few exceptions of good practices, support is organised according to who is available in a given labour market. He stressed that a market for live-in care workers would have to be based on proper recruitment, training to meet the specific needs of dependent people and fair management to ensure adequate living and working conditions for these workers.

According to Prof. Arne Petermann, there is a great need for more care workers. Labour shortages are rising and will be chronic in 10-15 years. To meet that demand requires investment in training. Ensuring a high standard of care is only possible when workers have autonomy and good labour conditions. Self-regulatory activities carried out by the German association of agencies (VHBP) to improve quality include commitments to minimum standards, transparency, legal advice, professionalisation and the exclusion of its members in cases of inappropriate behaviour. A serious limitation, however, is that agencies operate in a market characterised by fierce price competition and in an environment where a very high proportion of labour is in the informal economy.

## Germany

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Only 5% of live-in care provision in Germany comes from the public sector, said Dr Margaret Steffen. There is a booming industry of agencies posting live-in care workers to Germany, added Prof Simone Leiber (Duisburg University, Project EuroAgencyCare), even if researchers do not really know how many agencies existed in Germany, whereas in Poland they are even harder to investigate. The market is dominated by a few large agencies, but smaller agencies employing a single person claimed to offer care across the country, leading to questions of standards and quality control. The volume of posting is increasing; it has boomed alongside the removal of limitations on free movement. Posting of employed workers is the dominant legal model, whereas posting of 'self-employed' is the second most common one.

### The future of the social care system

Union and employer stakeholders strongly supported the professionalisation of live-in care. However, Dr Jonas Hagedorn (Nell-Breuning Institute) questioned the feasibility of professionalising labour in private households, as there was little precedent for it in labour market history. He stressed that the institutional care system should not be forgotten.

The representative of the German home care association VHBP stressed his strong support for regulation and a certification process. The association excludes members each year for failing to meet standards, and their employment contracts are examined by lawyers. Juliane Bohl (German association of agencies VHBP) stressed her agreement with Dr Timm's description of how posted workers were converted into 'bogus self-employed', and that since it was not feasible for families to become official employers, agencies should do that for them. She insisted on the need for quality training, including linguistic skills, and strongly supported the need for industrial negotiation around issues such as stand-by time.

Karin Pape (International Domestic Workers Federation) commended the employers on their pro-regulatory stance, and stressed that it is high time to start negotiating together since agencies were to an extent responsible for the current black market. Dr Margaret Steffen argued that care work provided in private households must be treated as work. Care workers who have responsibility for medical treatment are not the same as cleaners and cooks and should not be treated as such. The market for live-in care should be allowed to develop but only under the conditions of regularisation where the following principles are respected: minimum wages, decent work as per the ILO definition, professional qualification and contributions to the social security system.

Claudia Menebrocker (Caritas in the Archbishopric Paderborn) made the point that the system is extremely fragile and would collapse if politicians applied legislation to it. She explained that, despite the 90% of irregular employment, regulatory standards exist, and that an 8-hour workday and the Working Time Directive were applicable, they had only to be enforced. It was therefore important for those serious



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about care to focus on building consensus and to avoid a situation of ‘disguised deregulation’. Prof. Arne Petermann agreed that there is regulation, but pointed out that a 2011 ruling excluded migrant workers from the Working Time Directive, and that state authorities could only intervene in private households with a court warrant. Hence, one regulation did not apply and the other one could not be applied in practice.

While there was consensus on the problems and the failures of state policy, the stakeholders had differences of opinion regarding whether the provision of care should be pursued through a model of self-employment or employment contracts, and how to solve the issue of stand-by time in a way that complies with the Working Time Directive. Prof. Arne Petermann claimed that workers are divided on the issue, half want to be employed, and half prefer self-employed status. He therefore favoured giving people a choice while developing a framework combining liberal ideology and social protection.

According to Dr Margaret Steffen, the EU needs to ensure reliable data collection, recognise the carer profession, introduce certification and standards for agencies and encourage cooperation between neighbouring countries. Prof. Arne Petermann added that the EU could assist with publishing salary comparisons, stipulating that only people with certain skills or qualifications can be posted, and finding ways to sanction operators who are posting and exploiting care workers on the black market. However, according to him, 90% of the problem had to be solved in Germany rather than by the EU level.

# Italy

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## The situation of live-in care workers

### *Live-in care worker's experience in Italy*

*Sara Gomez has been working in Italy as a live-in carer for 25 years and is now a trade union spokesperson for the FILCAMS union for domestic workers. Live-in care is very isolating. There are many people living and working in Italy without documents. Many lone elderly people hire people in an irregular way because agencies take advantage of them. While many families want to regularise live-in care workers, authorities are unwilling to do so. Those in charge of the political aspects are failing to take notice of the fact that many workers have to accept working conditions that are not in keeping with what trade unions have negotiated with employers. When workers fall ill, they are often dismissed, and two weeks later lose their health insurance and end up with no wage, no home and no healthcare. Although it is very difficult for live-in care workers to organise, there is now a considerable number of unionised workers in Italy thanks to the efforts of the Italian trade union confederation CGIL. There have been many disputes over working conditions, as the union has made sure that workers are not vulnerable vis-à-vis their employers. Although Italy has signed and ratified the ILO International Domestic Workers Convention 189, it is not being applied. If it were, it would resolve many problems. Providing residency permits for live-in care workers would be a major step in the right direction.*

Union and employer stakeholders agreed on the problems of live-in care work: the large amount of informal labour, undeclared hours, isolation and loneliness, the difficulty of checking the number of hours actually worked and the lack of adequate social security protection for workers in the sector. The fragmented live-in care sector in Italy exists among Italian and migrant workers, live-in and live-out care work, and formal and informal employment. Speaking on behalf of their colleagues in the multi-country DomEqual project, Prof. Sabrina Marchetti and Dr Daniela Cherubini (Ca' Foscari University of Venice) explained that, although there has been comparatively more research done on the Italian live-in care sector, studies and experimental policies have exposed core weaknesses of the system, including the difference between rights on paper and in practice, as well as the differential treatment between native workers and migrants.

Domestic work in general has become more palatable to Italian workers since the economic crisis, according to Luciana Mastrocola (trade union CGIL). Live-in care work, however, remains almost exclusively reserved to migrant workers. Over the past two decades, there has been an increase in migration to Italy. More recently, figures show a decrease in labour migration of highly educated women from Eastern Europe and an increase of migrants from North Africa, including greater numbers of men entering these jobs. Prof. Marchetti and Dr Cherubini explained that migrant workers are frequently employed in positions demanding longer hours. They are more dependent on wages earned by live-in care than Italian women, who typically only do part-time care work to complement family incomes. Live-in care work is attractive because it solves the problems of home and food, and is a mobile type of work. Many migrant workers, especially young people, are attracted to it as a temporary arrangement

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allowing them to receive residence permits, learn the language, and then look for another occupation. Older workers tend to perform this work professionally. Some engage in a form of job sharing, working for 3-4 months before returning home to their families and alternating to ensure the continuity of care. On average, migrant workers who have spent a longer time working in Italy have better overall conditions, partly due to the capacity to move away from live-in care work, especially after gaining Italian citizenship and rights to freedom of movement.

There are significant regional differences within Italy in terms of pay and conditions. The research carried out by Prof. Marchetti and Dr Cherubini shows that average pay ranges from EUR 500 in Benevento to EUR 1 000 in Bologna. Bogus employment contracts are common. In the north of Italy, 40% of workers have a contract, but 60% do not. Only 44% of workers say that social security contributions cover all their worked hours.

Representing ASSINDATCOLF, Teresa Benvenuto stressed the positive cooperation between unions and employer associations in pushing for the recognition of this work with decent working conditions, arrangements for sickness provisions and training opportunities. The employment relationship is covered by Article 5 of the National Collective Labour Agreement on Domestic Work, which the EFFE and trade unions signed in 2013. However, trade union representatives Luciana Mastrocola, Silvia Ferretti (Federcolf) and Rafaela Maioni (ACLI) argued that, unfortunately, the formal collective agreement between unions and employer associations has not improved the situation as expected. The domestic employment relationship exempts workers from protections that other workers are entitled to, including sick leave, pay for extra hours, and maternity leave, which is limited to three months as opposed to the usual six. Work within a family is not recognised as work in other economic sectors and the lack of dignity of this profession is holding back progress and compromising the quality of care. Additionally, while live-in care workers are often trained and specialised, they face the problem of unregulated jobs. They experience difficulties progressing in their careers, as there is considerable 'turnover' of employers because care recipients pass away and workers have to regularly renegotiate their conditions all over again. Just as these workers are isolated, their employers are vulnerable people too, which is a difficult starting point for collective agreements. In all of this, the state remains absent due to a lack of value placed on live-in care work.

The need for regularisation of the workforce was raised repeatedly by the stakeholders, including Galanza Quinonez, representing the International Domestic Workers Federation. There is a lack of integration of undocumented workers, and, under current legislation, it is impossible to regularise them. When undocumented migrant workers were given residence status in 2002, this prompted agreements and progress among all stakeholders, but the problems have not changed. Although Italy was one of the first countries to ratify the ILO 189 Convention in 2012, this has not resulted in appropriate legislation

# Italy

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at the state level to adapt to the principles expressed. Policy intervention therefore must focus on modification of current legislation to guarantee domestic workers the same rights as other workers. This must occur alongside an amendment of the immigration law to allow for the regularisation of workers.

## **The situation of care users and their families**

The discussion was introduced by Pietro Francesco de Lotto (EESC group I member), who said that the challenge in professionalising care is to satisfy all interests, ensuring skills are recognised and rewarded while taking into account implications for the households bearing the cost of care. This is especially the case for the so-called 'sandwich generation' who are simultaneously taking care of elderly parents and children.

The stakeholders agreed that live-in care workers end up in ambiguous relationships, stuck with families where they carry out multiple tasks, and that cost was a major challenge in transitioning from undeclared to declared work. Dr Andrea Zini (ASSINDATCOLF) and Pietro Francesco de Lotto both stressed that families cannot be considered employers, which requires a special 'deal' for them. Avoiding the situation of care recipients and families becoming employers requires the involvement of intermediaries in the employment relationship, and this creates additional costs. However, the government is unwilling to provide adequate financing.

The intervention of the state on behalf of dependent persons is currently limited to a monthly payment of EUR 516, with some additional support available in some regions. Care costs far exceed this amount. There are very few public nursing homes; the majority are operated by private companies at a high cost, which is unaffordable to the vast majority of care recipients and their families. This has left families on their own, with no other option than to provide themselves the needed live-in care. Financing must be prioritised as social investment to guarantee workers decent jobs, safeguards and rights.

Daniela Ballico (UGL trade union) agreed that more has to be done at the European level to increase training standards, and in Italy to encourage active ageing, ensuring there are mediators who can assist elderly people deal with their own needs.

Tax incentives for families were mentioned by both employer and union stakeholders as a potential lever to encourage regularisation, bringing work into the formal sector while helping reduce costs. The maximum amount that families can currently deduct for care work from their tax return is EUR 700, and there is a lobbying effort to raise this threshold to reflect the amounts actually paid to workers. Pietro Vittorio Barbieri (EESC group III member) supported a greater tax deduction but raised the issue of growing poverty in Italy and the need for the state to play a major role in financing the care system adequately, ensuring welfare for all.

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## The future of the social care system

According to Dr Zini, citing INPS statistics from 2016, the age of domestic workers had increased significantly: the number over-50 more than doubled between 2007 and 2016 and the number over 60 increased fivefold in the same period, while the total number of registered employees increased only by 1.38%.

According to available data, the number of live-in care workers (defined as those cohabiting, and working over 45 hours per week) increased as a proportion of the total care workforce between 2007 and 2016, from 26 000 out of 626 000 workers (4.15%) to 85 000 out of 867 000 workers (9.8%).

The age of workers is increasing, and there are growing shortages. Demand for care is rising rapidly due to a confluence of several factors: rising life expectancy, a low birth rate, the increase in disabling conditions, the diminishing role of family-based care, and the migration of young people for work, leaving certain areas of Italy depopulated. The elderly currently represent 22.6% of the Italian population and this percentage is projected to rise to 30% over the next 20 years; also, 39% of Italians already say they suffer from a chronic or degenerative condition. According to Dr Marco Livia (Christian Association of Italian Workers - ACLI), the proportion of people aged 80+ is set to more than double and the welfare and healthcare sector will double or even triple as a proportion of GDP. However, the dependency ratio will rise from 23% to 53% in the future, which is unsustainable from a financial, economic and social security point of view. The retirement of the baby boomer generation will mean a decline in pension contributions, which will place additional pressure. The system needs to be redesigned to focus on ensuring that people can grow old and stay healthy.

Dr Zini stressed the importance of the household sector for the welfare system and society and argued that reform of the welfare state should be crucial for the revival of the economy. While acknowledging the problems that needed reform, Dr Zini argued that the mode of employment developed in Italy has many advantages and should be exported to other European countries. Integration of services and inclusion of this work in social security systems and civil rights is necessary, as well as supporting training and certification schemes, creating a new professional entity and establishing a European database for the sector to better coordinate supply and demand.

There was agreement among stakeholders that the state is placing insufficient value on care in Italy, that there is a lack of adequate financing of the care system and that responsibility for this situation rests with the politicians. Despite successful cooperation, negotiation and agreements between unions and employers, there is a lack of political response from legislators to recognise the work as important from a cultural, social and economic perspective. According to Rafaela Maoini (ACLI), the absence of state involvement at a time of an escalating care crisis is undermining the sustainability of the whole care system.

# Poland

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## The situation of live-in care workers

### ***Ukrainian live-in care worker's experience in Poland***

*Natalia Myronowna Bilous, a 45-year old Ukrainian live-in care worker, told the stakeholders that she had been working in Poland for nine years, mostly without a contract, around the clock without proper breaks including on weekends. She was compelled to change households five times. She experienced unjustified late wage payments, bullying and sexual harassment, false accusations of theft, religious discrimination, and threats of deportation. She earned EUR 578 per month, with no social security, saving money for her pension directly from her wage, while her family members also worked in the informal economy in Poland. She stressed the importance of employers who are just and fair, as opposed to those who are avaricious and capricious.*

Numerous testimonies from Ukrainian workers in Poland indicate the prevalence of experiences such as that recounted by Ms Bilous, according to research undertaken by Monika Szulecka (University of Warsaw). Most people working in this sector are in the informal economy and have poor bargaining power. Almost all 24/7 care workers lack residence status; although most workers attempt to regularise their stay, work permit restrictions make it difficult or impossible. Despite most arriving in Poland with valid work visas, they often do not reach the employer who hired them and usually work without an employment contract. Where a written contract exists, often there is a disconnect between the scope of responsibilities stated in the contract and the actual duties and work hours. Workers are often afraid of ending up with no pay. A longer time working tends to improve their position, as it allows for greater options to switch employers, to insist on contracts and to avoid live-in care work altogether. While this generally improves the situation, unaffordable rents and higher living costs present a barrier.

Marta Kindler (University of Warsaw) argued that the rights of Polish workers are unfortunately considered more important than those of foreign workers. She stressed that effective solutions should include: work contracts accompanied by entry protocols that set out pay; the introduction of a window of time for workers to find a new job after a previous contract ends, especially when a client passes away, so they have the right to remain a little longer and are not made destitute before they can make alternative arrangements; and professionalisation of this work, to ensure people performing it are sufficiently qualified. She also called for Polish legislators to ratify ILO Convention 189, which includes the notion of 'decent work' to make policy accompany the evolution of the care economy in Europe.

Barbara Surdykowska (trade union NSZZ Solidarność) stated that in Poland there were exclusions for minimum pay applicable for carers and called for proper labour contracts for live-in care workers subject to minimum standards of working, rest and holiday time. Workers wanted above all to be regularised, but contracts would have to include basic standards regarding working hours and health and safety norms. Solidarnosc is willing to pursue these issues with Polish and EU legislators.

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## The situation of care users and their families

The stakeholders agreed that costs for families and the lack of state support are problems, and that these create barriers to achieving formalisation and regular employment in the sector. Institutional care is viewed negatively in Poland, and the number of care institutions is very limited due to a lack of public investment. Demand for care workers is increasing due to ageing, yet there is massive underinvestment in care infrastructure. This is why a great amount of this work is being carried out in the home. When dealing with a sick or elderly relative, families have to choose between withdrawing from the workforce, attempting to place them in an institution, or recruiting a live-in carer.

Live-in care often ends up being not only preferable but the only practical choice for families. The care deficit is most extreme in smaller towns and villages, according to Dr Weronika Kloc-Nowak (University of Warsaw) who undertook research on this issue. Many people of working age migrate away for work and the lack of formal care services is most extreme outside of large cities. In the absence of publicly funded services, families turn to hiring a live-in carer. They often give them a status close to a family member, which has both positive and negative consequences. The process of employing a foreigner in the household is complex and unclear, which leads many Polish families to make informal arrangements. Many families are tempted to pay the least possible. But doing so is also a moral choice, according to Stefan Schwarz from the Labour Mobility Initiative.

Renata Gorna (trade union OPZZ) called for the Polish government to develop a comprehensive and coordinated social policy strategy to address the problem of serious population ageing, arguing that currently it is very fragmented across ministries. There is a growing lack of specialist care and a generational gap in the nursing sector, which requires investment in training. Adequate support to families, means-tested care benefits and payments to carers need to be established.

Dr Yuri Karyagin (president of the Ukrainian Trade Union in Poland) argued that the biggest problem in the sector was the intermediaries operating in both the Polish and Ukrainian markets. There are 1 200 registered in Ukraine, and even more in Poland. They are a problem because they take as commission a high percentage of workers' hourly wage (about 15-23%). Workers do best when they avoid them altogether and find work directly over the internet. A better solution would be to manage recruitment and announce vacancies through government agencies. As many of these workers lack language and nursing skills, in the interest of ensuring the quality of care, the EU needs to play a role in organising training and certification processes to help these workers and their families.

Agnieszka Jaroszek (Polish Labour Inspectorate) added that the inspectorate has no authority to inspect private residences. However, usually when it acts on a complaint from an employee, it can summon the employer to the Inspectorate office.

# Poland

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Ada Zaorska (agency Egida24), made a strong case for state subsidies as a means of ensuring protection for care workers. If their wages are to rise, people will need to pay more, and social insurance premiums will increase. However, state subsidies would discourage informal employment and ensure workers are covered by medical insurance and social protection. Stefan Schwarz said that Poland is failing to provide sufficient state support to ensure proper professional quality care, and that the amount needed from state subsidies should be at least EUR 1 200 per month. Below this threshold, it is inevitable that people will employ workers informally. He stressed that the financing structure, not the service providers, determine the system.

## The future of the social care system

Poland finds itself in a unique position as both an importer and exporter of a live-in care workforce. The challenge is how to regulate the sector without creating overly bureaucratic administrative requirements that might actually have the inverse impact of causing a growth in informal sector employment. Janusz Pietkiewicz (EESC group I member) argued that, from an employer perspective, too much regulation needs to be avoided, yet bringing informal work into the formal economy where taxes and regulatory standards apply should be the goal of any policymaker and economist. Krzysztof Jakubowski (vice-president of the Polish association of employment agencies), agreed that malpractice in recruitment should be penalised and that the goal should be to bring people into the formal economy. However, he argued that when there are too many rules and taxes, people seek to escape them, and therefore goals have to be adjusted to responsibilities. Stefan Schwarz found the issue complex, as the problem of sourcing workers for care cannot be equated with, for example, the supply of construction workers to building sites.

Dr Yuri Karyagin said that there are between 1 million and 1.5 million Ukrainian workers in Poland, and on the basis of his data there are between 70 000 and 100 000 Ukrainian women working as care workers in Poland with 60% of those employed as domestic workers working irregularly. While 70% of migrants in Poland come from the Ukraine, recently a new pathway for labour migration has been opened with the Philippines (executives of agencies active in both countries were among the stakeholders in attendance).

Reliable statistics for the number of migrant care workers in Poland are difficult to collect due to the informal nature of the work, and although data collection methods are improving, no one knows how many people actually work in this sector. Dr Karyagin explained that Poland is a corridor for Ukrainian migration into Europe. There are 4 million Ukrainian workers in Europe, and another 4 million who



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migrated to the east, who are estimated to contribute 10 billion dollars to the Ukrainian economy. More Ukrainian workers are looking to work in Germany, seeking decent wages and work in the formal economy. The economic situation in Ukraine is getting worse but if it eventually improves, workers will return home. This will result in additional pressure on a scarce labour supply to the care sector in Poland and across Europe. In the meantime, Ukrainian workers want to be professionalised and make decent money, which should be facilitated in everybody's interest.

Both Krzysztof Jakubowski and Stefan Schwarz raised the problem of informal work in cultural terms, as Polish workers have been migrating to work abroad since the 19th century and much of this migration is organised through informal networks. A certain willingness of workers to accept risks associated with work in the informal economy leaves them open to scams. However, despite a situation of workers not paying tax and social insurance, this situation is convenient to many states, which do not want to take action to address it. However, Mr Schwarz also argued that expectations are rapidly changing, as Polish women are migrating for shorter periods of time and are motivated by ambitions of higher pay. While previously a worker would typically go abroad for 12 months, now it is more common to spend two months abroad before returning home to the family. Financial expectations have risen sharply, with workers expecting to earn a monthly wage of EUR 1 500 compared to EUR 1000 previously.

## Appendix II

# list of participants

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### *United Kingdom*

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| Linn AAKVIK            | Project officer - CSO "Labour exploitation" - FLEX                                   |
| Meri AHLBERG           | Research officer - CSO "Labour exploitation" - FLEX                                  |
| Aranka Vanessa BENAZHA | Research assistant - Goethe University Frankfurt                                     |
| Wendy BRICE-THOMPSON   | Councillor, London Borough of Havering   |
| Susan CUEVA            | UNISON Trade Union   |
| Barbara DROZDOWICZ     | CEO - Eastern European Resource Centre   |
| Karol FLOREK           | Research consultant and EESC expert  |
| Omar GARCIA            | Project leader - Domestic Work - ORCA  |
| Mary HONEYBALL         | MEP – European Parliament (Labour)   |
| Marie PEACOCK          | Social policy researcher and care provider   |
| Adam ROGALEWSKI        | EESC member (group II)   |
| Verena ROSSOW          | Research associate - University of Duisburg-Essen                                    |
| Anna SERENI            | The Anti-Human Trafficking Monitoring Group Coordinator – Anti-Slavery International |
| John WALKER            | EESC member (group I)  |
| Sharon WILDE           | GMB Trade Union  |
| Marina YANNAKOUDAKIS   | EESC member (group III)  |

### *Germany*

|                          |  |
|--------------------------|--|
| Pietro Vittorio BARBIERI | EESC member (group III)  |
| Juliane BOHL             | Hausengel Betreuungsdienstleistungen GmbH and German Association for Home Care and Care – VHBP |
| Jennifer BROWN           | Journalist - "Economist"   |
| Agnieszka BURKO          | Outpatient nursing service, Potsdam  |
| Monika FIJARCZYK         | Advisory office for posted workers   |
| Karol FLOREK             | Research consultant and EESC expert  |
| Judy FUDGE               | Researcher - Kent University   |
| Dr Jonas HAGEDORN        | Nell-Breuning-Institut, Jesuit University Sankt Georgen, Frankfurt/Main                        |
| Lise-Marie HEIMESHOF     | Osnabrück University   |
| Priest Wolfgang HERRMANN | Company Care at the Diocese Rottenburg-Stuttgart   |
| Barbara JANIKOWSKA       | Care worker from Poland  |
| Filip KRUPINSKI          | Hausengel Betreuungsdienstleistungen GmbH - Head of Cooperation Management Eastern Europe      |
| Dr Bianca KÜHLE          | DGB Berlin-Brandenburg – Cross-border trade union work   |
| Prof Simone LEIBER       | Duisburg University, Projekt Europ Agency Care   |
| Claudia MENEBRÖCKER      | Officer at Caritas Association for the Archdiocese of Paderborn e.V.                           |

|                     |   |
|---------------------|---|
| Karin PAPE          | European Coordinator at the International Domestic Workers Federation – IDWF  |
| Prof Arne PETERMANN | Linara Ltd, the Board of the German Association for Home Care and Care (VHBP) and the Professional School for Health and Social Services – Saarland (BAGSS) |
| Heike PRESTIN       | Assistant of MP Pia Zimmermann, Die Linke   |
| Adam ROGALEWSKI     | EESC member (group II)  |
| Benjamin SCHILGEN   | University Medical Center Hamburg-Eppendorf   |
| Marlene SEIFFART    | DomEQUAL research project at Venice University  |
| Dr Sabine STADLER   | Vienna University   |
| Dr Margret STEFFEN  | Ver.di, Trade union   |
| Dr Sylwia TIMM      | DGB, Trade Union, Fair Mobility Project   |
| Dr Susanne UHL      | DGB Trade Union   |
| Alex WISCHNEWSKI    | Die Linke   |

### *Italy*

|                           |  |
|---------------------------|--|
| Filippo ANASETTI          | UGL Trade Union  |
| Daniela BALLICO           | UGL Trade Union  |
| Pietro Vittorio BARBIERI  | EESC member (group III)  |
| Charito BASA              | Filipino Women's Council   |
| Teresa BENVENUTO          | Assindatcolf   |
| Giuseppe CASUCCI          | UIL Trade Union  |
| Dr Daniela CHERUBINI      | Ca' Foscari University of Venice   |
| Maria Serena CONCILIO     | CISL Trade Union   |
| Kurosh DANESH             | CGIL Trade Union   |
| Pietro Francesco DE LOTTE | EESC member (group I)  |
| Vincenzo FALABELLA        | FISH   |
| Karol FLOREK              | Research consultant and EESC expert                                      |
| Lorenzo GASPARRINI        | DOMINA   |
| Sara GOMEZ                | Live-in care worker and member of the FILCAMS union for domestic workers |
| Marco LIVIA               | ACLI   |
| Rafaella MAIONI           | ACLI   |
| Prof. Sabrina MARCHETTI   | Ca' Foscari University of Venice   |
| Luciana MASTROCOLA        | CGIL Trade Union   |
| Alessandro OROFINO        | ACLI   |
| Galanza QUINONEZ          | International Domestic Workers Federation                                |
| Adam ROGALEWSKI           | EESC member (group II)   |
| Angela SCALZO             | UIL Trade Union.   |
| Andrea ZINI               | ASSINDATCOLF   |

## Appendix II

# list of participants

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### *Poland*

|                            |   |
|----------------------------|---|
| Bożena ADAMCZYK-ŁUKASZCZUK | SeniorMedica 24   |
| Natalia Myronowna BILOUS   | Live-in care worker   |
| Marta BITNER               | Co-ordinator of the section of agencies providing care work. Association of Employment Agencies |
| Manuel FERRERAS-TASCÓN     | Journalist - Tygodnik Zielony Sztandar  |
| Karol FLOREK               | Research consultant - expert to EESC rapporteur   |
| Renata GORNA               | Adviser - OPZZ - Trade Union  |
| Krzysztof JAKUBOWSKI       | Vice-president Association of Employment Agencies   |
| Agnieszka JAROSZEK         | Senior officer – Polish Labour Inspectorate   |
| Yuriy KARYAGIN             | President - Ukrainian Trade Union   |
| Dr Marcin KIELBASA         | Labour Mobility Initiative  |
| Marta KINDLER              | Centre of Migration Research University of Warsaw   |
| Weronika KLOC-NOWAK        | Centre of Migration Research University of Warsaw   |
| Krystyna KNYPL             | Journalist - Gazeta dla Lekarzy   |
| Dominika LATAWIEC- CHARA   | Lawyer  |
| Szymon MYSZCZYNSKI         | Polish Affairs Consultant - Apicius   |
| Krzysztof PATER            | EESC member (group III)   |
| Janusz PIETKIEWICZ         | EESC member (group I)   |
| Adam ROGALEWSKI            | EESC member (group II)  |
| Stefan SCHWARZ             | Speaker Labour Mobility Initiative  |
| Lorena SMIGIELSKA          | CEO - Apicius Culinary Arts   |
| Maciej SMIGIELSKI          | Chairman - Apicius Culinary Arts  |
| Barbara SURDYKOWSKA        | Legal adviser - NSZZ Solidarność  |
| Monika SZULECKA            | Warsaw University   |
| Magdalena SZYMAŃSKA        | National Coordinator in Development - NSZZ Solidarność – Trade Union.                           |
| Dr Sylwia TIMM             | DGB – Trade Union, Fair Mobility Project  |
| Justyna Maria TUROWSKA     | Specialist - Polish Labour Inspectorate   |
| Ada ZAORSKA                | Egida24 - Employment Agency   |
| Magdalena ZGŁOBICA         | Project manager - Labour Mobility Initiative  |

## Appendix III

# list of the main speakers at the presentation of the report in Brussels

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Ana Carla PEREIRA  
Guillaume AFELLAT  
Luca SCARPIELLO  
Lilana KEITH  
Claire HOB DEN

European Commission  
European Centre of Employers and Enterprises (CEEP)  
European Federation of Public Service Unions (EPSU)  
Platform for International Cooperation on Undocumented Migrants (PICUM)  
International Labour Organization (ILO)

## Appendix IV

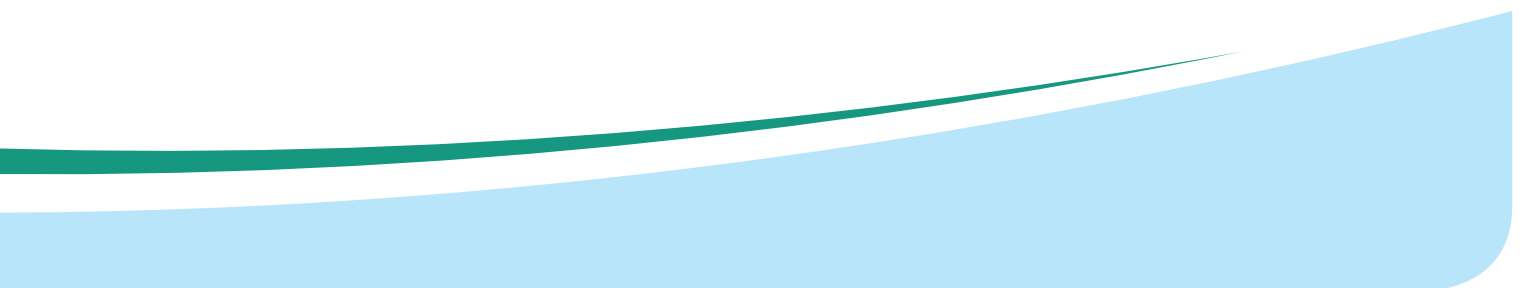
# main recommendations in the EESC opinion on “The rights of live-in care workers”

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The own-initiative opinion on “The rights of live-in care workers” (SOC/535), which was at the origin of the country visits, was initiated by Adam Rogalewski and adopted by the EESC at its plenary session on 21 September 2016.

The opinion established a set of recommendations to Member States and the EU including:

- including the rights of live-in carers and their care recipients in revisions of European and Member States’ legislation;
- proactively regulating the long-term care sector, especially in relation to compliance with employment laws, allowing labour inspectorates and other relevant state and non-governmental organisations to access workplaces in private households;
- ratifying and implementing International Labour Organisation (ILO) Convention No 189 providing rights for domestic workers, regularising the status of undocumented live-in care workers, and bringing all relevant EU directives into line with the Convention;
- improving safeguards in the Employers’ Sanctions Directive (2009/52/EC) to protect the labour rights of undocumented workers in order to tackle irregular employment;
- rigorously applying the Victims’ Rights Directive (2012/29/EU) to provide effective support for live-in care workers who are victims of exploitation, regardless of their migration status;
- prioritising the reform of live-in care arrangements in the European Platform Against Undeclared Work;
- promoting and supporting the establishment of organisations and cooperatives of live-in care workers;
- implementing processes for the recognition, harmonisation and transferability of qualifications and experience acquired by live-in care workers;
- ensuring adequate support for care recipients and families through sustainable long-term public investment that meets rising demand for care, and redirecting European funds to finance training courses for live-in care workers;
- monitoring and improving the posting of live-in carers by implementing the principle of equal pay for equal work; and
- improving data collection and research at EU level on the working and living conditions of live-in care workers.





## European Economic and Social Committee

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