



Towards the “Uber-isation” of Care?

Platform work in the sector of long-term home care and its implications for workers' rights

REPORT



European Economic
and Social Committee



Workers' Group
EESC

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Workers' Group Research Report

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Abstract

Until now, the political discussion on platform work and its implications for workers has largely focused on daily one-off services such as transportation, household services or online click-work. However, platform work is also gaining importance in more sensitive areas, such as healthcare and long-term care. Long-term care services provided at the client's home and mediated via digital marketplaces are an unmistakable example for this EU-wide trend that deserves academic attention. Rather than expanding on the related quality challenges, this report discusses such platforms from a worker's perspective and argues that care platforms are a highly ambivalent phenomenon for care workers' rights: higher income stands against reduced social security and worsened working conditions. As long-term care is not only a service but also a social right and a public responsibility, policy makers should critically monitor the rise of such platforms across Europe, including its implications for the carers. Collective action and public regulation could help in shaping the design of 'platform care' and minimize the negative impacts on workers.

Introduction

The scarce availability of affordable care at care seekers' homes is a pressing issue for European citizens and their families. Demographic change, a growing shortage of institutional and community services, high costs and poor quality of care services often reinforce the challenge of providing affordable long-term home care. Additionally, cases of workers' and patients' rights violations and "care scandals" across European member states demonstrate the difficulty to ensure quality service provision and trusted care. However, addressing the care challenge in practice is difficult when carers provide their services in private households, a sphere that is traditionally less transparent and less monitored than regular work places.

With regard to its workforce, elderly care in households is currently a field dominated by the most vulnerable groups of workers, especially women and migrant workers. Care work is characterised by several threats to workers' rights, such as difficult working conditions, high workload and low wages. The European Economic and Social Committee (EESC) has been a key player in pointing out the need for improving the situation of carers in the EU, for example by ensuring equal labour rights for live-in care workers (EESC 2016) and by fostering collective agreements in the care profession (EESC 2018a). Furthermore, the Committee has highlighted the need for "professional, accessible, affordable and high-quality community-based care services" (EESC 2017) as well as adequate and affordable health services and long-term care (EESC 2019) in general. Previous work by the EESC has also demonstrated the need for people-centred care supported by digital transformation (EESC 2018b).

As platform care is an integral element of the digital future of care, this report contributes to a more comprehensive understanding of digital care and its implications for the long-term home care workforce. While there is little doubt that carers will continue having an essential role in long-term home care, it is unclear whether new technologies mitigate or rather reinforce existing challenges related to workers' rights in the sector. Labour platforms that connect dependents and their families with carers claim to provide a "fair deal" for workers, including transparency, support and a formalised contract. However, experience from other labour platforms also indicates new vulnerabilities resulting from this form of employment.

This report aims to address different aspects of platforms that connect care workers with clients seeking long-term home care. Firstly, it explores care work on platforms in the wider context of the long-term care sector. It then provides an exploratory overview on how platform work in this sector improves or worsens the situation of workers for different work aspects. Furthermore, possibilities for collective action are discussed. Finally, the paper proposes policy recommendations for national and European policy makers.

I. State of play: Models of elderly care provision in Europe

Understanding how platform work intervenes in the existing long-term care landscape is crucial to explore its impact on carers' working conditions. This section describes what long-term care provision for the elderly at home includes, as well as current trends in the sector, its workforce and working arrangements.

I.1. What is long-term home care provision?

"Care" is a widely used term that may incorporate very different formal and informal services to individuals in need. Many of these persons receive long-term care over several months or years. The OECD provides the following definition for long-term care:

*A range of **medical, personal care and assistance services** that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care (through help for activities of daily living, ADL, such as eating, washing and dressing) and assisting them to live independently (through help for instrumental activities of daily living, IADL, such as cooking, shopping and managing finances). (OECD 2019a)*

This definition highlights the two-fold nature of care that incorporates both health and social aspects. In the European context, carers within both informal and formal support systems provide such services. Formal support is usually backed up by a contractual arrangement and includes a broad range of community services (public health, primary care, home-care and rehabilitation services and palliative care) at home, as well as institutional care in nursing homes and hospices. While long-term care is not only limited to the elderly, they make up the highest share of recipients (Colombo 2012; OECD 2019a). In contrast, informal care is usually unpaid and provided by family members or other persons of trust (Kraus et al. 2010).

I.2. The long-term home care sector across Europe

In most EU countries, the overall number of those receiving formal long-term care is on the rise (Figure 1). This trend is in line with an ageing population in these member states: between 2001 and 2018, the ratio of people aged 15-64 years to people aged 65+ years decreased from 4.2 to 3.3 (Eurostat 2019). The increasing care need of elderly care seekers is often met by home care, which is provided at the household of the person in need of care: such a care arrangement particularly allows care recipients to stay in their familiar environment. Within home care, informal and unpaid care is a widely spread phenomenon, for instance due to cultural reasons or the lacking affordability of formal care (private or public). Hereby family members or friends are not the only group that provides informal care work. Undeclared or semi-legal working arrangements also exist. Migrant women are predominantly affected by this (European Parliament 2016).

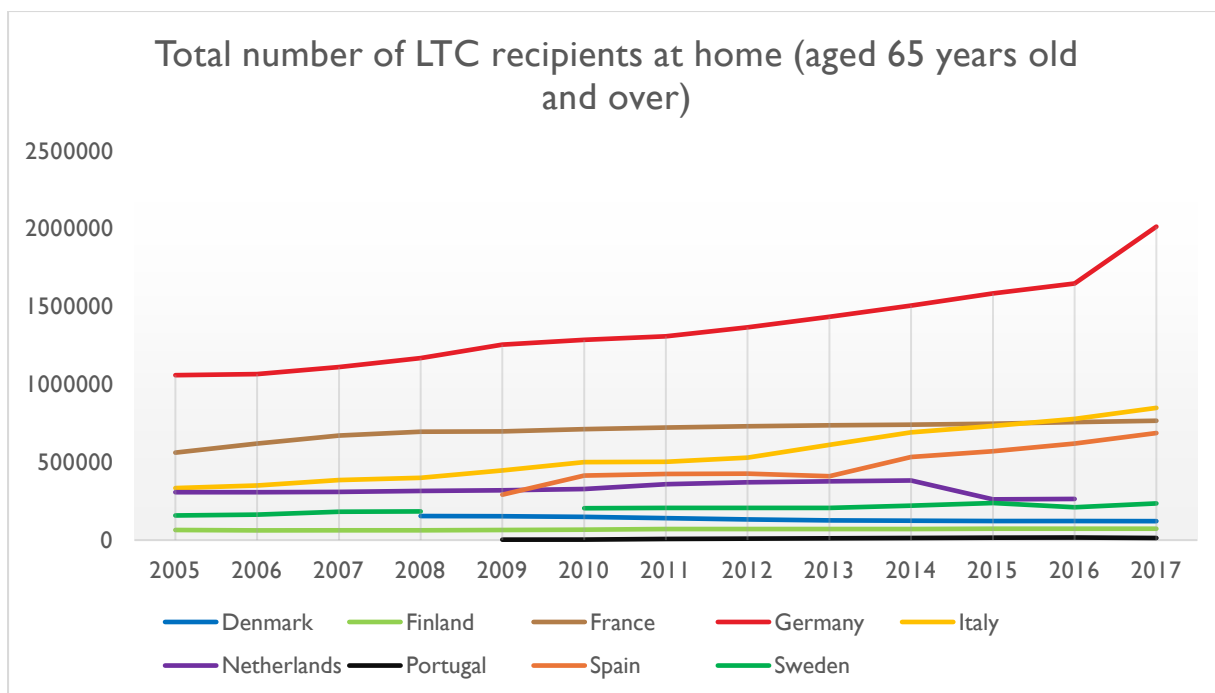


Figure 1: Total number of LTC recipients at home (aged 65 years old and over). Source: OECD.stat (2020)

The share and cost of formal home-provided care is highly dependent on national institutional frameworks and varies significantly (Figure 2). However, there is a common European trend towards prioritizing home care over institutionalized care, e.g. in nursing homes (Colombo 2012). The lack of accessible formal LTC facilities, general lack of public funding and pressure for cost-effectiveness are drivers of this development (Deusdad, Pace & Anttonen 2016). However, perceived better adaptation to care recipients' preferences can equally contribute to a "deinstitutionalisation" of care (Deusdad, Pace & Anttonen 2016). In Nordic countries, the shift from institutionalized care to home care has been particularly pronounced and accompanied by a marketization and privatisation of the long-term home care sector. In contrast, Austria, Germany and some other countries have traditionally prioritized this arrangement over institutional care (Baeten et al. 2018). In the Eastern and Southern EU member states as well as in Ireland and the United Kingdom formal home care services have long been poorly developed but have shown an upwards trend in recent years (Boerma et al. 2012).

Essential characteristics of the sector that affect employment in home care across Europe relate to who organizes and provides the care: public, for-profit or non-governmental providers may be in charge, and public authorities may be located on the regional or even the municipality level. Most EU countries are characterised by a private-public care mix as public support often proves to be insufficient to cover the full care market. There is a general trend towards higher out-of-pocket payments, while public reimbursement still plays the most important role. Private households' expenditure for long-term care ranges between 7 percent of total health expenditure in Sweden and 36 percent in Estonia (OECD 2019c).

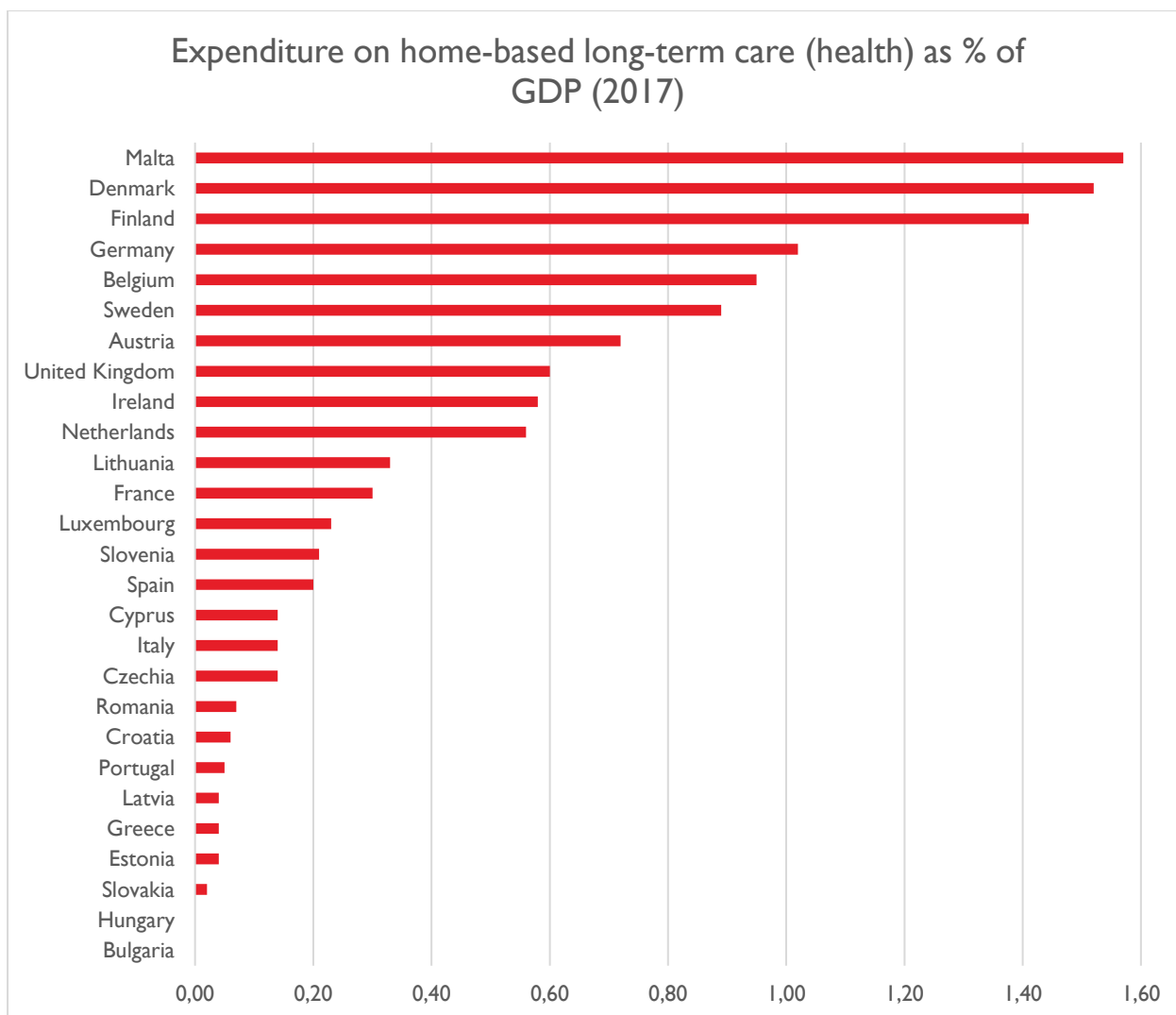


Figure 2: Expenditure on home-based long-term care (health) as percentage of gross domestic product (2017). Source: Eurostat (2020)

Note: Missing data for Poland. The leading position of Malta in this context is surprising, as the share of the elderly population is around EU average and the formal LTC system is underdeveloped (Vasallo 2018).

Depending on the kind and extent of public support, cash benefits or in-kind support through public services are available (Zigante 2018). However, in all EU countries out-of-pocket payments for home care are required, in some cases means-tested. Private providers (both profit and non-profit) dominate an important share of the market in those countries with the highest demand for home care. In recent years, several countries have shown a strong long-term trend towards privatization, deregulation and marketisation of home care (Brennan et al 2012; Schwiter, Berndt & Truong 2018). The commercial long-term care sector as such has experienced a rapid growth in both institutional care and home care (Ilinca, Leichsenring & Rodrigues 2015) and work intermediated by agencies has become more common in recent years, while self-employment of carers is also common (Colombo et al 2011). Arrangements in which the state reimburses private providers directly support such a development (European Commission 2014). In Germany and England, two of the biggest markets for home care in Europe, the share of private for profit providers is 63 percent and 89 percent respectively (Baeten et al. 2018). While exact numbers of private care providers for all EU member states are not available, the European Social Policy Network reports that a large commercial care market also exists in Cyprus, Greece, Hungary, Malta, Portugal and Romania (Baeten et al. 2018). As a general tendency, care markets are therefore characterised by a large diversity of actors that finance, organise and provide

care. A lack of accessible formal long-term care may foster alternative ways of care provision that are less cost-intensive, but also strengthen atypical working arrangements.

The highly fragmented market for care results in different working arrangements for carers that work outside the public sector: They may have an employment contract with a private care provider or an agency, or, more rarely, work as independent workers for one or several clients. Informal and undeclared long-term care work at care-seekers' homes remains widespread, especially among live-in care workers and migrant workers (European Parliament 2016).

Care workers in long-term home care

In the context of this research, LTC workers in home care are formal and paid workers coming into the household of the care recipient. They can also include family members or friends who work under a formal contract, although these cases are rare (OECD 2019b). However, informal carers are not included in the definition.

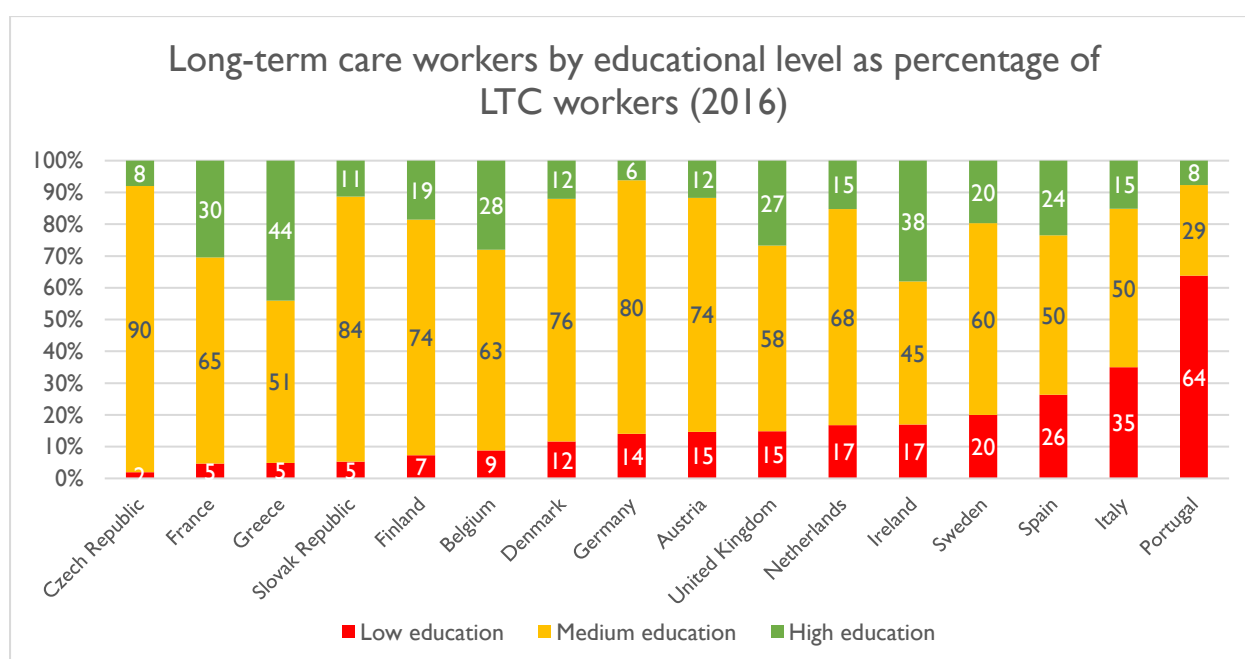


Figure 3: Long-term care workers by educational level as percentage of LTC workers (2016). Source: OECD (2019b), p. 235

The qualifications of carers in private households vary significantly within and across EU countries, with some countries employing up to 44 percent of carers with advanced educational background (Figure 3). The distinction between categories of carers or LTC workers mainly derives from the tasks they perform. There are two main categories: *Personal care workers* provide assistance with activities of daily living (ADL) and other personal support, but do not have a nursing diploma. In most countries, being a personal care worker does not require any formal qualification. In contrast, *nurses* perform tasks that go beyond this scope, e.g. medical tasks, and possess a corresponding diploma. National differences regarding the required qualifications for each care task are significant, and these distinctions have an impact on working conditions and pay of carers. As a general trend, there are very few possibilities of opening up skills validation and upskilling at later stages of the carer's professional life, which limits the possibilities for professional advancement (European Commission 2014).

One might identify a third category of service providers for those in need of long-term care, which refers to domestic care such as cleaning, cooking and instrumental activities of daily living (Colombo 2012). While the boundaries between the categories are blurry, this paper mainly focuses on nurses and personal care workers.

Category	Nurses	Personal care workers	Domestic workers
Tasks	Medical acts, e.g. administering medicating and changing dressings	Activities of daily living (ADL), e.g. washing, feeding	Instrumental activities of daily living (IADL), e.g. cleaning, cooking

Table 1: Categories of care workers (author's own compilation)

With regard to the size of the workforce, it is remarkable that the total ratio of long-term care workers per 100 persons over 65 years has not increased over time to the same degree as the number of elderly persons (Figure 2). This situation may be interpreted as either a lacking availability of carers, an increase of informal care or a growing prevalence of part-time jobs. As a general statement, however, a lack of qualified personnel seems to be visible in the data. There is little doubt in the literature that the EU has an unmet need of both nurses and personal care workers in the light of rising demand (Boerma et al., 2012; European Commission, 2019).

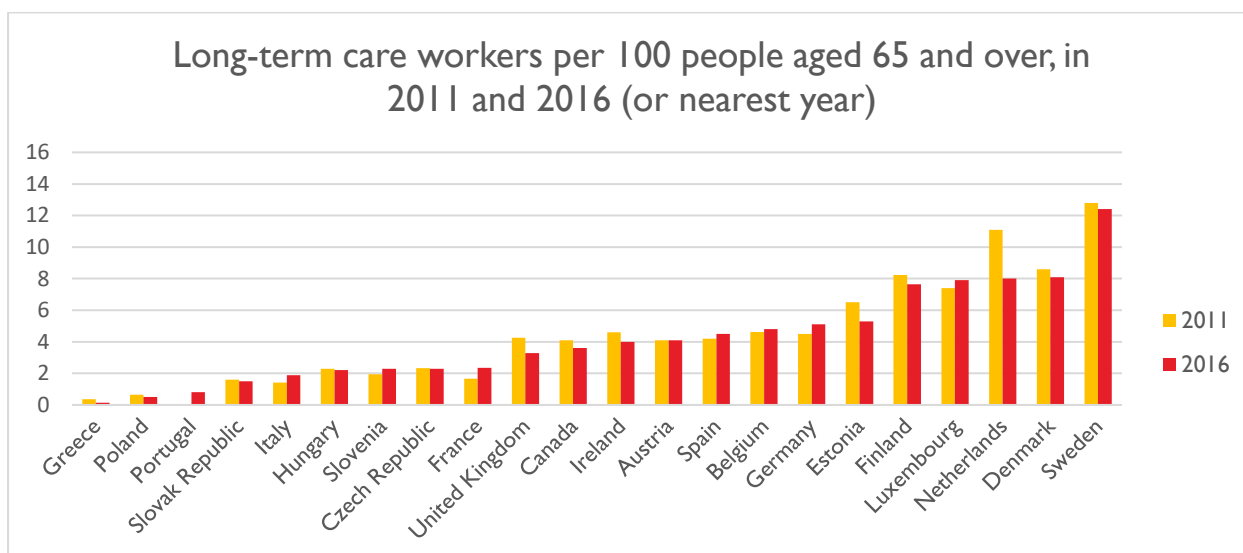


Figure 4: Long-term care workers per 100 people aged 65 and over, in 2011 and 2016 (or nearest year). Source: Eurostat (2019b), p. 235

The nature of home care with client services spread throughout the day encourages part-time arrangements, and unsocial working hours are also common (Colombo et al. 2011). Women make up the overwhelming majority of care workers operating in home care: 90 percent of long-term care workers in the OECD are female (OECD 2019a). The turnover rate among carers is generally high (Koff 2017).

2. Long-term home care and platforms

Understanding the functioning and the current challenges of the care sector is crucial in order to analyse where and how platform work intervenes in existing care markets and the working reality of carers. The term "platform work" refers to a new way of organising work on online (labour) market places that match supply and demand of labour: Platforms enable organisations or individuals to access other organisations or individuals to solve specific problems or to provide specific services in exchange for payment (De Groen et al 2018).

2.1. Care in the platform economy

While this definition includes a whole variety of potential activities from IT-related freelancing to transport and domestic services, it is unsurprising that the platform phenomenon has recently also entered the growing market for long-term care in elderly's homes. Examples include "Pflegix" and "Pflegetiger" in Germany, "Curafides" in Austria, "Home Care Direct" in Ireland, "CeraFlex", "Supercarers" and "Equal Care Co-op" in Great Britain and many more. An important distinctive feature of these platforms is their focus on actual care in contrast to domestic services (e.g. cleaning, repair works). While there is no systematic review of the care platform sector in the literature yet, the nearly simultaneous emergence of these platforms in several member states suggests a clear upwards trend.

The positive trend of other types of platforms shows that such marketplaces have become substantial and rapidly growing economic actors, especially in local service provision. Besides global platform players, newly emerging local platforms are equally at the forefront of this development. In 2017, the European Commission Joint Research Centre's database included 170 relevant labour platforms in the EU with a wide variation with regard to the offered services (De Groen et al. 2018). A study of Urzi Brancati, Pesole & Fernandez (2019) showed that 8 percent of internet users in 14 EU countries work on platforms at least once a month, and that 6 percent of users achieve "significant income" of at least 25 percent of the average wage. Services vary significantly regarding the format of service provision (on-location or online), according to who matches or selects the services (workers, clients or the platform) and the level of qualification that is needed to perform the task (low, medium or high). Professional services, transport and household tasks are the most common types of activities across EU countries (Brancati, Pesole & Macias 2019).

It is reasonable to assume that long-term home care platforms will follow this trend and gain importance in the future, mainly due to the growing market and its potential to provide local services. In addition, traditional private care agencies already have an important and established place in the care landscape across many EU member states (Boerma et al. 2012). This indicates that there exists indeed a need for an intermediary that matches care seekers with carers on the "care market", even if it is purely privately organised. Government policies promoting home care through cash payments and the positive implications for private service provision may also facilitate the emergence of such platforms. Such benefits exist, for instance, in Austria, Ireland, Italy, Lithuania and Romania (Baeten et al. 2018).

Breaking down the logic of platform work for the field of long-term care provided at home, those fall under the category of on-location services that platform workers provide at the client's home (De Groen et al. 2018). Such services are well suited for platforms, as they usually apply mechanisms that minimize distances and travel time between workers and clients. It is also clear that workers in the area of long-term care do need at least a certain level of qualification, even if there are no regulation or governance specifying this. Even if carers are not nurses but personal care workers, experience and eligibility criteria may exclude an important number of potential candidates. This is a strong contrast compared to platforms in the most common sectors such as passenger transport or food delivery that are characterised by low entry barriers and unlimited competition among workers: A majority of 54 percent of labour platforms operating in the EU only require low skills by workers (De Groen et al 2018).

2.2. Actors and processes on the platform

Other important points to consider are the characteristics of each actor in the platform economy of long-term home care. Three groups can be identified: *Clients*, *workers* and *platforms*.

- *Clients* in the field of long-term care are care seekers who require care at their personal home. Their distinctiveness from normal clients is given by their dependence on the service provision. As a general rule, however, the interaction partners on the platform may not be the care seekers themselves but family members, friends or relatives that are in charge of organising the service, ideally in close consultation with the care seeker. This is a unique feature compared to most other platform services and might influence how platforms address them. The care needs of clients may vary significantly in terms of time and range of tasks: A specification of the requested service is therefore necessary and may increase the effort and time requirement for finding the right carer.
- *Workers* are the carers that the platform provider has approved for providing care locally in private households. As the formal employment status of platform workers in general is rather unclear, the platforms may not necessarily qualify them as workers, but as self-employed service providers. Workers' profiles may differ according to their level of qualifications and working arrangements. Platform work may be particularly attractive due to the local proximity and the increased level of flexibility compared to standard working arrangements. At the same time, the shortage of carers in the markets suggests that workers on the platform may have a more favourable position than workers on other platforms.
- *Platforms* reconcile the need for care and the offer for care services. They intermediate and provide the infrastructure for successful transaction between carers and clients. Most likely, they may be private companies. Nevertheless, the relationship between a care platform, carers and care seekers may also not exclusively be commercial. Collaborative platform models may also claim to "create an open marketplace for [...] services often provided by private individuals." (European Commission 2016).

Characteristics of platform work

- *Paid work is organized through an online platform*
- *Three parties are involved: Clients, workers and platforms*
- *The aim is to carry out specific tasks or solve specific problems*
- *The work is outsourced or contracted out*
- *Jobs are broken down into tasks*
- *Services are provided on demand*

A standard transaction on a care platform begins with the *discovery phase* (Figure 6). This phase includes detailed identification of the care seeker's needs in which the care seeker or a commissioned individual describes the services that he or she requires. The client then advertises the required tasks on the platform, although it is also conceivable that carers first advertise their services, including qualifications and availabilities. A response from the contract partner follows the advertisement and both sides evaluate the offer ex-ante through information on the other party that the platform provides (e.g. ratings, qualifications).

Figure 5: Definition of platform work according to De Groen et al (2018)

In the following *exchange phase*, carers and clients select and confirm the offer and the carer provides the service at the care seeker's home. While a matching via a platform algorithm might theoretically also be possible, a manual confirmation of both carer and client is more likely to achieve the desired result, which is an ideal match between the specification profiles of both parties. After the first service provision, the client releases the beforehand agreed payment and the remuneration takes place.

In a third phase, the *relationship phase*, the client evaluates the service online and the transaction may repeat. A distinguished feature of long-term home care compared to other platform services is that both care-seekers and carers have a probable interest in a long-term care relationship, and that transactions may recur within the same arrangement.

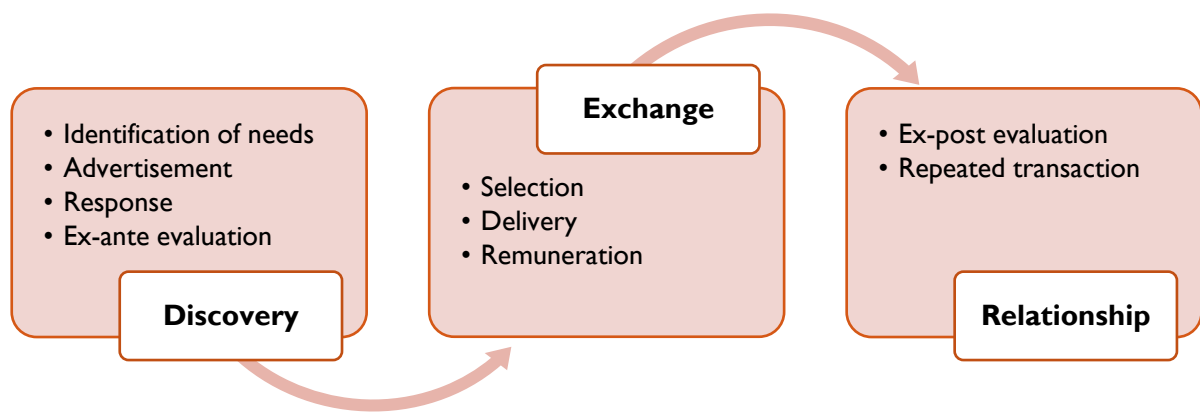


Figure 6: Task completion on digital labour platforms (author's own compilation based on De Groen et al (2018), Choudary (2018))

2.3. The care platform's business model

In theory, the degree to which platforms organise and determine the interaction between carer and client may vary significantly. Some care platforms may only act as a job portal without even being involved in the conclusion of the contract and consequently charge a subscription fee to carers and/or clients in order to take a profit. In contrast, others may remain actively involved as a mediator, payment processor and guarantor throughout the different phases (Figure 6). In practice, the latter business model appears to be more attractive, because it allows the platform to receive a commission fee for each service provision, even if the same transaction is repeated over a longer period between the same carer and care seeker. In such cases, platforms would normally specify in their terms and conditions that they forbid bypassing the platform through private arrangements, or they would advertise that continuing payments through the platforms results in more safety and comfort for both parties.

While the procedure of care platforms suggests that its arrangement works in a similar way as "any other service", such a perspective does not account for the fact that the need for long-term care in individuals' homes is in many regards distinct from other platform services. Long-term care is an essential need for care seekers. Carers and care seekers can therefore be assumed to prefer a long-term care relationship with a relation of mutual trust rather than a one-off service as it is common for other platform services. Platforms in the field of care may be expected to focus more than other platforms on transparency, trustworthiness, and the personal note of the carer-care seeker relationship. At the same time, safeguards and institutional channels for complaints are also more essential.

Another specificity is the enlarged group of stakeholders involved in long-term care provision: As emphasized earlier, long-term care takes place in a setting that includes a public-private financing model, a combination of social care, health care providers and informal carers. High quality service provision and a strict pre-selection of carers may be required in order to cooperate with public authorities if reimbursement is bound to pre-checks.

Example I: Curafides (Austria)

The platform Curafides is a commercial platform start-up that began operating in Austria in 2016. It has since then expanded its offer to Germany, the Czech Republic and Switzerland. Curafides intermediates certified nurses as medical carers but also personal care workers and live-in carers (so-called 24-hours-carers). A particular focus lies on attracting carers from Eastern and Central European countries for the Austrian market. The platform also provides the possibility for care agencies to present themselves on the platform. The platform has a self-conception as a pure "marketplace" that neither provides caregiver services nor takes the role of a recruitment agency: Carers and clients conclude contracts independently outside the care platform.

In order to join the platform, potential carers need to go through a pre-filtering by passing a number of different checks, including a clearance certificate, a business licence, diplomas, references, a psychological test, a skills test and language certificates. For foreign individuals, certified translations of diplomas are necessary. As soon as the applicant successfully completes the application process, he or she is visible on the platform and can match with a potential client.

Matching

The matching process is two-sided: Clients may post a desired profile of tasks on the platform to which carers can then directly apply. As an alternative, carers also have profiles on Curafides, which clients can browse to contact them directly. In this way, both clients and carers are able to be proactive in their research for tasks. While the platform lists clients or carers according to their location, this criterion is rather flexible, as geographical mobility is also visible in the profile. As the platform also addresses carers that are third country nationals or mobile EU citizens, the scope of the platform is rather large. There is a rating system for carers that is immediately visible to clients.

Payment

Carers pay a monthly "pay-as-you-go" fee in order to stay on the platform, whereas such a fee is not required for clients that register. The costs for carers are in the range between 14 and 50 euros per month, independently from their revenues. As contracts are concluded outside of the platform, there is no commission payment and Curafides does not provide a guarantee that registering on the platform leads to an actual contract. In addition, workers are completely free to set their own rates for care and determine their own hours through communication via the platform.

Social protection and conflict solving

Curafides does not provide the opportunity for carers to exchange with peer groups online or offline. Carers are obliged to organise their own qualification and training measures. However, according to the platform, training measures provided by the platform are "on the roadmap for a later point in time." There is no replacement mechanism when the carer is sick or unavailable. In that case, the client must use the platform to look for a replacement. The platform provider deals with potential conflicts between clients and carers on a case-by-case basis. Curafides states, "in cases of unprofessional behaviour", to reserve the right to remove users from the platform.

3. A framework for assessing long-term home care work on platforms

Previous research on on-location service platforms has shown that the implications of platform work for workers are highly ambivalent (Drahokoupil & Piasna, 2017; Fabo, Karanovic & Dukova, 2017; Rogers, 2016). As a consequence, many experts have criticised the rise of labour platforms in the EU and pointed at the asymmetric power distribution between platforms and workers, at their detrimental effects on working conditions and the lack of social security for the workers (Benjaafar et al. 2018; van Dorn 2017). While some aspects of these observations affect all types of platform workers, others require a closer examination for care workers' specific characteristics. Indeed, a context-specific analysis of the impact of platform work on care workers must take into account "existing forms of inequality that structure low-status work [...], the type of work being done and the specific structures of existing labour markets." (Ticona & Mateescu 2018, p.17).

The need for differentiation can be illustrated by the question whether platform care work for long-term care seekers would enforce an *uber-isation* of care. The term *uber-isation* describes a phenomenon in which newly emerging platforms "are intervening in sectors where formal and relatively regulated employment is the norm or where platforms are creating altogether new kinds of work." (Ticona & Mateescu 2018, p.2). In an *uber-isation* scenario, digital employment arrangements crowd out jobs characterised by previously fair working conditions and high worker's protection. *Uber-isation* includes practices such as tax avoidance, circumvention of social security contributions, bogus self-employment and, more generally, the use of legislative loopholes created by a digital marketplace (Hall 2018; Hunt 2016; Fleming, Kyoung-Hee and Rhodes 2019). The implication of such a scenario is an unfair and aggressive competition based on social dumping rather than digital innovation and economic efficiency.

While this perspective may partly be justified in specific sectors such as transport and delivery, the wide variety of types of long-term home care and the blurry line between domestic services, care services and medical services suggests that platforms may worsen protection for some groups of workers, while others might be better protected. Hall (2018) points at the fact that informal working arrangements and illegal work have always been prevalent in the care sector: In such a context, the spread of care platforms could improve the situation of care workers by formalising their employment relationship with clients and increasing their visibility (Ticona & Mateescu 2018). However, there might be an equally important risk that platform work reverses achievements in the formalisation of long-term home care, including for qualified care workers active in the formal care market (Hall 2018).

Another important aspect of the debate on working conditions associated with platform work is the prevalence of algorithmic or metric management. Such management is characterised by "continuously tracking and evaluating worker behaviour and performance, as well as automatic implementation of algorithmic decisions. In such a business model, workers interact with a 'system' rather than with humans" (Möhlmann & Zalmanson 2017, p.4). Algorithms furthermore "coordinate production, match supply and demand, organise, control and appraise workers" while limiting workers' autonomy (Daugareilh, Degryse & Pochet 2019). On this type of platform, workers only have weak influence on the jobs that an algorithm assigns them, as this mechanism is rarely transparent and as the platform even punishes workers that reject a task through lowering their chances for future jobs. Unsurprisingly, such a mechanism favours work intensification and uninsured health and safety risks (Daugareilh, Degryse & Pochet 2019).

The criticism related to algorithm management apply to existing long-term home care platforms in their current form only to a limited extent. Using the Eurofound classification of platform work as a starting point, existing home care services are most likely to fall under the category of "on-location worker-initiated work" (De Groen et al. 2018). This title comprises platforms on which workers offer or select their tasks independently, without an algorithm-determined matching. While algorithms may apply to sort and list the available carers, the choice of the contract partner remains with the two

parties, which allows carers to reject certain clients and vice versa. Such a model is adapted to initiating a long-term relationship between clients and workers rather than a one-off service and refers back to the specific character of care work compared to other services. However, while such algorithmic business models have not entered the European care market yet, platforms based on short-term on-demand care services and platform-determined matching are also conceivable and would give rise to more far-reaching implications for carers' working conditions (De Groen et al. 2018).

3.1. Analysis of working aspects

The following part analyses the impact of platforms on different aspects of employment and working conditions in the field of long-term home care. Referring to previous work by Groen et al. (2018) on on-location worker-initiated work, this analysis will provide a framework to analyse the impact of platform work on carers and their working conditions.

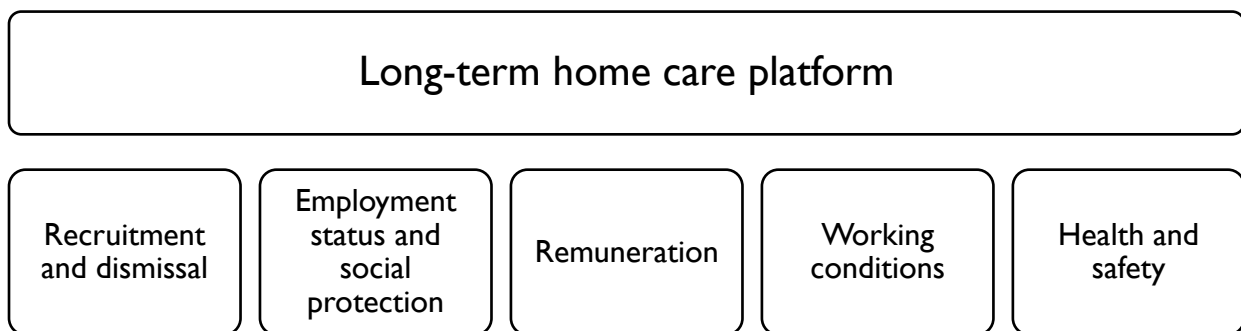


Figure 7: Labour aspects of long-term home care work mediated via platforms (author's own compilation)

Recruitment

Recruitment is a crucial aspect for platform work of carers as restricting the access to the platform influences to what extent workers compete with each other once looking for clients. While many on-location platforms do not require other pre-conditions than an electronic device, an internet connection and a mean of transport, carers may well be expected to fulfil additional criteria that account for the individual needs of care seekers as well as for the complexity of care tasks in general (Florisson & Mandl 2018).

Taking into account the demand of both parties for trustworthy carer-care seeker relationships, a quality care-work platform would require a pre-check of carers, for instance through conducting a criminal record check, tests, references and diplomas (e.g. for nurses) or even telephone interviews with the platform providers. Such a process does not only protect care seekers from low quality services and take into account their vulnerability, but also improves carers' possibilities to individually choose their client and set reasonable rates for their services. The "pre-filtering" that many existing platforms perform may therefore not only be a client service but also oriented towards workers' interest.

Example 2: Home Care Direct (Ireland)

Home Care Direct operates in Ireland since 2018. It is a commercial platform that is affiliated to Home Care Plus, a traditional care agency operating in the same market. Clients and carers conclude a standard contract via the platform, which implies that the platform is not only responsible for the matching, but also remains involved over the whole period in which care is provided. Offering care via the platform requires carers to go through an application procedure that involves an interview, a vetting process and a reference check. Carers need to confirm their arrival and departure from the care seeker's home online once they accept a visit. This involves an alert per app, e.g. for family members to know when a carer has arrived and left the home. Clients also have the possibility to rate the carers' performance after the visit.

Matching

This information helps clients to navigate through the platform and to look for suitable carers. While there is no automatic matching via an algorithm, clients receive a ranked list of carers based on geographical proximity. Negotiations about the type of care, specific needs and services as well as the times of care and the carer's charge rates subsequently take place between carers and clients only. A platform employee also offers clients personalized assistance via email in order to find a suitable carer. At the same time, the terms and conditions of the platform specify that "Home Care Direct does not (a) provide or arrange for home care services; (b) employ carers; and/or (c) act as an employment agency." Agreeing on a contact outside the platform may result in blocking carers. Before starting the service, Home Care Direct proposes a care plan template to be filled out by the client.

Payment

Home Care Direct advertises that clients may "save up to 40% by dealing directly with Carers" but without becoming employers. With regard to payment modalities, workers set their own rates and receive secure payments via Home Care Direct. The platform receives a commission fee of 13 percent per payment. Clients make payments on a weekly basis, and the account holder (the care seeker or an entitled person such as a family member) need to confirm each payment from their account before Home Care Direct transfers money to the carer. Additionally, clients may cancel each visit up to 24 hours in advance without paying a compensation. In this respect, income security for carers is rather low. There is no minimum number of guaranteed hours for carers, but continuous care relationships between carers and clients are advertised.

Social protection and conflict solving

Carers that provide services by the platform are obliged to participate in an insurance scheme "facilitated by Home Care Direct". The platform does not propose or regulate specific measures for safety and health at work. While carers technically have the possibility to claim for expenses and mileage via the platform, the reimbursement of such costs is the subject of personal negotiations between carers and clients. As carers operate as self-employed there are no social security contributions made by the platform. A digital tool helps carers to record their income and remain tax-compliant. While workers generally work on their own, the platform claims to offer peer support through "buddy groups" and a community of informal mutual support.

With regard to conflict resolution mechanisms, the platform states that "in the very rare instance where (clients) have an unresolvable dispute with a carer" they should contact the platform.

Employment status and social protection

Carers' contractual relationship with clients and platform providers significantly influences access to social protection as well as skills development, training and job stability. Evidence from other sectors has shown that the overwhelming majority of on-location labour platforms in Europe operate with workers acting as self-employed service providers. Platforms justify this employment arrangement with their self-categorisation as purely an intermediary rather than an employer (Rogers 2016; Spitko 2018). This statement has, however, been questioned by single court cases in different EU countries that classified platform workers as workers, especially in the field of platform-determined work, where workers have very few choices and little autonomy (Eurofound 2019; OECD 2018). Defining the employment status and the related rights of workers will therefore significantly shape care platforms' business models.

Whereas a contract arranged through a platform may provide significant advantages compared to informal work arrangements, the platform does clearly not provide a similar social protection level compared to regular employment. The widespread use of non-solicitation clauses in on-location worker-initiated work suggests that platform care workers still experience less autonomy than other self-employed carers (De Groen et al. 2018). If carers face a choice between platform work or regular employment, there is therefore a real concern that care platforms may disguise the true cost of self-employment compared to an employment relationship by exclusively focussing on the immediate financial benefits. This is of concern as an important share of platform workers claim not to be aware of the consequences of their employment status for social protection and employment rights (De Groen et al. 2018). Accordingly, there is a real risk of a lack of coverage of social protection and resulting uncovered risks. A quality care platform would therefore need to ensure full transparency over its policies on social protection and ideally offer advisory services on social protection for carers.

Remuneration

Types of remuneration and the business model of the platform are crucial to understand the impact of platform work on care workers. Most on-location service platforms work with a commission fee, while the offered price for the service itself may be determined by the platform or by the worker (Drahokoupil & Fabo 2016). An predictable, fair and stable commission fee is therefore an essential precondition for ensuring income predictability for carers, especially as they tend to provide services over an extended period: If payments between the same carer and client are continuously made through the platform, the latter remains in an important power position.

Taking into account that wages in the field of long-term care provision are generally low (Boerma et al 2012), platforms provide the potential to improve the remuneration of care workers. They fulfil this potential by removing "expensive" intermediaries between carers and care seekers by setting a lower commission rate. The direct contact on the marketplace can also help to reflect the high demand for care in higher earnings, which might not be the case in more institutionalised settings. Indeed, existing platforms for other types of home services have shown that demand for home-based services is constantly higher than the supply of workers, which supports the assumption that platform work results in higher earnings for the service providers (De Groen et al. 2018).

Accordingly, higher remuneration can also be expected for care platforms, especially when the platform sets up entry barriers for workers such as pre-checks for carers. However, such gains in income would have to outweigh disadvantages such as the aforementioned lack of social security coverage. Unpaid commuting times to clients' homes, unpaid hours for searching for tasks online and additional expenses for tools and equipment may also relativize the gains from higher earnings. The platform's ability to provide transparency over the real costs and income for carers are therefore crucial to provide care workers with control over their work and to ensure compliance with income tax rules.

In order to allow carers to achieve sufficient incomes, their ability to set their own rates is equally essential for a functioning care platform that respects workers' autonomy. Such a design choice not only empowers the worker (Choudary 2018), but also allows for reflecting certain qualifications and experiences in higher rates.

Working conditions

Working conditions incorporate aspects such as training, skills and employability, well-being, working time and work-life balance (Peña-Casas, Ghailani & Coster 2018; Eurofound 2011). Platforms have in many regards positive implications for working conditions: The platform allows carers to find clients in private homes close to their own home and allow for an adjusted choice of clients that best suit the carers' profile. This implies immediate interaction with the client and better choice.

Taking into account the specific profile of carers with a majority of female and part-time workers, platform care arrangement might also significantly increase employment rates among this specific group (OECD 2019b). Fabo, Karanovic & Dukova (2017) claim that labour platforms have increased labour market participation of women with care responsibilities by allowing them to flexibly monetise "free time". Compared with a more traditional employment via a care agency or as independent carers, the design of platform work allows indeed for more flexibility and independence of carers with regard to working hours and working conditions, as carers can decide themselves which clients they would like to accept. At the same time, platform work may also reinforce existing gender stereotypes related to care and stress an occupational segregation between "regular" care workers and platform carers.

Platform workers claim to have fewer concerns about work intensity and scheduling when they can freely determine for each task whether to accept it or not (De Groen et al. 2018). Yet, long-term home care provides specific challenges, as carers are expected to provide services regularly, over an extended period and to a limited group of care-seekers. In such a context, the clients expect a more comprehensive availability from their carer than for other types of services, while carers have less flexibility. However, constant availability may lead to an increase in stress levels and prolonged working hours (Degryse 2016). An important answer of platforms to this situation would therefore be to develop tools for clients and workers in order to replace an unavailable care worker while also allowing care workers to plan appointments ahead. At the same time, such tools would create new dependencies between carers, the platform and care seekers. The absolute dependency of care seekers on the service raises the question whether platforms are suitable to provide reliable long-term care in a reliable way without establishing an employment relationship.

Balancing between flexible schedules and concrete customer demand remains an important challenge, as clients on existing on-location platforms are equipped with concrete tools for monitoring and evaluating the workers' performance. Such a system provides additional incentives for carers and allows them to increase their reputation and their earnings compared to more traditional care provision models in which the quality of care is often weakly monitored (Baeten et al. 2018). However, ratings also contribute to increasing carers' dependency on a single platform because they are usually not transferable to a different provider. Switching the platform becomes more difficult for carers especially because ratings are important to succeed in attracting clients, to achieve higher earnings and to gain from a high visibility according to the platform algorithm (Choudary 2018). Such barriers to carers' mobility between platforms clearly weakens their position.

The use of ratings in the context of long-term home care implies several additional challenges: In contrast to other services, clients do not necessarily rate the care they receive themselves, but may delegate this task to family members or other persons. Such a situation may lead to distortions with regard to the rating. Additionally, discrimination patterns of the real economy largely tend to be reproduced in the digital economy (Degryse 2016; Rosenblat et al 2017; van Doorn 2017). Workers' discrimination according to gender, race or other characteristics is therefore a real threat to care

platforms' working conditions, especially as culture and moral concepts may affect the perception of long-term home care practices. Biased ratings can therefore fail to reflect the workers' actual performance. The platforms' ability to readjust and take countermeasures against discriminatory rating is therefore an essential ingredient for its worker-friendliness towards carers.

Another important limitation for carers' working conditions on platforms is that this type of work currently lacks solutions for up-skilling and training of low-qualified workers in the context of long-term care (Baeten et al 2018; De Groen et al 2018). Lacking access to training measures may not only be the result of lacking training offers of platform providers, but also because the status of being self-employed does not allow access to many other types of training measures (OECD 2019c). Taking into account the necessity of training in the care sector due to changing medical or technical knowledge, legal rules and standards and intercultural and social competences, this lack may be particularly problematic. In the long run, lack of training may even lead to a downgrading of the quality long-term home care services and qualified care personal. On the one hand, care platforms would therefore need to find effective ways to offer or at least to ensure access to relevant trainings for carers to meet quality standards for the provided care. On the other hand, such measures would further blur the line between the platform's role of an "intermediary" versus an "employer".

Example 3: Equal Care co-op (United Kingdom)

Equal Care Co-op is a cooperative platform that took up activities in 2018. It is "a care and support platform, co-operatively owned and operated by people who receive and give support" (Nesta 2019). As a multi-stakeholder co-operative, the platform aims to rebalance the "power imbalance" of care that is fostered by big organisations and existing managerial mechanisms in the organisation of care services. The platform is slowly growing but has a scope that is limited to the region of Upper Calder Valley in the United Kingdom.

The profile of individuals joining the platform is the one of an experienced care and support worker. Carers act as independent workers, while the platform is the introductory agency. In the long term, the platform strives for offering a standard employment contract and leaving the choice to carers which employment type they prefer. Care workers and clients conclude a contract while agreeing to terms of use and respect a non-solicitation clause. There is a comprehensive application procedure for carers before they can register on the platform. Registering involves a disclosure and barring service check, an identity check, a check of references and qualification as well as a fully filled application form and the completion of a two-step application procedure. The pre-conditions for applying include that the carer is already a registered self-employed, has at least one year of work experience and an "up-to-date care qualification".

Matching

In contrast to the two other platforms, clients on the Equal Care co-op platform also go through a specific procedure and are added to the database on a referral basis that involves friends or family of the care recipient. Carers are only visible to a limited group of potential clients and are able to select among them. Care support in the carer's own neighbourhood is encouraged, especially as the geographical scope of the platform is limited.

Payments

Workers on the platform are free to set their own rates for the services they provide. The commission payment for the platform accounts for 15 percent of every hour paid for. According to the Equal Care co-op this rate is lower than other platforms that charge between 20 and 25 percent of the price and lower than the commission of traditional agencies that may go up to 50 percent. As the investors of the platforms are also its members, the business model should prevent "extractive financing". There is no guaranteed number of hours or income.

Social protection and conflict solving

There are no social security contributions by the platform as carers are self-employed. Equal Care co-op communicates peer support among carers as an essential part of the platform's functionality. For instance, the platform presents peer support, mentoring and participating in social events as an essential feature of participating in the platform activities. Carers also receive "support to share their skills, experience and kindness with others who will benefit". Additionally, according to the platform's own statement, there is a discounted access to training and continuous professional development. Equal Care co-op states that it partly provides insurance cover and safeguards. Tools for bookkeeping and the automatic generation of an end-of-year tax statement are also available.

Health, safety and conflict resolution

Health and safety issues for long-term home care workers are an essential concern with regard to platform work. While working in clients' homes generally creates advantages for carers due to short working distances and a friendly work environment, this arrangement also results in additional occupational risks (Florisson & Mandl, 2018; Taylor & Donnelly 2006). Hanson et al. (2015) mention workplace violence as an important challenge for care workers in care seekers' homes that requires explicit trainings and protocols. Other threats such as social environment issues, injuries and physical workload are also common (Hignett, Otter & Keen, 2016).

Health and safety risks may well amplify if platforms fail to address unclear workers' status or raising awareness of occupational risks. A lack of clarity and knowledge about health and safety precautions is widespread among platform workers (De Groen et al. 2018), as well as about responsibilities related to the assessment of these risks. Additionally, legal regulations for care provided at home are often far less detailed than in institutional care. However, this may result in important penalties for workers in the case of accidents or disease that would either avoided or covered by insurance if the worker was working in a care facility. In order to prevent such types of situations and ensure a fair allocation of risks between platform, worker and clients, platforms would need to actively inform or even provide themselves insurance coverage.

Conflict resolution between workers and clients is another crucial point that determines carers' working conditions on platforms. A fair and transparent procedure in such cases is crucial to protect carers in such situations. This is especially true as the platform is usually in a superior role as it can block users or access data that is invisible to the other two parties. Evidence from other platform types shows that platforms do not generally provide functional resolution mechanisms or tend to judge disproportionately in favour of clients rather than workers in the case of conflict. Furthermore, workers may find themselves liable for problems that are outside their sphere of influence (Drahokoupil & Piasna 2017). In the field of long-term home care, in which the quality of service provision is more complex and difficult to estimate compared to other types of platform work, such procedures are of particular importance to protect carers.

3.2. Summary

This section has provided an overview over challenges that would need to be addressed in order to make platform work a fair and safe alternative to traditional types of long-term home care work. The analysis has shown that, while some challenges apply to care work just in the same way as to other types of platform work, this sector also faces specific problems with regard to the relationship between carers and care-seekers, the higher level of required qualifications as well as a desirability for long-term care provision rather than one-off services. The rights of care workers as well as the need to protect often vulnerable care seekers should therefore be at the core of platform activities operating in the field of long-term home care, especially with regard to health and safety aspects, discrimination and conflict resolution. With regard to the challenges of care work in general such as low wages, high workload and poorly monitored working conditions, platforms would most likely only address the monetary aspect. However, this may well come at the significant cost of incomplete social protection, poorly monitored working conditions, lacking access to training and exposure to clients' rating and control. Therefore, concrete measures would be necessary to safeguard workers' rights in the context of platform care work in the field of long-term home care.

Work aspects	Standard on-location worker-initiated labour platform (De Groen et al 2018)	Care platform	Possible measures for improvement
Algorithmic management	Listing (not matching), predominantly one-off services	Listing, stable client-worker relationships	Transparency over functioning of listing algorithms Protect free choice of clients by workers
Recruitment and dismissal	Low requirements, low entry barriers, intense competition, high turnover	Medium – high requirements, lower competition, lower turnover due to ratings	Pre-checks by the platform, formal application procedure
Employment status and social protection	Self-employment Low level of protection	Self-employment Low level of protection	Transparency and advisory services on social protection
Remuneration	Determined by worker Unpaid searching time for tasks and journey to clients' home	Determined by carer Unpaid searching time for tasks and journey to clients' home Potentially unpaid extra hours	Transparency and assistance with tax compliance
Working conditions	Flexible schedules and work intensity Exposure to ratings from clients No access to training	Flexibility limited by clients' need Exposure to ratings from third parties (e.g. family members) No access to training	Provide functions for replacing unavailable carers Provide complaint mechanisms to readjust unfair ratings Ensure access to training offers
Health, safety and conflict resolution	Increased risks at clients' home, unfair risk sharing Power imbalance between platform and worker in conflicts with clients	Increased health and safety risks at clients' home and through care work in general Power imbalance between platform and worker in conflicts with clients	Active information policy, awareness raising and contact points Obligatory insurance cover Fair and transparent conflict resolution mechanism

Table 2: Summary of labour aspects of long-term home care work mediated via platforms (author's own compilation)

4. Unionisation and collective action

The platform's working model has important implications not only for workers' rights and working conditions in general, but also for workers' capacity to address these work challenges in direct negotiation with the platform. The question whether long-term home care platforms enable decent work for carers is therefore inherently intertwined with their ability to articulate their interests. In order to address workers' issues towards the platform, a mandate to negotiate could contribute to reducing the power imbalance between platform and carers, to preventing sudden and unfavourable changes in the platform's terms and conditions as well as reducing information asymmetries to the disadvantage of carers (Choudary 2018).

There has been a vivid debate about whether unions in the classical sense are the right mechanism to represent workers' interest towards the platform. Although many platform workers are generally in favour of trade unionism on platforms (Voss & Riede 2018), experience from existing large-scale platforms has shown that empowering workers on platforms via traditional methods is extremely challenging (Attwood, Charles & Schor 2017; De Groen et al. 2018; Vandaele 2018). Most platform workers' collectives have remained local in scope and few have resulted in success stories with concrete results (De Groen et al. 2018). Their activities are also under threat, as workers on platforms do not enjoy "dismissal protection" and risk that the platform deletes their account in case of disputes or due to trade union activities.

An initial difficulty is that platform work hardly provides the possibility for platform workers to connect in the first place. Workers do not automatically have the possibility to build networks and provide or receive peer-to-peer support, except if the platform actively decides to provide such opportunities online or offline. However, social links and the self-perception of workers as a collective force is an essential precondition for collectively improving working conditions. Furthermore, from the perspective of the platform, its function as intermediary (not employer) and the status of workers as self-employed constitutes a blockage to social dialogue concerning working conditions. In certain EU countries such as Denmark and the Netherlands, the self-employed status prohibits unionisation under the scope of national and European competition law (Fulton 2018).

In the context of care, the fact that carers work alone in clients' homes (and are therefore invisible in the public space) may lead to an additional dispersion and a lack of shared identity among carers. Carers' incentives to organise are also weaker as worker-initiated types of platform work provide a higher degree of autonomy compared to traditional working arrangements or platform-determined labour: The dependency on the platform and the need to put workers' rights on the same level as clients' rights are therefore less obvious. Indeed, most existing workers' initiatives in the field refer to platform-determined platform work and focus on increasing workers' data ownership as well as the transparency and fairness of algorithms (Choudary 2018; Harmon & Silberman 2018; Hütt & Schubert 2019).

Despite the difficulties, trade unions have taken efforts to increase their coverage in the field of platform work by opening access to self-employed and platform workers. Certain mainstream unions and unions for precarious workers are particularly active in this regard, for instance in Germany, the United Kingdom and France (Fulton 2018). While such broader-oriented unions might address shared concerns of long-term home care workers on and outside of platforms, this instrument might fall short in addressing specific concerns of platform carers. In particular, union membership as such may be an insufficient instrument to address these concerns as long as platforms refuse to act as "employer-like" negotiating partners with regard to the improvement of working conditions (Vandaele 2018).

5. Conclusion

This report explored the potential and implications of long-term home care services intermediated by digital labour platforms in the context of the EU's current long-term care challenge. The European Pillar of Social Rights lays down the political promise of dignified ageing by acknowledging the need to "provide affordable long-term care services of good quality for everyone" (European Parliament, Council and Commission 2017). However, this goal cannot be achieved without actively addressing the rights of those who provide care as a profession. Knowing that care workers generally suffer from significant deficits with regard to working conditions and job quality, care work platforms only address few of the problematic aspects, such as low pay. At the same time, they also risk to create new problems with regard to working conditions, especially in the field of social security and safety. Whether carers gain or lose from working via a platform therefore heavily depends on how the platform organises different aspects in the platform design (see Section 3).

A general open question is whether care platforms of the future will, as assumed in this analysis, operate based on worker-initiated offers and matching and long-term care relationships between the same carer and care seeker or if care platforms will move towards algorithm-based matching with a focus on one-off care services. Such a development would reinforce problematic aspects of the working relationship between platform, client and care worker and would indeed foster an *uber-isation* of care work. The rapid extension of platform work in recent years is a clear issue for trade unions and policy makers who need to closely monitor developments in this field. The availability of EU-wide data on care platforms would be an important measure in this regard, as the currently most comprehensive platform economy database operated by Eurofound does not allow a distinction between care work and other types of domestic services (Eurofound 2019). Further academic research in the field could help to deepen knowledge on platform carers' motivation, status and working conditions based on a sound data basis that may for instance include interviews and quantitative data material.

Collective action could contribute to strengthening carers' rights. However, legislative and policy action on the national and European level is also necessary to empower care workers and to ensure the quality of care services. It is crucial to regulate platforms in a way that prevents an "uber-isation" of long-term home care, namely the de-professionalisation and replacement of formal care provision.

6. Policy recommendations

6.1. National level

With regard to concrete policy measures, a crucial need will be to develop strategies that combine challenges related to long-term home care on the one hand and to the regulation of labour platforms on the other hand.

- Policy makers should be aware of the risk that platform care work may contribute to a de-professionalisation of the long-term care sector and develop measures against this trend. Despite a widely recognised need to train and up-skill care workers, platforms do not provide the required resources and tools for such measures. Instead, as platforms solely rely on online ratings as quality measures, they may encourage a deterioration of services from a professional care perspective. **Policy makers should therefore improve standards and regulation for long-term care provided at home**, including aspects of working conditions and occupational health and safety. Additionally, member states should monitor and reinforce existing standards more closely and **promote skill development and formal qualifications** in the sector (Beaten et al. 2018).

- **Protecting care workers is of special priority when deciding whether public funds are used to reimburse individuals that seek platform care.** First attempts of private platform providers to achieve such agreements with public authorities have already been successful (Lloyd 2018) and most providers strive for cooperation with public authorities. The expansion of these types of agreements will have a major impact on the further growth of this sector and should therefore insist on decent working conditions for carers. Tools developed by trade unions can increase transparency and comparability of working conditions between platforms and may provide public authorities as well as clients with the necessary information (Harmon & Silberman 2018).
- In the long run, **publicly operated long-term care platforms could also provide an alternative to current business models.** While such a platform would need careful preparation and high work quality standards, it would surely allow steering the path that care platform work will take in the future. In the medium term, locally run and non-commercial cooperative platforms may also boost innovation in the field, supported by public actors.
- **Social security, insurance coverage as well as tax compliance** are further points that need to be improved in order to ensure that care work performed via platforms relies on sustainable benefits for all parties rather than relying on social dumping. Taking into account the challenges that care workers generally face with regard to income and working conditions, a lack of social security risks to increase their vulnerability even further.

6.2. European level

While the competences of the EU in the field of long-term home care are limited, it may well contribute to an effective regulation of platform work, including in the field of care provision.

- In 2017, the European Parliament called for **EU guidelines on the platform economy** that would include EU action in the field of working conditions (European Parliament 2017). A European initiative would not only allow distinguishing between individual citizens providing services on an occasional basis and full-time platform professionals. It could also provide a **legal instrument to enforce the transferability of ratings between platforms and increase workers' data autonomy as well as transparency.** Furthermore, workers' dependency on a single platform would reduce.
- An **obligation for platforms to offer a dispute-resolution mechanism** between platform clients and workers could further strengthen workers' rights. Such a mechanism could also involve third parties as arbitrators.
- Another important step would be to provide true possibilities for platform workers to engage in collective action. An essential pre-condition for organising platform workers would be to **guarantee the possibility for all platform workers to take up contact with other workers and create networks.** Communication among workers of a single platform may occur **through safe and anonymous online spaces** provided by the platform provider.
- A European framework that clearly allows workers to form unions despite being formally self-employed would be another important milestone. Such an option might be achieved by a **revision of EU competition law.**
- Finally, the growing prevalence of long-term home care platforms across Europe illustrates that the **need for European cooperation and coordination on long-term care** is also increasing. Through mutual learning and shared targets, the quality of long-term care and the working conditions in this domain could significantly improve for care workers working within or outside their own member state. The European Economic and Social Committee could

take on a key role in this process by strengthening the social partners' input and draw policy maker's attention to long-term care.

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