STUDY

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Policies for long-term carers

Policy Department for Economic, Scientific and Quality of Life Policies
Directorate-General for Internal Policies
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Policies for long-term carers

Abstract

This study provides an in-depth analysis of the formal and informal long-term care workforce in the EU, building on an extensive literature survey and data analysis. It looks at workforce characteristics, types and forms of (non-standard) employment, and working conditions.

The study covers challenges in Member States related to the long-term care workforce and measures taken to address these. It ends with a discussion of policy options at national and EU level.

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LIST OF ABBREVIATIONS

BAG	German Federal Labour Court *(Bundesarbeitsgericht)*
BMFSFJ	German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth *(Bundesministerium für Familie, Senioren, Frauen und Jugend)*
BMG	German Federal Ministry for Health (*Bundesministerium für Gesundheit*)
COVID-19	Coronavirus disease 2019
CSR	Country Specific Recommendations
EC	European Commission
EESC	European Economic and Social Committee
EHIS	European Health Interview Survey
EP	European Parliament
EPSR	European Pillar of Social Rights
EQLS	European Quality of Life Surveys
ESPN	European Social Policy Network
EU	European Union
EU-LFS	EU Labour Force Survey
EU-OSHA	European Agency for Safety and Health at Work
Eurofound	European Foundation for the Improvement of Living and Working Conditions
GDP	Gross Domestic Product
ICT	Information and Communications Technologies
ILO	International Labour Organization
IOM	International Organisation for Migration
ISCO	International Standard Classification of Occupations

JRC	Joint Research Centre of the European Commission
LTC	Long-term care
NACE	Statistical classification of economic activities in the European Community
OECD	Organisation for Economic Co-operation and Development
OSH	Occupational safety and health
PPE	Personal Protective Equipment
RRF	Recovery and Resilience Facility
SPC	Social Protection Committee
VAT	Value Added Tax
WHO	World Health Organization

LIST OF DEFINITIONS

Commuting LTC worker	An LTC worker commuting from one Member State to another for work.
Long-term carers	People working in the LTC sector who are directly involved in caring (nurses, assistant nurses, personal carers)
LTC	Long-term care is defined as a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care.
LTC Workforce	All workers in the LTC sector of the economy (NACE 87 and 88.1)
Migrant LTC workers	Non-EU (or third-country) nationals working in the LTC sector in an EU country
Mobile LTC workers	EU nationals working in the LTC sector in another country than where they were born
Posted LTC workers	A posted worker working in the LTC sector

EXECUTIVE SUMMARY

The need for long-term care (LTC) can occur at all ages, but the share of people in need of LTC rises steeply with age, in particular after the age of 75. Demographic ageing in the EU will mean an increase in the number of people in need of LTC in the coming decade and beyond. This implies that more carers and supporting personnel will be necessary to meet this increasing need.

Member States face several challenges in attracting formal long-term carers. Moreover, expanding the LTC workforce will be a prerequisite for fulfilling principle 18 in the European Pillar of Social Rights (EPSR) which holds that 'Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services'[1]. To deliver on this target the European Commission (EC) announced in its European Pillar of Social Rights Action Plan an initiative in 2022 'to set a framework for policy reforms to guide the development of sustainable long-term care that ensures better access to quality services for those in need'. Moreover, in the State of the Union of 15 September 2021, President of the European Commission, Ursula von der Leyen, announced that the Commission 'will come forward with a new European Care Strategy to support men and women in finding the best care and the best life balance for them'.

Against this background the present study provides an in-depth analysis of formal and informal long-term carers and their working conditions, the associated policy challenges and what Member States are doing to address these challenges. The last chapter discusses possible EU level policies.

Key Findings

Formal carers

The LTC workforce constitutes 3.2 % of the entire EU workforce, some 6.3 million people. This average hides some large differences among Member States: only 0.3 % of the workforce in Greece to 7 % in Sweden. Several Member States are currently facing labour shortages in the LTC sector which threaten to worsen as demand for LTC increases. High LTC staff turnover is also a problem in some countries.

The LTC workforce consists predominantly of women (around 80 %). Furthermore, around 8 % of the LTC workforce are foreigners, equivalent to half a million people of which 3.5 % are mobile EU citizens and 4.5 % are third-country nationals. The share of foreigners in the LTC workforce has remained constant in the last decade. Some eastern Member States (in particular Poland and Romania) have seen an outflow of LTC workers to other Member States (i.e. 'care drain'), exacerbating their own challenges. Foreign LTC workers are often overqualified and are more likely to be in undeclared LTC work. Live-in care, largely provided by mobile EU citizens and third-country nationals, is relatively common in Member States such as Austria, Cyprus, Germany, Greece, Italy, Malta and Spain and is on the increase. In Germany, it is estimated that more than 10 % of LTC recipients of home care employ live-in carers, mostly women from Poland.

Close to half of all LTC workers work part-time, although 16 % would like to work full-time if possible. Temporary contracts are common, and LTC workers tend to work in shifts. Earnings are below average and nurses in the LTC sector may earn less than those working in the health sector. Coverage of collective bargaining agreements is low in some countries, which may partly explain why wages are close to minimum wage level in some countries.

[1] The European Pillar of Social Rights (EPSR). Available at: https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en.

Platform work is on the rise in the care sector, including in LTC. Platforms offering personal care services (in contrast to household services) are rarer but growing in the EU. Some platforms collaborate with established LTC stakeholders, e.g. municipal services for public health and welfare, and residential care centres. Such actors usually do not participate in the platform economy. Platform work in the LTC sector gives rise to additional challenges due to the vulnerability of care recipients, the potential lack of monitoring of care provided, and health and safety concerns when performing work in the care recipient's home.

Quantitative information on the scale of undeclared work in the LTC sector is scarce but it seems to be particularly common in private households. Where formal LTC services are less available and/or affordable, problems around undeclared LTC work seem more prevalent.

Absenteeism is relatively common in the LTC sector. Research by the OECD shows that more than 60 % of LTC workers say that they often have to deal with physical risks while doing their job. Around 50 % are exposed to mental health risk factors (e.g. stressful or aggressive behaviour from the care recipient), and the LTC sector scores relatively poorly for 'working time quality' (atypical hours, shifts, time pressure, lack of flexibility). Nonetheless, LTC workers are more likely to report that they always feel that they are doing useful work.

It is difficult to predict whether COVID-19 will have any long-term effect on the LTC workforce. People may be less inclined to work in sectors with very close contact with other people, but, on the other hand, seeing how exposed older people were to COVID-19 may motivate more people to work in LTC to 'make a difference'.

Informal carers

Between 40 and 50 million people in the EU provide informal care on a regular basis. Women are more likely to provide informal care and provide care for more hours. Informal caring tends to be of long duration, often years rather than months. Providing informal care can therefore hinder formal labour market participation, resulting in loss of income and affecting the accumulation of pension rights. Risk of poverty, worse mental and physical health, and social exclusion are associated with intensive informal care-giving. There is some evidence that more generous formal care provisions lead to less prevalence of intensive informal care.

The overrepresentation of women in informal care may act as a brake on gender equality, affecting both labour market outcomes and accumulation of pension rights.

The COVID-19 pandemic brought additional challenges for informal carers, in addition to general concerns about how to avoid infecting family and friends. In a survey conducted by Eurocarers, almost one-third of respondents said that supporting service provisions decreased after the outbreak, and one in five stated that they had not been able to reconcile paid work and caring responsibilities during the pandemic. While undoubtedly there are measures to be taken that can better prepare for a similar situation in the future, the effect of the pandemic on informal long-term carers and care recipients is a result of lack of support during 'normal' times which has become more acute during the pandemic.

National measures to address challenges

Many EU Member States have implemented, or plan to implement, reforms of their LTC workforce with the aim of improving working conditions and increasing the attractiveness of working in the LTC sector. Examples include wage increases and/or better (paid) educational training and general improvement of work–life balance and occupational health and safety measures.

Member States have sought to improve recruitment by targeted recruitment of workers (e.g. former LTC workers) and improving the image of the LTC sector. A few countries have targeted men in their recruitment campaigns. Outside of EU countries, a *Norwegian* 'Men in Health Recruitment' programme is reported to have been effective in hiring men for LTC jobs.

Some Member States have increased efforts to recruit foreign-born workers, particular those who have arrived via international protection and family reunification. Germany has been successful with targeted recruitment and training of third-country nationals with programmes in Tunisia, Vietnam, Mexico and Indonesia.

Most reforms have been concentrated in a few Member States with quite well developed homecare and residential care sectors. On the other hand, in most of the Member States experiencing serious shortages of care professionals and where the formal care sector is far less developed (e.g. some southern and eastern Member States), no reforms have been seen.

Staff shortages increased during the COVID-19 pandemic as staff had to isolate due to suspected or confirmed infection with COVID-19. At the same time, informal care was restricted.

Several Member States made efforts to increase the pool of available staff by mobilising workers from other sectors, recruiting volunteers, medical students, and retirees. Movements of cross-border workers were also allowed in some instances when general freedom of movement was suspended.

Policy discussion

Several recent (legal) initiatives by the Commission may help to address challenges related to working conditions in the LTC sector. The transposition of directives (e.g. the Directive on Transparent and Predictable Working Conditions, the Work-Life Balance Directive), the final outcome of pending legislative initiatives (e.g. the Minimum wage directive, Pay transparency directive), and the implementation of EU strategies (e.g. the European Skills Agenda, the EU strategic framework on health and safety at work) will determine how much impact there is for LTC carers. Furthermore, the importance of the European Semester (through the Country-Specific Recommendations) and the support of the Recovery and Resilience Facility cannot be overlooked.

Suggested EU initiatives related to the terms and conditions of employment of long-term carers and support for informal cares:

- improving the collection of harmonised data in the area of LTC;
- A quality framework similar to the Quality Framework for Early Childhood Education and Care to address workforce challenges related to working conditions, recruitment and retention, and training and education;
- promotion and sustainable management of intra-EU mobility of LTC care workers and recruitment of LTC carers from third countries;
- better utilisation of platform work in line with the Commission's work on improving working conditions of platform workers in general;
- providing a framework for formalising undeclared LTC work;
- informing migrant/mobile workers, in particular 'live-in carers', of their rights;
- barriers for labour inspectorates to enable proper monitoring/enforcement of carers' working conditions should be removed;

- improving conditions for informal carers by e.g. direct financial support through the payment of a care allowance, ensuring the accumulation of pension rights throughout the caring period, providing access to respite care and training, and access to support and advice.

Several of these suggestions could fit into a forthcoming 'care strategy'.

1. INTRODUCTION

Demographic projections show that the EU will 'turn increasingly grey' in the coming decades[2]. This implies an increase in the number of people in need of long-term care (LTC) and consequently an increase in the need for more carers and supporting personnel.

A well-functioning and adequate LTC system goes beyond the issue of carers. Other elements connected to the size and quality of the LTC workforce are access (availability, awareness about the existence of a particular service, and physical accessibility), affordability (degree to which people in need of long-term care are able to meet the out-of-pocket cost) and the quality of care. These elements are connected to the size and quality of the LTC workforce. However, the core focus of this study is the workforce. Both the formal LTC workforce and informal carers are considered within this study and defined as workers or individuals providing '*services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care*'[3]. The formal LTC workforce includes a variety of care professionals from different backgrounds active in different settings (mainly in formal homecare and residential care). Informal carers, on the other hand, provide care to someone in their household, family or social environment but are not hired as care professionals. Such care may be provided, for instance, to a partner, family member, friend or neighbour.

There was a renewed impetus in the EU policy discussion around demographic ageing in the first part of 2021 with the publication of the Green Paper on Ageing (European Commission, 2021a), the 2021 Ageing report (European Commission, 2021b) and 2021 Pension adequacy report (European Commission, 2021c) as well as the 2021 Joint DG EMPL and SPC report on LTC (EC and SPC, 2021a). The overarching policy background behind some of these studies and for this study in particular is the European Pillar of Social Rights (EPSR) and principle 18 which states that 'Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services'. To deliver on this target, the EC announced in its European Pillar of Social Rights Action Plan an initiative in 2022 on LTC to 'guide the development of sustainable long-term care'. Moreover, in the State of the Union of 15 September 2021, President of the European Commission, Ursula von der Leyen, announced that the Commission 'will come forward with a new European Care Strategy to support men and women in finding the best care and the best life balance for them'.

Moreover, the COVID-19 pandemic revealed or highlighted existing deficiencies in LTC systems across Europe: both with respect to caregivers as essential workers, who in many places did not have proper personal protective equipment, and also for care recipients who were exposed to severe health risks as they were receiving care.

The study builds on relevant literature, notably recent reports from the European Commission and Eurofound. Furthermore, additional data extractions from the European Labour Force survey (EU-LFS) were provided by Eurostat, including from the 2019 ad-hoc module on 'Work organisation and working time arrangements'. Data described in this report relates to two different concepts of formal long-term caring: the 'LTC workforce' describes all workers working within the LTC sector. This includes, cleaners and cooks at residential care facilities as well as direct caring personnel, such as nurses, assistant nurses, and personal carers. A narrower concept, 'long-term carers', is also used in the study. This group only includes direct caring personnel as explained above.

The study covers emerging forms of employment of relevance to LTC, such as care work intermediated

[2] European Commission, 2021b, The 2021 Ageing Report: Economic and Budgetary Projections for the EU Member States (2019-2070).

[3] This is in line with the definition used in the Social Protection Committee and European Commission, 2014, p. 11.

through platforms, and undeclared work related to the LTC sector. The policy framework for EU mobile citizen and third-country employment in the LTC sector and the emerging mobile care workforce are described in depth.

Policy measures taken at national and European level to address the various challenges identified are discussed in the last part of the study together with potential policy recommendations.

2. THE LONG-TERM CARE WORKFORCE

KEY FINDINGS

- The formal LTC workforce in the EU constitutes 3.2 % of the entire EU workforce, or some 6.3 million people. As a sub-group of the LTC workforce, long-term carers (nurses, assistant nurses and personal carers) constitute 1.2 % of the total EU workforce. Labour shortages in the LTC sector are projected to become more acute in the future. At the same time staff turnover is high, driven by widespread non-standard forms of employment and difficult working conditions. Close to half of LTC workers work part-time. Temporary contracts are common, and LTC workers tend to work in shifts. Coverage of collective bargaining agreements is low in some countries, and earnings are generally below average or close to minimum wages. LTC work is characterised by poor 'working time quality', high levels of absenteeism owing to sickness, and exposure to physical and mental risk factors.
- Additionally, most jobs in the LTC sector are performed by personal care workers who, at least formally, require only a low level of skills. This creates an opportunity for fast training of job-seekers, but at the same time the risk of staff being underqualified on the one hand, and of persons carrying out jobs below their skill level on the other. The latter can be observed particularly among mobile personal care workers.
- To fill such labour shortages, recruitment of non-native LTC workers is frequent in many Member States. Around 8 % of the LTC workforce are non-natives, equivalent to half a million people, of which 3.5 % are mobile EU citizens ('mobile workers') and 4.5 % are third-country nationals ('migrant workers'). EU mobile LTC workers include movers (those who move their residence to another country), commuting LTC workers and posted LTC workers (those who are sent by their employer to carry out services in another Member State on a temporary basis). EU mobile LTC workers benefit from the right to free movement and a higher level of protection of social rights than migrant workers. There is no specific sectoral labour migration instrument or tool at the EU level that deals with the LTC sector in particular.
- Platform work is emerging in the care sector, including in LTC. Platforms offering personal care services (in contrast to household services not specifically directed at those in need for care) are rarer but growing in the EU. Some platforms collaborate with established LTC stakeholders, e.g. municipal services for public health and welfare, and residential care centres. Digital platform work in the LTC sector gives rise to additional challenges due to the vulnerability of care recipients, the potential lack of monitoring of care provided, and health and safety concerns when performing work in the care recipient's home.
- Between 40 and 50 million people in the EU provide regular informal care. Providing informal care can hinder formal labour market participation, resulting in loss of income and accumulation of pension rights. Hence, the overrepresentation of women in informal care may act as a brake on gender equality.
- The COVID-19 pandemic brought existing challenges in formal and informal LTC to the fore and highlighted longstanding risks factors. It is difficult to predict the long-term impact of the COVID-19 pandemic on the wider LTC sector.

2.1. Formal long-term carers

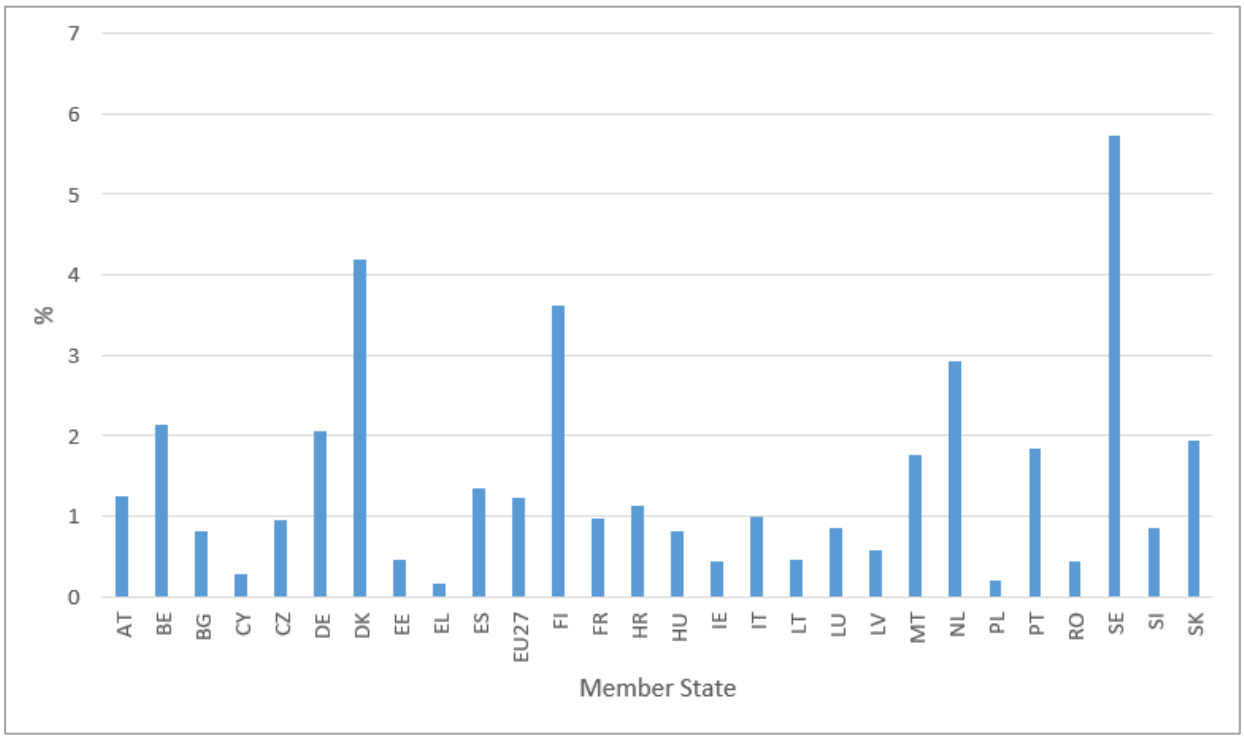
This section looks at the formal LTC workforce and long-term carers and contains four sub-sections. We start by characterising formal LTC workers and carers, and then go on to look more specifically at EU mobile workers and third-country nationals. The third sub-section details the role of new forms of employment, in particular platform work, in the LTC workforce, while the last sub-section looks at working conditions in the LTC sector.

2.1.1. Characteristics of formal LTC workforce and long-term carers

According to a recent Eurofound report (2020a), a total of about 6.3 million people work in the formal LTC sector. On average for the whole EU-27, this corresponds to about 3.2 % of the total workforce. However, this varies significantly between Member States with percentages ranging from only 0.3 % in Greece to 7 % in Sweden. These differences cannot be explained by LTC needs (Eurofound, 2020a). Furthermore, it is estimated that up to 7 million job openings for healthcare associate professionals and personal care workers will be created by 2030 (Social Protection Committee, 2021).

Figure 1 gives an overview of the specific subgroup of long-term carers (nurses, assistant nurses, and personal carers) as a share of the total workforce. For the total group of long-term care personnel, it can be seen that they represent 1.2 % of the total workforce within the EU27 with large country differences ranging from 5.7 % in *Sweden* to only 0.2 % in *Greece* (Eurostat, 2021a).

Figure 1: Long-term carers as share of total workforce (2020, %)



Source: Own calculations based on the EU Labour Force Survey 2020, specific extractions by Eurostat.

Eurofound (2020a) reports that the LTC workforce consists predominantly of women. In 2019, more than 4 out 5 workers in the formal LTC sector were female (81 %). This pronounced gender imbalance has been relatively stable over the last decade (82 % female in 2009). The LTC sector also has the highest proportion of female employees among the 17 key professions labelled as essential for tackling the

COVD-19 crisis[4]. Only 4 out of the 16 other professional categories deemed essential have more than 50 % of women in their workforce (Fasani and Mazza, 2020).

With regard to the composition of the LTC workforce based on age, Eurofound reports that older employees (50 years or older) are overrepresented compared to the entire workforce (37.9 % compared to 33.2 %). On the other hand, the LTC workforce consists of fewer employees in the 25-49 age group compared to the total economy (54.6 % compared to 59.0 % in the overall workforce) (Eurofound, 2020a).

The level of educational attainment of LTC workers varies greatly depending on the profession practised. In general, most health professionals tend to be highly educated, most health associate professionals tend to be medium-skilled and most personal care workers tend to be medium to low-skilled (Grubanov et al., 2021). Although LTC work requires these different professional profiles and often entails more complex tasks than basic care, the majority of the jobs in the LTC sector are performed by personal care workers, who are often low-skilled, without sufficient knowledge and training (OECD, 2020; Eurocarers, 2020). Furthermore, skill mismatches are also frequent among LTC workers with higher skill levels. In more than three-quarters of countries, nurses working in the LTC sector perform case management tasks (such as coordinating care and drafting service plans) even though they are not properly trained for these kinds of activities (OECD, 2020). Despite (or in some cases maybe because of) the prevalence of skill mismatches, the specific subgroup of *long-term carers* is more likely than workers in other sectors to have received training in the last four weeks. This was the case in all three years 2018, 2019 and 2020. Countries differ, however, and often in many countries the difference between *long-term carers* and other workers in terms of propensity to receive training is small. Countries where *long-term carers* are consistently more likely to receive training include the Netherlands and Germany, whereas the opposite is the case in Belgium, Czech Republic, Italy, Portugal, and Spain[5].

No harmonised data source is available for distinguishing between public and private employment in the LTC sector. Typically, national data sources are not sufficiently disaggregated. Eurofound (2020a) reports on six countries (Belgium, Croatia, Greece, Hungary, Malta, Slovenia) where disaggregated data is available. In Belgium and Malta some 75 % of entities operating in LTC care are privately owned, whereas it is the opposite in Slovenia. In Greece and Croatia, the split is roughly equal and in Hungary less than 20 % is privately owned. For other countries, information is available for the larger group of health and social workers. Here there are also large differences among Member States, with Denmark having predominantly (89 %) public employment, and Italy having mainly (90 %) private employees, though half of these are employed by non-profit organisations (Eurofound, 2020a).

Several Member States are currently facing **labour shortages in the LTC sector**. In 2018 the European Social Policy Network (ESPN) reported unfilled vacancies in all Member States (based on reports from Member States). The report anticipates that there will be an increased need for personnel; or a general discussion on expected staff shortages (Spasova et al., 2018). Some of the professions, characteristic of the LTC sector (such as nursing professionals), are therefore at the top in the ranking of greatest labour shortages compared with other professions within the EU (McGrath, 2020). Whereas in some Member States, the workforce shortage is limited to a specific subgroup (e.g. nurses in *Belgium* and *Sweden*), the shortages are more widespread in other Member States and thus affect the entire LTC workforce. Moreover, the situation of labour shortages threatens to worsen in the future (*Belgium, Denmark,*

[4] These key professions were defined as performing crucial tasks on the front line of Europe's COVID-19 response according to the Commission Communication on Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak.

[5] Special data extraction from Eurostat's Labour Force Survey.

Germany, Greece, Hungary, Netherlands, Poland, Sweden) (European Commission and the Social Protection Committee, 2021). Eurofound reports that a relatively older workforce and high staff turnover are important reasons for this trend. Although aggregate statistics on turnover are lacking in the EU, country data (*Austria, Germany, Finland, Netherlands, Portugal, Sweden*) show that the number of workers who leave the LTC sector is particularly high (Eurofound, 2020a). Recent LFS data furthermore confirm that the subgroup of long-term carers is more likely to be looking for a new job compared to the rest of the workforce. In 2020, 4 % of the long-term carers and 3 % of other workers answered they were looking for a new job. These numbers, despite the COVID-19 pandemic, were almost unchanged from the year before. The situation differs across countries, with the difference pronounced in *Croatia, Finland, Italy, Portugal, Spain,* and *Sweden*[6].

The high turnover in care jobs is generally attributed to the increase in the use of **non-standard forms of employment** (temporary contracts, part-time work, agency work, etc.). These non-standard forms and, more generally, the working conditions in formal LTC, will be discussed in more detail in Section 2.1.4.

2.1.2. Mobile workers and third-country nationals in the LTC workforce

A distinction in terminology is used to describe and discuss cross-border movements of LTC workers within the EU (i.e. **mobile LTC workers**) versus those from outside the EU to the EU (i.e. third-country nationals or **migrant LTC workers**). In addition, labour mobility of LTC workers within the EU also includes several other types of (temporary) labour mobility such as **commuting LTC workers** and LTC workers who are sent by their employer to carry out a service in another Member State on a temporary basis (i.e. **posted LTC workers**). Including all types of labour mobility makes it possible to distinguish between 'worker-driven' labour mobility of LTC workers (which relies on the free movement of workers (Article 45 TFEU) or of the self-employed (based on the freedom of establishment (Article 49 TFEU)) and 'employer-driven' labour mobility of LTC workers (by application of the freedom to provide services (Article 56 TFEU)).

Both mobile EU workers and third-country nationals (i.e. migrant workers) play an important role in the provision of residential care and home care. The 'stocks' and 'flows' of mobile/migrant LTC workers within and to the EU are described in this section[7] using a broad approach that takes into account 'atypical' types of labour mobility (e.g. posted LTC workers) and LTC (e.g. live-in care[8]). Such an approach will allow us to analyse the size of labour mobility/migration of LTC workers in the EU and the share of it in the total LTC workforce. Moreover, the COVID-19 crisis has emphasised some challenges regarding the terms and conditions of employment of (some groups of) mobile/migrant LTC workers which will be highlighted in this section[9]. First, attention is paid to the legal framework applicable to mobile/migrant LTC workers.

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[6] Special data extraction from Eurostat's Labour force survey. Percentages answering yes to the question "Looking for another job" (variable lookoj). Results are not available for all countries due to small sample sizes.

[7] 'Stock' and 'flows' are the two basic measures characterising the size of labour mobility. The 'stock' is the total number of 'mobile persons of working age' residing in a country at a particular point in time, while the flow is the number of 'mobile persons of working age' entering or leaving a country over the course of a specific period, e.g. one year. For temporary forms of labour mobility such as seasonal work, intra-EU posting, circular labour migration, working in several countries, etc. figures on the annual flow are therefore more indicative.

[8] There is no common agreed definition of 'live-in care' (see European Economic and Social Committee, 2016). The following definition is used in the 2021 LTC Report: 'Live-in carers are paid professionals, with or without formal care training, whose work primarily involves long-term care provision while living in a private residence with the care receiver. They should be distinguished from informal carers, who provide care to someone in their family or social environment.' (EC and SPC, 2021: 74 - footnote 177).

[9] For instance, several concerns regarding the vulnerable position of several types of mobile workers (during the COVID-19 pandemic) were formulated in the recent resolution of the European Parliament of 20 May 2021 on 'impacts of EU rules on the free movements of workers and services: intra-EU labour mobility as a tool to match labour market needs and skills'. In addition, a number of papers have highlighted the precarious situation faced by 'live-in carers' during the COVID-19 pandemic (e.g. Leiblfinger et al., 2020; 2021, Nowicka et al., 2021).

a. EU legal framework covering mobile workers and third-country nationals and how it relates to the LTC workforce

While mobile LTC workers can freely move across the EU to seek and take up employment, migrant LTC workers are subject to both European and national legal frameworks. There is no specific sectoral labour migration instrument or tool at the EU level that deals with the LTC sector in particular. The development and protection of 'transnational social rights' in the EU, is an important aspect of the 'social acquis'[10]. In terms of protecting the terms and conditions of employment, as well as the social security rights of intra-EU mobile persons, the EU has put in place a sound legal framework. Nonetheless, transnational social rights are not equally developed for every type of intra-EU labour mobility and may lead to (significant) differences among mobile workers but also compared to the social rights of local LTC workers. For instance, gaps in transnational social protection can/will be even greater for migrant LTC workers. After all, persons moving from a third country to the EU cannot benefit from a single set of coordination rules for social security systems. Bilateral agreements between a specific Member State and third country are the prevailing coordination instrument here. Generally, these bilateral agreements are characterised by a (much) narrower personal and material scope compared to the Coordination Regulations.

A schematic overview of the legislation applying to the main types of intra-EU labour mobility is provided in Table 1. This is an important issue for 1) the mobile person since it has an impact on what social protection/rights can be enjoyed, 2) the employer since it determines at what level wages and social security contributions have to be paid, and 3) the Member State of origin and destination since it determines where social security contributions (and personal income taxes) have to be paid. Consequently, how these rules are defined is important for the stakeholders involved. EU movers and cross-border workers are ordinarily governed by the *lex loci laboris* principle, entailing the full application of the host country rules and the prohibition of any form of discrimination on grounds of nationality. An exception, however, are 'posted workers', to whom a different approach is applied under both social security law and labour law. Probably the largest group of mobile LTC workers are mobile 'LTC movers'. However, there might also be (an increasing) group of LTC posted workers.

[10] 'The social acquis is the part of the acquis communautaire that includes the body of laws (Treaty provisions, regulations, directives, decisions, CJEU case law and other Union legal measures, binding and non-binding), principles, policy objectives, declarations, resolutions and international agreements defining the social policy of the EU' (Eurofound - European Industrial Relations Dictionary).

Table 1: Legislation that applies to the main forms of intra-EU labour mobility

	Movers of working age (Articles 45 and 49 TFEU)	Cross-border workers (Article 45 TFEU)	Posted workers (Article 56 TFEU)
	Residing and working in a Member State other than the Member State of origin	Working in a Member State other than the Member State of residence	Temporarily working in a Member State other than the Member State in which the employer is established
Wage and labour conditions (excl. self-employed)	Host Member State (full equal treatment)	Host Member State (full equal treatment)	Minimum 'hard core' set of terms and conditions of the host Member State + same remuneration as 'local' workers + allowances. After 12 (+6) months of posting almost full equal treatment
Social security contributions	Host Member State (full equal treatment)	Host Member State (full equal treatment)	Less than 24 months: Member State of origin More than 24 months: host Member State
Personal income taxes	Host Member State (full equal treatment)	Less than 183 days: Member State of residence More than 183 days: host Member State	Less than 183 days: Member State of residence More than 183 days: host Member State

Source: De Wispelaere, F., Jorens, Y., Rocca, M., Schepers, W., Nerinckx, E. and Duchateau, L. (2021a).

Three types of postings in the EU can be identified: between two companies under a 'contract of services'; through temporary work agencies[11]; and 'intra-group postings'[12]. The special treatment of posted temporary agency workers deserves a particular mention[13]. Directive 2018/957/EU[14] lays down specific rules for posted temporary agency workers, which guarantee a higher level of transnational social protection compared to other posting situations. As stated in the 'practical guide on posting' (EC, 2019: 13) 'the employer (i.e. the temporary employment agency) must guarantee for posted temporary agency workers the terms and conditions of employment which apply pursuant to Article 5 of Directive

[11] A temporary employment agency that hires out a worker to a user undertaking established or operating in the territory of another Member State.

[12] A worker posted to an undertaking owned by the same group in the territory of another Member State.

[13] Temporary work agencies employ a high percentage of outgoing posted workers from Portugal, Belgium, the Netherlands and Luxembourg (De Wispelaere, De Smedt and Pacolet, 2021a). As regards incoming intra-EU posting through a temporary work or placement agency this is an important form in several Member States, e.g. in France (22 % of incoming posted workers) (De Wispelaere et al., 2021b).

[14] Directive (EU) 2018/957 of the European Parliament and of the Council of 28 June 2018 amending Directive 96/71/EC concerning the posting of workers in the framework of the provision of services. See also EC (2020), Practical guide on posting, Luxembourg: Publications Office of the European Union.

2008/104/EC on temporary agency work[15] (i.e. in principle at least those that would apply if they had been recruited directly by the user undertaking to occupy the same job)'. Furthermore, unlike other types of posted workers, the terms and conditions of employment of posted temporary agency workers are not limited to those laid down in legislation or in universally applicable collective agreements. If there is a collective agreement at the level of the user undertaking, it must be applied to both national temporary agency workers (unless the host Member State applies one of the alternatives to this rule) and posted temporary agency workers (EC, 2019: 14).

Probably one of the most important challenges related to mobile workers is the fact that a (significant) group of mobile LTC workers (and their employers) is not sufficiently aware of the terms and conditions of employment applicable to them[16]. The recent Directive on Transparent and Predictable Working Conditions is meant to address this problem[17]. Under the Directive, Member States should ensure that a 'posted worker is notified of the remuneration to which the worker is entitled in accordance with the applicable law of the host Member State and where applicable, any allowances specific to posting and any arrangements for reimbursing expenditure on travel, board and lodging'[18].

Finally, having their qualifications recognised is often important for workers in the LTC sector to be able to practice their profession. The level of skills or qualifications required to practice these professions are set at Member State level. However, healthcare and LTC workers are mentioned in shortage lists in some cases, thus benefitting from an expedited process. In the context of promoting the free movement of professionals, Directive 2005/36/EC (amended by Directive 2013/55/EU) defines some professions that benefit from automatic recognition on the basis of harmonised minimum training requirements, including several health professions (nurses, midwives, doctors, dental practitioners, pharmacists). This directive does not provide for automatic recognition of qualifications for mobile LTC workers. Consequently, when there are substantial differences in training, the host Member State may require additional measures, such as an aptitude test or a supervised training period, which can prolong the recognition process (EC and SPC, 2021). The recognition of qualifications of third country nationals, wherever obtained, is not covered by Directive 2005/36/EC. Their recognition is the competence of Member States and practices vary widely.

b. Size and profile of mobile workers and third-country nationals in the LTC workforce

Recent reports from Joint Research Centre (JRC) of the Commission (Kalantaryan et al., 2021), Eurofound (2020) and the OECD (2020)[19] have mapped out aspects of immigration and intra-EU mobility of LTC workers in the EU. This section mainly refers to the results of these reports and supplements it with data for types of labour mobility (e.g. posted LTC workers) and LTC (e.g. live-in carers) not/partly covered in these reports[20].

Overall, mobile/migrant workers account for a significant share of total labour force in LTC in many Member States. The estimated importance of this group of workers may differ (strongly) depending on the source and methodology used[21]. In 2018, almost 2 million health and LTC workers in the EU-27 were foreign-born, either in another EU Member State (693 700) or outside the EU (1.3 million) (Kalantaryan

[15] Directive 2008/104/EC of the European Parliament and of the Council of 19 November 2008 on temporary agency work.

[16] See, for instance, the results of the study "Bridging the gap between legislation and practice in the posting of workers". Furthermore, De Wispelaere et al., (2021) found that employers in the live performance sector were mostly unaware of the (revised) posting rules.

[17] Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union. Member States have until 2022 to transpose the Directive into their national legislation.

[18] See Article 7.2 (a) and (b) of Directive (EU) 2019/1152.

[19] And partly by the 2020 Annual report on intra-EU labour mobility (Fries-Tersch et al., 2021).

[20] See for instance the OECD report (2020: 44): 'At the same time, these statistics often fail to include live-in home care work, where foreign-born workers might be overrepresented in some countries'.

[21] 'Country of birth' vs 'nationality', ISCO-08 vs NACE codes.

et al., 2021)[22]. However, LTC workers represent only a limited share of this group. As noted above in Section 2.1.1, Eurofound (2020a) reports that some 8 % of the EU's LTC workforce is made up of 'foreign workers'[23], with more workers from outside (4.5 %) than from within the EU (3.5 %). In total, this means that there are around half a million formal mobile/migrant LTC workers in the EU. Moreover, LTC subsectors are highly dependent on foreign labour (e.g. live-in care). Large differences across Member States can be observed: *Malta* (43 %), *Luxembourg* (21 %), *Ireland* (19 %) and *Austria* (14 %) have the highest share of foreign workers in the LTC sector. On the other hand, several Member States (*Bulgaria, Croatia, Hungary, Lithuania, Poland, Portugal, Romania* and *Slovakia*) have virtually no migrants or mobile citizens working in the formal LTC sector (all 1 % or below) (Eurofound, 2020a). The evolution of the foreign-born workforce in the LTC sector in the EU indicates that from 2011 to 2018 the number of foreign-born workers increased for all LTC occupations in absolute numbers. This was not a general increase in the proportion of foreign-born workers among the total employed. Whereas the percentage of foreign-born workers among the health professionals and health associate professional subcategories remained constant over the period 2011-2018, the percentage of foreign-born workers only increased among personal care workers (Grubanov et al., 2021). For the subgroup of long-term carers based on the 2020 LFS data, it could also be observed that the proportion of foreign workers (from other EU27 Member States and from outside the EU27) varies greatly from country to country with *Malta, Sweden and Luxembourg* having the highest proportion of foreign workers (Eurostat, 2021a).

The above figures may be a (significant) underestimation of total group of mobile/migrant LTC workers as they do not take into account 'undeclared' mobile/migrant LTC workers as well as mobile/migrant LTC workers employed for a short period of time (i.e. circular migrant and mobile LTC workers) or making use of the free movement of services (i.e. posted LTC workers). Based on data collected at EU level on intra-EU posting[24], it appears that Germany in particular receives a high number of posted health and LTC workers (Table 2). Poland is by far the main 'sending' Member State of health and LTC posted workers. In 2019, for example, over 17 000 postings took place between Poland and Germany. The majority of these posted workers are most likely employed as live-in care workers (see next section). These figures indicate that the employment model of 'formal intra-EU posting' is only a fraction of the total flow of foreign LTC workers.

[22] The number of foreign-born health professionals, health associate professionals and personal care workers in health services according to the ISCO-08 classification are counted to determine the total number of foreign-born health and LTC workers in the EU-27. In 2016, these three groups represented roughly 7 % of all employed EU-28 movers (there were 352,000 mobile health (associate) professionals, 20 % of which were doctors and 40 % of which were nurses; furthermore, there were 257,000 mobile personal care workers) (Fries-Tersch et al., 2018: 114).

[23] However, the concept 'foreign worker' is not defined. The group may have been defined on the basis of nationality instead of country of birth.

[24] Based on data on the number of 'Portable Documents A1' (PD A1) issued to posted workers (Art. 12 of Regulation 883/2004). This certificate proves that the social security legislation of the issuing Member State applies and confirms that the person concerned has no obligations to pay social security contributions in another Member State.

Table 2: Number of Portable Documents A1 issued to persons providing 'human health and social work after activities (NACE Q), 2019

	BE	EE	FR	HR	LU	AT	PL	RO	SK	Total	Column %
BE		0	55	0	7	0	8	126	7	242	1.0 %
BG	1	0	3	0	0	0	9	14	0	27	0.1 %
CZ	0	0	5	0	0	9	6	3	66	89	0.4 %
DK	0	0	2	0	1	0	0	4	0	8	0.0 %
DE	2	103	43	104	34	54	17,095	702	2,645	20,789	86.8 %
EE	0		0	0	0	0	0	1	0	1	0.0 %
IE	0	0	9	0	0	0	1	2	0	12	0.1 %
EL	16	0	24	0	2	4	1	21	0	71	0.3 %
ES	2	0	65	0	0	0	71	23	15	208	0.9 %
FR	70	0		0	31	1	486	567	3	1,164	4.9 %
HR	0	0	3		0	0	3	12	0	20	0.1 %
IT	4	0	34	0	25	5	12	233	1	314	1.3 %
CY	0	0	0	0	0	0	0	0	0	1	0.0 %
LV	0	0	0	0	0	0	0	0	0	0	0.0 %
LT	0	0	0	0	0	0	0	6	0	6	0.0 %
LU	51	0	1	0		0	15	3	1	71	0.3 %
HU	0	0	0	0	0	0	1	17	8	26	0.1 %
MT	0	0	9	0	0	0	0	0	0	9	0.0 %
NL	53	0	9	0	8	0	110	26	285	492	2.1 %
AT	0	0	8	0	1		2	37	15	64	0.3 %
PL	0	0	11	0	0	7		12	2	34	0.1 %
PT	0	0	13	0	0	0	1	6	1	21	0.1 %
RO	0	0	12	0	2	1	0		0	16	0.1 %
SI	0	0	0	0	0	0	0	5	1	6	0.0 %
SK	0	0	0	0	0	0	0	3		3	0.0 %

	BE	EE	FR	HR	LU	AT	PL	RO	SK	Total	Column %
FI	0	3	1	0	1	0	0	1	1	8	0.0 %
SE	0	0	11	0	0	0	1	19	2	35	0.1 %
Total	201	107	385	104	113	107	17,831	1,862	3,125	23,948	100 %
Row %	0.8 %	0.4 %	1.6 %	0.4 %	0.5 %	0.4 %	74.5 %	7.8 %	13.0 %	100 %	
% in total A1's issued	0.2 %	1.5 %	0.4 %	0.2 %	0.2 %	0.1 %	7.2 %	4.3 %	3.4 %		

Source: De Wispelaere, De Smedt and Pacolet, 2021b. Detailed data reported by the Administrative Commission.

Note: Only sending countries where from where more than 50 Portable Documents A1 has been registered are shown. Totals are for the full set of countries.

It is clear that a number of (western) Member States have benefitted from the mobility of health professionals, whereas, as stated in the 2021 Joint DG EMPL and SPC report (2021: 67) 'Several central and eastern Member States are facing the phenomenon of 'care drain''. Indeed, many LTC workers from Romania[25] and Poland are working in other Member States, mostly for better salaries. These differences in wages in the health sector across the EU results in some countries being more successful at attracting health professionals while other countries fail to retain them (Mara, 2020). Consequently, central and eastern Member States may face huge challenges to provide LTC to their own rapidly ageing populations, which may also lead to chain effects on the mobility/migration of LTC workers – in several eastern European Member States, third country nationals fill, to a certain extent, shortages of LTC workers.

Mobile/migrant LTC workers are often overqualified: they usually come to the host Member State to work at a lower level than the one for which they are qualified (OECD, 2020; Fries-Tersch et al., 2018). Another issue relates to the fact that mobile/migrant personal care workers are at a higher risk of undeclared employment and thus are over-represented in the undeclared LTC sector. Mainly in Member States where LTC subsidies are provided through cash benefits, LTC workers may face lower salaries and benefits, lower job stability and very difficult working conditions. For instance, this is the case in Italy and Germany, where cash purchases of LTC services are common and seem to have fuelled the use of (undeclared) 'live-in care' services[26], mainly from mobile/migrant women (Böcker et al., 2020; Nowicka et al., 2021).

c. The increasing importance of mobile workers as live-in carers for LTC

There is a need to obtain a better understanding of the extent and profile of live-in care and the impact of the COVID-19 pandemic on both dimensions[27]. Although there is increased attention to mapping

[25] See e.g. the conclusions from the 2017 Annual report on intra-EU labour mobility (Fries-Tersch, 2018): "At EU level, Romanian, Polish and Italian citizens were the largest groups of mobile health (associate) professionals, corresponding to the main national groups of EU-28 movers in general; Romanians were by far the largest group, constituting almost half of all mobile personal care workers".

[26] Austria tries to regulate live-in care by the status of 'Personal Carers'. The legislation introduced in 2007 is meant to legalise 24/7 care work in Austria by independent carers.

[27] One of the key findings formulated in the report of Rogalewski and Florek (2019: 5) on behalf of European Economic and Social Committee (EESC) was that '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.' Already in 2016, the European Economic and Social Committee (EESC) called on the European Commission to conduct research on the situation of these workers, including their numbers,

this phenomenon[28], the view on it is still fragmented and thus incomplete for the EU. Moreover, the fact that live-in care services are mainly undeclared/unregistered makes it even more difficult to quantify it[29].

Live-in care is relatively common in Member States such as Austria, Cyprus, Germany, Greece, Italy, Malta and Spain (Eurofound, 2020a; Böcker et al., 2020). For Germany, it is estimated that one in nine recipients of home care - and more than one in five of those needing the most care - make use of this form of care (Hielscher et al., 2017). Consequently, between 100 000 and 300 000 German households make use of (foreign) live-in carers (Arend & Klie, 2017). These caregivers are mostly women posted from Poland, whose country of origin is often Ukraine (Kindler et al. 2016, Rogalewski and Florek, 2020). Furthermore, estimates suggest that up to 80–90 % of caregivers from Eastern Europe in Germany are employed informally (Verband für häusliche Betreuung und Pflege e.V., 2018). Live-in care has also become an important pillar of the Austrian LTC system: 25 000 self-employed care workers were registered at the end of 2010 and their number grew to 62 000 by the end of 2019 (WKO, Economic Chamber Austria, Statistics Department, 2020: 11; Schmidt et al., 2020), with most of them coming from Romania and Slovakia. Almost 33 000 households in Austria (about 7 % of the total as almost 470 000 people received a public LTC cash allowance) relied on this care model in early 2020 (Federal Ministry for Social Affairs, Health, Care and Consumer Protection, 2020). Eurofound (2020a) reports that in Spain 'there were an estimated 113 000 domestic care workers (including for childcare) in 2017, and in Italy it is estimated that there were about 160 000 declared live-in carers in 2018 (however, if undeclared work is counted, the number may be double)'.

Live-in care is organised under various employment models. In some Member States, live-in carers are mainly directly employed (on an informal basis) by the care recipient. In other Member States, live-in carers are predominantly self-employed. And in yet other Member States, they are employed by specialised 24-hour-care-agencies or private employment agencies established in the Member State of residence of the care recipient or in another Member State (Leiber et al., 2021). Consequently, some of the live-in carers have an employment contract in the Member State where they provide live-in care, while others have an employment contract in their Member State of origin and temporarily provide live-in care through the free movement of services (i.e. posted LTC workers). The size of the latter group is unknown (see Table 2 for an estimate)[30].

The importance of live-in care in LTC as well as the challenges associated with it, not least for migrant LTC workers[31], also became more obvious during the COVID-19 pandemic, for instance, additional physical and psychological burdens and the worsening of work conditions (also in terms of health and safety) (Leiblfinger et al., 2020; Nowicka, 2021). Depending on whether live-in care workers are formally employed or not, as well as on the employment model applied, the terms and conditions of employment may differ significantly, both in theory and in practice. For instance, self-employed live-in carers providing services in another Member State are not subject to the Posting of Workers Directive

nationality, migration status, cross-border mobility, effective inclusion in labour and social protection, working and social conditions and qualifications, as well as their actual and potential contribution to European economies.

[28] For example, both the 2021 LTC report and the report of Eurofound (2020) elaborate on live-in care services. In addition, there are a number of research projects that pay specific attention to this issue (e.g., the research project 'Emergence and Significance of Transnational Care Arrangements' ESTRANCA, available at: https://www.nwo.nl/projecten/464-15-235-0 (focus on Germany and the Netherlands) and research project 'Euro Agency Care', available at: https://www.uni-due.de/biwi/sozialpolitik/euroagencycare.php (focus on Germany and Poland).

[29] See also the 2020 Annual report on intra-EU labour mobility: 'One group that often does not show up in the statistics due to high level of informal employment, but that is crucial for care of elderly people are live-in care workers' (Fries-Tersch et al, 2021: 135).

[30] See also the 2020 Annual report on intra-EU labour mobility: 'posting might increase particularly in the health and LTC sector, triggered by the rise in demand' (Fries-Tersch et al., 2021: 105).

[31] Levitas (2020) listed a number of risks for domestic carers from Ukraine employed in Poland. For instance, 'since they usually work informally, they are not entitled to any unemployment benefits.'

(Directive (EU) 2018/957 amending Directive 96/71/EC), and consequently do not have to apply the (revised) terms and conditions of employment as defined by the Posting of Workers Directive. Consequently, a (significant) part of the 'posted' self-employed live-in carers may receive remuneration that is (significantly) below the minimum wage of the country of employment. Finally, it is worth mentioning a recent judgment in Germany. In June, Germany's Federal Labour Court *(Bundesarbeitsgericht (BAG))* ruled that minimum legal wages must be paid to live-in carers, including for time spent on standby[32].

2.1.3. New forms of employment and undeclared work related to the LTC sector

This section presents a state-of-the-art literature review of the use of new forms of employment in the LTC sector. In the discussion, special attention is devoted to platform work, which is a new form of employment that has witnessed remarkable growth in the past decade, disrupting sectors such as transportation, but also household and professional services. Platform work offers new opportunities for flexible and autonomous work, and it may contribute to the formalisation of informal and undeclared work.

New forms of employment are defined by Eurofound (2015) as employment that is characterised by one or more of the following features: '(i) *employment relationships that differ from traditional one-to-one relationships between an employer and an employee*[33]; (ii) *the provision of work for very limited periods of time, or on a discontinuous or intermittent basis*; (iii) *networking and cooperation between the self-employed (notably freelancers) going beyond the usual types of relationships along the supply chain, the sharing of premises or the traditional conduct of project work*'. Such new forms of employment may be set in non-conventional workplaces, e.g. mobile employees working from multiple locations. Most new forms of employment depend heavily on the use of information and communication technologies (ICT), which reshape the nature of work and the working conditions. In 2015, Eurofound identified nine new forms of employment that were on the rise in Europe, of which several are now well established across the Member States (Eurofound, 2015; 2020b): employee sharing, job sharing, voucher-based work, interim management, casual work, ICT-based mobile work, platform work, portfolio work, and collaborative employment.

The concept 'new forms of employment' is not to be confused with 'non-standard employment', although there is some overlap in the related features. Non-standard employment is an umbrella term enveloping all employment arrangements that deviate from standard employment, i.e. work based on a full-time, permanent contract with a single employer. Examples are part-time work, temporary work, temporary agency work, and work under self-employment. Work through digital labour platforms ('platform work') is an example of a new and non-standard form of employment. Both non-standard and new forms of employment are common in the LTC sector. For example, according to EU-LFS data for the EU27 in 2019, 42 % of the LTC workforce worked part-time (versus 19 % of the workforce when all sectors are considered) (Eurofound, 2020a). Atypical working times (e.g. working during evenings or nights, weekends) and shift work are common (Eurofound, 2020a; OECD, 2020). However, 82 % of the LTC workforce had a permanent contract, while 1.9 % was self-employed (Eurofound, 2020a). When all sectors are considered, the shares are 72 % and 14.2 % of the workforce respectively. In several EU Member States, the use of temporary agency work, zero-hours contracts, casual work and platform work in the LTC sector have been reported (Eurofound, 2015; 2020a; 2020b; OECD, 2020) (see also the

[32] Bundesarbeitsgericht: Urteil von. 24.06.2021, Az. 5 AZR 505/20.

[33] Note, however, that Eurofound (2015) does not consider the legal basis in their classification, nor the type of contract. In other words, new forms of employment can refer to employees, the self-employed, or any other type of contract.

Section *2.1.4 Working conditions in formal long-term care* below).

In what follows, we first provide an overview of platform work (or working through digital labour platforms) in general, and then offer more detail on those platforms that intermediate care tasks. In both subsections, we use the terms 'platform work' and 'platform worker'. Given that data on platform work, such as the number of platforms and platform workers is limited overall, there are very few references that provide insight on the extent to which digital labour platforms are used in long-term care work. The sources that we were able to find, are included below.

a. Working through digital labour platforms

Platform work refers to *'all paid labour provided through, on or mediated by an online platform in a wide range of sectors, where work can be of varied forms'* (European Commission, 2020b; European Parliament, 2020). Platform work comprises jobs that are often broken down into (very) small tasks, with services provided on demand, and relationships involving at least three parties: a platform, a platform worker and a client. A platform is *'an online facility or marketplace operating on digital technologies that are owned by an undertaking, facilitating the matching between the demand for and supply of services'* (European Parliament, 2020).

Surveys among platform workers, such as the COLLEEM and COLLEEM II surveys run by the Joint Research Centre[34], shed light on the reasons why individuals choose to do platform work. Among the main reasons are that platform work creates opportunities for flexible work with high levels of autonomy and lower barriers to labour market entry, which may make it particularly attractive for those who struggle to find a job or who need flexibility to combine work with other activities. On that note, the European Parliament Resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development highlights gender aspects related to platform work: platform work may foster labour market participation among women, but women as well as workers with significant care responsibilities (also mostly women) appear to take up tasks with lower levels of autonomy and flexibility than men (e.g., in the cleaning sector).

Platform work, however, also presents challenges, of which the unclear employment status of platform workers has been identified in literature and in policy as the main one (European Commission, 2020b; European Parliament, 2020). This is because many rights and protections provided in labour and social security legislation are only available to employees, or are less favourable for other groups of workers, e.g. the self-employed. In terms of working conditions, there is a consensus in the academic and policy literature that especially platform workers in low-skilled on-location or online work intermediated through global platforms run the risk of working in precarious conditions (European Parliament, 2020), such as '(1) *low, fragmented and unstable income, with insufficient fall-back options during intermittence periods*; (2) *low protection of working conditions, including limited or no access to training and career development*; (3) *exposure to health and safety risks characteristic of platform work*; (4) *low social protection coverage for risks that are particularly relevant for platform work* (e.g. work-related accidents and occupational diseases, unemployment); and (5) *very low level of collective labour rights and representation*.' This is important in the context of care work, which relies on lower-skilled tasks performed on-location (see below).

Platform work may help reduce undeclared work, or, instead, increase it (Williams, 2020). Platforms can help to professionalise and formalise work, notably in those sectors where informal and undeclared

[34] Pesole, A., Urzi Brancati, M.C., Fernandez Macias, E., Biagi, F. and Gonzalez Vazquez, I., 2018, Platform Workers in Europe Evidence from the COLLEEM Survey, Publications Office of the European Union, Luxembourg.

work are highly prevalent, such as domestic care services (potentially to LTC recipients) which are provided in clients' homes (Ticona and Mateescu, 2018; Williams, 2020). Looking specifically at childcare platforms, Ticona and Mateescu (2018) argue that platforms have attempted to formalise the hiring process and the employment relationship, e.g., through the use of a payment interface, and increase visibility and transparency. On the other hand, as soon as a match between a client and a platform worker is made, platforms have no control over what comes next: e.g. future assignments may be arranged 'off-the-books' (no longer declared to or arranged via the platform), or only part of the hours are reported. This issue is also reported by platforms intermediating care work (see below).

b. Intermediation of care work through platforms

Platform work is also emerging in the care sector, including in LTC. This is sometimes referred to as the *'uber-isation of care'* (European Economic and Social Committee, 2020a). In this case, online platforms create online marketplaces and match those individuals or organisations with care needs ('clients') to individuals or organisations providing care services ('platform workers') in clients' homes in exchange for payment (European Economic and Social Committee, 2020a; Eurofound, 2020a; OECD, 2021). The rise of platform work in LTC is driven by an increasing use of digital technologies in delivering and organising care work (European Economic and Social Committee, 2020b). This creates opportunities for companies arranging care service provision (e.g., expanding their services by going digital, facilitating contact with workers and clients), to care workers themselves (e.g., flexibility in choosing which assignments to accept, when to work), and to clients (e.g., a wider offer of care providers to choose from, more options for tailor-made care). A report by Digital Future Society (2021) looking at home care services in Spain identified several platforms (Cuideo, Aiudo, Wayalia, Cuorecare, Joyners, Cuidum) that were launched by authorised placement agencies in an attempt to go digital. These platforms operate in a similar way to that of a traditional private placement agency. These platforms tend to focus on LTC and pre-arranged regular services. Besides digitalisation, the market for LTC services is expanding due to the ageing population, a growing shortage of care workers and care service provision, the increasing costs of care service provision, and concerns about the quality of the existing care provision (European Economic and Social Committee, 2020a).

With the development of digital labour platforms, the matching of care seekers to care workers as well as the provision of some care services (e.g., counselling, administrative support) has also partially shifted online (Molitor, 2019). Although data on platform work remains scarce and the subject of care services' provision through platform work has been somewhat underexplored, recent articles suggest a surge in care service platforms, in line with the proliferation of platform work in other sectors (European Economic and Social Committee, 2020a; Eurofound, 2020a; European Commission, 2021a)[35]. This trend is not only visible in the EU but also in other countries around the globe, including in the US, India, Australia. The largest and best-known care platform is the US platform Care.com, which was launched in 2007 and counts close to 11 million users in 16 countries today.

Regarding platform work in LTC, a first consideration relates to the type of care services provided. In the EU, there are many platforms that have intermediate tasks that could be categorised as domestic work, home services or professional services, which may support those in need of care. Examples are cleaning, handiwork, cooking. While such services could be requested by anyone (see e.g. OECD (2021)

[35] In 2017, the European Commission Joint Research Centre compiled a database of digital labour platforms operating in the EU, which counted around 170 entries. The 2021 update of this database counts 516 platforms in the EU27 (March 2021) (European Commission, 2021d). Around 200 of those platforms intermediate services classified as 'domestic work', 'home services', 'professional services'. Note that examples of professional services include accounting, legal advice, administration, etc. Some platforms providing care services do also offer support with administrative work.

for more details on 'non-care' household services[36]), there are platforms that specifically target individuals not able to perform these tasks themselves (e.g., the platform Helpper, see Box 1). On the other hand, platforms that intermediate medical care services are rarer in the EU, though their number is growing rapidly. Examples are: Care.com (16 countries), Curafides (Austria), Pflegix and Pflegetiger (Germany), Home Care Direct (Ireland, the UK), Nannuka.com (Cyprus, Greece, Ireland, the UK), Familiados and Depencare (both are platforms in Spain offering services aimed at care for the elderly and dependent, see Digital Future Society, 2021) (European Economic and Social Committee, 2020a; Eurofound, 2020a). Some of these platforms intermediate live-in-care services (e.g. Home Care Direct, which provides for an option to select 'live in carer' when searching the platform). In many cases, platforms intermediate both 'medical' and 'non-medical' care (e.g., administrative support, cooking, housekeeping, running errands, but also wound dressing, administering medication, physical therapy, etc. for example on Care.com and Curafides).

Another remarkable feature is that many platforms' intermediating care services collaborate with stakeholders that are commonly found in the (long-term) care sector, but not in platform work. Examples of such stakeholders are health insurance funds, social services, municipal services for public health and welfare, residential care centres, home nursing teams, doctors, pharmacists, service voucher companies, etc. For example, flyers promoting the platform Helpper are available in doctors' offices, and the platform collaborates with health insurance funds that refer individuals with care needs to the platform. Customers of the Partena health insurance in Belgium, for example, get the first hour of care free and their registration fee is covered by the health insurance. By closely cooperating with these stakeholders, platforms can assure a personalised service provision but also rely on the expertise and networks of established organisations. This should additionally help ensure the quality of the service provision. As elderly persons tend to have multiple care needs, collaboration between stakeholders and an integration of care services is likely beneficial, not least to address any mental health or social problems that may come together with LTC needs (OECD, 2020). Furthermore, the involvement of specific stakeholders may be a prerequisite for the public authorities to reimburse certain services, or to agree that personal health budgets can be spent on those services. Finally, such collaborations also facilitate the work provided by formal and informal carers (OECD, 2020).

Box 1: The Helpper platform

> Helpper is a platform operating in Belgium which aims to match individuals with care needs with care providers in their local neighbourhood. In particular, the platform aims to support the elderly, individuals with a disability or a chronic illness, parents with young children, etc. Helpper was launched in 2017. The CEO, François Gerard, started the platform when he was looking for someone to help with (non-medical) day-to-day tasks for his father, but was unable to find the support they needed due to different rules and restrictions (e.g. rules on work during the weekend). By launching a platform, the idea was to overcome some of these restrictions, while at the same time ensuring that the care provider earns some pay (up to 15 euros per hour). Set up as an independent initiative, Helpper is supported by the health insurance funds OZ, Partenamut, and Partena and by accelerator Start it @KBC.

Source: The Helpper platform: https://www.helpper.be/nl/.

In this regard, it has to be pointed out that in many types of platform work, the repeated provision of services by the same platform worker to the same client over a period of time is not possible. That is different in care services, e.g. some cleaning platforms allow platform workers to schedule regular

[36] Some of these platforms are even publicly run, e.g. Minijob-Zentrale (OECD, 2021).

appointments with a small group of fixed clients, or platforms such as Helpper which allow repeated service provision as long as all transactions are processed through the platform. Some platforms use subscription models to accommodate this longer duration in relationships. Allowing long-run relationships between platform workers and clients is critical to establish trust. In that light, care platforms may focus more on issues such as transparency and trustworthiness and may provide for more safeguards and institutional channels for complaints (European Economic and Social Committee, 2020a). Safety is key, not only for the clients but also for the platform workers. Workers work in clients' homes, which may be an unknown and even unsafe environment for them, and which are traditionally less transparent and less monitored than regular workplaces. In addition, as was also raised by the European Parliament Resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development, platform workers and female workers in particular, may experience gender-based violence and sexual harassment when working inside clients' homes. Having an intermediary between them and their clients may provide additional safety and support. However, in the context of platform work, unwanted behaviour may go unreported due to the way platform work is organised (e.g. only contact with the platform via automated messages, no way to report on issues with clients, limited follow-up by the platform) and the unequal power balance between the platform worker, on the one hand, and the platform and the client, on the other hand (e.g. client can give the platform worker a poor rating, triggering the platform to remove the platform worker's account or allocate future tasks to someone else), as stressed in the same European Parliament resolution.

Clients: The clients are care seekers who may be vulnerable, given also their dependence on the care service provision (e.g. elderly, individuals with a disability or a chronic illness). In many cases, it will not be the care seekers themselves who are active on the platform but rather their relatives or others in charge of organising the care. Platforms are often set up to accommodate this. The platform Helpper, for example, allows individuals to indicate upon registration whether they are requesting care services for themselves or for someone else. When registering for someone else, one can indicate whether one is doing so as a private person (e.g. a family member) or as a professional, who is managing the care seeker's file (and can hand this file over to a colleague if necessary). An important advantage of using a digital platform to find a care provider is that clients may have a wider choice of providers, and more flexibility in determining what care is provided and when. This is important as care needs may be very different for different clients, as well as over time.

Platform workers: The platform workers are care providers, who – depending on the nature of the services provided – may be qualified professionals such as doctors, nurses, physical therapists, or psychologists. Some platforms formally exclude potential platform workers who are not licensed professionals or set a minimum level of required experience or other eligibility conditions (European Economic and Social Committee, 2020a, Eurofound, 2020a). For example, the platform BloomUp only allows clinical psychologists certified by the Flemish Agency for Care & Health and psychotherapists certified by the Belgian Federal Public Service Health, Food chain safety and Environment to sign up as platform workers. Similarly, the platform Curafides requires potential workers to upload certificates of qualification, and Joyners only works with qualified professionals from the health and social care sectors, such as nurses, assistant nurses, social workers, etc. (Digital Future Society, 2021). Other platforms do not impose any eligibility criteria, as is common among other types of platform work (e.g., food delivery platform work).

Turning to the employment relationship, also in LTC, platforms tend to classify platform workers as self-employed or claim to only work with professionals or freelancers. Whereas this status will reflect the real conditions for some platform workers (e.g. doctors, physical therapists, etc.), this may not be so in

other cases, especially when there is a long-term relationship between the client and the platform worker and when the platform worker has limited autonomy and control. While one could argue that having a 'contract' arranged through a platform is preferable to working in the grey economy, this still implies that in most cases platform work does not offer the same level of labour and social protection as dependent employment (European Economic and Social Committee, 2020a; OECD, 2021).

Given the nature of the work and the vulnerability of the clients, platforms often subject potential platform workers to a thorough screening process. This includes identity checks, a verification of their competences and experience (e.g., by requesting diplomas or certificates, by conducting an interview with these workers), etc. Such practices are common (e.g., on Helpper, BloomUp) and they are imperative to guarantee the quality of the service provision and create trust. The platform BloomUp requires regular moments of supervision, with a frequency depending on the platform worker's level of experience in the field: (i) two supervisions per month for workers with less than one year of experience, (ii) one supervision quarterly for workers with one to three years of experience, and (iii) one supervision annually for workers with over three years of experience.

Care providers may choose to work through digital labour platforms for various reasons (European Economic and Social Committee, 2020a; Eurofound, 2020a; OECD, 2020). More specifically, platform work can help overcome issues that cause low entry and high turnover rates in LTC (OECD, 2020). Workers in the (domestic) care sector are often faced with poor working conditions, e.g. low wages, long, inconvenient working hours, etc. (cf. section below). Workers with vulnerable labour market profiles, such as low-skilled immigrants, tend to be the dominant group in the LTC workforce.

First, platforms may tackle some of the issues related to work allocation in LTC. The allocation of work through platforms is easy and very fast (Digital Future Society, 2021), which has advantages for both clients and platform workers. Platform work is also said to be flexible, allowing workers to choose when and how long to work. This could be particularly advantageous to care workers who combine working with other tasks and could help them to achieve a better work-life balance (e.g. by avoiding having to work at night or during the weekends). This can also help ensure that care workers have more control over their workload, e.g. by only taking up assignments that they believe can be reasonably executed within a certain amount of time. However, such increased flexibility and autonomy may also come with higher levels of job insecurity and income insecurity. For example, platforms and clients only contact care workers when they need them or can cancel tasks on an ad hoc basis. In this way, platforms can easily respond to fluctuations in the demand for care work without taking much risk. Similarly, LTC services are typically provided over a longer period of time and come with high levels of work intensity. Care workers may have to be available at all times, which can cause stress and reduce their flexibility (European Economic and Social Committee, 2020a; Digital Future Society, 2021).

Another potential advantage is that platform workers on care platforms can often set their own pay, which thus can be higher than what they would earn in other employment settings. There is, indeed, some evidence that professionals offering services that are in high demand can ask market prices or even more for their services (Eurofound, 2018). This may also be the case for care workers, in light of the growing demand for their services, the existing shortage of care workers, and the specialisation needed (e.g. as elderly care needs are becoming more complex). Platforms often advertise expected pay rates for particular tasks, but may not enforce these (European Economic and Social Committee, 2020a). The platform BloomUp, for example, states that consulting a psychologist will likely amount to EUR 55, but it leaves platform workers free to determine their own rates. Care.com lists the average hourly wage for those working in related occupations/sectors (e.g. the average hourly wage for caregivers in elderly care is shown when clients look at the profiles of potential care providers). That being said, however, platform workers face unpaid time, such as time spent looking for work or when

travelling to the client's home. On the other hand, platform work is often carried out locally, which reduces distance and travel time.

Platform work in LTC, however, also comes with risks and disadvantages for clients and platform workers, as also highlighted above. Looking at care workers using online platforms, the literature particularly points to a lack of opportunities for training and for career advancement, safety and health issues related to working in clients' homes, issues related to employment status and a more limited flexibility than appears at first sight (European Economic and Social Committee, 2020a; European Parliament, 2020).

Undeclared work

Quantitative information on the scale of undeclared work[37] in the LTC sector is scarce. The Eurofound report (2020) refers to country estimates of the numbers of undeclared workers in the LTC for Croatia, Cyprus, Denmark, Italy, Malta, Poland, Slovakia, Slovenia and Spain. An estimate for all Member States can be obtained on the basis of data collected from a Special Eurobarometer Survey on undeclared work (EC, 2020)[38]. Respondents who had paid for goods or services in the last 12 months where they had reasons to believe that they included undeclared work, were asked what goods and services these were. One of the possible responses to this question was 'assistance for a dependent or elderly person'. On average, 3 % of the respondents who purchased undeclared goods or services in the past year said that this was for assistance for a dependent or elderly person (EC, 2020: T20). This percentage was much higher for respondents in Slovenia (9 %), Luxembourg (9 %), Italy (7 %) and Austria (7 %).

How LTC is organised in a Member State may have a significant impact on the level of undeclared work (see also EC and SPC, 2021, Eurofound, 2020a). The level of undeclared work in the LTC sector seems to be lower in Member States where residential care and home care is more formalised. According to Eurofound (Eurofound, 2020a), however, the 'inflexibility of home care providers in the format of care provided (for example, unavailability at the weekends or after business hours)' may contribute to LTC needs being met by undeclared workers). Furthermore, in Member States that rely heavily on LTC benefits in cash, and whose benefit levels are too low to purchase formal LTC services, the incentive to rely on undeclared work is (much) higher. Finally, the fact that informal LTC cannot be provided by a partner or family member may also create a need for undeclared work. After all, undeclared work is particularly common in households hiring individual home carers (i.e. live-in care).

It is important to consider occupational health and safety (OSH) rules, and specifically non-compliance of OSH rules and regulations, as an essential part of the concept of undeclared work and the fight against it (De Wispelaere and Gillis, 2021d). However, it was mentioned in a recent report of the OECD (2021: 39) that many countries exclude domestic workers employed by households from health and safety regulations. Moreover, labour inspectorates may not have the legal authority to enter private homes (or need permission first).

Evidence shows that financial incentives (e.g. tax credits and 'social vouchers') for formal household services (as part of the LTC services provided to dependent persons), may reduce the incentive to consume undeclared services (though such incentives come with a substantial fiscal cost) (OECD, 2021, see page 47 for the results of such policies in Sweden, France, Germany and Belgium).

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[37] Communication from the Commission - Stepping up the fight against undeclared work (COM/2007/0628 final) defines undeclared work as '*any paid activities that are lawful as regards their nature but not declared to public authorities, taking into account differences in the regulatory system of Member States*'.

[38] European Commission (2020), Special Eurobarometer 498 – Undeclared Work in the European Union, European Union: Luxembourg.

Finally, the sector might be confronted with the phenomenon of illegal employment (i.e. the employment of an illegally staying third-country national) of migrant LTC carers (and exploitation of these workers)[39]. In a recent Communication of the Commission on the application of the Employers Sanctions Directive (COM(2021)592: 15), it was stated that 'sectors most affected by illegal employment are similar in most Member States and are usually labour-intensive and low-skill / low-wage sectors with a high turnover of staff. Most common risk sectors include agriculture, construction, manufacturing, domestic care and social assistance, hospitality and food services'.

2.1.4. Working conditions in formal long-term care

This section has two parts. The first part gives an overview based on a literature survey of working conditions in the LTC sector, and additional data analysis conducted for this study. The second part discusses what longer term impact COVID-19 will have for the LTC sector and how this will likely affect working conditions for LTC workers.

a. Literature survey

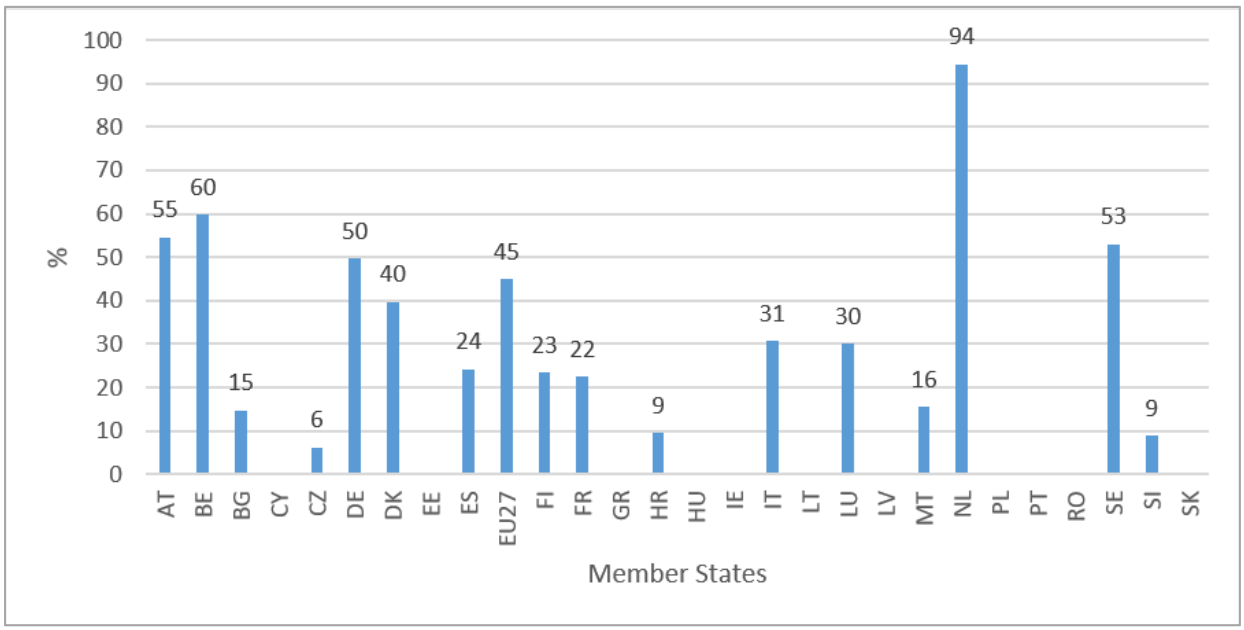
In many countries, the LTC sector is struggling to attract and retain sufficient numbers of workers (cf. Section 2.1.1). The labour shortages and relatively high job turnover among the LTC staff have generally been attributed to the expansion of non-standard forms of employment and the particular working conditions of LTC workers (Grubanov et al., 2021).

Based on the 2020 LFS data (Figure 2), 45 % of *long-term carers* work **part-time** in the EU27[40], which is more than double the rate among the entire workforce (19 %) and well above that for the healthcare sector (26 %). The share of part-time workers varies considerably between the different Member States with very high proportions in the *Netherlands* (94 %), *Belgium* (60 %) and *Austria* (55 %) and very low proportions in the *Czech Republic* (6 %), *Slovenia* (9 %) and *Hungary* (10 %). For the entire LTC workforce, the amount of part-time employed (42 %) is slightly lower than that of the subgroup of carers, but still very high compared to the total workforce (19 %) (Eurofound, 2020a).

[39] Rogalewski and Florek (2020: 12) point out that '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.'

[40] Reliable LFS sample size is not available for Cyprus, Estonia, Greece, Hungary, Ireland, Lithuania, Latvia, Poland, Portugal, Romania and Slovakia. Other data indicate that part-time work is a limited phenomenon in these countries with 20 % or less of LTC workers working on a part-time basis.

Figure 2: Part-time employment of long-term carers (in %, 2020)



Source: Own calculations based on the EU Labour Force Survey 2020.

A relatively high proportion of LTC workers works part-time because they cannot find a full-time job (Eurostat, 2020a). One reason is that a part of home care service provision is concentrated in a few hours at certain times of the day (e.g. morning and evening) (OECD, 2020). This makes part-time contracts particularly convenient from a service provider perspective. Concretely, around 16 % of those working part-time would like to work more hours. The same proportion would like to work more hours in Member States *Austria, Belgium, Denmark, Germany,* and *Italy*. In *Sweden, France* and *Finland* more than 20 % would like to work more, and in *Spain* more than half of LTC workers in part-time work would like to work more hours. In the *Netherlands*, where more than 90 % works part time, only around 10 % would like to work more hours[41]. This suggests that there is some modest room for increasing the effective workforce by employing part-time workers for more hours.

The OECD reports that almost 20 % of LTC workers in the EU-27 have a **temporary contract**. This is much higher compared to similar sectors such as the hospital sector (11 %). Again, large differences were observed between the EU Member States. In France about one third of the LTC workers have a temporary contract. Moreover, more than half of LTC workers in the EU27 work in **shifts**. According to the OECD, 'shift work is associated with a wide range of health risks, such as anxiety, burnout, and depressive syndromes' (OECD, 2020, p. 105).

The vast majority of LTC workers are employees. Self-employment is, on average, not common in the sector. However, there are certain countries and subcategories of workers where there are relatively more self-employed workers, including nurses in Belgium and Cyprus, freelance carers in the Netherlands and a large private self-employed sector in Croatia (OECD, 2020).

The OECD (2020) furthermore indicates that the average hourly wages of social service workers[42] are lower than the averages for workers in the whole economy. Again, large differences could be observed between the Member States. Social service workers in the Netherlands, Austria and Luxembourg earn

[41] Special data extraction from Eurostat's Labour force survey. Percentages answering yes to the question "Wish to work more than current number of hours" (variable wishmore). Results are not available for all countries due to small sample sizes.

[42] As three-digit NACE codes are unavailable in the Structure of Earning Survey, the whole social services sector is considered (NACE codes 87 and 88).

almost as much as the average wage in the whole economy (ratios between 96 % and 92 %). Bulgaria, Estonia and Italy are at the other end of the spectrum with social service workers receiving hourly wages more than a third lower than the economy-wide average (OECD, 2020). According to Eurofound (2020a), the prevalence of collective bargaining agreements in the LTC sector plays a major role in this difference. In the countries with relatively high wages in the LTC sector, almost all LTC workers are covered by collective agreements whereas this is very often not the case in the countries with low wages in the LTC sector (Eurofound, 2020a). Low pay also has implications for gender equality, as this is a heavily female-dominated sector (see Section 2.1.1).

Absenteeism is relatively common in the LTC sector. Research by the OECD shows that more than 60 % of LTC workers say that they often have to deal with physical risks while doing their job. For example, they often have to perform very repetitive tasks and carry a lot of weight throughout their shift (e.g., when moving a patient). In addition, many LTC workers also face high mental risk factors due to the stressful work (OECD, 2020). Consequently, Eurofound reports that the LTC sector scores poorly in terms of overall working time quality compared to other sectors. This is usually due to a combination of the aforementioned factors such as lower wages, irregular hours, heavy and stressful work, etc. (Eurofound, 2020a).

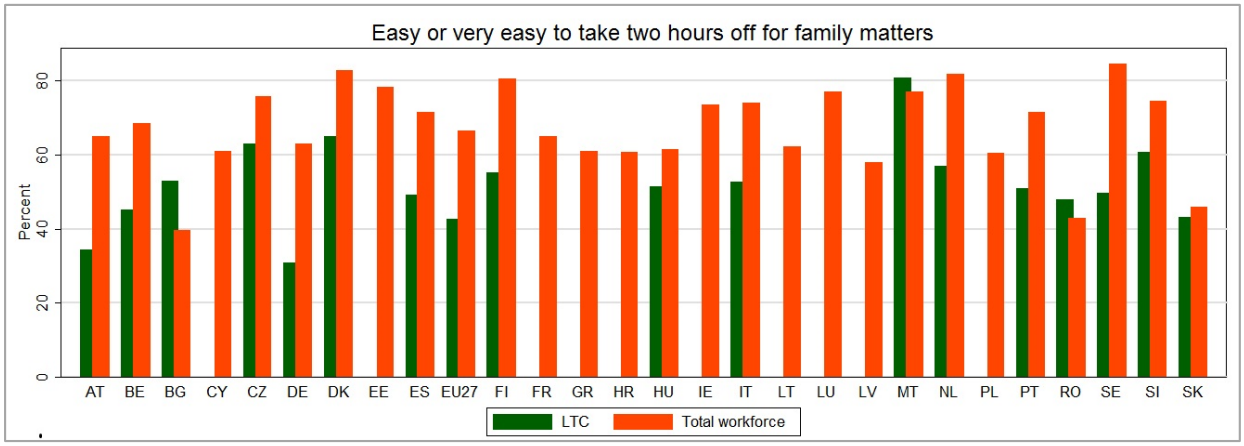
Eurofound reports that 'despite the precarious character of many jobs within the LTC workforce, 71 % of LTC workers indicated that they always feel that they are doing useful work' (Eurofound, 2020a).

Around half of all long-term carers report working under time pressure either 'often' or 'always'. This compares with around 36 % for the general workforce. Data for individual countries are not complete, but the overall picture is that this is consistent for most Member States. Exceptions are *Hungary, Portugal* and *Sweden*, where frequency of time pressure is below but close to that of the general workforce[43]. In *Austria*, a survey on the working conditions of formal LTC workers found that the working conditions in the LTC sector worsened over recent years, particularly in the residential care sector. The increasing demand and needs of people in need of care, time pressure and structural staff shortages were seen as most principal reasons for this deterioration (Rodrigues and Leichsenring, 2018).

Figure 3 shows the proportion of *long-term carers* for which it is easy or very easy to take two hours off at short notice for family matters and compares this with the total workforce. Whereas almost two thirds of the total workforce state it is easy to take two hours off within the EU27, this is only the case for 43 % of the long-term carers. Again, this shows that long-term carers work in rigid schedules without much flexibility.

[43] Special data extraction from the 2019 ad-hoc module on 'Work organisation and working time arrangements'. Based on percentages of workers answering that they 'often' or 'always' work under time pressure (variable PRESSURE). Data are not available (due to limited sample sizes) from Bulgaria, Cypress, Estonia, Greece, Croatia, Ireland, Latvia, Lithuania, Luxembourg, Poland, Romania, and Slovakia.

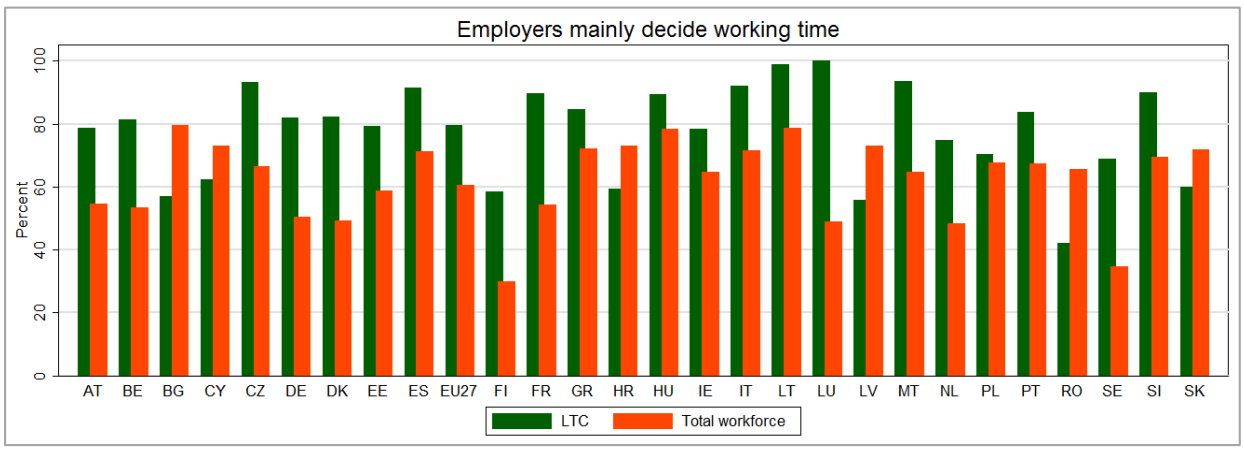
Figure 3: Share of long-term carers for whom it is easy to take two hours off (in %, 2020)



Source: Own calculations based on the EU Labour Force Survey 2020.

The notion of rigid, non-flexible time schedules for long-term carers is confirmed in Figure 4 which shows the number of employers who mainly decide the working time of the employees for the long-term carers and the total workforce. Whereas for the entire workforce in the EU27, 61 % of the workers are of the opinion that their employers mainly decide the working time, this is considerably higher among long-term carers (80 %). Only in *Bulgaria, Cyprus, Croatia, Latvia* and *Romania*, is there a lower share of long-term carers for whom the employers mainly decide the working time compared to the entire workforce (Eurostat, 2021b).

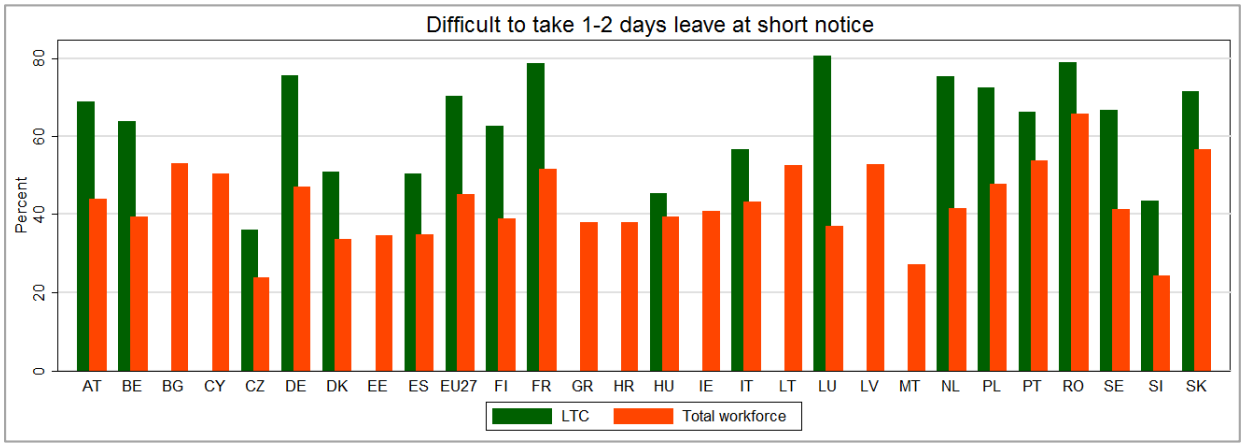
Figure 4: Share of long-term carers for whom the employers mainly decide the working time (in %, 2020)



Source: Own calculations based on the EU Labour Force Survey 2020.

Figure 5 compares the share of *long-term carers* and the entire workforce for whom it is difficult to take one to two days leave at short notice. Whereas it is perceived to be difficult for 45 % of the entire workforce in the EU27, more than 70 % of the long-term carers have difficulties in taking one to two days off at short notice. This reinforces the picture of long-term carers having less flexible working conditions compared to other sectors (Eurostat, 2021b).

Figure 5: Share of long-term carers for whom it is difficult to take 1-2 days leave at short notice (in %, 2020)



Source: Own calculations based on the EU Labour Force Survey 2020.

Because jobs involving the same types of qualifications (i.e. nurses and personal carers) in LTC pay less, workers tend to leave the sector to work in hospitals as opportunities arise. Promotion opportunities are better in the hospital sector than in LTC sector (OECD, 2020).

b. The trend towards deinstitutionalisation of LTC

The process of decreasing reliance on institutional long-term care and prioritising home and community-based LTC is commonly described as deinstitutionalisation. The EPSR implicitly supports a notion of deinstitutionalisation with its emphasis on 'particularly home care and community-based services'. There are two prime arguments brought forward in support of deinstitutionalisation: well-being of care recipients and public finance sustainability (Ilinca, Leichsenring & Rodrigues, 2015). Being embedded in a community is more likely to support the right to independent living compared to being segregated in an institution. Moreover, if the community – including through informal care – is able to provide some support to the care recipients, a better outcome for the care recipient may be obtained at a lesser cost.

There are no harmonised data available on the number of older people (65+) in institutional care. Eurostat provides statistics on the total number of LTC beds in each country[44]. The numbers reveal that the process of deinstitutionalisation is relative and very uneven across the EU. Only in a couple of countries have the number of LTC beds available actually decreased over the past decade or two (Bulgaria, Denmark, Latvia, Sweden). In other countries the number of LTC beds available have only been increasing slowly suggesting that institutional care is becoming relatively less important in the care mix (Belgium, Czech Republic, Germany, Ireland, Greece, Croatia, Lithuania, Hungary, Slovenia, and Finland). In Estonia, Spain, and Luxembourg there have been large increases in the number of LTC beds in the past 10 years.

Data presented in Eurofound (2020a) suggests that more than two-thirds of all LTC workers work in institutional care with the remainder in home and community based care. With more focus on home and community care in the future, more LTC workers will be involved in this form of care. It is not clear how this will affect average working conditions for LTC workers. There are inherent differences in the conditions under which the care work is performed. Whereas institutional care relies on an unchanged setting and proximity to colleagues, home base care takes place in different environments and often

[44] Eurostat table *hlth rs bdsns*. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_resource_statistics_-_beds.

alone. For the LTC worker this could increase the risk of occupational hazards such as injuries, both physical and psychical abuse, and the risk of stress induced by dealing with different environments. However, Eurofound (2020a) presents evidence that some form of hazards – such as verbal abuse and physical violence – are more present in institutional care than in non-institutional care.

c. The long-term impact of COVID-19 on the LTC workforce

The LTC sector has been hard hit by the COVID-19 crisis with large numbers of people dependent on care falling ill. Elderly people in need of LTC services often already have a lower physical resistance or chronic diseases which could trigger the risk of serious complications if suffering from COVID-19. However, the OECD is of the opinion that 'some of the worst excesses of the crisis could have been contained or at least to some extent limited with more investment in the LTC workforce and infrastructure to ensure suitable levels of trained staff, with decent working conditions and prioritising care quality and safety' (OECD, 2020).

The 2021 Joint DG EMPL and SPC Long-term Care report also points out that existing challenges for LTC systems – ranging from difficult situations for workers and informal carers, discontinuity of services and capacity issues – have come to the fore during the COVID-19 pandemic. Accordingly, the Commission states that 'reforms should cover, amongst others, preventive measures such as active and healthy ageing, and reactive measures such as setting up properly integrated health and social care services, expanding access and coverage, in particular to home care and community-based services, upskilling and reskilling of the workforce and improvements to their working conditions, while supporting integrated care services and independent living' (European Commission, 2021c, p.17). In addition, The WHO (2020) refers to the need for the establishment of a 'hotline' for psychological support for LTC workers and more broadly for other workers in the health domain. Since many LTC workers already considered their job to be stressful before the COVID-19 pandemic (see Section 2.1.4a), a contact point which could give psychological first aid to LTC workers may be the more necessary in a post-COVID era (WHO, 2020b).

Eurocarers therefore emphasises that COVID-19 has therefore been a wakeup call to the health system resilience and crisis-preparedness by addressing these structural challenges (Eurocarers, 2020).

According to Eurofound, the effects of the COVID-19 pandemic on the LTC workforce are still uncertain. For instance, it is not yet sure whether the crisis will result in more budget being allocated to LTC services or whether the budgetary constraints many Member States are facing may even result in budget cuts for the sector. On the other hand, it is too early to assess how the detrimental impact of the crisis on the LTC sector will be translated into changing labour market dynamics with movements of LTC workers to other sectors (or maybe even vice versa). However, Eurofound concludes that the structural problem of labour shortages is very unlikely to improve in the foreseeable future (Eurofound, 2020a).

2.2. Informal long-term carers

Despite the fact that informal caring is an important, if not the most important, part of how long-term care is organised in the EU, it is not straight-forward to give a strict definition of an informal long-term carer (Van den Berg et al., 2004). For the purposes of this study an informal carer is an individual who provides regular care (personal care and/or help with household activities, including childcare) over an extended period on a non-market basis to a care recipient in the informal carer's close social environment (often family or relatives). This definition leaves open many aspects such as time spent caring, whether it is paid (cash or in-kind) and the length of period for which care is provided, but it will in most circumstances distinguish informal carers from, e.g. formal regular carers (whether publicly or

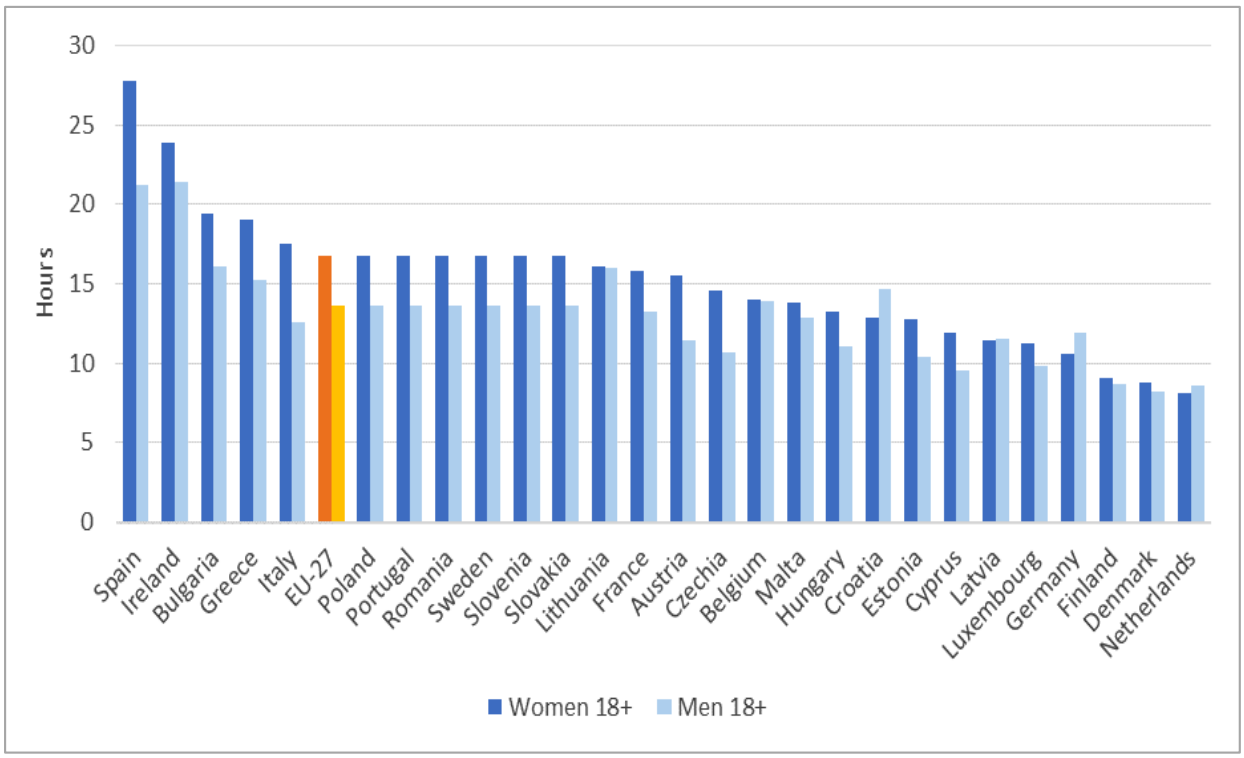
privately financed), carers performing non-declared work, regular or irregular caring services from platforms or other services, or neighbours helping out on an irregular basis.

Due to the lack of a clear definition and because of the informality, no official statistics exist on the number of informal long-term carers. Eurofound estimates, based on the European Quality of Life survey, that around 44 million people above the age of 18 years in the EU provide informal care more than twice a week (Eurofound, 2020a). In line with this figure, EC & SPC (2021a) report from a recent study (Ecorys, 2021) that between 12-18 % of the EU population aged 18 years and above provide LTC at least once per week, corresponding to more than 50 million people. Eurocarers, a European organisation raising issues of concern to informal carers, estimates that 80 % of all caring in the EU is performed by informal carers. Though estimates will depend on the survey and methodology used, these numbers suggest that informal carers are fundamental to care giving in the EU (Tur-Sinai et al., 2020; Barczyk & Kredler, 2019). Of elderly people aged 65+, 8 % or more than 7 million people receive informal care in the EU27. For the subgroup of elderly people aged 75 and above, the number relying on informal care even amounts to 11 % (Ecorys, 2021).

2.2.1. Characteristics of the informal long-term care workforce

Informal care tends to be long term, often lasting years rather than months (EC & SPC, 2021a). Women are overrepresented in providing informal caring activities in all Member States, making up around 60 % of informal carers. Women who provide informal care do so for more hours than men, 17 versus 14 hours per week on average; and women are more likely to provide intensive care. Of female informal carers, 12 % provide care for more than 40 hours per week compared with 7 % among men. In Spain, Ireland, Bulgaria, and Poland more than 20 % of female informal carers provide care for more than 40 hours per week (see Figure 6).

Figure 6: Share of informal carers providing care more than 40 hours per week (Aged 18+)



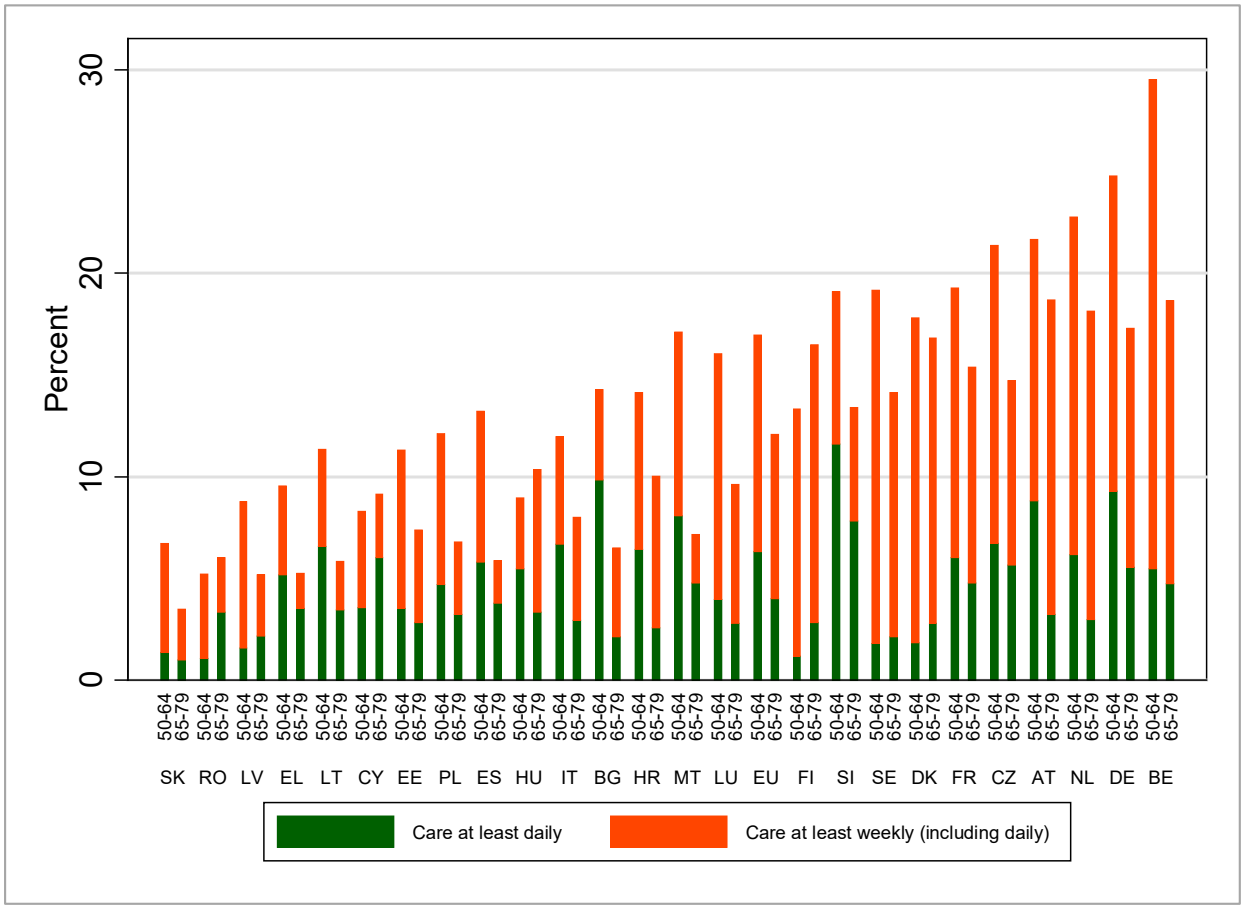
Source: EC & SPC (2021a, Figure 17, p. 81)[45].

Note: Data sources are EHIS, wave 2 (2013-2015) and EQLS (2016).

Around 70 % of informal carers are above the age of 45 years. Patterns of care in terms of intensity are similar before and after retirement with those approaching retirement providing slightly more care than those who are above the age of 65. Looking at the 50-64 year olds in the EU, some 17 % provides informal care at least weekly (including daily) with 6 % providing care daily. For 65-79 year olds the numbers are 12 % and 4 % respectively. There are differences in the share of people providing care across Member States, but the pattern is common (Figure 7).

[45] European Commission & the Social Protection Committee (EC & SPC), *2021 Long-Term Care Report -Trends, challenges and opportunities in an ageing society - Volume I*, European Commission: Brussels.

Figure 7: Share proving care daily and at least weekly by age groups 50-64 and 65-79 year olds



Source: Authors' calculations based on SHARE survey, wave 8.

Note: Data is not available for Ireland and Portugal. The EU average is for the 25 countries where data is available.

For the age group of 50-64 year olds, a caring activity may limit the possibility to work formally or increase the risk of stress from managing both formal work and the care activity. Using data up to 2013 for several EU countries, Ciccarelli and Van Soest (2018) find that providing informal care on a daily basis reduces the probability of being in employment by 22 %, while providing care only 'at least weekly' has no effect on employment. In the 2020 SHARE Survey, it can be observed that informal carers are slightly *more* likely to be in employment than people who do not provide informal care[46]. However, those who provide informal care are 5 percentage points less likely to work fulltime. After the age of 65, we do not observe any differences in employment between informal care providers and those who do not provide care.

There is some indication of increased stress levels in the data. People who provide informal care are 5 percentage points more likely to indicate that 'yesterday included unusually bad or stressful things'[47].

Though level of education among formal carers resembles that of the general population, informal carers tend to live in households which have somewhat lower incomes than what is found in the

[46] Based on the SHARE survey, wave 8 (2020). Information is not available for Ireland and Portugal. Numbers for the EU refers to the 25 countries where data are available. Available at: http://www.share-project.org/data-documentation/questionnaires/questionnaire-wave-8.html.

[47] Based on the SHARE survey, wave 8 (question te003). Data is available for AT, DE, SE, NL, ES, IT, FR, DK, EL, BE, CZ, PL, LU, HU, SI, EE, HR. Informal carers are also slightly more likely to have experienced yesterday as an 'unusually good day'.

general population (European Commission and Social Protection Committee, 2021). However, after adjusting for family size (equalisation), informal caregivers (between 20 and 64 years old) have a similar poverty risk compared to the general population with the same age. Ecorys therefore concludes that the (slight) differences in educational status and poverty risk between the informal caregivers among EU-Member States can be attributed to general differences related to education systems and overall poverty levels (Ecorys, 2021).

2.2.2. Challenges specific to the informal long-term care workforce

The overrepresentation of women in informal care, in particular when it comes to the number of hours caring, may act as a brake on gender equality. Intensive informal care can hinder full-time or part-time participation in formal work with a detrimental longer term impact on career progression and earnings. European Commission and Social Protection Committee, 2021, reports on a study (Ecorys, 2021) that estimates the direct annual net wage loss for 45-64 year olds who stop working while providing informal care at around EUR 18 000 on average. Depending on the indirect effect on later career progression and wages, the total cost of caring could be much higher on average. Risk of poverty, worse mental and physical health, and social exclusion are associated with intensive informal care giving (OECD, 2011; Eurofound, 2017). There is some evidence that more generous formal care provisions lead to less prevalence of intensive informal care (Verbakel, 2018).

Though most Member States provide for pension credits for a period of long term caring, longer periods of informal care can affect pension rights' accumulation if there is no provision for pension accumulation while caring (Dekkers et al., 2020; EC & SPC, 2021b). Wider access to social security benefits, such as health care or unemployment benefits (if caring responsibilities end), can also be an issue.

The quality of informal care is a concern because informal carers are most often not professionally trained in personal care tasks. European Commission and Social Protection Committee (2021) reports that several countries offer training possibilities for informal carers (BG, DE, FI, FR, IE, LU, MT, NL, PL, PT, SI) as well as other support measures. Access to respite care, which can give the informal carer 'time off' from caring is also available in several Member States (BE, CY, DE, DK, FI, FR, LT, LU, MT, NL, PL, PT, SE, SK). Nevertheless, even with support measures available, quality of care is difficult to monitor; and from the perspective of the care recipient, informal care entails no access to complaint mechanisms. This can, in worst cases, lead to fundamental rights' abuses.

Based on longitudinal EU-SILC data, Ecorys (2021) moreover reports that providing informal care negatively affects the mental health of the caregiver. Moreover, those negative effects seem to increase with the intensity of informal care given (Ecorys, 2021).

The COVID-19 pandemic brought additional challenges to informal carers in addition to general concerns about how to avoid infecting family and friends. In a survey conducted by Eurocarers (Eurocarers/IRCCS-INRCA, 2021), almost one-third of respondents said that supporting service provisions decreased after the outbreak, and one in five stated that they had not been able to reconcile paid work and caring responsibilities during the pandemic. While undoubtedly there are measures to be taken that can better prepare for a similar situation in the future, the effect of the pandemic on informal long-term carers and care recipients is a result of lack of support during 'normal' times which has been exacerbated by the pandemic.

3. NATIONAL MEASURES TO ADDRESS CHALLENGES

KEY FINDINGS

Several EU Member States have implemented or plan to implement reforms to increase the attractiveness of working in the LTC sector and ease staff shortages.

Examples include wage increases and/or better (paid) education and training, general improvement of the work–life balance, and occupational health and safety measures.

Targeted recruitment and campaigns to improve the image of the LTC sector are other tools used by some Member States:

- LTC workers as 'Care ambassadors' to inform about the nature of LTC work have been used in Belgium and Netherlands;
- targeted recruitment of former LTC workers;
- targeted recruitment of men (Germany and Norway). The Norwegian programme is reported to have been effective in hiring men into LTC jobs;
- increased efforts to recruit foreign-born workers, particular those who have arrived via international protection and family reunification. Germany has been successful with targeted recruitment and training of third-country nationals with programmes in Tunisia, Vietnam, Mexico and Vietnam.

Reforms have mostly taken place in a few Member States with generally well developed homecare and residential care sectors. No reforms were reported in the majority of Member States that have serious shortages of care professionals and far less developed formal care sectors (e.g. some southern and eastern Member States).

Staff shortages increased during the COVID-19 pandemic as staff had to isolate due to suspected or confirmed infection with COVID-19. At the same time informal care was restricted.

Several Member States made efforts to increase the pool of available staff by mobilising workers from other sectors, recruiting volunteers, medical students, and retirees. Movements of cross-border LTC workers – under essential workers provisions – were also allowed in some instances when general movement was not allowed.

In general, COVID-19 has negatively affected the working conditions of the LTC workforce. Workers have been exposed to higher stress levels and anxiety.

Member States have provided, with some delay, personal protective equipment and prioritised LTC workers for testing. Other measures included special accommodation and transport for the LTC workforce and weekly or other types of shifts. Some Member States have also focused on providing guidance, training, and information to LTC workers. A few Member States reported providing psychological support to long-term carers.

This section builds on an in-depth literature review of recent national legislative measures to address challenges related to the LTC workforce. Particular attention is paid to measures stemming from the COVID-19 pandemic.

3.1. Measures to address the structural labour shortages

To address the structural labour shortages in the LTC workforce (see Section 2.1.1), many EU Member States implemented or plan to implement reforms of their LTC workforce (*BE, BG, HR, CZ, DK, EE, FI, DE, LU, MT, NL, and SE*) according to European Commission and the Social Protection Committee (2021). Various types of measures were taken, which can be broadly divided into the following categories:

1) Recruitment measures aimed directly at attracting new workers.
2) Measures aimed at improving working conditions in the sector (such as wage increases).

A first category of measures involves the direct recruitment of new personnel for the LTC sector. In most Member States, mainly traditional recruitment channels were used for the targeted efforts to recruit new LTC employees. This included informative and promotional recruitment campaigns among graduating students in study programmes related to the care sector or among workers in sectors related to the LTC sector (such as the healthcare sector). A number of Member States also focused on the recruitment of potential new workers outside the traditional pool such as the recruitment of foreign-born workers. Often, foreign-born newcomers are provided with free training courses to prepare them for a job in the LTC sector (OECD, 2020).

In *Germany,* several ministries launched the initiative 'Concerted Action on Nursing' *(Konzertierte Aktion Pflege)* in July 2018 (BMFSFJ, 2018). This programme involved intensive cooperation between federal and local authorities, employment agencies and various actors from the nursing sector itself (including employers). Several objectives were agreed: increasing the number of training courses; higher wages for professional carers; needs-driven staffing levels in care facilities and hospitals; more qualified nursing staff to be recruited from outside Germany (Bundesregierung, 2021). Regarding the latter, the scheme particularly focuses on recruiting new workers from southern European countries (OECD, 2020a). Several measures to achieve these objectives have already been implemented, including improved salaries, additional nursing specialist and nursing assistant positions, increased training possibilities, increased authority of care personnel, an increased degree of digitalisation in care institutions and hospitals to further relieve care personnel. In relation to recruitment of third-country nationals, the specialist immigration act *(Fachkräfteeinwanderungsgesetz)* has been adapted which facilitates recruitment through the Federal Employment Agency and support is provided for visa procedures, recognition of qualifications procedures and integration measures (BMG, 2021). While the initiative as such has not yet been evaluated, the following achievements during the legislative period (2017-2021) under which it was designed and implemented have been reported: the number of care employees liable for social security contributions has risen by 10 %; 57 294 trainees started the new generalist nursing training in 2020, which constitutes an increase compared to the previous year; the number of new training courses has risen by 13.5 % since the beginning of the legislative period (BMG, 2021). In addition, a programme called Triple Win has been introduced which also aims to do sustainable recruitment of skilled nursing staff from third countries for the German health and care sector. Two approaches are being pursued in order to best meet the starting conditions in the respective countries of origin and the requirements of German employers: (1) From Bosnia-Herzegovina, the Philippines and Tunisia, nursing professionals who are already trained were placed in Germany after undergoing further training; (2) Young people with previous nursing experience were recruited from Vietnam for a three-year generalist nursing training programme and subsequent employment. The Triple Win programme to recruit skilled nursing staff has been running since 2013

(Bundesagentur für Arbeit, 2021). The programme has been successful, and the nurse trainees have remained with the participating firms. At the same time, it remains limited in size, with only 150 nurses trained between 2013 and 2020 (OECD, 2020).

Only two countries (*Norway & Germany*) reported that they have implemented specific programmes to target the recruitment of men. In Norway, specific efforts were made to recruit men since they are strongly underrepresented in the LTC sector (see Section 2.1.1). The 'Men in Health Recruitment' programme was launched with the specific aim of (re-)training men of all ages (between 26 and 55) who are mainly unemployed, to work in the LTC sector. Although exact figures are not available, this programme was considered very successful according to the OECD (2020a). In *Germany*, the Federal Ministry for Women, Senior Citizens, Family and Youth initiated a pilot project (2005) for young men named 'Neue Wege für Jungs' (New Paths for Young Men). Its main objective was to develop practical and local approaches to support young men in the transition from school to work. New Paths for Young Men was aimed to reach teachers and social workers, professionals, career counsellors, personnel, education and training officers and parents. The programme did not exclusively focus on the LTC sector but rather had a broad approach, namely to sensitise young men to professions in which women are over-represented (in particular the health and care sectors). Although there are no concrete figures on the impact of this initiative, to this day a fair is still organised every year that tries to enthuse young men for 'atypical' professions (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2021).

Besides the main communication channels (information and promotional campaigns), more 'atypical' recruitment methods such as the promotion of so-called 'care ambassadors' were used. These ambassadors are people working in the LTC sector who share their experiences in schools and during job trainings. This practice is applied in *Belgium* and the *Netherlands*, among other countries (Eurofound, 2020).

EU Member States also took actions to improve the working conditions in the LTC sector. Although this group of measures can also stimulate the recruitment of new employees, this is more of an indirect effect. In most EU-countries taking measures to improve the working conditions of the LTC staff, this took the form of wage increases (*BE, CZ, DK, DE, EE, NL, SE*) (Commission and the Social Protection Committee, 2021). In both *Germany* and *Belgium,* wage increases were announced for the LTC sector (Dant, 2020 & Santens, 2020). In addition, following the COVID-19 pandemic, there were also recent changes to other working conditions (such as a change in the holiday schemes) of LTC staff in some EU Member States (see further discussion in Section 3.2-b, 'Negative impact on working conditions').

3.2. Measures to tackle the consequences of COVID-19

a. Worsened labour shortages

The COVID-19 pandemic shook the LTC labour market organisation in many ways. First, many doctors, nurses and other LTC professionals who would normally perform day-to-day tasks for the LTC recipients were suddenly deployed more intensively in the specific activities related to combating the COVID-19 pandemic (OECD, 2020b). In addition to the increased deployment of these staff members to COVID-19 related activities, the pool of workers was also depleted due to the fact that many of the LTC personnel had to go into isolation due to infections or as a precautionary measure. In addition, family members and volunteers could, because of possible infections or imposed restrictions, no longer contribute to the care of people in need of LTC (WHO, 2020a). The combination of an increased demand for LTC workers and a strongly reduced workforce resulted in a deepening of the already existing labour shortages in the sector (cf. Section 2.1.1). Consequently, several EU Member States took (emergency) measures to tackle this problem of worsening labour shortages in the context of COVID-19.

Broadly speaking, a distinction can be made between the measures taken by EU Member States to maintain or increase the LTC workforce:

1) (temporarily) deploying workers from other sectors in the LTC sector;
2) recruitment;
3) improving the working conditions of the current LTC workforce (e.g. improving work-life balance).

As regards the method of recruiting staff from other sectors, several EU Member States looked at sectors that were closely related to LTC. In *several EU Member States*, attempts were made to employ workers from the healthcare sector in LTC (European Commission and the Social Protection Committee, 2021). In *Spain*, employees from community care centres were recruited to support home care (mainly performing administrative tasks) (Zalakain and Davey, 2020). In addition, sectors without a clear link to LTC were also considered for finding workers from other sectors. In the *Netherlands*, for instance, a recruitment mechanism was set up that specifically focused on workers from ailing companies that have suffered greatly from the COVID-19 crisis. For example, a partnership was established with the airline company KLM to retrain staff to become LTC staff (including by providing free training) (Eurofound, 2020a).

In the search for new personnel or personnel that formerly worked in the LTC sector, several countries (*CZ, DE, IE, LU, PL and RO*) focused on recruiting (medical) students, volunteers and even retirees (European Commission and the Social Protection Committee, 2021). Qualification requirements were often temporarily relaxed in order to make recruitment easier (European Commission, 2021b). In order to find new workers for the LTC sector, people who had previously worked in the sector were also considered. In *Spain*, for instance, platforms were created in some regions to link people who had previously worked in the LTC sector to health care institutions facing labour shortages (Zalakain and Davey, 2020). In *Ireland*, the possibility of re-employment in private nursing homes was also provided for former LTC workers (WHO 2020). In addition, despite the often strict restrictions on closing borders, the possibilities of employing workers working in the LTC sector from other EU countries were also explored (European Commission, 2021b).

A third method used by different EU Member States to deal with the labour shortages in the LTC sector during the COVID-19 pandemic was to improve/ease the working conditions of the current LTC workforce. One way to do this was to relax rules on maximum working hours so that employees could work more hours if they wished to do so (European Commission, 2021b). Another method was to improve work-life balance by ensuring that children of LTC staff could continue to attend school or childcare, despite closures for the general population (OECD, 2020b).

b. Negative impact on working conditions

Section 2.1.4 already showed that the working conditions of many workers in the LTC sector were rather precarious. For many LTC workers, the COVID-19 pandemic had a negative impact on their working conditions (Vandaele, 2021). As a result, many EU countries took measures to improve the working conditions or at least to ensure that the conditions under which the LTC staff had to work would remain sustainable. Such measures included:

1) measures aimed at directly protecting LTC staff from infection with the COVID-19 virus;
2) the deployment of additional staff to support the current staff;
3) measures aimed at improving working conditions (such as increased salaries);

4) the provision of information, advice, and psychological support on how to deal with the specific working conditions following the COVID-19 pandemic.

Given that many workers in the LTC sector came into direct contact with individuals suffering from COVID-19, most EU Member States placed a high priority on the protection of LTC staff. Measures include 'the provision of protective clothing, prioritised testing and vaccinations, etc.' (European Commission and the Social Protection Committee, 2021).

Another popular measure to improve the working conditions of LTC staff during the COVID-19 pandemic was the deployment of additional staff. First of all, several Member States took measures to structurally address labour shortages in the LTC sector, as already discussed in Section 3.2.a (worsened labour shortages). In addition, there were also more ad hoc measures such as the deployment of extra medical teams in nursing homes where the initial staff had become exhausted or overwhelmed in *Slovenia* (Pierce and O'Shea, 2020).

In order to ensure that workers in the LTC sector would continue to work and also to make the jobs more attractive to possible new employees, several EU-countries took measures to improve the working conditions. In the Belgian Flemish region, an additional budget (525 million euro) was provided for wage increases in the LTC sector whereby nursing home staff will be considered a priority (Bleus, 2020). In *Germany, a one-off bonus was planned for care workers* (Dant, 2020). Besides an increase in wages, other ways of making the job more attractive were also considered. For example, in *Belgium*, extra budget will be provided for a change in the holiday scheme for LTC staff so that they can take three consecutive weeks of holiday instead of just two weeks under the current scheme (Bleus, 2020).

Another set of measures taken by several Member States (*FR, LU, IE, ES, SE*) to counteract the negative impact of the COVID-19 pandemic on working conditions was the provision of information, advice, and psychological support to workers in the LTC sector (European Commission and the Social Protection Committee, 2021). In Ireland, a specific information hub (Infection Prevention and Control Hub) was even established to provide information to the staff in nursing homes (Pierce and O'Shea, 2020). In *Sweden, employers were asked to give additional psychological support* to workers in the care sector (Szebehely, 2020).

4. POLICY DISCUSSION AND RECOMMENDATIONS

KEY FINDINGS

A new European Care Strategy is on the European Commission's agenda, as announced on 15 September 2021 in President Ursula von der Leyen's speech on the State of the Union and earlier this year in the European Pillar of Social Rights Action Plan. Based on the findings from this report, EU initiatives related to the terms and conditions of employment of long-term carers and support for informal cares could include the following elements:

- Improving the collection of harmonised data in the area of LTC, especially on vulnerable sub-groups such as non-native LTC, self-employed or informal LTC workers, and live-in carers;
- A quality framework similar to the Quality Framework for Early Childhood Education and Care to address workforce challenges related to working conditions, recruitment and retention, and training and education;
- Promotion and sustainable management of intra-EU mobility of LTC care workers and recruitment of LTC carers from third countries whilst ensuring fair recruitment practices;
- Better utilisation of platform work in line with the Commission's work on improving the working conditions of platform workers in general;
- Increased efforts to inform migrant/mobile LTC workers, in particular 'live-in' carers of their rights, and to reduce barriers to enforcement and monitoring;
- Providing a framework for formalising undeclared LTC work;
- Improving conditions for informal carers by e.g. direct financial support by the payment of a care allowance, ensuring the accumulation of pension rights throughout the caring period, access to respite care and training, and access to support and advice.

Several of these suggestions could fit into a future 'care strategy'.

4.1. EU level policy background

In the State of the Union speech of 15 September 2021, President of the European Commission Ursula von der Leyen announced that the Commission 'will come forward with a new European Care Strategy to support men and women in finding the best care and the best life balance for them'. This follows the announcement earlier this year in the European Pillar of Social Rights Action Plan of an initiative in 2022 'to set a framework for policy reforms to guide the development of sustainable long-term care that ensures better access to quality services for those in need' and a European Parliament resolution in July 2021 calling on the Commission to put forward a 'care deal for European and a European carers' programme' (European Parliament, 2021c).

This section provides an overview of current EU legislation and recent legislative initiatives by the European Commission which are related to or may have an impact on the working conditions in the LTC sector, including the Council Recommendation on access to social protection for workers and the self-employed, the Country-Specific Recommendations in the framework of the European Semester, the Work-Life Balance Directive, the European Skills Agenda, the Working Time Directive, the Directive on Transparent and Predictable Working Conditions, the EU Strategic Framework on Health and Safety at Work, and the proposals of the Commission for a Minimum Wage Directive and a Pay Transparency

directive. It also looks at measures taken in response to the COVID-19 crisis.

4.1.1. Legislation and initiatives related to the identified challenges

As part of the implementation of the European Pillar of Social Rights, in March 2018 the European Commission adopted a proposal for a Council Recommendation on access to social protection for workers and the self-employed (COM/2018/0132 final)[48]. The Recommendation applies to the following branches of social protection, insofar as they are provided in the Member States: unemployment benefits; sickness and healthcare benefits; maternity and equivalent paternity benefits; invalidity benefits; old-age benefits and survivors' benefits; benefits in respect of accidents at work and occupational diseases. In most Member States, LTC is not defined as a specific social security branch or distinct policy field but is covered by different social and health policies and provisions. This might explain why the Recommendation does not refer to LTC benefits. However, in the 2021 LTC-report it is stated that 'With the European Council Recommendation on access to social protection, Member States committed to extend the coverage of social protection systems to non-standard forms of employment, including the LTC workforce' (EC and SPC, 2021a).

Through the 'European Semester', the Commission and the Council set priorities, review national performance and reform programmes, and issue Country-Specific Recommendations (CSRs) to Member States. As a result, the EU level has taken on a more prominent role in scrutinising and guiding national (social) policy, also in the field of LTC. Indeed, the European Semester process gives prominence to the issue of LTC, as demonstrated by the high number of CSRs on the topic. The 2020 European Semester cycle strongly reflected the disruptive socio-economic effects of the COVID-19 pandemic and how this exacerbated certain challenges, among others, in the field of LTC. For instance, with regard to Austria it was stated that: 'The LTC system delivers comparatively high-quality services, but faces staffing challenges, which become even more perceptible and evident in the current crisis. The LTC sector relies strongly on care provided by workers from other Member States, pointing to the need to secure free flow of cross-border workers'.

One of the aims of the Work-life Balance Directive[49] is to better support work-life balance for carers. This Directive introduces carers' leave: workers providing personal care or support to a relative will be entitled to five days of leave per year. However, this is insufficient to address the needs faced by informal long-term carers. After all, as stated in the Impact Assessment of the EC (2017a: 99) 'the short period of leave might not be sufficient for workers with disabled or dependent relatives who are in need of more intensive attention.' Moreover, Member States are free to decide whether to provide a payment or an allowance for carers' leave. Furthermore, the Directive provides 'flexible working arrangements'[50] for caring purposes. These provisions certainly respond to the need of informal carers to focus more on providing care than on work for a certain period of time, and thus to have a better work-life balance. Nonetheless, the choice to opt for a 'flexible working arrangement' may have some important drawbacks for the carer. Firstly, workers who choose to reduce their hours will get less in pay and pension contributions so it will not be good for them financially. Furthermore, short spells of part-time work can have a negative impact on career progression.

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[48] Council Recommendation of 8 November 2019 on access to social protection for workers and the self-employed (2019/C 387/01).

[49] Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU. The Work-life Balance Directive entered into force on 1 August 2019. Member States have three years to adopt the laws, regulations and administrative provisions necessary to comply with the Directive.

[50] 'Flexible working arrangements' means the possibility for workers to adjust their working patterns, including through the use of remote working arrangements, flexible working schedules, or reduced working hours (Art. 3 (f) of the Directive).

The 'Working Time Directive'[51] provides a possible derogation from the standard rules on daily and weekly rest, breaks and limitation of night work as well as maximum weekly working time in order to ensure the continuity of services within a list of specific sectors and activities, notably for 'services relating to the reception, treatment and/or care provided by hospitals or similar establishments, including the activities of doctors in training, residential institutions and prisons' (Article 17(3)(c)(i)). The question arises how this provision is applied in practice, not least its scope. For instance, the time during which live-in carers are on stand-by is often excluded from their (paid) working time, even though it is working time according to the rulings of the European Court of Justice (see also recent the case-law in Germany). Generally, they are required to be available to work for more than the admissible maximum average working time of 48 hours per week, as set out in Article 6(b) of the Working Time Directive.

In 2016, the Commission submitted a proposal for a revised Posting of Workers Directive (Directive 96/71/EC). Mid-2018, after politically challenging negotiations, an agreement was reached on the matter (see Directive 2018/957/EU). The Directive had to be transposed into national laws by 30 July 2020. One of the main amendments is the replacement of the concept of 'minimum wage' with the concept of 'remuneration'. In theory, this means that posted long-term carers (excluding self-employed) receive a higher wage. The effective implementation in national laws, the awareness about these new legal provisions by both posted workers and their employers, and finally the enforcement of it, will determine whether this is also the case in practice.

The Directive on Transparent and Predictable Working Conditions was published on 20 June 2019. Several provisions of the Directive may be particularly relevant for workers who provide formal LTC with an atypical employment status (for instance, as domestic work or voucher-based worker) or within a cross-border context (for instance, (posted) live-in care workers). The Directive on Transparent and Predictable Working Conditions, and this by contrast with its predecessor (i.e. the Written Statement Directive)[52], clearly and explicitly applies to domestic workers and voucher-based workers[53]. However, as mentioned in the Impact Assessment of the Commission (2017: 212) 'The extent to which domestic workers will benefit from any revision of the Directive will depend on two things: i) the extent to which such workers are recognised in law as workers or employees; and ii) the extent to which employers comply with any legal requirement to provide a written statement – this latter point will depend on the ease with which private households are able to comply.' In addition, this Directive is relevant for LTC carers providing services abroad. For instance, as stated by Recital 26: 'workers sent abroad should receive additional information specific to their situation.' Indeed, Member States should ensure that a posted worker (covered by the Posting of Workers Directive (Directive (EU) 2018/957 amending Directive 96/71/EC)) should in addition be notified of the remuneration to which the worker is entitled in accordance with the applicable law of the host Member State and where applicable, any allowances specific to posting and any arrangements for reimbursing expenditure on travel, board and lodging[54]. Finally, related to informal carers, more transparency and predictability of the working schedule in their main job, may contribute to better planning of informal caring and coordination with support from formal home care. For instance, as mentioned in the Impact Assessment of the Commission (2017b: 41)

[51] Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time.

[52] 'The Written Statement Directive does not specifically exclude domestic workers from its application. However, the question whether domestic workers are covered by the Directive or not often depends on whether the contract or employment relationship is defined by national law. For that reason, it is not possible to simply state whether Member State law has extended the Directive to all domestic workers or not.' (see Commission Staff Working Document – Impact Assessment - Accompanying the document Proposal for a Directive of the European Parliament and of the Council, SWD(2017) 478 final) on transparent and predictable working conditions in the European Union.

[53] See Recital 8 of the Directive.

[54] See Article 7 of the Directive.

'this measure provides the employers must notify workers of the periods of hours and days within which they may be requested to work. That would enable workers to make arrangements to use the time not covered by such reference hours/days, for instance in other employment or to fulfil care obligations'. This Directive has the potential to improve working conditions in the LTC sector. To what extent this will happen depends on its transposition and implementation (see in that respect a recent report on the transposition of this Directive (European Commission, 2021f)).

The European Skills Agenda adopted in 2020 includes 12 actions. One of the building blocks of the Skills Agenda is to foster cooperation through a Pact for Skills in order to mobilise all relevant actors to assist people in skills development. The 2021 Joint DG EMPL and SPC report on long-term care states that these actions will 'contribute to up-skilling and reskilling in the LTC sector' (EC and SPC, 2021a)[55]. Nonetheless, it remains to be seen what concrete actions will support the LTC sector in the area of skills.

At the end of June 2021, the EC adopted an EU strategic framework on health and safety at work (OSH) 2021-2027[56]. It sets out three key objectives needed to improve workers' health and safety over the coming years: ' 1) managing change brought by green, digital and demographic transitions as well as changes to the traditional work environment, 2) improving prevention of accidents and illnesses, and 3) increasing preparedness for any potential future crises'. The strategic framework will be implemented through 'strong social dialogue, strengthened evidence based policy-making, improved enforcement and monitoring of existing EU legislation, awareness-raising and mobilising funding to invest in occupational safety and health, including from EU funds like the Recovery and Resilience Facility and Cohesion policy funds'. As part of thestrategic framework, the Commission will ask an expert panel on effective ways of investing in health, to deliver an opinion on supporting the mental health of healthcare workers and other essential workers by the end of 2021. Furthermore, it will produce an OSH overview of the health and care sector, in cooperation with EU-OSHA by the beginning of 2024. Finally, the Commission calls on Member States to actively address hazards in the healthcare sector by putting in place and implementing safe working procedures and providing appropriate training.

Furthermore, in June 2021, the European Commission, social partners, civil society organisations as well as international institutions called on national governments to better protect domestic workers by ratifying and implementing the ILO Domestic Workers Convention, 2011 (No.189).

There is the proposal of the Commission for a 'Minimum Wage Directive'[57], which has the aim of establishing a European framework to ensure both that minimum wages are set at adequate level and that workers have access to minimum wage protection. This initiative might be important for long-term carers as in some Member States workers employed in the LTC earn a wage substantially below the national average (See Section 2.1.4)[58]. In that regard, the outcome of this initiative may result in fewer long-term carers with very low wages. Furthermore, adequate minimum wages may increase the pool of workers for recruitment due to increased work incentives. It may also help to reduce outward

[55] For instance, as stated in the 'Communication on a European Skills Agenda for sustainable competitiveness, social fairness and resilience' (July 2020): "Demographic change will require Europe to draw on all of its talents and diversity. At the same time, it will also generate new job opportunities in the silver and care economies".

[56] The EU OSH legislative framework consists of a framework directive and 24 specific directives developed over time. The 1989 European Framework Directive on Safety and Health at Work is the basis for common principles and minimum standards across the EU.

[57] Proposal for a Directive on adequate minimum wages in the European Union (COM/2020/682 final).

[58] As stated in the Impact Assessment of the Commission (2020: 20) "the COVID-19 crisis has brought to the fore the category of 'essential workers', in sectors such as cleaning, retail, distribution, logistics, and delivery, health and long-term care and residential care. In these sectors, the share of low-wage workers is high. There is an increasing public recognition of the role of such workers, while their remuneration levels continue to stagnate. Workers in health and social services are more likely to earn the minimum wage than other workers in the public sector. Moreover, evidence suggests that lower-skilled health and social care assistants earn considerably less than the national average wage in their country".

labour mobility of LTC workers (i.e. care drain) from low-wage Member States.

Finally, there is the proposal of the Commission for a directive to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms. The proposal makes specific mention of the need for gender-based pay inequalities to be more effectively addressed in gender-segregated sectors and professions, of which the long-term care sector is one[59].

4.1.2. Related to the COVID-19 pandemic

During the first months of the COVID-19 pandemic, several Member States adopted containment measures that hindered the free movement of workers. Through a number of initiatives at European level, the importance of safeguarding the free movement of workers has been emphasised several times (e.g. by the Commission Guidelines of 30 March 2020 concerning the exercise of the free movement of workers during the COVID-19 outbreak, the Commission Communication of 15 May 2020 entitled 'Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls' (C2020/C 169/03), the Council Recommendation of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic). Furthermore, in March 2020, the Commission adopted a Communication on Temporary Restriction on Non-Essential Travel to the EU (COM(2020) 115 final), where it recommended to establish temporary travel restrictions for non-essential travel from third countries. These excluded, among others, 'healthcare professionals, health researchers, and elderly care professionals'. Finally, the Commission communication on 'Guidance on free movement of health professionals and minimum harmonisation of training in relation to COVID-19 emergency measures – recommendations regarding Directive 2005/36/EC (2020/C 156/01)' advised the Member States on how to enable free movement of healthcare workers during the crisis using Directive 2005/36/EC on the recognition of professional qualifications.

The aim of the Recovery and Resilience Facility (RRF) is dual: 1) mitigating the economic and social impact of the COVID-19 pandemic and 2) making European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions. The RRF makes EUR 723.8 billion in loans and grants available to support the reforms and investments undertaken by Member States. Member States had to prepare their recovery and resilience plans by 30 April 2021, setting out a coherent package of reforms and public investment projects.

These national recovery and resilience plans and the assessment of the Commission are all publicly available, and make it possible to assess the extent to which Member States have taken initiatives to better support long-term carers[60]. Several Member States expressed their intention to spend financial resources from the RRF on LTC, and more specifically to support long-term carers (in several cases by the use of digital solutions such as telemedicine (e.g. DK, FI, FR, EL, IT and LU)). In the Commissions' assessment of the Danish plans it is stated that in some Country Specific Recommendations for Denmark, among others, measures to address the shortage of health workers have been addressed. Furthermore, Denmark aims to develop and increase the use of new digital solutions such as video consultations and telemedicine. In the plans for France it is mentioned that investments in the health and LTC sector will be accompanied by several reforms focused on enhancing the careers of caregivers. In addition, a digital catch-up of the LTC sector in France aims at equipping long-term care facilities

[59] Proposal for a Directive to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (COM(2021) 93 final.

[60] European Commission, Recovery and Resilience Facility. Available at: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en.

with digital infrastructure. A reform in Luxembourg should address shortages of health professionals by reforming the regulation of medical professions and job profiles in healthcare, and thus opening the sector to additional trained staff. Slovenia has the ambition to increase staffing capacity in the LTC sector.

Finally, several plans define measures contributing to the process of deinstitutionalisation of LTC (e.g., in AT, BE, HR, CY, CZ, IT, LV, SK and ES). For instance, Croatia will develop a systematic and integrated LTC for older people that should prioritise transition from institutionalised care to home and community-based elderly care. The Walloon government in Belgium aims to adopt a deinstitutionalisation strategy for LTC. An action plan for deinstitutionalisation is expected to be adopted in the Czech Republic. The goal in Italy is to increase the number of dependent elderly persons treated in home care to 10 %, mainly supported by telemedicine. The proposed measures by Latvia should enable the transition from institutional long-term care provision to a more community-based care model. Finally, the plan for Spain provides for a deinstitutionalisation strategy of LTC.

4.2. Policy recommendations

All Member States face significant demographic ageing which puts pressure on LTC capacity, and which will in all Member States mean an increase in the LTC workforce over the coming decade and beyond in order to fulfil the demand for care and at the same time comply with the EPSR notion of access to quality LTC. At the same time, most countries are already today dealing with problems around recruitment and retention of the current formal LTC workforce. Policies to address such problems will have to be successfully implemented if the goal of quality care to all is to be attainable.

Although policy on LTC is primarily the competence of Member States, the EU may play an important supportive role in the development of such a policy. This role has been particularly visible through several recent legal initiatives that may support the formal and informal long-term carers (for instance, by the European Skills Agenda, by the Work-life Balance Directive, by the Directive on Transparent and Predictable Working, the proposals for a Minimum Wage directive and a Pay Transparency directive as discussed above). Though the final outcome/impact of several recent (legal) initiatives is in most cases still unclear. Nonetheless, steps can/should be taken at both national and European level to address several of the identified problems/challenges.

a. Improving the collection of harmonised EU statistics in the area of LTC

The European Social Policy Network is of the opinion that data collection on LTC needs and provision are relatively scarce throughout the EU27 (Spasova et al., 2018). In its recent report, Eurofound (2020a) confirms the limited availability of data on the LTC, certainly if compared to other sectors such as the health care sector. Two main issues seem to arise: 1) LTC is often considered to be part of other sectors (such as the health care) which makes it impossible to examine the LTC sector separately; (2) Not all segments of the LTC sector are mapped. Eurofound points out that this lack of information has made it difficult, if not impossible, to intervene appropriately in a crisis situation such as the outbreak of the COVID-19 pandemic (Eurofound, 2020a). Consequently, the European Social Policy Network suggest that 'more exchange of information is needed between the EU and other organisations such as the OECD and the WHO.' (Spasova et al., 2018, p. 11). As emerges from the review of data in Section 2, it would be particularly important to improve data collection on certain sub-groups of LTC workers, namely: non-native LTC workers, self-employed LTC workers, live-in care workers and informal LTC workers. These are groups which are difficult to capture due to a lack of precise definitions or data collection challenges (for example, highly mobile workers are extremely difficult to capture in surveys); at the same time, these sub-groups face a higher risk of lack of social protection and difficult working conditions which is why further data on their situation would be beneficial. Furthermore, more research

on undeclared work in the LTC sector would be useful.

b. Addressing workforce challenges

Several policies could be implemented to find new workers and address the shortfall: widening the pool of applications to recruit younger workers, unemployed people and men; improving the terms and conditions of employment, and improving the image of the LTC sector (OECD, 2020). Countries are likely best placed to design the details of such policies to enhance their LTC workforce, but there is scope for the EU to go beyond mutual learning and help countries with implementing best practices, designing training programmes and improving working conditions. A possible template for such EU support is the Early Childhood quality framework for pre-school teachers, where the Commission has provided guidance to Member States on training and working conditions of staff in charge of early childhood education and care, governance and funding, and monitoring and evaluation systems. An EU initiative could propose targets for training, and health and safety conditions for LTC workers, and a Commission expert group of government officials appointed by Member States, representatives from other stakeholders and experts to support reforms in Member States and monitor progress. The expert group would focus on issues related to the LTC workforce: working conditions, recruitment and retention, and training and education.

Promoting labour mobility from other EU Member States and third countries can help fill the gap of LTC workers. The German Concerted Action on Nursing discussed in Section 3.1, for example, could serve as a practice with the potential for transferability to other Member States. It includes a whole module on recruitment of care workers from abroad. This includes measures taken in the recipient country (Germany) such as promoting integration management at company level, supporting migrant workers in visa and residence and work permit applications, recognition of qualifications as well as in countries of origin, such as promoting training in coordination with development cooperation programs and promoting acquisition of (German) language skills (Federal Government Germany, 2021). Nevertheless, problems and challenges related to recruitment of migrant LTC workers cannot be denied. In this respect, it should not be considered as a 'silver bullet'. Several recommendations both to the Commission and Member States were formulated in the recent resolution of the European Parliament of 20 May 2021 on 'impacts of EU rules on the free movements of workers and services: intra-EU labour mobility as a tool to match labour market needs and skills'. It calls on the Commission 'to ensure carers mobility in order to meet the needs of different Member States and regions, in view of demographic challenges and any future pandemic or health challenges'. It also calls on the Member States 'to establish legal frameworks facilitating the lawful employment of domestic workers and carers'. With regard to the first point, the impact on the Member States of origin should also be taken into account: a 'triple win' (for the country of origin through financial support or by fostering circularity, the country of destination via an increase in the LTC workforce and the mobile/migrant worker) should be aimed for. Furthermore, there are a number of ongoing challenges related to the recruitment of LTC workers from outside the EU. The report of the JRC of the Commission advises 'to integrate current labour migration channels with more specific considerations for the health and LTC sectors, in compliance with ethical recruitment practices. Such mechanisms could foster circularity and therefore yield benefits for both countries of origin and destination[61]'. The International Labour Organisation (ILO) mentions several codes of practice on ethical/fair recruitment of care workers, for example the WHO global code of practice on the international recruitment of health personnel or the EU Blue Card Directive, but highlights major gaps in these codes. Fair recruitment should include objectives such as protecting the human and labour rights of workers, including during the recruitment process, reducing

[61] See Barslund et al. (2019) for a blueprint for EU involvement in an EU-Africa skills mobility partnership.

the costs of labour migration, preventing human trafficking and improving benefits for migrant workers and for countries of origin (King-Dejardin, 2019). Part of this approach would be facilitating the recognition of qualifications and fully activating the skills of the migrant workforce in the EU (Kalantaryan et al., 2021: 11). The ILO's general Principles and operational guidelines for fair recruitment could also set a benchmark for further EU initiatives in this direction. The International Organisation for Migration (IOM) also developed guidelines for labour recruiters on ethical recruitment of migrant domestic workers which could also be used as a good practice example (International Organisation for Migration, 2020). .

One way to increase the LTC workforce may be through new forms of employment, such as work through digital labour platforms. In many EU Member States, platforms that match care seekers with care providers are now available. Most of these platforms focus on the provision of basic care services and assistance with household activities such as cleaning, handiwork, or administrative tasks. However, platforms on which medical care services are offered are on the rise as well, and some even focus on LTC and live-in care. While these platforms share commonalities with platforms operating in other sectors, increased attention is paid to issues such as transparency and safety, considering both the vulnerability of the client – who is dependent on the care – and the platform worker – who works inside the client's home in an environment that is difficult to monitor. Other features that are typical to care work but less common in other forms of platform work are that assignments can be repeated over a long time period and for the same client, that the platform workers are qualified workers, with platforms checking their credentials, and that this type of work also involves key stakeholders from within the care sector, such as health insurance funds. The mechanisms to ensure transparency, safety and the quality of the service provision used in LTC platform work can be adopted by other platforms which struggle with such issues. Policy-makers should also take note of these issues and may introduce measures to protect both clients and platform workers in this context, e.g. by obliging platforms to verify the credentials of those offering (medical) care services, by introducing reporting obligations on the assignments performed, by facilitating cooperation between platforms and key actors in the care sector, and oversight, etc.

Providing care services through platform work may be attractive to the LTC workforce, given the high flexibility and autonomy platform work offers in terms of working hours and the increased control the platform workers have over their pay. However, those benefits are not guaranteed, and platform work moreover tends to be performed by workers classified as self-employed, which means that key labour and social protection provisions often do not apply. In addition, training opportunities are rare in the context of platform work. Already today, the European Commission is working on an initiative to help improve the working conditions in platform work. This initiative aims at tackling core issues e.g. the unclear employment status, limited access to labour and social protection rights, lack of information, consultation and redress, and uncertainty on the applicable rules in the case of cross-border platform work (which is also common in LTC work). Here, attention should be paid to the particularities and risks of LTC provision. So far, regulators have mostly focused on more visible forms of platform work such as food delivery or passenger transport, overlooking other forms such as care work, which target a very vulnerable group of clients. Further efforts to increase transparency in relation to the platforms' terms and conditions and the functioning of the algorithm are necessary. Finally, as platform work provides opportunities to formalise and professionalise the (home) care sector, policy-makers should introduce measures to facilitate this.

c. Addressing undeclared work

How LTC is organised may have a significant impact on the level of undeclared work (see also EC and SPC, 2021, Eurofound, 2020a). For instance, the level of undeclared work in the LTC sector seems to be lower in Member States where residential care and home care is more formalised. In that respect, a sufficiently large and affordable supply of formal LTC services may help to lower the incentive to use undeclared work.

Member States should aim for a shift from undeclared to declared work in the LTC sector. A cost-benefit analysis of undeclared work in the LTC sector should be carried out on the extent to which national legislation/policy on LTC contributes to its prevalence. The fact that formal LTC is not accessible and/or affordable through the provision of formal residential care and home care can be a major driver for informal care and undeclared work. In addition, LTC cash benefits, as well as their level, are also a possible incentive to use undeclared work. Furthermore, a recent report of the OECD (2021: 24) states that several countries have implemented policies to formalise 'household services', to be considered as part of the LTC services provided to dependent persons, mainly by subsidising these services through the introduction of tax credits and social vouchers, but also by reduced VAT-rates and reduced employer social security contributions. Such policies may ensure a minimum standard of working conditions in the sector, and could potentially be fiscally neutral, mainly as a result of increased tax revenues from increased formal labour force participation.

Sufficient attention must also be paid to enforcement. In that regard, labour inspectorates need sufficient human resources. Moreover, labour inspectorates may have no legal authority to access the workplace of a large group of carers when their workplace is a private home. Barriers to enabling proper monitoring/enforcement of carers' working conditions should therefore be removed.

d. Improving conditions for live-in carers [62]

The number of live-in carers is on the rise in several Member States. Their working conditions are often poor with many more working hours than stipulated in the Working Time Directive. Member States are responsible for the enforcement of rules on working time, but an EU initiative could seek to establish best practices in bringing working conditions for live-in carers in line with current legislation. The European Labour Authority (ELA) can support national labour inspectorates but could also play an important role in better informing live-in carers about their social rights. An information campaign similar to the one currently on 'seasonal workers' could certainly be useful[63].

e. Improving conditions for informal carers

An EU initiative could introduce minimum requirements for compensating informal carers who provide care for more than a specified number of hours per week. Compensation can take the form of direct financial support by the payment of a care allowance and the introduction and/or enhancement of the accrual of pension credits during periods of caring. For those individuals combining formal work with large informal care responsibility, remuneration of care time can improve work-life balance. The possibility to access respite care, training, and help and advice when needed should also be introduced. Including such components in a European Care Strategy will also entail the need to formally recognise informal carers, and hereby increase available data and knowledge of informal carers.

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[62] See also the recommendations formulated by Rogalewski and Florek (2020): e.g. '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'.

[63] European Labour Authority, Campaign on seasonal workers. Available at: https://www.ela.europa.eu/index.php/en/campaigns/rights-for-all-seasons.

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Interview

- 12 July 2021: Academic affiliated to the Centre for Migration Law of the Law Faculty of Radboud University, Nijmegen, the Netherlands.

This study provides an in-depth analysis of the formal and informal long-term care workforce in the EU, building on an extensive literature survey and data analysis. It looks at workforce characteristics, types and forms of (non-standard) employment, and working conditions.

The study covers challenges in Member States related to the long-term care workforce and measures taken to address these. It ends with a discussion of policy options at national and EU level.

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