

The long-term care sector: Labour mobility and enforcement challenges

2026 | ELA Strategic Analysis



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Abbreviations

Country codes

AT	Austria	FI	Finland	LV	Latvia
BE	Belgium	FR	France	MT	Malta
BG	Bulgaria	HR	Croatia	NL	Netherlands
CY	Cyprus	HU	Hungary	NO	Norway
CZ	Czechia	IE	Ireland	PL	Poland
DE	Germany	IS	Iceland	PT	Portugal
DK	Denmark	IT	Italy	RO	Romania
EE	Estonia	LI	Liechtenstein	SE	Sweden
EL	Greece	LT	Lithuania	SI	Slovenia
ES	Spain	LU	Luxembourg	SK	Slovakia

Abbreviations

CCNL	national collective bargaining agreement (contratto collettivo nazionale di lavoro)
Cedefop	European Centre for the Development of Vocational Training
CESU	personal services employment cheque (<i>chèque emploi service universel</i>)
CJEU	Court of Justice of the European Union
CJI	concerted and joint inspection
CO	mandatory communications (<i>comunicazioni obbligatorie</i>)
DWEA	Danish Work Environment Authority
E(O)JD	European (Online) Job Day
EEA	European Economic Area
EFTA	European Free Trade Association
ELA	European Labour Authority
EU-LFS	EU Labour Force Survey
EURES	European employment services
Eurofound	European Foundation for the Improvement of Living and Working Conditions
GISA	business information system Austria (Gewerbeinformationssystem Austria)
GIZ	German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit)
IADL	instrumental activity of daily living
ILO	International Labour Organization
IMI	internal market information system
ISCO	International Standard Classification of Occupations

LMI	labour market intermediary
LTC	long-term care
NACE	statistical classification of economic activities in the European Community
NLA	National Labour Inspectorate of the Netherlands
NUTS	nomenclature of territorial units for statistics
OECD	Organisation for Economic Co-operation and Development
OSH	occupational safety and health
PD	portable document
PES	public employment services
PHS	personal and household services
TCN	third-country national
TWA	temporary work agency
WRC	Workplace Relations Commission (An Coimisiún um Chaidreamh san Áit Oibre)

Glossary

Bogus self-employment	Often referred to as false self-employment or dependent self-employment. Commonly understood as involving people/workers registered as self-employed whose conditions of employment are de facto dependent employment. National legislation and/or court decisions determine this status. This employment status is used to circumvent tax and/or social insurance liabilities, or employers' responsibilities.
Community-based care	'[F]ormal long-term care provided and organised at community level, for example, in the form of adult day services or respite care'. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care ⁽¹⁾ .
Concerted inspection	In the cross-border context, an inspection undertaken by the competent authorities of two or more Member States ⁽²⁾ simultaneously and related to the same case, with authorities in Member States operating in their own territories and with their own staff.
Cross-border worker	An individual who lives in one EU Member State or European Free Trade Association country but works in a neighbouring EU Member State or European Free Trade Association country, either as an employee or as a self-employed worker. Cross-border workers therefore move across borders fairly regularly. Cross-border workers may include the legally defined groups of seasonal and frontier workers and may also include some posted workers as specified in Regulation (EC) No 883/2004 ⁽³⁾ .
Domestic care	Long-term care delivered in the recipient's private home (household) by a domestic worker providing long-term care within an employment relationship. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Domestic long-term care worker	Any person engaged in domestic work who provides long-term care within an employment relationship. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Employee	A person who has a contract to carry out work for an employer and receives compensation in the form of wages, salaries, fees, gratuities, piecework pay or remuneration in kind. The contractual relationship between employer and employee is one of dependent employment.
EU / European Free Trade Association mobile worker	An active EU / European Free Trade Association citizen who resides in an EU Member State or European Free Trade Association country other than their country of citizenship.
Formal long-term care	'[L]ong-term care provided by professional long-term care workers, which can take the form of home care, community-based or residential care'. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Home care	'[F]ormal long-term care provided in the recipient's private home, by one or more professional long-term care workers'. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Joint inspection (cross-border)	An inspection undertaken by the competent authority of one Member State in its territory, with the participation of the competent authorities of the other Member State or Member States concerned.

⁽¹⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

⁽²⁾ Unless otherwise specified, throughout this report, the term 'Member State' is used to refer to the EU Member States, Iceland, Liechtenstein and Norway.

⁽³⁾ Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1), <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:166:0001:0123:en:PDF>.

Labour inspection	An inspection that aims (1) to secure the enforcement of the legal provisions relating to conditions of work and the protection of workers while engaged in their work, such as provisions relating to hours, wages, safety, health and welfare, the employment of children and young people and other connected matters, insofar as such provisions are enforceable by labour inspectors; (2) to supply technical information and advice to employers and workers concerning the most effective means of complying with the legal provisions; and (3) to bring to the notice of the competent authority defects or abuses not specifically covered by existing legal provisions.
Live-in care worker	'[A] domestic long-term care worker who lives with the care recipient and provides long-term care'. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Long-term care	'[A] range of services and assistance for people who, as a result of mental and/or physical frailty, disease and/or disability over an extended period of time, depend on support for daily living activities and/or are in need of some permanent nursing care. The daily living activities for which support is needed may be the self-care activities that a person must perform every day, namely activities of daily living, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling bladder and bowel functions, or may be related to independent living, namely instrumental activities of daily living, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone' (see 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care). For the purposes of statistical analysis, the long-term care sector is considered to comprise the following groups of the statistical classification of economic activities in the European Community, revision 2, update 1: <ul style="list-style-type: none"> • 87.1 (residential nursing care activities), • 87.3 (residential care activities for older people or people with physical disabilities), • 88.1 (social work activities without accommodation for older persons or persons with disabilities).
Long-term care worker/ workforce	A worker or workers employed in sectors covered by groups 87.1, 87.3 and 88.1 of the statistical classification of economic activities in the European Community and, at the same time, engaged in International Standard Classification of Occupations occupation 2221 (nursing professionals), 2264 (physiotherapists), 2266 (audiologists and speech therapists), 2634 (psychologists), 2635 (social work and counselling professionals), 3221 (nursing associate professionals), 3255 (physiotherapy technicians and assistants), 5321 (healthcare assistants) or 5322 (home-based personal care workers).
Mobile worker	An active EU / European Free Trade Association citizen or third-country national who resides in an EU Member State or European Free Trade Association country other than their country of citizenship. This may include, for instance, posted workers, seasonal workers from third countries, students studying and working abroad, workers on a single permit and even some frontier workers, who do not reside in their country of citizenship.
Personal and household services	A broad range of activities that contribute to the well-being at home of families and individuals: childcare, long-term care for older people and for people with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc. See the Commission staff working document on exploiting the employment potential of the personal and household services ⁽⁴⁾ .
Posted worker	A worker who, for a limited period, carries out their work in the territory of an EU Member State or European Free Trade Association country other than that in which they normally work (Article 2 of the Posting of Workers Directive) ⁽⁵⁾ .

⁽⁴⁾ Commission staff working document on exploiting the employment potential of the personal and household services, SWD(2012) 95 final of 18 April 2012, <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SWD:2012:0095:FIN:EN:PDF>.

⁽⁵⁾ Directive 96/71/EC of the European Parliament and of the Council of 16 December 1996 concerning the posting of workers in the framework of the provision of services (OJ L 18, 21.1.1997, p. 1), <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:01996L0071-20200730>.

Residential care	'[F]ormal long-term care provided to people staying in a residential long-term care setting'. See 'Definitions' in Council recommendation of 8 December 2022 on access to affordable high-quality long-term care.
Self-employment	The state of working for oneself rather than an employer. A self-employed person is 'pursuing a gainful activity for their own account, under the conditions laid down by national law' ⁽⁶⁾ .
Temporary work agency	Any natural or legal person who, in compliance with national law, concludes contracts of employment or employment relationships with temporary agency workers in order to assign them to user undertakings to work there temporarily under their supervision. See 'temporary-work agency' in Article 3(b) of the Temporary Agency Work Directive ⁽⁷⁾ .
Third-country national worker	A third-country national who has been admitted to the territory of a Member State and who is legally resident and allowed to work in the context of a paid relationship in that Member State in accordance with national law or practice (Article 2(b) of the Single Permit Directive) ⁽⁸⁾ .
Undeclared work	Any paid activities that are lawful with regard to their nature but not declared to public authorities, taking into account differences in the regulatory systems of the Member States. Member States have adopted a variety of definitions, focusing on non-compliance with labour, tax and/or social security legislation or regulations.
Under-declared work	When formal employers pursue the illegal practice of reducing their tax and social security payments, and therefore labour costs, by under-declaring the remuneration of employees. This occurs when employers pay their formal employees two salaries: an official declared salary and an additional undeclared ('envelope') wage that is hidden from the authorities for tax and social security purposes. Alternatively, an employer can under-declare the number of hours an employee works, for example, to avoid having to pay the minimum wage.

⁽⁶⁾ Directive 2010/41/EU of the European Parliament and of the Council of 7 July 2010 on the application of the principle of equal treatment between men and women engaged in an activity in a self-employed capacity and repealing Council Directive 86/613/EEC (OJ L 180, 15.7.2010, p. 1, ELI: <http://data.europa.eu/eli/dir/2010/41/oj>).

⁽⁷⁾ Directive 2008/104/EC of the European Parliament and of the Council of 19 November 2008 on temporary agency work (OJ L 327, 5.12.2008, p. 9, ELI: <http://data.europa.eu/eli/dir/2008/104/oj>).

⁽⁸⁾ Directive 2011/98/EU of the European Parliament and of the Council of 13 December 2011 on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State (OJ L 343, 23.12.2011, p. 1, ELI: <http://data.europa.eu/eli/dir/2011/98/oj>).

Executive summary

The long-term care (LTC) sector is a pillar of the EU's social market economy, directly providing essential support to older people and individuals with disabilities. As emphasised in the 2022 European care strategy, the right to affordable and good-quality LTC services is one of the key principles of the European Pillar of Social Rights. LTC services are provided by a wide variety of people, firms and institutions, only partially covered by official statistics. The sector is characterised by a predominantly female workforce and a significant presence of EU/ European Free Trade Association (EFTA) mobile workers and third-country national (TCN) workers. The share of older workers, aged 50 or above, is also larger among LTC workers than in the overall labour market. Because of demographic ageing, the sector faces a rising demand for both care services and workers.

This report aims to provide an in-depth analysis of the main characteristics of and challenges for the LTC sector in EU Member States, Iceland, Liechtenstein and Norway ⁽⁹⁾, addressing primarily issues falling within the institutional mandate of the European Labour Authority (ELA). Drawing on available data, it seeks to provide insight into the sector's labour market dynamics, workforce characteristics, recruitment practices, employment and working conditions, enforcement of labour mobility and social security coordination rules, and information provision.

Chapter 1. Introduction

LTC includes various services and assistance for people in need of support for daily living activities or permanent nursing care. Across the European Economic Area (EEA), LTC is provided in part by workers paid to do so but also by informal carers (e.g. close family members). The report concentrates on workers who supply LTC for pay. These include workers providing LTC in a residential care setting (e.g. nursing home) and also professionals providing LTC in a domestic setting. Moreover, care services are often provided by domestic workers who are not formally trained LTC workers. Given the heterogeneity of the workers who supply LTC across the EEA,

available quantitative data sources are able to cover LTC workers only to a limited extent.

Going beyond quantitative data, the report relies on almost 140 interviews and a review of the academic and policy literature. The interviews involved representatives of national authorities, national and EU-level social partners, academic researchers and experts working in non-governmental organisations. Notwithstanding some of the limitations, thanks to the variety of sources used, the report provides a unique perspective on LTC, allowing insight into policy areas that are within the scope of ELA's remit.

Chapter 2. Long-term care workers: demographic and occupational characteristics

In 2024, there were over 3.2 million LTC workers employed in the EU-27, representing approximately 1.6 % of total employment. Despite its relatively minor contribution to employment, the services this sector delivers are essential to the EU's social economy model.

The LTC sector relies significantly on female and older workers. Women account for more than 86 % of LTC workers, making the sector one of the most gendered in the EU labour market. After the COVID-19 pandemic, the number of female LTC workers increased by more than 5 %, exceeding the 2.7 % average growth in the number of female workers in the total EU-27 economy. An ageing workforce – over 40 % of LTC workers are aged 50 or above – in combination with a projected increase of more than 41 % in the share of dependent people between 2022 and 2040, raises important questions about the long-term sustainability of existing care systems.

EU/EFTA mobile workers and TCN workers play an increasingly important role in the sector, comprising nearly 14 % of the workforce in 2024. Their presence is even stronger in the group of home-based personal care workers; in 2024, they accounted for almost one quarter of all home-based personal care workers.

Enterprises in the sector are predominantly microenterprises, especially in social work without accommodation (e.g. home care providers,

⁽⁹⁾ Unless otherwise specified, throughout this report, the term 'Member State' is used to refer to the EU Member States, Iceland, Liechtenstein and Norway.

community daycare centres), while residential care is provided by larger employers. Partnerships, cooperatives and associations are common legal forms of enterprise, reflecting the sector's strong link to the social economy. The legal structure of the sector and its dependence on small-scale enterprises are circumstances to consider in enforcement authorities' approaches to the LTC sector.

Chapter 3. Recruitment in long-term care

Recruiting for LTC is a complex challenge, often complicated by a lack of standardised hiring practices, particularly within certain subsectors. It is shaped by comparatively low wage levels in LTC, substantial wage differentials in the remuneration of LTC workers across EU Member States / European Free Trade Association countries, and other key characteristics of working conditions. Recruitment processes in LTC are also marked by significant labour shortages, the high prevalence of labour mobility and the increasing use of private labour market intermediaries (LMIs) and digital tools. Especially for families acting as employers, recruitment ultimately depends on labour costs, including the tax and social security component. Finally, cross-border and transnational recruitment play an important role in the LTC sector, involving a variety of actors.

Cross-border and transnational recruitment of mobile workers appears to be dominated by private LMIs. Moreover, private LMIs and digital platforms are becoming increasingly relevant recruitment channels, especially for domestic and live-in care. Public initiatives seem to be more salient in the organised recruitment of TCNs. Nonetheless, public employment services and the European employment services have a large potential in terms of facilitating job matching by providing mobile workers across EU Member States / European Free Trade Association countries with more comprehensive and easily accessible information.

The posting of LTC workers plays a limited role in most Member States. For example, in Belgium in 2023, the number of incoming posted workers in health and social services and domestic work accounted for only 0.2 % of all posted workers, while in Austria the domestic sector is predominantly composed of self-employed care workers arriving from central and eastern Europe. Conversely, in Germany, incoming posted care workers have an important position in live-in care. In such cases, brokerage agencies often act as intermediaries between care recipient households and the workers providing LTC. The posting of workers in LTC often

relies on multiple layers of intermediaries, creating additional challenges for the monitoring of working conditions and enforcement rules.

Informal channels like word of mouth, personal networks and social media are common in recruitment into domestic care: while rigorous estimates are missing, the available literature argues that most live-in care arrangements take place without formal employment contracts. Conversely, residential care tends to rely more on formal recruitment channels.

Comprehensive strategies, from targeted recruitment initiatives to streamlined admission procedures for TCNs, are key to tackling persistent labour shortages. Examples include Germany's Triple Win Programme, which attracts qualified nurses from third countries, and Belgium's integrated single permit process combined with the recognition process from the national academic recognition information centres, facilitating both entry and credential validation for TCNs. Further examples of responsible transnational recruitment include the use of ethical codes such as that of the Flemish Employment and Vocational Training Service (Vlaamse Dienst voor Arbeidsbemiddeling en Beroepsopleiding), which seeks to avoid a 'care drain' in countries with a scarce LTC workforce, and the Dutch promotion of ethical partnerships with third countries in line with World Health Organization and International Labour Organization conventions.

Nonetheless, recruitment challenges remain significant. Complex qualification recognition procedures often delay the integration of foreign-trained professionals, and language barriers hinder effective communication. Moreover, difficult working conditions (including low pay levels and persistent pay disparities) pose a challenge to staff retention and continue to discourage potential candidates from joining the ranks of LTC workers.

Chapter 4. Employment and working conditions

Employment and working conditions in the LTC sector differ substantially by Member State and care setting. The existence of a comprehensive EU legal framework aims to foster a standardised approach and ensure fair treatment for mobile workers. The variations in the transposition of some of the directives, such as the EU Working Time Directive, and differences in national legislation contribute to labour market segmentation, resulting in increased complexity in maintaining working standards and ensuring effective enforcement.

Working conditions in the LTC sector continue to be marked by persistent structural challenges, particularly in terms of pay, working time and work organisation. Pay levels are systematically below national averages; in half of the Member States, the average hourly remuneration in the LTC sector reaches about 80 % or less of the average hourly remuneration in other sectors of the economy. For instance, Bulgarian LTC workers earned approximately 64 % of the mean gross hourly earnings of workers in other sectors of the Bulgarian economy (for further details, see Figure 4.2). In addition to low pay, long and irregular working hours are widespread in the sector, especially in live-in care settings. In 2024, care workers directly employed by households in the EU-27 worked an average of 44.3 hours per week, substantially exceeding the average of the overall economy. Non-standard working hours are particularly prevalent among mobile workers. For instance, data on workers in the broader care sector (see Annex 2) indicate that mobile workers in care-related professions are around 20 % more likely than their country national colleagues to work on Saturdays, reflecting greater exposure to unsocial schedules. Moreover, extended shifts of 12 hours or longer have been reported in several Member States, in both residential care facilities and live-in care settings.

The LTC sector increasingly relies on non-standard contractual arrangements, such as part-time work, temporary contracts and various forms of self-employment. In the EU-27, 40.3 % of LTC workers have been hired on part-time contracts. This type of contractual arrangement has a particularly high share in Austria, Belgium, the Netherlands and Norway. Temporary contracts also tend to be more prevalent in the LTC sector, with nearly 16 % of LTC workers reporting working under a temporary contract compared with 10.7 % in the overall economy. Conversely, self-employment seems to be less prominent, with just 1.6 % of LTC workers being self-employed. EU/EFTA mobile workers and TCN workers, especially those working in live-in and domestic care, are often engaged under atypical or precarious arrangements, including cases of bogus self-employment and undeclared work. Undeclared employment remains a persistent feature of the sector, particularly in domestic settings, driven in part by the high costs of formal care services and weak levels of enforcement. These practices often lead to gaps in social security coverage, restricting access to sickness benefits, unemployment insurance and pension entitlements.

The physically and emotionally demanding nature of care work, coupled with an ageing workforce, heightens the risk of non-fatal accidents. Care workers report more non-fatal accidents than do workers in the overall economy. Compared to the overall economy, such accidents are 74 % and 16 % more likely in residential and non-residential care, respectively. Collective bargaining coverage varies widely, from strong sectoral agreements in Nordic Member States to minimal coverage in southern and eastern Europe.

Strategies to address these vulnerabilities remain uneven across Member States. Some have introduced voucher systems or simplified registration procedures to formalise employment relationships, while others have strengthened the monitoring of self-employment arrangements and invested in expanding community-based initiatives. Examples include Austria's community health nursing initiative, which focuses on preventive home visits and health-promoting outreach; Denmark's reablement initiative, which supports older people in regaining independence through coordinated home-based rehabilitation; and Italy's recent national reform, which aims to set up a nationwide network of integrated community services to complement hospital care and reduce regional disparities (for further details, see Table 4.4).

Chapter 5. Enforcement of labour law and labour mobility rules

The demand for LTC workers is expected to grow significantly by 2040, driven by a 25 % increase in the 65+ population and a 44 % increase in those aged 80+ in the EU-27. Despite this increasing relevance, so far, the sector has received limited attention from public bodies responsible for the enforcement of labour and social security law. Typically, these authorities continue to face considerable challenges in enforcing labour mobility and social security coordination rules within the sector. In many Member States, annual inspections of care sector organisations remain relatively rare, with such entities accounting for less than 1 % of all entities inspected by labour authorities. Nonetheless, authorities in some Member States carry out regular quality-of-care inspections in domestic settings. These visits may potentially be instrumental in identifying instances of serious labour violations and drawing labour authorities' attention to such cases.

The complexity of subcontracting chains and multiparty arrangements involving intermediaries further complicates accountability. Undeclared

work is widespread, especially among mobile workers in domestic care. In the broader personal and household services sector, at least 6.8 million people were estimated to have worked undeclared in the EU in 2021. ELA's 2021 report on the personal and household services sector estimated that the incidence of undeclared work in the care sector accounts for around 35 % of the sector's employment.

Inspections in private households are legally and practically constrained, making it difficult to detect irregularities such as undeclared work or breaches of working time regulations. Effective enforcement in more complex cases, which often have a cross-border element, relies on concerted and joint inspections (CJIs) and enhanced cross-border cooperation between labour inspectorates, social security institutions and other authorities. The relevance of such collaborative efforts is highlighted by several recent cases involving authorities from key sending and receiving Member States of mobile LTC workers (e.g. Germany, Hungary, Romania and the Netherlands). Building institutional capacity, training inspectors and improving cross-border coordination through the more systematic use of CJIs can contribute to the enforcement of labour law in the LTC sector. ELA supports CJIs through conceptual, logistical and technical assistance. This extends to providing legal expertise, translation and interpretation services, and analytical support.

Chapter 6. Information provision

Well-informed LTC workers and employers help safeguard compliance with labour mobility and social security coordination rules in the sector. EU/

EFTA mobile workers and TCN workers often have a limited awareness of their rights and entitlements, including working conditions, social security coverage and complaint mechanisms. Employers, small organisations and private households, in particular, are frequently uninformed about their legal obligations, increasing the risks of undeclared work and non-compliance.

Effective practices in information provision have been adopted by Member States and social partners, such as multilingual online portals, helplines and targeted awareness campaigns. Examples include Austria's multichannel approach to live-in care workers, Germany's Faire Mobilität advisory network and the Federation of Private Employers of France platform offering multilingual guidance for private employers. However, these efforts remain fragmented and vary considerably across Member States. ELA's 2026 awareness-raising campaign focusing on the long-term care sector seeks to improve information availability for both mobile LTC workers and their employers across the Member States.

Chapter 7. Operational conclusions

The final chapter reiterates the report's primary insights through the lens of ELA's mandate. ELA has designated the LTC sector as its priority area for 2026. Therefore, beyond summarising some of the key takeaway messages, the conclusions identify issues and challenges linked to the LTC sector that may inform ELA's future operational work. Furthermore, these insights might be of potential relevance to a wider spectrum of interested parties.

1. Introduction

Long-term care (LTC) encompasses a diverse range of services and assistance for people in need of support for daily living activities or permanent nursing care (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a) ⁽¹⁰⁾. These services may, for instance, include assistance with activities of daily living, such as bathing, dressing, eating and daily hygiene for people with LTC needs. They also include assistance with instrumental activities of daily living (IADLs), such as meal preparation, financial management, the use of communication devices and everyday shopping.

This report focuses on individuals engaged in providing LTC for pay, regardless of whether their work is declared or undeclared. Following the definition in the Council recommendation of 8 December 2022 on access to affordable high-quality long-term care ⁽¹¹⁾, the term **‘formal LTC’** refers to situations where professional LTC workers are hired to provide LTC. Alongside these workers, domestic workers without formal qualifications in LTC, including live-in workers, are also commonly employed to render LTC services in a domestic setting.

While the report seeks to cover all workers delivering LTC for pay, the available EU Labour Force Survey (EU-LFS) data, and the operationalisation used, are more suitable for identifying and analysing LTC workers supplying formal LTC ⁽¹²⁾. The quantitative approach, relying primarily on EU-LFS data, covers domestic care workers, including live-in care workers, to a more limited degree (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Analysis Network et al., 2024). Qualitative insights drawn from stakeholder consultations and a review of existing literature nonetheless cover these groups as well. Alongside

LTC for pay, LTC is also often provided as **‘informal care’** by close family members or others within the care recipient’s social network who are not employed to provide care. Informal carers, by definition, do not perform care work for pay or profit, and are not hired to fulfil this role, so they are not part of the LTC workforce ⁽¹³⁾. They are therefore not included in the scope of this report.

Formal LTC services can be provided in various settings. In some cases, they are provided to care recipients staying in a residential LTC setting – for example, in nursing homes or respite care facilities. In other situations, they are rendered in the home of the care recipient. Formal LTC provided to people in a residential setting (e.g. nursing home) is referred to as **‘residential care’**. Formal LTC delivered in the care recipient’s home is termed **‘home care’**. Home care services generally follow two main models: the employment of care workers by the care recipient or their family, and the employment of care workers by public or private organisations, including labour intermediaries. In practice, LTC systems vary significantly across European Economic Area (EEA), and care provided in a domestic setting may be delivered by qualified professionals (e.g. nurses) working in home care, but also domestic workers or live-in care workers with limited qualifications.

Finally, **community-based care** designates ‘formal long-term care provided and organised at community level, for example, in the form of adult day services or respite care’ ⁽¹⁴⁾. Unlike care in other settings, community-based care is delivered within the local community of the recipient, commonly outside their home, but in a personalised small-scale setting and without the provision of accommodation. Although this classification assists in distinguishing between various LTC settings, such as residential, home and

⁽¹⁰⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

⁽¹¹⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

⁽¹²⁾ When identifying LTC workers in EU-LFS data, this report has adopted the approach utilised by the EU monitoring framework on the Council recommendation on access to affordable high-quality long-term care, published on 27 May 2025. For more details, see Chapter 2.

⁽¹³⁾ Following the classification of LTC work presented by the European Foundation for the Improvement of Living and Working Conditions (Eurofound), a typical example of formal LTC is the work of a qualified physiotherapist in a nursing home for older people. By contrast, the care provided by a close family member to an ageing parent constitutes informal care. See Eurofound (2025).

⁽¹⁴⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

community-based care, precise boundaries may be challenging to establish in practice. For instance, workers may deliver home care as a component of community-based services.

As the 2022 European care strategy highlights ⁽¹⁵⁾, the provision of LTC is essential for the safeguarding of the fundamental rights of people who are in need of long-term assistance. Additionally, LTC services play an important role for their family members, especially women, who often assume caregiving responsibilities. Without accessible care services, they might not be able to fully join the labour market or maintain adequate work–life balance (see, for example, Gabriele et al., 2011; Leigh, 2010; Schmitz et al., 2017). As the population in the EEA continues to age, LTC services are positioned to become an increasingly important driver of employment growth. The rising demand for LTC workers has been partially met by mobile workers. This trend is likely to persist in the future. However, recruiting and retaining staff in the sector remains a challenge, due in large part to the demanding nature of care work and the often-difficult working conditions, including low remuneration.

To address key challenges in the LTC sector, the EU has introduced a comprehensive policy framework. Alongside the European care strategy, the 2022 Council recommendation on access to affordable high-quality long-term care ⁽¹⁶⁾ promotes a shift from institutional care towards accessible, high-quality and person-centred care in individuals' homes and community-based facilities. The 2019 Work–Life Balance Directive ⁽¹⁷⁾ supports informal carers and aims to reduce gender gaps in employment. Together, these instruments aim to ensure high-quality, affordable and accessible care services, a better work–life balance for carers and sustainable working conditions. Complementary measures include the 2003 Working Time Directive ⁽¹⁸⁾ and 2019 Transparent

and Predictable Working Conditions Directive ⁽¹⁹⁾, which strengthen protections for workers.

Considering the specific characteristics of the LTC sector and the relevant EU policy framework, the European Labour Authority (ELA), whose core mandate is to facilitate and strengthen cooperation among Member States for the effective enforcement of EU rules on labour mobility and social security coordination, has selected the LTC sector as one of the priority areas for its activities in 2026. This report seeks to provide insights into the current state of the labour market of the LTC sector, with a focus on potential sector-specific challenges relevant to authorities tasked with enforcing labour market regulations within ELA's remit. Such challenges focus on cross-border and transnational recruitment; labour mobility and the enforcement of EU rules on the posting of workers and social security coordination; the issues of undeclared or falsely declared work, including bogus self-employment; and gaps in information provision for mobile workers and their employers. The report aims to highlight these issues and draw attention to policy interventions that may help mitigate them.

The geographical scope of the report covers the EU Member States, Iceland, Liechtenstein and Norway ⁽²⁰⁾. Subject to data availability, information is provided about each of these countries. Aggregate values are reported primarily for the EU, as the majority of statistical indicators used in this report are not produced for the entire EEA.

Relying on quantitative data collected across the Member States, Chapter 2 provides insight into the size of the LTC workforce, its demographic composition and other selected characteristics. Building on the quantitative analysis presented in Chapter 2 (and in parts of Chapter 4), Chapters 3–6 delve deeper into the topics of recruitment, working conditions, enforcement and information provision.

⁽¹⁵⁾ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>.

⁽¹⁶⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

⁽¹⁷⁾ Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work–life balance for parents and carers and repealing Council Directive 2010/18/EU (OJ L 188, 12.7.2019, ELI: <http://data.europa.eu/eli/dir/2019/1158/oj>).

⁽¹⁸⁾ Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time (OJ L 299, 18.11.2003, p. 9, ELI: <http://data.europa.eu/eli/dir/2003/88/oj>).

⁽¹⁹⁾ Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union (OJ L 186, 11.7.2019, p. 105, ELI: <http://data.europa.eu/eli/dir/2019/1152/oj>).

⁽²⁰⁾ Unless otherwise specified, throughout this report, the term 'Member State' is used to refer to the EU Member States, Iceland, Liechtenstein and Norway.

Chapter 3 investigates recruitment practices typical of the LTC sector, focusing on cross-border and transnational recruitment. Chapter 4 explores working conditions in the sector, addressing issues like working time, work patterns and pay levels. It combines insights from EU-LFS and other Eurostat data with information obtained through qualitative research, including in-depth interviews. Chapter 5 reports on enforcement challenges in LTC, many of which are specific to mobile live-in care workers. Chapter 6 tackles information gaps and the provision of information to LTC workers and their employers. Given that enforcement in some of the LTC subsectors, such as LTC provided in a domestic setting, is hindered by particular challenges, it is important that stakeholders be well informed and aware of their rights and responsibilities to ensure labour standards are upheld.

Where data were available, the research carried out for this report identified patterns related to different professions providing LTC services (e.g. nursing professionals, healthcare assistants or domestic care workers), as well as different LTC settings. More comprehensive data were available regarding mobile workers in residential LTC settings and domestic care environments (including live-in care) than community-based care, where information on mobile workers remains very limited.

Chapters 2–6 draw on a broad range of inputs. These include desk research on secondary sources at the EU and national levels, a targeted legal review of selected EU and national regulations and 126 in-depth interviews conducted with key national-level stakeholders across all 30 Member States. The analytical team carried out:

- 27 interviews with workers' representatives;
- 17 interviews with employers' representatives;
- 61 interviews with representatives of labour inspectorates and other national authorities

(including public employment services (PES) and social security institutions);

- 21 interviews with other stakeholders (including representatives of non-governmental organisations, representatives of associations of labour market intermediaries (LMIs) and academic researchers).

Annex 1 supplies further details on the national-level stakeholder interviews, including the English version of the interview guidance.

In addition, 10 interviews were conducted with EU-level representatives of social partners, members of the Administrative Commission for the Coordination of Social Security Systems, and representatives of the recruitment and employment industry. The results of the interviews and desk research have been summarised in 30 national reports, covering each Member State. These national reports have served as background material for the study.

An important constraint hindering the research for this report has been the scarcity of data, particularly concerning small subpopulations in the workforce and mobile workers within them. Identifying the patterns that characterise the situation of mobile workers is thus a challenging endeavour, which limits the identification of issues that are specific to this group. This situation is further compounded in Member States where there are very few mobile workers in the LTC sector in particular. As a result, the report reflects to a larger degree the experiences in Member States with a significant presence of mobile workers in LTC, while coverage is more limited for Member States where such workers are few. Additionally, evasive phenomena such as undeclared work present further methodological difficulties that lack simple and straightforward solutions. To address these limitations, the report draws on multiple data sources and integrates both quantitative and qualitative insights. Notwithstanding these limitations, the report provides a unique perspective on LTC by concentrating on policy areas that are within the scope of ELA's remit.

2. Long-term care workers: demographic and occupational characteristics

This chapter in brief

The LTC workforce in the EU-27 included in 2024 a little over 3.2 million workers, while it comprised more than 3.3 million workers in the entire EEA. It has above-average shares of female and older workers. Mobile workers are also more prevalent among LTC workers than in the economy overall.

In 2024, female workers made up over 86 % of LTC workers in the EU-27, compared with 46.4 % in the EU's total economy. In some Member States, such as Czechia, Croatia and Poland, the share of female workers in the LTC workforce exceeded 90 %. Workers aged 50 or older accounted for more than 40 % of the LTC workforce, with some Member States, such as Greece, Bulgaria and Slovakia, reporting shares above 55 %. Despite the considerable physical strain associated with care professions, the share of workers aged 60+ among LTC workers was also higher than in the total economy (13.2 % vs 10.8 %). Alongside an important replacement demand for LTC workers, caused in part by retirement, there is also additional demand for LTC workers stemming from a growing demand for LTC services. This increasing demand is mostly due to demographic ageing.

Mobile workers, particularly third-country nationals (TCNs), are over-represented in the LTC workforce. In 2024, nearly 14 % of LTC workers in the EU-27 were mobile workers, compared with 9.6 % in the overall economy. In Member States like Malta, Austria, Italy, Germany and Spain, mobile workers play a particularly significant role in the sector. Importantly, the majority of mobile workers among LTC workers are TCNs. TCN workers comprised 8.8 % of all LTC workers in the EU-27 as of 2024, while their prevalence in the total economy stood at about 6 %.

Enterprises operating in the subsectors of LTC (statistical classification of economic activities in the European Community (NACE) groups 87.1, 87.3 and 88.1) have a distinct profile in terms of size and legal form. Approximately 80 % of all enterprises in social work activities without accommodation for the older people and people with disabilities (NACE group 88.1) are microenterprises. The presence of microenterprises, by contrast, is considerably smaller in residential nursing care activities (NACE group 87.1), where they comprise over a quarter of all enterprises. Available data show that, in NACE divisions 87 and 88, partnerships, cooperatives, associations and similar organisations are over-represented as employers, compared with their share in the total economy. Their share is particularly large in Italy, the Netherlands and Slovenia.

Introduction

Relying on a variety of quantitative data, this chapter provides insight into the main characteristics of the LTC workforce. For the purposes of statistical reporting pertaining to the labour market, it follows the definition of LTC workers adopted by the EU monitoring framework on the Council recommendation on access to affordable high-

quality LTC (hereinafter referred to as the 'monitoring framework') (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a), focusing primarily on workers delivering formal LTC. In line with this definition, the LTC workforce includes workers (employed people) ⁽²¹⁾:

⁽²¹⁾ For a definition of employed people, see Eurostat (2022).

- employed in NACE groups 87.1, 87.3 and 88.1 ⁽²²⁾; and, at the same time,
- engaged in International Standard Classification of Occupations (ISCO) categories 2221 (nursing professionals), 2264 (physiotherapists), 2266 (audiologists and speech therapists), 2634 (psychologists), 2635 (social work and counselling professionals), 3221 (nursing associate professionals), 3255 (physiotherapy technicians and assistants), 5321 (healthcare assistants) or 5322 (home-based personal care workers) ⁽²³⁾.

As highlighted by several recent studies and reports on LTC (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a; European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Analysis Network et al., 2024), in practice, part of the actual workforce providing LTC falls outside this definition of LTC workers. Notably, this is the case for some domestic LTC workers, a category that comprises all those engaged in domestic work and providing LTC as part of their employment ⁽²⁴⁾. Furthermore, when including workers who are not directly involved in LTC but provide auxiliary services (e.g. cooks and cleaners in residential care facilities, care managers, social workers), the employment within the sector is even higher.

Most of the statistical data presented in this chapter focus on the LTC workforce, directly involved in the provision of LTC, as defined by the overlap of the aforementioned NACE and ISCO categories. However, selected statistics will also be presented for home-based personal care workers (ISCO 5322) regardless

of the NACE sector they work in, as a proxy group for domestic care workers. In this respect, the analysis follows European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al. (2024), who propose home-based personal care workers (ISCO 5322) as an approximation in the EU-LFS data of domestic workers primarily providing care ⁽²⁵⁾. The 2024 EU-LFS indicates that more than 1 million such domestic care workers in the EU-27 (54 % of the total) are already covered by the LTC workforce as defined above ⁽²⁶⁾. However, approximately 900 000 additional domestic care workers are not captured by this definition of the LTC workforce. This is the case, for instance, for those 383 000 home-based personal care workers who are directly employed by households and are therefore categorised as workers in NACE division 97 ⁽²⁷⁾.

LTC workers are characterised by a specific demographic profile, which differs substantially from that of the average workforce. The first section of the chapter will provide a general overview of the size of the LTC workforce. The second section will delve deeper into the demographic characteristics of LTC workers, focusing on the prevalence of female workers and older workers among LTC workers. The chapter will also analyse mobile workers in LTC. It will discuss data on LTC workers who reside and typically work in a Member State other than that of their citizenship. Moreover, it will provide insight into available figures on postings in the broader care sector (NACE Revision 2.0, Section Q). After providing the overview of worker characteristics, the report will examine selected features of enterprises and employers in the care sector, with a focus on employer size and legal form.

⁽²²⁾ According to NACE Revision 2.1, the three categories are as follows: NACE 87.1 covers residential nursing care activities, NACE 87.3 encompasses residential care activities for older persons or persons with physical disabilities and NACE 88.1 includes social work activities without accommodation for older persons or persons with disabilities (Eurostat, 2025a).

⁽²³⁾ For further details on ISCO categories, see the ISCO methodology by the ILO (n.d.).

⁽²⁴⁾ Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)).

⁽²⁵⁾ European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al. (2024) emphasise that, while workers whose occupations fall into ISCO category 5322 are considered to primarily provide care, there may be domestic workers in other categories as well who provide care services; see footnote 15 in European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al. (2024).

⁽²⁶⁾ According to 2024 EU-LFS data, in the EU-27, the LTC workforce comprises approximately 1.04 million workers.

⁽²⁷⁾ The figures are based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 7 August 2025. NACE division 97 covers activities of households as employers of domestic personnel (Eurostat, 2025a).

2.1. Long-term care workers comprise less than 2 % of all workers, but their number is growing

According to 2024 EU-LFS data, LTC workers comprised around 3.2 million workers across the EU-27 and more than 3.3 million in the entire EEA ⁽²⁸⁾. Thus, approximately 1.6 % of total employment within the EU-27 is composed of LTC workers ⁽²⁹⁾. Table 2.1 provides a breakdown of the number of LTC workers, as captured in the 2024 EU-LFS, by Member State. Alongside providing values for the LTC workforce, it provides figures on the numbers of all home-based personal care

workers (ISCO 5322) by Member State. When analysing these data, it is important to consider the specificities of the workers in question. For instance, live-in care workers, especially mobile ones, may be particularly difficult to reach with surveys. The same is true of workers engaged in undeclared work. As a result, some of the live-in workers engaging in undeclared work when providing LTC in a domestic setting may not be captured by labour force surveys.

Table 2.1: The number of LTC workers and home-based personal care workers vary across Member States

LTC workers and home-based personal care workers (ISCO category 5322) in the population of selected Member States based on EU-LFS data, 2024

Member State	LTC workforce	ISCO 5322 [in LTC workforce]	Member State	LTC workforce	ISCO 5322 [in LTC workforce]	Member State	LTC workforce	ISCO 5322 [in LTC workforce]
BE	110 279	37 804 [29 217]	HR	14 559	8 536 [6 188]	PL	30 727	77 875 [15 239]
BG	35 980	29 962 [27 841]	IT	215 555	342 521 [49 209]	PT	86 298	75 448 [63 205]
CZ	56 138	58 494 [14 342]	CY	1 387	907 [653]	RO	34 840	47 701 [17 284]
DK	108 870	101 938 [90 218]	LV	3 476	9 233 [3 219]	SI	10 220	8 170 [4 847]
DE	1 024 438	256 141 [192 131]	LT	7 205	2 698 [1 414]	SK	36 924	34 135 [19 910]
EE	3 074	n/a	LU	2 892	n/a	FI	85 963	40 604 [26 411]
IE	6 221	n/a	HU	18 789	12 614 [6 870]	SE	229 846	158 656 [122 070]
EL	6 822	4 663 [n/a]	MT	6 205	2 728 [1 431]	NO	90 211	11 306 [7 098]
ES	325 202	273 995 [132 089]	NL	286 338	91 930 [71 375]	EU-27	3 214 882	1 926 703 [1 044 254]
FR	418 416	224 774 [139 037]	AT	48 123	23 239 [9 354]			

NB: Data for IS and LI were not available at the time of writing. LTC workforce data for IE, CY and LU are of low reliability. ISCO 5322 data for HR, CY and LT are of low reliability. ISCO 5322 data for EE, IE and LU are unpublished due to low data reliability. Data on ISCO 5322 workers in the LTC workforce for HR, CY, LT, NO, PL and SI are of low reliability. Workers are classified as LTC workers if their main employment is in NACE group 87.1, 87.3 or 88.1 and their occupational profession belongs to any of the following ISCO categories: 2221, 2264, 2266, 2634, 2635, 3221, 3255, 5321 or 5322. For definitions, see the entries for 'long-term care' and 'long-term care worker/workforce' in the glossary; n/a = not available.

Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 May 2025 (number of workers in the population aged 15 or more).

⁽²⁸⁾ Data based on figures obtained for workers in the EU-27 and Norway (see Table 2.1).

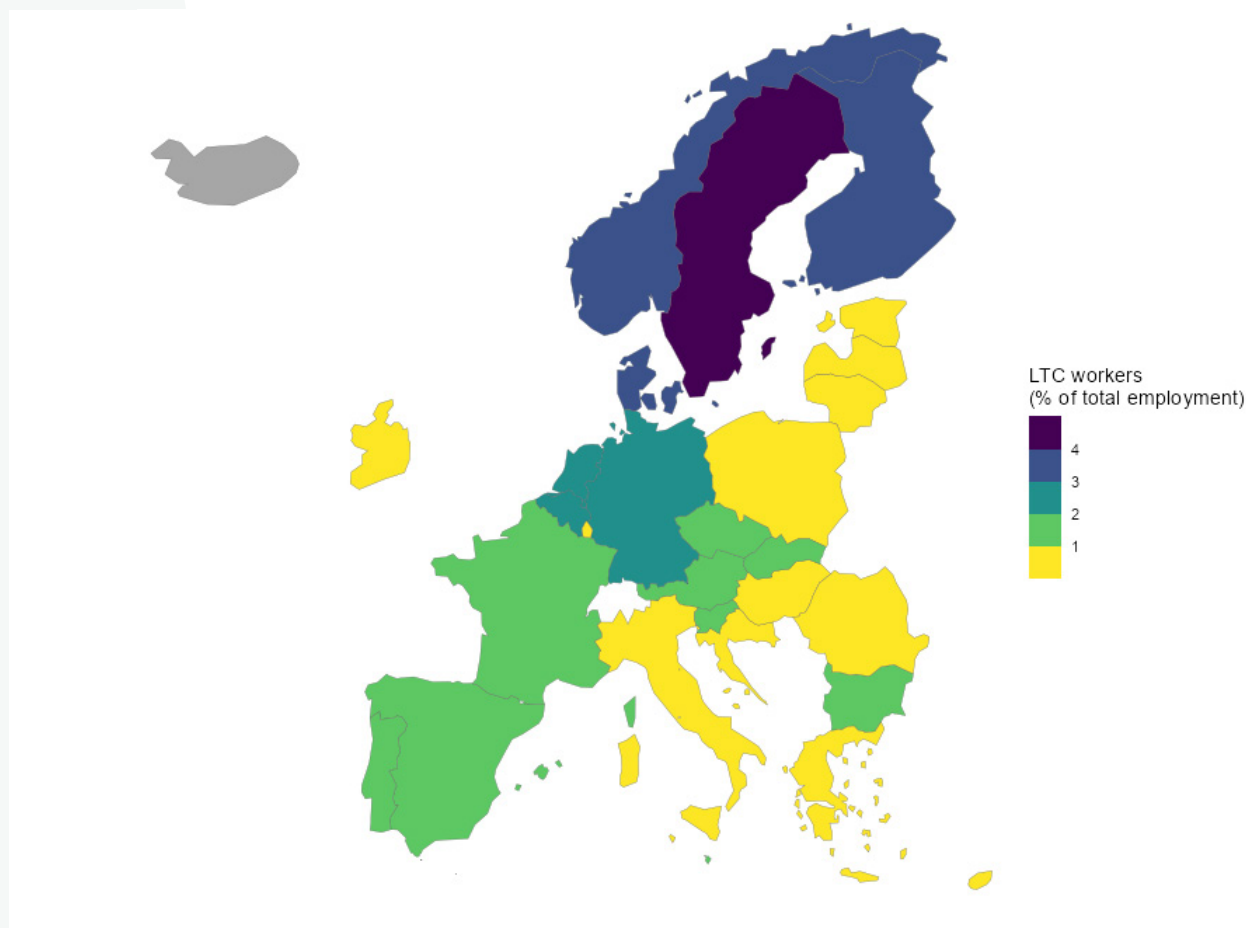
⁽²⁹⁾ If all home-based personal care workers are added to the LTC workforce, their number reaches 4.1 million. This is almost 2 % of all workers in the EU-27.

Northern European Member States have the largest LTC workforces in relation to the size of their labour markets (see Figure 2.1). In 2024, LTC accounted for as much as 4.3 % of employment in Sweden, and the shares stood at 3.5 % and 3.3 % in Denmark and Finland, respectively. The lowest shares of LTC workers in total employment were recorded in some of the southern European and south-eastern European Member States. LTC workers accounted for less than 0.2 % and about 0.3 % of total employment in Greece and Cyprus, respectively. The share of LTC workers in total employment was below 0.2 % in Poland.

Formal LTC workers appear to play a more significant role in care provision in northern European Member States than in southern European or eastern European ones. Nevertheless, the number of home-based personal care workers excluded from the narrow definition of LTC workers is relatively large in several southern and eastern European Member States (see Table 2.1). This is notably the case in Italy and Spain, and also in France. While smaller in number, the relative size of the group of domestic care workers not accounted for in the LTC workforce is also large in Poland, Romania and Latvia. The size of this group explains in part the relatively limited share of LTC workers, narrowly defined, in total employment in these Member States.

Figure 2.1: The share of LTC workers in total employment is greatest in northern Europe

Share of NACE groups 87.1, 87.3 and 88.1 (selected professions) in total employment in the economies of Member States, 2024



NB: Data on IS and LI were not available at the time of writing. Data for IE, CY and LU are of low reliability. Workers are classified as LTC workers if their main employment is in NACE group 87.1, 87.3 or 88.1 and their occupational profession belongs to any of the following ISCO categories: 2221, 2264, 2266, 2634, 2635, 3221, 3255, 5321 or 5322. For definitions, see the entries for 'long-term care' and 'long-term care worker/workforce' in the glossary.

Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 May 2025 (number of people employed in LTC aged 15 or more), and Eurostat, 'Employment by sex, age and citizenship (1 000)' [*lfsa_egan*] series, data accessed 27 July 2025 (all employed people aged 15 or more).

While the overall share of LTC workers out of total employment in the EU is relatively modest, the sector's share is expected to continue to grow. Between 2013 and 2023, national account data indicate an increase of 20.1 % in the number of hours worked in residential care and in social work activities

without accommodation (NACE divisions 87 and 88, combined), compared with growth of 10.1 % across the total economy⁽³⁰⁾. Further developing this theme, Box 2.1 discusses the link between demographic development and the growing demand for LTC workers.

Box 2.1: Demographic ageing is a major factor increasing the demand for LTC workers

Population ageing has been and will continue to be a major factor exerting strong pressure on the demand for LTC. As highlighted in the European Commission's *2024 Ageing Report* (European Commission, 2024), ageing leads to an increase in the number of dependent people, which in turn increases the demand for LTC. The challenge of meeting this growing demand, especially given a gradually shrinking working-age population, has already been highlighted in the European care strategy⁽³¹⁾ and the European Commission's reports on LTC (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2022; European Commission: Directorate-General for Employment, Social Affairs and Inclusion et al., 2014).

The share of the population aged 65+ has grown considerably in the past two decades. In 2008, the size of the 65+ population in the EU-27 reached 75.7 million individuals, comprising 17.3 % of the total population. By 2024, the size of this age group had increased to 97.1 million (21.6 % of the total EU-27 population). In the same period, the share of those aged 80+ in the EU-27 grew from 19.3 million to 27.4 million (from 4.4 % to 6.1 % of the EU-27 population)⁽³²⁾.

More importantly, both the total number and the population share of older people are projected to increase in the future as well. According to 2023 demographic projections by Eurostat, between 2024 and 2040, the 65+ and 80+ population of the EU-27 will increase by 25 % and 44 %, respectively, reaching 121.9 million and 39.7 million people, respectively. Thus, by 2040, almost 27 % of the EU-27 population will be aged 65+, and 8.8 % will fall into the 80+ age group⁽³³⁾. Such a major increase in the number of older people is likely to induce significant growth in the number of people with LTC needs, and thereby also the number of LTC workers.

While the growing demand for LTC workers does not necessarily translate fully into an increase in their number, it provides an insight to show how the number of LTC workers should change to retain the same ratio of LTC workers to the 65+ population across the EU-27. Using 2024 as the baseline year, the retention of the same ratio of LTC workers to older people in the EU-27 until 2040 will require approximately 808 000 additional LTC workers. This means a 25.1 % net employment growth rate in the LTC workforce between 2024 and 2040. However, in some Member States (e.g. IE, ES, LU), demographic ageing in the next 15 years will be more severe. For instance, if the same ratio of LTC workers to people aged 65+ is to be retained in Spain between 2024 and 2040, the net growth in the number of LTC workers in Spain will have to reach more than 45 % between 2024 and 2040⁽³⁴⁾.

⁽³⁰⁾ Eurostat, 'Employment by detailed industry (NACE Rev.2) - national accounts' [nama_10_a64_e] series, data accessed 7 December 2025.

⁽³¹⁾ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>.

⁽³²⁾ Eurostat, 'Population on 1 January by broad age group and sex' [demo_pjanbroad] series, data accessed 24 April 2025.

⁽³³⁾ Eurostat, 'Population on 1st January by age, sex and type of projection' [proj_23np] series, data accessed 28 April 2025.

⁽³⁴⁾ Data on the population age groups were obtained from Eurostat, 'Population on 1st January by age, sex and type of projection' [proj_23np] series, data accessed 28 April 2025. Data on the number of LTC workers were obtained from a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 May 2025 (number of people employed in LTC aged 15 or more).

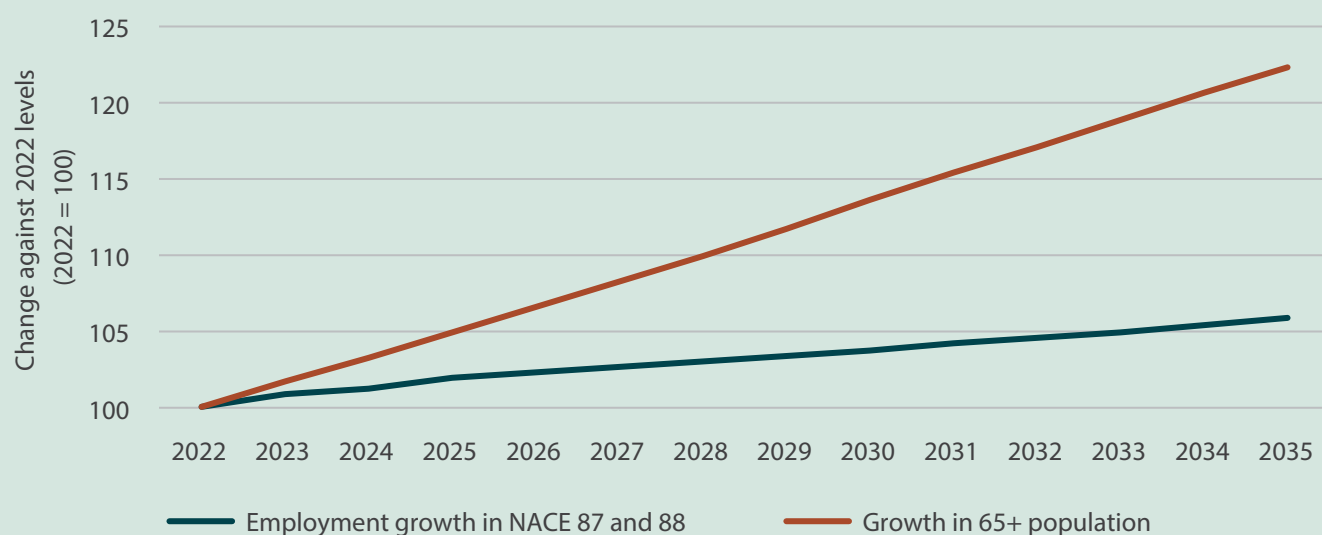
Projections of the number of dependent people (i.e. people in need of LTC) reach similar conclusions. According to the EU-27 baseline scenario of the *2024 Ageing Report* projections, the number of recipients of residential care and home care aged 65+ will increase by more than 41 % between 2022 and 2040 (Cedefop, 2023; ELA, 2024a, 2025a). This translates into an indicated annual growth rate of approximately 1.9 %. Thus, both simple demographic projections and projections considering older people’s dependency on LTC imply a need for significant increases in the number of LTC workers in the coming years.

The projected growth in the need for LTC workers ought to be interpreted in the context of pressures due to replacement demand and existing labour shortages in LTC. These are substantial across most of the EEA, which is also evidenced by the data collected for several editions of the European employment services network’s annual reports on labour shortages and surpluses. Care-related professions, such as nursing professionals, healthcare assistants and nursing associate professionals, are already listed among professions with widespread and severe shortages (ELA, 2024a, 2025a).

Despite existing shortages, an increase in the demand for LTC services may not necessarily translate into a corresponding increase in the LTC workforce. In its forecast for the broader care sector, the European Centre for the Development of Vocational Training (Cedefop) emphasises that most of the new job openings in care work will be linked to replacement demand resulting from existing workers leaving the sector, for instance due to retirement (Cedefop, 2023). According to the latest forecast update (see Figure B.2.1.1), while the 65+ population in the EU-27 is likely to increase by 23 % by 2035, Cedefop expects employment growth of less than 6 % in NACE sectors 87 and 88 during the same period (Cedefop, 2025). Thus, demographic ageing is likely to translate into increased strain on care workers. In addition, as highlighted in the European Commission’s 2025 review of employment and social developments in Europe (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025c), it may translate into growing pressure on informal carers (e.g. close family members of the care recipient), adversely affecting workers across the entire labour market.

Figure B.2.1.1: Demographic ageing is likely to outpace employment growth in care

Change in the number of people aged 65+ and people employed in NACE divisions 87 and 88 relative to 2022 baseline, 2022–2035



NB: NACE 87 = residential care activities; NACE 88 = social work activities without accommodation.
Source: Cedefop (2025).

Source: Authors’ elaboration based on national research.

2.2 Most long-term care workers are women, and older and mobile workers are more prevalent in long-term care than in the overall workforce

The demographic profile of LTC workers differs considerably from that of the general working population. It is a sector with a high prevalence of female workers (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Analysis Network et al., 2024; Zacharenko, 2024). Older workers also constitute a larger share of LTC workers than is typical of the total economy, while younger workers are less prevalent in the sector. Moreover, EU/European Free

Trade Association (EFTA) mobile workers and TCN workers make up an above-average share of the population of workers in LTC. While some of these characteristics apply to all Member States, there are also differences in the profiles of LTC workers across Member States. The following subsections will highlight, in greater detail, trends in the composition of the LTC workforce and also similarities and differences across groups of Member States.

2.2.1. Female workers comprise the majority of the long-term care workforce in each Member State

The LTC sector relies predominantly on female employment. Out of the total employment of LTC workers in the EU-27 (over 3.2 million), female workers comprised more than 86 % in 2024. The number of female workers reached almost 2.8 million, nearly doubling from its 2013 level of 1.5 million. Its growth between 2013 and 2024 was unabated, with the exception of the COVID-19 year of 2020. A considerable

increase was recorded in the post-COVID-19 period of 2022–2024, exceeding the average for the total economy: the number of female workers in LTC increased by more than 5 %, while female employment in the total EU-27 economy grew by only about 2.7 %. The predominance of female workers in the LTC workforce stands out clearly when compared with the 46.4 % share of female workers in the total economy (see Table 2.2).

Table 2.2: Employment in the EU-27 LTC sector is dominated by female workers

Proportion of female workers in the total economy and among LTC workers in the EU-27, 2013–2024

Year	All workers (thousands)		%	LTC workers (thousands)		%
	Total	Female		Total	Female	
2013	185 454.2	84 746.8	45.7	1 716	1 521.9	88.7
2014	187 644.4	85 880.6	45.8	1 781	1 560.3	87.6
2015	189 678.5	86 862.1	45.8	1 859	1 630.1	87.7
2016	192 548.9	88 172.4	45.8	1 894	1 645.2	86.9
2017	195 524.6	89 541.2	45.8	2 171	1 876.9	86.5
2018	197 615.0	90 584.6	45.8	2 330	2 018.6	86.6
2019	199 871.9	91 724.9	45.9	2 437	2 119.1	87.0
2020	196 823.1	90 273.4	45.9	2 347	2 030.8	86.5
2021 ^(*)	197 789.0	91 157.4	46.1	2 951	2 570.7	87.1
2022	202 618.9	93 642.6	46.2	3 052	2 642.7	86.6
2023	205 114.2	95 095.6	46.4	3 106	2 695.9	86.8
2024	207 227.2	96 198.5	46.4	3 215	2 779.1	86.4

^(*) Break in time series; for further details, see Eurostat (2024).

Sources: All workers: Eurostat, 'Employment by sex, age and citizenship (1 000)' [*lfsa_egan*] series, data accessed 25 August 2025; LTC workers: special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 May 2025.

Country-level EU-LFS data indicate that, in the great majority of Member States, the share of female workers in 2024 in LTC exceeded 80 %. As can be seen in Figure 2.2, in some Member States, such as Czechia, Croatia, Portugal, Lithuania and Poland, the proportion of female workers in the LTC workforce

even exceeded 90 %. Only in Malta and Sweden was this figure below 80 % (70.5 % and 76.6 %, respectively). Norway's LTC workforce also shows a large share of female workers, reaching 85.5 % according to 2024 EU-LFS data.

Figure 2.2: A large share of female workers in LTC is typical of all Member States, without exception

Share of female workers in employment in the LTC workforce and in the total economy in Member States, 2024



NB: Data for IS and LI were not available at the time of writing. Data for EE, CY and LU are of low reliability. Data for IE are unpublished due to low reliability. Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 28 May 2025.

The share of female workers is just as large among domestic care workers (i.e. those engaged as home-based personal care workers). According to 2024 EU-

LFS data on the EU-27, approximately 87 % of them were female. Their share in this group of workers was consistently at or above 87 % for several years ⁽³⁵⁾.

2.2.2. Long-term care workers are older than the overall working population

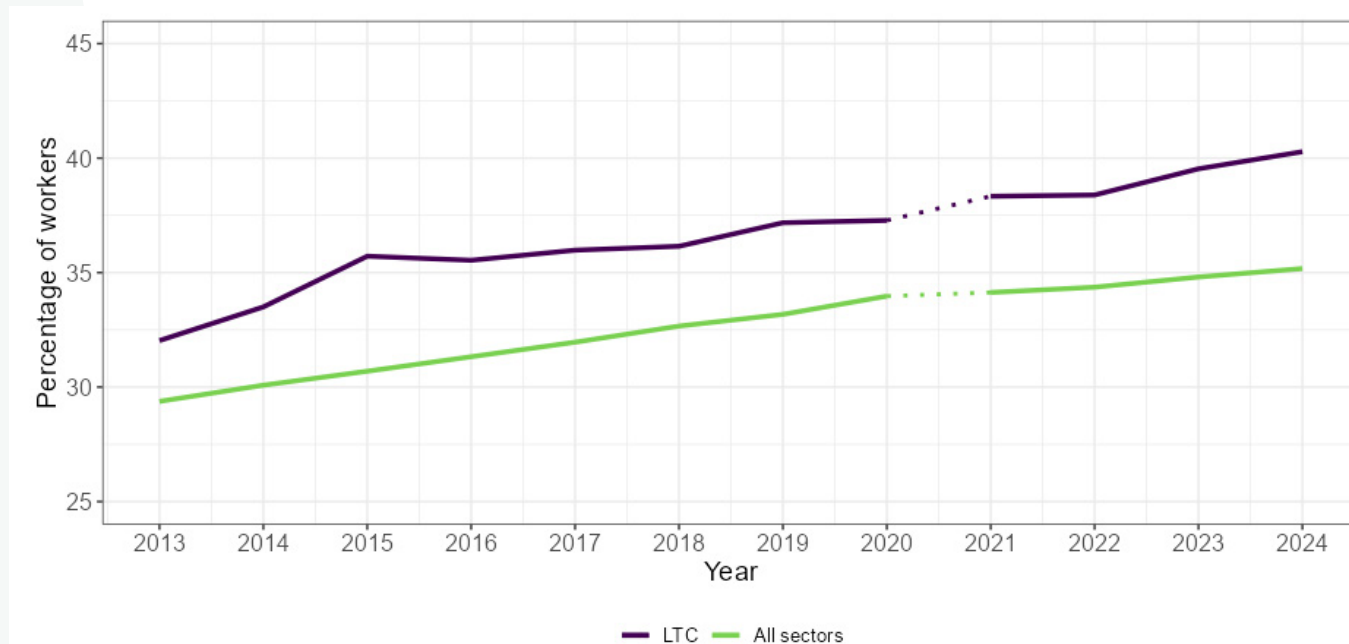
Workers in the LTC sector are also older than workers overall, and the ageing of the LTC workforce is progressing relatively fast. In 2024, slightly more than 40 % of all LTC workers in the EU-27 were aged 50 or above, with an increase of 10 percentage points since

2013. Figure 2.3 shows that the LTC workforce already had a larger share of workers aged 50 or older than the total economy a decade ago, and this difference has moderately increased since then.

⁽³⁵⁾ Authors' computations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 5 September 2025.

Figure 2.3: Workers aged 50 or above comprise more than 40 % of all LTC workers

Proportion of workers aged 50 or above in the LTC workforce and among all workers in the EU-27, 2013–2024



NB: Dotted lines indicate break in data in 2021; for further details, see Eurostat (2024).

Source: Authors' calculations based on a special extraction from the EU-LFS micro-dataset provided by Eurostat, data accessed 25 June 2025.

Moreover, despite the high physical strain that is associated with care professions, the share of workers aged 60+ is also higher in LTC than in the total economy. In 2024, it reached 13.2 %, while the economy-wide average in the EU-27 was 10.8 %. The share of older workers is even larger among domestic care workers. According to available EU-LFS statistics, workers aged 50 or more comprised 49.2 % of this group in the EU-27 in 2024⁽³⁶⁾. This observation is corroborated by the results of the 2024 Personal and Household Services (PHS) Employment Monitor, a survey of PHS workers, users and provider organisations. This survey highlights not only the ageing of PHS workers but also that the majority of

younger PHS workers do not see it as sustainable to work in PHS until retirement (EFFAT et al., 2024)⁽³⁷⁾.

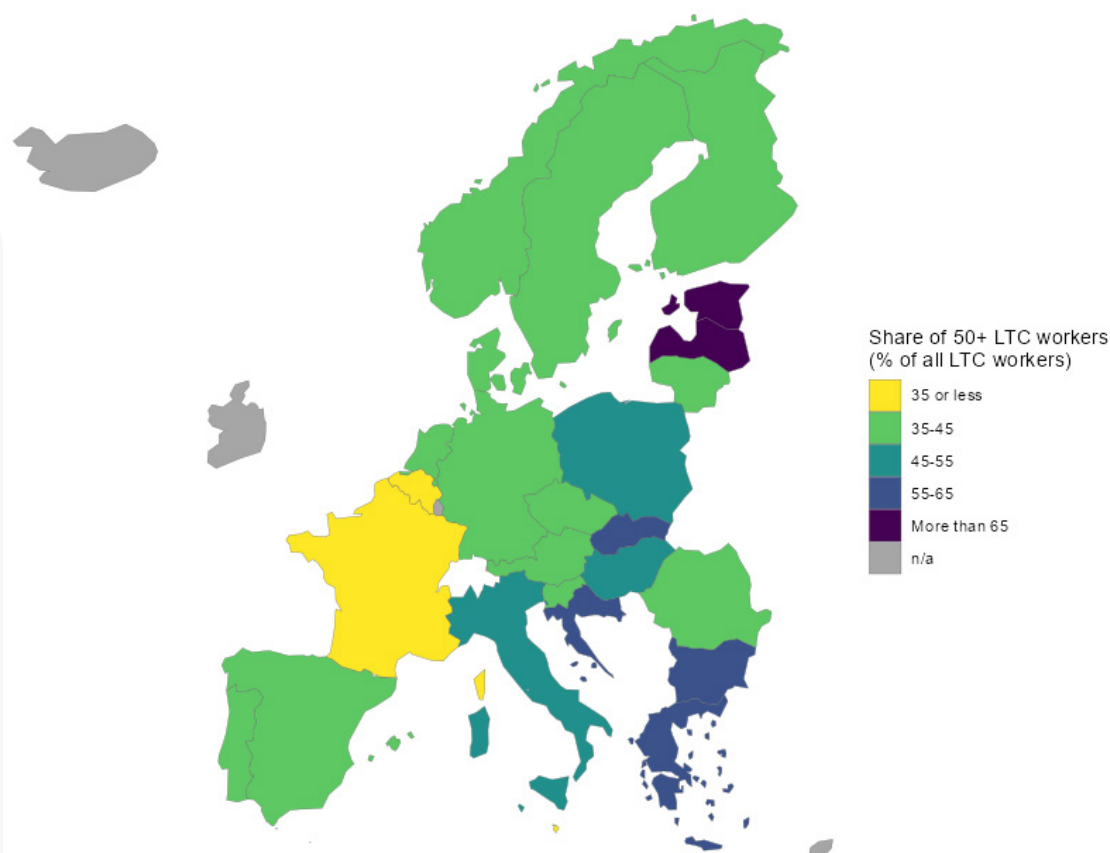
As far as LTC workers aged 50 or above are concerned, a high share of this age group can be observed in some of the central and southern European Member States (see Figure 2.4). High labour market participation of older workers is recorded in particular in Estonia and Latvia, where these workers comprised more than 65 % of all LTC workers in 2024. High relative shares of workers aged 50 or above have also been recorded in Bulgaria, Greece, Italy and Slovakia. By contrast, in Belgium, France and Malta, workers aged 50 or over comprised a considerably smaller share of LTC workers, reaching less than 35 % in 2024.

⁽³⁶⁾ Authors' computations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 5 September 2025.

⁽³⁷⁾ According to the results of the survey, 70 % of PHS workers aged 18–34 do not believe their job is sustainable until retirement (EFFAT et al., 2024).

Figure 2.4: Older workers comprise a large share of LTC workers, especially in some eastern and southern European Member States

Share of workers aged 50 or more among all LTC workers in Member States, 2024



NB: Data for IS and LI were not available at the time of writing. Data for EE, HR, LV, LT, PL and SI are of low reliability. Data for IE, CY and LU are unpublished due to low reliability.

Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 25 June 2025.

Compared with the age composition of all workers, the strong presence of older LTC workers in several southern European Member States mirrors these Member States' relatively high overall shares of older workers. In central

and eastern Europe, workers aged 50 or above in the LTC sector are more prevalent than in other Member States and also more prevalent than among all workers in the labour markets of these Member States.

2.2.3. Mobile workers comprise an above-average share of long-term care workers

Mobile workers play an important role in the LTC workforce. Their share among LTC workers in the EU-27 has grown over the last decade, reaching 13.6 % in 2024 (see Figure 2.5). This is markedly above the share of mobile workers among all workers in the EU-27 (9.6 % in 2024). These numbers refer to the percentage of workers who live and typically also work in a Member State other than their country of citizenship ⁽³⁸⁾. Moreover, EU-LFS data indicate that

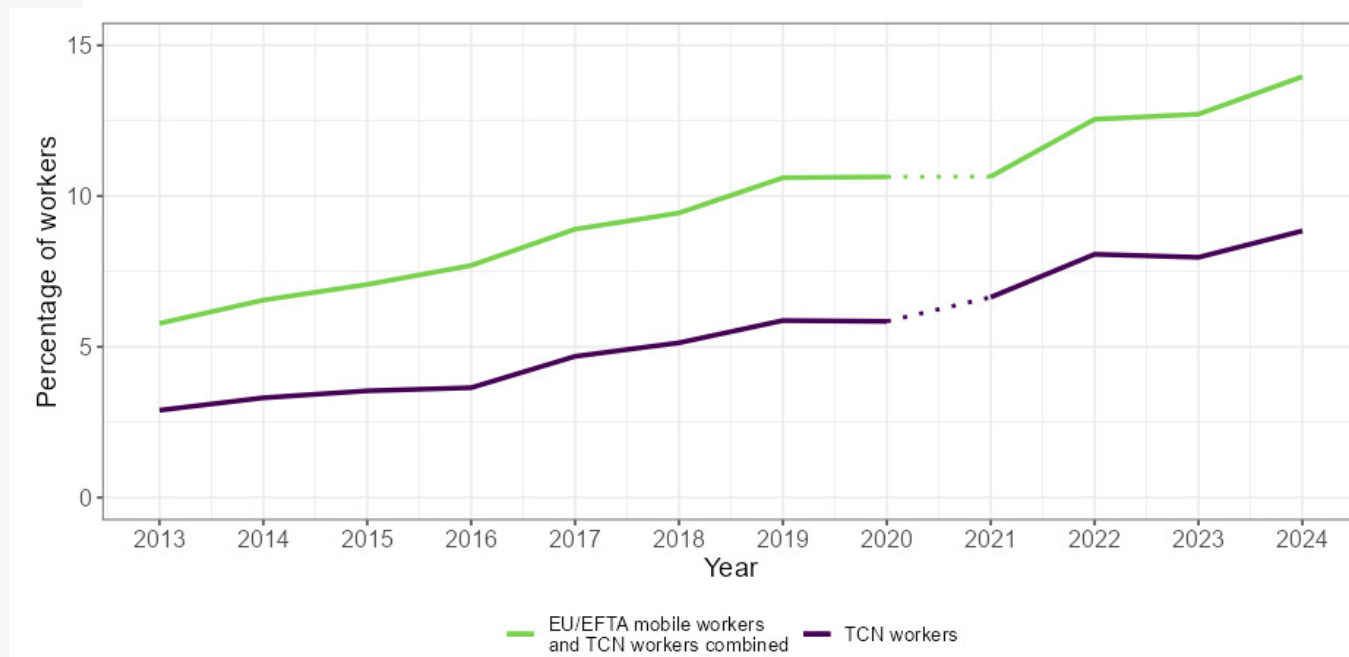
TCNs comprise an ever-increasing share of mobile workers engaged as part of the LTC workforce. Between 2013 and 2016, about 50 % of all mobile workers among LTC workers were TCNs. By 2024, their proportion had increased to nearly two thirds. As of 2024, TCNs represented 8.8 % of all workers in LTC, while the share of TCNs in the entire labour market reached about 6 % ⁽³⁹⁾.

⁽³⁸⁾ The number of LTC workers recorded in the EU-LFS who do not work in their country of residence (i.e. cross-border or frontier workers) constitutes only about 1.2 % of all LTC workers. The same figure for the total economy stands at a little over 1 %.

⁽³⁹⁾ Data on the percentage of mobile workers in the overall economy of the EU-27 were obtained from Eurostat, 'Employment by sex, age and citizenship (1 000)' [*lfsa_egan*] series, data accessed 27 May 2025.

Figure 2.5: The share of mobile workers has grown among LTC workers

Shares of all mobile workers and of TCN workers among LTC workers in the EU-27, 2013–2024



NB: For the purposes of this calculation, mobile workers include those workers in the EU-LFS target population who reside in a Member State other than their country of citizenship; TCNs are people who are not citizens of any EU Member State / European Free Trade Association country; the EU-LFS target population includes people with a usual residence in the territory of the Member State either for the past 12 months or who intend to reside in that Member State for at least 12 months (Eurostat 2026); for the definition of the LTC workforce, see notes to Table 2.1; dotted lines indicate break in time series in 2021; for further information, see Eurostat (2024).
 Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 19 June 2025.

In some Member States (ES, DK, FR), the overwhelming majority of the mobile workers within the LTC workforce were TCNs in 2024. In the LTC workforces of Germany and Italy, TCNs comprise a little over half of all mobile workers within the sector. By contrast, 2024 EU-LFS data indicate that EU / European Free Trade Association (EFTA) mobile workers outnumber TCNs among mobile LTC workers in Belgium and Austria.

Mobile workers comprise an even larger percentage of domestic care workers. According to 2024 EU-LFS data for the EU-27, mobile workers made up approximately 475 000 of the total of 1.9 million people engaged as home-based personal care workers (i.e. almost 24.7 %). TCNs constituted most

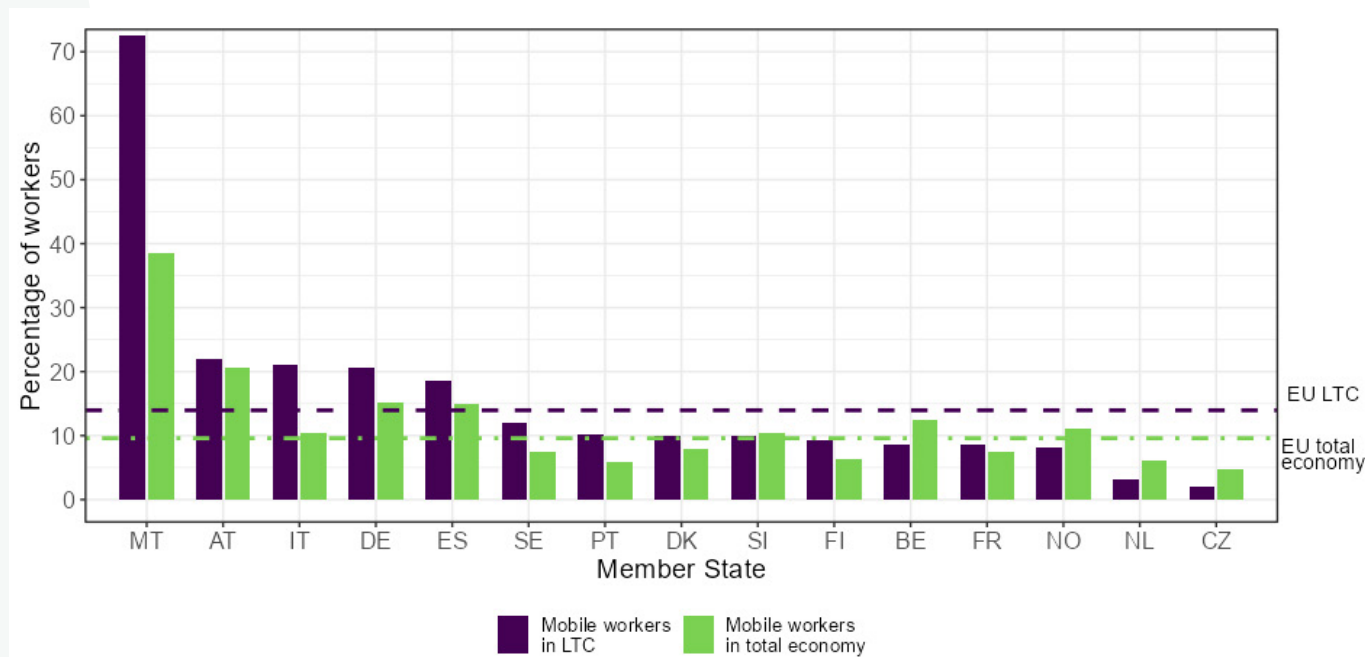
of these mobile workers: in 2024, they comprised more than 341 000 workers, accounting for 17.7 % of all home-based personal care workers in the EU-27 and almost 72 % of all mobile workers within this group⁽⁴⁰⁾.

Data on posted workers in LTC are not available, but there are statistics on the number of A1 portable documents (PDs A1) issued for workers in human health and social work activities (NACE Section Q). These suggest that most postings in health and social work originate from Poland, but a substantial number of postings in NACE Section Q originate also from Germany. Germany is also the primary receiving Member State.

⁽⁴⁰⁾ Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 5 September 2025.

Figure 2.6: Mobile workers play a significant role in the LTC workforce of several western and southern European Member States

Share of mobile workers among LTC workers and among all workers in selected Member States, 2024



NB: For the purposes of this calculation, mobile workers include those workers in the EU-LFS target population who reside in a Member State other than their country of citizenship; the EU-LFS target population includes people with a usual residence in the territory of the Member State either for the past 12 months or who intend to reside in that Member State for at least 12 months (Eurostat 2026). Data for CZ, NO and SI are of low reliability. Data for EE, IE, EL, CY, LV, LT, LU, HU, PL and SK are unpublished due to low reliability.

Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 19 June 2025 (mobile workers in the LTC workforce), and Eurostat, 'Employment by sex, age and citizenship (1 000)' [*lfsa_egan*] series, data accessed 31 May 2025 (mobile workers in the total economy).

According to figures covering 2019–2024 (see Table 2.3), the total number of PDs A1 issued in NACE Section Q reached its peak in 2023 at 106 373. 74 336 of these postings originated from Poland (Article 12 and 13 PDs A1 combined). Therefore, almost 70 % of all PDs A1 in NACE Section Q were issued by Poland. Moreover, PDs A1 issued in NACE Section Q comprised a non-negligible share of all Polish PDs A1 (almost 9 %). With the notable exception of Germany, which issued more than 23 000 Article 12 PDs A1 in NACE Section Q, other Member States granted a rather limited number of PDs A1 in this sector⁽⁴¹⁾. The third most significant sending Member State was Slovakia. While the number of PDs A1 issued by the Slovak authorities in

NACE Section Q (3 536) was far below those of Poland and Germany, it was still substantial, considering Slovakia's size⁽⁴²⁾. While the overall number of postings in NACE Section Q declined between 2023 and 2024 by almost a quarter (23.6 %), the same countries kept dominating between the sending Member States.

Germany was the primary receiving Member State of posted workers working in NACE Section Q throughout 2020–2024 (see Table 2.3; PD A1 certificates by receiving Member State). In most of these years, more than 50 % of all PDs A1 issued in NACE Section Q listed Germany as the receiving Member State.

⁽⁴¹⁾ European Commission (Directorate-General for Employment, Social Affairs and Inclusion), PDs A1 statistical database, 2012–2024, data accessed 28 March 2026, <https://webgate.ec.europa.eu/circabc-ewpp/ui/group/bab664d7-1188-47b2-9fa6-869902320ba2/library/4416cb90-512f-4cbb-b8fb-e7ca7b19155a/details>. Note that statistics on Article 13 PDs A1 issued by Germany are not available. For more information on posting as a part of labour mobility within the EU, see European Commission: Directorate-General for Employment, Social Affairs and Inclusion (2025b).

⁽⁴²⁾ This observation has also been made by the relevant Slovak public authorities (Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2024).

Table 2.3: Postings in human health and social work activities are most commonly from Poland, while Germany is the predominant receiving Member State

Number of PDs A1 by sending Member State (Articles 12 and 13) and receiving Member State (Article 12) in human health and social work activities (NACE Revision 2.0, Section Q), 2019–2024

Sending Member State	2019	2020	2021	2022	2023	2024
Total Article 12	23 948	22 813	30 200	37 609	48 929	37 379
DE	n/a	n/a	7 979	12 759	23 904	19 180
PL	17 831	17 758	17 953	20 009	18 569	11 433
SK	3 125	3 284	3 335	3 394	3 536	2 628
Other	2 992	1 771	933	1 447	2 920	4 138
Receiving Member State	2019	2020	2021	2022	2023	2024
Total Article 12	n/a	25 982	30 200	37 609	47 808	37 358
DE	n/a	20 584	20 713	22 896	22 164	14 562
AT	n/a	1 049	2 304	2 869	4 541	3 701
NL	n/a	806	1 444	1 540	2 413	2 877
Other	n/a	3 543	5 739	10 304	18 690	16 218
Sending Member State	2019	2020	2021	2022	2023	2024
Total Article 13	47 204	47 710	58 132	45 954	57 444	53 853
PL	46 094	46 227	56 836	44 442	55 767	51 496
Other	1 110	1 483	1 296	1 512	1 677	2 357

NB: n/a = not available; totals are calculated as a sum of PDs A1 for those Member States that provided breakdowns per economic sector.

Sources: European Commission (Directorate-General for Employment, Social Affairs and Inclusion), PD A1 statistical database, data accessed 28 March 2026, <https://webgate.ec.europa.eu/circabc-ewpp/ui/group/bab664d7-1188-47b2-9fa6-869902320ba2/library/4416cb90-512f-4cbb-b8fb-e7ca7b19155a/details> and European Commission: Directorate-General for Employment, Social Affairs and Inclusion (2021, 2023d, 2024b, 2025d, 2026).

2.3. Microenterprises dominate social services without accommodation, whereas larger employers are common in residential care

Relying on Eurostat structural business statistics data, it is possible to provide a partial picture of the number and average size of enterprises active in the LTC sector. However, given the underlying methodology used for these statistical data, these figures cover only market producers in the business economy (Eurostat, 2025b). Organisations that do not provide their services to clients at a price that covers the majority of their production costs (e.g. government-funded entities or non-profit organisations) are excluded from structural business statistics data. Therefore, the use of these data in the analysis of non-market service sectors, such as

the care sector, requires caution. Moreover, the data presented below do not cover private households as employers; these are, by definition, not included in NACE groups 87.1, 87.3 and 88.1.

The average enterprise size in LTC in the EU-27 is relatively small. Between 2021 and 2023, the total number of entities categorised under NACE codes 87.1, 87.3 and 88.1 increased by approximately 14.4 %, from over 94 000 to almost 108 000. The average number of workers engaged by these employers in the EU-27 decreased from 36.3 in 2021 to 33 in 2023 ⁽⁴³⁾.

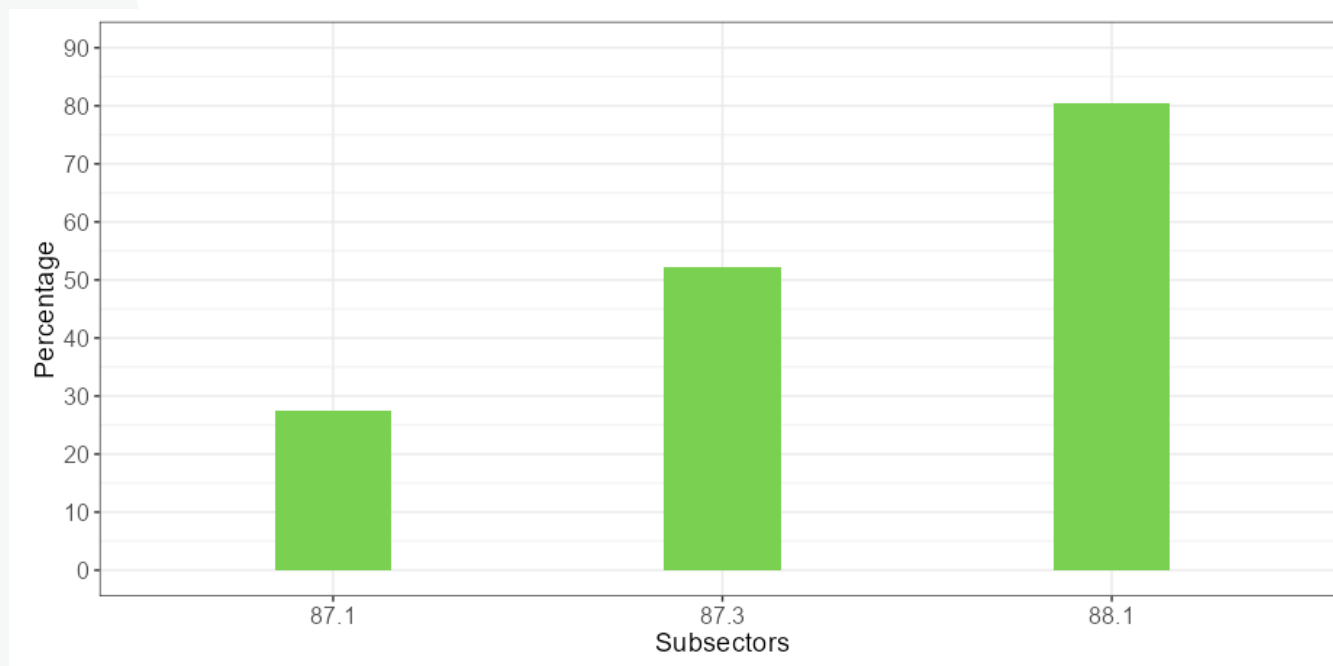
⁽⁴³⁾ Eurostat, 'Enterprise statistics by size class and NACE Rev. 2 activity (from 2021 onwards)' [sbs_sc_ovw] series, data accessed 18 July 2025. Data for 2023 were provisional at the time of writing.

However, the average figures mask large differences across LTC subsectors. In 2023, while an average enterprise active in residential nursing care activities (NACE 87.1) employed 144 workers, an average enterprise in social work activities without accommodation for older people and people with disabilities (NACE 88.1) employed fewer than 16. In accordance with this, only a little over 27 % of the

enterprises in residential nursing care employed fewer than 10 workers, but more than 80 % did so in social work activities without accommodation for older people and people with disabilities ⁽⁴⁴⁾. Figure 2.7 presents the share of microenterprises out of the total count of enterprises in the three LTC subsectors across the EU-27 in 2023.

Figure 2.7: Care without accommodation is provided mostly by microenterprises

Share of microenterprises out of the total business population in the LTC subsectors in the EU-27, 2023



NB: Values include only market producers. NACE 87.1 = residential nursing care activities; NACE 87.3 = residential care activities for older persons or persons with physical disabilities; NACE 88.1 = social work activities without accommodation for older persons or persons with disabilities.
 Source: Authors' calculations based on Eurostat, 'Enterprise statistics by size class and NACE Rev. 2 activity (from 2021 onwards)' [sbs_sc_oww] series, data accessed 19 July 2025.

Enterprises in care also differ from the general business demography in terms of legal forms. EU-level data are not available on business demography by legal form. However, the share of partnerships, cooperatives, associations and similar entities is larger in NACE divisions 87 and 88 than in the total business economy in the vast majority of Member States. For instance, in France in 2023, less than 1 % of all business entities were organised as partnerships, cooperatives or associations, but the same group exceeded 18 % in NACE 87 and 88. These legal forms are considerably more common in the care sectors of Italy, the Netherlands, Slovenia, Luxembourg and Croatia, Lithuania and France. By contrast, sole proprietorships and limited liability companies tend

to be somewhat less common in the care sector than in the overall economy.

The share of people employed by partnerships, cooperatives, associations and similar entities is considerably larger in care than in the total economy (see Figure 2.8, data for selected Member States). This difference is most notable in Italy, the Netherlands and Slovenia. However, a similar pattern is present in the majority of Member States, with some notable exceptions, such as Germany, Ireland and Finland. By contrast, the share of limited liability enterprises is, in general, smaller in NACE sectors 87 and 88 than in the total economy. The prevalence of these specific legal forms among entities providing care

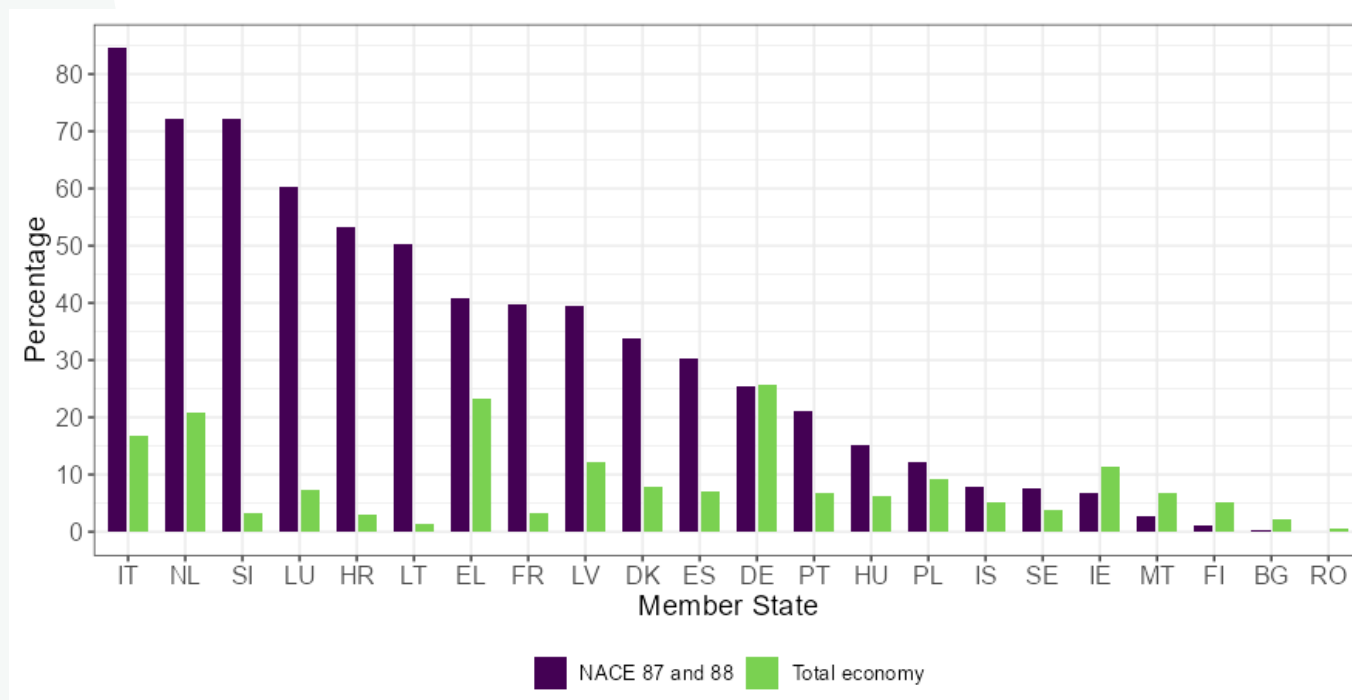
⁽⁴⁴⁾ Eurostat, 'Enterprise statistics by size class and NACE Rev. 2 activity (from 2021 onwards)' [sbs_sc_oww] series, data accessed 18 July 2025. Data for 2023 were provisional at the time of writing.

aligns with the care sector's strong link to the social economy, which comprises organisations whose main purpose is the pursuit of general

interest goals rather than their own financial profit (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2013).

Figure 2.8: Partnerships, cooperatives and associations are important employers in care

Share of partnerships, cooperatives, associations and similar entities in total employment in NACE divisions 87 and 88 (combined) and the total economy, selected Member States, 2023



NB: Values include only market producers. Data for CZ, EE, CY, SI and SK were not available due to data confidentiality. Data for LI and NO were not available at the time of writing. NACE 87 = residential care activities; NACE 88 = social work activities without accommodation.
 Source: Authors' calculations based on Eurostat, 'Business demography by legal form and NACE Rev. 2 activity' [bd_l_form] series, data accessed 18 September 2025.

Enforcement authorities should recognise the unique characteristics of enterprises in the care sector. These differ from those of enterprises in other sectors, where limited liability companies and larger employers may be more common. The size of an enterprise may have implications for its capacity to remain informed of and compliant with labour and social security regulations. Microenterprises, dominant in the provision of social work activities

without accommodation, may be more exposed to risks stemming from a lack of information than their larger peers. Furthermore, the legal form of a business may determine whether it is subject to or exempt from specific registration and reporting obligations in areas such as taxation, social security and labour law. These specificities also have implications for the work of enforcement authorities.

Conclusions

Using data sources that allow for comparison across the EEA, this chapter has studied the LTC workforce and the demographic profile of LTC workers. The chapter has highlighted the presence of female and older workers in the LTC workforce, and the above-average share of mobile workers in this sector. The prevalence of female workers is characteristic of the sector in each Member State. The participation of workers aged 50 or more among the LTC workforce

is also significantly above the average for the EU-27. However, their share is largest in some of the eastern and southern European Member States.

Large shares of older workers, female workers and mobile workers are linked to some of the challenges discussed in the next few chapters of the report: these workers are more vulnerable to exploitation in the workplace (Heindlmaier et al., 2023) and also severe workplace accidents (Ybema et al., 2023). They

are also more likely to suffer from old-age poverty (Ebbinghaus et al., 2019), a phenomenon exacerbated by limited or absent social security coverage in the case of undeclared care work or workers' misclassification (Veldman et al., 2025).

Enterprises active in LTC also show particularities. While the share of microenterprises in residential care appears to be relatively limited, they are prevalent among companies operating in social work activities without accommodation for older persons or persons with disabilities (NACE 88.1). In addition, partnerships, cooperatives and companies of similar legal form predominate as employers in the LTC sector of many Member States (e.g. IT, NL, SI, LU, HR), while they are far less common in the economy overall.

The demographic ageing of the population of Member States is likely to result in an increasing demand for LTC workers. In response to this, the LTC workforce may grow in the future, but staff and skills shortages may also be exacerbated as a result of surging LTC needs. As will be discussed

in the following chapters, difficult working conditions, including low pay, are expected to pose a significant barrier to attracting new workers to the LTC sector. However, without an adequate supply of LTC workers, levels of unmet needs and the job strain for existing LTC workers and informal carers are likely to grow.

According to existing estimates, any increase in the number of LTC workers will probably be unable to keep up with soaring demand driven by demographic ageing. The difficulty in meeting demand for LTC may be one of the key reasons behind the growing presence of mobile workers, especially TCNs, in the LTC workforce in several Member States. The size of this group has increased sharply in the past decade, with most mobile LTC workers coming from third countries. As demographic ageing in the EEA renders labour even scarcer and increases demand for LTC, the recruitment of LTC workers is likely to focus even more on mobile workers.

3. Recruitment in long-term care

This chapter in brief

Cross-border and transnational recruitment in the LTC sector is shaped by a range of factors, including national approaches to tackling labour shortages, labour mobility trends across Member States and the increasing use of private LMIs and digital tools. Generally, a mix of more regulated **formal** channels and less regulated **informal** channels is used to recruit workers from other countries into the LTC workforce.

The prevalence of different channels varies by type of care setting, occupation and geographic region. The posting of workers plays only a limited role in the LTC sector, but it is more important in specific LTC settings in some of the Member States. The variety of recruitment channels reflects the sector's diverse requirements, the scope of the available positions and the ongoing workforce challenges. Leveraging multiple channels is essential to facilitate comprehensive recruitment strategies that address wide-ranging LTC needs.

Although there is a lack of comprehensive quantitative data on the matter, recruitment in LTC (especially in relation to EU/EFTA mobile workers) seems to take place less frequently through established public formal channels, including PES and the European employment services network. Instead, recruitment through those falling into the category of private LMIs is more common. Recruitment through mainly informal channels, such as word of mouth, social networks (friends and extended family) and social media, is also common in the sector. However, there are several successful public programmes seeking to facilitate the recruitment of TCN workers into LTC.

Persistent recruitment challenges include widespread labour and skills shortages (particularly for nurses and care assistants), lengthy and complex procedures for the recognition of qualifications (not only for TCNs but also for EU/EFTA mobile workers), complex procedures for work and residence permits for TCNs, and extensive language requirements. Current employment conditions in LTC may reduce the overall attractiveness of jobs in the sector. Supporting gradual improvements in working conditions and expanding opportunities for professional development could help strengthen recruitment and retention, while contributing to the long-term resilience of the sector.

Practices across the Member States show that cross-border and transnational recruitment in LTC can benefit from more effective transnational cooperation and collaboration between public and non-governmental actors. These practices foster structured professionalisation pathways, when support services are integrated and safeguards for workers are clearly defined. Although such approaches are not yet widespread, they demonstrate the potential for the further development and wider use of practices that address labour shortages while promoting fair and ethical recruitment.

Introduction

As highlighted in Chapter 2, recruitment in the LTC sector is increasingly shaped by cross-border and transnational employment. As labour shortages in LTC place pressure on residential care settings and private households, the mobility of EU/EFTA and TCN workers across borders has become a key mechanism helping to address these gaps in several Member States.

The first two sections discuss the main actors in recruitment in the LTC sector and the recruitment

channels they create. LTC recruitment relies not only on a large number of more 'traditional' actors (e.g. social networks, PES) but also on a diverse group of private LMIs, including digital platforms. The involvement of public recruitment services is strongest where legal and administrative requirements intersect, particularly for TCNs, while the recruitment of EU/EFTA mobile workers remains largely driven by private market actors. Recruitment in residential care tends to be more formal, with

human resources processes, oversight and provider partnerships, whereas care in a domestic setting is less structured, relying on individual households, networks and different types of intermediaries.

The third section analyses recruitment challenges. These stem from a tight labour market with persistent shortages, difficult working conditions and complex procedures for the recognition of qualifications in LTC. Existing EU-level legislation mitigates some of these issues.

3.1. Cross-border and transnational recruitment in long-term care involves a broad variety of stakeholders

Cross-border and transnational recruitment in the LTC sector encompasses a highly diverse set of actors, with overlapping roles. Where recruitment appears more organised, it is generally linked to government programmes, formal recognition procedures or administrative gateways, and primarily concerns TCNs. By contrast, the recruitment of EU/EFTA mobile workers is largely market driven, with demand–supply matching shaped by provider practices, informal networks and local initiatives. The main types of actors in involved cross-border and transnational recruitment are as follows.

Administrative and qualification recognition bodies are one of the main types of actors. They oversee the issuance of work permits, the recognition of qualifications and the fulfilment of eligibility requirements, particularly for TCNs. These bodies provide structured entry points into employment in the LTC sector, where legal and/or professional compliance is necessary, creating a regulated framework for recruitment. Examples include Belgium’s single permit chain and its national academic recognition information centres, which coordinate permits and diploma recognition ⁽⁴⁵⁾, and Lithuania’s Migration Department, which manages both recognition and migration procedures.

Chambers and specific public bodies in the field of public health and/or the integration of foreigners in general also play a central role in recruitment, particularly by managing registration, training and alignment with sectoral standards. In Austria, the Chamber of Commerce registers agencies and

self-employed personal carers; however, these activities fall under §§ 159 and 161 of the Trade Act, require registration with the competent trade authority and listing in the business information system Austria (Gewerbeinformationssystem Austria (GISA)) register, with chamber membership following ⁽⁴⁶⁾. Luxembourg’s employers’ federation, COPAS, centralises recruitment across care settings, acting as a coordination point that aligns training, the provision of credentials and placement with labour market demand. These actors serve as central coordination points, organising recruitment processes and providing oversight amid the involvement of multiple stakeholders.

Other government authorities such as the PES and in particular the European employment services (EURES) network (operating at the international, national, regional and local levels) also have a role in addressing labour and skills shortages in the LTC sector ⁽⁴⁷⁾. They connect jobseekers with employers by providing structured, transparent and regulated formal recruitment pathways, including in cross-border settings. Germany and France, for example, are active users of EURES and have recorded the largest overall volumes of online job advertisements by employers in relation to job postings in residential care and social work activities.

Public and private providers are major actors shaping demand for workers, especially in residential care, where recruitment tends to be more structured. Municipalities and counties in Denmark and Finland rely on formal human resources processes, for

⁽⁴⁵⁾ Information obtained through stakeholder consultation (employers’ representative, Belgium).

⁽⁴⁶⁾ Under §§ 159 (personal care) and 161 (organisation of personal care) of the Trade Act, these activities are classified as free trades, meaning no proof of qualification is required. Operators must obtain a trade licence and register with the relevant trade authority (e.g. district administrative authority or municipal authority), after which they are listed in the GISA register. Membership of the Austrian Federal Economic Chamber follows automatically for all business operators, but the registration itself does not take place at the chamber. Registration of the trade can also be completed online via the *Gewerbeanmeldung* (Business Registration) portal.

⁽⁴⁷⁾ https://eures.europa.eu/index_en.

example. Meanwhile, large hospitals and private groups in France ⁽⁴⁸⁾ manage recruitment internally. In Austria, non-profit providers such as Caritas, Volkshilfe, Hilfswerk and the Red Cross operate their own brokerage agencies, actively shaping recruitment channels in live-in care and creating structured pathways.

Private LMIs are key actors in cross-border and transnational recruitment, enabling labour mobility and addressing LTC shortages (Eurofound, 2016). They intermediate between supply and demand (e.g. employment placement agencies and staffing agencies) but can also directly employ workers (e.g. temporary work agencies (TWAs) ⁽⁴⁹⁾). The range of private LMIs and the uncertainties surrounding their functions and prevalence in cross-border or transnational recruitment create challenges for establishing EU-wide definitions. There is clear evidence, however, that private LMIs operate formally and informally (e.g. informal brokers or gangmasters that operate without being registered or licensed). Among private LMIs, the involvement of digital

labour platforms in matching demand and supply in LTC is rapidly growing, driving the 'marketisation of care' (European Parliament Committee on Employment and Social Affairs, 2021; Rodríguez-Modroño, 2025). They enable businesses to access a large workforce with varied skills and provide workers with wide visibility of job offers. There are several examples of digital care platforms in Spain, some of which also operate in other countries, ranging from digital placement agencies (e.g. Aiudo, Cuideo) to on-demand (Joyners) and marketplace platforms (Auxiliatus), with varying degrees of professionalisation (Rodríguez-Modroño, 2025).

Informal actors, such as users and pages on social media platforms, personal networks and community-based contacts, also play an important role in LTC recruitment. These also include family members, friends, neighbours and other social connections who facilitate the identification, recommendation or placement of LTC workers outside formal employment channels.

3.2. Recruitment in long-term care relies on both formal and informal channels

The LTC sector relies on a variety of cross-border and transnational recruitment channels to address persistent labour shortages. These channels vary across Member States and reflect the diverse regulatory environments, varied labour market conditions and particular care settings. Nonetheless, a common tendency is evident, characterised by the use of a combination of both formal and informal recruitment channels, albeit to varying degrees.

Recruitment practices vary by care setting, worker origin and employer type, rather than following a unified approach. In residential care, recruitment is more formal and structured, operating through channels such as the PES, EURES and specialised private LMIs. By contrast, informal networks and social media platforms are often used for recruiting workers from abroad to provide care in a domestic setting (i.e. in individuals' private homes). Some evidence suggests that recruitment through these

channels might be faster and have fewer formal requirements, which is essential due to the usually urgent nature of LTC needs.

The absence of comprehensive data regarding the use of different recruitment channels in cross-border and transnational recruitment makes it challenging to accurately assess their significance within individual Member States, across different groups (EU/EFTA mobile workers and TCNs) and in terms of their overall prevalence. While no definitive patterns can be discerned, the available evidence indicates that Member States with a strong presence of PES and well-defined regulatory frameworks for recruitment activities may rely extensively on formal recruitment channels. Informal recruitment channels may be more prevalent in Member States with less stringent regulatory requirements or less streamlined recruitment processes or where residential care is less prevalent. Thus, informal recruitment appears

⁽⁴⁸⁾ Information obtained through stakeholder consultation (national authority, France).

⁽⁴⁹⁾ It is important to note that, at the EU level, the Temporary Agency Work Directive defines TWAs as 'any natural or legal person who, in compliance with national law, concludes contracts of employment or employment relationships with temporary agency workers in order to assign them to user undertakings to work there temporarily under their supervision and direction' (Article 3(1)(b)). In cases where they do not employ workers directly, the term 'labour intermediaries' applies.

to be more broadly used in southern and eastern Europe, while western and northern Member States rely on formal care. Germany, Spain and Austria have notable 'mixed care' arrangements (6–10 %), and a pronounced north–south divide exists: 80–90 % of care needs are formally met in Denmark, Finland and Sweden, compared with 55–65 % in Spain and Italy (Szenkurök et al., 2025).

Within this broader context, Germany serves as a clear example where, despite the significance of residential care and robust regulatory frameworks, informal recruitment practices are observed in the domestic care setting, where undeclared work is also notable. While empirical research on the subject is scarce (Leiber et al., 2022), some estimates suggest

that around 90 % of live-in care arrangements occur outside formal employment contracts, typically organised privately between households and care workers (VHBP, n.d.). While this quantitative estimate is not supported by strong evidence, some of the relevant literature indicates that a substantial segment of this market probably operates outside formal employment contracts (Hipp et al., 2024; Leiber et al., 2022; see also Enste, 2025).

The posting of workers, as a specific instrument allowing labour mobility, is uncommon in LTC. However, it still plays a role, especially in the cross-border and transnational mobility of domestic care workers.

3.2.1. The role of recruitment through public employment services, including the European employment services, varies across Member States

PES, and in particular the EURES network, play a role in cross-border and transnational recruitment by providing structured, transparent and regulated formal recruitment pathways. They are, however, utilised to varying degrees, with some Member States actively leveraging these resources more than others.

EURES plays a key role in facilitating cross-border and transnational recruitment within Member States / EFTA countries ⁽⁵⁰⁾ by supporting employers interested in recruiting talent from outside their national territory and jobseekers willing to move to another Member State / EFTA country in their quest for a job. This is possible via, inter alia, the EURES online portals ⁽⁵¹⁾, where there is a large pool of employers and candidates, and also information on living and working conditions.

Labour mobility is also supported by consultations with EURES advisers, who provide guidance to jobseekers and employers on cross-border job matching and living and working conditions in Member States / EFTA countries. Moreover, cross-border and transnational sector-specific job fairs via

the European (Online) Job Days (E(O)JDs) initiative also promote labour mobility, connecting jobseekers and employers across Member States / EFTA countries. Beyond providing a common platform for job vacancies, EURES monitors recruitment outcomes, connects institutions and partners and offers a structured and reliable channel for mobility support that complements other tools such as social media and national employment service websites ⁽⁵²⁾.

EURES thus has the potential to support fair recruitment, although in practice its uptake in the LTC sector varies. In some Member States / EFTA countries, it has been reported to be of limited relevance for recruitment in the LTC sector (e.g. BG, EE, HR, IT, LT, PL, RO, SI, SK) ⁽⁵³⁾. In other countries, however, EURES is more actively used. As shown in Table 3.1, referring to the period between April 2024 and March 2025, Germany and France have recorded the largest overall volumes of online job advertisements by employers in NACE divisions 87 and 88 (residential care activities and social work activities without accommodation, respectively). Given the relatively smaller populations, the numbers

⁽⁵⁰⁾ The EURES network is composed of the 27 Member States plus CH, IS, LI and NO.

⁽⁵¹⁾ The EURES portals are the EURES portal and the European (Online) Job Days platform.

⁽⁵²⁾ Under Regulation (EU) 2016/589, EURES functions include providing job-matching and placement services via the EURES portal; offering information and guidance on vacancies, living and working conditions, and workers' rights; supporting cross-border cooperation in border regions; assisting employers and workers through recruitment services; running targeted mobility schemes for young and disadvantaged groups; ensuring the transparency of labour markets; coordinating national employment services, social partners and private providers; safeguarding the equal treatment and protection of mobile workers; and monitoring and reporting on labour mobility outcomes. See https://eures.europa.eu/index_en. See also the Cedefop (European Centre for the Development of Vocational Training) EURES – Sectors and Occupations dashboard, data accessed 15 July 2025, <https://www.cedefop.europa.eu/en/tools/skills-online-vacancies/ela-eures/sectors-occupations>. Information also obtained through stakeholder consultation (national authority, the Netherlands).

⁽⁵³⁾ Information obtained through stakeholder consultations in the Member States and data from EURES online job advertisements (see Table 3.1).

of job advertisements posted by employers from NACE 87 and 88 have been relatively large in Belgium, the Netherlands and Austria. For smaller Member States, although the volumes of online job advertisements have been lower, employers in NACE 87 and 88 have posted comparatively large shares of them. For example, in Malta, the share of such advertisements reached 3.4 % over the period, and Bulgaria's stood somewhat higher at 3.9 %, while Ireland's reached 2.9 %. Ireland records a relatively low number of EURES job advertisements in these sectors; however, its national platform Jobsireland.

ie, administered by the Department of Social Protection, automatically transfers vetted postings to EURES, thereby maintaining EURES's relevance to EU recruitment ⁽⁵⁴⁾. Moreover, EURES Ireland organised, with the support of ELA, E(O)JDs dedicated to healthcare, including LTC. The most recent of these recruitment events, titled 'Healthcare Recruitment in Ireland 2025', took place on 8 April 2025 ⁽⁵⁵⁾. In addition to this sector-specific event, EURES Ireland has organised multi-sector E(O)JDs that covered LTC as well.

Table 3.1: The number of EURES portal online job advertisements by employers in the care sector differs vastly across Member States / EFTA countries

EURES portal online job advertisements placed by employers in NACE divisions 87 and 88, 1 April 2024 to 31 March 2025

Country	NACE 87 and 88	NACE 87 and 88 share in all OJAs (%)	Country	NACE 87 and 88	NACE 87 and 88 share in all OJAs (%)
AT	3 950	1.3	IS	1	0.8
BE	5 775	0.5	IT	519	1.0
BG	2 167	3.9	LI	2	1.0
CH	775	0.1	LT	15	< 0.1
CY	66	0.9	LU	32	0.3
CZ	142	0.2	LV	103	0.4
DE	47 452	1.5	MT	121	3.4
DK	216	1.8	NL	8 521	0.8
EE	6	< 0.1	NO	142	0.2
EL	111	1.4	PL	44	< 0.1
ES	523	0.5	PT	198	1.0
FI	155	0.2	RO	421	0.6
FR	29 208	0.7	SE	1 310	0.4
HR	66	< 0.1	SI	14	< 0.1
HU	246	1.3	SK	32	0.2
IE	461	2.9			

NB: NACE 87 = residential care activities; NACE 88 = social work activities without accommodation; OJAs = online job advertisements.
Source: EURES portal online job advertisements between 1 April 2024 and 31 March 2025 placed by employers in NACE divisions 87 and 88, as published on the European Centre for the Development of Vocational Training (Cedefop) Skills Online Vacancy Analysis Tool for Europe platform, data accessed 5 August 2025, <https://www.cedefop.europa.eu/en/tools/skills-online-vacancies/ela-eures/countries-occupations>.

In addition to EURES, PES and other public institutions implement recruitment measures through various channels. These channels include public procurement

procedures for filling posts in residential LTC facilities, centrally managed government programmes to recruit TCNs, and national or regional platforms

⁽⁵⁴⁾ Information obtained through stakeholder consultation (national authority, Ireland).

⁽⁵⁵⁾ <https://europeanjobdays.eu/en/event/healthcare-recruitment-ireland-2025>.

operated by PES alongside local authorities. Some examples are listed here.

- In Malta, recruitment in the public sector is centrally managed by the Ministry for Health and Active Ageing, which issues weekly calls for applications accessible across the EU ⁽⁵⁶⁾. In situations of staff shortages, the ministry also opens specific calls for TCNs, who must obtain a professional licence under the Healthcare Professions Act before employment ⁽⁵⁷⁾.
- In Denmark, municipalities conduct recruitment mainly through formal public sector procedures, sometimes extending calls to other Member States when domestic shortages occur, with PES (Danish Agency for Labour Market and Recruitment (Styrelsen for Arbejdsmarked og Rekruttering) and Workindenmark) offering information and advisory services to support employers.
- In Finland, responsibility for organising health and social care has, since 2023, rested with 21 well-being services counties (plus Helsinki), which are self-governing public bodies funded by the state ⁽⁵⁸⁾. These counties choose their own recruitment methods, often combining PES channels such as Kuntarekry with EURES, alongside city-level platforms (e.g. the city of Tampere's Job vacancies (Avoimet työpaikat) platform) ⁽⁵⁹⁾.
- In Italy, the SI.CON.TE programme operated by the Friuli-Venezia Giulia region provides information and legal advice, and supports job matching for

families with care needs and for domestic and care workers ⁽⁶⁰⁾, encouraging regular employment relationships.

Public institutions have also introduced several programmes that aim to accelerate the integration of mobile workers by addressing various barriers, including those related to the recognition of qualifications. For instance, in Luxembourg, removing the requirement of fluency in Luxembourgish facilitates the recruitment of mobile workers across borders (Eurofound, 2020). Similarly, Malta has introduced remote online licensure for TCNs, supported by a centralised recruitment system, which allows workers to begin practising their occupations more quickly and transparently ⁽⁶¹⁾. Germany's public Triple Win Programme (see Box 3.1 for further details) expedites the recognition of TCN nurses' qualifications while simultaneously addressing domestic shortages and reducing unemployment in countries of origin (Zorgnet-Icuro, 2025). Similarly, specific public initiatives were implemented to recruit and retain Ukrainians fleeing the Russian war of aggression against Ukraine. Estonia is retraining Ukrainian refugees through the settle in Estonia programme ⁽⁶²⁾, while Poland is piloting training for Ukrainian carers to support formal employment ⁽⁶³⁾. In Belgium, the International Organization for Migration's displaced talent for Europe initiative ⁽⁶⁴⁾, financed by the EU, links displaced people with jobs in Europe, giving employers access to refugee profiles.

⁽⁵⁶⁾ Information obtained through stakeholder consultation (national authority, Malta).

⁽⁵⁷⁾ Information obtained through stakeholder consultation (national authority, Malta).

⁽⁵⁸⁾ Since 1 January 2023, the organisation of health, social and rescue services in Finland has been transferred from municipalities and joint municipal authorities to 21 new well-being services counties and the city of Helsinki, pursuant to the Health and Social Services Reform (SOTE-uudistus). These are autonomous public law entities, financed primarily through central government funding. Each county is responsible for its own personnel policy and recruitment, which has led to reliance on sectoral and municipal-level recruitment portals as well as EURES for international recruitment. For further details, see Ministry of Social Affairs and Health (n.d.).

⁽⁵⁹⁾ <https://www.tampere.fi/tyo-ja-yrittaminen/meille-toihin/avoimet-tyopaikat>.

⁽⁶⁰⁾ <https://www.regione.fvg.it/rafvg/cms/RAFGV/famiglia-casa/politiche-famiglia/FOGLIA38/#id1>.

⁽⁶¹⁾ Information obtained through stakeholder consultation (national authority, Malta).

⁽⁶²⁾ <https://settleinestonia.ee>; <https://www.kul.ee/en/news/ukrainian-war-refugees-receive-free-adaptation-training-and-estonian-language-lessons>.

⁽⁶³⁾ Information obtained through stakeholder consultations (workers' representative, Poland; employers' representative, Poland).

⁽⁶⁴⁾ <https://belgium.iom.int/displaced-talent-europe-dt4e>.

Box 3.1: Triple Win Programme: a public initiative on the sustainable recruitment of nurses from third countries for employment in Germany

Triple Win, a federal programme in Germany, was established in 2013 to facilitate the sustainable recruitment of skilled nursing personnel from third countries ⁽⁶⁵⁾. The programme is implemented by the German Federal Employment Agency's International Placement Services (Zentrale Auslands- und Fachvermittlung) and the German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)).

In response to Germany's projected requirement for up to 500 000 additional nurses by 2030, the programme is designed to mitigate chronic staffing shortages and enable a sustainable migration pathway that aims to benefit all parties (Bernhardt et al., 2025).

The programme targets trained nursing professionals from third countries (e.g. Bosnia and Herzegovina, India, Indonesia, Jordan, Philippines and Tunisia). The selection of partner countries prioritises those with a documented oversupply of well-trained healthcare professionals.

Triple Win aims to adhere to fair recruitment practices and provide robust support for both professional and social integration. First, the International Placement Services conducts initial assessments and preselection of candidates through interviews. Once selected, candidates receive language training, cultural orientation and professional preparation organised by GIZ in their home countries. Employers in Germany then interview and select pre-screened candidates. Afterwards, GIZ facilitates the migration process, supports the integration of the nurses when they arrive in Germany and offers continued assistance to both employees and employers (Luciano et al., 2021).

The programme aims to reduce the risks associated with undeclared work, exploitation and violations of labour rights. All placements feature agreed minimum salaries and structured pathways for qualification recognition, ensuring compliance with transparency and labour regulations.

Since 2013, over 6 000 nurses have been placed in Germany through the programme, with an approximately 84.4 % retention rate among original employers ⁽⁶⁶⁾. GIZ provides support to employers for integration planning, while nurses benefit from mentoring and practical guidance. The aim is for incoming nurses to achieve qualification recognition within 12 months of arrival and attain B2-level German proficiency according to the common European framework of reference for languages. Evaluations indicate high satisfaction rates, with 95.4 % of participants reporting positive experiences in 2021 (Luciano et al., 2021). The initiative continues to expand in scope and scale, reflecting sustained institutional and policy endorsement.

Source: Authors' elaboration based on national research.

Cooperation between public and non-governmental actors is also being piloted in some Member States. In France, for example, the Migration Lab for Domestic Work (Lab Migration pour l'emploi à domicile) was established in 2022 to address part of the projected deficit of 600 000–800 000 care-related positions by 2035 ⁽⁶⁷⁾. It does so by supporting the integration of foreign-born individuals through a structured professionalisation pathway, French language acquisition and citizenship education. It is primarily funded by social partners, but the initiative is co-

financed in Marseille by local and regional authorities. The implementing organisation is the Federation of Private Employers of France (Fédération des particuliers employeurs de France).

Overall, PES have great potential to offer a clear EU-/EFTA-wide framework for recruitment, but their use in the LTC sector remains relatively limited in some of the Member States. Although there is a lack of quantitative data on the subject, in general, public recruitment services appear to have a comparatively

⁽⁶⁵⁾ <https://www.giz.de/de/weltweit/41533.html>; <https://migrationnetwork.un.org/projects/triple-win-programme>; https://www.arbeitsagentur.de/vor-ort/datei/triple-win-factsheet-englisch_ba066707.pdf.

⁽⁶⁶⁾ <https://www.giz.de/en/newsroom/stories/triple-win-nurses-germany>.

⁽⁶⁷⁾ <https://www.fepem.fr/dossier-thematique/le-lab-migration-pour-lemploi-a-domicile/>; <https://migrationnetwork.un.org/practice/migration-lab-domestic-and-home-care-sector>.

less prominent role in the transnational recruitment of EU/EFTA mobile workers in LTC. Public programmes or programmes based on cooperation between public and private actors have, however,

3.2.2. Private labour market intermediaries play a key role in cross-border and transnational recruitment

Private LMIs are a key channel for recruiting mobile workers for LTC jobs. A rich variety of LMI types exist across the Member States, including formal actors such as TWAs, staffing agencies, managed service providers, digital platforms and social enterprises. There are also LMIs that operate outside formal regulation (e.g. informal brokers, gangmasters). In summary, the LMI landscape shows significant variation across the Member States.

In practice, cross-border and transnational recruitment through posting in the LTC sector often operates through a multiparty arrangement. In such situations, workers are first employed by a care service company or agency in one Member State and subsequently posted to another Member State. The supply chain can also involve intermediary actors in workers' countries of origin. These actors often give workers only limited information about working conditions.

There is a wide variety of supply chain configurations involving employers, user entities and intermediaries operating in both origin and destination countries. One example in the context of the LTC sector concerns care workers who first enter employment in a Member State. Their initial jobs in the Member State do not involve the provision of services in another Member State. They are subsequently recruited into the posting chain by care service companies or agencies offering temporary placements in another Member State. Recruitment may be supported by intermediary actors operating in workers' countries of origin, some of which may be third countries.

While the model just described facilitates mobility and responds to labour demand in the LTC sector, it also increases workers' reliance on multiple layers of intermediaries, reduces transparency in hiring practices and can create further challenges regarding working conditions and the enforcement of rules within complex subcontracting chains. In effect,

been increasingly used to attract TCN workers into the LTC sector in Member States and to help with their integration, thus alleviating labour shortages in LTC.

as emphasised during some of the stakeholder consultations ⁽⁶⁸⁾, because subcontracting entails introducing layers of intermediaries, this can potentially blur the legal identification of the actual employer and increase sectoral fragmentation. Moreover, intermediary fees can result in an additional decrease in wages for LTC workers and/or increased costs for care recipients (Eurofound, 2011). A recent ELA report explores similar employment configurations in the case of posted TCNs (ELA, 2025b).

At the EU level, the Temporary Work Agency Directive draws a distinction between TWAs and other private LMIs. According to Article 3(1)(b) of the directive, TWAs are entities that conclude contracts of employment or employment relationships with workers for the purpose of assigning them temporarily to user undertakings. This means that, when such a contract is established, TWAs are expected to fulfil the obligations of an employer, including ensuring equal treatment, even in cross-border situations. However, in practice, it is not always clear whether these agencies actually establish direct employment relationships with the workers and thus constitute genuine TWAs. They can operate like intermediaries facilitating the supply of labour without assuming employer responsibilities. This ambiguity, especially in transnational recruitment, can complicate the identification of the actual employer and can undermine the effective (transnational) enforcement of employment rights and protections.

At the national level, there is widespread complexity and heterogeneity, as different Member States have different approaches in relation to regulating private LMIs (i.e. whether they need to be registered or licensed in order to operate legally). These conditions vary in relation to the type of intermediary (Eurofound, 2016). For example, in Italy ⁽⁶⁹⁾, Finland ⁽⁷⁰⁾

⁽⁶⁸⁾ Information obtained through stakeholder consultation (workers' representative, EU level).

⁽⁶⁹⁾ For further information, see ILO (2023).

⁽⁷⁰⁾ Laki terveydenhuollon ammattihenkilöistä [Act on Care Professionals], No 559/1994, 28 June 1994, <https://www.finlex.fi/en/legislation/collec-tion/1994/559>.

and France ⁽⁷¹⁾, intermediaries must hold a licence or certification, while in Greece ⁽⁷²⁾ they can operate without official authorisation. In Austria, placement agencies for personal carers must be registered and may apply for a voluntary national quality certificate (*Österreichisches Qualitätszertifikat*).

The available information shows significant variation in the typologies and relative importance of LMIs across Member States and care settings. In the Netherlands ⁽⁷³⁾, for example, intermediaries mainly recruit for residential care facilities; meanwhile, in Germany ⁽⁷⁴⁾, Austria ⁽⁷⁵⁾, and Poland ⁽⁷⁶⁾, for instance, they play a significant role in placing care workers in domestic/live-in care roles. In France ⁽⁷⁷⁾ and Italy ⁽⁷⁸⁾, LTC recruitment practices appear to diverge across the various types of providers and care settings. Private providers and the recruitment of domestic care workers rely more on informal or semi-formal channels. By contrast, residential care appears to be more reliant on formal recruitment channels, including temporary or agency staff.

However, there are virtually no Member States for which analysis could also rely on quantitative data about LMIs active in cross-border and transnational recruitment in the LTC sector. Austria is one of the few with quantitative data available on this subject. In 2024, agencies placed 57 000 self-employed personal carers, exclusively from Member States (e.g. BG, HR, RO, SK), in about 28 000 Austrian households with a person in need of LTC, reducing undeclared work through subsidies and regulations ⁽⁷⁹⁾. Thus, in live-in care (personal carers), the roughly 900 brokerage agencies registered with the Austrian Chamber of Commerce ⁽⁸⁰⁾ recruit about 65 % of personal carers

working in Austria as self-employed people ⁽⁸¹⁾. In the formal care sector, stakeholders such as regional governments, larger private providers and the Chamber of Commerce cooperate with Austrian professional recruitment agencies to attract LTC workers (mainly health and nursing care staff, but increasingly also LTC staff) from selected Member States.

The importance of brokerage agencies in cross-border and transnational recruitment is also highlighted by studies focusing on the German live-in care landscape (Hipp et al., 2024; Palenga-Möllenbeck et al., 2025). Their presence is largely driven by pressing labour shortages in this subsector. While precise official estimates are not available, some of the available sources indicate a marked increase in the number of brokerage agencies in Germany since the mid-2010s, with noticeable fluctuations nonetheless (Berndt et al., 2025; Bürmann et al., 2020; German Federal Parliament, 2021).

There is a trend of cross-border and transnational cooperation in recruitment, whereby private LMIs in the receiving Member States collaborate with similar entities in the sending Member States. For example, in Poland, while no official data exist on sector-based specialisation, it is estimated that approximately 300 recruitment agencies, out of a total of 8 252 officially registered recruitment agencies in Poland and 5 120 functioning as TWAs ⁽⁸²⁾, focus on the recruitment of care workers ⁽⁸³⁾ and operate within the transnational recruitment space, primarily placing Polish workers in or sending them to Member States such as Germany, the Netherlands and Austria (see also Sections 4.3.1 and 5.3.1).

⁽⁷¹⁾ <https://travail-emploi.gouv.fr/les-associations-intermediaires-ai#:~:text=Les%20associations%20interm%C3%A9diaires%20sont%20des,reversement%20des%20sommes%20ind%C3%BBment%20per%C3%A7ues>.

⁽⁷²⁾ For further information, see World Health Organization (2024).

⁽⁷³⁾ Information obtained through stakeholder consultation (national authority, the Netherlands).

⁽⁷⁴⁾ See Kocher et al. (2022) and Palenga-Möllenbeck et al. (2025).

⁽⁷⁵⁾ Information obtained through stakeholder consultations (employers' representative, Austria; workers' representative, Austria).

⁽⁷⁶⁾ Information obtained through stakeholder consultations (associations of recruitment agencies, Poland; workers' representative, Poland; employers' representative, Poland).

⁽⁷⁷⁾ Information obtained through stakeholder consultation (national authority, France).

⁽⁷⁸⁾ For further information, see Vallauri et al. (2024).

⁽⁷⁹⁾ During the inception phase of the Domestic Care Act, there were critical voices heard in the field of labour law regarding the self-employment model. See, for instance, Ivansits et al. (2008) and Tomandl (2007). Information also obtained through stakeholder consultation (workers' representative, Austria).

⁽⁸⁰⁾ For more information, see Austrian Federal Economic Chamber (2026).

⁽⁸¹⁾ Information obtained through stakeholder consultation (employers' representative, Austria).

⁽⁸²⁾ Data from the National Register of Recruitment Agencies (Krajowy Rejestr Agencji Zatrudnienia), accessed 2 September 2025, <https://stor.pra-ca.gov.pl/portal/kraz/kraz-przeglad>. As some of the agencies play multiple roles, the sum of individual categories tracked by the dataset does not equal the total number of recruitment agencies and TWAs.

⁽⁸³⁾ <https://instytutopieki.eu/o-nas.html>.

Overall, LMIs are key actors in cross-border and transnational recruitment, enabling mobility and addressing LTC shortages (Eurofound, 2016). Notwithstanding the recurrent indications that some types of LMIs engage in practices that hinder the achievement of decent working conditions for LTC workers recruited from abroad (Eurofound, 2016), there are examples of instances where their role is positive, for example in enabling language training in combination with recruitment measures to facilitate the faster employment and better retention of LTC workers. In Austria, for instance, nurses from Asia and Latin America are recruited through agencies that provide language and professional training in their home countries, along with structured onboarding follow-up support, ensuring that recruitment adheres to high ethical standards⁽⁸⁴⁾. Finland's Mehiläinen model⁽⁸⁵⁾ of recruiting from third countries combines free language training with ethical recruitment certification. Similarly, the Belgian aurora project⁽⁸⁶⁾ combines the recruitment of nurses from the state of Kerala in India with training, including practical experience as healthcare assistants, and subsequent placement in Belgium's LTC sector upon completion of the qualification for registered nurses⁽⁸⁷⁾ (OECD, 2025a).

Alongside the more traditional LMIs and recruitment methods, recruitment through digital platforms

specialised in domestic work and/or care services is increasingly shaping the LTC labour market. In several Member States, cross-border and transnational recruitment is facilitated through specialised platforms, offering digital matching between domestic workers, many of whom also provide LTC as part of their work. In Spain, for example, there is an increase in the use of digital platforms in recruiting domestic care workers. These include digital placement agencies (e.g. Cuideo, Aiudo and Cuidum) and on-demand and marketplace platforms (e.g. Joyners and Familiados). Digital placement agencies seek to differentiate themselves on the basis of quality checks and longer-term trustworthy relationships with clients, whereas on-demand and marketplace platforms intervene in the relationship between a client and worker to a more limited extent (Rodríguez-Modroño, 2025). Digital platforms specialising in LTC are also present in other Member States. In Italy, Medicasa (home care) and Badacare focus on domestic care workers, commonly referred to as *badanti*. In Belgium, the Helpper platform seeks to connect people in need of support with local carers, turning informal acts of help into a more reliable and organised form of care (European Parliament Committee on Employment and Social Affairs, 2021)⁽⁸⁸⁾.

3.2.3. Domestic care workers are commonly engaged through word of mouth, social networks and other informal channels

Going beyond the heterogeneous group of private LMIs, recruitment in the LTC sector also involves various other, predominantly informal, channels. These include social networks, such as family, friends and community contacts, and also digital channels, such as user pages on social media platforms.

Social networks have been identified as particularly important in some of the Member States with large domestic care sectors, where these networks complement or sometimes substitute formal recruitment channels. They were most prominently identified by stakeholders consulted in southern Member States such as Greece⁽⁸⁹⁾, Spain⁽⁹⁰⁾ and

⁽⁸⁴⁾ Information obtained through stakeholder consultations (national authority, Austria; workers' representative, Austria; employers' representative, Austria).

⁽⁸⁵⁾ Mehiläinen, through its subsidiary Healthcare Staffing Solutions, operates an international recruitment and training programme for care assistants and nurses to address labour shortages in Finland's LTC sector. The programme provides free language and vocational training abroad and upon arrival in Finland, avoids the use of subcontractors and does not charge recruitment fees. In 2023, approximately 1 000 care assistants were placed, with around 40–100 new arrivals monthly. The service includes a 36-month employer guarantee and is promoted as a turnkey, low-risk solution for municipalities and welfare regions (more information is available on the Mehiläinen website: <https://www.mehilainen.fi/en/wellbeing-services-counties/international-recruitment-of-care-personnel-and-nurses>).

⁽⁸⁶⁾ <https://chinta-aurora.be/>.

⁽⁸⁷⁾ Information obtained through stakeholder consultation (employers' representative, Belgium).

⁽⁸⁸⁾ <https://www.helpper.be/nl/home>.

⁽⁸⁹⁾ Commission staff working document – 2025 country report – Greece accompanying the document Recommendation for a Council recommendation on the economic, social, employment, structural and budgetary policies of Greece, SWD(2025) 208 final of 4 June 2025, <https://op.europa.eu/en/publication-detail/-/publication/16cb84b6-4154-11f0-b9f2-01aa75ed71a1/language-en>.

⁽⁹⁰⁾ Information obtained through stakeholder consultations (national authorities, Spain; workers' representative, Spain).

Italy⁽⁹¹⁾, but have also been observed in other Member States, including Germany and Poland⁽⁹²⁾ (Bürmann et al., 2020).

For example, in Italy, where the role of domestic carers (many of whom are live-in care workers) is more prevalent among nationals from eastern European countries, such as Bulgaria, Georgia, Romania and Ukraine (Vallauri et al., 2024), less regulated semi-formal channels are used in the recruitment process. These include general-purpose classified advertisement websites (e.g. Subito), where employers and jobseekers connect directly without significant oversight by the platform⁽⁹³⁾. These channels are relatively trusted, low cost and fast, making them highly attractive for households in urgent need of care. Although public initiatives such as the SI.CON.TE regional programme (see Section 3.2.1)⁽⁹⁴⁾ promote job matching and support formal employment, informal and semi-formal recruitment channels still appear to play a significant role. Estimates suggest that over 70 % of care workers may be recruited informally, and only around 8 % of mobile workers engaged as domestic care workers access formal agency jobs (Vallauri et al., 2024).

An important and established digital channel is social media, where cross-border and transnational recruitment takes place through personal networks and online communities. Social media (e.g. Facebook groups) appear to play a role in LTC recruitment (Hudson et al., 2020; see also Tjaden et al., 2024), often intersecting with word-of-mouth and personal referrals, particularly in domestic care. Larger organisations are increasingly investing in targeted

social media campaigns on platforms such as Instagram and LinkedIn in order to enhance visibility and appeal to younger groups of workers (e.g. in Czechia and Estonia). Related to this is the increasing use of general online job boards. In Czechia, major job portals such as Jobs.cz, Prace.cz and LinkedIn serve as the primary recruitment channels for nurses, carers and other care professionals⁽⁹⁵⁾. Similarly, in Estonia, the most used recruitment platforms are CVonline and CVKeskus, the latter having a formal cooperation agreement with the Unemployment Insurance Fund, which reinforces the integration of digital job boards into the national employment support system⁽⁹⁶⁾. While primarily oriented towards national recruitment, these examples demonstrate a model that could equally facilitate access for mobile workers seeking opportunities in the LTC sector.

Differences emerge based on occupational profile, however. In Italy, although low-skilled or unqualified care workers (particularly those employed in private households) are predominantly hired through informal channels⁽⁹⁷⁾, qualified professionals (e.g. nurses or healthcare assistants (*operatori socio-sanitari*)) are generally recruited through formal channels (including public tenders, accredited agencies or employment services). In Greece, informal recruitment dominates live-in care, with families primarily finding care workers through word of mouth or small private agencies, and occasionally through church-affiliated organisations⁽⁹⁸⁾. Care institutions generally recruit staff through a mix of formal and informal channels (e.g. walk-in applicants).

3.2.4. The posting of workers has a limited role in long-term care

While some of the private LMIs active in the LTC sector also engage in the posting of workers, the phenomenon remains of limited importance (see Section 2.2.3, Table 2.3). Data on PDs A1 indicate that postings in human health and social work activities

(NACE Revision 2.0, Section Q) are concentrated among a few Member States, with Germany and Poland accounting for the majority of postings.

The multiparty relationship between employers, workers, sending and receiving Member State

⁽⁹¹⁾ Information obtained through stakeholder consultation (national authority, Italy).

⁽⁹²⁾ Information obtained through stakeholder consultations (associations of recruitment agencies, Poland; workers' representative, Poland; employers' representative, Poland).

⁽⁹³⁾ Information obtained through stakeholder consultation (national authority, Italy).

⁽⁹⁴⁾ <https://www.regione.fvg.it/rafvfg/cms/RAFVFG/famiglia-casa/politiche-famiglia/FOGLIA38/>.

⁽⁹⁵⁾ Information obtained through stakeholder consultations (employers' representative, Czechia; non-governmental organisation, Czechia; national authority, Czechia). For information on a dedicated campaign, see Udženija (2024).

⁽⁹⁶⁾ Information obtained through stakeholder consultation (employers' representative, Estonia).

⁽⁹⁷⁾ Information obtained through stakeholder consultations (national authority, Italy; workers' representative, Italy; employers' representative, Italy).

⁽⁹⁸⁾ Information obtained through stakeholder consultations (workers' representative, Greece; employers' representative, Greece).

intermediaries, and the user enterprise is particularly relevant for posting, as workers' placement abroad depends on coordination between actors in the sending and receiving Member States. Moreover, national frameworks that are applicable to the formal LTC sector (e.g. in residential settings) impose rules on wages, staffing ratios and professional qualifications, often with limited recognition of credentials obtained abroad. In contrast to sectors where posting is more common, however, a significant portion of LTC activities occur within private households. These factors render postings unattractive and frequently impractical.

Data at the national level also highlight this trend. In Belgium, although all postings must be declared via Limosa, only 415 posted workers were recorded in health and social services and 97 in domestic work in 2023, representing just 0.2 % of all posted workers in Limosa (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025e). Most postings originated from neighbouring Member States such as Germany (43.6 %) and the Netherlands (29.6 %), while domestic staff postings came mainly from France, Portugal and Romania. In the Netherlands, postings occur but are rare, with labour shortages addressed primarily through direct migration and local recruitment⁽⁹⁹⁾. Similarly, Swedish data show the marginality of posting, with only 58 posted workers registered in care in 2024 (Work Environment Authority, 2024). In Austria, posting plays a very limited role in the recruitment of mobile LTC workers due to strict regulations and prevailing care ethics that discourage temporary substitution;

the sector is instead dominated by self-employed carers from central and eastern Europe, working through brokerage and placement agencies⁽¹⁰⁰⁾.

In Germany, posting is not a significant recruitment channel for residential care facilities. Mobile workers, for instance, in nursing homes are generally recruited through direct and long-term employment opportunities. However, the situation differs in the domestic care setting⁽¹⁰¹⁾. Placement agencies, acting as intermediaries, connect households with care providers who either are formally employed in another Member State and temporarily posted to Germany, or operate as independent, self-employed providers offering services across borders⁽¹⁰²⁾. Estimates suggest that around two thirds of regularly employed live-in care workers enter Germany through posting (Benazha et al., 2021; Lutz et al., 2021), the majority coming from Poland (see also Section 2.2.3 and Table 2.3), with smaller but notable inflows from Slovakia and other central and eastern European Member States (Lutz et al., 2021).

While the German live-in care model shows that posting can facilitate families' recruitment of some of the workers providing LTC, it remains a channel that is associated with increasingly challenging working conditions for the workers involved. As will be discussed in Chapters 4 and 5, they may face excessive or unregulated hours, unfair pay, frequent relocations, precarious conditions and limited social security coverage (Der Paritätische Gesamtverband, 2023).

3.3. Recruitment challenges persist, as high requirements for jobseekers intersect with difficult working conditions

The recruitment of mobile LTC workers is characterised by significant challenges. They vary across Member States, but some common patterns emerge from the research. Labour and skills shortages are driven by a limited pool of jobseekers in the market and by

the sector's relatively low attractiveness. Moreover, shortages are becoming even more acute with demographic ageing. Language requirements, an important basis for ensuring quality of care, often delay recruitment and restrict access. The recognition

⁽⁹⁹⁾ Information obtained through stakeholder consultation (employers' representative, the Netherlands).

⁽¹⁰⁰⁾ Information obtained through stakeholder consultations (workers' representative, Austria; employers' representative, Austria; workers' representative, Austria).

⁽¹⁰¹⁾ Information obtained through stakeholder consultation (member of the Administrative Commission for the Coordination of Social Security Systems).

⁽¹⁰²⁾ Information obtained through stakeholder consultation (member of the Administrative Commission for the Coordination of Social Security Systems).

of qualifications remains lengthy, particularly for TCNs, while administrative procedures for work and residence permits add further complexity. These are key issues that have implications for the effectiveness of cross-border and transnational recruitment, and working conditions once the workers are recruited.

The aspects related to working conditions are discussed in detail in Chapter 4. The implications concerning recruitment are briefly presented in the subsequent sections in this chapter. Overall, the challenges identified in this chapter are consistent across Member States, highlighting common issues.

3.3.1. Labour and skills shortages are a critical concern for the long-term care sector

Labour shortages are among the most commonly reported challenges in the LTC sector. In such an environment, it is difficult for institutions, organisations and households to recruit and retain workers and thus adequately address essential LTC needs across care settings. In this context of cross-border competition for LTC workers, it is also critical to consider issues of ethical recruitment. Box 3.2 highlights examples of such practices adopted by Member States.

Chronic shortages of LTC workers have been reported across Member States / EFTA countries for the past few years. In the EU, nurses and healthcare assistants were reported to be among the top shortage occupations in 2021: nurses were listed in 18 Member States / EFTA countries, while healthcare assistants were listed in 11 Member States / EFTA countries (ELA, 2021a). By 2024, the situation had further intensified: nursing professionals were identified as shortage occupations in 22 Member States / EFTA countries, while physiotherapists and healthcare assistants were listed in 19 of them (ELA, 2025a). Interviews in 19 Member States⁽¹⁰³⁾ confirmed that labour shortages in the LTC sector – with acute deficits of nurses mentioned in 7 Member States⁽¹⁰⁴⁾ – are perceived as a notable challenge by key stakeholders. Skills shortages in particular were noted in five Member States (BE, DK, EL, MT, AT) and skills mismatches were noted in two (BE, MT).

As discussed in Chapter 2 (Box 2.1), demographic changes are expected to further aggravate these

shortages. According to forecasts prepared for the baseline scenario of the *2024 Ageing Report*, the number of care recipients aged 65+ is estimated to increase by a little over 40 % between 2022 and 2040 (European Commission, 2024). Given that the working-age population is projected to decline by over 10 % in several Organisation for Economic Co-operation and Development (OECD) countries in the coming decade due to an ageing population, the growing demand for LTC workers will be difficult to meet (OECD, 2023). The scale of the challenge is highlighted by the fact that a vast majority of Member States estimate expected staff shortages in the LTC sector⁽¹⁰⁵⁾. Moreover, as highlighted in Spain⁽¹⁰⁶⁾, labour shortages are not evenly distributed within Member States, with persistent deficits reported in rural areas and smaller cities⁽¹⁰⁷⁾, where vacancies are even harder to fill due to the low population density and the travel time required (Eurofound, 2020).

The reported shortages may in part be linked to skills requirements and care needs becoming increasingly complex in the LTC sector because of the rising share of older people with dementia and comorbidities (OECD, 2023). This increasing complexity requires trained workers with greater clinical, communication, teamwork, digital and management skills and also geriatric knowledge (OECD, 2023), which creates difficulties in employing qualified care workers, as stressed in stakeholder interviews in Greece and Malta⁽¹⁰⁸⁾.

⁽¹⁰³⁾ AT, BE, BG, CZ, DE, DK, EL, ES, HR, HU, IE, IS, IT, LI, LT, MT, NT, RO, SI.

⁽¹⁰⁴⁾ BE, BG, EL, HR, IE, LI, MT.

⁽¹⁰⁵⁾ Commission staff working document accompanying the document Commission proposal for a Council recommendation on access to affordable high-quality long-term care, SWD(2022) 441 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022SC0441>.

⁽¹⁰⁶⁾ Information obtained through stakeholder consultation (national authority, Spain); for further information, see <https://www.sepe.es/HomeSepe/es/que-es-el-sepe/comunicacion-institucional/publicaciones/publicaciones-oficiales/listado-pub-mercado-trabajo/el-empleo-en-espana-en-el-sector-de-los-cuidados-de-larga-duracion.html>.

⁽¹⁰⁷⁾ Eurostat, 'Persons in households with at least one person needing professional homecare services by sex, reason for not receiving (more) professional homecare services and degree of urbanisation' [*ilc_ats20b*] series, data accessed 1 December 2025. For example, in 2024, in Greece, the percentage in urban areas was 1.3 % and in rural areas it was 5.1 %; in Poland this was 1.9 % vs 9 %, and in Portugal it was 8.5 % vs 11.8 %.

⁽¹⁰⁸⁾ Information obtained through stakeholder consultations (national authority, Malta).

Gender dynamics significantly shape workforce challenges in the LTC sector. The LTC workforce is overwhelmingly feminised: as noted in Chapter 2, in 2024, women represented more than 5 out of 6 (more than 86 %) workers in the formal LTC workforce. Interviews with national stakeholders in Ireland revealed a persistent gender imbalance, which limits the potential pool of recruits. In Luxembourg,

interviews pointed to concerns over the decrease in informal carers, mostly women, in the coming years, as younger generations of women are increasingly entering employment. This should prompt a concerted effort to strengthen the pool of formal care workers to offset demographic and gender-related concerns (OECD, 2020).

Box 3.2: Member States are taking action to limit the care drain linked to recruitment from abroad

A key implication of the cross-border and transnational recruitment of female workers is that, when women leave their own families to provide care abroad, this can create care gaps in their home countries⁽¹⁰⁹⁾. Several Member States (CZ, EL, HU, RO) have reported that the outflow of care professionals seeking employment in other countries, sometimes referred to as a ‘care drain’, contributes considerably to national labour shortages, placing additional pressure on national healthcare systems.

Some Member States (e.g. AT, BE, NO) explicitly take ethical considerations into account in their approaches to recruiting mobile LTC workers. A key guiding factor is to avoid depleting the already limited care workforce in other countries, which in turn places limits on the extent to which recruitment from other countries is pursued. In Belgium, for example, the Flemish Employment and Vocational Training Service (Vlaamse Dienst voor Arbeidsbemiddeling en Beroepsopleiding) has adopted an ethical code that stresses the importance of preventing a care drain in countries where the availability of LTC staff is already scarce⁽¹¹⁰⁾. In the Netherlands, the Dutch Advisory Council on Migration advises in favour of a well-being approach, which fosters ethical and sustainable partnerships with third countries of origin in line with the World Health Organization and International Labour Organization standards (Dutch Advisory Council on Migration, 2022).

Source: Authors’ elaboration based on national research.

The evidence indicates that ethical considerations currently play a more prominent role in Member States’ approaches to recruiting TCNs, while similar safeguards are less frequently applied to the mobility of EU/EFTA workers. From an EU labour mobility perspective, however, there is value in promoting ethical recruitment pathways across all mobility channels in order to support a more consistent and balanced approach between EU/EFTA mobile workers and TCNs. This suggests that, when Member States develop measures to attract LTC workers, whether through labour migration schemes for TCNs or through mobility support instruments for EU/EFTA nationals, common principles could be encouraged, such as transparency in recruitment, the verification of employer compliance, the prevention of abusive practices and attention to potential labour market impacts in sending regions. Encouraging comparable safeguards across mobility regimes would help align national practices with World Health Organization

and International Labour Organization (ILO) guidance on ethical recruitment.

While not specifically targeting mobile workers, several Member States have also implemented good practices focusing on retraining workers for job roles in care, thus addressing both labour and skills shortages in the sector (ELA, 2026a, 2026c). Belgium’s regional employment services waive the requirement that jobseekers actively search for work if they choose to pursue full-time or part-time vocational training or academic studies in the field of care, which in some cases may also extend eligibility for federal unemployment benefits. Based on data from Belgium’s National Employment Office (Office national de l’emploi), in 2021 and 2022, 4 000 such jobseekers found employment in the health and care sector. An estimated 1.4 % of all work performed in Belgium’s care sector was carried out by workers who benefited from this measure (ELA, 2026a). Austria, with the intention of mitigating severe shortages

⁽¹⁰⁹⁾ Information obtained through stakeholder consultation (workers’ representative, EU level).

⁽¹¹⁰⁾ Information obtained through stakeholder consultation (national authority, Belgium).

of nursing staff, introduced a nursing scholarship in 2023. This provides a monthly income of EUR 1 606 to nursing students, adjusted annually. Up to the end of 2024, it was accessed by almost 13 000 prospective nursing staff (ELA, 2026c).

Alongside initiatives by the public sector and governments, non-profit associations have also shown initiative in supporting career development in the sector. A case in point is the French platform for the professionalisation of home employment, Iperia, which acts as the national sectoral body for professionalisation and certification in domestic work, mandated by the social partners. Their career development guidance initiative provides individualised career support, promotes the

3.3.2. Difficult working conditions hinder the recruitment of long-term care workers

The capacity of the LTC sector to attract and retain workers is shaped not only by demographic factors but also by the quality of employment it offers. When working conditions are characterised by irregular hours, limited autonomy, physically and emotionally demanding tasks, low pay and few opportunities for advancement, the appeal of care work can be diminished (Eurofound, 2023).

The lack of attractiveness of the LTC sector due to poor working conditions, discussed in more detail in Chapter 4, is a major challenge to the recruitment of nationals and mobile workers alike, and was emphasised by consulted stakeholders in the majority of Member States ⁽¹¹¹⁾.

Factors contributing to the limited attractiveness of the LTC sector include relatively low pay levels and the prevalence of long and non-standard work hours, such as evenings, weekends or nights (Cedefop, 2023). Another important aspect contributing to the unattractiveness of the LTC sector is the lack of personal and professional development opportunities. Moreover, the content of the work is physically and emotionally strenuous. Workers in the formal LTC sector are also perceived to have a low social status, despite their work requiring a high level of responsibility (Sowa-Kofta et al., 2019). The high risk of work-related accidents constitutes another major deterrent to recruitment in the sector. As discussed in Chapter 4 (Table 4.2), non-fatal accidents, especially in residential care, have been

attractiveness of the PHS sector and strengthens the sector's professionalisation (ELA, 2026b). Another Iperia initiative, the home care assistants' network *Relais Assistants de Vie*, aims to create local professional networks that connect homecare workers and offer them access to practical tools and peer-to-peer support (ELA, 2026d).

Structured national policies can play a crucial role in effectively attracting EU/EFTA mobile workers and TCNs to address labour shortages. In many Member States, however, there is a perceived lack of coordinated recruitment between public authorities, social partners, education providers and recruiters, which exacerbates recruitment challenges (e.g. in BG, DK, HR).

more common in the care sector than in the overall economy of the EU-27.

Digital platform work and the increasing use of private LMIs in the LTC sector can exacerbate challenges related to transnational recruitment, such as blurred employment relationships and limited social security coverage. These issues are analysed in more detail in Chapter 4, in view of their implications for employment and working conditions.

Despite persistent challenges in terms of working conditions, LTC jobs in higher-income Member States continue to attract workers from abroad. This dynamic is primarily shaped by pronounced wage differentials across regions of the EU and beyond, while limited employment opportunities in certain labour markets reinforce these flows. Such structural economic drivers, when coupled with targeted recruitment strategies (see Section 3.2), have contributed to the consolidation of well-established mobility patterns towards western, southern and northern Member States.

Notwithstanding, even in such cases, the national research identified increasing difficulties in recruiting a sufficient number of workers to cover the rising demand for LTC services. The situation is arguably even more problematic in those Member States where there is a high demand for LTC but low wage levels fail to attract local workers or workers from abroad, and where outward labour mobility exacerbates labour shortages (e.g. central and

(111) AT, BE, BG, CY, CZ, EE, EL, ES, FR, HR, HU, IE, IS, IT, LT, LV, MT, PL, PT, RO, SE, SI, SK.

eastern Europe, the Baltic states). Difficult working conditions and skills shortages contribute to high turnover rates, which have been mentioned as a major challenge in several national reports (e.g. DK, DE, EE, IE, HU, PT, SK, SE). For example, German trade union representatives highlighted during the stakeholder consultations that it is not uncommon for employers in LTC to have a 30 % staff turnover within a single year. Similarly, statistical data reported by the French National Solidarity Fund for Autonomy (Caisse nationale de solidarité pour l'autonomie) show that annual staff turnover in residential LTC facilities for older people (*établissements d'hébergement pour personnes âgées dépendantes*) exceeded 25 % in 2023 (Lévy, 2025).

3.3.3. Recognition of qualifications and other requirements hinder access to jobs in the long-term care sector

Procedures for the recognition of qualifications and those governing work and residence permits are commonly reported as specific challenges for cross-border and transnational recruitment in the LTC sector. The difficulties in the recognition of qualifications are more pronounced in residential care than in domestic care, including live-in care.

At the EU level, the recognition of qualifications is governed by legal instruments, such as Directive 2005/36/EC on the recognition of professional qualifications⁽¹¹²⁾, the Proportionality Test Directive⁽¹¹³⁾ and, for TCNs, the Single Permit Directive⁽¹¹⁴⁾ and the EU Blue Card Directive⁽¹¹⁵⁾.

Access to care professions is regulated by law and/or professional associations, with entry requirements varying within Member States and across occupations (Cedefop, 2023). The Regulated Professions Database⁽¹¹⁶⁾ offers an overview of regulated professions in Member States, Iceland, Liechtenstein, Norway, Switzerland and the United Kingdom,

Improving job quality and overall pay levels within the LTC sector (see also Section 4.2.3) would yield measurable gains for both gender equality and labour supply adequacy. Empirical evidence indicates that low wages and poor working conditions function as binding constraints on labour supply, with higher wages and improved conditions increasing both entry and tenure levels (OECD, 2020). Such improvements would help ease labour supply constraints in a strongly feminised sector by improving recruitment and retention, while also contributing to reduced gender gaps in employment and earnings by making it more feasible for women to move from unpaid or marginal part-time care roles into stable, formal LTC employment.

including in the LTC sector (e.g. nurses, psychologists, physiotherapists). It also provides an overview of the procedures in place and the competent authorities for the recognition of professional qualifications when the movement of professionals takes place between the aforementioned Member States. The database lists the legislation governing the mutual recognition of professional qualifications. Finally, Annex V of Directive 2005/36/EC sets out the evidence required for the formal qualifications of nurses responsible for general care in most Member States, including the diploma or statement required and the bodies responsible for awarding the evidence of these qualifications⁽¹¹⁷⁾.

Rulings of the Court of Justice of the European Union (CJEU) reinforce the principles of the EU directive on the recognition of professional qualifications, supporting a consistent application of EU law across Member States. Some examples of cases are included in Box 3.3.

⁽¹¹²⁾ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22, ELI: <http://data.europa.eu/eli/dir/2005/36/oj>).

⁽¹¹³⁾ Directive (EU) 2018/958 of the European Parliament and of the Council of 28 June 2018 on a proportionality test before adoption of new regulation of professions (OJ L 173, 9.7.2018, p. 25, ELI: <http://data.europa.eu/eli/dir/2018/958/oj>).

⁽¹¹⁴⁾ Directive 2011/98/EU of the European Parliament and of the Council of 13 December 2011 on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State (OJ L 343, 23.12.2011, p. 1, <http://data.europa.eu/eli/dir/2011/98/oj>).

⁽¹¹⁵⁾ Directive (EU) 2021/1883 of the European Parliament and of the Council of 20 October 2021 on the conditions of entry and residence of third-country nationals for the purpose of highly qualified employment, and repealing Council Directive 2009/50/EC (OJ L 382, 28.10.2021, ELI: <http://data.europa.eu/eli/dir/2021/1883/oj>).

⁽¹¹⁶⁾ <https://ec.europa.eu/growth/tools-databases/regprof/professions/generic>.

⁽¹¹⁷⁾ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22, ELI: <http://data.europa.eu/eli/dir/2005/36/oj>), Annex V, Section V.2.

Box 3.3: EU case-law facilitates the recognition of qualifications

In the *BB* case ⁽¹¹⁸⁾, the CJEU ruled, in the case of a Lithuanian national who had completed pharmacy studies partly in the United Kingdom, that the competent authorities of the host Member State (Lithuania) were obliged, when examining an application for the recognition of professional qualifications, to assess the applicant's competences and compare them with those required to practice as a pharmacist under Lithuanian national law.

In *A v Sosiaali- ja terveystieteiden lupa- ja valvontavirasto*, Case C-577/20 ⁽¹¹⁹⁾, the CJEU clarified that, where a profession such as psychotherapy is not regulated in the host Member State, the competent authorities are nonetheless required to assess applications for the recognition of diplomas under Articles 45 and 49 of the Treaty on the Functioning of the European Union. Importantly, national authorities must presume the validity of qualifications issued in another Member State and may only seek verification with the issuing authority if 'serious doubts' supported by objective evidence arise.

In Case C-634/20 ⁽¹²⁰⁾, the CJEU held that Finnish authorities could not impose additional training and practice requirements on a UK-trained doctor who lacked only the accompanying certificate of experience. While automatic recognition under Directive 2005/36/EC was not available, the case fell under Articles 45 and 49 of the Treaty on the Functioning of the European Union, which require an individual comparative assessment of qualifications. The ruling confirms that host Member States must respect proportionality, meaning compensatory measures may be imposed only where substantial differences are identified, and cannot take forms that unduly delay or downgrade access to the medical profession.

Source: Authors' elaboration based on desk research.

The recognition of qualifications, particularly in healthcare professions, raises practical difficulties, which may hinder individuals' ability to work in their profession in another Member State. Consulted stakeholders in the majority of Member States (e.g. AT, BE, HR, CZ, DK, EE, FI, FR, DE, EL, IE, IT, LT, LU, NL, NO, PL, PT, SI) have confirmed that qualification recognition procedures pose obstacles to recruitment in the LTC sector. These processes are reported to be lengthy and administratively complex.

Recognition procedures seem to hinder TCNs more than EU/EFTA nationals, due to standardised procedures for the recognition of qualifications for EU/EFTA nationals and to the substantial differences in the roles and training of TCNs in their countries of origin. However, even the recognition procedures for EU/EFTA nationals are influenced by reported shortcomings concerning the implementation of Directive 2005/36/EC, which varies across Member States (European Court of Auditors, 2024). More specifically, in some cases, authorities request more documents than the directive allows and conduct

additional checks beyond those the directive requires, which results in recognition procedures taking longer than the maximum period stipulated (European Court of Auditors, 2024).

A tool that already supports the process of qualification recognition across Member States and could further support effective information exchanges in this domain is the internal market information system (IMI). The IMI provides the technical backbone for the European Professional Card, which provides a streamlined and fully electronic procedure to recognise qualifications for selected professions, including nurses, within the EEA. The IMI's legal and technical framework allows for the expansion of its functionalities, and its secure multilingual tools can support targeted administrative cooperation.

A promising practice in easing the process of recognising qualifications for LTC nurses was identified in Luxembourg. Those workers who seek to be recognised as nurses responsible for general care, who may include LTC nurses, and

⁽¹¹⁸⁾ Judgment of the Court (Sixth Chamber) of 8 July 2021, *BB v Lietuvos Respublikos sveikatos apsaugos ministerija*, C-166/20, ECLI:EU:C:2021:554, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A62020CJ0166>.

⁽¹¹⁹⁾ Judgment of the Court (First Chamber) of 16 June 2022, *A v Sosiaali- ja terveystieteiden lupa- ja valvontavirasto*, C-577/20, ECLI:EU:C:2022:464, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:62020CA0577>.

⁽¹²⁰⁾ Judgment of the Court (Sixth Chamber) of 3 March 2022, *A vs Sosiaali- ja terveystieteiden lupa- ja valvontavirasto*, C-634/20, ECLI:EU:C:2022:152, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:62020CJ0634>.

have evidence of professional qualifications obtained abroad that are referred to in Annex V of Directive 2005/36/EC are exempt from the national recognition procedure, which normally requires applicants to receive authorisation from the competent ministry to practise in Luxembourg ⁽¹²¹⁾.

Language barriers are also one of the most consistently reported recruitment challenges across the vast majority of Member States ⁽¹²²⁾. Language skills are essential in the LTC sector, both as an entry requirement and as a fundamental element of quality care. In some Member States, language qualifications are mandatory for becoming a licensed worker or for legal compliance ⁽¹²³⁾. Effective comprehension and clear verbal communication between carers and care recipients are essential for understanding the latter's needs, life routines, preferences and expectations, and for offering psychological support and counselling (Poulain et al., 2023). Therefore, while in some Member States language qualifications are not mandatory for accessing the profession, they are still a de facto requirement, as knowledge of the language is key for achieving effective communication and providing psychological support to care recipients to ensure their well-being and quality of care (Poulain et al., 2023). Surveys in the Netherlands indicate that 61 % of employers who did not recruit care workers from abroad cited language and communication problems as the primary reason (Böcker and Lange, 2025). Limited access to language training, reported in Belgium, Iceland and Romania, further compounds the issue.

Some Member States offer language courses, as is the case in Croatia and Sweden, while others offer courses in sending Member States, as is the case in some initiatives run by Austrian stakeholders ⁽¹²⁴⁾. Nevertheless, language training opportunities

across Member States appear to be focused more on TCNs than EU/EFTA mobile workers. In some cases, initiatives at the regional level have taken on the role of providing language courses. For example, in Italy's Emilia-Romagna region, the social cooperative Anziani e non solo offers specialised Italian language training ⁽¹²⁵⁾ focused on communication with care recipients and their families, emergency protocols and healthcare terminology. Workers who had attended targeted linguistic skills training demonstrated greater confidence, better engagement with employers and care recipients, and improved capacity to cope with administrative processes, including regularisation and access to social benefits. However, challenges remain in scaling and embedding such specialised language training within national education and labour policies ⁽¹²⁶⁾.

From an operational perspective, several existing EU instruments could help ease some of the pressures associated with qualification recognition procedures in the LTC sector. Partnerships developed under the pact for skills ⁽¹²⁷⁾ offer a useful platform for bringing together employers, training providers and public authorities to explore the closer alignment of LTC-related training content and also language and induction modules that are frequently identified as missing during recognition assessments. Such cooperation could support the development of more comparable training outcomes for care assistants and some of the other LTC roles, where divergent national standards often translate into additional compensatory measures, which delay entry into professional roles.

European Social Fund Plus ⁽¹²⁸⁾ funding can be used by Member States to reinforce the administrative capacity of competent authorities, improve the consistency and transparency of procedures

⁽¹²¹⁾ <https://guichet.public.lu/en/citoyens/famille-education/etudes-superieures/reconnaissance-diplomes/reconnaissance-titres-formation-etranger-profession-reglementee.html>.

⁽¹²²⁾ AT, BE, BG, CY, CZ, DE, DK, EE, FI, FR, HR, HU, IS, LI, LT, LU, LV, MT, NL, NO, PL, PT, RO, SE, SK.

⁽¹²³⁾ For instance, in BE, DE, HR, CY, LV and NL.

⁽¹²⁴⁾ Information obtained through stakeholder consultation (employers' representative, Austria).

⁽¹²⁵⁾ <http://formazione.anzianienonsolo.it/moodle/>.

⁽¹²⁶⁾ Information obtained through stakeholder consultations (regional public authority (Emilia-Romagna), Italy; academic researcher, Italy).

⁽¹²⁷⁾ The pact for skills is an EU cooperation framework that convenes employers, public authorities, social partners and training providers to support coordinated upskilling and reskilling measures, including through access to technical assistance and information on relevant EU funding streams.

⁽¹²⁸⁾ The European Social Fund Plus is the EU's main instrument for 'investing in people', with a total budget of EUR 142.7 billion for 2021–2027, supporting employment, education, training, social inclusion and structural reforms across Member States. It brings together four previous EU funds / funding instruments (European Social Fund, Fund for European Aid to the Most Deprived, Youth Employment Initiative, and Employment and Social Innovation) and is implemented mostly by Member States, providing shared management funding for national/regional projects and a Commission-managed strand for EU-level social innovation and employment measures.

through digitalisation, and expand skills and qualification development (e.g. bridging training). The quality jobs roadmap may also have an indirect but meaningful role as a cross-cutting instrument (European Commission, 2025) ⁽¹²⁹⁾. By promoting better working conditions and supervision structures and clearer career pathways, it can contribute to making the LTC sector (among others) more attractive for both domestic and mobile

workers. The forthcoming skills portability initiative will also be a key initiative aiming to support a coherent framework for facilitating labour mobility within the EU, which could have bearing on the LTC sector ⁽¹³⁰⁾. It has direct relevance for addressing workforce challenges by facilitating the portability and interoperability of skills and qualifications, as a key driver of improving working conditions and facilitating career progression.

Conclusions

Cross-border and transnational recruitment in the LTC sector takes place through a combination of formal and informal channels. Formal channels include public recruitment services (e.g. EURES) and some types of private LMIs. By contrast, social networks, friends and community contacts, and user pages on social media platforms constitute, largely unregulated, informal recruitment channels.

Recruitment practices vary by care setting, worker origin and employer type, rather than following a unified approach. In residential care, recruitment is more formal and structured, taking place through channels such as PES, EURES and other public authorities, and specialised recruitment agencies. Informal channels (e.g. social networks and social media) continue to be an effective means of matching demand and supply, particularly in domestic care, while digital recruitment channels (digital platforms and also social media) are increasingly shaping the LTC labour market, complementing more traditional methods. The posting of workers plays only a limited role in the LTC sector but is more important in specific LTC settings in some of the Member States. Nonetheless, there are examples of successful recruitment initiatives focusing on EU/EFTA mobile workers driven by public actors, such as EURES Ireland's online recruitment event titled 'Healthcare Recruitment in Ireland 2025' ⁽¹³¹⁾.

Private LMIs, such as the aforementioned specialised recruitment agencies, represent an important recruitment channel for the LTC sector,

including of TCNs. These LMIs assist employers in addressing labour shortages while guiding mobile workers through complex administrative and legal procedures. Public recruitment channels have a well-defined role in the recruitment of mobile workers, in particular in relation to TCNs (e.g. through government programmes). However, for EU/EFTA mobile workers, the use of PES and EURES appears relatively limited in some of the Member States / EFTA countries.

Recruitment challenges are significant throughout the sector. Labour and skills shortages are widespread, with acute deficits of nurses in several Member States. There is also high demand for domestic care, and this is set to rise in the next few years and decades. However, poor working conditions deter local and mobile workers from choosing LTC professions. Language requirements, although important for quality of care, often delay recruitment and restrict access. Procedures for the recognition of qualifications remain lengthy and fragmented, particularly for TCNs, while administrative procedures for work and residence permits add further complexity. Ethical recruitment models are emerging in the recruitment of TCNs, often supported by bilateral agreements that help streamline qualification recognition and simplify work permit procedures. This chapter has highlighted examples of practices that not only help to address pressing labour shortages but also ensure that recruitment remains fair, ethical and sustainable (e.g. Triple Win Programme in Germany,

⁽¹²⁹⁾ The quality jobs roadmap initiative of the European Commission aims to promote improved job quality across the EU, including through strengthened working conditions, access to training and sustainable career development pathways, as part of broader efforts to address labour and skills shortages. For further details, see https://ec.europa.eu/commission/presscorner/detail/en/ip_25_2917.

⁽¹³⁰⁾ Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions – The union of skills, COM(2025) 90 final of 5 March 2025, https://commission.europa.eu/document/download/f0beb292-fe6a-47e8-8570-ce5569f1be5c_en.

⁽¹³¹⁾ <https://europeanjobdays.eu/en/event/healthcare-recruitment-ireland-2025>.

the ethical code of the Flemish Employment and Vocational Training Service in Belgium).

The ability of LTC systems to attract and retain a sufficient workforce depends on a range of factors, including the quality of working conditions and the availability of meaningful career opportunities. Where employment in the sector is characterised by physically and emotionally demanding tasks, limited advancement prospects and comparatively low pay (for further details, see Chapter 4), it can be challenging to maintain a stable and motivated workforce. These conditions may also contribute to higher turnover and greater reliance on informal or unregulated recruitment channels. The European Commission's European care strategy underlines the importance of improving working conditions to enhance the resilience and appeal of care

professions, particularly in view of demographic trends and increasing demand for care services ⁽¹³²⁾.

These findings suggest that cross-border and transnational recruitment in LTC can be more effective when the following conditions are in place: strong transnational cooperation and collaboration between public and non-governmental actors within Member States establish structured professionalisation pathways; support services such as language training and cultural onboarding are integrated; and safeguards for workers, including fair contracts and decent working conditions, are clearly defined, monitored and enforced. Low wages and difficult working conditions – structural features of the sector – need to be addressed in order to increase the attractiveness of the sector and staff retention, given the stark demographic trends discussed in Chapter 2.

⁽¹³²⁾ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>.

4. Employment and working conditions

This chapter in brief

EU and national legislation and policies together form a comprehensive framework that supports fair employment and working conditions in the LTC sector. This includes protections for all worker categories, including EU/EFTA mobile workers and TCNs, through EU directives on working time, rest periods, contract transparency, minimum wages, social security coordination and work–life balance. However, implementation across Member States varies and has remained uneven, particularly in domestic and live-in care, where atypical employment relationships and intermediary roles are widespread, leaving many workers without full protection or access to rights.

Despite the regulatory framework, the sector continues to face persistent challenges: remuneration typically below the national average wage, irregular and extended working hours (often working during the evening, at nights or on weekends), unpredictable schedules, high workloads and the widespread use of part-time, fixed-term and platform-based contracts. Overall, these factors contribute to financial insecurity, particularly among mobile workers. Difficult working conditions are reflected in the higher incidence of non-fatal accidents in the sector. Self-employment, including bogus self-employment, and undeclared work are also common in some Member States, particularly in domestic care, resulting in gaps in social security coverage and employment rights.

Working conditions vary depending on employer type (private, public or non-profit), care setting (residential or domestic/live-in care) and occupation (e.g. nurse, personal assistant or domestic worker). The rise of LMIs and digital platforms may have contributed to employment precarity, including bogus self-employment. Information about working conditions in community-based care is scarce, and trends specific to mobile workers could not be identified.

While EU/EFTA mobile workers and TCN workers help alleviate labour shortages in some of the Member States, they are disproportionately affected by the sector's structural vulnerabilities, as they are more likely to work in precarious jobs with limited social protections and in employment that is not fully regularised. Barriers such as language skills, a lack of qualification recognition and fragmented collective agreements exacerbate wage disparities and limit access to stable, well-protected jobs.

Introduction

Employment in LTC is often characterised by low pay, heavy workloads, unpredictable schedules and contractual insecurity – all factors that contribute to staff shortages and high turnover and that make the sector less attractive as a sustainable career path. Working conditions vary significantly across provider types, care settings and occupational roles. EU/EFTA mobile citizens and TCNs play an indispensable role in sustaining the sector but appear to encounter worse working conditions than their local counterparts. While examining employment and working conditions in the LTC sector, this chapter

reflects on the challenges that affect EU/EFTA mobile workers and TCNs, highlighting differences from and commonalities with local workers. Patterns across Member States are presented, alongside examples of specific challenges encountered at the national level, and a range of practices implemented to address some of the key challenges. The findings related to mobile workers are situated within the broader characteristics and dynamics of the sector, allowing for a clearer understanding of how general sector-wide issues intersect with their situation.

As will be discussed in greater detail, in most Member States, the average remuneration of LTC workers is below that of the rest of the workforce. At the same time, LTC workers are more likely to perform evening or night work and to work at the weekend. Mobile workers may be more vulnerable to these and other challenges, as they are over-represented in those LTC

settings where such issues occur more frequently. Both EU and national legislation, including collective bargaining, help improve working conditions in the LTC sector. Nonetheless, economic constraints and heterogeneity in legal frameworks and their implementation contribute to challenges related to working conditions.

4.1. EU and national law support fair employment and working conditions

The EU has established a comprehensive legal framework to ensure fair employment and decent working conditions across all economic sectors, including LTC. It covers rules on working time, protections for atypical forms of work, requirements for transparent employment terms, fair remuneration standards, equal treatment in social security and

measures to reconcile work and care duties. Practical implementation in the LTC sector can be challenging, however. Table 4.1 provides a review of the principal elements of EU law, with particular emphasis on those provisions most directly relevant to mobile workers in the LTC sector.

Table 4.1: Key EU directives and regulations for ensuring fair employment and working conditions

Key EU directives and regulations	Brief overview
Directive (EU) 2019/1152 on transparent and predictable working conditions ^(a)	It aims to improve employment conditions by establishing clearer terms and more predictable schedules, particularly benefiting workers in precarious or non-standard jobs. Employers must provide timely and comprehensive information on the essential aspects of the job (e.g. place of work, remuneration and working hours) and give reasonable advance notice of work schedules, especially if work schedules are mostly unpredictable. Unlike the previous 1991 directive, the new directive ensures coverage for all workers in the EU, including those in short-term and casual employment relationships. It explicitly extends protections to categories that are common in LTC but were often previously left out; for instance, domestic workers (live-in care workers), on-demand or zero-hour contract workers and platform care workers are brought under the directive's scope of application.
Directive (EU) 2003/88/EC concerning certain aspects of the organisation of working time ^(b)	It lays down minimum safety and health requirements for work schedules; establishes minimum daily and weekly rest periods, annual leave, breaks and maximum weekly working hours; and regulates night work, shift work and working patterns. In LTC, a sector often characterised by 24-hour care needs and overnight shifts, the directive's requirements on rest and maximum hours are especially important to guard against fatigue and burnout.
Directive (EU) 2022/2041 on adequate minimum wages ^(c)	It establishes a framework for ensuring that statutory minimum wages are adequate. While it does not set a single EU-wide wage floor, it requires Member States to assess and report on their minimum wage levels and to promote collective bargaining coverage.
Directive 2008/104/EC on temporary agency work ^(d)	It aims to ensure the protection of temporary agency workers and to improve the quality of temporary agency work by ensuring the principle of equal treatment. The basic working and employment conditions of temporary agency workers must be, for the duration of their assignment at a user undertaking, at least those that would apply if they had been recruited directly by that undertaking to occupy the same job.

Key EU directives and regulations	Brief overview
<p>Regulation (EC) No 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems ^(e)</p>	<p>These regulations govern social security coordination and ensure that mobile workers are entitled to the same benefits and are subject to the same obligations under the legislation of any Member State as its nationals. Additionally, Council Directive 79/7/EEC establishes the principle of equal treatment for men and women in social security matters ^(f). In the LTC sector, a sector involving activity predominantly carried out by women, this becomes particularly relevant. Proof of this can be seen in the General Treasury of Social Security (Tesorería General de la Seguridad Social) CJEU judgment ^(g), which concerned the exclusion of domestic workers from unemployment benefits under the Spanish social security scheme. The CJEU found that such an exclusion constituted indirect discrimination on the ground of sex, as the group of domestic workers consisted almost entirely of women. It ruled that Council Directive 79/7/EEC precludes a national provision that excludes unemployment protection for domestic workers, since this places female workers at a particular disadvantage compared with male workers. The court also clarified that such a measure could only be justified by legitimate social policy objectives pursued in a consistent and proportionate manner, which was not the case here.</p>
<p>Directive (EU) 2019/1158 on work–life balance for parents and carers ^(h)</p>	<p>The directive recognises the challenges of combining work with family or care responsibilities. The directive introduces two key rights with particular relevance for the LTC workforce. First, it creates an EU-wide entitlement to carer’s leave, granting at least five working days per year to any worker providing personal care or support to a relative, ensuring time off for urgent care needs without forcing workers to reduce hours or exit employment. Second, it extends the right to request flexible working arrangements, such as remote work, flexitime or reduced hours, to all carers and parents of young children, obliging employers to consider and respond to such requests.</p>
<p>Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work ⁽ⁱ⁾</p>	<p>The directive establishes general principles for the prevention of occupational risks and the protection of workers’ safety and health in all sectors. It excludes ‘domestic servants’ from the definition of ‘worker’, an exclusion that should be interpreted narrowly. Employers are required to carry out risk assessments, implement preventive and protective measures, provide information and training and consult workers. These general obligations are specified further by individual directives setting minimum requirements for particular categories of occupational risk, several of which are directly relevant to the LTC sector, namely Council Directive 89/656/EEC, which covers the use by workers of personal protective equipment in the workplace; Council Directive 90/269/EEC, which addresses risks arising from the manual handling of loads and is particularly pertinent to the frequent lifting, repositioning and transfer of care recipients; and Council Directive 98/24/EC, which covers the protection of workers from risks related to exposure to chemical agents and applies to the regular use of cleaning, disinfectant and medical products in care settings ^(j).</p>

^(e) Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union (OJ L 186, 11.7.2019, p. 105, ELI: <http://data.europa.eu/eli/dir/2019/1152/oj>).

^(f) Directive (EU) 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time, available at: <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32003L0088>.

^(g) Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union (OJ L 275, 25.10.2022, p. 33, ELI: <http://data.europa.eu/eli/dir/2022/2041/oj>).

^(h) Directive 2008/104/EC of the European Parliament and of the Council of 19 November 2008 on temporary agency work (OJ L 327, 5.12.2008, p. 9, ELI: <http://data.europa.eu/eli/dir/2008/104/oj>).

⁽ⁱ⁾ Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1, ELI: <http://data.europa.eu/eli/reg/2004/883/oj>); Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (OJ L 284, 30.10.2009, p. 1, ELI: <http://data.europa.eu/eli/reg/2009/987/oj>).

^(j) Council Directive 79/7/EEC of 19 December 1978 on the progressive implementation of the principle of equal treatment for men and women in matters of social security (OJ L 6, 10.1.1979, p. 24, ELI: <http://data.europa.eu/eli/dir/1979/7/oj>).

^(k) Judgment of the Court (Third Chamber) of 24 February 2022, *CJ v Tesorería General de la Seguridad Social (TGSS)*, C-389/20, ECLI:EU:C:2022:120, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:62020CJ0389>.

^(l) Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work–life balance for parents and carers and repealing Council Directive 2010/18/EU (OJ L 188, 12.7.2019, p. 79, ELI: <http://data.europa.eu/eli/dir/2019/1158/oj>).

^(m) Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (OJ L 183, 29.6.1989, p. 1, ELI: <http://data.europa.eu/eli/dir/1989/391/oj>).

⁽ⁿ⁾ Council Directive 89/656/EEC of 30 November 1989 on the minimum health and safety requirements for the use by workers of personal protective equipment at the workplace (third individual directive within the meaning of Article 16(1) of Directive 89/391/EEC) (OJ L 393, 30.12.1989, p. 18, ELI: <http://data.europa.eu/eli/dir/1989/656/oj>); Council Directive 90/269/EEC of 29 May 1990 on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (fourth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC) (OJ L 156, 21.6.1990, p. 9, ELI: <http://data.europa.eu/eli/dir/1990/269/oj>); Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work (fourteenth individual directive within the meaning of Article 16(1) of Directive 89/391/EEC) (OJ L 131, 5.5.1998, p. 11, ELI: <http://data.europa.eu/eli/dir/1998/24/oj>).

Source: Authors’ summary based on desk research.

There are notable differences in the ways these directives are transposed at the national level and in the derogations from the directives, as discussed in the following sections. Together with the additional regulations implemented at the national level, these divergences contribute to a complex and heterogeneous legal framework that governs the LTC sector and the employment and working conditions of the workforce in various Member States. In practice, this may mean that working time rules, schedule predictability, wage-setting mechanisms, equal treatment safeguards for agency work, and access to social security or leave / flexible work may not always be applied consistently to mobile workers

in the sector. These differences might have the largest influence on working conditions in live-in care, where specific regimes and the role of intermediaries or self-employment can make the application of general standards less straightforward than in residential care settings. Challenges in enforcement are discussed separately in Chapter 5. Overall, the aforementioned legal and institutional variations can reinforce existing divisions in the labour market. This means that some EU/EFTA mobile workers and TCNs may end up in parts of the sector where it is much harder to guarantee fair working hours, pay and social protection.

4.2. Working in long-term care involves high workloads and below-average wages

The LTC sector plays a crucial role in supporting some of the most vulnerable people who are in need of care, yet it continues to face significant challenges in attracting and retaining a stable workforce. Central among these challenges are the demanding nature of working time arrangements, heavy workloads and low remuneration.

Challenges linked to working time and workload, including overtime and extended hours, were identified as a significant issue in the employment and working conditions for LTC workers, including

EU/EFTA mobile workers and TCNs, across 19 national reports ⁽¹³³⁾. Remuneration was particularly highlighted in four of these reports (BE, BG, IE, LT), but also featured as a salient issue in other reports. Marked differences in working conditions among LTC workers are related to the type of employer (private, public or non-profit), care setting (residential or home care) and occupation (e.g. nurse, personal assistant or domestic worker). Research also indicates some differences between mobile workers and country nationals, although the data on this are scarce.

4.2.1 EU and national legislation regulate working time, with specific provisions for domestic and live-in care workers in several Member States

Member States follow diverse approaches to regulating working time arrangements, which often depend on types of occupations (nurses, personal assistants or domestic workers) and whether they are employed in the public or private sector.

There are notable differences in how the EU Working Time Directive is transposed at the national level. In many Member States ⁽¹³⁴⁾, the same rules apply in principle to nurses, personal carers and domestic LTC workers. By contrast, the regulatory framework in other Member States varies depending on the category of worker. In Belgium and Greece, for example, domestic workers are broadly excluded from the Working Time Directive, while Austria and

Portugal apply a special parallel working time regime (Bauer et al., 2018). In some Member States (e.g. IE, ES, FR, FI, SE) specific exemptions from the directive exist in relation to particular categories, such as live-in care workers, family members or workers directly employed by households (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). The question of better protection or extension of substantial rights for live-in care workers and domestic LTC workers arises to different degrees depending on the Member State.

Issues related to the interpretation of the directive have been addressed before the CJEU, which has clarified the scope of Member States' obligations in

⁽¹³³⁾ AT, BE, CY, EE, FI, FR, DE, EL, IE, IS, IT, LI, LU, MT, NL, PT, RO, SI and ES.

⁽¹³⁴⁾ For example, CZ, DK, DE, EE, HR, LV, LT, LU, HU, MT, PL, SI and SK.

implementing the directive. In the *Jaeger* case⁽¹³⁵⁾, for example, the CJEU clarified that on-call duty requiring a doctor's physical presence at the hospital must be regarded in its entirety as working time, even during periods of inactivity or rest. The court also underlined that the reduction of minimum rest entitlements must be strictly compensated and that overall limits on weekly working time must always be respected. Similarly, in its judgment of 2021, the German Federal Labour Court (Bundesarbeitsgericht)⁽¹³⁶⁾ argued that domestic workers in the LTC sector posted to private households are entitled to the statutory minimum wage not only for active working hours but also for standby and on-call periods. The court thus recognised that these workers' continuous presence in the household and obligation to respond at all times constitutes, under national law, full working time.

In the *CCOO* case⁽¹³⁷⁾ the CJEU ruled that national legislation must require employers to set up a system to measure the duration of time worked each day by each worker. At the same time, it is for the Member States to determine the specific arrangements for implementing such a system, in particular its form, having regard to the characteristics of each sector of activity or the specific characteristics of certain undertakings, notably their size. These rules are particularly relevant for workers providing LTC in a domestic setting.

In the *Loredas* case⁽¹³⁸⁾, which concerns the implementation of the Working Time Directive in Spain, the CJEU addressed a domestic worker's claim for overtime pay and compensation for untaken leave following dismissal. The claim had been dismissed nationally for lack of evidence, since Spanish law exempted employers of domestic workers from keeping records of daily working hours. The court held that such an exemption undermines the rights guaranteed by the EU Working Time Directive and

Article 31(2) of the Charter of Fundamental Rights of the European Union.

The following paragraphs offer a comparative overview of statutory and collectively agreed working time arrangements across various Member States in the LTC sector. They highlight how national standards for weekly and daily working hours and regulations governing overtime differ depending on the Member State, care setting and specific occupational role.

At the national level in most Member States, the statutory or collectively agreed standard working week is approximately 40 hours (e.g. in BG, CZ, HR, LV, LT, AT, SK, FI and SE). In some Member States, a slightly lower number of weekly hours is applied to LTC professionals. For example, Norway sets the standard week at 33.6–38 hours for shift workers (ETL Global, 2024), and Sweden enforces a 37-hour standard under the general collective agreement signed in April 2025⁽¹³⁹⁾. Some Member States such as Lithuania and Slovakia, cap maximum weekly working hours, including overtime, at around 48 hours; this is often averaged over a reference period of 17 weeks (e.g. in DK, AT and SK).

The maximum allowable daily working time differs by Member State and care setting, ranging from 8 (in general) to 13 hours (in nursing homes with geriatric wards in Austria)⁽¹⁴⁰⁾. Extended shifts of 12 hours or longer are common in several Member States (e.g. in CZ, EE, LT, MT, AT, SK), particularly in residential settings or for live-in care. Home care workers who provide community-based services (e.g. home helpers) frequently work split shifts – for example, four hours in the morning and three in the late afternoon. While some workers view this arrangement as a way to balance childcare and professional duties, others find it burdensome (Bauer et al., 2018). In Lithuania, shift durations can be as long as 24 hours for staff in medical and social care or educational institutions operating on a continuous standby basis, or for employees required to be

⁽¹³⁵⁾ Judgment of the Court of 9 September 2003, *Landeshauptstadt Kiel v Norbert Jaeger*, C-151/02, ECLI:EU:C:2003:437, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:62002CJ0151>.

⁽¹³⁶⁾ Federal Labour Court of Germany, judgment of 24 June 2021, Case 5 AZR 505/20, ECLI:DE:BAG:2021:240621.U.5AZR505.20.0.

⁽¹³⁷⁾ Judgment of the Court (Grand Chamber) of 14 May 2019, *Federación de Servicios de Comisiones Obreras (CCOO) v Deutsche Bank SAE*, C-55/18, ECLI:EU:C:2019:402, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:62018CJ0055>.

⁽¹³⁸⁾ Judgment of the Court (Seventh Chamber) of 19 December 2024, *HJ v US and MU* (commonly referred to as *Loredas*), C-531/23, ECLI:EU:C:2024:1050, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A62023CJ0531&qid=1764775365508>.

⁽¹³⁹⁾ This agreement applies to employees in the public sector. Other collective agreements for the private sector and for cooperatives, civil-society organisations and values-based not-for-profit organisations may provide for other standard weekly working hours.

⁽¹⁴⁰⁾ *Krankenanstalten-Arbeitszeitgesetz* [Hospital Working Time Act], available at <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10009051> and Article V of *Nachtschicht-Schwerarbeitsgesetz -Novelle 1992* [Night Shift and Heavy Labour Act -Amendment 1992], available at <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008815>.

on-site and on call. However, these arrangements must ensure that average weekly working hours do not exceed 48 hours and that each working day is separated by at least a full day of rest⁽¹⁴¹⁾. In Austria, the daily working time in nursing homes with geriatric wards cannot exceed 13 hours, while in residential facilities without geriatric wards the statutory weekly working time of 40 hours applies⁽¹⁴²⁾.

Overtime regulations are clearly defined in several Member States (e.g. in CZ, DK, DE, IE, LT, PT, and SE⁽¹⁴³⁾), where statutory limits set the maximum allowable overtime hours within a specific week or reference period. In Czechia, for example, legislation

permits up to 8 overtime hours per week and a maximum of 150 overtime hours annually⁽¹⁴⁴⁾. Similarly, Lithuania restricts overtime to 180 hours per year; however, the weekly limit of 8 hours may be increased to 12 hours if the employee provides written consent (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a).

Several Member States have established specific regulations governing the working hours of domestic and live-in care workers, but challenges in implementation persist. Some examples are included in Box 4.1.

Box 4.1: Some Member States have introduced specific regulations for working hours in domestic and live-in care

In Austria, the Domestic Help and Employees Act and the Domestic Care Act establish provisions governing working hours for domestic carers. Regular carers who do not reside in the same household may work up to 86 hours within a 2-week period (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a), while live-in care workers supporting individuals with significant care needs or a dementia diagnosis may work up to 128 hours over the same period. Both regulations mandate a daily three-hour break. Additionally, live-in care workers are entitled to a 2-week rest period following 14 consecutive days of work⁽¹⁴⁵⁾. However, almost all live-in care workers in Austria operate as self-employed individuals, rendering these regulations largely inapplicable; consequently, working hours are not defined with enough precision and clarity, even if these are included in the individual care contract signed by the live-in care worker and the person in need of care (or their family). These individual care contracts typically also include an entitlement to a two-hour break per day.

In Portugal, the Labour Code (Código do Trabalho) (Law No 7/2009) establishes regulations on maximum working hours, rest periods and overtime. The domestic service contract is regulated separately under the Legal Regime of Domestic Work and Social Protection (Regime Jurídico do Contrato de Serviço Doméstico) and is not included within the Labour Code. Law No 13/2023 introduced additional protections for domestic workers to more closely reflect the general Labour Code, although its application in informal environments is perceived as limited by the stakeholders consulted.

⁽¹⁴¹⁾ Information obtained through national research in Lithuania.

⁽¹⁴²⁾ Krankenanstalten-Arbeitszeitgesetz [Hospital Working Time Act], available at <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10009051> and Article V of Nachtschicht-Schwerarbeitsgesetz -Novelle 1992 [Night Shift and Heavy Labour Act -Amendment 1992], available at <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008815>.

⁽¹⁴³⁾ According to the Working Hours Act (1982:673), Section 3, derogations may be made through collective agreements as regards the maximum allowable overtime hours. Arbetstidslag (1982:673) [Working Hours Act (1982:673)], 24 June 1982, https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/arbetstidslag-1982673_sfs-1982-673/.

⁽¹⁴⁴⁾ Section 93(1) and (2) of the Labour Code.

⁽¹⁴⁵⁾ Bundesgesetz vom 23. Juli 1962 über die Regelung des Dienstverhältnisses der Hausgehilfen und Hausangestellten (Hausgehilfen- und Hausangestelltengesetz) [Federal Act of July 23, 1962, on the Regulation of Employment Relationships for Domestic Helpers and Domestic Employees], 23 July 1962, as subsequently amended, https://www.ris.bka.gv.at/Dokumente/ErV/ERV_1962_235/ERV_1962_235.html; Hausbetreuungsgesetz [Home Care Act], 15 January 2026, <https://ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20005362>.

Italy's Legislative Decree No 66 of 8 April 2003 implementing the EU Working Time Directive sets a 40-hour week for live-out carers and 54 hours for live-in care workers in the domestic and care sector, with a maximum of 10 hours per day. However, the stakeholders consulted reported that recording and enforcing working hours, especially for live-in care workers and in informal settings, remains difficult, and live-in workers can work a considerably higher number of hours per day without additional remuneration. Even with formal employment, long hours and unclear work–rest boundaries are not uncommon. The General Working Time Law applies only where workers are not covered by national collective bargaining agreements (*contratti collettivi nazionali di lavoro*), but its enforcement in practice presents challenges.

Source: Authors' elaboration based on desk research and national research conducted for this study.

The legal measures at the EU and national levels aim to regulate working time arrangements and support decent working conditions, but, as shown above, there are situations where working time limits have weaker protection, either because of the legislation

in force or due to limited enforcement. The following sections identify some of the key challenges that continue to persist in the LTC sector and affect EU/EFTA mobile workers, despite existing legal measures intended to address them.

4.2.2. Working conditions in long-term care are characterised by atypical working patterns and long shifts

Although statutory regulations provide a framework for protecting working time limits, in practice the intensity of LTC work and amount of overtime are shaped by systemic factors. Workers in certain settings, subsectors and contractual arrangements may thus experience far weaker protection. As will be discussed later, there are indications that mobile workers in LTC are more likely to endure some of these adverse labour-market phenomena.

Based on EU-LFS data, the total number of weekly working hours reported by workers is not significantly different in the LTC sector from the economy overall, although in some of the Member States (e.g. HR, PL, SK) the figures suggest moderately higher work intensity in the sector⁽¹⁴⁶⁾. The average number of weekly hours worked, however, is markedly higher among full-time care workers directly employed by households. In this group of workers, data for 2024 covering the EU-27 showed the average number of hours usually worked reaching 44.3 hours⁽¹⁴⁷⁾. These findings are in line with the results of the 2024 PHS Employment Monitor, in which about a quarter of all

respondents reported working more than 40 hours a week (EFFAT et al., 2024); this share reached almost 42 % among those survey respondents who were providing LTC as part of their work⁽¹⁴⁸⁾.

LTC working time arrangements are broadly similar to those in other sectors, but irregular and atypical hours are more common, particularly due to the need for 24/7 coverage. As can be seen in Figure 4.1, work during non-standard hours (i.e. evening and night work, work at the weekend) is significantly more common among LTC workers than in the overall EU economy. The work patterns of domestic care workers are similar to those of the (narrowly defined) LTC workforce⁽¹⁴⁹⁾. However, Sunday work is somewhat less common among them, even if it remains more prevalent than in the economy overall (see Sunday work in Figure 4.1). Additionally, an exploratory analysis of 2023 EU-LFS data, presented in further detail in Annex 2, indicates that mobile workers employed in care may be more likely to work during non-standard hours. The analysis in question could not select the LTC workforce exactly as defined

⁽¹⁴⁶⁾ The average number of weekly hours worked by full-time LTC workers in the EU-27 in 2024 reached 38.1 hours. The same figure stood at 24.1 for part-time LTC workers. Slovak full-time LTC workers reported working 43.3 hours on average per week. Croatian and Polish LTC workers also reported working more than 42 hours on average per week. These figures are based on a special extraction of average values of the HWUSUAL variable from the EU-LFS, provided by Eurostat on 24 July 2025.

⁽¹⁴⁷⁾ Special extraction of average values of the HWUSUAL variable from the EU-LFS, provided by Eurostat on 24 July 2025.

⁽¹⁴⁸⁾ Authors' calculations based on 2024 PHS Employment Monitor microdata; workers who reported caring for older people or people with disabilities have been classified as PHS care workers.

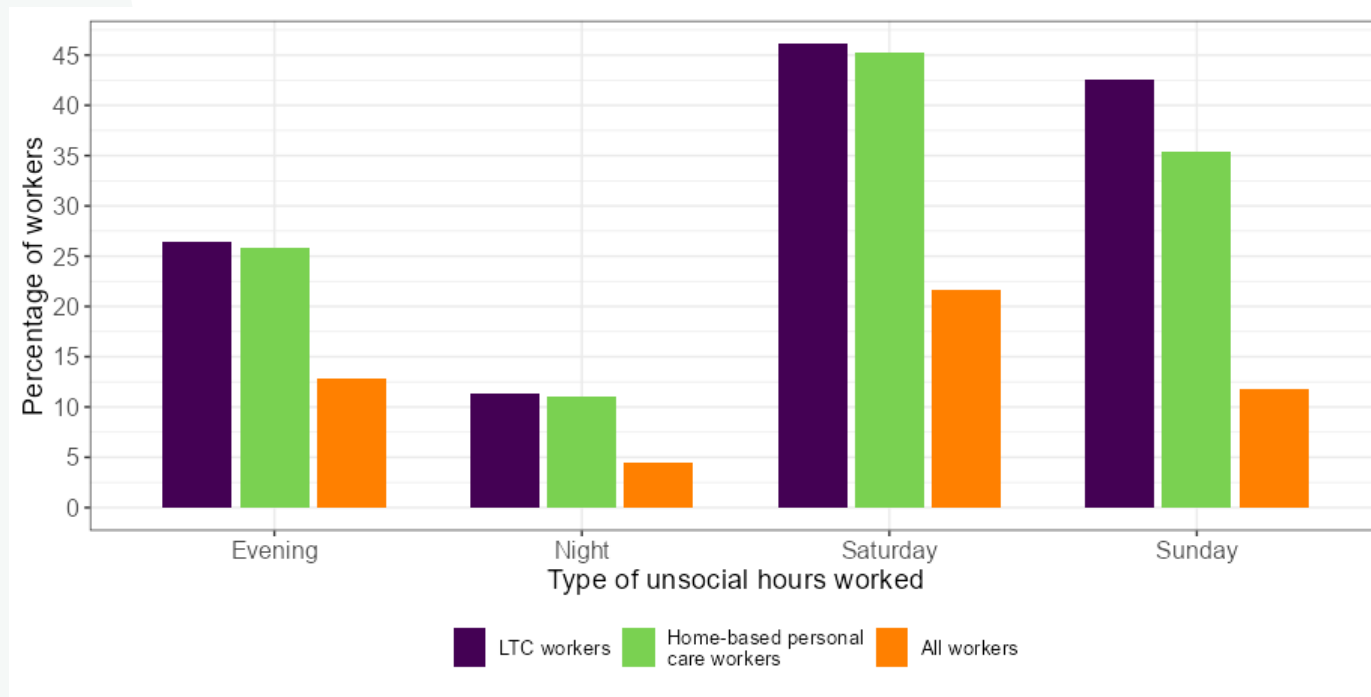
⁽¹⁴⁹⁾ As explained in more detail in Chapter 2, for the purposes of quantitative analyses relying on EU-LFS data, this report considers the group of home-based personal care workers (ISCO 5322) in all economic sectors as a proxy for home care workers (see also European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). The LTC workforce, narrowly defined, includes selected professions in NACE groups 87.1, 87.3 and 88.1.

in the monitoring framework. Nonetheless, it has shown that mobile workers in a similar, yet broader, group appear more likely to work during non-standard hours. This is the case especially for work on Saturdays, which appears to be 20 % more likely among mobile workers than among country nationals

(see Annex 2 and Figure A.2.1 for further details). Sunday work, work in the evening and work at night also seem more common among mobile workers than among country nationals, albeit to a differing degree between EU/EFTA mobile workers and TCN workers.

Figure 4.1: Work during non-standard hours is common among care workers

Share of workers who reported working during evenings, at nights and at weekends in the EU-27, comparison of selected groups of workers, 2023



NB: For the definitions of LTC workers and home-based personal care workers, see notes to Table 2.1.
 Source: Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 September 2025, and Eurostat, 'Employed persons working in the evenings by professional status - % of total employment' [*lfsa_ewpeve*] series, 'Employed persons working at nights by professional status - % of total employment' [*lfsa_ewpnig*] series, 'Employed persons working on Saturdays by professional status - % of total employment' [*lfsa_ewpsat*] series and 'Employed persons working on Sundays by professional status - % of total employment' [*lfsa_ewpsun*] series, data accessed 3 September 2025.

While work during non-standard hours is still common in LTC, its prevalence has shown a considerable decline in the past decade. This applies both to the economy overall and to the LTC workforce, although the decline in the occurrence of non-standard work hours has been more pronounced among LTC workers. For instance, while 45.8 % of all LTC workers reported frequent evening work in 2013, the same figure reached 26.4 % in 2023. Similarly, the prevalence of frequent work on Sundays decreased from over 58 % in 2013 to 42.5 % in 2023 ⁽¹⁵⁰⁾.

Although EU-LFS data provide mixed evidence on this matter, stakeholder consultations and desk research indicate that overtime is a prevalent feature throughout the LTC sector, more so than in the

overall economy. This issue has been identified as acute in many Member States. Generally, residential care settings tend to have stronger regulation of working hours, whereas enforcement is much weaker in domestic and live-in care arrangements (as discussed in Chapter 5). In these environments where enforcement is more challenging, workers are often required to be on duty continuously, which leads to unregistered overtime, excessive workloads and inadequate rest. No specific data on overtime exist for EU/EFTA mobile workers or TCNs, but similar trends across Member States were identified in the national research conducted for this study.

Long hours and overtime are notably more common in private and domestic care settings than in the

⁽¹⁵⁰⁾ Authors' calculations based on a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 3 September 2025.

public sector, where collective bargaining typically ensures stronger protections. For instance, in Malta, public sector residential care is characterised by structured shifts and robust regulatory oversight, which help to limit excessive working hours and ensure compliance with labour standards (Eurofound, 2020). A similar pattern is evident in Cyprus, where a strong trade union presence in public residential care has resulted in more regulated working conditions, whereas in private care, where unionisation levels are lower, there are frequent reports of unpaid overtime and additional duties being assigned without corresponding pay⁽¹⁵¹⁾. In Italy, consulted participants noted common occurrences of unpaid overtime and lengthy hours within private households, often under undeclared or semi-declared employment arrangements for live-in care workers. Live-in care workers are often required to be on call and to provide continuous, 24-hour care throughout the week (Leiblfinger et al., 2020). This arrangement leads to particularly pronounced

instances of long working hours and overtime, with limited opportunities for rest or relief.

The physically and mentally demanding nature of care work, the prevalence of non-standard working hours – including shift work (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a) – and a large share of older workers among the LTC workforce are all likely to contribute to more frequent or more severe work-related accidents (Nielsen et al., 2019; Ybema et al., 2023). Within the monitoring framework (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a), European statistics on accidents at work data on non-fatal accidents in NACE divisions 87 and 88 are proposed as an indicator documenting this specific risk related to working in LTC. Data on the incidence of non-fatal accidents at work in Table 4.2, measured per 100 000 workers, show that the care sector suffers from a much higher risk of non-fatal accidents.

Table 4.2: Non-fatal accidents were more common in the care sector than in the overall economy of the EU-27

Incidence of non-fatal accidents per 100 000 workers in the EU-27 in NACE divisions 87 and 88, 2016-2023

Year	2016	2017	2018	2019	2020	2021	2022	2023
Residential care activities (NACE 87)	2 506.8	2 589.6	2 542.7	2 499.3	2 820.5	2 611.9	2 816.4	2 424.8
Ratio to incidence in the total economy (NACE 87, in %)	143.8	152.2	152.3	154.7	194.9	171.9	186.9	174.1
Social work activities without accommodation (NACE 88)	1 930.9	1 991.0	2 002.1	1 965.4	1 910.9	1 909.4	2 175.2	1 610.2
Ratio to incidence in the total economy (NACE 88, in %)	110.8	118.9	119.9	121.7	132.0	125.7	144.4	115.6
Total economy	1 743.4	1 701.9	1 669.6	1 615.5	1 447.3	1 519.4	1 506.6	1 392.5

Source: Eurostat, 'Non-fatal accidents at work by NACE Rev. 2 activity and sex' [hsw_n2_01] series, data accessed 16 April 2026.

Beyond long hours and irregular schedules, occupational safety and health (OSH) risks represent a significant challenge in the European LTC sector. Workers are exposed to a combination of physical, biological, psychosocial and social hazards that affect their health and overall quality of life. Key risks include biological and chemical hazards arising from contact with infectious agents and disinfectants; physical and ergonomic risks linked to lifting and moving patients, operating equipment and performing repetitive tasks (musculoskeletal risks);

psychosocial stressors, such as violence, harassment and the emotional burden of end-of-life care; and social isolation, particularly among live-in and migrant care workers, which could have a bearing on mental health vulnerabilities (EU-OSHA et al., 2022; Eurofound, 2025; Kriegsmann-Rabe et al., 2023). EU/EFTA mobile workers and TCNs are especially at risk due to language barriers and limited familiarity with local OSH practices. Enforcement of safety standards is further complicated in domestic care settings,

⁽¹⁵¹⁾ Information obtained through stakeholder consultation (workers' representative, Cyprus).

where regulatory oversight is weak, thus increasing workers' OSH risks in these settings ⁽¹⁵²⁾.

An additional concern regarding working conditions in LTC is workers' limited autonomy over their working schedules. According to the European Foundation for the Improvement of Living and Working Conditions (Eurofound), almost two thirds of LTC staff possess minimal or no control over their working hours, and many are obliged to work with little advance notice (Eurofound, 2020). On the one hand, there is a lack of flexibility for workers regarding their working hours and schedules, while, on the other, employers retain much of the control over these aspects of the employment relationship. This is particularly pronounced in household settings, where fragmented 'on-demand' hours or live-in roles often blur the line between working and non-working time, leaving workers with little or no say in how their time is structured.

Overall, research highlights the disproportionately high presence of EU/EFTA mobile workers and TCNs in the least regulated and controlled segments of the LTC sector, particularly live-in and domestic care (see also Section 2.2.3). These environments often lack robust oversight and formal regulatory frameworks, resulting in weaker protections for workers and greater exposure to precarious employment conditions (Bauer et al., 2016; Simmons et al., 2022).

At the EU level, several instruments aim to mitigate these issues. The Transparent and Predictable Working Conditions Directive has been transposed in most Member States, requiring a minimum level of predictability in work schedules (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). Nurses and personal carers appear to be fully covered without any exceptions by national laws transposing the directive, apart from in Cyprus, where the directive seems to apply only in the public sector.

By contrast, the situation for domestic LTC workers seems to diverge from that of nurses and personal carers, as more exemptions from the application of the directive were reported in various Member States.

For instance, in Cyprus, the directive does not apply to domestic workers. In Spain, it only applies partially, while in Italy and the Netherlands the applicability of the directive is subject to a limited number of exceptions. These, at least in Italy's case, appear to be linked to the specific exclusions made possible in Article 1(7) of the directive (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a).

In some Member States, LTC workers have been excluded from the scope of the Work-Life Balance Directive, limiting their rights to parental or carers' leave and flexible working arrangements (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). For instance, in Denmark, certain limited-hour workers in the care sector may possibly be excluded from the right to cash benefits or wages during maternity/paternity leave due to the marginality of their employment (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a), while in Cyprus the directive was reported to apply only in the public sector and where collective agreements exist, in practice leaving workers unprotected in non-unionised private hospitals and residential homes for older people. This mainly affects TCN domestic workers without union representation (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). Even where regulation exists, enforcement in domestic and live-in settings is weak.

These challenges may impact the entire LTC workforce, regardless of nationality. However, mobile workers from Member States / EFTA countries (most of whom originate from central and eastern Europe) and TCNs are disproportionately concentrated in the roles and employment settings most exposed to irregular hours and unpaid overtime – that is, jobs in live-in care and private care settings where effective monitoring and enforcement are weaker and contractual protection less robust. The exploratory quantitative analysis in Annex 2, investigating work in non-standard hours among LTC mobile workers compared with country nationals, provides further underpinning evidence for this premise.

⁽¹⁵²⁾ Information obtained through stakeholder consultation (workers' representative, EU level).

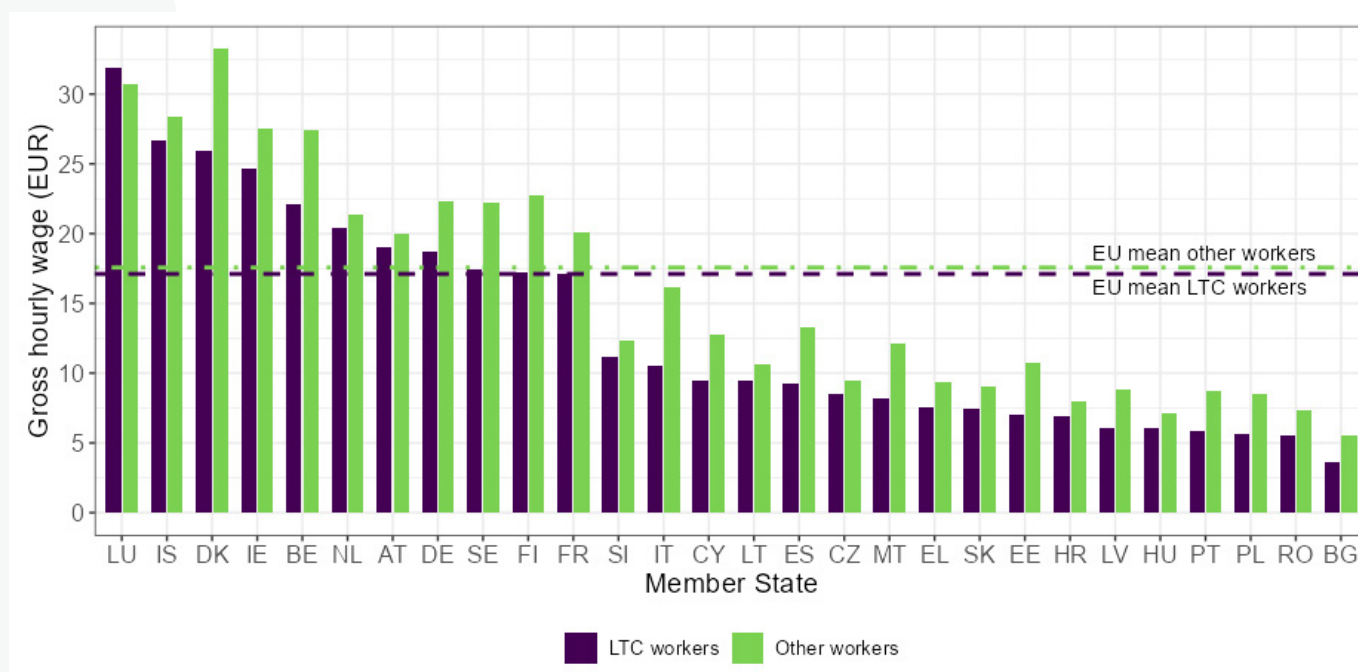
4.2.3. Pay in long-term care is relatively low and varies considerably across Member States

Remuneration remains a central issue in the LTC sector, as highlighted in the national research. The hourly pay of LTC workers across Member States typically falls well below the average of the workforce in other economic sectors. Structure of Earnings Survey data from 2022 indicate that LTC workers' remuneration was typically well below the wages of other workers of the national workforce ⁽¹⁵³⁾, with a median gap of almost 20 percentage points. The relative position of the LTC workforce is best in

Luxembourg, where its mean gross hourly wage amounts to approximately 103 % of that of other workers. The divergence in hourly wages is least favourable for the LTC workers in Bulgaria, where their average gross hourly wage stands at a little over 64 % of that of all other workers in the Bulgarian economy. The median of the Member State-level wage differential between LTC workers and the rest of the national workforce was 80.6 % (Belgium). Further details are provided in Figure 4.2.

Figure 4.2: Hourly earnings of LTC workers are below average in almost all Member States

Gross hourly earnings of LTC workers, comparison of the total economies of the EU-27 and individual Member States, 2022



NB: LTC workers are defined as workers in NACE divisions 87 and 88 employed in ISCO categories 222, 322 and 532. Data on LI and NO are not available. NACE 87 = residential care activities; NACE 88 = social work activities without accommodation; ISCO 222 = nursing and midwifery professionals; ISCO 322 = nursing and midwifery associate professionals; ISCO 532 = personal care workers in health services.

Source: Authors' calculations based on a special extraction from the 2022 Structure of Earnings Survey data, data accessed 2 September 2025.

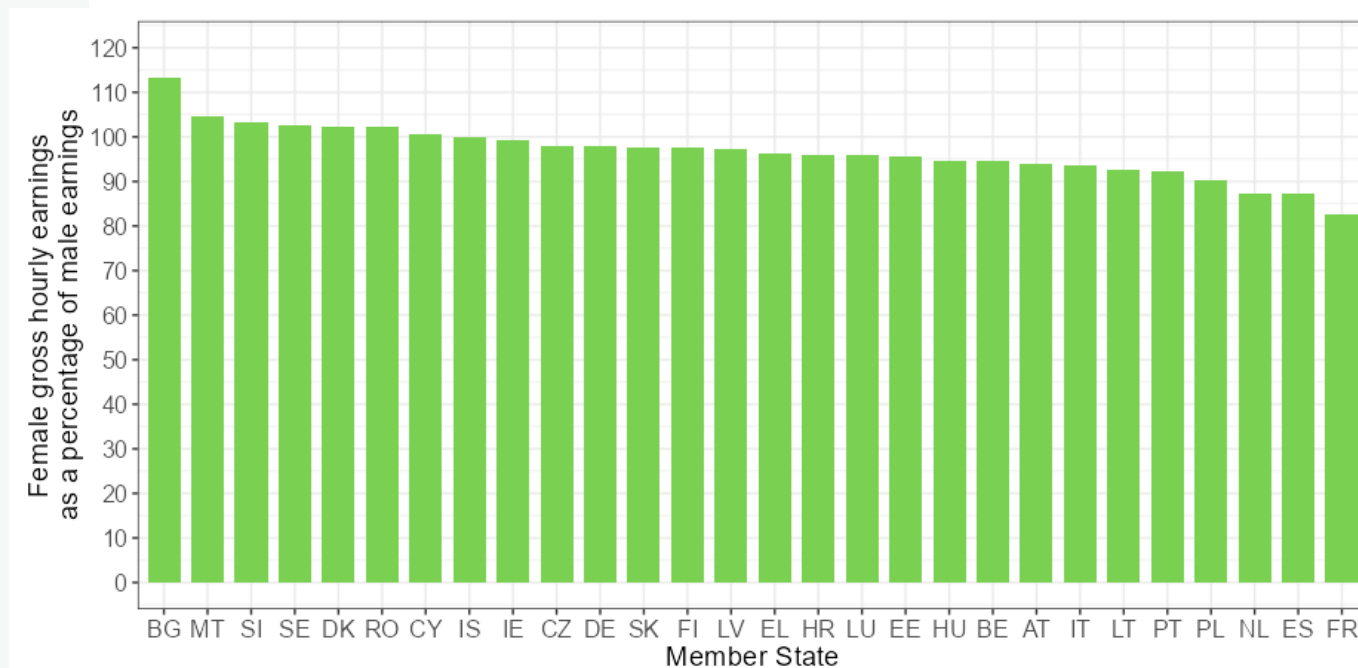
As LTC is among the most feminised sectors of the labour market, the significant wage disparity between LTC and other sectors is in turn reflected in the gender pay gap. Moreover, while 2022 Structure of Earnings Survey data show that divergence between average hourly earnings between male and female workers within the LTC sector is relatively muted in most Member States, there are also important exceptions. According to the aforementioned data,

female LTC workers in France earn on average approximately 83 % of the average hourly earnings of their male counterparts. The same figure stands at a little over 87 % for Spain and the Netherlands and 90 % for Poland (see Figure 4.3). Thus, in some Member States, intra-sectoral differences in earnings between the genders further exacerbate the adverse effect of low pay for LTC work on the remuneration of female workers in the labour market.

⁽¹⁵³⁾ Due to data availability issues, this analysis relying on the Structure of Earnings Survey identifies LTC workers by using an overlap of NACE divisions 87 and 88 and the three-digit ISCO codes 222, 322 and 532. For more details, see indicator P11 in the monitoring framework.

Figure 4.3: Differences in pay among female and male LTC workers are notable in some Member States

Gross hourly earnings of female LTC workers as a percentage of male LTC workers' earnings, 2022



NB: LTC workers are defined as workers in NACE divisions 87 and 88 employed in ISCO categories 222, 322 and 532. Data on LI and NO are not available. NACE 87 = residential care activities; NACE 88 = social work activities without accommodation; ISCO 222 = nursing and midwifery professionals; ISCO 322 = nursing and midwifery associate professionals; ISCO 532 = personal care workers in health services.

Source: Based on a special extraction from the 2022 Structure of Earnings Survey data, data accessed 2 September 2025.

Despite the low average pay of the LTC workforce compared with other workers in the same Member State, those with low education levels tend to fare relatively better in LTC than in other sectors. In 2022, the average gross hourly wage of this group of workers was markedly higher in LTC than in other sectors in Czechia, Cyprus, the Netherlands, Austria and Slovakia. Similar patterns between low-educated workers in LTC and other sectors, albeit with smaller differences, were observed in Belgium, Germany, Romania and Slovenia. Thus, at least within some Member States, LTC appears to offer comparatively better opportunities for individuals with low education levels.

Figure 4.2 also highlights the large differences in the remuneration levels of LTC workers across Member States. Mean gross hourly wages varied in 2022 from more than EUR 25 in Luxembourg (EUR 31.89), Iceland (EUR 26.73) and Denmark (EUR 25.95) to less than EUR 4 in Bulgaria (EUR 3.57), while the median value across this indicator was reached in Italy (EUR 10.94). When considering remuneration levels in purchasing

power standards, differences get smaller, but still remain considerable⁽¹⁵⁴⁾.

These differences across Member States in the remuneration of LTC workers are among the key factors underlying labour mobility in the sector. Several Member States with an average remuneration of LTC workers at or above the aforementioned median of approximately EUR 11 have a substantial share of mobile workers in the LTC sector (e.g. AT, DE, IT, SE). By contrast, EU-LFS data indicate that many of the Member States with a comparatively very low mean hourly gross wage have an LTC workforce composed of country nationals exclusively⁽¹⁵⁵⁾. There are some notable exceptions (e.g. Malta), where the share of mobile workers is high in the LTC workforce despite comparatively modest pay levels. However, these cases comprise a clear minority.

LTC and social services generally show lower average earnings than the healthcare sector, which affects recruitment and retention in the LTC sector; however, there are variations by occupation and specialisation

⁽¹⁵⁴⁾ The interquartile range of remuneration data expressed in (nominal) euro is 11.8, while the same statistic is 7.5 for data expressed in purchasing power standards.

⁽¹⁵⁵⁾ 2022 EU-LFS data show that all or nearly all LTC workers were country nationals in BG, HR, LT, HU, PL, RO and SK.

(Eurofound, 2020). Nurses, who tend to be more often employed in healthcare and LTC and who have varying specialisations, earn different average salaries (Eurofound, 2020; European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). When comparing only personal care workers,

however, the difference narrows significantly in some Member States and even reverses in some (e.g. the Netherlands and Austria), with LTC workers in this occupation earning more on average (Eurofound, 2020; OECD, 2023).

4.2.4. Mobile workers are over-represented in lower-paid segments of the long-term care sector

In many Member States, wages are determined by national or sectoral collective agreements, and minimum wage rules are intended to ensure that EU/EFTA mobile workers receive equal pay to their national counterparts. Although formal wage arrangements do not generally distinguish by nationality, wage disparities may persist in practice. ILO Convention No 189 on domestic workers (2011), for the first time, formulated a labour standard for a particular group of workers, therefore providing an additional lever to states to extend minimum wage coverage. However, only 10 of the Member States have ratified the convention so far ⁽¹⁵⁶⁾.

Mobile workers often enter the lower-paid segments of the LTC sector, such as domestic or live-in care. Some Member States, like Belgium, have implemented harmonised wage scales to promote parity and wage transparency in the entire LTC sector across public, private and non-profit LTC providers (Zorgnet-Icuro, 2021). Still, EU/EFTA mobile workers and TCNs face a higher risk of being underpaid, especially in private agencies or informal settings where regulation is weakest. Barriers such as language, qualification recognition and legal restrictions contribute to wage disparities, often leaving these workers in roles below their skill level, as noted in Finland ⁽¹⁵⁷⁾.

In many Member States, residential care, particularly in public institutions, provides more stable and regulated pay, following standard contracts and wage scales. In-home care, especially in live-in or unregulated settings, often involves lower hourly rates than residential care. Wages in formal home care can be lower than in residential care because of the absence of shift work. In France, for instance, home care workers earn less than their peers working in residential care settings. In 2021, the average annual wage of the nearly 500 000 home care

workers amounted to EUR 7 040 (Morel-Jean, 2025). In contrast, in 2024, care assistants in residential care facilities (*établissements d'hébergement pour personnes âgées dépendantes*) earned on average EUR 2 200 per month (Brigad, n.d.). EU/EFTA mobile and TCN nurses often face challenges in having their qualifications recognised, as noted in the national reports for Italy and Finland ⁽¹⁵⁸⁾, leading to employment in roles for which they may in practice be overqualified. Overall, domestic LTC workers and assistant nurses providing home care are among the lowest paid, especially considering the high risk of overtime. Overall, there is a notable distinction between formal home care services (including those delivered in the framework of community-based care services), and the largely unregulated setting of live-in care. This has major implications for working conditions, worker protection and the enforcement of labour standards, as discussed in this chapter and the next chapter.

Italy's system of pay levels set by national collective bargaining agreements (*contratti collettivi nazionali di lavoro* (CCNLs)) provides further evidence of the divergences in remuneration across the LTC sector (Müller, 2025). In the LTC sector in Italy, there is no single CCNL; instead, different types of organisations and employers, such as social cooperatives, private organisations, public institutions and associations, follow different reference agreements. Often, several CCNLs cover similar activities and duties but offer different minimum wages and contractual terms. For example, there are significant differences between those who provide home care and those who perform similar tasks within, for instance, daycare centres or nursing homes in terms of their contractual status, minimum wages, rights and social security coverage. Minimum monthly wages for live-in care workers (CCNL for *lavoro domestico*) are

⁽¹⁵⁶⁾ DE and IT and (2013), IE (2014), BE, FI and PT (2015), SE (2019), MT and NO (2021) and ES (2023); for ES, ratification also meant the recognition of the right to unemployment benefits for domestic workers.

⁽¹⁵⁷⁾ Information obtained through stakeholder consultation (representative of a government programme, Finland).

⁽¹⁵⁸⁾ Information obtained through stakeholder consultation (workers' representative, EU level).

lower than those envisaged for home care workers employed in cooperatives (CCNL for *cooperative sociali*), as the contract covering the latter sets out more professional levels with progressive contractual increases. For workers in nursing homes and institutions (CCNL for *istituzioni socio-assistenziali*), the contractual tables recognise specific job categories (e.g. auxiliaries, healthcare assistants, nurses) and specific allowances; in these cases, the minimum contractual rates may be higher than in the previously mentioned agreements. For workers employed in the National Health Service (Servizio Sanitario Nazionale), other remuneration levels and specific contracts apply.

The variety of enforceable contracts can lead to divergences in working conditions and remuneration among workers performing similar tasks in different

settings and for different providers. Furthermore, not all collective agreements have regular renewal periods, which can contribute to uncertainty among workers and loss of purchasing power due to inflation. Finally, the wide range of applicable CCNLs in the LTC sector in Italy can lead to complexities in the selection and correct implementation of the agreement, creating challenges for enforcement authorities as well.

Although collective agreements and wage frameworks exist, EU/EFTA mobile workers and TCNs are still at risk of wage gaps and poor working conditions. Issues such as unrecognised qualifications, language challenges and employment in less regulated LTC jobs worsen their situation and limit their access to more favourable employment conditions.

4.3. Non-standard contractual arrangements have consequences for social security coverage

This section delves into working arrangements in LTC by focusing, first, on some of the implications of relying on self-employment and forms of indirect employment as alternatives to direct employment. While self-employment and indirect employment can provide more flexibility to employers and care recipients, their diffusion may come at a cost for

the workers providing LTC. Section 4.3.1 outlines these in more detail. The section then examines, using EU-LFS data, the prevalence of part-time work and temporary contracts in LTC. Both of these employment arrangements are more common in the LTC workforce than in the economy at large.

4.3.1. Long-term care workers are employed through a range of contractual arrangements, with various implications for social security coverage

The European LTC sector is characterised by diverse contractual arrangements and an increasing reliance on private LMIs and digital platforms for recruitment into LTC sector jobs (as explored in Chapter 3).

Direct employment, wherein workers are engaged directly by care providers or clients, including public institutions, private companies and individual households, remains the most straightforward and common arrangement for LTC workers, particularly within residential care settings (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). This is confirmed by the existing surveys and administrative data ⁽¹⁵⁹⁾. However, there are indications that indirect employment has been increasing in recent years, reflecting the sector's

heightened demand for flexible staffing solutions and workforce mobility. Indirect employment takes place through a third-party entity, either for profit or non-profit, which acts as an intermediary between care providers and workers, offering matching services and frequently managing administrative and contractual responsibilities, especially in cases of cross-border employment. Employment arrangements affect job quality, worker rights and care affordability.

As discussed in Chapter 3, private LMIs, including private employment agencies, recruitment firms and some types of digital platforms, play an integral role in organising employment within the LTC sector, including among EU/EFTA mobile workers and TCNs. While studies acknowledge LMIs' key role in

⁽¹⁵⁹⁾ For instance, Italian administrative data covering 2023 show that more than 98 % of all workers in NACE division 87 and 94 % of workers in NACE division 88 were employees (Istat, 2025).

recruiting and placing live-in care workers (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024), quantitative data regarding the prevalence of these entities in the cross-border and transnational matching of demand and supply are limited ⁽¹⁶⁰⁾. Furthermore, the extent to which their involvement is – either directly or indirectly – linked to violations of working conditions remains insufficiently documented. It is likely, nevertheless, that the risk of unclear contractual relationships between employers and workers rises with the presence of subcontracting chains. Moreover, as confirmed by the national research, there are situations in which intermediaries have a decisive role in the recruitment and placement of specific occupations in LTC, even in cases when these are carried out by workers categorised as self-employed. This, for instance, is the case for self-employed personal carers in Austria, who rely on brokerage agencies for their placement.

The presence of private LMIs within the LTC sector, including in cross-border and transnational recruitment, is attributable to structural, regulatory and economic drivers. This employment model provides flexibility (Eurofound, 2025) but also triggers notable risks for workers. The Temporary Agency Work Directive establishes a common EU framework but does not apply uniformly across the EU, with several Member States limiting its application. In Bulgaria, the Temporary Agency Work Directive is not fully applied in the LTC sector, as it is subject to a sectoral restriction. Similarly, in Portugal, there is a sectoral exception for domestic LTC workers under the directive. In France, the directive does not apply to people employed by private households (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a).

Self-employment is a third type of working arrangement found in LTC, alongside direct and indirect employment via private LMIs. While less widespread, with only 1.6 % of LTC workers self-employed in the EU-27 in 2024 ⁽¹⁶¹⁾, this arrangement is more prominent in some of the Member States with substantial live-in care activities, where EU/EFTA mobile workers and TCNs may operate as independent contractors, sole traders or workers under civil law contracts. While systematic

quantitative information does not exist, there are indications that these situations are often facilitated by private LMIs or families seeking to minimise employer obligations. Bogus self-employment is one of the key challenges of such working arrangements in the LTC sector and is used to circumvent labour law obligations. Workers in this situation have fewer rights than employees despite a similar reliance on a single client (or intermediary). This type of situation is common in live-in care arrangements.

Given the low wages in the sector and since self-employed workers are responsible for their own social security contributions, there is an incentive to not pay contributions beyond the minimum level stipulated by law. In Austria, for example, live-in care workers make compulsory contributions within the framework of the Social Insurance Institution for the Self-employed (Sozialversicherungsanstalt der Selbstständigen) ⁽¹⁶²⁾. However, this does not include compulsory unemployment insurance, unless particularly high additional contributions are paid voluntarily. The pension rights obtained are also poor (e.g. with 15 years of the minimum contribution, live-in care workers may receive no more than EUR 150 as a monthly pension) ⁽¹⁶³⁾.

A specific type of situation encountered in cross-border labour mobility are transitions from posting to (bogus) self-employment. Certain live-in care workers in these situations have lost the protections afforded to posted workers, often being ‘pushed into situations of bogus self-employment’ (European Economic and Social Committee, 2020a). One example is the case of Polish care workers in Germany. In May 2011, free access to the German labour market was granted to workers from Poland, and other Member States, after they joined the EU in 2004. People in need of LTC or their families in Germany could thus employ a Polish care worker directly from that point onwards. The costs are, however, high for duly declared direct employment relationships, and these are often beyond what care recipients can afford. Alongside undeclared work, posting in combination with a mandate contract or (bogus) self-employment are the other, less costly alternatives.

⁽¹⁶⁰⁾ The exploratory quantitative analysis in Annex 2 sought to fill this gap to the extent possible; it found that mobile workers in care were significantly more likely to be engaged via TWAs.

⁽¹⁶¹⁾ Data obtained from a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 16 May 2025.

⁽¹⁶²⁾ <https://www.svs.at/>.

⁽¹⁶³⁾ Information obtained through stakeholder consultations (employers’ representative, Austria; workers’ representative, Austria).

Case studies presented in the literature show that the practice involving Polish care workers posted to Germany specifically appears to use Polish civil law contracts of mandate (*umowa zlecenia*), concluded in Poland (via private labour intermediaries), for which PDs A1 are issued. Civil law contracts are a 'special category of atypical contracts used to contract labour in Poland' (European Commission: Directorate-General for Employment, Social Affairs et al., 2018; Hipp et al., 2024; Phan-Warnke et al., 2021). Individuals engaged under contracts of mandate are required to make some compulsory social insurance contributions; however, since contracts of mandate are purely governed by the Polish Civil Code and not the Labour Code, they are not entitled to a monthly minimum wage, regulated working hours, overtime compensation, dismissal protections (including notice periods) or the right to paid leave (ELA, 2025b). The detrimental consequences of such arrangements for workers can be significant. Instances of abusive situations involving Polish posting agencies and German placement agencies have been reported, including extensive working hours, no breaks or rest periods, overtime and standby time without payment, inadequate living conditions, OSH violations and social insurance fraud (European Economic and Social Committee, 2020a).

However, it is important to note that the legal effects of such Polish civil law contracts do not determine the status or rights of individuals once they are posted to Germany. Under Article 2(2) of the Posting of Workers Directive, the definition of a 'worker' is governed by the law of the Member State to which the worker is posted. Consequently, even if Polish care workers are formally engaged under contracts of mandate – a contractual form not recognised as an employment relationship under German law⁽¹⁶⁴⁾ – German law ultimately determines whether they qualify as workers. If they do, they are entitled to German minimum working conditions under posting legislation, including minimum wage, paid leave, maximum working hours and other core rights, irrespective of the rights afforded to them under Polish civil law contracts⁽¹⁶⁵⁾. In reality, however, the enforcement of posting rules is very challenging in

private households where live-in care workers are engaged. Determining workers' status is equally difficult, as it requires an assessment of actual working conditions and employment characteristics, not just formal contracts.

There are other types of situations in which workers are genuinely self-employed. For instance, a recent phenomenon was noticed in Belgium: 'project nurses', who work in residential care facilities as freelancers⁽¹⁶⁶⁾. They are healthcare workers placed by an intermediary (e.g. TWAs) and work on short-term assignments at a residential care centre or a hospital (Dekock, 2023; Grommen, 2022). This may indicate a shift from people being directly hired by care facilities to being hired under this type of arrangement⁽¹⁶⁷⁾ – driven by the pressing need for staff⁽¹⁶⁸⁾ – which, according to available evidence, appears to provide better working conditions (e.g. company car, higher wage, no evening or weekend work). The two types of situations described above indicate that, in some situations, self-employed workers in the LTC sector can be more exposed to precarious working conditions, but this is not always the case.

Contractual arrangements have clear implications for the social security coverage of mobile workers and, by extension, for the coordination of social security benefits in cross-border situations. There are also differences between various types of care settings.

Significant gaps in social security coverage exist for those classified as self-employed, who typically have limited access to paid leave, pensions, unemployment protection and OSH measures (European Economic and Social Committee, 2020b). The extent to which social security coordination issues exist depends on the LTC setting, but, in general, they do not appear to be specific to the LTC sector (if compared with other sectors).

Nonetheless, there are reportedly more issues with social security coordination and coverage among mobile live-in care workers⁽¹⁶⁹⁾. In residential care settings, while quantitative data are limited, the perceptions of stakeholders interviewed across

⁽¹⁶⁴⁾ Information obtained through stakeholder consultation (national authority, Germany).

⁽¹⁶⁵⁾ Information obtained through stakeholder consultation (national authority, Germany).

⁽¹⁶⁶⁾ Information obtained through stakeholder consultation (national authority, Belgium).

⁽¹⁶⁷⁾ Information obtained through stakeholder consultation (national authority, Belgium); see also <https://www.zorgneticuro.be/nieuws/groei-ende-uitzendarbeid-en-projectourcing-jaagt-zorgsector-op-nodeloze-kosten>.

⁽¹⁶⁸⁾ Information obtained through stakeholder consultation (national authority, Belgium).

⁽¹⁶⁹⁾ Information obtained through stakeholder consultation (member of the Administrative Commission for the Coordination of Social Security Systems).

various Member States agree that there are many nationals, EU/EFTA mobile workers and TCNs who are employed regularly and over the long term. This has positive implications for social security coverage. Posting appears less significant in the context of residential care work than in domestic care, although exact figures are not available on the prevalence of posting in various care settings. Stakeholders consulted for this study also report no major issues in relation to the cross-border portability of rights to social security benefits for mobile workers in residential care settings⁽¹⁷⁰⁾. This, however, does not necessarily imply the absence of any issues, but may indicate limitations in the mechanisms through which potential challenges and violations are identified⁽¹⁷¹⁾.

As will be discussed in more detail in Chapter 5, undeclared work persists as a major challenge within Europe's LTC sector, particularly among domestic and live-in care workers. This phenomenon is driven in part by the high cost of formal care, which can make undeclared arrangements seem more convenient (Eurofound, 2020). A significant share of live-in care workers are therefore involved in undeclared work, although rigorous quantifications are rare.

Undeclared employment leaves workers without social security contributions and access to benefits such as unemployment, sickness and maternity entitlements. This absence of coverage also means that many of these workers lack the financial stability needed to pursue recourse in cases of unfair dismissal or abuse (Eurofound, 2025). Moreover, undeclared workers are also typically excluded from collective bargaining and professional support structures, which further increases their vulnerability (Eurofound, 2025).

National social dialogue and collective bargaining mechanisms can promote fair employment conditions and enforce labour contracts. However, unionisation and the effectiveness of social dialogue vary widely across Member States and care settings (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a).

Domestic care workers are generally less unionised than workers in residential care, and private for-profit providers are less likely to be covered by collective agreements than public sector providers (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a). In many central and eastern European Member States, weak employer representation further limits collective bargaining (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a). Foreign workers face significant disadvantages in the LTC sector, especially in domestic and live-in roles, where representation and access to support structures are limited. Live-in care workers, often EU/EFTA mobile workers and TCNs, are especially vulnerable, and the absence of formal protection and representation heightens the likelihood of poor working conditions and mistreatment.

The complex regulatory landscape briefly discussed earlier in this section, marked by a range of contract types, indirect employment relationships, and (bogus) self-employment, creates variations in social security coverage for LTC workers. Mobile workers on part-time, temporary or zero-hour contracts face an increased risk of limited social security coverage, as eligibility for national insurance schemes often depends on meeting wage or working time thresholds, as well as specific durations of employment (ELA, 2025c). The risk of error in social security coverage and coordination also increases, resulting in challenges in aggregating benefits accrued in different Member States (ELA, 2025c). As social security contributions represent a significant share of labour costs in many Member States (OECD, 2025b), the pressure to keep these costs low is also conducive to an environment where deliberate social security fraud can occur (ELA, 2025c). This occurs, for example, through the under-reporting of wages or hours worked, false documentation (e.g. PDs A1 in the context of posting) or the deliberate misclassification of workers' employment status (i.e. bogus self-employment), which is used to circumvent tax and/or social insurance contributions and other employer responsibilities.

⁽¹⁷⁰⁾ Information obtained through stakeholder consultation (member of the Administrative Commission for the Coordination of Social Security Systems).

⁽¹⁷¹⁾ Information obtained through stakeholder consultations in Germany.

4.3.2. The prevalence of part-time and fixed-term work increases the precarity of working conditions

Part-time employment and fixed-term contracts are more common in the LTC sector than in the economy overall. According to 2024 EU-LFS data, in the EU-27, 40.3 % of LTC workers have been engaged in part-time jobs. The share of part-time contracts has been particularly high in Member States like Austria, Belgium, the Netherlands and Norway. The survey data indicate that almost 73 % of Dutch LTC workers have a part-time contract in their main job. In Austria, Belgium and Norway, this figure stands in the 55–60 % range. Part-time work in the sector is considerably less common in Czechia (7.7 %), Bulgaria (9.7 %), Slovenia (12.1 %) and Spain (23.6 %).

Data on the prevalence of part-time contracts specifically among mobile workers are limited, and some of the quantitative analysis carried out for this report indicates that they may be relatively less frequent among mobile workers (see Annex 2). However, stakeholders consulted in some of the Member States (e.g. Belgium) have indicated that mobile workers in LTC frequently hold part-time contracts, often coupled with additional training requirements where foreign qualifications are not recognised ⁽¹⁷²⁾.

Zero-hour contracts, a specific type of part-time agreement, are common in Finland and Sweden but are prohibited in several Member States, including Spain, Lithuania, Austria, Poland and Slovenia (Eurofound, 2020). Ireland, for example, regulates zero-hour contracts strictly and limits their use to exceptional cases, but permits ‘if and when’ arrangements, which are widespread in both private and non-profit LTC provision. These contracts can contribute to financial insecurity among EU and TCN care workers (OECD, 2023).

Part-time employment in the LTC sector is often involuntary, stemming from organisational limitations and the unavailability of full-time positions (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, European Social Policy Analysis Network et al., 2024), which would offer greater stability and economic security. According to Eurofound’s 2020 study on working conditions in LTC, about 58 % of LTC workers do not wish to reduce their working hours, while 18 % desire to

increase them, with this proportion being particularly pronounced among current part-time staff, where it reached one third, mirroring the overall workforce (Eurofound, 2020). Such involuntary arrangements often result in unpredictable incomes, increased risk of in-work poverty and reduced access to social security benefits.

Temporary contracts are moderately more prevalent within the LTC sector than in the wider economy (15.8 % of all LTC workers compared with 10.7 % of all workers in the total economy) ⁽¹⁷³⁾, reflecting the sector’s increased need for workforce flexibility and responsiveness to changing service demands. Among EU/EFTA mobile workers and TCNs, temporary contracts are frequently used as initial points of entry, particularly for agency-based or platform-mediated roles. The analysis of 2023 EU-LFS microdata presented in Annex 2 also indicates that mobile workers engaged in care-related professions are more likely to have temporary agency worker status or be employed through a fixed-term contract.

While these contractual forms can facilitate labour market entry, they often undermine job security and limit eligibility for social security benefits and career advancement. Training opportunities may also be restricted for workers on such contracts, particularly for agency or platform-based workers. These challenges are compounded for mobile and foreign workers, who may face language barriers or difficulties in having their qualifications recognised.

Surveys of the general working population have limitations when used to study phenomena such as the prevalence of fixed-term contracts or part-time work in selected economic sectors. Their reliability may be affected by the narrow sectoral focus and difficulties related to interviewing people working non-standard working hours, mobile workers or other specific groups of workers. Box 4.2, dedicated to the Labour Market Observatory of the Veneto region in Italy, highlights how administrative sources provide more information and allow for a better understanding of prevalent trends in the LTC labour market, including differences between mobile workers and country nationals.

⁽¹⁷²⁾ Information obtained through stakeholder consultation (employers’ representative, Belgium).

⁽¹⁷³⁾ Data obtained from a special extraction from the EU-LFS microdataset provided by Eurostat, data accessed 28 May 2025, and Eurostat, ‘Employment by sex, age and citizenship (1 000)’ [*lfsa_egan*] series and ‘Temporary employees by educational attainment level’ [*lfsa_etgaed*] series, data accessed 12 June 2025. For employees alone, the same figures stood at 16.1 % for LTC and 12.8 % for the total economy.

Box 4.2: Administrative data provide more detailed information on issues related to labour and mobile workers in LTC

By the mid-1990s, Italian public administration was investing in the complex process of obtaining data for labour market statistical analysis from administrative databases. An important breakthrough at the national level occurred in March 2008, as businesses, public bodies and families were legally required to communicate hirings and extensions, transformations and terminations of employment relationships in a unified and electronic manner. This administrative system is now commonly referred to as mandatory communications (*comunicazioni obbligatorie* (CO)). CO are now considered and used as a complementary – but in some cases the only reliable – source of information for the Italian National Statistical Institute’s Labour Force Survey (Rilevazione Continua sulle Forze di Lavoro) and the National Institute for Social Security (Istituto nazionale della previdenza sociale) Permanent Observatory on Precarious Work.

Statistics originating from CO refer to the labour market flows of subordinate and para-subordinate contracts in all economic sectors ⁽¹⁷⁴⁾. The unusual richness of these data allows researchers and policymakers to keep track of the flows of hirings, separations and transformation of contracts, even on a daily basis. The data allow analysts to differentiate between contract types, but also between different groups of employers and workers, including Italians and mobile workers.

Labour market quarterly reports based on CO are currently released by the Italian Ministry of Labour ⁽¹⁷⁵⁾. Moreover, publicly available and downloadable data released by Veneto Lavoro referring to Veneto ⁽¹⁷⁶⁾, a NUTS 2 (nomenclature of territorial units for statistics level 2) region in the north-east of Italy, represent a good practice in this regard.

These publicly available regional administrative data provide insight into, among other things, the main characteristics of contracts in LTC and differences in the contracts held by Italian and non-Italian workers. They show that, in 2024, around 30 % of hirings in the LTC sector (NACE groups 87.1, 87.3 and 88.1) were open-ended, whereas the share of such contracts was only 18 % in the total economy. However, 56 % of total hirings in LTC were part-time, while for the total economy this share stood at 31 %. They also provide detailed insights into hirings of non-Italian workers. In 2024, contracts concluded with non-Italian workers comprised about 16 % of all hirings in the LTC sector. These workers originated most commonly from Romania (28.4 % of all hirings of non-Italian workers), Albania (7 %) Morocco (6.7 %), Ukraine (5.8 %) and Moldova (5.2 %). Part-time temporary contracts comprised around 46 % of all hirings of non-Italians in LTC, while open-ended full-time contracts were considerably less common (approximately 16 %).

To further elaborate on trends in LTC, Table B.4.2.1 summarises the main developments in hiring composition since the beginning of the last expansionary cycle. For Italian workers, the overall share of open-ended hirings increased from 19.5 % in 2013–2019 to more than 31 % in 2023–2024. The overall share of full-time contracts for LTC hirings of Italian workers stagnated (43.3 % in 2013–2019 and 42.1 % 2023–2024), while the share of open-ended and full-time contracts rose substantially, from less than 9 % to almost 19 %. Almost three quarters of hirings of non-Italians in LTC were for temporary jobs (68.7 % in 2023–2024) and nearly half were for full-time employment (48 % in 2023–2024). While differences between time periods are modest, data suggest a small increase in the share of temporary contracts and a concomitant decline in full-time hirings of non-Italians in Veneto’s LTC sector.

⁽¹⁷⁴⁾ Subordinate contracts entail an exchange for remuneration, whereby a person agrees to perform their work under the dependence and direction of another individual / business undertaking. Standard employment contracts, apprenticeships, intermittent employment and temporary (agency) employment all fall into the category of subordinate contracts. On the other hand, para-subordination entails contractual obligations that unfold continuously over time and are coordinated with the client. However, at the same time, the working activity is carried out in a predominantly personal way and without any subordination, as is the case with a temporary agency contract.

⁽¹⁷⁵⁾ <https://www.lavoro.gov.it/documenti-e-norme/studi-e-statistiche/Pagine/default>.

⁽¹⁷⁶⁾ <https://www.venetolavoro.it/silv>.

Table B.4.2.1: Administrative data allow for a detailed analysis of contract types by the citizenship of workers

LTC sector hirings by contract type and citizenship, period averages, Veneto region (%)

Italians				
Period	Open-ended	Open-ended and full-time	Temporary	Temporary and full-time
2013–2019	19.5	8.9	80.5	34.4
2020–2022	27.3	14.6	72.7	25.8
2023–2024	31.3	18.7	68.7	23.4
Non-Italians				
Period	Open-ended	Open-ended and full-time	Temporary	Temporary and full-time
2013–2019	28.4	17.8	71.6	35.0
2020–2022	23.9	15.3	76.1	37.0
2023–2024	25.5	17.4	74.5	30.6

NB: The LTC sector is defined as NACE groups 87.1, 87.3 and 88.1. NACE 87.1 = residential nursing care activities; NACE 87.3 = residential care activities for older persons or persons with physical disabilities; NACE 88.1 = social work activities without accommodation for older persons or persons with disabilities.
 Source: Authors' computations based on Veneto Lavoro data (<https://www.venetolavoro.it/assunzioni-dipendenti>).

Within individual Member States or regions, administrative data can provide detailed insights into the contractual arrangements, by the nationality of workers, in narrowly defined sectors of the economy. The transparency and increased effort to render these data freely accessible to the public distinguishes Veneto's Labour Market Observatory and its data policy.

Source: Based on desk research conducted at the national level.

4.4. Operational measures improving working conditions in long-term care help all workers, including mobile ones

Several measures have been implemented to improve the working conditions of LTC workers, particularly focusing on working time, workload and remuneration. The examples in Table 4.3 showcase an array of practical measures adopted in different Member States to foster local dialogue, supportive practices and protection for LTC workers. These initiatives range from collective bargaining and tailored subsidies to flexible scheduling and systems for monitoring and training. They complement the EU and national-level regulations, some of which were discussed in the previous sections.

Few examples identified in the national research explicitly address the needs and rights of EU/EFTA mobile workers or TCNs. Most focus more broadly on improving pay, working time arrangements and well-being for all LTC staff, without singling out

nationality. Nevertheless, the relevance of these broader measures should not be underestimated given the significant presence of mobile workers in the sector. Improvements in pay scales, working hours and employment practices in the LTC sector benefit both local and mobile workers. By raising standards sector-wide, these policies seek to create fairer, safer and more attractive working environments, directly addressing challenges such as staff shortages and precarious employment that disproportionately affect mobile and migrant workers. Whether or not a measure specifically mentions EU/EFTA mobile workers or TCNs, its impact often extends to these groups, given their significant presence and contribution in the sector.

Table 4.3: Member States have introduced a number of practical measures to improve working conditions in the LTC sector

Member States	Type of measure	Brief description
LV	Special subsidy for municipalities that commit to raising the pay of social care centre staff	Cabinet Regulation No 25 (2023) ^(c) formalised the government subsidy programme to provide a special subsidy to municipalities that commit to raising the pay of social care centre staff. This targeted co-funding ensures that care workers receive a wage above a defined threshold (depending on experience), with the government contributing additional resources to make these pay rises possible. The principles behind the regulation have been embedded in broader public sector remuneration laws and collective agreements. Following the expiry of Cabinet Regulation No 25 in January 2024, pay increases and benefits have been secured through collective bargaining between the Ministry of Welfare and the Latvian Trade Union of Health and Social Care Workers.
LU	Protection of home care workers' working conditions	The State Office for Assessment and Monitoring of Long-term Care Insurance (Administration d'évaluation et de contrôle de l'assurance dépendance), which oversees the national LTC statutory insurance, conducts evaluations to protect domestic workers in the LTC sector. Additionally, Luxembourg's system is structured to include as many individuals as possible under insurance coverage. This approach enables formal employment relationships and the delivery of services through organised and centralised care networks. The system also covers domestic LTC workers and promotes adherence to rules through mechanisms such as tax deductibility, financial assistance and simplified membership procedures (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a).
NL	Social partner involvement for migrant workers	In the Netherlands, TCNs working in PHS are organised within the United Migrant PHS Workers group of the Federation of Dutch Trade Unions (Federatie Nederlandse Vakbeweging) (ELA, 2022). Trade unions help prevent undeclared PHS work through various initiatives, such as the federation's model employment contract, available for up to three days of weekly work, which provides legal guidance on vacation allowance and sick leave (ELA, 2021b).
PL	Provision of training to help migrants obtain formal qualifications	Some local governments and directors of social welfare homes have implemented training programmes for Ukrainian medical care workers. These programmes are intended to help TCN workers meet formal qualification requirements, allowing them to work legally in the sector. Such practices facilitate the integration of migrant workers and address local staff shortages ^(d) .
FI	More favourable working time arrangements	Collective agreements negotiated by the Finnish Nurses Association (<i>Sairaanhoitajat</i>) incorporate various aspects of working conditions and well-being. Several pilot projects aim to make work in the health sector more attractive by offering good working time arrangements, flexible shift planning and working time banks (enabling the accumulation of hours for future leave). Overviews of these activities have been published by organisations such as the Finnish Institute of Occupational Health (Karhula et al., 2023), the Ministry of Social Affairs and Health (2025) and Local Government and County Employers KT ^(a) .
SE	Provisions for local parties to examine working time and overtime arrangements before finalising local agreements	The central sectoral collective agreement in effect from April 2025 ^(b) includes provisions for local parties to examine working time and overtime arrangements before finalising local agreements. The central agreement explicitly links these issues to OSH, encouraging thorough local investigation and adaptation.

^(a) <https://www.kt.fi/>.

^(b) Huvudöverenskommelse om lön och allmänna anställningsvillkor samt rekommendation om lokalt kollektivavtal m.m. [Main Agreement on Salary and General Terms and Conditions of Employment, as well as Recommendations for Local Collective Agreements, etc.]– HÖK 25.

^(c) Cabinet of Ministers, Noteikumi par valsts atbalstu pašvaldībām atlidzības palielināšanai aprūpētājiem ilgstošas sociālās aprūpes un sociālās rehabilitācijas institūcijās [Regulation on the state support for municipal long term care and rehabilitation institutions], Regulation No 25, *Official Gazette*, No 15, 20 January 2023, in force until 1 January 2024, <https://likumi.lv/ta/id/338911-noteikumi-par-valsts-atbalstu-pasvaldibam-atlidzibas-palielinasanai-aprupetajiem-ilgstosas-socialas-aprupes-un-socialas-rehabilitacijas-institucijas>.

^(d) Information obtained through stakeholder consultation (employers' representative, Poland).

Source: Authors' elaboration based on national research conducted for this study.

4.5. Community-based care offers opportunities for mobile workers but also presents specific constraints

The European care strategy, launched in 2022, emphasises that expanding home and community-based care options is essential for the affordability, sustainability and enhanced quality of LTC systems⁽¹⁷⁷⁾. Community-based care models should reduce reliance on residential care by enabling older adults and people with disabilities to remain in their homes longer and be more independent (European Parliamentary Research Service, 2023). Currently, there is, however, limited empirical research on how community-based care affects LTC efficiency and what its key enabling factors are.

Because the models, providers and types of community-based services vary widely, comprehensive information on working conditions across Europe in this setting remains limited. Overall, as part of the LTC workforce, community-based workers also face challenging working conditions. Community-based care roles can, however, provide unique benefits for care workers. These include the opportunity to work with person-centred holistic support models, enhanced visibility in communities, development opportunities and the delivery of care in less rigid institutional settings (Edtmayer et al., 2023; European Social Network, 2024). Prerequisites for realising these benefits include adapting to community environments, understanding the local care culture and demonstrating the ability to work autonomously. In addition to these requirements, the recognition of qualifications remains a critical factor enabling access to some community-based care roles (e.g. community nursing roles, social workers). These aspects pose challenges for EU/EFTA mobile workers and TCNs, primarily because of language barriers and limited familiarity with the care systems and cultural practices in host Member States and communities. Access to positions in community care may thus present significant challenges for mobile workers, potentially exceeding those encountered in some of the other care settings.

As highlighted by the research conducted in Austria, onboarding in residential care settings may be effective for mobile workers through integration into teams and support received (e.g. training about the caring culture, the roles of families or the way care work is organised among different professionals)⁽¹⁷⁸⁾. This may be a challenge in community-based care settings (particularly in mobile roles) where protocols and team support may be more limited, and a notable degree of autonomy and knowledge of local contexts is required in fulfilling responsibilities.

Because of labour shortages limiting the expansion of community-based care services to the extent envisaged in EU policy documents, it may, however, be necessary to recruit healthcare or social workers from other countries. Targeted actions at the national level would be required to facilitate recruitment and training, but there is little information available on whether such measures are being considered or what major obstacles might hinder their effective implementation. Such strategies may prove difficult in situations where financial limitations prevent Member States from creating and sustaining sufficient community-based care services and operating staff (Eurofound, 2024).

To demonstrate different approaches to providing community-based care services, Table 4.4 presents concrete examples of initiatives from several Member States. These initiatives are at various stages of development, ranging from pilot projects and recent national reforms to established initiatives, and reflect the diversity of approaches across the EU. Importantly, there is scarce evidence on whether mobile workers are recruited to support these services and what challenges they and their employers face in relation to recruitment, training and retention. Nevertheless, these examples provide valuable insights into how Member States are seeking to expand community-based care services and the notable complexity and challenges of translating strategic goals into efficient and equitable care delivery.

⁽¹⁷⁷⁾ <https://ec.europa.eu/newsroom/livingdigiworld/items/761492/>.

⁽¹⁷⁸⁾ Information obtained through stakeholder consultations (national authority, Austria; workers' representative, Austria; employers' representative, Austria).

Table 4.4: Member States have adopted several initiatives on strengthening community-based care

Member State	Initiative	Brief description
BG	Modernisation of long-term care project	With support from the European Social Fund, Bulgaria has set up a project to support the implementation of the reform of LTC, with its main focus on deinstitutionalisation. Among its other goals, the project aims to set up the infrastructure for the provision of social services in the community and integrated health and social services for people with disabilities and older people dependent on care. This includes the introduction of mobile care teams and digital solutions to support in-home care ^(a) .
DK	Reablement initiative	Reablement was introduced in 2007 in Denmark to support the rehabilitation of older patients, focusing on support for regaining independence in daily activities and reducing the need for residential care (Rostgaard, 2018; Rostgaard et al., 2023). Home care workers and occupational therapists / physiotherapists collaborate to support individuals in their home. Studies indicate that 'reablement' has positive effects on care workers as well, increasing job satisfaction and reducing turnover (Rostgaard, 2018; Rostgaard et al., 2023).
IT	National reform to expand community-based care	Italy's national recovery and resilience plan earmarked EUR 7 billion for expanding community-based care. Ministerial Decree No 77/2022 ^(b) set out a strategy to build a nationwide network of integrated services, aiming to reduce regional disparities and complementing hospital care. The 2022 decree complements Italy's hospital care reorganisation, initiated a decade ago. Regional disparities in pre-existing community care facilities, workforce shortages and financial constraints are key implementation challenges (Cinelli et al., 2024).
NL	Buurtzorg (Community-based care)	The Buurtzorg (Community-based care) model, which was introduced in 2006, is often cited as a successful model that delivers integrated nursing and personal care in community settings (at the neighbourhood level) in cost-effective ways that are based on self-managing nursing teams and an information technology system that reduces their administrative burden ^(c) . Community nursing is integrated with other healthcare services and is covered by health insurance. Services include personal care, medication management, medical tasks prescribed by doctors and palliative care ^(d) .
AT	Pilot community health nursing initiative	In 2021, Austria launched a pilot community health nursing initiative to prevent LTC needs and support home-based living. The initiative was co-funded by the EU Recovery and Resilience Facility (Edtmayer, 2022). By 2024, over 120 pilot projects were planned for implementation (including preventive home visits, counselling and support, networking activities and targeted health promotion measures) by a variety of public and non-governmental associations, coordinated nationally through a dedicated office. The nurses who were selected in the projects had to be qualified health and nursing professionals (<i>diplomierter Gesundheits- und Krankenpflegepersonen</i>) with generalist training. An evaluation of the pilot phase showed notable potential: (preventive) home visits and outreach activities were successful core elements, supporting a culture of health-promoting care and delaying the need for LTC (Eberle et al., 2025). Securing long-term funding is one of the key factors in enabling the sustainability of this initiative (Eberle et al., 2025).

^(a) https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility/recovery-and-resilience-plan-bulgaria/bulgarias-recovery-and-resilience-supported-projects-nation-wide-investment-scheme_en; <https://www.mlsp.government.bg/proekt-modernizirane-na-dlgosrochnata-grizha>.

^(b) Decreto 23 maggio 2022, n. 77, Regolamento recante la definizione di modelli e standard per lo sviluppo dell'assistenza territoriale nel Servizio sanitario nazionale [Decree of 23 May 2022, No. 77, Regulation defining models and standards for the development of local health assistance within the National Health Service], *Official Gazette*, No 144, 22 June 2022, <https://www.gazzettaufficiale.it/eli/id/2022/06/22/22G00085/SG>.

^(c) <https://centreforpublicimpact.org/public-impact-fundamentals/buurtzorg-revolutionising-home-care-in-the-netherlands/>.

^(d) <https://www.buurtzorgnederland.com/professionele-wijkverpleging/>.

Source: Authors' elaboration based on desk research conducted for this study.

Conclusions

This chapter has examined the complex and changing landscape of employment and working conditions in Europe's LTC sector. Low salaries, high workloads, unpredictable hours and insecure contracts continue to reduce sector attractiveness, especially in domestic and live-in settings where many EU/EFTA mobile workers and TCNs are concentrated. EU and national governments have established comprehensive legal frameworks. Their implementation in some of the Member States depends on care settings (residential vs domestic) and varies also by type of employer (public vs private). The development of community-based care services offers significant potential benefits for both care recipients and care workers; however, these services remain fragmented, and there is limited clarity regarding the employment conditions of mobile workers, variations depending on the type of provider/employer and their specific roles within this setting.

The LTC sector relies to a considerable degree on part-time, fixed-term and platform-based jobs, which offer flexibility but lead to less stability for workers, limited social protection and fewer opportunities for career development. Overtime is common in LTC work but often goes unrecorded and unpaid, particularly in private households. Pay in LTC tends to be lower than in other sectors, with differences between public and private employers, residential and home care and various job roles.

Quantitative data are insufficient for a fully-fledged assessment of the prevalence of the issues discussed in this chapter, in relation to EU/EFTA mobile workers (relative to the local workforce) in LTC. However, there are strong indications, supported by the quantitative analysis presented in Annex 2, that these issues are most severe for EU/EFTA mobile workers and TCNs. This is due to the over-representation of mobile workers in the lowest paid and least regulated parts of the sector. In some cases, their position is adversely influenced by additional obstacles, such as those related to the recognition of qualifications, language skills and access to union representation.

Member States have promoted a wide range of approaches to tackle these problems. These include simplified registration and monetary incentives for employers to register LTC workers. There are also financial measures increasing LTC workers' remuneration directly. However, efforts to raise job quality through better wages and greater access to full-time, permanent roles need to be weighed against budgetary constraints and the financial sustainability of care provision.

The sustainability and growth of the LTC sector depend on making care work more attractive. Without improvements in pay, job security and working conditions, the sector risks continued chronic labour shortages, unmet care needs, declining service quality and increased reliance on informal carers. Enhancing job quality is therefore not only a matter of fairness but also a strategic imperative to ensure adequate staffing and high-quality care in the face of rising demand.

In view of the difficult working conditions and low pay overall, it is essential to guarantee a level playing field for EU/EFTA mobile workers and to promote ethical recruitment pathways for TCNs. This helps prevent exploitation, supports fair competition among employers and safeguards workers' rights across borders. Coordinated EU action and robust enforcement of labour standards are critical to achieving these goals, alongside measures that recognise qualifications, reduce administrative barriers and strengthen access to social protection.

Better job quality, higher wages and an emphasis on pay parity in the LTC sector would also yield measurable gains for gender equality. These factors could help ease labour supply constraints in a strongly feminised sector by improving recruitment and retention, while also contributing to reduced gender gaps in employment and earnings by making it more feasible for women to move from unpaid, part-time care roles into stable, formal LTC employment. Strengthening job quality can therefore support both the sustainability of the LTC workforce and broader gender equality objectives in the labour market.

5. Enforcement of labour law and labour mobility rules

This chapter in brief

While both demand for LTC and the overall size of the LTC workforce are expected to grow in the future, the relatively slower anticipated increase in the number of LTC workers may result in gradually worsening working conditions and increased job strain. A shift away from residential care and greater emphasis on care provided in domestic settings and community-based care are beneficial to care recipients, but may also result in more care work being carried out in settings where effective oversight is difficult. These factors call for increased efforts by enforcement authorities tasked with overseeing labour and social security regulation. However, national labour authorities have so far devoted limited attention to the LTC sector. Exceptions include time-limited campaigns focusing on either care work or domestic work, including LTC provided in domestic settings.

Effective enforcement is challenging in certain subsectors of LTC, the most prominent being domestic care involving live-in care workers. This is particularly true in the cases of cross-border workers and TCN workers. Enforcement in the LTC sector is also hampered by a range of practical enforcement challenges. These include restrictions concerning accessing private homes, which means that enforcement is restricted by the scope of national legislation and the mandate of labour inspectorates. Among LTC workers, particularly cross-border workers and TCNs, a lack of familiarity with their rights and with relevant institutions hinders effective enforcement. This is compounded by a hesitancy in many cases to raise issues or file complaints, for a variety of reasons.

Enforcement challenges also exist in relation to posting. These issues are often brought about by intricate 'multiparty relationships' involving the prospective worker, the care recipient and several intermediaries. Care platforms comprise a specific group among these intermediaries, whose increasing presence in the LTC sector poses challenges but could also be leveraged by enforcement authorities. A recurring issue when it comes to posted live-in care workers is determining whether the posting in question is genuine. Moreover, intermediaries involved in the cross-border placement of care workers are using increasingly complex strategies to navigate and take advantage of differing national rules. Stronger cooperation between enforcement authorities, including through concerted and joint inspections (CJIs), is essential to effectively respond to these challenges.

In addition to action by enforcement authorities, non-coercive policies encouraging and enabling greater compliance with labour and social security regulation also play an important role. These often combine simplified administrative procedures and fiscal incentives that promote declared care work. Examples include France's personal services employment cheque (*chèque emploi service universel (CESU)*) system and Belgium's service voucher system (*titres services*).

Introduction

The effective enforcement of labour law, EU mobility rules and related social security coordination rules face both legal applicability and practical challenges in the LTC sector that are particularly acute for EU cross-border workers and TCN workers. When exploring these challenges, it is important to differentiate between various care settings.

The chapter first discusses some of the key trends that are likely to impact not only the working conditions of LTC workers but also the frequency and severity of labour law violations observed in the sector. It then investigates practical enforcement challenges: difficulties in accessing inspection sites (particularly in the domestic care subsector among live-in care workers), limited detection of undeclared

work (which most commonly affects cross-border workers and TCNs) and various practical barriers from the perspectives of both workers and enforcement authorities.

The chapter also highlights specific issues related to the posting of workers and ways in which

the use of this instrument can result in complex regulatory challenges. Tackling these requires tighter cooperation among Member State authorities, including the organisation of CJIs, which ELA supports in various ways, such as through logistical, technical, analytical and legal assistance.

5.1. Growing demand for long-term care workers calls for more enforcement resources devoted to the sector

As discussed in previous chapters, the demand for LTC is likely to grow significantly in the coming decades. This is largely due to the process of demographic ageing that will result in a 25 % increase in the 65+ population and a 44 % expansion of the 80+ population by 2040 in the EU-27 (for more details, see Box 2.1). Alongside the rising number of older people, forecasts also show a concomitant upswing in the number of people in need of LTC. While the pace of growth of the population of older people and the population in need of LTC might differ across Member States, it will be a universal phenomenon, influencing the vast majority of Member States.

The LTC workforce is also set to expand as demand for LTC increases. Nevertheless, it is uncertain whether employment growth in the sector can keep up with the rising demand for LTC. As already highlighted in Chapter 2, analysis by the European Centre for the Development of Vocational Training (Cedefop) focusing on the broader care sector (NACE divisions 87 and 88) expects that job growth in care, although substantial, will still lag behind the expansion in the size of the 65+ population (Cedefop, 2023). In its 2023 policy brief analysing this issue, Cedefop estimated a 7 % increase in the number of LTC workers in the EU-27 by 2035 (since updated to 5.8 %), as opposed to a 23 % upswing in the number of 65+ citizens during the same period (Cedefop, 2023). This implies a potential shortfall in the number of workers providing LTC, larger

labour and skills shortages, and a higher workload for existing LTC workers. Member States such as Spain, Austria and Slovenia may expect particularly pronounced difficulties in meeting the increasing need for LTC workers (Cedefop, 2023). While greater efficiency in workforce utilisation, the adoption of more streamlined and effective care models and the greater use of digital tools and assistive care technologies are not a complete solution, they are likely to have a positive impact in bridging the shortfall in LTC workers.

In parallel to growing demand for LTC workers' labour, the European care strategy puts increased emphasis on home care and community-based care ⁽¹⁷⁹⁾. This process of deinstitutionalisation in LTC stands to benefit people in need of LTC (Eurofound, 2024) ⁽¹⁸⁰⁾. However, it may also increase the relative importance of care settings where working conditions have been reported to be most difficult (see Chapter 4) and oversight most challenging to organise (see Section 5.2.1). This may especially be the case if various forms of community care centres remain underutilised, while care provided in domestic settings replaces standard residential care. Moreover, a recent report from the European Agency for Safety and Health at Work has found that home-based and community-based care provision gives rise to new OSH risks for care workers (including increased stress, loneliness, bullying and harassment), with workers often providing this type of care alone or in pairs (EU-OSHA et al., 2024). OSH rules for in-home or live-

⁽¹⁷⁹⁾ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>; Council recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476, 15.12.2022, p. 1), [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32022H1215(01)); Commission notice – Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding (OJ C, 2024/7188, 29.11.2024, ELI: <http://data.europa.eu/eli/C/2024/7188/oj>).

⁽¹⁸⁰⁾ Commission notice – Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding (OJ C, 2024/7188, 29.11.2024, ELI: <http://data.europa.eu/eli/C/2024/7188/oj>).

in care workers are difficult to enforce because the work takes place in private homes, where inspectors have limited access (see Section 5.2.1), conditions vary widely and accountability is reduced. Although the pace and form of deinstitutionalisation in LTC vary across Member States, OECD data indicate that in several of them the proportion of LTC recipients aged 65+ receiving care in domestic settings, provided by paid care workers or family members receiving transfers, rose considerably between 2013 and 2023 (OECD, 2025c). This was the case in Germany (from 67.8 % to 83.3 %), Spain (from 73.4 % to 84.5 %), Finland (from 60 % to 67.7 %) and Norway (from 70.8 % to 77.4 %). The relative share of care provided in a domestic setting also increased in Belgium, Slovenia and Sweden, albeit less sharply⁽¹⁸¹⁾. These numbers underpin a rather strong preference for care supplied in a domestic setting – a finding consistently made throughout the academic literature (Guo et al., 2015; Lehnert et al., 2019; see also Calanzani et al., 2014).

Available data from the post-COVID-19 period regarding inspections within the care sector (NACE divisions 87 and 88) suggest that, in many Member States, this sector has not been prioritised by enforcement authorities. In several Member States, the number of care sector organisations inspected annually by labour inspectorates remains low in both absolute and relative terms, at less than 1 % of all entities inspected. However, some Nordic and western Member States – such as Denmark, Norway, Finland and the Netherlands – have shown a relatively higher level of engagement with the sector. Spain’s Labour and Social Security Inspectorate has also conducted a comparatively large number of labour inspections focusing on entities in the care sector. Nevertheless, as will be discussed in greater depth in the following sections, inspections of domestic care settings are particularly challenging across all Member States. They require significant resources and are typically possible only under exceptional circumstances, with the consent of the occupier or with a court warrant.

A 2023 analysis of national labour authorities’ strategic documents conducted by ELA found that only three Member States had explicitly identified care or healthcare as areas of increased focus for

labour inspectorates. However, a review carried out in March 2025 showed a moderate positive shift, with six Member States indicating greater attention being paid to employers engaged in care-related activities⁽¹⁸²⁾. For instance, the annual plan of the Netherland Labour Authority (NLA) for 2025 emphasises paying increased attention to nursing and care homes, and mental health services (Netherlands Labour Authority, 2024). According to the plan, the activities of the NLA will ‘encourage stakeholders to take more action themselves to better manage work pressure and undesirable behaviour’ (Netherlands Labour Authority, 2024). The French Labour Inspectorate did not explicitly highlight care as a sector of interest in its 2023–2025 strategic planning, but its 2023 campaign aimed at part-time domestic work also covered domestic workers providing LTC (Labour Inspection System, 2022). The Norwegian Labour Inspection Authority increased inspections in the care sector between 2022 and 2024. This shift in resource allocation reflects a stronger focus on preventing work-related musculoskeletal and mental health disorders. Based on its risk assessment, the authority considers care workers to be relatively more vulnerable to these risks. Although less recent, the 2013–2015 targeted campaign of the Austrian Labour Inspectorate (Arbeitsinspektion) deserves attention for its clear focus on working conditions and working time regulation in mobile care services, which constitute an important component of community-based care in Austria. The campaign included 321 consultations and inspections in organisations providing mobile care, increasing both awareness and oversight in the sector (Steurer et al., 2016).

In the following sections, the report will delve into some of the main practical challenges related to the work of labour inspectorates in the LTC sector. Among other topics, it will discuss the high prevalence of undeclared work in the sector. As will be highlighted, several Member States have opted to implement measures falling outside the typical punitive measures, focusing on policies simplifying and enabling compliance. These types of measures have been an important component of the policy mix seeking to tackle undeclared work in LTC (Eurofound, 2025).

⁽¹⁸¹⁾ For further details, see OECD (2025c, p. 231) and OECD 2025 health at a glance statistics (<https://stat.link/vgrm0h>). While OECD data on formal LTC workers has a limited geographical coverage, they confirm the growing share of LTC workers in home care within the total LTC workforce in Germany, Slovenia and Norway. For further details, see ‘Long-term care resources and utilisation - workers’, OECD.stat (data-explorer.oecd.org), data accessed 16 April 2026.

⁽¹⁸²⁾ BE, HR, CY, HU, NL and SE.

5.2. Practical barriers to enforcement limit effective oversight in some subsectors of long-term care

In the LTC sector, enforcing labour law and EU labour mobility and social security coordination rules brings with it several challenges. The three main practical issues explored in this section are difficulties in accessing inspection sites (particularly in the domestic care subsector among live-in care workers,

where the sites in question are private households), limited detection of undeclared work (which most commonly affects cross-border workers and TCNs) and various other practical barriers. These practical barriers emerge from both the workers' side and enforcement authorities.

5.2.1. The inability to access private households remains the greatest enforcement challenge in domestic care settings

Evidence shows that enforcement is particularly challenging in the domestic care subsector (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2024a). As highlighted by the Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., '[e]ffective enforcement requires an institutional structure with a mandate to promote and enforce compliance' (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024, p. 56). When the care setting in question is an individual's private home, effective enforcement to verify compliance with labour, mobility and social security laws is severely restricted by the scope of national legislation and the mandate of labour inspectorates, meaning that the likelihood of a household being subject to enforcement proceedings is 'vanishingly small' (Hiesl, 2022).

This is due to the need to respect privacy, but there are also pragmatic barriers, such as the level of resources that would be needed to inspect private homes, especially if there is no prior knowledge of where the care workers are located. At the international level, Article 17 of ILO Convention No 189⁽¹⁸³⁾ states that:

2. Each Member shall develop and implement measures for labour inspection, enforcement and penalties with due regard for the special characteristics of domestic work, in accordance with national laws and regulations.

3. In so far as compatible with national laws and regulations, such measures shall specify the conditions

under which access to household premises may be granted, having due respect for privacy.

Oversight of households as workplaces may be useful as one of the measures helping to prevent and address the workplace harassment of LTC workers. As already discussed, many of the women and mobile workers engaged in LTC are particularly vulnerable to such harassment. In effect, according to the 2024 PHS Employment Monitor, around 42 % of domestic care workers reported workplace harassment, whereas 32 % indicated experiences of violence⁽¹⁸⁴⁾.

Access to domestic settings and identifying households where domestic care work is being undertaken may be challenging for labour inspectorates. Nonetheless, cooperation with other national authorities can help mitigate these challenges. Cooperation, for instance, with healthcare authorities, which have access to information on the use of live-in care by individual households, is an important component in the fight against labour law violations also in the Dutch LTC sector. All this, of course, is subject to prevailing privacy laws and must be used accordingly (Netherlands Labour Authority, 2026). In Member States like Finland, it is data exchange with the Finnish Immigration Service that allows the identification of households employing domestic workers¹⁸⁵.

There are several other Member States where access to domestic settings may be challenging for labour inspectorates, but inspections focusing on the quality of care are able to better cover care provided in domestic settings. Since October 2018,

⁽¹⁸³⁾ ILO, C189 – Domestic Workers Convention, No 189, 16 June 2021, Article 17, https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEX-PUB:12100:0::NO::P12100_INSTRUMENT_ID%2CP12100_LANG_CODE:2551460%2Cen.

⁽¹⁸⁴⁾ Authors' calculations based on 2024 PHS Employment Monitor microdata; workers who reported caring for older people or people with disabilities have been classified as PHS care workers.

⁽¹⁸⁵⁾ Information obtained through stakeholder consultation (national authority, Finland).

mandatory home visits have been conducted for all recipients of a 24-hour care subsidy in Austria, with a view to improving the quality of care provision and support⁽¹⁸⁶⁾. These visits are carried out by qualified nursing staff from the Competence Center for Quality Assurance in Home Care, established at the Social Insurance Institution for the Self-employed (Sozialversicherungsanstalt der Selbstständigen). The home visits take place up to four times per year for each home where there is someone benefiting from 24-hour care subsidies, ensuring continuous support by qualified personnel. Likewise, in Czechia, the Inspectorate of Social Services is authorised to conduct interviews in private households, subject to the care recipient's prior consent. With the entitled recipient's consent, the Czech Labour Office is also authorised to enter the dwelling in which a person lives in order to carry out a social investigation and check the use of the care allowance (ELA, 2024b).

The Danish Work Environment Authority (DWEA), whose inspections primarily cover OSH, also has the right to carry out inspections in private households that serve as workplaces (ELA, 2024b).

These inspections follow the same procedure as enforcement in other workplaces. Although the DWEA must provide a notification letter to the household occupier, the inspection can begin immediately after the occupier is served such a document (ELA, 2024b). Legal limitations on inspections of households are thus considerably milder than in other Member States. Nevertheless, inspections of domestic care work are commonly hindered by the fact that such work is difficult to detect. Stakeholder consultations carried out for this report and evidence from the existing literature indicate that the DWEA mostly inspects households with visible ongoing renovation works, rather than inspecting home care⁽¹⁸⁷⁾.

A further example of where inspections are possible in individual households is Ireland. Box 5.1 provides an illustrative example of the powers of the Workplace Relations Commission (An Coimisiún um Chaidreamh san Áit Oibre (WRC)), Ireland's labour inspectorate, to conduct inspections in domestic LTC settings.

Box 5.1: Inspections in households undertaken in accordance with Ireland's Workplace Relations Act 2015

The Workplace Relations Act 2015⁽¹⁸⁸⁾ provides the legal foundation for the WRC, particularly enabling its inspection and enforcement powers under Part 3 of the act. While not specific to health or LTC, its provisions apply to all workplaces, including domestic settings. WRC inspectors may enter any place of work or premises, including homes, which they have reasonable grounds to believe are used in connection with the employment of people, or where records or documents related to employment are kept. Entry into private homes requires the homeowner's consent; if consent is denied, a District Court warrant must be obtained. During inspections, employees are interviewed and given an opportunity to speak to the inspector.

Inspections in private homes are generally complaint-led or initiated through referrals (e.g. from the Employment Permit Section) and may also form part of targeted campaigns, such as the 2022 household services initiative. Within this campaign, 37 households employing general domestic workers were inspected, of which 22 were found to be compliant with requirements. WRC inspectors are experienced in dealing with the challenges common in domestic employment, such as excessive hours, pay, records, lack of contracts and permission to work. Sectoral compliance is, however, difficult to monitor due to undeclared work and limited complaints, as many employees in the domestic sector may be unaware of their employment status and rights or the WRC's role⁽¹⁸⁹⁾.

⁽¹⁸⁶⁾ <https://www.sozialministerium.gv.at/en/Topics/Care/Quality-Assurance.html>.

⁽¹⁸⁷⁾ Information obtained through stakeholder consultation (national authority, Denmark).

⁽¹⁸⁸⁾ Workplace Relations Act 2015, No 16, 2015, <https://www.irishstatutebook.ie/eli/2015/act/16/enacted/en/html>.

⁽¹⁸⁹⁾ Information obtained through stakeholder consultation (national authority, Ireland).

For announced inspections, the WRC issues an appointment letter to the employer, usually at least 14 days in advance, with a follow-up call 48 hours before the visit. The letter includes guidance, an employee details form and often a copy of the Code of Practice for Protecting Persons Employed in Other People’s Homes. Employers are informed that they may refuse entry to the private home but are encouraged to meet inspectors at an alternative location (e.g. a hotel, accountant’s office or WRC premises) (European Commission, n.d.). Unannounced inspections may occur when inspectors suspect unauthorised employment or significant breaches, or for any other legitimate reason ⁽¹⁹⁰⁾.

As an example, based on a complaint received, announced inspections were carried out in an individual’s private home, during which it was detected that an employee was working in excess of required hours, was not in receipt of payslips, had no contractual terms of employment and was not in receipt of statutory rest breaks. In this specific case, all matters were addressed by the employer following the inspection. Where such contraventions are detected, a follow-up inspection may also be carried out to ensure ongoing compliance ⁽¹⁹¹⁾.

The success of the WRC inspections in private residences is supported by awareness-raising activities for household employers and employees, clear communication of WRC inspectors’ duties once on site ⁽¹⁹²⁾ and strong cooperation between enforcement bodies such as the WRC, Gardaí (the police) and the Department of Social Protection.

Source: Based on research conducted at the national level.

Table 5.1 presents examples of the inspection rights of authorities in the Member States in terms of accessing households as places of work. While not exhaustive, the overview shows that enforcement authorities are typically not mandated to access domestic care settings (i.e. private households). However, as already mentioned, even in cases where the law permits inspections in households, the enforcement of workers’ rights in the LTC sector may

be hindered by the ‘invisible’ nature of domestic work. National research in several Member States reported on the invisibility of care work, and the related difficulty of detecting labour law violations in this sector. Austria, Belgium, Czechia, Denmark, Estonia, Finland, Hungary, Ireland, Italy, Liechtenstein, the Netherlands and Poland all highlight difficulties in detecting undeclared care work, which limit effective enforcement.

Table 5.1: Overview of the rights of enforcement authorities regarding accessing inspection sites in the LTC sector

Member State	Labour inspectorates’ rights regarding accessing households as places of work
BE	Inspections are regulated at the regional level, with limited federal oversight. The Directorate General Control on Social Legislation enforces the applicable terms and conditions of employment. Social inspectors may only enter inhabited residences with prior authorisation from an investigating judge, with the resident’s explicit and written prior consent ^(a) or, in exceptional cases, when a perpetrator is apprehended in the act.
BG	A court order or the consent of the occupant is needed before entering into a private home.
CZ	Labour inspectorates have no powers to access private homes, unless the inspector’s entry into the household is accompanied by the express consent of the person living there.
DK	Inspections of private households by the DWEA are possible under the same conditions as of any other workplace. The resident must receive a letter of notification from the DWEA stating the reason for the inspection; this can happen immediately prior to commencing the inspection. The DWEA also reports suspicions of certain violations to the Danish Tax Agency (ELA, 2024b).
DE	Inspection of private households is only possible if the owner has given their consent due to the fundamental right to the inviolability of the home ^(b) .

⁽¹⁹⁰⁾ Information obtained through stakeholder consultation (national authority, Ireland).

⁽¹⁹¹⁾ Information obtained through stakeholder consultation (national authority, Ireland).

⁽¹⁹²⁾ Information obtained through stakeholder consultation (national authority, Ireland).

Member State	Labour inspectorates' rights regarding accessing households as places of work
EE	They have no powers to access private homes, unless the inspector's entry into the household is accompanied by the express consent of the person living there ^(c) . The Law Enforcement Act sets out exceptional cases in which labour inspectors may enter without consent, such as to prevent or counter a serious threat to life, health or safety. However, in practice, this right and opportunity generally belongs to the Police and Border Guard Board.
IE	WRC inspectors may enter any place of work or premises, including homes, that they have reasonable grounds to believe are used in connection with the employment of people or where records or documents related to employment are kept. Entry into private homes requires the homeowner's consent; if consent is denied, a District Court warrant must be obtained (WRC, 2024). Inspections in private homes may be carried out in the residence itself or at an alternative location. These locations may be, for example, an accountant's office or WRC premises (WRC, 2024).
EL	Labour inspectors are only permitted to enter private households where domestic workers work if they have the prior consent of the occupants.
FR	Labour inspectors are only permitted to enter private households where domestic workers work if they have the prior consent of the occupants.
IT	Access to private households is restricted by the Italian constitution and Code of Criminal Procedure, if against the express or tacit will of the householder ^(d) , or without judicial authorisation.
NL	The rights of the Netherlands Labour Authority do not extend to private homes, unless the home is considered a formal workplace. Access to private dwellings still requires the resident's consent, or a judicial warrant (<i>machtiging van de rechter-commissaris</i>) (ELA, 2025d).
AT	Labour inspectors are not permitted to enter private homes, as the constitution guarantees the right to privacy and sanctity of the home. Since 2018, home visits have been conducted throughout Austria for all recipients of a 24-hour care subsidy; visits are implemented by the Competence Center for Quality Assurance in Home Care on behalf of the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection (Care Directorate) to ensure high-quality care ^(e) .
PT	Labour inspectors are only permitted to enter private households where domestic workers work with the prior consent of the occupants or on the basis of a court order.
SE	The Swedish Work Environment Authority (Arbetsmiljöverket) may carry out inspections of private households only in specific justified cases, or if the employer or employee involved requests such an inspection.

^(c) <https://werk.belgie.be/nl/over-de-fod/inbreuken/de-controles>.

^(b) Basic Law for the Federal Republic of Germany, *Federal Law Gazette*, Part III, classification No 100-1, 8 May 1949, as amended, Article 13, https://www.gesetze-im-internet.de/englisch_gg/englisch_gg.html.

^(c) Information obtained through stakeholder consultation (labour inspectorate, Estonia).

^(d) Italian constitution, Article 14, and Italian Code of Criminal Procedure (Codice di procedura penale), Article 614 (on the inviolability of the home (*inviolabilità del domicilio*)). It should be noted that, in Italy, the Constitutional Court (Decision No 10/1971) has provided for a derogation from the principle of the inviolability of the home (pursuant to Article 14 of the constitution) through special rules aiming to ensure the proper conduct of inspections to protect, among others, economic and fiscal objectives. INL labour inspections must be justifiable on these grounds. This is because public needs, including labour inspections, are balanced with the constitutional guarantee of the inviolability of the home in order to verify compliance with labour regulations on the basis of the special laws that regulate inspections on the matter.

^(e) <https://www.sozialministerium.gv.at/en/Topics/Care/Quality-Assurance.html>.

Source: Based on national research.

Another limitation is that, even when labour inspections are allowed in private houses, they are extremely resource-intensive (Eurofound, 2020), but the number of workers employed in a single individual household is typically very small. The combination of resource-intensive procedures and the small number of workers typically covered by each individual inspection may help explain why care work in domestic settings, and LTC more broadly, is rarely prioritised by labour inspectorates in Member States (ELA, 2021b). The dispersed nature of work in the LTC sector, where workers are spread across

numerous small, domestic settings rather than focused in centralised locations, poses challenges for effective inspections. It may also limit the ability of social partners to adequately oversee the sector. However, as shown in Box 5.2, digital LMIs may help address these challenges by collecting and sharing information with authorities, if this is enabled by the existing legislative framework.

5.2.2. The widespread prevalence of undeclared work, particularly in domestic care settings, remains a major enforcement challenge

Undeclared work encompasses 'paid activities that are lawful as regards their nature but not declared to the public authorities, taking into account differences in the regulatory systems of Member States' ⁽¹⁹³⁾. The invisibility of care work was repeatedly mentioned by consulted stakeholders across Member States as a challenge that makes it inherently difficult to detect, monitor and sanction, especially when it occurs in private households (as discussed in the previous section). In these cases, the near complete lack of documentation proving employment relationships and responsibilities (including the unpaid social security contributions) complicates the enforcement of regulations. Even when inspections in private homes are possible, it is often extremely difficult to identify undeclared work unless a complaint or tip is submitted. These hurdles significantly affect mobile workers given their over-representation among domestic care workers (see Section 2.2.3).

Data paucity does not allow for a comparison across Member States of the prevalence of undeclared work in the care sector or in PHS. However, available evidence indicates that most workers involved in undeclared work in LTC are women and mobile workers, often from non-EU countries (Eurofound, 2025).

Estimates from ELA's 2021 report on PHS indicate that at least 6.8 million people in the EU work undeclared in PHS ⁽¹⁹⁴⁾, with 2.1 million in direct care and 4.7 million in household employment (ELA, 2021b). The study estimated the incidence of undeclared employment to be about 35 % in the care sector, compared with over 50 % across all personal household services, peaking at nearly 70 % in direct household work (ELA, 2021b).

Other estimations include those of the 2024 PHS Employment Monitor, a non-representative survey of domestic workers that contains unique survey data on the working conditions of workers in PHS (EFFAT et al., 2024). As shown in Table 5.2, almost 80 % of all workers surveyed responded that they did not engage in undeclared work. This dropped to 55 % among mobile care workers. The remaining 45 % admitted working undeclared (17.6 % answering 'yes'), skipped the question or provided an unclear reply ⁽¹⁹⁵⁾. Non-responses and unclear replies might be a manifestation of social desirability bias, limiting the respondents' willingness to provide answers that might invoke a negative judgement from others (Krumpal, 2013). Further details on the shares of responses to the survey question on undeclared work are included in Table 5.2.

Table 5.2: Survey data indicate that mobile workers in domestic care are more likely to work undeclared

PHS workers' responses to survey question about undeclared work, full sample and workers living outside their home country

Full sample of workers				
Undeclared work	PHS workers	%	PHS workers providing care ^(a)	%
No	3 266	79.4	965	71.0
Yes	343	8.3	144	10.6
I am not sure	120	2.9	75	5.5
Prefer not to say	161	3.9	80	5.9
Question skipped (n/a)	225	5.5	96	7.1

⁽¹⁹³⁾ Communication from the Commission of 7 April 1998 on undeclared work, COM(98) 219 final of 7 April 1998, <https://eur-lex.europa.eu/legal-content/sl/LSU/?uri=CELEX:51998DC0219>.

⁽¹⁹⁴⁾ This is based on a definition of PHS that covers social work activities without accommodation, including social work activities for older people and people with disabilities and child daycare activities (NACE division 88), and also household employment, defined as activities of households as employers of domestic personnel (falling under NACE division 97) (ELA, 2021b).

⁽¹⁹⁵⁾ Workers living outside their home country were less likely to respond 'no' to the survey question on undeclared work, even after controlling for country of work and age using a logistic regression.

Workers living outside their home country

Undeclared work	PHS workers	%	PHS workers providing care ^(a)	%
No	853	67.0	270	55.1
Yes	169	13.3	86	17.6
I am not sure	61	4.8	37	7.6
Prefer not to say	100	7.8	58	11.8
Question skipped (n/a)	91	7.1	39	8.0

^(a) Care workers are workers who indicated that, as part of their work duties, they provide care to older people or people with disabilities.

NB: n/a = not available

Source: 2024 PHS Employment Monitor microdataset (EFFAT et al., 2024).

National data sources may also help gain insight into the phenomenon of undeclared work in the care sector and among domestic workers in individual Member States, but they should be used with great caution when it comes to international comparisons. In Italy, for instance, estimates based on 2022 data from the Italian National Institute for Social Security (Istituto nazionale della previdenza sociale) have concluded that, out of 1.86 million domestic workers and carers, more than half (1.03 million) are undeclared (Garau, 2024). In Spain, live-in care work is mostly performed by foreign or dual nationals (87.4 % from outside the EU), with at least 32 % of female workers lacking registration for social security (Oxfam Intermón, 2025). Based on Horn et al. (2019), Eurofound's 2020 report on the care sector indicated that around 300 000–350 000 undeclared live-in care workers may be employed in households in Germany (Eurofound, 2020). Nonetheless, in their analysis of the German live-in care market, Leiber et al. emphasise the dearth of precise empirical estimates of the number of undeclared domestic care workers (Leiber et al., 2022). While they find little basis for the oft-cited figure of 90 % undeclared work in 24-hour domestic live-in care, the authors also state that 'it can certainly be assumed that a considerable share of this market operates entirely without employment or service contracts' (Leiber et al., 2022, 5)).

Member States with more regulated and publicly provided LTC services, such as Estonia, Latvia and Norway, appear to have lower rates of undeclared work, although informal family care may remain important due to service gaps. In Croatia, Hungary and Slovenia, legal requirements for family care, limited financial support and underdeveloped public services foster high rates of informal unpaid care work. Ireland's LTC sector is characterised by semi-declared arrangements (e.g. bogus self-employment) and the informal hiring of mobile workers in private households, incentivised by limited tax breaks and the use of cash allowances. For Romanian carers, both

within Romania and abroad, informal or subsistence working arrangements are common, and support for formalisation and regulated mobility is limited (Sekulová et al., 2019). It is reported that between 60 % and 65 % of Romanian care workers abroad are employed without a regular contract, and thus without social security contributions or legal protection (Sekulová et al., 2019). These practices frequently lead to insufficient rest periods, unpaid overtime and related underpayment of social security contributions.

The most prevalent type of undeclared work is unregistered employment, particularly involving situations in which private households are the direct employers. The use of (bogus) self-employment arrangements (as a form of undeclared work) is another key challenge for enforcing labour, EU mobility and social security rules; it has emerged as a problematic phenomenon in the LTC sector and a means for private service providers to circumvent labour laws (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). Various arrangements (e.g. civil law contracts) often mask what is essentially dependent employment. Workers are formally registered as self-employed but operate under de facto dependent employment conditions (Eurofound, 2025), which reduces the social security contributions paid and benefits received. This trend is particularly evident in relation to cross-border/transnational care workers posted to Member States through private LMIs, especially care workers from central and eastern European Member States posted to western Member States (ELA, 2022).

Overall, bogus self-employment generally circumvents labour law obligations (e.g. minimum wage, working time limits, paid leave, social security contributions, protection against unfair dismissal). The enforcement of EU labour mobility rules and social security coordination is complicated by difficulties in confirming employment status in cross-border

situations (e.g. mobile workers engaging in bogus self-employment may be denied access to rights under the Posting of Workers Directive).

Ambiguities concerning employment status are also present within platform work. According to recent EU literature, '[t]here is growing evidence that social media and online platforms are emerging as important enablers, if not drivers, of undeclared care work' (Eurofound, 2025). Platforms often act as intermediaries between workers and clients. The workers may be self-employed or formally employed by clients or even other intermediaries, but platforms retain control over aspects such as matching, pricing and service standards. This situation has prompted many debates regarding the legal status of platform workers and the consequences for their working conditions and social security coverage.

When workers are (mis)classified as self-employed, when in fact they meet the standard conditions typically associated with employees, this ambiguity in employment status results in temporary contracts, job insecurity, lower wages, limited social security, limited protection against unfair dismissal and unclear complaint mechanisms. LTC workers are affected alongside other platform workers, for instance the 'riders' ⁽¹⁹⁶⁾. There are also negative implications for care recipients, as unclear employment relationships and accountability increase exposure to risk and can worsen the quality and continuity of care ⁽¹⁹⁷⁾. The short-term and transactional nature of assignments intermediated by platforms may impede the development of longer-term trust-based relationships between carers and care recipients, potentially resulting in lower-quality care. These are notable risks that can escalate and fundamentally transform the care relationship.

The EU Platform Work Directive, which should be transposed by the Member States by December 2026, aims to address the misclassification of platform workers and consequently improve working conditions and social security access ⁽¹⁹⁸⁾. Based on existing practices, platforms can, however, continue to circumvent the 'presumption of employment' in the Platform Work Directive through a variety of mechanisms enabling the deniability of direct employment. Strategies include forming subcontracting chains, where platforms

use intermediaries to supply workers to clients, or employing payroll intermediaries and 'umbrella companies' (Müller et al., 2025).

These are not new practices, but, if left unaddressed, they may replicate vulnerabilities the directive seeks to eliminate (Fairwork, 2025). Effective national transposition, uniform application and strong enforcement are thus critical to the directive's effectiveness. This can include imposing clear rules and procedures to prevent circumventing employment status, shift proof of genuine self-employment to platforms and establish joint and several liability rules for platforms and intermediaries. As a result of the directive's transposition, platforms should also be required to operate with greater transparency (e.g. on work allocation and the use of intermediaries). Additional mechanisms include introducing tools for enforcement authorities to monitor algorithmic control and verify employment status; establishing proportionate sanctions, and fast and effective dispute resolution; and enhancing the effectiveness of the enforcement of other legislation that is relevant to labour intermediaries, including in cross-border situations.

Care platforms have received less attention than the high-profile rider or food delivery platforms. They are, as discussed in Chapter 3, emerging as important actors in recruitment and employment. Since the work they intermediate is often performed in private households, where enforcement is already extremely challenging (see Section 5.2.1), an effective transposition of the Platform Work Directive is particularly important to ensure that care platforms do not operate in grey zones and contribute to or intensify undeclared work in this sector.

The proliferation of digital platforms in care may also present opportunities for more efficient enforcement. Box 5.2 presents an example of the use of digital platforms in Spain to recruit LTC workers, especially in domestic care. The legal classification of these online platforms is not entirely clear in practice, adding to the uncertainty concerning the workers' proper classification. Nevertheless, these platforms serve as entry points into the domestic work sector and collect data that may support authorities' enforcement efforts and provide insight into the LTC labour market.

⁽¹⁹⁶⁾ In the context of this report, a 'rider' is a person who delivers food or objects through the intermediation of digital platforms.

⁽¹⁹⁷⁾ Information obtained through stakeholder consultation (workers' representative, EU level).

⁽¹⁹⁸⁾ The directive presumes employment by a platform if control indicators are present (Articles 4 and 5). It also indicates in Article 3 that Member States must ensure that workers contracted through intermediaries receive the same protections under the directive as those directly contracted by digital platforms. Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on improving working conditions in platform work (OJ L, 2024/2831, 11.11.2024, ELI: <http://data.europa.eu/eli/dir/2024/2831/oj>).

Box 5.2: The platformisation of LTC work in Spain represents both challenges and opportunities for enforcement authorities

Digital platforms are increasingly shaping the Spanish LTC sector. Recent literature classifies these platforms most commonly into two dominant categories (Rodríguez-Modroño, 2024): digital placement agencies (e.g. Cuideo, Aiudo and Cuidum) and marketplace platforms (e.g. Joyners and Familiados). Digital placement agencies specialise in long-term live-in or hourly services and operate in a similar way to traditional agencies (including a pre-screening process), whereby workers are assigned specific households. The differences between them and traditional agencies are the speed of presenting candidates to those in need of care, and the online information management. Marketplace platforms operate as intermediaries merely seeking to connect the demand side of the market with self-employed carers, placing workers in both short-term and regular (part- or full-time) employment (Rodríguez-Modroño, 2024). By the end of 2024, there were 38 digital platforms operating in the Spanish LTC sector, reflecting increasing demand.

From a legal perspective, Spanish authorities generally do not classify these digital care platforms as TWAs, which are strictly regulated under Law 14/1994. Instead, platforms operate as service intermediaries (placement/matching) or direct employers under the general labour law regime. The TWA legal regime does not apply to digital platforms because they are not registered as TWAs, and individual households where workers are placed do not constitute ‘user undertakings’ under Spanish legislation. Thus, platforms can charge various membership fees without any risk that this practice will raise questions about compliance with the law.

Nonetheless, the legal classification of digital (care) platforms still raises questions in practice. There are ongoing debates in Spain, similar to those around the Rider Law ⁽¹⁹⁹⁾ for delivery platforms, about whether stronger regulation or reclassification is needed to address the potential risks of bogus self-employment and to clarify the platforms’ position vis-à-vis labour law.

The use of these platforms in Spain has been predominantly observed among female workers, a significant proportion of whom are foreign care workers in domestic care settings (García Valverde, 2022). The platforms do not explicitly target foreigners, however. There are no official statistics that indicate the extent to which EU/EFTA mobile workers or TCNs use the digital platforms.

Undeclared work is a significant challenge in the domestic care sector in Spain ⁽²⁰⁰⁾. While digital platforms may enable undeclared work in some cases, they may, to some extent, also contribute to reducing informal work arrangements, for example by offering formal employment contracts, managing payroll and social security registration, and thereby supporting compliance with labour and social security laws (Rodríguez-Modroño, 2024).

⁽¹⁹⁹⁾ The Rider Law applies to (food/object) delivery platforms and does not currently extend to care services. A ‘rider’ is a person who delivers food or objects through the intermediation of digital platforms. The Rider Law provides that, since platforms monitor the work of their workers, these workers should not be registered falsely as self-employed but should rather be registered as employees of these platforms. For more details, see Real Decreto-ley 9/2021, de 11 de mayo, por el que se modifica el texto refundido de la Ley del Estatuto de los Trabajadores, aprobado por el Real Decreto Legislativo 2/2015, de 23 de octubre, para garantizar los derechos laborales de las personas dedicadas al reparto en el ámbito de plataformas digitales [Royal Decree-law 9/2021, of 11 May, amending the consolidated text of the Workers’ Statute Law, approved by Royal Legislative Decree 2/2015, of 23 October, to guarantee the labor rights of persons engaged in delivery in the field of digital platforms], *Official State Gazette*, No. 113, Section I., page 56733, <https://www.boe.es/boe/dias/2021/05/12/pdfs/BOE-A-2021-7840.pdf>.

⁽²⁰⁰⁾ Information obtained through stakeholder consultations (national authority, Spain; workers’ representative, Spain).

Moreover, thanks to their collection of data on domestic workers, LTC digital platforms may help enforcement efforts as well. The platforms are currently required to cooperate with labour authorities, providing data that can help identify workers not enrolled in social security systems, identify tax underpayment and monitor contractual arrangements in general. However, access to the relevant data occurs solely upon request by inspection authorities. Authorities can in this way gain access to information on the workers' identity; the amounts paid to them, with proof of payment; the hours worked; and the contracts established between the parties involved. Labour authorities can also obtain more detailed information on the internal rules of procedures, the instructions sent to workers and the disciplinary measures implemented against them. These data help identify not only cases of payroll tax underpayment but also situations in which the worker has not been paid properly or has not been properly classified (e.g. bogus self-employment). The EU Platform Work Directive (Directive (EU) 2024/2831) sets out an obligation for platforms to provide data to authorities systematically once it is transposed, for which the deadline is December 2026.

Notwithstanding the potential benefits of digital platforms in the LTC sector, significant concerns persist over workers' labour rights and the monitoring of working times, which is usually not enforced directly by the platforms.

Source: Based on research conducted at the national level.

Going beyond enforcement measures implemented by the relevant inspection authorities, some Member States also implement policies facilitating declared employment. These initiatives commonly combine recognition procedures, simplified registration and fiscal incentives to promote declared care work. As Eurofound (2025) highlights, they are essential in addressing undeclared work in the sector. For example, France's CESU system and Italy's Legislative Decree No 109/2012 simplify employment procedures and offer tax deductions to encourage the signing of formal contracts. CESU simplifies administrative procedures and offers users financial incentives, including tax

credits and deductions. The system has been noted for its significant impact in terms of reducing undeclared work, with estimates indicating a decrease in the share of informal employment from approximately 50 % in 1996 (the scheme having been introduced in 1994) to 20 % in 2015 (Eurofound, 2025). The CESU system is strengthened by a national sectoral agreement establishing labour standards for household service workers, including minimum pay rates, fringe benefits and mandatory training for new workers in the sector. Belgium's service voucher system, a measure increasing the attractiveness of declared work in household services, is described in more detail in Box 5.3.

Box 5.3: Belgium's service voucher system has a proven track record of promoting declared domestic work

The Belgian government introduced a service voucher system in 2004 to promote formal employment opportunities within local domestic and care services, aiming to reduce the incidence of undeclared work and generate job opportunities for vulnerable groups, including individuals with low qualification levels⁽²⁰¹⁾. This scheme allows households to purchase vouchers for a range of services, such as cleaning, ironing, food preparation, transportation for people with reduced mobility and grocery shopping (Eurofound, 2020).

While the scheme excludes care for older people and childcare activities, the high participation rate among older adults indicates that it effectively supports IADLs⁽²⁰²⁾. The exclusive use of these vouchers for declared work ensures regulated employment and social protection, as workers are insured under the system. The programme has resulted in significant take-up: over 140 000 workers participated in 2016, rising to 144 037 by 2024 (National Social Security Office, 2025). Importantly, research shows that 45 % of workers in the scheme were previously engaged in undeclared work, while 25 % of users would have otherwise relied on informal arrangements without this framework (National Social Security Office, 2025).

Source: Authors' elaboration based on national research.

⁽²⁰¹⁾ <https://beswic.be/nl/themas/specifieke-werknemerscategorieen/dienstenchequewerknemers>; https://www.ela.europa.eu/sites/default/files/2023-09/BE-ServiceVouchers_Titres_Services-Fiche.pdf.

⁽²⁰²⁾ Activities of daily living are fundamental self-care tasks, like bathing, dressing and eating, while IADLs are more complex tasks necessary for independent community living, such as managing money, preparing meals, shopping and doing housework; for more information, see <https://www.presbyterianliving.org/blog/iadls-vs-adls/>.

5.2.3. Other practical barriers exist from worker and enforcement authority perspectives

A range of other practical barriers to enforcement exist from the perspectives of LTC workers and enforcement authorities. From a worker perspective, EU/EFTA mobile and TCN workers are more likely than nationals of a particular Member State to be unaware of their rights and/or unfamiliar with relevant institutions, leading to poor enforcement of their rights (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). This is particularly true of TCNs, who are especially vulnerable due to added language barriers and cultural differences, 'meaning that laws applying to them can be more easily circumvented' (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). When interviewed, stakeholders from Belgium, Croatia, Czechia, Denmark, Finland, Germany, Ireland, Liechtenstein and Slovenia explicitly mentioned barriers linked to language proficiency and cultural differences. Chapter 6 discusses challenges related to information provision and awareness in further detail.

These practical barriers are compounded by a hesitancy to file complaints, leaving many violations undetected. During stakeholder consultations for this study, a recurrent problem across several Member States (e.g. CZ, DK, EE, IE, IT and FI) was the low number of reported complaints. Domestic care workers, especially live-in care workers and TCNs, often avoid reporting violations (or only do so once they have left their job) due to fear of retaliation, loss of employment or deportation, or simply a lack of legal awareness. In Germany, for example, confidentiality clauses containing substantial contractual penalties have been reported in the literature as being an issue, leading to a reluctance to even discuss the contents of one's employment contract, let alone raise an issue or leave the place of work prematurely (Phan-Warnke et al., 2021; Schabram et al., 2022). In Italy, live-in care workers remain largely invisible, limiting collective action and reducing the likelihood of inspections triggered by complaints. Inspections can be initiated following reports from care workers or unions, often related to unpaid overtime, insufficient rest or irregular social security contributions. However, many workers fear retaliation or distrust authorities, resulting in under-reporting.

From the perspective of national enforcement authorities, two key barriers to effective enforcement in LTC are understaffing, also linked to the resource-intensive nature of labour inspections in LTC, and limited sectoral expertise. In the research conducted for this study, stakeholders from Member States including Belgium, Bulgaria, Croatia, Estonia, Ireland, Norway, Poland and Slovenia pointed to understaffing, a lack of resources or insufficient sector-specific expertise within enforcement bodies. In some cases, the number of inspections carried out may simply be too low to provide meaningful oversight. Moreover, even if an inspection does take place, it tends to be more focused on OSH rather than on breaches of labour law, EU labour mobility rules and social security coordination rules. It is therefore difficult to accumulate the sector-specific knowledge needed to identify breaches in care settings, especially in complex cross-border cases.

The future e-declaration on posting⁽²⁰³⁾ (a common electronic form for posting declarations, which will be submitted on a single digital portal connected to the IMI) could facilitate labour inspectors' access to harmonised data across participating Member States. These data may include employer details, posted worker identity, assignment duration and details of contact people, thus facilitating compliance checks with posting rules and labour law regulations. The IMI already supports secure administrative communication between national authorities in different Member States, including in posting matters.

An additional barrier to effective enforcement highlighted in stakeholder interviews is limited international cooperation among labour inspectorates. Stakeholders consulted in Poland and Romania also emphasised that difficulties stemming from the cross-border nature of labour violations may be a major hindrance to effective enforcement. However, some interviewees (e.g. in Spain) noted that, while there may be no concrete cases of cross-border cooperation tackling labour law violations in LTC, the existing structures provide a good basis for more intense cross-border collaboration among authorities in the future⁽²⁰⁴⁾. Stakeholders from the

⁽²⁰³⁾ Commission staff working document accompanying the document Proposal for a regulation of the European Parliament and of the Council on a public interface connected to the internal market information system for the declaration of posting of workers and amending Regulation (EU) No 1024/2012, SWD(2024) 258 final of 13 November 2024, https://single-market-economy.ec.europa.eu/publications/proposal-public-interface-declaring-posted-workers_en.

⁽²⁰⁴⁾ Information obtained through stakeholder consultation (national authority, Spain).

Dutch enforcement authorities emphasised the positive role of ELA in fostering more structured cooperation among national enforcement institutions. This can ultimately help the NLA gain further experience of international investigations in relation to LTC.

The systemic challenges discussed above are compounded by lengthy labour dispute processes (e.g. in Croatia, where it can take two to three years for a judgment of this type to be delivered) and delays between the occurrence and reporting of violations (e.g. in CZ, FI, IE, LI, LT and SI), which further erode effective enforcement and redress.

One of the recommendations to mitigate these practical barriers is for labour inspectors to receive specialised training in legislation and soft skills (including communication, conflict resolution and cultural sensitivity, which are seen as crucial for dealing with domestic care in private households)

in order for them to effectively enforce labour standards (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ghailani et al., 2024). Addressing this need, the ILO curriculum on building modern and effective labour inspection systems specifically dedicates a module to inspections of domestic work (ILO, 2022). The curriculum highlights that an important part of domestic work is care work and emphasises the need to cooperate, within enforcement efforts, with other actors, including social partners and non-governmental organisations with ties to domestic care workers.

Table 5.3 provides details of the main practical barriers related to enforcement and the Member States in which these challenges have been reported to have arisen, based on the information obtained through stakeholder consultations and national reports for this study.

Table 5.3: Most commonly identified recurring practical barriers related to enforcement and Member States of occurrence

Most commonly identified recurring practical barriers related to enforcement	Non-exhaustive list of Member States where the issue occurs
Detection challenges related to invisible or undeclared work	AT, BE, BG, CZ, DK, EE, FI, HR, HU, IE, IT, LI, NL, PL, SI, ES
Low rate of complaints (including due to a fear of reprisal and/or to language/cultural barriers among TCNs)	BE, CZ, DE, DK, EE, FI, HR, IE, IT, LI, MT, PL, SI
Challenges for enforcement authorities, including understaffing, insufficient numbers of inspectors, limited oversight and a lack of sector-specific expertise	BE, BG, EE, HR, IE, LI, LT, NO, PL, SI
Time gap between violation and reporting / lengthy dispute resolution	CZ, FI, HR, IE, LI, LT, SI
Bogus self-employment or unclear employment status	DE, ES, IT, NL, RO

Source: Authors' elaboration based on national research.

5.3 Challenges related to EU labour mobility persist, particularly in relation to posting

The previous section outlined practical challenges in conducting inspections, many of which – while often related to mobile workers – are broadly relevant to the entire LTC sector. This section turns to issues specific to mobile workers and the role of international cooperation in addressing them. As Chapter 4 discussed, differences in wage levels across Member States are a key driver of labour mobility

among LTC workers. In parallel to this, employers in the LTC sector are motivated to limit labour costs by, among other things, using complex contractual arrangements to engage mobile workers.

This section will first discuss challenges linked to schemes involving the posting of LTC workers and then highlight cases of successful cross-border cooperation, including CJIs.

5.3.1. Complex cross-border schemes aiming to cut labour costs call for tighter oversight and cooperation between national authorities

A recurring issue that poses enforcement challenges when it comes to posted live-in care workers is the occurrence of non-genuine postings and the related uncertainty concerning applicable labour law. Questions in such cases also arise regarding the proper classification of a worker (i.e. employed via a recruitment agency, working on a self-employed basis or employed directly by the private household), applicable minimum wage standards, working time regulations and social security law.

The provisions for determining a genuine posting are included in Article 4(2) and (3) of the Enforcement Directive⁽²⁰⁵⁾. Article 4(2) of the Enforcement Directive provides a non-exhaustive list of elements that may be considered when making an overall assessment to determine whether an undertaking ‘genuinely performs substantial activities’ in the sending Member State (Houwerzijl, 2016). Article 4(3) identifies key elements that a worker’s activity has to involve in order to be considered work regularly done in the sending Member State. The characteristics of both the employer and the work carried out by the worker have to be considered to correctly ascertain whether a posting is genuine.

As already discussed in Chapters 2 and 3, available data from 2023 PDs A1 indicate that Poland is one of the main sending Member States of posted workers active in NACE Section Q; in 2023, Polish authorities issued 74 336 PDs A1 for outgoing posted workers in this sector. The data also show that Germany is the main receiving Member State of posted workers in NACE Revision 2.0, Section Q (22 164 workers in 2023), with Austria (4 541 workers) second in terms of the number of posted workers in this sector.

An estimated two thirds of Germany’s regularly employed live-in care workers are engaged via posting from another Member State (Phan-Warnke et al., 2021). As Hipp et al. (2024) point out, this model can take various forms, including an employment contract or a freelance contract between the posted worker and a care agency in the sending Member State. Within the freelance contracts, a further

distinction exists between workers receiving instructions from their care agency and workers receiving instructions directly from the care recipient (Hipp et al., 2024). It should be noted, however, that these arrangements would not constitute a posting within the meaning of the German Posted Workers Act (Arbeitnehmer-Entsendegesetz⁽²⁰⁶⁾), and therefore would not provide the corresponding minimum employment protection. In the field of live-in care, however, such cases are commonly referred to as ‘postings’⁽²⁰⁷⁾.

As already mentioned in Chapter 4, a direct contract with the private household (in the form of an employment contract or contract for the delivery of services) is rather rare, due to the high costs associated with direct employment. While postings are organised in various ways depending on the Member State of origin and the company, a common underlying theme is the employer’s attempt to keep social security contributions as low as possible (Phan-Warnke et al., 2021).

The case studies documented by the German Institute for Human Rights provided examples of situations in which there was no direct contractual relationship between the live-in care worker and the household requiring care, but a contract of mandate was concluded between the posting agency and the prospective worker (see also Section 4.3.1) (Phan-Warnke et al., 2021). In such cases, work instructions may only be issued by the posting company (i.e. the employer), rather than the care recipient (the client), although this is not often the case in practice. These service agreements frequently include provisions on contractual penalties (e.g. penalties for terminating the agreement). As a consequence, the situation for the posted live-in care worker becomes very precarious in the event of a dispute with the care recipient.

The Polish National Labour Inspectorate has also reported on the practice of concluding ‘dual contract arrangements’ (National Labour Inspectorate, 2024). During inspections, it was found repeatedly that

⁽²⁰⁵⁾ Directive 2014/67/EU of the European Parliament and of the Council of 15 May 2014 on the enforcement of Directive 96/71/EC concerning the posting of workers in the framework of the provision of services and amending Regulation (EU) No 1024/2012 on administrative cooperation through the internal market information system (‘the IMI Regulation’) (OJ L 159, 28.5.2014, p. 11, ELI: <http://data.europa.eu/eli/dir/2014/67/oj>).

⁽²⁰⁶⁾ Gesetz über zwingende Arbeitsbedingungen für grenzüberschreitend entsandte und für regelmäßig im Inland beschäftigte Arbeitnehmer und Arbeitnehmerinnen [Act on mandatory working conditions for employees posted across borders and for employees regularly employed in the country], *Federal Law Gazette*, Part I, No 799, 20 April 2009, https://www.gesetze-im-internet.de/aentg_2009/.

⁽²⁰⁷⁾ Information obtained through stakeholder consultation (national authority, Germany).

some companies (at times registered as employment agencies) in the domestic care sector use posting arrangements to bypass receiving Member State regulations. Two civil law mandate contracts are signed with caregivers: one for care services abroad and another for unrelated service tasks in Poland (National Labour Inspectorate, 2024). These dual contract arrangements may also be used to create artificial breaks in the posting duration (with the revised Posting of Workers Directive stipulating that posting can last up to 12 months, with a possible extension of 6 months)⁽²⁰⁸⁾ to perform fictitious tasks in the sending Member State. As a consequence, the 'temporary' nature of posting is satisfied and the legislation of the sending Member State continues to apply to the worker's social security insurance, among other things. This dual contract set-up may

also enable companies to obtain an A1 certificate under Article 13(1) of Regulation (EC) No 883/2004, which applies to individuals working in two or more Member States. The goal is to avoid paying social security contributions in the Member State where the actual work takes place (National Labour Inspectorate, 2023).

Going beyond the question of (non-)genuine posting, intermediaries active in transnational flows of workers providing LTC engage in a broad variety of practices seeking to limit labour costs. These may result in significant coverage gaps, impacting workers' rights to benefits. To demonstrate this, Box 5.4 provides insight into complex cases involving posting and the use of parallel contracts to carry out domestic care work.

Box 5.4: Labour cost reduction in LTC is sometimes achieved through complex schemes that raise regulatory and enforcement challenges

Reducing social security contributions and lowering labour costs serve as important reasons for certain employment models implemented in the care sector. To achieve these aims, national legislation is strategically leveraged in some cases, including in cross-border scenarios. One notable example involves the speculative use of alternatives to standard employment arrangements, such as financially remunerated care work carried out abroad being framed as volunteering.

According to information from cases reported to ELA by national authorities, certain employment models in the LTC sector involve posting care workers abroad under limited part-time work contracts to do paid care work for only a few hours per day. In parallel to paid part-time care work, the same workers in the same locations also provide care as volunteers, based on a volunteering contract concluded with a non-profit entity. In some of the cases analysed, employment contracts or amendments to them had been signed not by the workers themselves, but by a representative authorised by these workers through power of attorney⁽²⁰⁹⁾.

In the arrangements combining paid employment and volunteering, the workers formally receive a wage only for the work based on the part-time job contract. No formal remuneration is provided for activities carried out under the volunteering contract. In addition, the regulation of working hours does not apply to volunteering. Thus, care provided by a carer under these two modalities (i.e. part-time work and volunteering combined) can in theory cover 24 hours, 7 days a week. Figure B.5.4.1 provides a graphical representation of the scheme described.

Care workers in these cases are paid a wage only for their limited part-time work, while the time served as volunteers is, by definition, not remunerated. However, they are entitled to tax-exempt and social-security-exempt daily travel and subsistence allowances. These additional payments usually exceed the actual costs incurred by the worker while abroad and can be provided to the care worker based on either the work contract or the parallel volunteering contract.

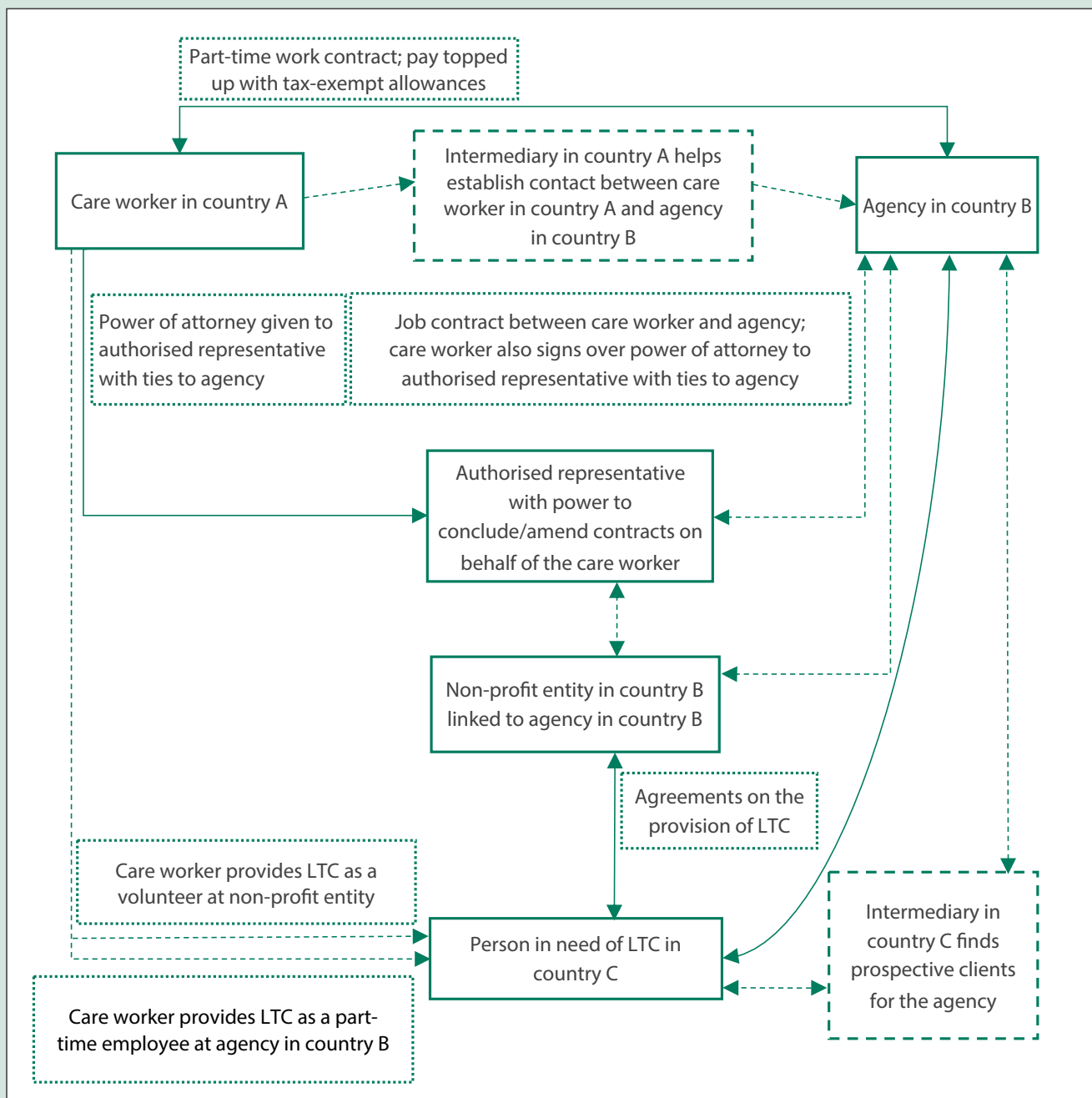
⁽²⁰⁸⁾ Directive (EU) 2018/957 of the European Parliament and of the Council of 28 June 2018 amending Directive 96/71/EC concerning the posting of workers in the framework of the provision of services (OJ L 173, 9.7.2018, p. 16, ELI: <http://data.europa.eu/eli/dir/2018/957/oj>).

⁽²⁰⁹⁾ In some Member States, such an authorisation, while subject to challenge in court, is not an uncommon instrument. In principle, it can be used to confer authority to representatives to act on behalf of the authorising party in a variety of contexts, including labour law matters.

These arrangements have significant implications for the social security protection of the carers involved. Entitlements to various social security benefits (e.g. old-age or disability pensions, or sickness, maternity, parental and unemployment benefits) are calculated based on only the wage paid for part-time employment. The daily allowances, which comprise the majority of these carers' revenue, are excluded from the assessment base for these benefits.

Enforcement efforts in cases such as these are complicated by their cross-border nature and the unclear contractual relations between workers, employers and intermediaries. Awareness raising among care workers about the adverse effects of reduced social security coverage is therefore crucial to combat the phenomenon in question.

Figure B.5.4.1: LTC workers and people with LTC needs are often matched through complex cross-jurisdictional schemes



Source: Authors' elaboration based on interviews and desk research.

5.3.2. Concerted and joint inspections and cross-border cooperation are crucial to address abusive practices

Cases similar to the one presented in Box 5.4, involving the posting of workers and complex networks of labour intermediaries connecting multiple Member States, require heightened attention to be paid by authorities. In these situations, cross-border cooperation is necessary to gain a clear understanding of the cross-border schemes at work and to collect evidence demonstrating the use of unlawful practices. This process may require access to databases and documentary evidence kept in several jurisdictions. Authorities may also need to interview workers and witnesses in their native languages. In addition, they may require detailed knowledge of the relevant legislation in several Member States.

Stakeholders consulted for this project have reported limited cross-border cooperation concerning specific cases in the LTC sector. Nevertheless, there are examples of LTC-related investigations clearly showing the significant benefits of the cross-border cooperation of enforcement authorities. Some of these relate to identifying bogus self-employment among workers providing LTC, while others have tackled large-scale social security fraud.

In 2020, the Dutch authorities launched an investigation after analysing the data collected in their national notification system for postings to the Netherlands. The investigation concerned a company that acted as an intermediary between people in need of care services and a pool of domestic live-in care workers. The company supplied workers, categorised as self-employed people, to provide 24-hour care at clients' homes in the Netherlands. The carers originated mainly from central and eastern European countries and the United Kingdom. The investigation addressed compliance with the payment of the statutory minimum wage. During the investigation, a request for information was sent to the relevant authority of one of the central and eastern European countries, with the support of the liaison office of the NLA. Based on this request for information, the authority conducted interviews with the workers engaged as live-in care workers in the Netherlands. The interviews and the information provided by the partner authority helped to establish that the live-in care workers acted as bogus self-employed. The workers were ultimately reclassified as employees who should have been paid the statutory minimum wage in the Netherlands.

In 2024, the German Customs Authority (Financial Control of Undeclared Work Unit (Finanzkontrolle

Schwarzarbeit)) conducted a criminal inquiry into a corporate structure involved in the allegedly undeclared employment of domestic care workers from Romania and third countries in private households across Germany (German Customs Authority, 2024). The criminal investigation, focusing primarily on social security fraud, involved cross-border cooperation between German Customs Authority and the Romanian police, including simultaneous searches in more than 22 premises in the two Member States, to secure evidence. The German Customs Authority has estimated the total damage stemming from unpaid social security contributions to reach at least EUR 2.2 million. The investigation also focused on the potential illegal employment of TCNs (German Customs Authority, 2024).

One of ELA's main roles is to foster cooperation between Member State authorities tasked with the enforcement of EU labour mobility law and social security coordination rules. Supporting CJIs is a key instrument used to meet this objective. So far, Member State authorities have rarely requested ELA's assistance with CJIs tackling cases related to the healthcare sector or the LTC sector specifically. Nonetheless, in 2023, ELA provided support to a CJI carried out by authorities from two Member States, tackling potential irregularities at a healthcare establishment in a frontier region. The establishment employed nationals of both Member States, many of whom were frontier workers. The preliminary results indicated infringements related to the enrolment of these workers in the relevant national social security systems. The aforementioned examples and the complex transnational schemes discussed earlier (see Section 5.3.1) showcase the need for more intense cross-border cooperation among enforcement authorities, including in the form of CJIs backed by ELA. In 2024, ELA facilitated 117 CJIs (ELA, 2025e). While transport, construction and manufacturing dominate the sectoral focus of these inspections, ELA seeks to cover an ever broader array of sectors, including LTC (ELA, 2025e).

The care sector is designated as the priority sector for ELA activities in 2026. This will give ELA an opportunity to orientate its capacity to support Member States towards enforcing workers' rights in this rapidly growing and highly mobile sector. To support this goal, ELA will organise events for enforcement authority representatives to discuss their experiences in enforcing legislation, including

in view of existing legal constraints, especially since most national labour inspectorates cannot access private homes. Attendees will also discuss innovative methods used by Member States to reach domestic care workers. As a follow-up to an opening workshop in early 2026, ELA will hold further discussions to identify potential cross-border cases and plan inspections. ELA has recently established a subgroup of the Working Group for Inspections on Cross-border Social Security Fraud that should help in this regard.

Conclusions

The demand for LTC workers will continue to rise sharply in the coming years, driven mainly by demographic ageing. While the number of LTC workers is also expected to grow, it is unlikely to keep pace with the increasing need for LTC services. This imbalance may contribute to greater job strain for existing workers and a higher incidence of labour law violations, as overstretched staff face mounting pressures, and enforcement authorities struggle to maintain oversight.

Deinstitutionalisation – as a process promoting independent living and inclusion in the community – aims to accelerate the transition from residential to other care settings, meaning that more LTC workers may operate in private households in the future. This shift presents potential challenges for inspectorates, as domestic care settings are inherently difficult to monitor and inspect. This is due in large part to the limited opportunities for enforcement authorities to access private dwellings, and the invisible nature of domestic care work.

Given these circumstances, authorities need to consider investing additional resources into overseeing LTC, but also develop smarter approaches to the deployment of these resources. This includes closer cooperation and exchange of information with other national authorities, such as organisations responsible for quality assurance in domestic care and national migration authorities ⁽²¹⁰⁾.

If legal and institutional conditions are established, visits focusing on care quality might also serve as a possibility to obtain information on working conditions. In some Member States, these

ELA supports CJIs in a variety of ways. These include providing help and advice to identify cases and collect the necessary information, and providing conceptual, logistical and technical assistance. This assistance also encompasses providing legal expertise, translation and interpretation services to Member States. Many complex cross-border cases involve intermediaries and companies operating across several Member States. As part of ELA's support to CJIs, Member States can ask for analytical support to clarify the roles of specific entities within these transnational chains.

organisations may have secured better access to domestic environments as well as information on households using domestic care workers, and may also be able to help identify cases of serious labour violations in the sector. Moreover, in labour markets with a strong presence of digital platforms in the domestic care sector, authorities may leverage the ability of these platforms to collect data on platform-based domestic work.

Transnational flows of LTC workers, for instance via posting, are strongly shaped by complex schemes aiming to reduce labour costs, especially social security contributions. These arrangements may involve intermediaries, fictitious contracts and bogus self-employed workers, making employment relationships difficult to trace and regulate. As these schemes grow more sophisticated, national inspectorates face mounting challenges in enforcement. CJIs are essential tools, enabling authorities to more effectively analyse, unravel and address the issues posed by these schemes.

Importantly, preventive and legitimising measures, such as simplified administrative procedures for the enrolment of LTC workers, care allowances and voucher schemes, are crucial to incentivise the compliant employment of workers providing LTC. These measures reduce barriers to formal employment and encourage compliance with labour law among both workers and employers. The following chapter will explore information provision as another key policy area contributing to improving working conditions and addressing undeclared work in the LTC sector.

⁽²¹⁰⁾ () Information obtained through stakeholder consultations (national authorities, Finland; national authorities, the Netherlands).

6. Information provision

This chapter in brief

Despite public authorities' efforts to provide information, LTC workers (especially those in live-in care settings) and households acting as employers face an information deficit. Language barriers and fragmented information provision limit mobile workers' knowledge of their rights. Private labour intermediaries' practices may also leave workers confused about their employment status and associated rights and obligations. Care recipients and their families may often be unaware of their legal obligations as employers.

Using a combination of channels such as websites, awareness-raising campaigns and counselling measures, various stakeholders have implemented initiatives aiming to provide information to mobile LTC workers (or mobile workers in general). These take the form of one-stop-shop websites, legal counselling services, targeted integration programmes or staffed help desks. Most information provision initiatives focus on workers rather than employers or organisations involved in recruitment. So far, there appears to be very limited information on their effectiveness and the characteristics and working arrangements of the individuals they successfully reach.

There is also a significant knowledge gap in relation to the type and accessibility of information available for mobile workers and their employers. There is no pan-EU systematic overview of the type of information available, its quality and reliability, the predominant communication channels and the information needs being considered. There are also limited sources at the national level that provide an overview of existing types of information provision and channels targeting mobile workers.

Introduction

Meeting the information needs of mobile LTC workers, employers (companies or households) and private labour intermediaries (which are also at times employers) is crucial for ensuring fair working conditions and legal employment practices. Although data on the type and accessibility of information available to mobile workers and their employers are limited, this chapter identifies key information gaps, actors and information provision channels in the LTC sector. Based on information received from consulted stakeholders, it also showcases targeted information provision initiatives for EU/EFTA mobile workers and TCNs.

Overall, information provision efforts directed specifically at LTC workers and their employers, in particular at households, appear limited. General information provision initiatives exist that may address the information needs of LTC mobile workers and their employers (as shown in this chapter). However, due to limited evaluation evidence on information provision initiatives, no firm conclusions can be drawn about their reach or effectiveness. Nonetheless, these initiatives are part of the foundations of policies addressing labour and social security violations affecting vulnerable workers, including those with limited language knowledge.

6.1. Awareness of employment rights and working conditions is essential for workers and employers

The information needs of mobile workers and their employers in the LTC sector are poorly understood due to limited data on this matter. Consequently, assessing the scope and specific nature of information needs and gaps remains challenging, and so does assessing the extent to which workers and

employers are aware of their rights and obligations. As highlighted by a recent study on the LTC sector, statistics or surveys on workers' awareness of their rights and obligations in the LTC sector are exceedingly rare (European Commission: Directorate-General for Employment, Social Affairs and Inclusion,

2024a). ELA's insights, drawn from desk research and stakeholder consultations, indicate that the diversity of LTC stakeholders results in significant differences in information needs. For some stakeholders, there is a greater need for information on the risk of bogus self-employment, the tasks and characteristics of specific job roles within national LTC systems, and role-specific regulations. For others, information on workplace health and safety, including strategies to prevent mental health issues and burnout, are more relevant.

6.1.1. Key types of information are necessary for workers and employers

For mobile LTC workers, the most important information relates to employment rights and obligations, working conditions, social security and the recognition of qualifications. Consulted stakeholders highlighted the importance of awareness about rights and obligations in relation to general working conditions and social security entitlements. Delivering this type of information supports workers in understanding their employment status, for instance whether they are employed or self-employed, and how this affects their rights and obligations. Awareness of qualification recognition⁽²¹²⁾ processes and licensing, if applicable, is also critical for accessing regulated professions in the LTC sector. Moreover, workers need to be informed about OSH risks linked to their occupations and the care settings in which they work (see details in Section 4.2.2). Due to language barriers and limited familiarity with local OSH practices in the Member State where they work, they may be at particular risk based on certain OSH-related factors. For instance, the home care setting is a particularly challenging work environment in terms of OSH for various reasons (e.g. a lack of OSH management practices and prevention measures), some of which could be eased with better information provision practices (EU-OSHA, 2025; EU-OSHA et al., 2024).

Equally, it is important for mobile workers to be aware of their obligations, such as tax requirements and

The research conducted for the present study has identified key types of information that are essential for workers and their employers, as presented in Section 6.1.1. Section 6.1.2 discusses which groups of workers and employers are hardest to reach with relevant information. Given the lack of robust evidence on LTC workers' rights awareness across Member States⁽²¹¹⁾, the information presented in this section is primarily based on the views of the stakeholders interviewed. It identifies noteworthy indications of patterns that warrant further in-depth research.

social security contributions. In Member States where the LTC sector is more unionised (e.g. DK, IT, LU, NL and SE)⁽²¹³⁾, mobile workers should also be informed about collective agreements and agreed minimum working conditions in the LTC sector. In addition, information on career development and upskilling opportunities is relevant for mobile workers, employers and end users. This type of content can often be difficult to find, but it helps foster employee retention and contribute to the quality of care provided. EU-level stakeholders also mentioned the need for information on available complaint mechanisms and support measures.

Information on language requirements and integration services is particularly relevant in some national contexts. As already alluded to in Chapter 3, in several Member States (e.g. AT, DE, FR, LV and NO), there are strict language requirements for working in the LTC sector. Nonetheless, ensuring that essential information is accessible in multiple languages is crucial for enabling the broadest possible range of mobile workers to access it.

Information should be accessible prior to departure, not only after arrival in the destination country. For example, as suggested by an interviewee in Austria, contracts in the workers' mother tongue should be available and read before leaving the country, when appropriate⁽²¹⁴⁾.

⁽²¹¹⁾ This aligns with the findings published in European Commission: Directorate-General for Employment, Social Affairs and Inclusion (2024a).

⁽²¹²⁾ According to Article 1 of the Council of Europe Convention on the Recognition of Qualifications Concerning Higher Education in the European Region, the recognition of foreign qualifications is a formal acknowledgement by a competent authority of the validity of a foreign qualification with a view to access to educational and/or employment activities. Council of Europe Convention on the Recognition of Qualifications Concerning Higher Education in the European Region, *European Treaty Series*, No 165, 11 April 1997, <http://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/165>.

⁽²¹³⁾ Information obtained through national research in DK, IT, LU, NL and SE.

⁽²¹⁴⁾ Information obtained through stakeholder consultation (workers' representative, Austria).

Employers also need access to clear information on their obligations, as stipulated by EU and national laws. In several Member States (e.g. FR, HU, HR, IT and PL) ⁽²¹⁵⁾, stakeholders reported that employers struggle to navigate and adequately interpret complex rules or keep up with changes in the legal environment. An EU-level stakeholder emphasised the lack of a regular contact point for employers to consult if they had doubts about how to interpret legal clauses in specific cases; a contact point like this was deemed a measure that would significantly improve the situation ⁽²¹⁶⁾. Such measures are of particular relevance in sectors where a large share of the employers are small or microenterprises, which is the case in some segments within the LTC sector (see Chapter 2).

6.1.2. Access to clear information remains limited, with some workers and employers especially hard to reach

The research highlights ongoing challenges in delivering comprehensive, clear and accessible information to LTC workers and employers across Member States, regarding the key types of information outlined in the previous section.

Households directly employing live-in care workers or households relying on the services of intermediaries also need guidance on fair recruitment practices. This information should crucially cover obligations related to providing adequate contracts and the consequences of failing to declare care workers as required by law. As emphasised by stakeholder consultations in Poland, employers should be specifically informed about the risks linked to fictitious employment or posting, including legal liability and the ensuing reputational damage ⁽²¹⁷⁾. The following sections will delve deeper into the extent of information access among LTC workers and employers, highlighting crucial limitations.

However, as will be discussed, some workers and employers are more difficult to reach than others. Low social partner density also contributes to the limited general awareness of rights among both workers and employers, especially small employers.

6.1.2.1. Streamlined information provision fosters care workers' awareness, but language barriers and hard-to-reach groups remain challenges

A fragmented system for providing information has been noted as a recurring issue by the stakeholders interviewed ⁽²¹⁸⁾. Frequently, this occurs due to the absence of a single body designated to provide information to mobile care workers. Consequently, workers often must access multiple information provision platforms or websites of different agencies or organisations (e.g. recruitment agencies, municipalities, employment services, labour inspectorates, social partners or Facebook groups) that share various types of information. This situation can result in a sense of an overload of information (some of which may also not be properly updated), and mobile workers may still experience gaps in their understanding of their rights. For example, in Austria, one third of live-in care workers responding to a recent survey reported that they had not been sufficiently informed about their working time, partly

because contracts had not been provided in their mother tongue (Mairhuber et al., 2024). Workers may also find it difficult to distinguish between reliable sources and unofficial channels (e.g. word of mouth) that provide potentially inaccurate or incomplete information.

Reaching mobile workers is also made more difficult by their limited proficiency in the language of the Member State of destination. Lower education levels and limited digital literacy skills can also hinder access to information about formal employment processes (Eurofound, 2025). The national research conducted for this study identifies these challenges across Member States. Limited proficiency in the national language of the Member State of destination was reported to be a hindering factor in workers' understanding and practising of their rights and

⁽²¹⁵⁾ Information obtained through stakeholder consultations (national authority, France; workers' representative, Hungary; local authority, Croatia) and national research (Italy and Poland).

⁽²¹⁶⁾ Information obtained through stakeholder consultation (employers' representative, Belgium).

⁽²¹⁷⁾ Information obtained through stakeholder consultations (labour inspectorate, Poland; association of recruitment agencies, Poland; workers' representative, Poland; employers' representatives, Poland).

⁽²¹⁸⁾ National research revealed this to be the case in BE, BG, CZ, DK, EE, IE, ES, FR, HR, IT, LT, HU and AT.

responsibilities in at least half of the Member States ⁽²¹⁹⁾.

Workers in live-in care settings are particularly vulnerable to a lack of awareness of crucial rights and obligations. This issue was specifically reported by stakeholders interviewed in 11 Member States ⁽²²⁰⁾, but it probably also affects workers in other Member States. As one of the stakeholders interviewed emphasised, information is ‘a two-way process’ and it is essential that workers search actively for support ⁽²²¹⁾, regardless of the type of LTC settings in which they work. However, live-in care workers often operate in an isolated working environment or engage in undeclared work. This complicates their ability to access information and institutional support networks, including those provided by trade unions. Workers may not be aware that they are working as bogus self-employed people or the extent to which social security contributions are actually paid.

An absence of accurate information may also be closely related to irregular and potentially unlawful contracting practices by private labour intermediaries (Bermejo, 2022). For example, research highlighted a lack of transparency in the contractual process (e.g. contracts being made available for signature only during the bus journey to the assignment location in Germany), irregularities in receiving working instructions (e.g. verbally over the phone) or carers not being able to unequivocally identify their employer (Schabram et al., 2022). In some cases, the sheer lack of accurate information provided to the workers during their recruitment process may be a strategic choice by the employers involved, rather than an unintentional omission. However, some workers may be inclined to accept undeclared or under-declared work, even if they have sufficient information about their rights. The reasons relate to the socioeconomic disparities between the countries of origin and destination of mobile LTC workers (Heindlmaier et al., 2023). Information asymmetries in contractual agreements may emerge when online platforms serve as intermediaries between supply and demand. Platforms frequently retain significant control over negotiations, enabling them to capture a larger share of the value generated from participants. This concentration of power can lead to a lack of transparency and unequal bargaining

positions, disadvantaging workers (Eurofound, 2025; Rodríguez-Modroño, 2025).

Other barriers to rights awareness reported in the research are related to missing information on the recognition of foreign qualifications (e.g. in FR, EE, ES, NO and SI) and a lack of information on trustworthy recruitment channels (e.g. in BE, CZ, DK, EE, IE and FI). Reaching temporary or short-term employees to provide them with relevant information was also mentioned as a specific challenge in rights awareness in some Member States (e.g. BE, IT and NO). In Norway, for example, workers employed through private LMIs appear to be among the most difficult to reach to provide them with information about their rights and responsibilities. This is primarily due to the short-term nature of their assignments and their limited contact with the actual workplace or employer. As a result, they are often excluded from onboarding processes, training sessions and other internal communication channels where such information is typically shared ⁽²²²⁾.

There is evidence that awareness of rights is generally higher among LTC workers who have access to employee representation (e.g. in DK, DE, FR, HR, AT and SE). As the European care strategy of the European Commission points out, collective bargaining has an essential role in improving working conditions, wages and training opportunities for LTC workers (European Commission, 2022). Similarly, unionisation helps with access to representation, advocacy and reliable information channels. In Croatia, for example, research shows that, when employers collaborate with trade unions (regardless of the sector), workers tend to be better informed about labour rights (Šobota et al., 2022). This tends to be the case in Member States where there is a strong union presence or for those employed in larger, centralised care facilities, who benefit from regular union involvement (e.g. in residential care). In Denmark, for example, knowledge of labour rights was perceived by stakeholders to be easily attainable (for LTC sector workers in general) through trade union membership (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Goethe Universität Frankfurt am Main et al., 2024). Care workers who operate independently in clients’ private households, those who work

⁽²¹⁹⁾ National research revealed this to be the case in AT, BE, BG, HR, CY, DK, EE, FI, FR, IE, IT, LI, LU, MT, NO and SI.

⁽²²⁰⁾ DK, DE, FR, IT, LU, MT, NL, AT, PL, RO and SE.

⁽²²¹⁾ Information obtained through stakeholder consultation (employers’ representative, Austria).

⁽²²²⁾ Information obtained through stakeholder consultations (workers’ representative, Norway; employers’ representatives, Norway; association of local and regional authorities, Norway).

undeclared and those who are self-employed fall outside the scope of existing collective agreements and union activity. As found in the audience analysis carried out by ELA for its campaign dedicated to the LTC sector, these workers are more isolated and therefore less likely to receive accurate or timely information. Awareness is also lower among those on temporary, posted or informal contracts.

In some Member States, mobile workers may, however, exhibit a lack of trust towards specific organisations, including trade unions. This may be because such organisations are not typically involved in providing information in the workers' Member States of origin. As a stakeholder in Austria noted, entities such as the Chamber of Labour and

the Chamber of Commerce do not exist in the same form in many mobile workers' countries of origin. As a result, it can take time for workers to recognise that these organisations defend their rights and are sources of information and advice, rather than acting as controlling authorities. In certain Member States, stakeholders' perceptions are that the hardest to reach groups of mobile LTC workers are TCNs. The often uncertain legal status of the TCNs, their lack of engagement with trade unions (e.g. in NL⁽²²³⁾ and SE⁽²²⁴⁾), cultural differences (e.g. in SI⁽²²⁵⁾) and fear of repercussions (e.g. in DE⁽²²⁶⁾, MT⁽²²⁷⁾ and NL) are some of the main drivers of difficulties when trying to reach TCNs working in the LTC sector.

6.1.2.2. Employers' awareness may be improved where there is a strong social partner presence; large information gaps among households remain pervasive

Employers have to navigate complex legal frameworks, which may become more complicated in situations involving mobile workers. While employers are key sources of information for workers, the employers also need to access clear, comprehensive and targeted information.

Employers' awareness of their rights and obligations towards workers tends to be higher where there is a strong presence of worker- or employer-representative organisations, but the situation seems to vary in relation to Member State and care setting. In Denmark, for example, employers in the public sector are perceived as having higher levels of awareness due to established human resources structures, standardised onboarding procedures and regular cooperation with trade unions (OECD, 2023). In the private sector, however, awareness may be more fragmented, for example if an employer is not formally affiliated with an employer association (OECD, 2023). These employers may lack familiarity with labour law requirements applicable to transnational recruitment and EU labour mobility

rules (OECD, 2022). In France, information awareness is perceived as generally good in the public care sector, supported by structured human resources systems and a strong trade union presence⁽²²⁸⁾. Meanwhile, in the French private sector, there is a lack of unified national initiatives to inform workers of their rights once they are employed. The responsibility for communication is instead left to individual employers⁽²²⁹⁾. These are perceived as important factors that may have a negative impact on the extent and accuracy of information provision for LTC workers in general, thus also affecting mobile workers.

There is a shared perception among the stakeholders interviewed in some Member States that employers often lack sufficient knowledge of their obligations – especially in situations involving mobile workers – or do not see themselves as responsible for providing workers with this information. This perception was reported in Belgium⁽²³⁰⁾, Croatia⁽²³¹⁾, Norway⁽²³²⁾ and Liechtenstein⁽²³³⁾. The complexity of the legal system regulating temporary cross-border work has been

⁽²²³⁾ Information obtained through national research in the Netherlands.

⁽²²⁴⁾ Information obtained through national research in Sweden.

⁽²²⁵⁾ Information obtained through stakeholder consultations (national authority and employers' representatives, Slovenia).

⁽²²⁶⁾ Information obtained through stakeholder consultation (social security authority, Estonia).

⁽²²⁷⁾ Information obtained through stakeholder consultation (national authority, Malta).

⁽²²⁸⁾ Information obtained through stakeholder consultation (national authority, France).

⁽²²⁹⁾ Information obtained through stakeholder consultation (national authority, France).

⁽²³⁰⁾ Information obtained through national research in Belgium.

⁽²³¹⁾ Information obtained through stakeholder consultations (national authority, Croatia; local authority, Croatia).

⁽²³²⁾ For further details, see Solum et al. (2020).

⁽²³³⁾ Information obtained through stakeholder consultation (national authority, Liechtenstein).

found to be a factor contributing to non-compliance by a study focusing on the Posting of Workers Directive (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ecorys et al., 2024). This was particularly true of smaller companies and TWAs operating solely within a single Member State. Unlike larger firms, these small employers lack internal access to legal information about legislation in other countries.

Moreover, private households may not identify themselves as employers even when they are the de facto employer. This can result in gaps in awareness. Individuals receiving care and their families who employ mobile care workers informally can often be unaware of their legal responsibilities, such as those related to pay, working conditions (e.g. working hours, rest periods), tax reporting and social security registration (OECD, 2023). ELA's audience analysis in preparation of its campaign on the care sector found that, when care workers are hired through intermediary agencies, households frequently assume that all legal requirements are being met, unaware that they may be operating in legal grey areas. Private employers are also seldom the target of information campaigns.

Private labour intermediaries in the LTC sector (which sometimes employ workers directly) are perceived to be largely aware of workers' rights, working condition standards and related obligations in some Member States, for example in Belgium, Bulgaria, Estonia, Ireland, the Netherlands and Austria⁽²³⁴⁾. In Austria, the strong presence of the Chamber of Commerce – with which placement agencies are required to register, in addition to registering with the competent trade authority and GISA⁽²³⁵⁾ – is considered to be a factor in raising their awareness. However, previous research found that, in cross-border situations (regardless of the sector), even for agencies or intermediaries that endeavour to respect the legislation, it is challenging to determine the conditions with which they should comply (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ecorys et al., 2024). Nonetheless, there are cases in which these stakeholders' business models are based on a deliberate strategy to maximise profit by circumventing labour standards in this complex legislative framework (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ecorys et al., 2024). Such intermediaries lack any incentive to engage with public institutions or provide accurate information to workers.

6.2. There are various actors, channels and initiatives in information provision

There is currently no systematic overview of the existing actors who provide information, or the types and channels of information available to LTC workers and employers at the pan-European level. The research underpinning this report has identified examples of initiatives aiming to provide information

on employment rights and obligations, working conditions, social security entitlements and the recognition of qualifications, among other relevant topics. However, these initiatives are often general in nature and not specific to the LTC sector.

6.2.1. Information is provided to workers and employers by several types of actors and through a variety of channels

Various public institutions, private organisations and non-profit organisations provide information to mobile workers and employers in the LTC sector. These include ministries, employment services, social security institutions, workers' and employers' representatives, non-governmental organisations and private labour intermediaries across Member States.

The most common form of information provision channels across Member States is web-based information, such as websites, information web pages or FAQ sites, where workers and/or employers can learn about their rights and obligations. Sector-specific or care-setting-specific information on these websites is rare. In most cases, the websites contain

⁽²³⁴⁾ Information obtained through national research in BE, BG, EE, IE, NL and AT.

⁽²³⁵⁾ See further details in Section 3.1.

information on general employment and working conditions, social security rules, entitlements, OSH rules, qualification requirements, training opportunities and remedies in cases of rights violations, among other topics.

For TCNs, non-sector-specific information may be provided through websites that contain information about moving to a given Member State. Examples of websites that are dedicated to foreigners and provide general information on their rights, including labour rights, are available in many Member States, for example in Czechia ⁽²³⁶⁾, Ireland ⁽²³⁷⁾, Croatia ⁽²³⁸⁾ and Latvia ⁽²³⁹⁾.

Information is also available on the websites of private labour intermediaries, church charities and information provision platforms dedicated to healthcare, social care or nursing professionals. These sources are commonly used across the entire EEA, although the main information channels depend on the Member State. There are examples of such specialised websites in Germany ⁽²⁴⁰⁾ and Austria, where several organisations offer families information on legal ways of employing a live-in care person (e.g. Diakonie Deutschland ⁽²⁴¹⁾, Caritas ⁽²⁴²⁾ or the Federation of German Consumer Organisations ⁽²⁴³⁾). In Finland, the website of the Union of Health and Social Care Professionals – Tehy ⁽²⁴⁴⁾ provides sectoral workers with comprehensive information on collective agreements, general working conditions and legal support. In Liechtenstein, a specialised website (careforum.li) ⁽²⁴⁵⁾ offers information to LTC workers coming to Liechtenstein to work in LTC, with a special focus on workers from eastern Europe.

Member States also have single official national websites on posting rules ⁽²⁴⁶⁾, which are a good

starting point for posted workers, but they often lack sufficient information on individual sectors ⁽²⁴⁷⁾. A recent study found that the information on posting provided on national websites is not always easily accessible and can vary in terms of completeness and clarity (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ecorys et al., 2024). These websites at times present challenges in accessing information due to outdated or poorly organised content (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Ecorys et al., 2024) ⁽²⁴⁸⁾.

In addition to access to websites, mobile workers often require more tailored forms of support, such as information sessions or counselling services ⁽²⁴⁹⁾. While there is no systematic overview of existing counselling initiatives in Member States, these services are mainly offered by public authorities and social partners, at times in collaboration with other relevant actors (e.g. legal departments of universities). These are particularly relevant types of services for mobile workers; they have emerged as a new form of workers' representation due to gaps in enforcement mechanisms (Heindlmaier et al., 2023), particularly for eastern European workers. Several of these services are offered through dedicated projects. Some examples are included in the next section in Box 6.3.

Awareness-raising campaigns are another tool for reaching out to mobile workers and disseminating information about their rights and obligations. Campaigns have a wide potential reach, with the possibility of targeting larger groups of workers and the general public through information materials, social media campaigns, outreach events and digital platforms. Therefore, they do not specifically address mobile LTC workers.

⁽²³⁶⁾ www.migrace.cz.

⁽²³⁷⁾ <https://www.immigrantcouncil.ie/>.

⁽²³⁸⁾ <https://migracije.hr>.

⁽²³⁹⁾ <https://www.migracija.lt/>.

⁽²⁴⁰⁾ Information obtained through stakeholder consultation (member of the Administrative Commission for the Coordination of Social Security Systems).

⁽²⁴¹⁾ <https://www.diakonie.de/informieren/infothek/aktuelles/themen/24-stunden-pflege-zu-hause>.

⁽²⁴²⁾ <https://www.caritas.de/hilfeundberatung/ratgeber/alter/pflege/24-stunden-pflege-darauf-musst-du-achten>.

⁽²⁴³⁾ <https://www.verbraucherzentrale.de/wissen/gesundheit-pflege/pflege-zu-hause/auslaendische-betreuungskraefte-wie-geht-das-legal-10601>.

⁽²⁴⁴⁾ <https://www.tehy.fi/en>.

⁽²⁴⁵⁾ <https://www.careforum.li/>.

⁽²⁴⁶⁾ Single official national websites should be set up by each Member State in accordance with the Posting of Workers Directive. These must be accurate and up to date, and the information on the terms and conditions of employment, in accordance with national law and/or practice, should be published without undue delay and in a transparent manner.

⁽²⁴⁷⁾ Information obtained through stakeholder consultation (employers' representatives, EU level).

⁽²⁴⁸⁾ Information obtained through stakeholder consultation (workers' representatives, EU level).

⁽²⁴⁹⁾ Information obtained through stakeholder consultation (employers' representatives, EU level).

6.2.2. Initiatives are being piloted to address gaps in information provision

Stakeholders across various Member States are proactively implementing initiatives to address persistent information gaps and related challenges that affect mobile workers. Some of these are specifically focused on the LTC sector, while others target EU/EFTA mobile workers and TCNs across sectors. Most information initiatives focus on workers rather than employers or recruiting organisations.

The initiatives include actions by public authorities, collaborations between trade unions and efforts within informal professional networks. They often involve a combination of the information provision channels discussed in the previous section, including

websites, counselling services and awareness-raising campaigns. They provide general information about key aspects related to rights and responsibilities, individualised on-site support and digital resources. Together, these initiatives help address the information deficit for workers and employers, but they could benefit from better coordination.

Austria serves as one example of a Member State where stakeholders are undertaking a range of communication efforts through a variety of information channels, specifically targeting mobile workers in the LTC sector, as described in Box 6.1.

Box 6.1: In Austrian live-in care, various communication channels are being used to share information

In Austria, approximately 6 % of people in need of care hire personal carers. The carers are almost exclusively EU/EFTA mobile workers who must register as self-employed at the Austrian Chamber of Commerce ⁽²⁵⁰⁾, which represents their interests alongside about 900 brokerage agencies. These agencies placed about 57 000 personal carers in 2024, mainly from Romania, Slovakia and other eastern European Member States, in Austrian households with a person in need of care. All these stakeholders are in great need of information regarding their rights and obligations, based on the Domestic Care Law ⁽²⁵¹⁾ from 2007 and the Austrian Trade Act (§§ 159–161) from 1994 ⁽²⁵²⁾, which is a unique attempt in the EU to regulate live-in care.

The aim of the public authorities and organisations involved is to provide correct and transparent information to all stakeholders, such as people in need of care and their families, brokerage agencies and self-employed personal carers. A broad range of information needs must be addressed, including the need for personal carers to get familiar with their role as self-employed workers in a Member State other than their home country, which requires legal advice; advice concerning administrative procedures, eligibility rules, tax regulations and social security; and guidance on the restrictions and duties related to their tasks.

The Chamber of Commerce provides information in 12 languages. The information includes online consultancy on how to register as a personal carer (Daheim Betreut, n.d.). In addition, the CuraFAIR advice and support centres, sustained by the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, provide free and anonymous assistance for all personal carers working in Austria (Volkshilfe Oberösterreich, n.d.).

⁽²⁵⁰⁾ Registration with the Chamber of Commerce is compulsory, unless personal carers are in an employment relationship with the person being cared for or with a non-profit organisation. This is the case for about 5 % of personal carers, according to a recent survey (Mairhuber et al., 2024).

⁽²⁵¹⁾ Hausbetreuungsgesetz [Domestic Care Act], *Federal Law Gazette*, No 33/2007, consolidated version as of 10 May 2025, <https://ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20005362>.

⁽²⁵²⁾ Gewerbeordnung 1994 [Trade Act of 1994], *Federal Law Gazette*, No 194/1994, consolidated version as of 8 August 2025, <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10007517>.

Given the complex division of roles in the area of live-in care ⁽²⁵³⁾, there are several additional sources of information for personal carers.

- **Unions** have started to specifically address the area of one-person businesses and platform work, including personal carers, through the Vidaflex initiative. While criticising bogus self-employment, Vidaflex has set up a platform to facilitate direct matching between personal carers and families, thus creating yet another intermediary role in this sector. It also provides training for personal carers.
- The **interest group of 24-hour caregivers** initiative ⁽²⁵⁴⁾, organised by mobile care workers mainly from Romania and Slovakia, supplies legal advice and resources to 24-hour carers in seven languages through independent advisory partners and lawyers.
- The **Austrian Public Health Institute** (Gesundheit Österreich) produced multilingual information videos for carers in eight languages on behalf of the Ministry of Labour, Social Affairs, Health, Care and Consumer Protection. The videos cover topics such as help in the event of loss of consciousness, mobilisation and support after a fall.
- Finally, **Caritas Austria** has initiated a programme of further training tailored to the needs of personal carers in cooperation with their Bulgarian, Romanian and Slovak partners. The initiative is designed to strengthen professional competences and improve the quality of personal care ⁽²⁵⁵⁾.

EU/EFTA mobile workers providing live-in care need transparent procedures and reliable information on what they can expect in the short and long terms when commuting between their home Member State and their workplace in a private household in another Member State. Providing information in different languages is a good start to supporting live-in care workers both before and during their commitment.

Source: Based on research conducted at the national level.

In Hungary, the Osmosis Care Network ⁽²⁵⁶⁾ is an autonomous community-based initiative that aims to enhance information access for Hungarian care workers employed in LTC abroad. The network operates a private Facebook group with more than 20 000 members, and a platform dedicated to Hungarian LTC workers. Besides running awareness-raising campaigns, the network fosters a quality control system within the care community ⁽²⁵⁷⁾.

Onboarding processes for workers selected through formal channels are another of the measures in place in some Member States to address key information

gaps. These are the usual processes in residential care in Austria, for example ⁽²⁵⁸⁾, but they do not apply to live-in care workers, whose social isolation poses a significant challenge to enabling their access to information about their rights and responsibilities.

There are also initiatives that provide counselling services for mobile workers in general, including for LTC mobile workers, but without a specific sectoral focus, as in the examples in Box 6.2. Such services are important because they provide tailored information and support, and extend beyond general information provision via websites.

⁽²⁵³⁾ For a legal perspective, see, for instance, Ivansits et al. (2008), Mazal (2007) and Tomandl (2007).

⁽²⁵⁴⁾ <https://ig24.at/en/>.

⁽²⁵⁵⁾ <https://www.caritas-rundumbetreut.at/train-to-care/>.

⁽²⁵⁶⁾ <https://tudatosoregedes.org/ozmozis/>.

⁽²⁵⁷⁾ <https://tudatosoregedes.org/ozmozis/>.

⁽²⁵⁸⁾ Information obtained through stakeholder consultations (national authority, Austria; workers' representatives, Austria).

Box 6.2: Examples of counselling services targeting mobile workers can be found in several Member States

The German Trade Union Confederation (Deutscher Gewerkschaftsbund) created the Faire Mobilität advisory network, which has 12 locations in Germany, to support mobile workers from central and eastern Europe. The network provides mobile workers with information on labour rights, tasks and responsibilities, social security rules, employment contract types, abuse-reporting mechanisms and a hotline. Thanks to this initiative, workers from Bulgaria, Croatia, Hungary, Poland and Romania can access resources about their rights in Germany in their native languages. A similar project is the Faire Integration counselling service, which is funded by the Federal Ministry of Labour and Social Affairs in Germany and runs counselling centres dedicated to social and labour law issues in all 16 *Länder* for refugees and migrants from third countries.

The ensuring fair free movement of workers project in North Rhine-Westphalia, Germany, provides support to mobile workers through counselling centres that offer qualified legal and practical advice, helping workers navigate issues such as unpaid wages, unlawful deductions, workplace accidents, sick pay, unfair dismissal and a lack of documentation (Arbeit und Leben Nordrhein-Westfalen, n.d.).

Work in NL is an initiative of the Dutch Ministry of Social Affairs and Employment providing vulnerable workers, including EU/EFTA mobile workers across all sectors, with information, assistance and services nationwide (VNG, n.d.). Information is offered in multiple languages via information points (*WIN-informatiepunten*) (Work in NL, n.d.).

One local-level example is the Welcome Centre in Zagreb, Croatia (European Commission: Directorate-General for Migration and Home Affairs, 2024), which serves as an information hub for incoming foreign nationals. It works in cooperation with the Law Clinic of the Faculty of Law at the University of Zagreb to offer legal advice and practical guidance on rights, obligations and procedures ⁽²⁵⁹⁾.

Source: Based on research conducted at the national level.

Awareness-raising campaigns are also implemented, but they appear to be less frequent than web-based information measures or counselling initiatives. A regional example is the Flemish Informal Care Expertise Point campaign in Flanders, Belgium, which provides information, resources and guidance (Flemish Informal Care Expertise Point, n.d.). The initiative is supported by the Flemish government.

Acknowledging the need for a stronger campaign focus on mobile workers in LTC, ELA is preparing an EU-wide information and awareness-raising campaign for 2026, targeting mobile workers, their employers and self-employed people in the EU LTC and domestic care sector. ELA's analysis identified several key aspects of effective information dissemination targeting mobile workers in the care sector. These include focusing the campaign in urban areas, border regions and economically developed or industrial centres, where LTC workers are expected to work in large numbers. It is also key that the campaign addresses mobile and TCN workers in their native languages. As regards dissemination channels,

the most effective communication strategies should take into account the age groups of the workers, typical media usage in each Member State and the everyday mobility patterns of the target group (e.g. LTC workers). The analysis found that the LTC workers are more likely to be reachable in healthcare and social services facilities, community centres, local shops and public transport hubs. Moreover, besides common social media platforms, advertisements placed in mobile applications offering entertainment or personal development may also be useful in reaching the LTC workforce.

As many of the employers in the sector are small enterprises, microenterprises or private households, information provision for LTC employers should also receive due attention. The research carried out for this report identified a limited number of information provision initiatives targeting employers. Examples include the development of guidance that clarifies legal obligations when employing (mobile) workers in the LTC sector, and awareness-raising measures. Some examples are included in Box 6.3.

⁽²⁵⁹⁾ Information obtained through stakeholder consultation (local authority, Croatia).

Box 6.3: Examples of information provision initiatives targeting employers can be found in several Member States

Dedicated online portals operated by sectoral bodies offer information related to contracts, working conditions and compliance with regulations. One example is in France, where the Federation of Private Employers of France (Fédération des Particuliers Employeurs de France) runs France Emploi Domicile ⁽²⁶⁰⁾, a digital platform offering model contracts, legal requirements, wage scales and the sectoral collective agreement in five languages (English, French, Portuguese, Spanish and Arabic).

Voucher systems, such as France's CESU, which offer financial support to households hiring domestic workers, are commonly combined with information provision activities aimed at the employers seeking to benefit from these programmes. These include websites with detailed guidance for households as employers, but also online and telephone consultations (Urssaf, n.d.). Moreover, in some cases, there is detailed assistance and information provision available regarding contract terminations (France Travail, n.d.).

Another example is the online information platform developed by Assindatcolf in Italy, which targets private employers of domestic workers ⁽²⁶¹⁾. The platform includes practical resources such as contract templates, wage tables, and detailed guidance on registration procedures and social security contributions, thus helping to promote legal compliance and the formalisation of work relationships.

In Austria, the Austrian Integration Fund (Österreichischer Integrationsfonds) – a partner of the federal government in promoting integration – organises awareness workshops for companies ⁽²⁶²⁾, with the aim of supporting the integration process of TCNs.

In Poland, since 1 January 2025, the working and living in Poland project has offered a multilingual platform where users can ask questions by phone, online chat or email and can access content. It provides foreigners with information about working and living conditions ⁽²⁶³⁾ and provides information to Polish employers interested in hiring non-nationals.

Source: Based on research conducted at the national level.

Conclusions

Comprehensive and readily accessible information regarding working conditions, employment rights and related rights and obligations is crucial for mobile LTC workers, employers and private labour intermediaries, to ensure lawful employment practices. However, the research indicates that there is insufficient access to and awareness of information on rights and obligations for both individuals and businesses active in the LTC sector across the Member States.

Mobile workers, particularly those in the live-in/ domestic care sectors, and households acting as direct employers encounter distinct challenges in obtaining essential information about their rights and responsibilities. Common obstacles include

language barriers and the fragmented dissemination of information, which may result in mobile workers being unaware of the specific legal provisions applicable to their roles within various care settings. Additionally, complex regulatory frameworks and insufficiently structured advisory services can leave employers, especially smaller ones and private households, without clear guidance. Households may remain uninformed of their employer status and corresponding obligations, as they seem to be infrequently addressed by awareness initiatives. Together, these factors contribute to unsatisfactory working and employment conditions, recurrent violations of labour rights and an increased incidence of undeclared work, as shown in previous chapters.

⁽²⁶⁰⁾ <https://www.franceemploiadomicile.fr/https://assindatcolf.it/>.

⁽²⁶¹⁾ <https://assindatcolf.it/>.

⁽²⁶²⁾ Information obtained through stakeholder consultation (national authority, Austria).

⁽²⁶³⁾ <https://www.ohp.pl/aktualnosci/working-and-living-in-poland>.

National authorities, including PES and labour inspectorates, have undertaken efforts to address the information needs of mobile workers. Nonetheless, many of these resources do not provide sector-specific information. In an effort to partially address this problem, in 2026 ELA will undertake a dedicated communication campaign targeted at the LTC workforce. The campaign will employ dissemination channels specifically selected with the objective of helping reach LTC workers.

Despite advancements, significant information gaps remain, emphasising the need for more focused initiatives throughout Member States and also concerted efforts at the pan-European level. Based on the information collected from stakeholder consultations, certain areas were identified where actions can be prioritised. Multilingual resources should be delivered through various channels and supported by in-person or assisted orientation to connect workers and employers with reliable

information. Clear information process flows should be designed to address the needs of different users, such as mobile workers, employers and private labour intermediaries navigating complex regulations. It is also critical to ensure that changes in rules and regulations are incorporated into the information available through various channels without delay. Collaboration between stakeholders providing information is also necessary, to facilitate uniformity and reduce the likelihood of providing conflicting information.

There is also a pressing need to consistently monitor and evaluate information provision initiatives. This will allow the gradual building of evidence on what types of information and channels are effective for different groups of workers and employers. Such evidence can in turn be used to inform future initiatives, optimise resources, identify needs and gaps and reduce duplication.

7. Operational conclusions

This report has provided insight into the current state of the labour market of the LTC sector, focusing on labour mobility and related issues and challenges. Building on the existing statistical data and literature produced by EU bodies, academic researchers and the broader community of practitioners, the report has discussed transnational recruitment, working conditions in LTC, enforcement challenges, and issues related to information provision. The operational conclusions below have been drafted with ELA's objectives and mandate in mind. Nonetheless, these insights might pertain to a more extensive range of stakeholders as well.

1. As the number of LTC workers keeps growing in the EEA, it becomes increasingly important for labour authorities to pay more attention to the LTC sector

The LTC sector has experienced rising employment numbers, with demand for workers expected to grow further due to accelerating demographic ageing across the EEA. Mobile workers are likely to play an increasingly important role in meeting the growing demand for LTC workers. These factors warrant labour authorities strengthening their focus on the sector.

Moreover, the supply of labour in the sector might be critically affected by adverse working conditions, in particular work strain, the high risk of workplace accidents, a lack of career prospects and relatively low pay. While many of these issues are beyond the mandate of labour authorities, their increased focus on the LTC sector can contribute to resolving some of these challenges, especially by addressing serious cases of labour law violations (e.g. systematic wage underpayment, undeclared work and labour exploitation). This may ultimately improve the retention rate of current LTC workers and attract new workers into the sector.

2. Labour authorities should consider LTC workers' and employers' distinct characteristics when engaging with the sector

The LTC sector stands apart from the broader economy due to the highly specific characteristics of its workers and employers. With more than 86 % of the LTC workforce composed of women,

LTC was among the most feminised sectors of the EEA labour market in 2024. The sector also boasted an above-average share of older workers and a notable presence of mobile workers. Many employers in the sector, particularly in social work without accommodation, are microenterprises, while workers in residential care are more commonly employed by larger organisations. A proportion of LTC workers act as (bogus) self-employed workers or are employed directly by households, which may not always recognise or fulfil their responsibilities as formal employers. Additionally, part-time work and temporary contracts are more prevalent arrangements in the sector than in the overall economy. These forms of employment expose workers to an increased risk of limited social security coverage, as eligibility for benefits in national insurance schemes often depends on meeting specific thresholds.

The particularities of the sector have important implications. Undeclared work, discontinuous occupational trajectories and entirely missing or limited social security coverage deepen old-age poverty, especially among women, who comprise the overwhelming majority of LTC workers. The prevalence of care services delivered in recipients' households by domestic workers means that much of this labour remains hidden and is challenging for authorities to monitor. The feminised nature of the sector, in combination with difficulties for authorities to access private households and workers' reliance on employers for housing (e.g. in live-in care arrangements) amplifies the risk of workplace harassment. In such conditions, exploitative practices are harder to detect and easier to normalise.

To address these issues, authorities should invest in targeted outreach and awareness raising campaigns to inform both employers and care workers about workers' rights and the risks associated with undeclared work, including the consequences of limited social security rights. They should also ensure that information on minimum required insurance periods and assessment bases for obtaining social security rights is readily available for and easily accessible to workers in the LTC sector.

3. A greater focus on sector-specific recruitment events organised by EURES can help address labour market imbalances and provide safer labour mobility options for mobile LTC workers

Labour surpluses and shortages in the LTC sector vary by region, and labour mobility between Member States can play an important role in addressing such imbalances. Targeted mobility initiatives and sector-specific strategies should be implemented to support this process. The E(O)JD recruitment events are a good platform for reporting on and tackling labour market imbalances in LTC. Employers participating in the events are identified and selected by the event organisers based on their reliability and integrity, with the aim of ensuring fair labour mobility and mitigating any concerns regarding unfair or inappropriate practices.

Such sector-specific recruitment events are helping jobseekers to engage actively in events and submit more job applications. Based on this, it is recommended that the relevant actors, notably the (co-)organisers of these events, continue the tailored promotion of E(O)JDs. Moreover, to reach jobseekers, (co-)organisers would benefit from identifying relevant national/regional labour markets to target in line with the latest EURES report on labour shortages and surpluses in Europe.

E(O)JDs are events that connect employers and jobseekers across EU Member States / EFTA countries and provide practical information about living and working conditions. Since their inception in 2011, they have served as an opportunity for EU/EFTA employers to find the skills they need and for EU/EFTA jobseekers to discover new career opportunities in other EU Member States / EFTA countries. E(O)JDs are organised by EURES advisers within the EURES network, and they benefit from financial and technical support provided by ELA.

4. Labour market intermediaries, including digital platforms, are expanding in the LTC sector, presenting both opportunities and challenges

Reliance on private market intermediaries, together with the platformisation of care work, is reshaping the long-term care sector, especially care work provided in domestic settings. While platforms have the potential to streamline recruitment and formalise employment, they also carry new risks, such as uncertainty about roles and responsibilities in employment relationships. Subcontracting practices, for instance, introduce layers of intermediaries, blurring the legal identification of the actual employer. The significant market power of some of

the intermediaries may force workers to accept lower wages or may require households to pay higher fees, allowing these intermediaries to claim an unfair share of the economic gains stemming from care work. This may result in the further deterioration of the availability and affordability of care. Additionally, platform-mediated work often involves precarious arrangements, such as (bogus) self-employment and limited social security coverage.

The EU Platform Work Directive aims to clarify the employment status of platform workers. It also strengthens enforcement by improving data collection on and the monitoring of platform work. Effective national implementation and cross-border cooperation will be essential to allow enforcement authorities to benefit from the data collected on platform work. They will also be necessary to ensure that platformisation and subcontracting schemes do not have a negative impact on fair working conditions and compliance with labour and social security regulations in the LTC sector.

5. Strengthening oversight in domestic settings is an important component of combating undeclared work and poor working conditions in LTC

Domestic workers constitute an important segment of LTC workers in some of the Member States. This subcategory is marked by an increased presence of vulnerable workers, notably migrant women, many of whom are older and face language barriers in their host Member States. The prevalence of undeclared work and substandard working conditions is especially acute in domestic care. Oversight is inherently challenging in this setting due to the private nature of the workplace and legal barriers to entry by labour inspectorates.

Although labour authorities in most Member States cannot routinely enter households that function as workplaces, some Member States do provide the legal and practical basis for such inspections. The exchange of good practices among authorities in this domain could be particularly useful and will be supported by ELA. Moreover, tighter cooperation, including effective information exchange, between labour authorities and authorities inspecting care quality could help address the most severe cases of labour law violations in the sector. In conclusion, the gradual development of legislative mandates and operational capacity allowing for the stronger oversight of domestic work would help fulfil the spirit of the 2011 ILO Domestic Workers Convention (Convention No 189).

6. The transnational mobility of LTC workers is increasingly shaped by complex networks of intermediaries; ELA facilitates cooperation among Member States seeking to better understand and ensure oversight in such cases

The labour mobility of LTC workers in the EEA is increasingly influenced by complex networks of intermediaries. Intermediaries can support mobile workers in establishing a career in another Member State. Nonetheless, the involvement of multiple LMIs between the care worker and the actual care recipient leads to an increased risk of irregularities, including the strategic exploitation of legal loopholes, and difficulties identifying the responsible employer. These concerns are particularly relevant given that care work shows an above-average rate of workplace accidents.

In its operational work, ELA will place more emphasis on cross-border cases that employ complex schemes, especially those in which several actors operate

across different Member States, potentially with the objective of circumventing national- and EU-level regulations. Addressing these cases requires intense cooperation among Member States and expertise in both national- and EU-level legislation. CJs can serve as an effective instrument for strengthening cross-border cooperation among Member States. ELA provides logistical, analytical and technical support to national authorities within the framework of CJs and facilitates coordinated enforcement actions. Moreover, ELA's upcoming strategic analyses will provide further insight into the functioning of complex cross-border labour mobility schemes.

The involvement of social security authorities is also important, given the wealth of information they have available on employment relations and postings. Thorough documentation of these cases and the schemes employed can support other Member States in responding effectively, should they encounter similar situations in the future.

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Annexes

Annex 1. Interview guide

The following list of questions served as guidance for the semi-structured interviews conducted as part of the fieldwork for this report. The guides were adjusted to the type of stakeholder interviewed. Thus, different mutations of the guide were used for worker representatives and employer representatives, for representatives of labour inspectorates and similar enforcement authorities, social security institutions and public employment services. Alongside these stakeholders, the national expert interviewers conducted interviews also with representatives of associations of recruitment agencies or of other labour market intermediaries and members of the non-governmental sector and academia. The overwhelming majority of interviews were conducted in the interviewees' native language.

Study objectives

The purpose of the study commissioned by the European Labour Authority is to identify sector-specific challenges and recurring issues in the long-term care sector, as well as (potential) good practices addressing these challenges, in the following areas:

- labour mobility,
- enforcement and application of EU labour mobility rules (e.g. posting of workers, free movement of workers),
- un(der)declared work and falsely declared work associated with it, including bogus self-employment,
- enforcement and application of social security coordination rules,
- information provision to workers and employers as pertaining to labour law, labour mobility rules and social security coordination rules and areas of law closely related to them,
- recruitment, with a focus on cross-border and transnational recruitment,
- other issues closely related to the above topics.

The study will focus on long-term care services provided to the elderly and individuals with disabilities, which includes residential care, home care and community-based care. The study's Report will cover 30 EEA countries: the 27 EU Member States, Iceland, Liechtenstein, and Norway.

Interviews will be conducted with key stakeholders at the national-level from various groups. In this document, each stakeholder group is marked with a distinct letter for easy identification. Each question in this guide indicates, with the letters below, which stakeholder group that question is directed at. The stakeholder groups include:

- representatives of national enforcement authorities, letter a)
- social security institutions, letter b)
- public employment services, letter c)
- employers' representatives, letter d)
- employee representatives, letter e)
- representatives of associations of recruitment agencies or of other labour market, intermediaries, letter f)
- members of the non-governmental sector and academia, letter g)

Data protection preferences

As per ELA's request and compliance with the principle of data minimisation, Ecorys will only provide the following information about interviewed stakeholders to ELA, so as to protect their individual identity, provided they agree:

- Country where the organisation is headquartered
- Country/geographical region where the organisation is active
- Name of the organisation
- Type of stakeholder group the organisation represents (e.g. national authority, worker or employer representative, NGOs)

Furthermore, personal data of the interviewees will not be included in any publication or publicly available document and will be discarded in a timely manner after the completion of this project.

Overview of types of questions

For all questions, please reflect in your answer on notable differences/particularities in terms of:

- Mobility type (e.g. EU mobile workers, posted TCNs or non-mobile TCN workers, as opposed to country nationals). Please note, however, that the questions are asked from the perspective of intra-EU mobile workers (including temporary cross-border workers), who are the main focus of this study. Any relevant comparisons with other groups (e.g. posted TCNs, non-mobile TCNs or country nationals working in the long-term care sector) will help contextualise the information related to intra-EU mobile workers (including temporary cross-border workers).
- Long-term care settings (e.g. residential care, home care home care including live-in care, and community-based care)
- Specific professions within the long-term care sector ⁽²⁶⁴⁾
- Type of employer (i.e. public organisations, private business entities, non-profit entities, households)

The interview guide below is divided into different thematic areas, including recruitment in long-term care, employment and working conditions in long-term care, enforcement of labour law, labour mobility rules and social security coordination rules, and information provision. For each theme, questions are tailored to different stakeholders who will be interviewed.

Explanation related to the colour coded questions below:

- The questions highlighted in yellow are the core focus of the interview guide.
- The questions highlighted in grey have a secondary importance, as some of them can be covered through desk research by the Country Experts. Ideally these questions should also be asked in at least some of the interviews, provided there is sufficient time. If this is not possible, the Country Experts should ensure the questions highlighted in yellow are discussed as relevant with the different interviewees.
- The sentences in blue represent examples of possible answers, which can be used by the Country Experts as prompts during interviews.

Introduction

⁽²⁶⁴⁾ This study focuses on the following professions involved in residential nursing care, home care and community care activities for the older persons in need of care and persons with a disability: nursing professionals, physiotherapists, audiologists and speech therapists, psychologists, social work and counselling professionals, nursing associate professionals, physiotherapy technicians and assistants, healthcare assistants, and home-based personal care workers.

1) Question to all stakeholders

Please briefly outline your experience working on topics related to EU labour mobility, working conditions, social security coordination and information provision in the long-term care sector?

Recruitment in long-term care

2) Question to all stakeholders

What are the most common recruitment channels for workers in the long-term care sector, particularly for cross-border and transnational ⁽²⁶⁵⁾ recruitment? *For example: use of intermediary organisations, online platforms, employee referrals, collaborations with educational institutions, social media recruitment, advertising in (local) media, professional associations, informal networks, word of mouth etc.*

- Do these channels vary by type of employers (e.g. public, private, households, non-for-profit)?
- How would you characterise the recruitment practices most commonly used to engage workers in the long-term care sector? *E.g., increasing reliance on digital labour platforms to source carers for private households, use of seasonal workers, posting of workers, subcontracting chains, temporary work agencies, labour market intermediaries, other.*
- What are the main causes/drivers justifying recourse to such recruitment practices in your country?

3) Question to labour enforcement authorities, public employment services, employers' organisations and recruitment agencies (a, c, d, f)

Are recruitment channels different for various long-term care settings (i.e. residential care, home care and community-based care), professions or mobility types in the long-term care sector or do they tend to be similar? If they are different, how so?

4) Question to labour enforcement authorities, public employment services and trade unions (a, c, e)

Are some of these recruitment channels better from the perspective of workers (e.g. lower risk of worker rights violations) or from the perspective of employers (e.g. administratively less demanding recruitment)?

5) Question to public employment services, employers' organisations and recruitment agencies (c, d, f)

Are some of these recruitment channels better from the perspective of employers (e.g. administratively less demanding recruitment)?

6) Question to all stakeholders

- Do labour shortages influence preferences for various recruitment channels in the sector?
- Are there differences between the long-term care settings in the study's scope (residential care, home care and community-based care) or between the different types of professions in scope ⁽²⁶⁶⁾? If yes, how so?

7) Question to public employment services, employers' representatives, employee representatives, representatives of associations of recruitment agencies or of other labour market intermediaries, members of the non-governmental sector and academia (c, d, e, f, g)

Is there any evidence of an increase in return migration in the sector (i.e. actively recruiting returnees or attracting EU nationals working outside the EU to come back to the EU)?

⁽²⁶⁵⁾ For the purposes of this study, **cross-border recruitment** refers to practices of sourcing workers from across neighbouring countries, while **transnational recruitment** refers to sourcing workers across countries that do not share a border.

⁽²⁶⁶⁾ This study focuses on the following **professions** involved in residential nursing care, home care and community-based care activities for the older persons in need of care and persons with a disability: nursing professionals, physiotherapists, audiologists and speech therapists, psychologists, social work and counselling professionals, nursing associate professionals, physiotherapy technicians and assistants, healthcare assistants, and home-based personal care workers (i.e. personal care workers involved in home care).

8) Question to all stakeholders

Is there any evidence of a growing trend or prominent position of posting of TCN (posted) workers (i.e., third-country nationals who are legally and habitually employed in one EU Member State and temporarily posted to work in another Member State) in the long-term care sector?

9) Question to all stakeholders

Who are the main types of stakeholders involved in recruitment of workers in the long-term care sector, particularly in cross-border and transnational recruitment?

Stakeholder	Please mark with a "X" the relevant answer(s) from the perspective of your country
Public employment services	
Recruitment agencies or other labour market intermediaries <i>(please specify if there are particular characteristics of these types of recruiters in your country i.e. temporary work agencies, small or large agencies/labour market intermediaries, civil society, digital labour platforms, payroll agencies that handle labour law and social security contributions)</i>	
Private households	
Other organisations (please specify)	

10) Question to all stakeholders

What are the main challenges for recruitment, focusing on cross-border and transnational recruitment in the sector?

Main challenges	Please mark with an "X" the 5 most relevant answers from the perspective of your country Please also specify if some challenges are specific for any of the professions within the long-term care sector ⁽²⁶⁷⁾
National policies seeking to influence labour market trends in the LTC sector specifically (e.g. lack of willingness to support outgoing workers due to risk of 'care drain', prioritisation of third country national recruitment) and/or other legal complexities	
Labour or skills shortages	
Lack of attractiveness of the sector	
Low levels of pay	
Labour or skills mismatches	
Lack of awareness about relevant/effective recruitment channels or job portals	
Difficulties in reaching potential candidates	
Recognition of qualifications/ skills	

⁽²⁶⁷⁾ This study focuses on the following **professions** involved in residential nursing care, home care and community-based care activities for the older persons in need of care and persons with a disability: nursing professionals, physiotherapists, audiologists and speech therapists, psychologists, social work and counselling professionals, nursing associate professionals, physiotherapy technicians and assistants, healthcare assistants, and home-based personal care workers (i.e. personal care workers involved in home care).

Main challenges	Please mark with an “X” the 5 most relevant answers from the perspective of your country Please also specify if some challenges are specific for any of the professions within the long-term care sector ⁽²⁶⁷⁾
Work permit challenges (for TCNs) and related administrative procedures	
Presence of informal intermediaries	
Practical barriers, including language barriers	
Market trends, including liberalisation of the care market and trends to outsourcing, emergence of digital labour platforms mediating home care	
Care drain (and policies seeking to prevent it) in the countries of origin of care workers.	
Other (please specify)	

11) Question to all stakeholders

- What is the key national level legislation (in your country) relevant for recruitment in the long-term care sector (from a cross-border/ transnational perspective)? Please refer if possible to specific legal items (title, year of publication and type of legislation – law, agreement between your country and other countries, sector-specific collective agreements etc.).
- What are the main challenges in the (practical) implementation of key legal provisions at country level relevant for recruitment in the long-term care sector (from a cross-border/ transnational perspective)?

Main challenges	Please mark with an “X” the 5 most relevant answers from the perspective of your country
Lack of awareness about the relevant regulation	
Difficulties to understand/interpret the relevant regulations	
Recognition of qualifications acquired in the country of origin	
Language barriers	
Administrative or regulatory challenges preventing mobile workers from entering into lawful employment in LTC	
Other administrative challenges	
Complexities of the regulation	
Limited oversight of recruitment practices involving labour market intermediaries	
Variety of contract types/employment forms and potential misclassification of long-term care workers’ legal relationship to their employer	
Unclear chains of contractual relationships due to the involvement of different types of companies (incl. outsourcing of services)	
(Hidden) Fees for establishing an employment relationship	
Other (please specify)	

12) Question to all stakeholders

- IF interviewees select the option “Administrative or regulatory challenges preventing mobile workers from entering into lawful employment in LTC” in the question above, please then answer the following question: What sector-specific barriers prevent workers in the long-term care sector from entering into lawful and fully declared employment (e.g., issues related to undeclared, underdeclared, or falsely declared work)? Are there any measures or good practices in place to address these challenges?
- Which barriers prevent workers to enter the profession that matches their qualifications?

13) Question to all stakeholders

Are you aware of any good practices for matching labour market supply and demand in situations involving EU mobile workers in the long-term care sector?

- *Please provide a brief justification of why you consider this to be a good practice, as well as details about the country concerned, a brief description of the objectives, the implementation period, the institutions involved, and if the information is available online (and where), etc.*
- *Please include any practice(s) that you are aware of that might be part of bilateral or multilateral agreements signed by your country with other EU Member States or EFTA countries, particularly related to agreements ensuring that ‘care drain’ does not happen in the country of origin and fair employment and working conditions are provided in the destination country.*

Please include any examples here in this box, below:

14) Question to public employment services, employers’ representatives, employee representatives, representatives of associations of recruitment agencies or of other labour market, intermediaries, members of the non-governmental sector and academia (c, d, e, f, g)

Are you aware of onsite/online cross-border/transnational recruitment fairs in your country dedicated to the long-term care sector? Please provide the title of the fair(s), frequency, countries involved, format (onsite/online).

15) Question to public employment services, employers’ representatives, employee representatives, representatives of associations of recruitment agencies or of other labour market, intermediaries, members of the non-governmental sector and academia (c, d, e, f, g)

How do you view the role of the EURES network in recruitment processes/labour market matching in long-term care? What could be improved?

Employment and working conditions in long-term care

16) Question to all stakeholders

What are the key characteristics of working conditions in the long-term care sector involving mobile workers in your country? Do these vary by type of employer (e.g. public entities, private business entities, non-for-profit entities, households)?

For example:

- *The main types of contractual arrangements (e.g. fixed term, part-time, employment directly by the care recipient, employment via a labour market intermediary, self-employment, zero-hours contracts, un(der) declared work, platform mediated work, etc.)*
- *The main working conditions (e.g. related to working time and its predictability, working patterns e/g/ shifts, nights, weekends, rest periods and leave entitlements, remuneration, physical and mental health, access to training, accommodation, performance monitoring/ surveillance etc.)*

17) Question to all stakeholders

What are the key issues/challenges/recurrent violations typically related to employment and working conditions for EU mobile nationals (and mobile TCNs) in the long-term care sector? Please provide specific examples if relevant and reflect on whether these issues are more noteworthy for these groups relative to country nationals.

Key issue/challenges/recurrent violation	Please mark with a "X" the 5 most relevant answers from the perspective of your country
Labour shortages, linked to lack of attractiveness of the sector	
Overtime and long hours	
Workload	
Issues with leave entitlements (and their use)	
Limited social protection	
Precarity of certain contracts and working time considerations not being respected	
Visa and residence permit-related issues	
Undeclared work	
Underdeclared work	
Occupational safety and health considerations	
Remuneration	
Housing and living conditions	
Limited or fragmented collective bargaining power of workers	
Issues related to the provision of food at work	
Lack of training	
High turnover rates	
Issues in OSH related to psychological health and emotional stress	
Issues in OSH related to physical health and physical strain on the job	
Lack of career progression opportunities	
Workplace harassment	
Bogus self-employment	
Social security coordination challenges (including non-payment)	
Misclassification	
Use of digital technologies for task/shift allocation, performance monitoring/surveillance	

18) Question to all stakeholders

What are the key legislative provisions at country level that are relevant for the key challenges selected under question 17?

- Please identify the legal provisions that aim to tackle the key challenges you identified.
- Please indicate the law, year and any specific provisions.

19) Question addressed to all stakeholders

In relation to the key challenges identified in question 17:

- Are some issues more prevalent or specific for specific professions than for others ⁽²⁶⁸⁾?
- Are some issues more prevalent for workers employed by specific types of employers (e.g. public or private entities, households, non-for-profit)?
- Are some issues more prevalent or specific for workers in residential care, home care or community based care?
- Is there a gender dimension to these issues/challenges/recurrent violations?

20) Question to all stakeholders

In general, what are the main challenges in the (practical) implementation of existing legislation relevant for employment and working conditions?

21) Question to all stakeholders

- Are there sector-specific regulations governing working time in the different long-term care settings (residential care, home care and community-based care)? How is working time recorded in these settings, and are there any challenges or good practices related to its enforcement?
- Are there sector-specific regulations on employee monitoring through digital technologies in the long-term care sector? Are there any challenges or good practices related to their enforcement?

22) Question to all stakeholders

- What is the role of social partners at national level in protecting long-term care workers' rights?
- Are there collective agreements which are relevant for the long-term care sector (and also cover mobile EU citizens)? Please provide their titles and indicate at what level they were signed (national/ regional)?

23) Question to all stakeholders

Are you aware of good practice examples (including in social partner engagement, especially if based on mutual cooperation between social partners) in your country that aim to ensure appropriate working conditions in the long-term care sector (and which can also be relevant for or target EU mobile workers)?

Please provide a justification of why you consider this to be a good practice, as well as details about the country concerned, a description of the objectives, the implementation period, the institutions involved, if further information is available online, etc. If any of the good practices build on international or cross-border cooperation, please mention these as well. Please also consider whether provisions related to bilateral or multilateral agreements on labour mobility could be described as a good practice ensuring appropriate working conditions. Please first provide an example of cooperation with other EU/EFTA member states, followed if possible by any initiatives involving also third countries.

Please include any examples here in this box, below:

Enforcement of labour law, labour mobility rules and social security coordination rules

⁽²⁶⁸⁾ This study focuses on the following professions involved in residential nursing care, home care and community care activities for the older persons in need of care and persons with a disability: nursing professionals, physiotherapists, audiologists and speech therapists, psychologists, social work and counselling professionals, nursing associate professionals, physiotherapy technicians and assistants, healthcare assistants, and home-based personal care workers.

24) Question to all stakeholders

What are the sector-specific enforcement challenges in relation to the application of:

Specific legislation in your country	Please include here sector-specific enforcement challenges	Please include here a clear reference to the legal provision the challenge is related to (i.e. the title, year when it came into force, online source where it can be accessed)
Labour law		
EU labour mobility rules (e.g. posting)		
Qualification standards		
Social security coordination rules		

25) Question to all stakeholders

What are in general, the recurring practical difficulties in enforcement in the sector, particularly for EU mobile workers or posted TCNs or non-mobile TCN workers in general?

Recurring practical difficulties in enforcement	Please mark with a "X" the 5 most relevant answer(s) from the perspective of your country
Low number of complaints	
Shortcomings in complaint mechanisms	
Lack of procedural legitimacy for trade unions and other third parties in filing complaints	
Seasonal variation and short-term work affecting monitoring efforts	
Detection challenges related to "invisible" work	
Prevalence of TCN workers creating specific challenges, such as language and cultural barriers, and fear of deportation	
Time gap between the occurrence of violations and their reporting,	
Understaffing leading to limited oversight	
Lack of sectoral expertise among inspectors	
Internal articulation issues within inspection bodies	
Technical shortcomings in enforcement procedures	
Differences between national legal frameworks	
Challenges in exchanging data through dedicated platforms (e.g., IMI, EESSI)	

26) Question to all stakeholders

- What are the main challenges enforcement authorities face in accessing inspection sites in the long-term care sector (e.g., private homes, residential care facilities, and other relevant settings)?
- Are there any legal frameworks or good practices that facilitate effective inspections in these environments?

27) Question to labour enforcement authorities and trade unions (a, e)

- How can an inspection be triggered? Are you aware of inspections triggered by violations reported (either directly or indirectly) by LTC workers to the authorities? Can you give an example?

- Is there any data available that indicates how often EU workers report labour law violations or violations affecting their work-related social security insurance? If so, how can it be accessed?

28) Question to social security institutions (b) and enforcement authorities (a)

- What are the main enforcement challenges related to the application of social security coordination rules to the workers in the long-term care sector? ⁽²⁶⁹⁾ *(e.g. undeclared status of the carer, (partially or fully) undeclared reward for care provision, bogus-self-employment status, non-genuine PD A1 forms or PD A1 forms issued based on incomplete/erroneous information, bogus volunteering as long-term carers, lack of coverage of carer for various social security branches like pension, healthcare, unemployment etc., status of informal carer (e.g. family members) and their coverage under social security scheme)*
- Are you aware of any good practices that facilitate the enforcement of social security coordination rules when it comes to workers in the long-term care sector and their coverage? ⁽²⁷⁰⁾ *(e.g. making carer subject to insurance status in the local social security scheme, crediting carer work period as an insurance period or taking it into account for various social security branches)*

29) Question to labour enforcement authorities (a)

- Please describe the procedure of cooperation with other countries in cases involving the enforcement of mobile workers' working conditions and social security rights in the long-term care sector, including aspects related to obstacles you've encountered, and the frequency and method of cooperation (e.g. cross-border joint inspections).
- How do you handle cases where there are discrepancies between the declared employment status and actual working conditions of mobile workers within the LTC sector (e.g. declared as self-employed but working under employer control)?

30) Question to all stakeholders

- Are you aware of any good practices of international or cross-border cooperation between labour enforcement authorities, in particular with other EU Member States, addressing enforcement challenges in the long-term care sector?
- Are you aware of good practice examples at the national level of remedies/applicable mechanisms for addressing enforcement challenges and practical difficulties, particularly for EU mobile workers or mobile workers in general? Please provide a justification of why you consider this to be a good practice, as well as details about the country concerned, a description of the objectives, the implementation period, the institutions involved, website etc.

Please include any examples here in this box, below:

Information provision

31) Question to all stakeholders

- What type of information is crucial for mobile workers and employers in the sector concerning rights and responsibilities at national level?

⁽²⁶⁹⁾ Please note this question refers to the coordination of long-term care workers' social security entitlements such as insurance periods, right to pension, unemployment insurance, maternity benefits. The question does **not** refer to the coordination in the area of long-term care benefits for individuals that need care and their transfer across borders.

⁽²⁷⁰⁾ As above.

- Who are the main actors in the provision of such information?
- Which categories of workers and employers are the most difficult to reach when providing information and why?

32) Question to all stakeholders

What are the existing gaps and challenges in information provision to mobile workers and employers in the sector?

Existing gaps and challenges in information provision	Please mark with a “X” the 5 most relevant answer(s) from the perspective of your country
Lack of clear information on relevant legislation and collective agreements	
A lack of information and advice in terms of trustworthy recruitment channels and labour market intermediaries	
A lack of information and advice in terms of processes and requirements related to recognition of qualifications	
Lack of understanding of individuals’ employment status	
Language barriers	
Limited access to support networks	
Lack of orientation or training	
Fragmented information provisions systems	
Information overflow – too many sources available, unclear which website/information provider offers answers to which question; contradicting information provided	
Difficulty in reaching temporary or short-term employees	
Difficulty in reaching private households as employers	
Lack of access to digital resources	
Lack of face-to-face information provision/advice	
Insufficient awareness of rights in the area of working conditions	
Insufficient awareness of rights in the area of social security and social protection	
Insufficient awareness of collective agreements and collective agreement coverage	
Insufficient awareness of OSH regulation protecting workers, including the mandatory provision of protective equipment etc.	
Limited awareness about the competent authorities workers and employers can contact in case of specific issues related to employment or working conditions	

33) Question to all stakeholders

Are there examples at national level of useful mechanisms/approaches for addressing key information gaps and reaching target audiences? Please provide a justification of why you consider this to be a good practice (i.e. a tool that has been evaluated and proven effective), as well as details of the mechanism/approach/tool. *For example: awareness-raising campaigns, websites, use of multipliers to relay information, etc.*

34) Question to all stakeholders

Question	Yes	To a large extent	To some extent	No	Observations
Are workers in the long-term care sector generally aware of their rights and obligations?					
Are employers in the long-term care sector generally aware of their rights and obligations?					
Are labour market intermediaries and recruitment agencies in the long-term care sector generally aware of their rights and obligations?					

35) Question to social security institutions (b)

- To what extent are workers aware of their social security rights and obligations?
- To what extent are private households as employers aware of their social security obligations?

36) Question to all stakeholders ONLY in federal/ decentralised countries [AT, BE, DE, ES, FR, IT]

- Are you aware of any regional/local information initiatives in your region that targets workers, employers or intermediaries in long-term care? Please provide details on the title, frequency, the regions/ local areas involved.
- Is there cooperation between regional/local information providers within your country and with those in other countries (countries of origin or destination of the care workers) to ensure a smooth, comprehensive and coordinated information provision before and after departure (e.g. cross-border or transnational recruitment fairs)? Please provide examples including the title, frequency, the countries involved, and whether the information event is held onsite or online.

Closing questions

37) Question to all stakeholders

- Are you aware of studies, reports, documents, and statistical data sources relevant to the topics discussed that would help inform the study?
- Overall, what is your assessment of publicly available information on these topics at the national level?
- Are there any particular gaps in publicly available information and statistical data sources?

38) Question to all stakeholders

Would you have any suggestions of specific contacts in your country from the following types of institutions and organisations that can provide additional information (in particular on good practices)?:

- Worker representatives
- Employer representatives
- Representatives of national enforcement authorities (e.g. labour inspectorates)
- Representatives of associations of recruitment agencies or other labour market intermediaries
- Relevant members of the non-governmental sector and academia

Annex 2. Labour mobility and working conditions in care-related professions: an exploratory analysis

The exploratory analysis of the 2023 EU-LFS microdataset presented in this annex seeks to provide insight into the labour market position of mobile workers in the care sector, and their working conditions relative to their native peers. The EU-LFS scientific use files provide information on the economic activity that the workers surveyed perform, but only at the level of main NACE sections and three-digit ISCO codes (Gesis, n.d.). It is therefore not possible to select LTC workers at the same level of precision as in the descriptive quantitative analyses in Chapters 2 and 4, which rely on special extractions provided by Eurostat. The nearest feasible alternative is to select all those workers who are active in NACE Revision 2.0, Section Q, and work in professions belonging to ISCO categories 222, 226, 263, 322, 325 and 532.

After workers who meet these criteria were selected, they were classified, based on the citizenship variable, as EU/EFTA mobile workers, TCN workers or workers native to their Member State of residence. Subsequently, the association between worker groups by labour mobility, on the one hand, and job contract types and work schedules, on the other, was investigated. Using a series of logistic regression models, the relative risk of specific outcomes among mobile workers were estimated, compared with the reference group of native workers.

In particular, the analysis concentrated on the relative prevalence of temporary agency work, self-employment, part-time work and fixed-term jobs among mobile workers. It also analysed the prevalence of frequent weekend work, evening and night work, and shift work. The results of this exploratory quantitative analysis are summarised in Figure A.2.1.

Mobile workers among care workers, as operationalised above, appear to be less likely to work part-time than their native peers ⁽²⁷¹⁾, but they are also more commonly engaged through TWAs ⁽²⁷²⁾ and for fixed-term jobs ⁽²⁷³⁾. These conclusions are in accordance with the administrative data presented in Box 4.2. This situation seems to particularly affect TCN workers. Moreover, mobile workers among the care workers selected seem to be more likely to work on weekends ⁽²⁷⁴⁾ and in the evening. Night work appears more prevalent among EU/EFTA mobile workers than their native peers. By contrast, the group of TCN workers does not show the same tendency. In terms of the probability of self-employment, results show no significant difference between mobile workers and country nationals. Finally, while differences between the worker groups are less pronounced when it comes to shift work, the TCN workers group appears to take on shift work more often than the native reference group.

The limitations of the quantitative enquiry presented require due attention. As discussed, the coding of variables available in the EU-LFS scientific use file does not allow for a precise reproduction of the LTC workforce as defined in the monitoring framework (see Chapter 2) (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025a). Moreover, while the estimates presented in Figure A.2.1 were calculated using the appropriate survey weights, the analysis could not fully account for the uncertainty stemming from the sampling design of the underlying survey. The analysis presented therefore serves, first and foremost, as a useful basis for further investigations into the working conditions of mobile workers.

⁽²⁷¹⁾ Relative risk of 0.8 both for EU/EFTA mobile workers and TCN workers.

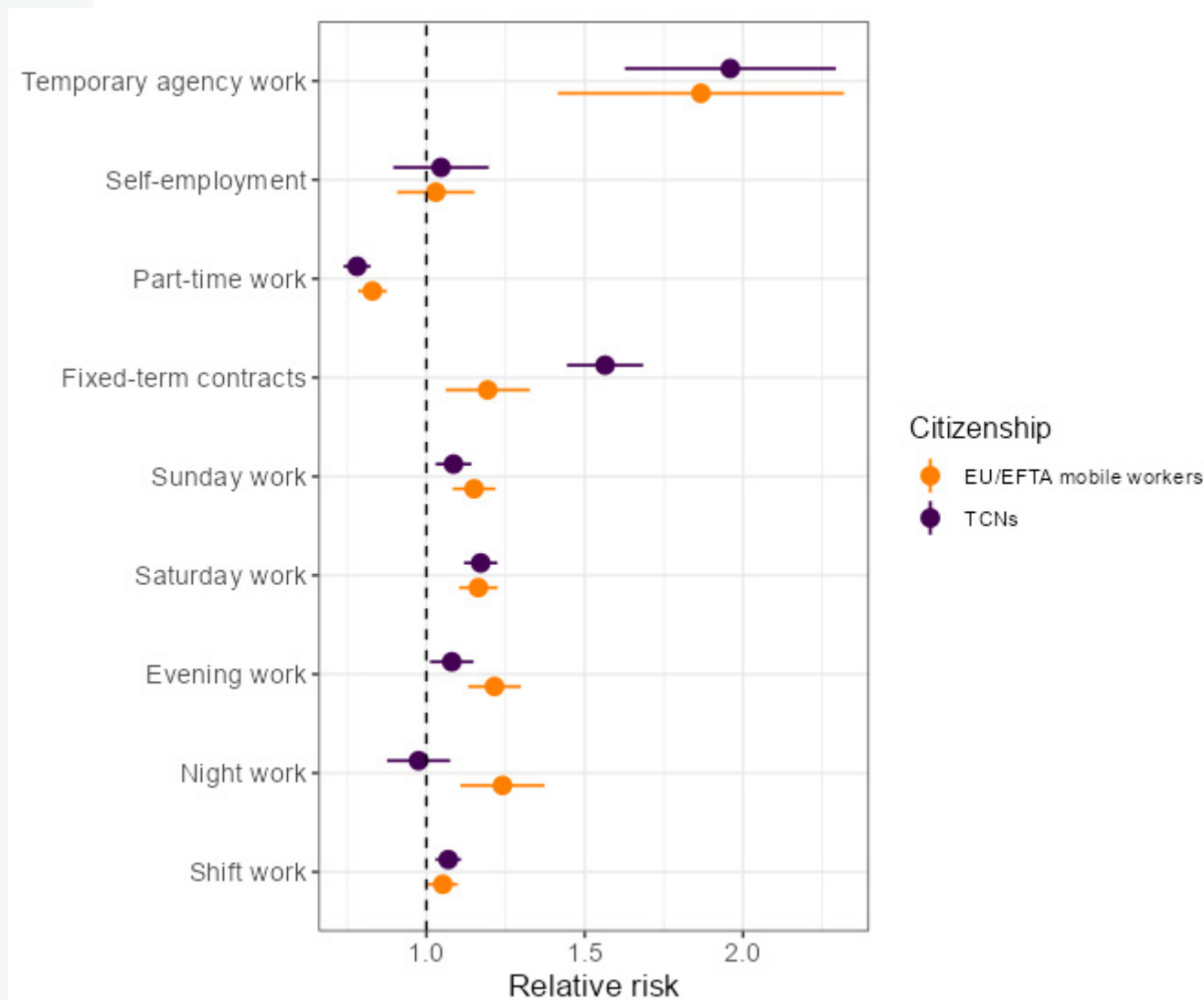
⁽²⁷²⁾ Relative risk of 1.9 and 2.0 for EU/EFTA mobile workers and TCN workers, respectively.

⁽²⁷³⁾ Relative risk of 1.2 and 1.6 for EU/EFTA mobile workers and TCN workers, respectively.

⁽²⁷⁴⁾ E.g. relative risk for frequent Saturday work of 1.2 both for EU/EFTA mobile workers and TCN workers.

Figure A.2.1: Mobile workers in the care sector may be more likely to work non-standard hours and full-time, but they are also more often employed through TWAs and on fixed-term contracts

Relative risk of specific contractual types and work schedules among mobile workers employed in NACE Revision 2.0, Section Q, in selected care-related professions (country nationals as reference = 1)



NB: Care workers defined as workers active in NACE Revision 2.0, Section Q (human health and social work activities), and professions in ISCO categories 222, 226, 263, 322, 325 and 532. ISCO 222 = nursing and midwifery professionals; ISCO 226 = other health professionals; ISCO 263 = social and religious professionals; ISCO 322 = nursing and midwifery associate professionals; ISCO 325 = other health associate professionals; ISCO 532 = personal care workers in health services. EU/EFTA mobile workers defined as workers in citizenship categories EU27_2020 and EFTA. TCNs defined as workers in citizenship categories AFR_N, AFR_N_ASI_NME, AFR_OTH, AME_C_CRB, AME_LAT, AME_N, AME_N_OCE, AME_S, ASI_E, ASI_ESSE, ASI_NME, ASI_SSE, EUR_NEU27_2020 and EUR_NEU27_2020_NEFTA. Native workers defined as workers in citizenship category NAT. Outcomes analysed included (in order from highest to lowest positioned) temporary agency work; self-employment; part-time work; work with a fixed-term contract; frequent work on Sundays, Saturdays, evenings and nights; and shift work. Control variables are age, sex, workers' professions classified by ISCO, degree of urbanisation of the worker's region of residence, and number of jobs taken on by the worker.
Source: Authors' calculations based on estimates from 2023 EU-LFS scientific use file data.



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