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Policy Brief

Addressing knowledge gaps in relation to the long-term care workforce

Emmanuele Pavolini and Eric Marlier

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Summary

One of the aims of the European care strategy is to improve the working conditions for long-term care (LTC) workers – to be understood here as professionals who provide formal LTC, which can take the form of home care, community-based care (e.g. day centres for respite care) or residential care. Such a goal is strategic, as it affects both the quality of care provision, given that LTC is a labour-intensive sector, and the quality of jobs. The LTC sector accounts for a substantial number of jobs. In 2023, about 3.1 million workers in the EU were employed in the LTC sector, equal to 1.5% of total employment (2023 Eurostat's EU Labour Force Survey [EU-LFS], Eurostat calculation).

The most common occupational groups in LTC labour markets are nurses and personal care workers delivering residential care or home care (hereafter "LTC nurses" and "LTC personal care workers"). Domestic (including live-in) LTC workers are also present in Member States. The share of staff working in residential care and home care varies among countries, with a majority of workers still employed in residential care in most but, at the same time, an increase in employment in private households.

The LTC labour market contains mostly workers with a medium educational level, although the increasingly complex skills required in the sector point to the need to improve initial and continuing training and qualifications. Labour shortages are a major challenge in all Member States, and labour shortages in this sector are among the most acute in the EU labour market as a whole. Wages and other indicators of job quality are low when compared to healthcare and the average situation of workers in the whole economy.

At the same time, the size of the LTC labour market varies significantly, with various Member States having a sizeable LTC workforce and others a relatively small one. Member States also differ in relation to the role played by atypical employment (part-time and fixed-term contracts) as well as self-employment. Only a limited number of Member States have a majority of LTC workers in the public sector, while private (contracted-out) provision has an important role in the other Member States. In a minority of Member States family members can be employed formally as LTC workers. Finally, the sector also has a significant proportion of undeclared work, in particular as regards domestic LTC workers.

There is no uniform definition of LTC workers across Member States, and there are no national definitions and classifications of LTC workers in the legislation of most Member States. Only a few have specific regulation of working conditions in the LTC sector. As a result, LTC workers are largely covered by general labour law, and they enjoy an equivalent level of labour rights to that of workers in other sectors (in legislation, LTC workers are usually placed in the same category as healthcare and social care workers). Overall, in all Member States, LTC nurses and personal care workers in residential homes are covered by national legislation transposing, where necessary, relevant EU labour law (covering areas such as working time, work-life balance, transparent and predictable working conditions, temporary agency work, part-time work and fixed-term work). LTC workers in most Member States are covered by minimum wage legislation. Better working conditions are often observed in the public than in the private sector.

Regulation arrangements for domestic (including live-in) LTC workers are heterogeneous among Member States. These workers are at times subject to specific regimes applicable to all domestic workers. In a range of Member States, different regulation arrangements have been reported for, on the one hand, LTC nurses and personal care workers, and, on the other hand, domestic LTC workers. This difference often implies that the latter group is covered by standards that can be lower overall than those applicable to the former. Since the end of the last decade, awareness of the need to improve working conditions to build an effective and adequate LTC social protection system has generally increased. Most Member States that have started to take action in recent years have put in place different measures, such as interventions aimed at directly improving working conditions and attracting workers through wage increases, education and training opportunities, or through new models of organising the delivery of LTC. Policy responses also include interventions aimed at indirectly improving working conditions by setting higher structural requirements and quality standards for services or promoting the strengthening of collective agreements and tripartite agreements. Further measures will be necessary to tackle the existing challenges.

Introduction

The European Care Strategy sets an agenda for care services that puts people first and seeks to improve the situation for both carers and care receivers. Among other objectives, it aims to improve the situation of long-term care (LTC) workers, thus making LTC professions more attractive.

In line with the 2022 Council Recommendation on LTC ([1]), LTC workers are professionals who provide formal LTC, which can take the form of home care, community-based care (e.g. day centres for respite care) or residential care. The latter includes "residential care homes" and "nursing homes" (including homes for the elderly), with the latter including people needing more intensive health-related care. It does not include hospitals.

For the purposes of this analysis, the formal LTC workforce comprises two main professional categories: nurses ([2]) and personal care workers ([3]) delivering residential care or home care (hereafter "LTC nurses" and "LTC personal care workers"). Along with these two categories, in some countries, domestic (including live-in) workers constitute an important part of the LTC workforce. In line with the approach followed by the European Social Policy Analysis Network (ESPAN; see Ghailani et al., 2024), LTC "domestic worker" here should be understood as someone providing LTC services in or for a household or households within a paid work relationship, either as an employee or as self-employed, and either directly or through a third party ([4]). In the latter case, the third party acts as an intermediary between the domestic worker and the household; it can be a profit or not-for profit service provider (i.e. also the state or a municipality) or a digital platform ([5]).

A specific category of domestic workers is that of "live-in workers", i.e. those domestic workers who live in the care recipient's household and provide LTC. Informal carers, often relatives of the person with LTC needs, are not within the scope of this policy brief, whereas those who are undeclared workers ([6]) are.

Building on the ongoing work of Eurostat's Task Force on LTC and the current work in the Indicators Sub-Group of the Social Protection Committee, an innovative, more detailed approach than previously employed for identifying LTC workers (in particular nurses and personal care workers) in EU statistics was implemented in this policy brief. This method, which consists of the overlap between a more granular selection of "NACE" economic activity codes and "ISCO" occupation codes related to LTC ([7]) on data extracted from Eurostat's EU Labour Force Survey (EU-LFS), suggests that, in 2023, 3.1

([1]) Council Recommendation 2022/C 476/01 of 8 December 2022 on access to affordable high-quality long-term care

([2]) In this analysis defined as those falling under codes 222 (Nursing and Midwifery Professionals) and 322 (Nursing and Midwifery Associate Professionals) of the International Standard Classification of Occupations "ISCO-08".

([3]) In this analysis defined as those falling under ISCO-08 code 532 (Personal Care Workers in Health Services).

([4]) This definition draws on the International Labour Organization "Domestic Workers Convention" (ILO Convention C189 of 2011), which calls on countries to provide domestic workers with fair recruitment and working conditions.

([5]) There are also other categories that are part of the LTC workforce (e.g. geriatricians, physiotherapists, psychologists, social workers etc.), but the analysis focuses on three of them (LTC nurses, LTC personal care workers [in residential homes] and domestic LTC workers) because these are the largest categories in most Member States. It should be noted that in Eurostat's EU Labour Force Survey (EU-LFS), which is the statistical data source used in this Policy Brief to estimate the number of LTC domestic workers in the EU, the category "domestic worker" is not listed in the variable on self-declared employment status and the place of work (other's home [employer's or client's home]) is not collected. As a result, it is not possible to distinguish in the data between personal care workers employed by households either directly or through a third party (who, according to our definition, are domestic workers) and personal care workers in residential homes.

([6]) Undeclared work is defined by the European Labour Authority as "any paid activities that are lawful as regards their nature, but not declared to public authorities, taking into account differences in the regulatory systems of the Member States" (https://www.ela.europa.eu/en/undeclared-work#bcl-inpage-item-426).

([7]) Thus defining LTC workers with the overlap between NACE Rev. 2 codes 87.1 (Residential Nursing Care Activities), 87.3 (Residential Care Activities for the Elderly and Disabled), 88.1 (Social Work Activities without Accommodation for the Elderly and Disabled) and ISCO codes 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), 5322 (Home-Based Personal Care Workers).

million workers (in particular nurses and personal care workers) were employed in the LTC sector in the EU; this corresponds to around 1.5% of the whole workforce (2023 EU-LFS, Eurostat calculations). The size of the LTC sector may in practice be bigger, as the numbers above do not fully reflect those domestic workers active in LTC ([8]) and the sector also has a significant incidence of undeclared work. The complementary report on "Access for domestic workers to labour and social protection: An analysis of policies in 34 European countries" prepared by the ESPAN (Ghailani et al., 2024) provides additional relevant information on domestic LTC workers (including live-in workers).

The LTC sector has an untapped job creation potential, driven by population ageing. To keep the current level of LTC provision, many countries will have to expand the LTC workforce significantly in the coming decades. More than 1.6 million LTC workers would have to be added by 2050 to keep LTC coverage at the same level. It is expected that the population aged 65 or over will grow by 23% by 2035, whereas projected employment growth in the care sector is just 7% (CEDEFOP, 2023). Most Member States would have to increase the number of LTC workers by more than 15% by 2030, and in eight of them the necessary increase is estimated as 30% or more ([9]).

However, practically all Member States struggle to attract enough workers into the LTC sector. A large majority of Member States report significant numbers of unfilled vacancies or anticipate staff shortages in the LTC sector. Furthermore, labour shortages in this sector are among the most acute in the EU labour market as a whole (European Commission, 2023).

The problem of labour shortages in the LTC sector is often closely linked to inadequate working conditions (including wages) (Eurofound, 2020; OECD, 2023). The fact that working conditions are not always adequate can have severe consequences directly, both on labour shortages (i.e. the sector is not attractive) and on workers' livelihoods (partially explaining the labour shortages), and indirectly, on the quality of LTC provision, as it is a labour-intensive sector.

Digitalisation and the adoption of new technologies in the LTC sector might help to improve not just the quality of LTC provision for users but also working conditions and the labour shortages in the sector (European Commission, 2023). At the same time, while certain tasks can be supported, digital solutions are not likely to mitigate workforce shortages completely; and due attention also needs to be paid to the risks arising from the use of digital tools as well as the need to invest in the digital skills of care givers and care receivers.

Overall, Member States face a set of common challenges, as well as country-specific ones, in relation to the regulation of the LTC labour force. This policy brief focuses on three dimensions. First, it looks at commonalities and differences among Member States in the shape of, and the challenges posed by, the LTC labour market. Second, it analyses how Member States have regulated the LTC labour market to date and their attempts to cope with the challenges, discussing the effectiveness of sectoral approaches compared with cases in which only national labour law, including transposed EU labour law, applies. Finally, the last section is dedicated to identifying the main challenges in the labour rights protection of LTC workers, with a specific focus on the most vulnerable (migrants/ undeclared/ domestic (including live-in) workers), and potential avenues for addressing these challenges, including building on identified good practices.

([8]) Besides domestic workers, workers classified under NACE 86 (Human Health Activities) or NACE 87.2 (Residential Care Activities for Mental Retardation, Mental Health and Substance Abuse) are not included.

([9]) CY, DK, FI, IE, LU, MT, NL, SK. See Barslund et al. (2022).

The data and information used in the policy brief were retrieved, on the one hand, from the literature on the topic, online databases (e.g. OECD, EUROFOUND) and data extractions from EU-LFS, and, on the other hand, from the European Centre of Expertise (ECE) network country reports and Synthesis Report and input provided by the ESPAN ([10]).

1. Working conditions and the long-term care quadrilemma

In 2023, there were around 44 million citizens aged 75 years or more in the EU, representing one tenth of its total population ([11]). By the end of the decade, this number will have doubled compared to 1990. In view of this expected trend, the issue of the decline of functional ability in old age has become increasingly salient over time. The number of people potentially in need of LTC in the EU is projected to rise from 31.2 million in 2022 to 33.2 million in 2030 and 37.8 million in 2050 ([12]). As a result, EU Member States have to cope with several LTC-related challenges, such as: how to improve the comprehensiveness and affordability of coverage of LTC needs and equity of provision; how to provide good quality care; how to ensure cost-effectiveness of public spending in a policy field in which socio-demographic projections forecast a further strong increase in demand in future decades; how to improve working conditions and wages; and how to address shortages of skills and workers.

Member States not only have to cope with these individual challenges; they also simultaneously have to make complex decisions about which policy mixes can best address them (Pavolini, 2023).

LTC policy-making becomes even more complicated once the goal of having a labour force that is equal to this task is added to all these major issues. Member States must develop strategies to cope with four major challenges, including the one related to the workforce. These four challenges can be represented as four poles of a quadrilemma, with potentially contrasting (albeit in practice complementary) priorities that must be balanced by policy makers (Figure 1.1). First, there are the public budget constraints. In most Member States, public expenditure on LTC increased in the last two decades and is set to increase further. Policy makers must consider carefully how to spend their resources cost-effectively to respond to increasing and diverse social needs and demands (for LTC, and also for other social and economic needs). Second, there is a need to increase LTC coverage (in terms of both the comprehensiveness of needs assessment and related service provision, and the level of protection/ affordability), given that in many Member States there are currently many gaps in coverage and high levels of unmet LTC needs (European Commission and Social Protection Committee, 2021). Third, there is a need to ensure a high quality of service provision, for which a skilled and sufficiently numerous workforce enjoying fair working conditions is key. Finally, improving job quality and wages is important to attract and retain qualified workers in this sector.

LTC working conditions might be what suffers most when Member States try to solve the quadrilemma (Pavolini, 2022). The reasons are manifold, and among these one in particular plays an important role. LTC is a typical labour-intensive sector where there is a risk that salaries/earnings in the sector grow more slowly than in other segments of the labour market due to the limited productivity gains that are possible. Furthermore, increases in salaries/earnings may also have an impact on the affordability of services for care users and their families.

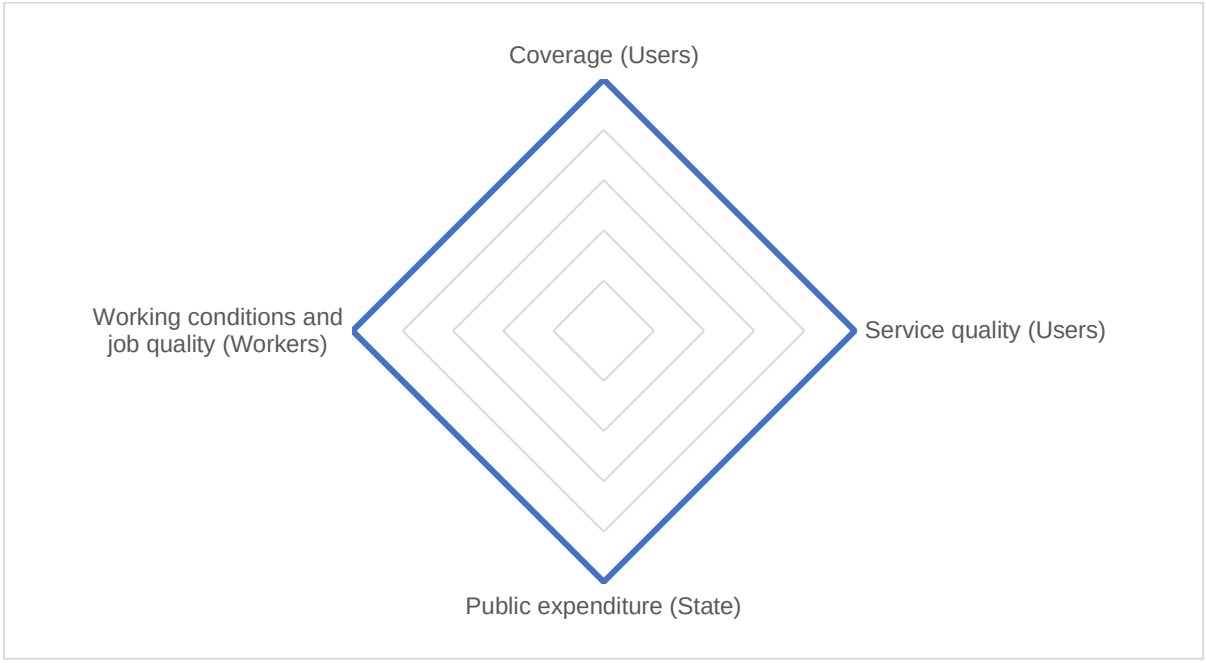
It is important to take into consideration the presence of this LTC quadrilemma in order to better understand the results that will be presented in the following sections, as well as the potential policy options to improve working conditions.

([10]) The authors of the present policy brief are particularly grateful to their colleagues in the 27 EU Member States' ESPAN country teams for very insightful inputs and information. All errors and inaccuracies are the authors' responsibility.

([11]) Eurostat online database, indicator: demo_pjangroup

([12]) According to the projections from the baseline scenario in the European Commission (2024d).

Figure 1.1: The long-term care quadrilemma



2. A map of the LTC labour market: common patterns and differences

The LTC labour market shows several commonalities across the EU but also differences between Member States.

2.1 Common patterns in LTC labour markets across the EU

As shown in Table 2.1 ([13]), LTC workers in Member States share similar characteristics:

a) They are mostly women (87% at EU level). While this sector represents an opportunity for growing female participation in the labour market, this strongly gendered characterisation represents a potential limitation for further recruitment.

b) Most of them are personal care workers (64%).

c) They work primarily in residential care (65%).

d) They tend to have a medium educational level: 61% have an upper secondary degree or completed post-secondary non-tertiary education, and 20% completed tertiary education. In relative terms, this is a sector with lower levels of education compared to the whole economy (for which the equivalent shares are 46% and 38%, respectively).

e) They are less likely to have long employment tenure (>60 months) (45%) than workers in the whole economy (56%).

f) Their average hourly gross wage is around 80% of the economy-wide average. Only a few Member States have averages close to the economy-wide average (AT, LU, NL, SK), whereas in several Member States wages are even lower (EE, FR, IT, PT, LV).

g) Finally, the lowest wage levels are registered for personal care workers: on average, their hourly gross wage is 69% of the economy-wide one.

([13]) These figures relate in particular to the section of the LTC workforce consisting of nurses and personal care workers.

Table 2.1: LTC labour markets in the EU: where Member States are similar

	Mean	Coefficient of variation	Member States with a different profile from the average **
a) Share of LTC workers who are women (%)*	87	0.079	None
b) Share of LTC workers who are personal care workers (%)* ([14])	65	0.276	Low share: HU (38), DE (34), LT (30) High share: EE (94), DK (92), BG (90), SE (89), ES (87), IT (86), SK (85), FI (85), LV (85), PT (84)
c) Share of LTC workers employed in residential care (%)* ([15])	63	0.295	Low share: BG (15), SK (32), RO (33), PL (39), SE (46) High share: MT (98), 92 (AT), EE (81)
d) Share of LTC workers with a medium educational level* (%) ([16])	61	0.209	Low share (due to high share of low educated LTC workers): PT (48), IT (32), ES (25) High share: SK (80); CZ (79), HU, (78)
e) Share of LTC workers with long employment tenure (>60 months) (%)* ([17])	45	0.246	Low share: EL (26), BG (32), DK (33), MT (34) High share: LU (67), HU (64), CY (60), SK (60)
f) Average hourly gross wages of LTC workers in residential and non-residential care as a percentage of the economy-wide average hourly gross wage*	80	0.141	Highest wages: LU (97), NL (96), AT (92), SK (91) Lowest wages: IT (67), PT (67), EE (63), LV (62)
g) Average hourly gross wages of LTC personal care workers as a percentage of the economy-wide average hourly gross wage* (%)	69	0.146	Highest wages: NL (93), AT (82), CZ (80) , LU (80) Lowest wages: EE (56), LV (56), PL (58), PT (58)

*Note: * Only considering residential care and home care workers and excluding domestic workers; ** Member States with a different profile are those that show a value either above the mean + standard deviation threshold or below the mean – standard deviation threshold.*

Sources: a), b), c), d) and e) based on EU-LFS (2024); f) based on Eurostat's Structure of Earnings Survey ([18]); g) based on Eurofound (2020).

Labour shortages in the LTC sector also represent a major common challenge. Practically all Member States have problems with not having enough professional workers in this field (Eurofound, 2020; CEDEFOP, 2023). More than one in six of the 24.3 million online job advertisements analysed by Skills-OVATE in 2021 comprised jobs in LTC occupations (CEDEFOP, 2023). Personal care workers were the most requested (39%), followed by nursing and midwifery associate professionals (33%) and nursing and midwifery professionals (28%). In 2020, nursing professionals, nursing associate professionals and home-based personal care workers were among the 19 occupations for which "high magnitude shortages" ([19]) were identified in several Member States (McGrath, 2021). The reasons for this gap are partially context-dependent (e.g. in many Central and Eastern European Member States part of the shortage is the outcome of a "care drain" of workers migrating towards Western European Member States), but the result is increasing difficulty in finding workers. The problem is not limited

([14]) Information on personal care workers not available for CY, EL, and IE.

([15]) Information on residential care workers not available for LV.

([16]) Information on workers' education level not available for EE, IE, and LV.

([17]) Information on job tenure not available for EE, IE, and LV.

([18]) The survey covers only enterprises with at least 10 employees. It also does not include domestic workers. It is therefore necessary to exercise caution when generalising these findings to the LTC sector.

([19]) Lack of employees amounting to more than 3% of current employment in that occupation.

to LTC; it also occurs in the whole of the healthcare and social care sector. At the same time, it is particularly acute in LTC.

Although labour shortages might be the outcome of several factors, the relatively low level of wages in LTC (see above) plays an important role.

Last, job quality is a particular issue in LTC compared to the average in the whole economy, as reported by Eurofound (2020). On the one hand, most care workers (71%) feel that they are doing useful work, compared to 52% in the whole economy. LTC work is partially a "labour of love" (Armstrong, 2023) and "the opportunity to help people" is a key motivator. On the other hand, LTC performs poorly for most indicators of job quality compared to the average in the economy as a whole, in terms not just of hourly and monthly earnings, but also of health and safety risks, psychological stress (e.g. risk of domestic violence, high levels of emotional demands, etc.), quality of working time, work intensity, job prospects, and discretion in performing tasks at work. 33% of LTC workers have been exposed to challenging behaviour, including verbal abuse, unwanted sexual attention, threats, physical violence, humiliating behaviour, bullying, and sexual harassment (compared to 16% in the overall workforce), and 38% think that they will be unable to do their job until the age of 60 (or for five more years, for those aged over 60). This proportion is higher than in the economy as a whole (27%) (Eurofound, 2020).

2.2 LTC labour market specificities across the EU

If these are the commonalities, the EU LTC labour market also shows several structural differences among Member States (Table 2.2).

The first relates to the presence of and role played by domestic (including live-in) LTC workers (indicator (a) in Table 2.2). It is difficult to estimate the exact size of this group, which is not necessarily well regulated and is often made up of self-employed workers (Eurofound, 2020; Ghailani et al., 2024). On the one hand, the phenomenon is limited in several Member States. On the other hand, it is present and very important in terms of the number of workers involved and tasks performed in all Southern European Member States (CY, EL, ES, IT, MT, PT), as well as in Austria and Germany. In these Member States, domestic (including live-in) workers play an important role in the organisation and functioning of the whole LTC system. However, they are a particularly vulnerable subgroup of LTC workers. In most cases, they are either intra-EU mobile workers*, inter alia* posted workers, or migrant workers (European Commission, 2024b). In 2019, 7.9% of the EU's LTC workforce consisted of non-nationals – 3.4% intra-EU mobile workers and 4.5% third-country nationals.

According to several sources (Eurofound, 2020; OECD, 2023; Ghailani et al., 2024), undeclared work among domestic workers is a common issue in many Member States. These workers may have extremely low wages, sometimes not even receiving the applicable minimum wage in the country (Rogalewski and Florek, 2020), and most often have limited social protection, if any at all (Ghailani et al., 2024). Given that domestic LTC workers often live with the care recipient (who is sometimes, though not always, their employer) under the same roof, working time arrangements, including adequate rest periods, may be blurry and sometimes not compliant with labour law, whilst enforcement of the rights of domestic (including live-in) workers is challenging due to limitations on inspecting private households in certain Member States. As highlighted by Ghailani et al. (2024, p. 12), "bogus self-employment, which involves workers registered as self-employed whose conditions of employment *de facto* constitute dependent employment, is widely used by private service providers and households to circumvent labour law". Furthermore, some of these LTC workers are cross-border workers (e.g. as is often the case between Slovakia and Austria).

Table 2.2: LTC labour markets in the EU: how Member States differ

	Mean	Coefficient of variation	Member States with very different profiles**
a) Presence of domestic (including live-in) LTC workers	-	-	Strong presence: AT, CY, DE, EL, ES, IT, MT, PT Limited/ absent: all other Member States
b) Number of LTC workers per 1000 people aged 65+*	32	0.856	Low: CY, EL, LV, PL, RO Medium-low: AT, BG, CZ, EE, ES, FR, HR, HU, IE, IT, LT, SI Medium-high: BE, LU, PT, SK High: DE, DK, FI, MT, NL, SE
c) Variation over time (2017-2023) in the ratio of the number of LTC workers per 1000 people aged 65+ (p.p.)* ([20])	+1.2	-	Member States with increase in the ratio: BE, BG, CZ, DE, FR, LT, LU, MT, NL Member States with decrease in the ratio: AT, CY, EE, HR, IT, PL, RO, SE, SK Member States with a stable ratio: FI, HU
d) Share of LTC workers with fixed-term contracts (%)* ([21])	16	0.614	Low (0-4.9%): LT, HU, LV, SK Medium-low (5-14.9%): AT, BE, CZ, DE, EE, IE, LU, RO, SI Medium-high (15-24.9%): DK, ES, FI, FR, IT, MT, NL, PL, PT High (25+): BG, EL, HR, SE
e) Share of part-time workers in LTC (%)*	31	0.683	Low: BG, CY, CZ, EE, EL, HR, HU, LT, PL, RO, SI, SK Medium-low: FI, IE, IT, MT, LV, PT Medium-high: DK, ES, FR, LU High: AT, BE, DE, NL, SE
f) Share of LTC workers in involuntary part-time work (%)* ([22])	16	-	Low: AT, DE, NL Medium-Low: CZ, DK, FI Medium-High: BE, FR, SE High: IT, ES
g) Share of LTC workers employed in private sector: home care (%)* ([23])	65	0.573	Low: BG, DK, LT, PL, RO, SI Medium-low: FI, HU, IE, SK Medium-high: BE, DE, EE, EL, IT, SE High: AT, CY, CZ, ES, FR, LU, NL, PT
h) Share of LTC workers employed in private sector: residential care (%)* ([24])	56	0.531	Low: BG, DK, LT, PL, RO, SE, SI Medium-low: FI, FR, HR, HU, IE, SK Medium-high: AT, BE, CY, CZ, DE, EE, EL, ES, IT, MT High: LU, NL, PT

([20]) 2017-2023 information available for 18 Member States (AT, CY, CZ, DE, EE, FI, FR, HR, HU, IT, LT, LU, MT, NL, PL, RO, SE, SK). 2019-2023 data used for two Member States (BE, BG). Information for remaining seven Member States (DK, EL, ES, IE, LV, PT, SI) not used for this indicator as available only for later years. Member States with increase/decrease in the ratio are Member States in which the ratio has increased/decreased by at least 3 percentage points (p.p.) during the period under scrutiny. Member States with a stable ratio are Member States in which the ratio has either increased or decreased by less than 3 p.p. during the period under scrutiny.

([21]) Information not available for CY.

([22]) The share of LTC workers in voluntary part-time work is available for 11 Member States (AT, BE, CZ, DE, DK, ES, FI, FR, IT, NL, SE) and the share of LTC workers in involuntary part-time work is available for 9 Member States (BE, DE, DK, ES, FI, FR, IT, NL, SE). Data are not available in particular for Member States with a very low proportion of part-time workers (the share of full-time LTC workers is higher than 80% in 15 Member States). The proportion of the LTC workforce which is voluntary part-time is 96% in AT and 86% in CZ.

([23]) Information not available for HR, LV, MT.

([24]) Information not available for LV.

	Mean	Coefficient of variation	Member States with very different profiles**
i) Possibility for family members to be formally employed as LTC workers when providing care	-	-	Yes: DK, FI, IE, NL, SE, SI No: all other Member States
j) Share of LTC workers aged 55+ (%) ([25])	27	0.354	Low: EL, LU, MT Medium-low: AT, BE, CZ, ES, FR, HR, HU, IE, LT, PT, SI Medium-high: DE, DK, FI, IT, NL, PL, RO, SE High: BG, CY, EE, SK
k) Share of LTC workers who participated recently in education or training (%)	21	0.330	Low: BE, BG, CY, CZ, FI, FR, IE, LU, PL, PT, SK Medium: AT, EE, EL, ES, HR, HU, IT, LT, LV, SE, SI Medium-high: DE, DK, MT, NL, RO
l) Share of LTC workers in shift work (%) ([26])	46	0.460	Low: DK, FR, SK Medium-low: BE, ES, HU, PL, RO Medium-high: AT, CZ, DE, EE, HR, NL, PT, SE High: BG, EL, FI, IT, LT, LU, MT, SI

*Note: * Only considering residential care and home care workers and excluding domestic workers; ** Four Member States clusters: a) Member States showing a value below the mean – standard deviation threshold; b) Member States showing a value between the mean and the mean – standard deviation threshold; c) Member States showing a value between the mean and the mean + standard deviation threshold; d) Member States showing a value above the mean + standard deviation threshold.*

Sources: a) based on Ghailani et al. (2024); b), c), d), e), f), j), k), l) based on EU-LFS (2024); g), h) based on Eurofound (2020); i) based on ECE (2024).

Second (indicator (b) in Table 2.2), the size of the LTC labour market varies significantly across the EU. On average there are 32 LTC workers per 1000 people aged 65+. However, on the one hand, there are Member States with a high number of LTC workers (DE, DK, FI, MT, NL, SE) relative to the workforce as a whole and, on the other hand, some Member States with a very low number (CY, EL, LV, PL, RO). Furthermore, if on average the share of LTC workers in the social and healthcare sector and in the whole economy is respectively equal to 13.2% and 1.6%, there is much heterogeneity among Member States in this respect as well.

Third (indicator (c) in Table 2.2), although the number of LTC workers has been increasing in most Member States, the growth of employment in the sector has often not kept pace with the increasing number of older people due to the ageing process. Only in five Member States (AT, CY, IT, SE, SK) did the absolute number of LTC workers decrease in the period 2017-2023. However, when the increase elsewhere is compared with the ageing process (the increase in people aged 65+), the number of Member States with a better ratio between LTC workers and older people in 2023 compared to 2017 is much more limited ([27]). The ratio improved in nine Member States (BE, BG, CZ, DE, FR, LT, LU, MT, NL), i.e. the number of LTC workers increased faster than the number of older people. It remained stable in two Member States (FI, HU). It decreased in all others (AT, CY, EE, HR, IT, PL, RO, SE, SK).

Fourth (indicator (d) in Table 2.2), while the presence of fixed-term contracts is relatively limited (16% of LTC workers), there are large differences among Member States. Nordic (DK, FI, SE) and Southern European (EL, ES, IT, MT, PT) Member States, as well as Bulgaria, Croatia, France, the Netherlands and Poland, have higher shares than do other Member States. Furthermore, the presence of fixed-term

([25]) Information not available for LV.

([26]) Information not available for CY, IE, LV.

([27]) 2017-2023 information available for 20 Member States (AT, CY, CZ, DE, EE, FI, FR, HR, HU, IT, LT, LU, MT, NL, PL, RO, SE, SK). 2019-2023 data used for two Member States (BE, BG). Information for remaining seven Member States (DK, EL, ES, IE, LV, PT, SI) not used for this figure as available only for later years.

contracts is higher in LTC than in the whole economy (12%), although in this case as well there is heterogeneity among Member States.

Fifth (indicator (e) in Table 2.2), as with fixed-term contracts, Member States differ in relation to part-time employment in the sector. On average, 31% of LTC workers have a part-time contract; but there is a coherent group of Member States in which part-timers represent a much larger share (AT, BE, DE, NL, SE, followed by DK, ES, FR, LU), with the Netherlands being an "extreme" case (85%). The share of part-timers is higher than in the whole economy in most Member States (on average 18%).

Sixth (indicator (f) in Table 2.2), in a not insignificant proportion of cases (13%), part time is not a choice in this field, but instead is involuntary in nature.

The presence of part-time and/or fixed-term contracts in combination with low hourly wages (see Table 2.1) means that in several Member States there is a risk of in-work poverty - especially among LTC personal care workers, who have on average lower salaries than LTC nurses.

Seventh (indicators (g) and (h) in Table 2.2), the composition of the LTC labour force by type of provider shows that employees of (non-profit and for profit) private providers represent on average the majority of workers in home care (65%) and residential care (56%) (Eurofound, 2020). However, in this case the situation is also polarised: for both indicators, Bulgaria, Denmark, Lithuania, Poland, Romania and Slovenia have particularly high shares of LTC workers in the public sector.

Eighth (indicator (i) in Table 2.2), the three Nordic Member States as well as Ireland, the Netherlands and Slovenia are the only countries offering the possibility of formalising informal care provided by family members as LTC work, making such carers LTC workers. In this case, such workers generally also fall under the labour law applicable to employees.

Ninth (indicator (j) in Table 2.2), around a quarter of LTC workers are aged 55+. The share of older adults in LTC is higher than in the whole economy (where it is around 20%), probably signalling a problem of recruitment of younger workers that has already been stressed in the previous section. In a few Member States (BG, CY, EE, SK), this share is very high.

Tenth (indicator (k) in Table 2.2), Member States invest in the upskilling of the LTC labour force to differing extents. Often this is limited. Only one fifth of LTC workers participated recently in education or training courses ([28]). In more than a third of Member States (BE, BG, CY, CZ, FI, FR, IE, LU, PL, PT, SK), this share is below 20%.

Finally, eleventh (indicator (l) in Table 2.2), the nature of LTC means that this sector is very exposed to atypical working times. Almost half of LTC workers (46%) in the EU are in shift work, whereas the average for the whole economy is 18%. This is particularly the case in eight Member States (BG, EL, FI, IT, LT, LU, MT, SI).

3. Labour rights in the LTC sector ([29])

The previous section presented a set of characteristics of LTC labour markets in the EU. Some of these characteristics are common to all Member States, and others are country specific. In addition, some of these facets just describe the make-up of these labour markets (e.g. composition by gender or educational level), whereas many others deal with working conditions.

In relation to the latter, it is important to recall that labour shortages are the most common challenge for Member States. Although they might be the outcome of several factors (OECD, 2023), the

([28]) This is defined in the EU-LFS as participation in education or training during the last four weeks preceding the survey.

([29]) This section draws extensively upon preliminary research by ECE and ESPAN national experts. When reference is made to 'national experts" or "national reports", these refer to ECE and/or ESPAN experts/ national reports.

relatively low level of wages and the often difficult working conditions in LTC have an important part to play in explaining such shortages. Along with this common set of traits, several Member States must deal with specific challenges. Some countries have a high presence of domestic (including live-in) LTC workers, whose working conditions are likely to be worse than other LTC workers. There are several Member States where atypical employment (in terms of fixed-term and/or part-time contracts) is more common in the LTC labour market than in the rest of the economy (or even the healthcare sector). Finally, the presence of a "mixed model" of LTC provision, with many Member States having both public and private (for-profit and non-profit) providers, may explain some variations in working conditions among the workers by type of provider. In other words, in countries with mixed models, different standards in working conditions between public and private sector workers may mean that more challenges exist in the private sector.

Over the years, the EU has adopted a set of directives in the realm of labour law, all of which are very relevant for ensuring appropriate minimum labour protection for LTC workers: the Working Time Directive (WTD), the Directive on Work-Life Balance (WLBD), the Temporary Agency Work Directive (TAWD), the Directives concerning the Framework Agreement on Part-Time work (PTWD) and the Framework Agreement on Fixed-Term Work (FTWD), and the Directive on Transparent and Predictable Working Conditions (TPWCD). These set minimum standards, but Member States are free to define higher standards in the areas subject to EU Directives, if they so wish.

It is important to note that EU labour law does not set minimum standards in all areas of labour legislation, either due to Treaty-based restrictions (Article 153 TFEU, para 5) or the absence of explicit EU competence, or because no EU legislation has been adopted to date in certain areas (e.g. individual dismissals). Along with the benefits brought about by general EU labour law, several Member States have been active in improving labour protection for LTC workers.

There are no national definitions and classifications of LTC workers in the legislation of most Member States. For instance, there is no official classification of LTC workers in 10 Member States (CZ, ES, FR, HU, LU, LV, NL, PL, PT, SK). In these countries, LTC workers are covered by general labour law provisions, and they enjoy the same level of social protection as workers in other sectors.

At the same time, 18 Member States (AT, BE, BG, DE, DK, EL, FI, HR, IT, LT, LV, NL, PL, PT, RO, SE, SI, SK) have national laws or provisions in laws and/or collective agreements specifically designed only for LTC workers, or for workers in healthcare and LTC. In some countries, most or many collective agreements (especially enterprise level agreements) which may be relevant for LTC workers are not publicly available (e.g. CZ, MT, SE). Only a few Member States (AT, DK, LU, PL, SI) provide special regulation just for LTC workers.

National experts in many Member States report different regulation arrangements for, on the one hand, LTC nurses and LTC personal care workers and, on the other hand, domestic LTC workers (who, as explained above, include personal care workers employed by households, either directly or indirectly). This difference may sometimes explain why the former group can benefit from better working conditions than the latter.

Both LTC nurses and LTC personal care workers (in residential homes) are fully covered by national laws transposing the relevant EU labour law cited above in almost all EU Member States. In this respect, there are no *de jure* problems in Member States in formal coverage for these types of LTC professionals.

The situation of domestic LTC workers differs in part from this. According to available information, domestic LTC workers are fully covered without any exceptions by the national law transposing EU labour law in half of the Member States (CZ, DE, DK, EE, HR, HU, LT, LU, LV, MT, PL, SI, SK). In the other Member States, specific exemptions from the applicability of certain regulations were signalled: in Austria concerning the WTD and the WLBD; in Bulgaria regarding the TAWD (i.e. sectoral restriction); in Portugal concerning the WTD and the TAWD; in Sweden regarding the WTD, the PTWD and the FTWD; in Belgium, Finland, Greece and Ireland regarding the WTD; in France (as the WTD, the TAWD,

the PTWD and the FTWD are not applicable to people employed by private households); in Spain, where, instead of the general labour code, a specific law governs the working conditions of persons employed in private households; and in Italy and the Netherlands, where the TPWCD is applicable only with exceptions (i.e. those provided for in the Directive itself for "natural persons" [the legal term for individuals] in households acting as employers). In Cyprus it appears that the WLBD, the PTWD, the FTWD and the TPWCD are not applicable to domestic LTC workers. Focusing on those Member States where there is a significant presence of domestic LTC workers (AT, CY, DE, EL, ES, IT, MT, PT), only in Germany and Malta are domestic LTC workers fully covered by the national law transposing EU labour law.

Looking more closely at the rules applied to different aspects of working conditions in the LTC sector, there are in many Member States a variety of rules (found both in national legislation and collective agreements) that apply to the working time of LTC nurses/personal care workers and domestic LTC workers. Around half of Member States have a common regulation on working time rules for LTC nurses, LTC personal care workers and domestic LTC workers, with the application of general labour law (BE, BG, CZ, EE, HR, HU, IE, LT, LV, SE, SI, SK), while three Member States (AT, IT, NL) have special regulations for domestic (including live-in) LTC workers. In the remaining Member States, rules for LTC nurses/personal care workers and domestic LTC workers differ, which can be explained in particular by the fact that workers are employed by households acting as employers (e.g. ES, FR, SE). Usually, when there are differences in regulation between the two groups of workers, this results in less favourable working conditions in terms of social protection and labour rights for domestic (including live-in) LTC workers.

Furthermore, there is a variety of approaches across Member States when it comes to measures to ensure the predictability of working time schedules. There are Member States in which notice of changes in the schedule must be transmitted to the worker in advance without specifying the time frame (e.g. "in due time" in LV), whereas in other Member States notice must be transmitted some days in advance (e.g. four days in DE, or seven days in BE, LT, LU and PL), or weeks in advance (e.g. one week in HU, two weeks in AT, CZ and SE, four weeks in DK). Usually, the shorter the notice period for changes in the working schedule, the harder it is for workers to reconcile private life and work, as they must adapt with haste to unexpected changes. In all Member States in which there are relatively high numbers of domestic LTC workers (with the exception of CY, DE and MT), these regulations differ between this occupational group and LTC nurses/personal care workers, with less protection for domestic workers. However, it is important to keep in mind that this information is based on analysis carried out at a time when the TPWCD was not implemented in all Member States, due to delays in transposition. In addition, the deadline for the transposition of the WLPD was 2 August 2022. Therefore, all the analysis related to these Directives may be incomplete and/or out of date, as a number of Member States have in the meantime submitted transposition measures which are still under review by the European Commission.

In Member States with a high proportion of domestic (including live-in) LTC workers relative to others, only in the case of Germany are inconvenient hours and shift work for domestic LTC workers compensated for in a similar way to compensation for other categories of LTC workers. In all other countries, there is either a specific regulation (CY, EL, ES, IT) or a lack of regulation. Furthermore, in some countries there are rules in national law and applicable collective agreements that set specific rights and conditions for domestic LTC workers. This is the case in Austria (with the Domestic Care Act), Portugal (with the Domestic Work Regime) and Italy (where the national collective agreement is the source of regulation for conditions for domestic carers). Spain also has a specific regime for domestic workers directly hired by the care recipient. Furthermore, the accommodation conditions for domestic carers are regulated in four of these Member States (AT, EL, ES, IT).

Turning to the enforcement of rights, labour inspectorates are usually the first line of enforcement of LTC workers' labour rights, while judicial enforcement seems to be less relevant for LTC workers. However, inspection work faces practical obstacles, especially for domestic (including live-in) LTC

workers, the workplace being a private home. Major issues in the enforcement of EU labour law for LTC nurses/personal care workers were signalled by experts in some Member States (DE, FI, LU, LV, NL, PL), mostly concerning the inadequate enforcement of working time regulations. The situation is different for Member States with high proportions of domestic LTC workers compared to others. In most of them (e.g. AT, CY, DE, EL, IT, MT), several issues arise in the enforcement of labour rights of domestic (including live-in) LTC workers, in particular in the case of migrant workers. The main issues of concern reported relate to working time and occur particularly frequently if the work is undeclared.

As the above analysis shows, collective agreements play an important role in the protection of labour rights. In some Member States, they complement what is prescribed in national regulation through legislation, whereas in others, as in the Nordic Member States and NL, they play a major role in setting specific working conditions in the LTC labour market. Furthermore, as shown above, in some cases collective agreements are in place for domestic LTC workers.

Table 3.1: Collective agreement coverage rate in the formal LTC sector, excluding domestic workers

Coverage level	Member States
High coverage (80%-100%)	AT, BE, DK, ES, FI, FR, IT*, LU, NL, SE, SI
Medium-high coverage (60-79%)	HR, IE, PT
Medium-low coverage (20-49%)	BG, CY, CZ, DE, HU, LT, LV, MT, SK
Low coverage (below 10%)	EE, EL, PL, RO

*Note * 100% in public sector; 75-80% in private sector.*
Source: Eurofound (2020).

A potential measure to improve working conditions in the sector is linked to minimum wages. The 2022 Directive on adequate minimum wages ([30]) aims to improve working and living conditions in the EU by establishing a framework for the adequacy of statutory minimum wages; promoting collective bargaining on wage-setting; and enhancing effective access for workers to their rights to minimum wage protection. Member States had to transpose the Directive into national law by November 2024. In the context of this Directive, a distinction is made between minimum wage protection (which can be provided by law and/or collective agreements) and statutory minimum wages. Some countries in the EU have statutory minimum wages, and minimum wages defined by collective agreements which are usually higher (e.g. ES), while others (e.g. AT, DK, FI, IT, SE) do not have statutory minimum wages and rely only on collective agreements (Table 3.1). Overall, either through legislation or high coverage of collective agreements in LTC, most Member States can ensure (minimum) wage protection for professional LTC workers. The only two Member States with problems in this respect are Bulgaria and Greece, where there are issues of coverage by the statutory minimum wage for some LTC workers.

Wages are one of the core dimensions defining the quality of working conditions. Therefore, the regulation of wages can be used as a tool to infer the effectiveness of sectoral approaches, based on collective agreements, compared with Member States in which only national labour law applies. The result of such an exercise offers only partial support to the hypothesis that sectoral approaches provide better protection. There is, for instance, a positive correlation at Member State level (Pearson's coefficient: 0.453) between the average hourly wages of LTC personal care workers, expressed as a percentage of the economy-wide hourly gross average wage, and the coverage rate of collective agreements. The strength of the correlation points to the fact that an approach based on collective

([30]) Directive (EU) 2022/2041 of 19 October 2022.

agreements, and combining national and EU legislation, can also help to ensure better working conditions; but this is not necessarily the case in all Member States. Other factors are also at play.

A factor partially explaining the last finding is indeed the fact that the type of employer (public providers vs private organisations – excluding households as employers) has an effect on working conditions in many Member States. Half of the Member States (BG, CY, CZ, DE, EL, ES, HR, HU, IE, IT, MT, RO, SI, SK) offer better working conditions in the public than in the private sector. It is worth underlining that this difference is not insignificant. Apart from three Member States (BG, RO, SI), all other Member States just cited are characterised by the presence of an important share of LTC professional workers (often the majority) employed by private organisations. In several Member States (e.g. BG, CY, IT), this difference in working conditions is the outcome of a different level of collective agreement coverage (higher in the public than in the private sector). In other Member States (e.g. ES, SI), public sector workers enjoy a legal status (for instance, as "civil servants") governed by specific rules, which offer better protection and more rights than in the private sector. In some Member States (e.g. IT), this is also the outcome of how public procurement practices by local authorities work, when they contract out LTC services: for instance, the dimension of price competition among potential suppliers (with wages often being the most important source of costs for companies) may often play a key role in the awarding of the contract, whereas other dimensions (e.g. continuity of service provision, investment in training activities, etc.) may play a minor role.

4. Challenges concerning working conditions and labour rights and potential avenues for addressing these

4.1 Challenges concerning working conditions and labour rights: a typology of Member States

As shown in the previous section, LTC nurses and LTC personal care workers (in residential homes) enjoy at least a basic level of protection in terms of labour rights in practically all Member States, either through legislation or via a mix of law and collective agreements. Their working conditions do not depend solely on the formal protection of labour rights. In this respect, as highlighted in Section 2.1, and as confirmed by preliminary research by ECE and ESPAN national experts, the LTC labour market for nurses and personal care workers suffers from two major shortcomings practically everywhere in the EU: relatively low wages and poor working conditions compared to those for people employed in healthcare or the labour market overall. Working conditions include the physical and social environment, working times, work intensity, job prospects, and discretion in performing tasks at work.

As shown in Table 2.1, it is only in Austria, Luxembourg, the Netherlands and Slovakia that LTC workers reach hourly wage levels resembling the average across the economy, but three of these four Member States (AT, LU, NL) have high shares of LTC workers with part-time contracts (respectively 50%, 32% and 85%) that are also well above those for the economy as a whole in the same countries (respectively 30%, 19% and 48%). By putting together these two characteristics (hourly wage levels and part-time contracts), the outcome is that LTC working conditions are not particularly appealing even in those Member States with the highest hourly wages (obtained as a result of a deep-rooted tradition of collective agreements and social dialogue).

As a result, if regulation through legislation and/or collective agreements has been able in most Member States to offer to these two groups of workers at least a basic level of legal protection, this has not been enough to avoid labour shortages. The reasons for this situation are manifold, but the main one is that in the first decades of the 21st century the "care quadrilemma" has been solved by most Member States by giving priority to the other elements of this quadrilemma, in particular by increasing coverage of LTC but, at the same time, trying to contain the increase in public expenditure

required to make the LTC system more adequate (Pavolini, 2022). The large unmet demand for LTC and the rapidly increasing ageing of the population have pushed many Member States to prioritise an increase in coverage without improving working conditions.

If this summary of the situation applies to all Member States, there are nonetheless other problematic labour market characteristics that are less equally distributed among Member States. As reported in Section 2.2 and Section 3, there are three main lines of differentiation between Member States that can have a major impact on LTC working conditions: the presence of and role played by domestic (including live-in) LTC workers; the size of the LTC labour market; and differing labour rights and social protection according to the type of provider (public or private). Domestic LTC workers have less protection of their labour rights than LTC nurses/personal care workers. Furthermore, in more than half the Member States, there is a relatively low level of employment in the sector. The reasons for such heterogeneity are manifold. Some Member States adopt selective criteria to access public LTC rather than more universalist ones (e.g. means-testing of beneficiaries' income used as a filter for access), especially among Central and Eastern European countries. This choice reduces the number of workers employed by public authorities to provide services.

Furthermore, many Member States rely not just on services but also on cash benefits. In the latter case, informal carers, rather than professional workers, often take care of their relatives with LTC needs; or they hire workers in the care labour market themselves. Member States in which domestic workers play an important role in LTC provision are also often countries where LTC systems provide generous and "unbound" cash benefits ([31]).

Finally, as shown above, in some Member States private providers offer poorer working conditions than public organisations, in practice creating a dual labour market for LTC nurses/ personal care workers depending on the type of employer.

Figure 4.1 presents a typology classifying all Member States based on the three main criteria just introduced: the presence of LTC workers in the Member States (measured in terms of number of workers per 1000 people aged 65+); the role of public and private provision; and the presence of domestic (including live-in) LTC workers.

The situation in the EU is very fragmented and several ideal types emerge.

Italy has a highly complex LTC labour market structure with both public and private professional service provision and a large presence of domestic (including live-in) LTC workers.

Croatia, Estonia, France and Hungary also have a public-private mix, without formal/ declared domestic (including live-in) LTC workers (although there may be, as in other Member States, both informal carers and undeclared care workers). At the same time, in these Member States the limited number of workers in the sector seems to be an important challenge.

The presence of a medium or large LTC workforce in a public-private mix characterises Slovakia and Sweden, without domestic (including live-in) LTC workers.

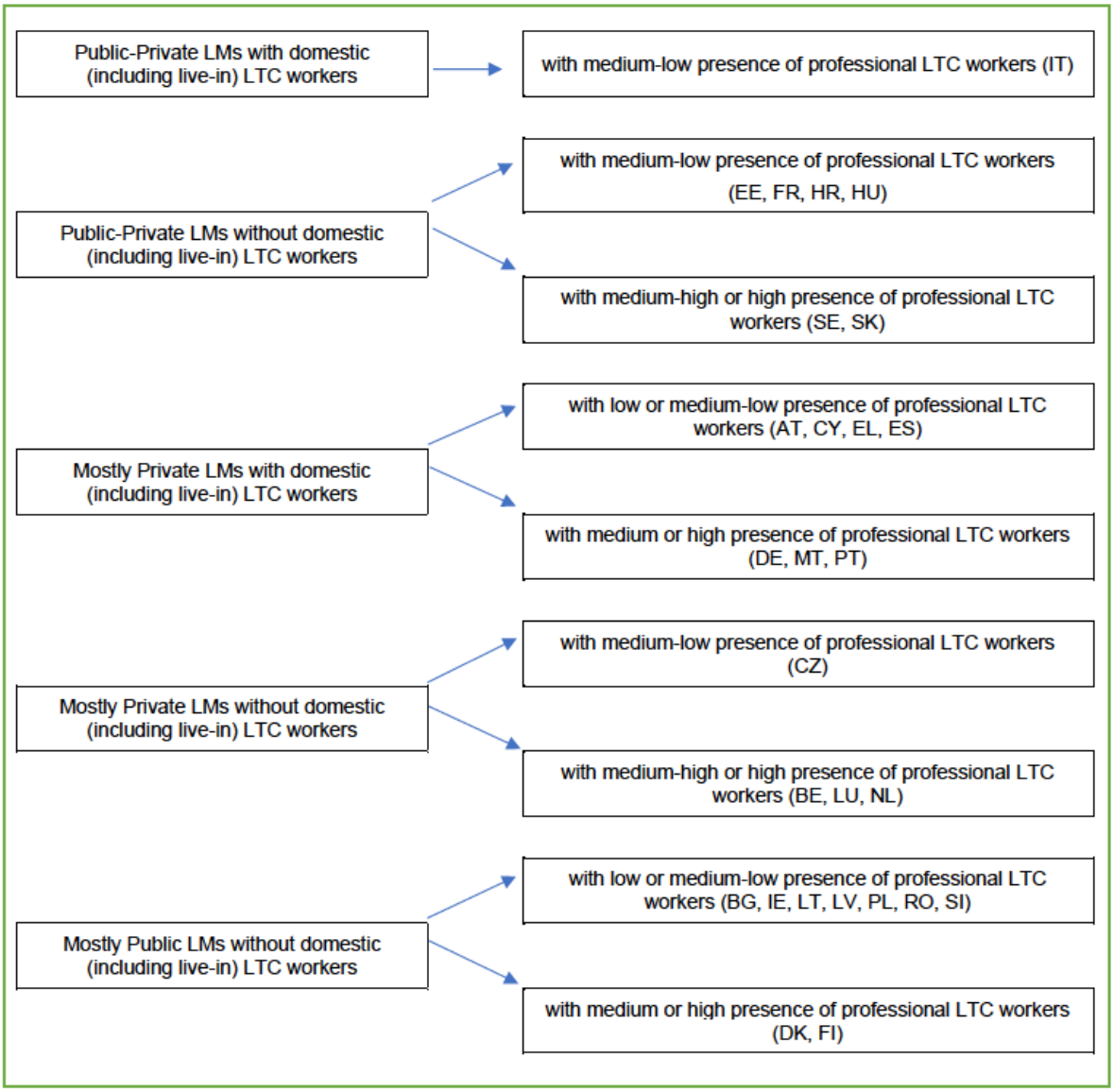
A largely private market for care, made up of (few) formal providers and (many) domestic (including live-in) LTC workers, is typical of Austria, Cyprus, Greece and Spain.

Germany, Malta and Portugal share a similar labour market structure to the previous cluster, but in this case the presence of professional LTC workers (hired by private providers) is higher.

([31]) The difference between "bound" and "unbound" cash benefits is that in the former beneficiaries have to document how the resources they receive are spent, whereas in the latter they are free to use the resources as they prefer. Among the Member States that have at least a medium-low public expenditure on LTC (i.e. at least 0.7% of GDP), AT, DE, ES, IT, MT all have relatively generous "unbound" cash benefits programmes, which also represent a significant share of total LTC public expenditure (around 42%) (Pavolini, 2022). Most other Member States either do not rely on cash benefits (e.g. DK) or have "bound" cash benefits programmes (e.g. FR).

There is then a further cluster of Member States, where most of the provision is offered by private organisations and there are (almost) no domestic (including live-in) LTC workers. Within this group, it is possible to differentiate between, on the one hand, Czechia with a low number of LTC workers and, on the other hand, Belgium, Luxembourg and the Netherlands, where there is a medium-high or high number of such workers.

Figure 4.1: Composition and characteristics of LTC labour markets (LMs) in the EU: a typology (2018-2021)



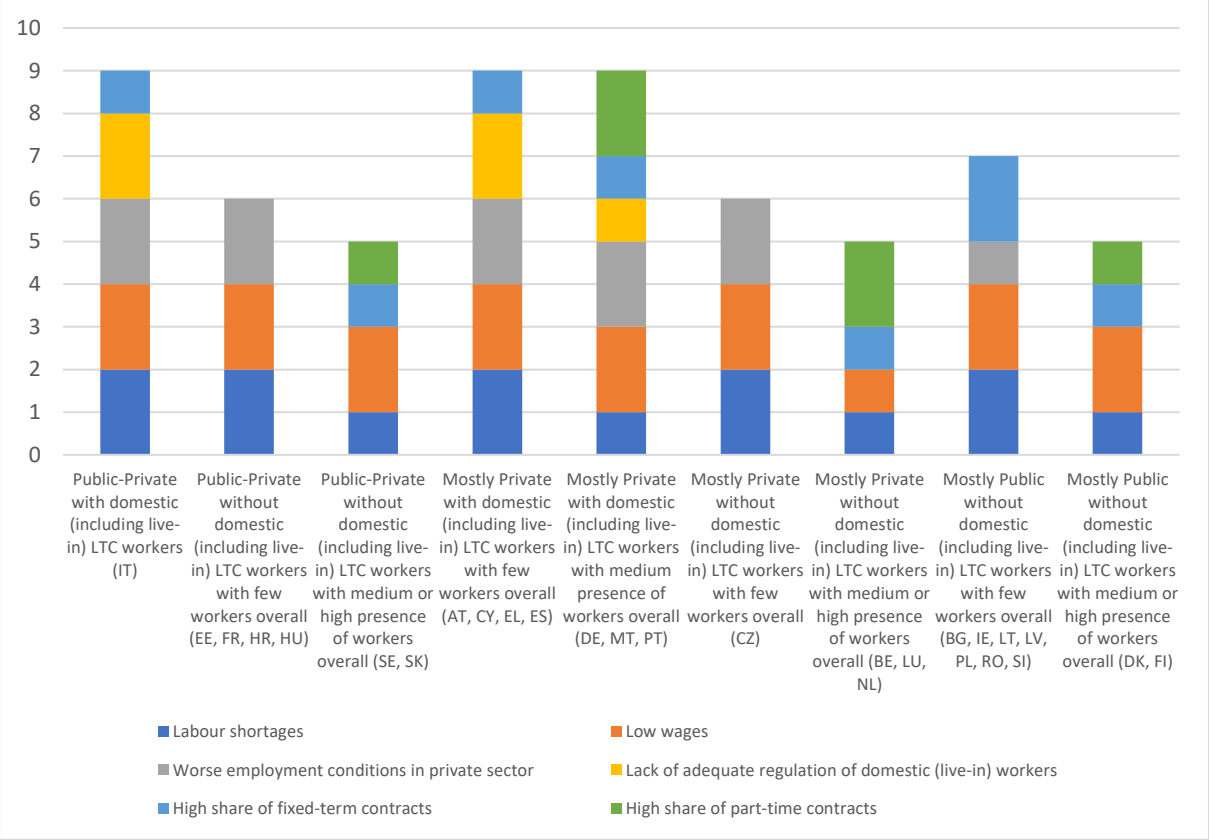
Note: professional LTC workers refer only to the number of LTC nurses/personal care workers per 1000 people aged 65+.
Source: authors' own calculations, based on EU-LFS (2023), and Eurofound (2020).

There are two final clusters, both sharing a mostly public LTC labour market. However, there is a low presence of LTC workers overall in Bulgaria, Ireland, Latvia, Lithuania, Poland, Romania and Slovenia, whereas Denmark and Finland regulate a LTC labour market with a relatively high number of public sector employees.

The discussion on the specificities and commonalities of LTC labour markets helps to populate a map of current challenges by cluster (Figure 4.2). Every Member State must cope with several challenges: if some are common (labour shortages and low wages), others are more country- and cluster- specific. For instance, Southern European Member States (CY, EL, ES, IT, MT, PT), Austria and Germany must deal with challenges on a very broad spectrum (from the regulation of a large domestic (including

live-in) LTC workers' sector to employment conditions among private providers). Central and Eastern European Member States have major challenges in attracting workers to the sector (BG, CZ, EE, HR, HU, LT, LV, PL, RO, SI, SK). At the same time, Member States that have traditionally invested in LTC services (e.g. Nordic countries and the Netherlands) must also deal with several challenges, such as the high share of (involuntary) atypical contracts (part-time and fixed-term).

Figure 4.2: The regulation of the LTC labour market: intensity and composition of the challenges by type of LTC labour market in Member States



Note: Intensity of the challenge: very pressing challenge = 2; pressing challenge = 1; not pressing challenge = 0.
Source: authors' own calculations, based on EU-LFS (2023), Eurofound (2020), OECD (2023), ECE (2024), and Ghailani et al. (2024).

4.2 Potential avenues for addressing the challenges

Since the end of the last decade, there has been an increasing awareness in almost all Member States of the necessity of improving working conditions as a pre-condition for building an effective and adequate LTC social protection system. In sum, policy-making must deal in this field not just with a "trilemma" (i.e. with issues related to coverage, service quality and public expenditure) but with a "quadrilemma" (i.e. also with scarce attention to workforce issues), in part because labour shortages risk limiting the capacity of LTC systems to cover population needs.

In the future, Member States could follow two strategies to deal with labour shortages (or they could partly mix these). The first can be defined as the "high road" to solving LTC labour market shortages, by intervening mostly on the demand side of the LTC labour market. This strategy is based on improving working conditions and increasing wages to retain those who already work in this field and to attract new workers into this labour market. This strategy on the demand side should be integrated with measures on the supply side. Several measures could be adopted in this respect. One would consist of improving career pathways through skills formation, training, and career progression opportunities. Another would consist of improving the image and the public perception of employment in the sector through media campaigns, combatting gender stereotypes in addition. Better thinking

through of admission conditions and legal pathways to recruit LTC workers from third countries, as well as improvements in their training, could also be part of such supply side measures.

The second strategy can be defined as a "low road" to solving such shortages, by intervening mostly on the supply side of the LTC labour market. This is based on policies that tend to de-professionalise this sector of the labour market, through measures such as only supporting migration from outside the EU to fill the gaps in this labour market, instead of also improving working conditions; lowering the educational and training standards required for those employed in this field; lowering the structural requirements for the functioning of services [the staff-to-users ratio]; not recognising the skills and qualifications acquired by migrant workers before entering an EU country [which results in skilled workers ending up in less qualified jobs], etc.

As will be shown in this section, Member States are currently largely attempting to follow the "high road" strategy, which is in line with EU legislation and the EU's general approach to social rights in this sector as well as in the labour market as a whole. At the same time, this increasing awareness and the willingness to act have resulted to date in proposals and parliamentary debates only in some Member States, but without implementation. The risk is that, if Member States do not explicitly pursue a "high road" strategy - with the support of the EU in addition - they might find themselves (unintentionally or by default) on a "low road" ([32]).

Among those Member States that have already started to act in recent years by taking the "high road", one or more of the following measures has been adopted. In several cases, the drafting and implementation of these measures have also seen the involvement of social partners, and some have been developed through collective agreements.

- Interventions aimed at directly improving working conditions and attracting workers through wage increases, education and training opportunities (e.g. AT, BE, DE, DK, SE). For example, in Denmark, the government in 2022 set aside 6.8 billion DKK (equal to 912 million euros) for higher wages. At the same time, with a view to making the LTC sector more attractive, municipalities advertise the opportunity to have a permanent job after graduation for students training in the LTC sector. In Sweden, since 2020, LTC employees are offered scholarships within the employment contract to improve their skills, for example by taking a degree to become an assistant nurse. Several Member States are also raising the statutory minimum wages specifically applying to LTC sector workers (e.g. ES).
- Interventions aimed at directly improving working conditions and attracting workers through new models of organising the delivery of LTC (e.g. BE, DK, ES, NL). In recent decades the actual delivery of LTC services has often sacrificed workers' autonomy in how to organise their tasks for the sake of better controlling the type of provision offered to beneficiaries (e.g. how much time is devoted by workers to each specific task [personal hygiene, nursing, etc.] they are supposed to provide). However, such an organisational model has often made working conditions less pleasant, in addition to workers often having to work alone and independently from one another. To cope with these difficulties, there are ongoing experiments in several Member States adopting models of delivery promoting team-work and mutual learning among workers, which should improve both the quality of services provided and the quality of work. For instance, the Netherlands has experimented with models of integrated self-managed professional teams of LTC nurses and personal care workers, covering small geographical areas (the so-called *Buurtzorg* model). The Dutch innovation has also been adopted at the local level in other Member States (e.g. DK, ES) (Drennan et al., 2018).
- Interventions aiming at indirectly improving working conditions by setting higher structural requirements and quality standards for services (e.g. BG, CY, DE, FI, LU, LV). Several Member

([32]) The examples reported in this section are presented and discussed in more in detail in European Commission (2024c).

States include among the new standards those relating to staff in terms of raising the qualifications and minimum staffing levels required, as well as increasing the worker-client ratios for service provision. For example, a Bill was passed in 2020 in Finland that gradually increased the nursing care staff-client ratio in LTC to 0.65 by 2023.

- Interventions promoting the adoption of new technologies to enhance recruitment, training and retention of the LTC workforce. Evidence suggests that worker retention can improve when new technologies allow better client-to-worker matching, more control over shift scheduling, and more efficient staffing (European Commission, 2020). At the same time, the adoption of new technologies does not necessarily ensure a positive impact on the LTC workforce (e.g. empirical findings show that health information technology, including electronic records, has a mixed impact on the workforce) (ibid.). Currently, investment in new technologies in LTC remains low (OECD, 2023). There are, however, promising experiments in several Member States, especially at the local level (e.g. DE, DK, FI) (ibid.). For instance, a digital training platform for at-home rehabilitation and physical exercise has been implemented in several Danish municipalities, and a sensor system (Smart Service Project) was introduced in DE (Dortmund) to assist older people in their daily lives by providing them with a monitoring tool that predicts the deterioration of older people's health.
- Interventions promoting the strengthening of collective agreements and tripartite agreements between employer associations, workers' representatives and state representatives (e.g. DE, DK). In Denmark, a Wage Structure Commission was created to investigate the wage levels of selected occupations in the public sector, including those concerning the LTC workforce. Tripartite agreements with the social partners have been signed to define a strategy on how to allocate the wage increases. At the same time, social partners have joined the Government in drafting a policy to increase the attractiveness of, and retention in, the sector. In Germany, specific new rules are being implemented to enable a collective determination of minimum standards for the care sector, in which both commercial and church-based non-profit organisations (which are not subject to regular labour law, as explained in Section 3) play an important role. These standards, which include wage scales, are embodied in a ministerial regulation; they are binding for the entire sector, i.e. they also apply to posted workers. Furthermore, since 2022, providers not bound by a collective agreement must pay their staff in accordance with prevailing collective agreements at regional level.
- Interventions aimed at directly improving the working conditions of domestic (including live-in) LTC workers. Potential measures range from strengthening the coverage of collective agreements for domestic LTC workers (e.g. AT, ES, IT, PT, SE) to the regularisation of undocumented migrants providing care (a measure especially prominent in Southern Europe); targeted training for this group of workers (e.g. CY); fostering compliance by households, when they become employers of domestic LTC workers, through measures such as tax deductibility (e.g. HU, IT, LU, RO); or a mix of incentives and penalties (e.g. EL). At the same time, most Member States are still to ratify the aforementioned 2011 Convention C189 on domestic workers ([33]).

([33]) To date, only nine Member States have ratified it: Italy and Germany (ratification in 2013), Ireland (2014), Belgium, Finland and Portugal (2015), Sweden (2019), Malta (2021) and Spain (2023).

5. Conclusion

Establishing an adequate social protection system for people with LTC needs has been a major goal set by Member States in recent decades. Formal provision of LTC services has been increasing even in countries where, until the 1990s, informal care was considered the main type of answer to such social needs (Ranci and Pavolini, 2015).

However, the goal of creating more adequate provision than in the past, while containing any increase in public expenditure, has been the major challenge perceived by policy makers for decades.

Only in more recent times have the issues of improving working conditions and ensuring adequate social protection for workers in the LTC sector acquired a more central space on the policy agenda. Member States have acknowledged the fact that they must deal with a "quadrilemma" and not just a "trilemma".

Many Member States have increasingly been regulating working conditions in this field. In addition, taking account in particular of national laws transposing relevant EU labour law, LTC nurses and LTC personal care workers (in residential homes) are generally well covered in terms of labour rights, whereas the same may not be true for domestic LTC workers.

In recent years, some Member States have started to adopt a set of measures that can substantially improve working conditions in the sector (in terms of workload, salaries, etc.) and social partners have been playing an increasing role in this field in many Member States, advocating and bargaining for better conditions. Most Member States are attempting to embrace the "high road" strategy to regulation of the LTC labour market.

However, major challenges lie ahead and intervening through instruments such as (financial and technical) support from the EU to Member States, or better enforcement of existing labour standards, remains an important potential source of support to be considered. As stated in the Action Plan "Labour and skills shortages in the EU" (European Commission, 2024a), several EU initiatives have already been adopted and are being implemented to support labour market activation and participation, especially of underrepresented people (migrants, women, young people, etc.) that could increase the supply of LTC workers. Often these initiatives have been funded through Member States' Recovery and Resilience Plans and European Social Fund Plus (ESF+) programmes, and they also provide support for skills, training and education. At the same time, the Commission also calls on Member States to act in other ways, such as: to remove the remaining barriers to automatic mutual recognition in education degrees and qualifications and validation of (training) skills across the EU, in order to further improve fair intra-EU mobility of workers and learners; and to engage in talent partnerships to enhance legal migration pathways in order to further attract talent from outside the EU to fill EU labour shortages.

Improving working conditions seems to require a strategy based on both structural and targeted measures depending on the specific structure of the LTC labour market in each Member State.

The structural measures concern the provision of public financial resources for LTC expressly dedicated to workers, to increase wages and staff ratios, to fund training and innovation in the organisation of services, and to set higher quality and structural requirements for the provision of services.

The targeted measures could be directed towards several goals. Among these, a very important one is rebalancing the differences in working conditions between public and private sector workers, when such gaps exist. As previously stated, in some Member States this is the outcome of public procurement practices by local authorities when they contract out LTC services. Better legal regulation of contracting-out could help to improve the situation in this respect.

In Member States in which domestic (including live-in) workers play an important role in LTC provision, it is necessary to promote more effective intervention, first by addressing undeclared employment with *ad hoc* instruments (e.g. by improving enforcement, for example through the actions of labour inspectorates and by providing fiscal incentives for households to regularise employment contracts). In this respect, as previously underlined, most Member States with high proportions of this type of worker have LTC systems that provide unbound cash benefits, whereas Member States with bound cash benefits or relying mostly on services instead of transfers usually do not have this type of worker (Pavolini, 2023). Careful reflection is advisable in relation to regulation of unbound cash benefits (i.e. accountability by beneficiaries as to how they use the resources allocated to them).

Finally, in several Member States good collective agreement-setting and social dialogue seem to foster at least to some extent better labour rights and the implementation of these. Especially in those Member States where there is private provision and where social dialogue is limited, strengthening social dialogue and collective bargaining could be one strategy to improve working conditions and wages, especially in the home care sector.

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Annex: Official country abbreviations

EU Member States			
Austria	AT	Italy	IT
Belgium	BE	Latvia	LV
Bulgaria	BG	Lithuania	LT
Croatia	HR	Luxembourg	LU
Cyprus	CY	Malta	MT
Czechia	CZ	Netherlands	NL
Denmark	DK	Poland	PL
Estonia	EE	Portugal	PT
Finland	FI	Romania	RO
France	FR	Slovakia	SK
Germany	DE	Slovenia	SI
Greece	EL	Spain	ES
Hungary	HU	Sweden	SE
Ireland	IE		

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