Mobilecare

Social dialogue as a tool to improve the conditions of functioning of intra-EU labour mobility in home-based care services

MobileCARE - Social dialogue as a tool to improve the conditions of functioning of intra-EU labour mobility in home-based care services

European Social Dialogue to Promote the Application of the Best Practices of Intra-EU labour mobility

Co-funded by the European Union

Index

Introduction – characteristic of home care services

According to the World Health Organization, long-term care is understood as all services and assistance of a personal, social and medical nature, thanks to which a person who is dependent or is at risk of losing independence due to a mental or somatic illness or disability is able to function in a way that ensures respect for fundamental rights and human dignity. According to the WHO, the role of a caregiver can be taken on by family, friends or other close people (informal care) or by health or social care personnel, as well as professionally trained caregivers (formal care). In addition, care services can be provided in various ways and places - at home, in a care facility, in a hospital[1].

Long-term care is provided over extended periods of time, although not necessarily continuously or at constant frequency and intensity. While some care users recover function, at least partly, and require less support as they regain (some) independence, others experience a sustained and irreversible decline in functional ability and thus rely on broader and more frequent care to maintain wellbeing and dignity.

In the opinion of WHO long-term care services support individuals with limited and declining functional ability to continue leading meaningful lives, as independently and safely as possible, and promote their quality of life, while respecting their rights to autonomy and self-determination, as well as equality and non-discrimination. To achieve these goals, long-term care should be:

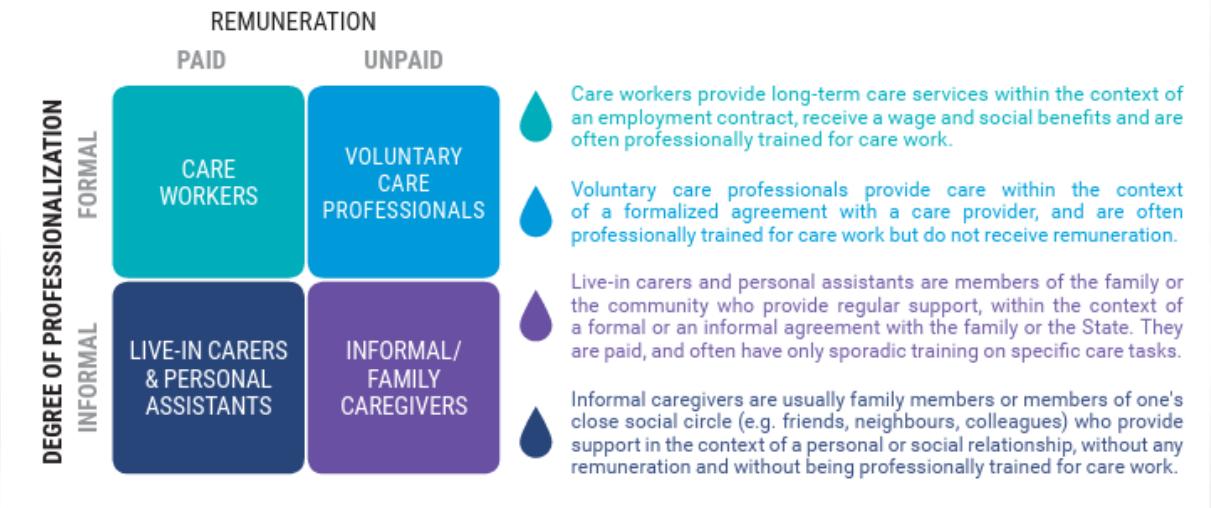
- delivered in a continuum and integrated into health and social support service packages to effectively respond to the needs of care users and their communities;
- closely aligned with the values and preferences of care users, their informal caregivers, families and communities;

[1] World Health Organization, "Long-term care" 2022, https://www.who.int/europe/news-room/questions-and-answers/item/long-term-care (dostęp 13.04.2025).

- organized in care settings that allow users to remain as active and as engaged as possible with local social networks.

Generally, long-term care includes care organized and provided by paid and unpaid caregivers, mainly women. These can be specialized care professionals in the context of formal employment regulation, as well as close relatives or other members of the community outside the bounds of a formalized employment or care arrangement, usually described as informal or family care. By and large, formal care is provided by a variety of care workers, with different levels of training and different skill levels, who are paid for their work. Conversely, many informal caregivers provide support within the context of a social relationship and generally without pay. Nonetheless, exceptions exist and are becoming increasingly more common. The graph below presents a two-dimensional typology covering the most typical examples.

Chart no. 1. Distinguishing caregiver type by level of professionalization and remuneration.

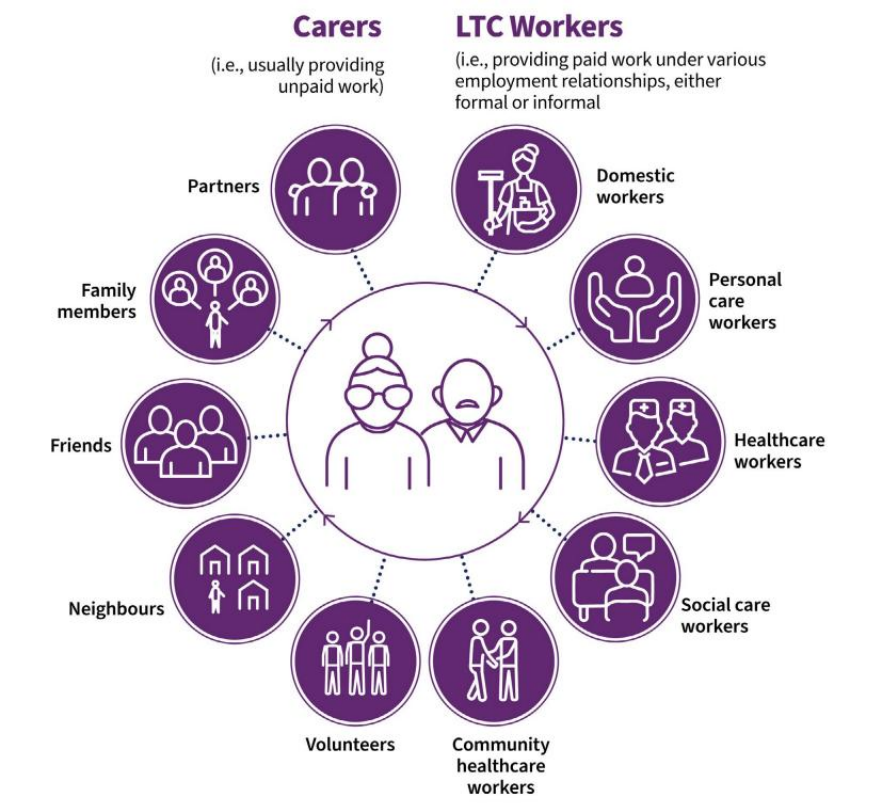


(Source: Rebuilding for sustainability and resilience: Strengthening the integrated delivery of long-term care in the European Region, WHO 2022).

Long-term care is overwhelmingly provided informally and mostly without pay. Estimates suggest that informal care, both paid and unpaid, accounts for as much as 80% of all long-term care provided, a share that is likely to be higher in countries with less well developed long-term care service provision.

The people involved in providing care typically comprise two groups: carers such as family members, partners, friends, neighbours and volunteers, and other persons such as paid personal care workers, domestic workers, health workers and social care workers. The boundaries between the two groups are not, however, clear and differ by country.

Chart no. 2. Actors involved in providing care.



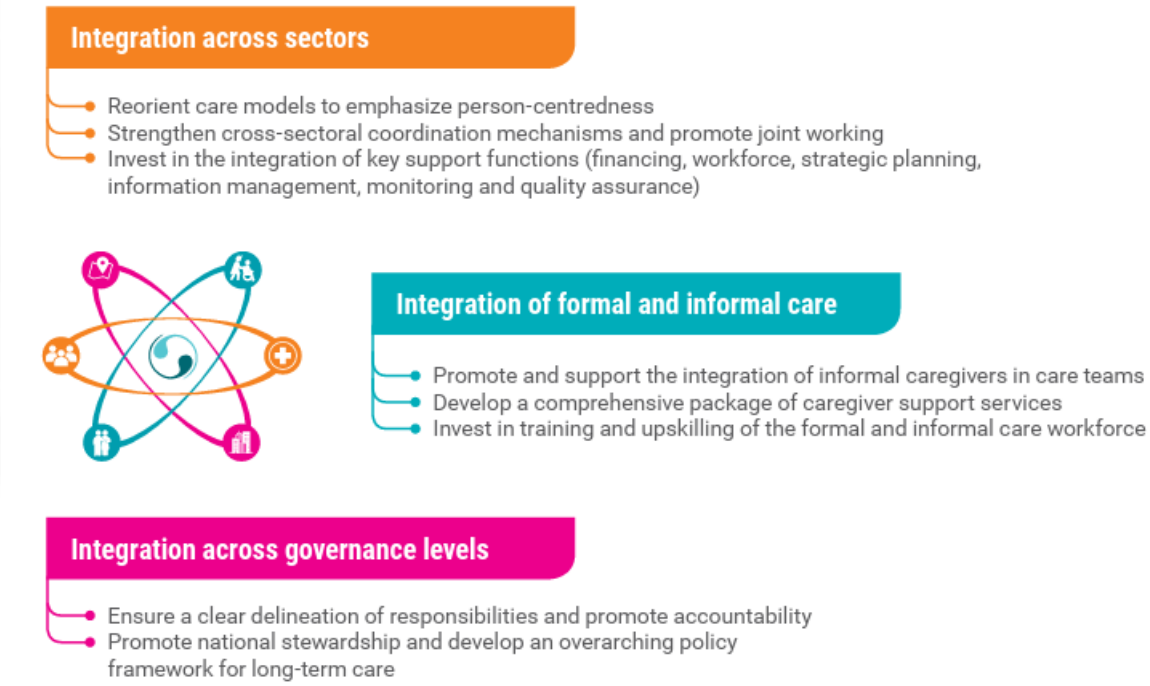
(Source: Long-term care for older people package for universal health coverage, WHO 2024).

In some countries, policies have been set to protect the health and well-being of carers, to facilitate not only their access to support in caring for older adults but also their quality of life and well-being. In countries with no care policy or established services, most care relies on unpaid carers, particularly family members. Even in countries with developed care systems, unpaid carers are still considerably involved in providing care. They are frequently in contact with different care providers and navigate complex health and social care systems.

Integrated provision of community-based care is key to the resilience of care systems because every sectoral boundary represents a change in incentives, values and culture, processes and regulatory structures. Furthermore, each misalignment increases the potential for costly duplication of care provision, inefficient allocation of scarce resources and suboptimal care outcomes due to gaps and delays in care provision. If they are to achieve their goals of providing timely, affordable and equitable support across the continuum of care, long-term care systems must minimize such misalignments and ensure coherent processes and policies along three integration axes, between:

- the health, long-term care and social protection sectors;
- governance levels – local, regional and national;
- formal and informal care provision.

Chart no. 3. Three axes of integration for long-term care provision.



(Source: Rebuilding for sustainability and resilience: Strengthening the integrated delivery of long-term care in the European Region, WHO 2022).).

Home care is one of the most common types of long-term care. It is preferred by most older people and is aligned with the general goal of ageing in place. Home care typically includes professional visits for case management, assistive and supportive personal care services such as for basic activities of daily living, medical and rehabilitation interventions, and carer support, depending on the needs identified during screening and monitoring. Older adults are usually assessed for health and care needs, including their eligibility for service coverage, at home. In low- and middle-income countries, unpaid care provided by family members, partners, friends or neighbours according to traditional norms remains vital, sometimes with the help of domestic workers. Although trained personal care workers or home health aides are becoming more prevalent, they are not replacing carers in many countries, mainly because of a lack of trained personnel. Community health programmes, with volunteers provided mainly by religious

organizations, are significant sources of support, although they cannot function as a substitute for public assistance. Even in high-income countries, most care still relies on unpaid work by family members, while a few home care programmes involve community health workers or specialized, professional health workers. In European countries, the percentage of older people who receive long-term care at home varies greatly, depending on the care system. It is quite significant in Denmark and Germany. Older people and their families who receive home care services experience several common problems, such as inflexible service provision, lack of services over weekends and at night, and restrictions on the number of hours of service provision[2].

The key challenge is the shortage of care personnel. That is why resources from foreigners are being used[3]. The care gap is filled by people migrating for work. This acceptance does not take the form of a consciously implemented public policy. Professional preparation of staff to provide services is too expensive. Organizing professional training for caregivers, promoting employment in this profession or building the prestige of a caregiver are expensive and time-consuming solutions.

The topic of guaranteeing EU citizens universal access to care services is included among the demands of the European Pillar of Social Rights. Point 18 states that everyone has the right to affordable and good quality long-term care services, in particular home care and community-based services[4]. With the increasing mobility of care, the cross-border nature of this service is taken into account. Home care is a social issue, without which public policies will not achieve a strong Social Europe that is fair, inclusive and guarantees full opportunities to increase well-being.

[2] World Health Organization, "Long-term care for older people package for universal health coverage", 2024.

[3] International Labour Organization, "The road to decent work for domestic workers", 2023.

[4] https://eur-lex.europa.eu/.

According to the recommendations of the European Commission, each member state is to adopt its own action plans. In their recommendations, they are to take into account the guidelines that the European Commission considers important.

- Providing all those in need with timely, comprehensive and affordable long-term care, including decent living conditions;
- Diversification of the offer of appropriate long-term care services. This involves providing home care, but also community and institutional care, eliminating territorial differences in access to services, providing care using available digital solutions and ensuring the availability of services and infrastructure in terms of the needs of people with disabilities;
- Implementation of high-quality criteria and standards applicable to all entities providing care;
- Supporting informal caregivers, whose role is often played by women and loved ones, through training, counseling, psychological and financial support;
- Acquiring adequate resources and sustainable financing of long-term care, including through mobilisation of EU funds;
- Promoting social dialogue and collective bargaining with a view to improving pay and working conditions;
- Establishing appropriate occupational health and safety standards;
- Providing continuing education and training for employees;
- Combating gender stereotypes in the long-term care worker profession and conducting information campaigns.

The International Labour Organisation's Convention No. 189 concerning domestic workers plays a special role in ensuring appropriate conditions for the provision of care services[5]. It is recommended that member countries implement this convention. Countries accepting the Convention are to take measures to cooperate in order to ensure the effective application of the provisions of this Instrument to migrant domestic workers. In particular,

[5] https://www.ilo.org/

national laws and regulations should require that migrant domestic workers recruited for domestic work in another country receive a written job offer or an employment contract valid in the country where the work will be carried out, specifying the basic terms and conditions of employment, before crossing national borders to take up the domestic work to which that offer or contract relates. This requirement does not apply to workers who benefit from freedom of movement for employment purposes under bilateral, regional or multilateral agreements or within regional economic integration areas.

Importantly, each state accepting the Convention shall take measures to ensure that domestic workers:

a) shall be free to agree with their employer or potential employer on the question of whether to reside in the household,

b) who live in a household shall not be obliged to remain in the household or with members of that household during their daily, weekly or annual rest, and

c) shall be entitled to keep their travel and identity documents with them.

The complexity of the issue and the problems with adopting satisfactory solutions, as referred to in EU and international documents, is evidenced by the fact that different organizational models of home care operate in European countries:

1. **Scandinavian model** (e.g. Sweden, Denmark, Finland)
   - a strongly developed public sector;
   - home care services are financed mainly from taxes and organized by local governments;
   - care is widely available and standardized;
   - emphasis is placed on independence and staying at home as long as possible.
2. **Insurance model** (e.g. Germany, Netherlands, Belgium)
   - home care is financed by special care insurance;

- large role of the private sector and non-governmental organizations;
- users often have the right to choose: they can receive benefits in kind (services) or cash (for hiring a caregiver, e.g. a family member).

3. **Mixed model** (e.g. France, Spain, Italy, Poland)
   - a combination of public, insurance and private financing;
   - there is often no unified system – services are dispersed between different institutions (health, social welfare, local governments).

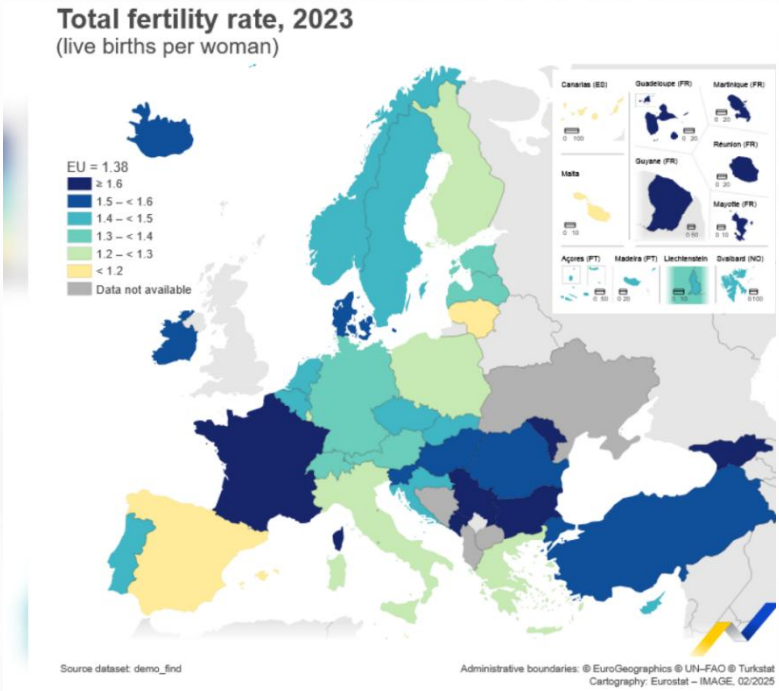
Member States can benefit from the European Social Fund Plus (ESF+), the main financial instrument of the European Union aimed at supporting employment, social inclusion, education and competences of EU citizens in the years 2021-2027. The Fund financially supports member states' actions in the areas of long-term care, public health and social integration.

Charateristic of the demographic situation of selected EU countries

There are many elements that affect the population potential, which is a factor determining social and economic development. The initial element is the dynamics of changes in the population number. The development values of the population are also determined by the demographic, social and professional structure. Such an assessment of the demographic situation is all the more important because Europe is striving for lasting and sustainable development, based on knowledge, technological progress, innovation and better use of the achievements of modern science and civilisation changes. This is also to be development that will reduce social inequalities and exclusion, reduce poverty and improve the living conditions of the population[6].

The fertility rate in the European Union has remained significantly below 2.1 since the beginning of the 21st century. This means that the native population of Europe is dying out and if fertility trends are not reversed, this process will occur at an increasingly rapid pace. In 2023 the lowest fertility rates in Europe were recorded in Malta (1.06), Spain (1.12) and Lithuania (1.18). The results were not much better in Poland (1.20) and Italy (1.21). The highest results were recorded in Bulgaria (1.81), France (1.66) and Hungary (1.55). However, in none of these countries were the values even close to 2.1.

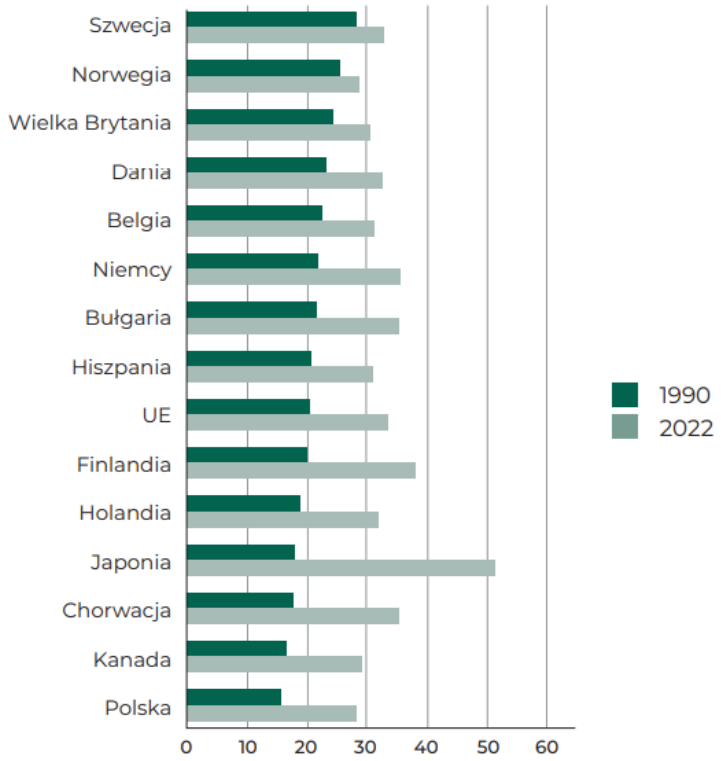
[6] The impact of demographic change – in a changing environment, Commission Staff Working Document, European Commission, Brussels, 17.1.2023.



The main conclusion to be made at the outset is that healthcare and social welfare systems are under pressure due to an ageing population. The older the population, the more people over 65 and the fewer potential caregivers, so long-term care becomes an immediate challenge. In the European Union (EU) alone, the demographic dependency ratio, or the ratio of the number of older people of non-working age (over 64) to the number of people of working age (15-64 years), has increased from 20.3 in 1990 to 33.33 in 2022[7] (World Bank 2024).

[7] World Bank 2024, „Age dependency ratio, old.", https://databank. worldbank.org/source/health-nutrition-and-population-statistics/ Series/SP.POP.DPND.OL (dostęp z 1.04.2025).

Chart no. 4. Demographic dependency ratio: EU average and selected countries.



Countries in the following order: Sweden, Norway, UK, Denmark, Belgium, Germany, Bulgaria, Spain, EU, Finland, Netherlands, Japan, Croatia, Canada, Poland (Source: World Bank 2024).

The result of changes in demographic processes, and above all the birth depression observed over the past quarter of a century, are changes in the number and structure of the population by age, i.e. the observed decrease in the number of children (0–14 years) and the uninterrupted increase in the group of older people (65 years and over).

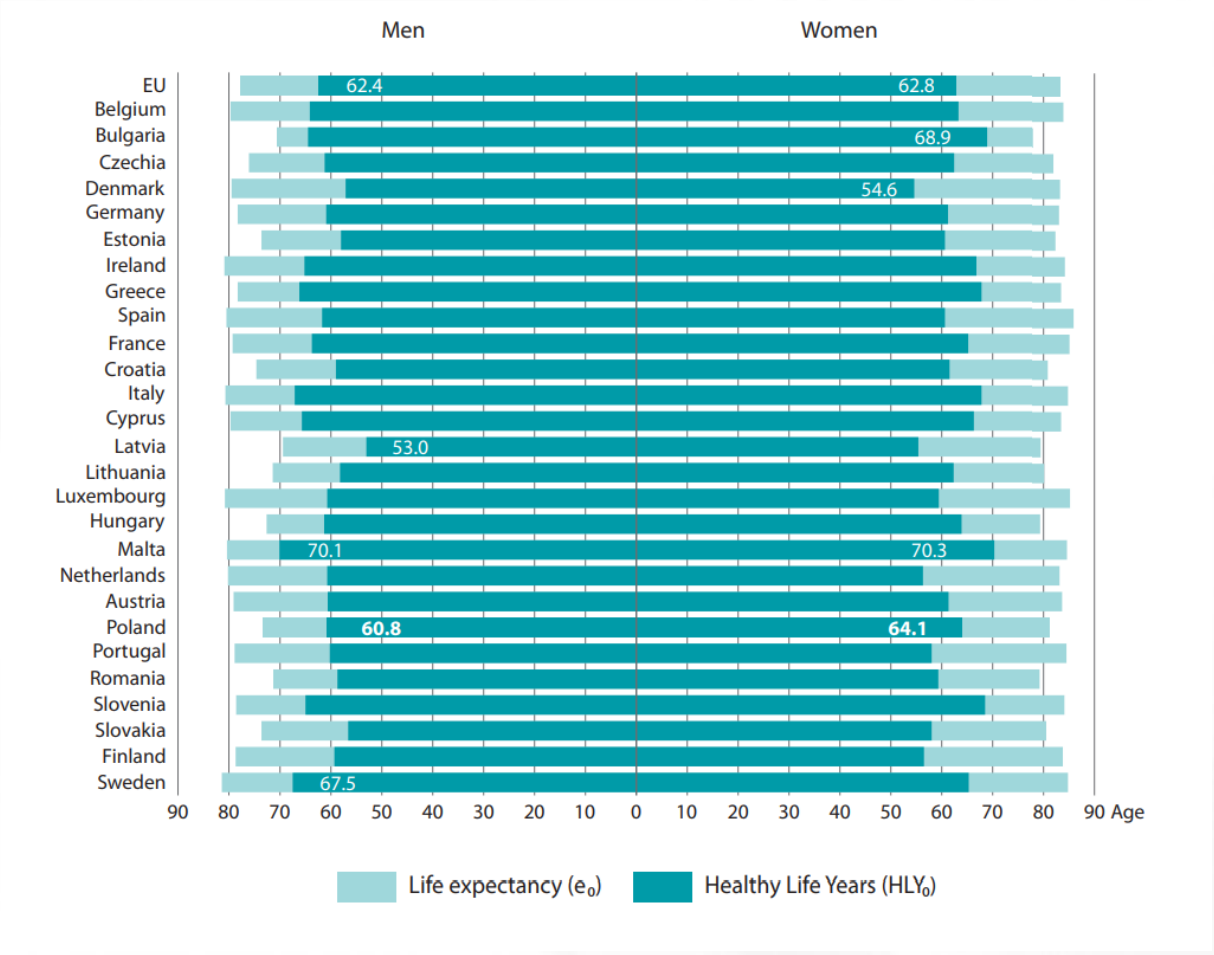
According to Eurostat[8] research in 2022, among the European Union countries, the most favorable proportions of healthy life expectancy in relation to the entire life expectancy were characteristic of the inhabitants of Bulgaria (89.9%), Malta (85.2%) and Greece

[8] Eurostat 2024, „Healthy life years", https://ec.europa.eu/eurostat/databrowser/view/tps00150/default/table?lang=en (dostęp 13.04.2025) and „Life expectancy", https://ec.europa.eu/eurostat/databrowser/view/demo_mlexpec/default/table?lang=en (dostęp 13.04.2025) .

(82.9%). For men from Bulgaria, life without disability accounted for 91.4% of the expected 70.6 years of life (64.5 years of healthy life), while for men from Malta, life in health was 87.2% of the expected life expectancy, i.e. 80.4 years (70.1 years in health). In Greece, the expected life expectancy for men was set at 78.3 years, while the percentage of life without disability was 84.5% (66.2 years in health). Among women, the percentage of life in health was lower compared to men and for Bulgaria it was 88.4%, i.e. 68.9 years in health out of 77.9 years of life. In Malta and Greece, this indicator was set at 83.1% and 81.3%.

The least favourable proportions between the expected life expectancy in health and the expected life expectancy for women were observed in Denmark, at 65.6%, or 54.6 years in health out of 83.2 years of life, and in Finland (67.4%), or 56.5 years in health out of 83.8 years of life. Among men, the lowest healthy life expectancy indicators were also recorded in Denmark (71.8%), followed by Luxembourg (75.1%) and Finland (75.3%), which translates into 57.1, 60.7 and 59.3 years of life in health, respectively.

Chart no. 5. Life expectancy and healthy life expectancy by gender in European Union countries in 2022.



(Source: Eurostat 2024).

It should be emphasized that the process of population ageing, perceived in the individual and social dimension, poses difficult challenges on a multi-level scale, not only in the economic sphere, but also in the psychological, medical and social sphere. EU countries for which the forecasts are currently unfavourable will have to face all the problems resulting from demographic trends that are unfavourable for them. This also applies to individual regions – especially those with the oldest age structure of residents, where, in addition, the ageing process will deepen the most.

Demographic change has a powerful impact on our economies, on our welfare and health systems as well as on housing and infrastructure needs in the European regions. This in

turn has implications for government budgets. Understanding the causes of demographic transitions allows us to better manage their consequences and prepare for the future. Across Europe, over the last 50 years, life expectancy has increased considerably. As people live longer and healthier lives, many citizens want to work longer, although not necessarily in the same kind of jobs. At the same time, there is a continued trend of fewer children being born. Even though Europe has higher rates of immigration than emigration, the gradual decline of the EU's population and labour force is expected to continue. A decreasing and ageing population brings new challenges. The shrinking working-age population puts pressure on labour markets and welfare states; increases the old-age dependency ratio; and raises the per-capita burden of public debt. To sustain economic growth, the working-age population must increase, labour-force participation rates must go up and/or productivity has to increase through technological advances and/or skills development. Population ageing also entails additional needs, including the need to adapt our workplaces, welfare and public health systems to accommodate the increased demand for accessible and affordable quality health care and long-term care.

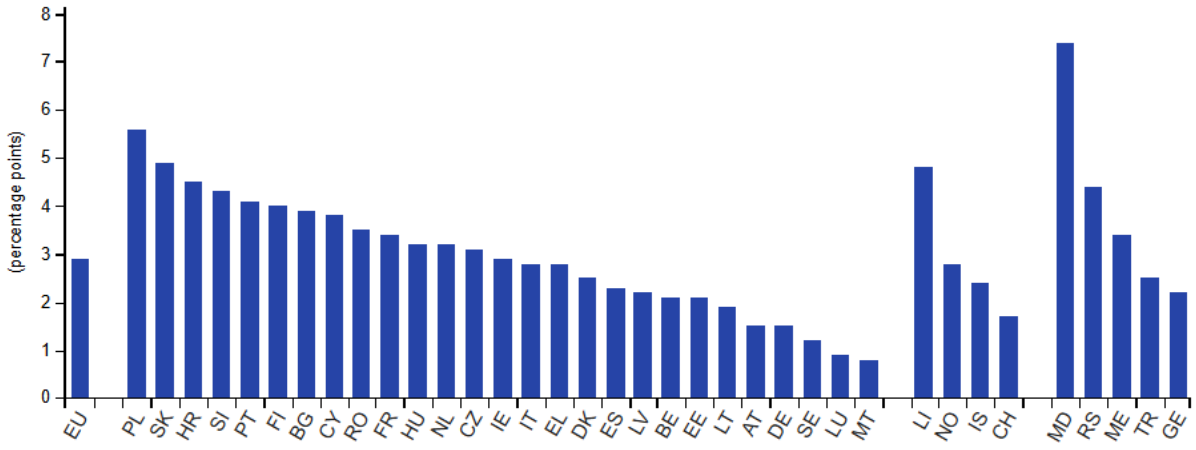
The demographic transition also brings benefits. The fact that people nowadays live longer and healthier lives than previous generations is a remarkable societal achievement in itself. As our labour markets adapt to the new reality, it also brings more opportunities for active ageing and continued personal development. Meanwhile, more women are participating in the labour market, although significant gender gaps persist. Demographic trends do not affect every country and every region in the same way. Although the European population is ageing as a whole, demographic developments are far from uniform, with considerable variations both between and within individual EU Member States. Population decline has been particularly acute in some Eastern EU Member States, which have experienced high levels of emigration as well as people moving within their home countries from rural regions to predominantly urban areas in search of better opportunities for work and education and training possibilities. The resulting demographic differences can exacerbate existing economic, social and territorial inequalities, and provoke political divides.

Ageing of the population is a long-term trend, which began several decades ago in Europe. It can be seen in an increasing share of older people, coupled with a declining share of working-age people in the total population. On 1 January 2021 people aged 65 and above represented 20.8% of the EU population. This represents an increase of 0.2 percentage points compared with 2020 (20.6%) and an increase of 0.6 percentage points compared with 2019 (20.2%). Compared with a decade earlier, the share of older people went up by 3 percentage points (from 17.8% in 2011). On 1 January 2024, the EU population was estimated at 449.3 million people and more than one-fifth (21.6%) of it was aged 65 years and over. The median age of the EU's population reached 44.7 years. Between 2014 and 2024, the median age increased in all EU members, except Malta and Germany, where it decreased (-0.7 and -0.1 years respectively)[9].

In 2021, there were just slightly more than three Europeans of working age for every European aged 65 or over, representing an old age dependency ratio (24) of 32.5%. By 2050, about 30% of the European population will be over 65, and it is expected that there will be fewer than two working age adults for each elderly person (old age dependency ratio projected to be 56.7%), confirming an increasing trend of old-age dependency in the future.

[9] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing (dostęp 13.04.2025).

Chart no. 6. Increase in the share of the population aged 65 years and over between 2014 and 2024.



Provisional/estimated data for EU, France, Poland, Romania.

Source: Eurostat (online data code: demo_pjanind)

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Regarding the share of older people in the total population, Italy (24.3%), Portugal (24.1%), Bulgaria (23.8%), Finland (23.4%), Greece (23.3%) and Croatia (23.0%) had the highest shares, while Luxembourg (15.0%) and Ireland (15.5%) had the lowest shares. In 2024, compared with 2023, the share of older people increased in 26 EU countries, while it only decreased in Malta.

Table no. 1. Population age structure by major age groups 2014, 2023 and 2024 (% of the total population).

	0–14 years old			15–64 years old			65 years old or over		
	2014	2023	2024	2014	2023	2024	2014	2023	2024
EU (*)	15.3	14.8	14.6	66.0	63.8	63.8	18.7	21.3	21.6
Belgium	17.0	16.5	16.3	65.2	63.8	63.8	17.8	19.7	19.9
Bulgaria	13.9	14.2	14.1	66.2	62.3	62.1	19.9	23.5	23.8
Czechia	15.0	16.2	15.9	67.6	63.4	63.6	17.4	20.4	20.5
Denmark	17.2	16.0	15.7	64.5	63.6	63.6	18.2	20.5	20.7
Germany	13.2	14.0	13.9	66.0	63.8	63.6	20.9	22.2	22.4
Estonia	15.8	16.4	16.0	65.8	63.4	63.5	18.4	20.2	20.5
Ireland	21.5	19.3	18.9	65.9	65.5	65.6	12.6	15.2	15.5
Greece	14.6	13.4	13.1	64.9	63.7	63.6	20.5	23.0	23.3
Spain	15.2	13.6	13.2	66.7	66.3	66.4	18.1	20.1	20.4
France (*)	18.6	17.2	17.0	63.4	61.7	61.6	18.0	21.1	21.4
Croatia	14.8	14.3	14.0	66.7	63.0	62.9	18.5	22.7	23.0
Italy	13.9	12.4	12.2	64.6	63.5	63.5	21.5	24.0	24.3
Cyprus	16.3	15.4	15.3	69.9	67.2	67.0	13.9	17.3	17.7
Latvia	14.7	16.0	15.6	66.2	63.1	63.0	19.1	21.0	21.3
Lithuania	14.6	14.9	14.5	67.1	65.0	65.1	18.4	20.0	20.3
Luxembourg	16.8	15.9	15.7	69.1	69.3	69.2	14.1	14.9	15.0
Hungary	14.4	14.5	14.5	68.1	65.0	64.9	17.5	20.5	20.7
Malta	14.5	12.7	12.3	67.8	68.7	69.3	17.6	18.6	18.4
Netherlands	16.9	15.3	15.1	65.7	64.5	64.4	17.3	20.2	20.5
Austria	14.3	14.4	14.4	67.4	66.0	65.8	18.3	19.6	19.8
Poland (*)	15.0	15.4	15.1	70.1	64.7	64.4	14.9	19.9	20.5
Portugal	14.7	12.9	12.8	65.4	63.2	63.1	20.0	23.9	24.1
Romania (*)	15.5	16.1	15.9	68.0	64.2	64.1	16.5	19.7	20.0
Slovenia	14.6	15.0	14.7	67.9	63.6	63.5	17.5	21.4	21.8
Slovakia	15.3	16.1	16.0	71.1	66.1	65.7	13.5	17.9	18.4
Finland	16.4	15.1	14.9	64.2	61.6	61.8	19.4	23.3	23.4
Sweden	17.1	17.4	17.1	63.5	62.2	62.3	19.4	20.4	20.6
Iceland	20.5	18.2	18.3	66.3	66.8	66.2	13.2	15.0	15.6
Liechtenstein	15.2	14.5	14.4	69.2	65.9	65.4	15.5	19.6	20.3
Norway	18.2	16.7	16.4	65.9	64.9	64.9	15.9	18.4	18.7
Switzerland	14.9	15.1	15.0	67.5	65.8	65.7	17.6	19.2	19.3
Montenegro	18.6	17.9	18.2	68.1	65.7	65.1	13.3	16.4	16.7
Moldova	16.0	18.0	17.5	74.0	65.9	65.1	10.0	16.1	17.4
North Macedonia	16.9	16.8	:	70.8	65.5	:	12.4	17.7	:
Georgia	17.1	20.7	19.5	68.9	63.8	64.3	14.0	15.6	16.2
Albania	19.6	16.0	:	68.4	67.5	:	12.0	16.5	:
Serbia	14.3	14.4	14.4	67.6	63.4	63.1	18.0	22.1	22.4
Türkiye	24.6	22.0	21.4	67.7	68.1	68.3	7.7	9.9	10.2
Ukraine	14.8	:	:	69.9	:	:	15.3	:	:

(*) 2024 provisional/estimated.
Source: Eurostat (online data code: demo_pjanind)

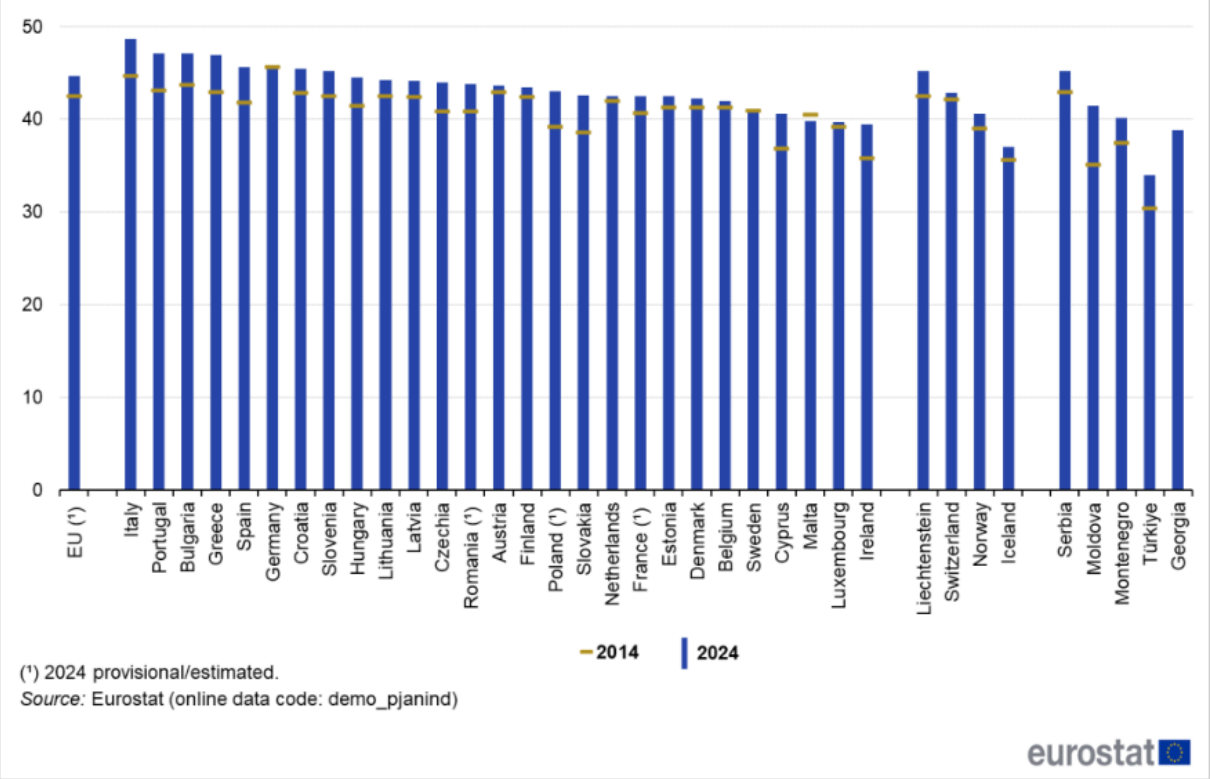
eurostat

The median age of the EU's population is increasing and was 44.7 years on 1 January 2024. This means that half of the EU's population was older than 44.7 years, while the other half was younger. Across the EU countries the median age ranged from 39.4 years in Ireland to 48.7 years in Italy, confirming the relatively young and relatively old population structures recorded in each of these EU countries. The detailed data distribution is shown in chart no. 4.

The median age in the EU increased by an average of 0.22 years per year to 44.7 years in 2024. It increased in almost all EU countries, especially in Italy, Slovakia, Greece and Portugal, but not in Germany, where it fell to 45.5 years, and in Malta to 39.8 years in 2024. Moldova recorded the largest increase in the median age over the past 10 years, from 35.1 years in 2014 to 41.4 years in 2024. Between 2023 and 2024, the median age increased in 19 EU countries, while it decreased in Germany, Malta and Finland. In

contrast, it remained stable in Denmark, Croatia, Lithuania, Luxembourg and the Netherlands.

Chart no. 7. Median age of population, 2014 and 2024 (years).



Age dependency ratios can be used to study the level of support given to younger and/or older people by the working age population; these ratios are expressed in terms of the relative size of younger and/or older populations compared with the working age population. The old-age dependency ratio for the EU was 33.9% on 1 January 2024, with just over 3 persons of working age for every person aged 65 years and over. The old-age dependency ratio across the EU countries ranged from lows of 21.7% in Luxembourg and 23.6% in Ireland, with almost 5 working age persons for every person aged 65 years and over, to highs of 38.4% in Italy, 38.2% in Bulgaria and 38.2% in Portugal, where there

were fewer than 3 working age persons for every person aged 65 years and over[10]. The detailed data distribution is shown in table no. 2.

Table no. 2. Population age structure indicators, 1 January 2024 (%).

	Young-age dependency ratio	Old-age dependency ratio	Total age dependency ratio	Share of population aged 80 or over
EU (')	**22.9**	**33.9**	**56.8**	**6.1**
Belgium	25.5	31.3	56.8	5.5
Bulgaria	22.8	38.2	61.0	5.2
Czechia	24.9	32.3	57.2	4.5
Denmark	24.7	32.5	57.2	5.4
Germany	21.9	35.2	57.1	7.2
Estonia	25.2	32.2	57.5	5.8
Ireland	28.8	23.6	52.4	3.7
Greece	20.6	36.7	57.2	7.0
Spain	19.9	30.8	50.7	6.1
France (')	27.5	34.8	62.3	6.0
Croatia	22.3	36.6	58.9	5.5
Italy	19.2	38.4	57.6	7.7
Cyprus	22.8	26.5	49.3	4.2
Latvia	24.8	33.9	58.7	6.1
Lithuania	22.3	31.2	53.5	5.7
Luxembourg	22.7	21.7	44.4	3.9
Hungary	22.3	31.9	54.2	4.6
Malta	17.8	26.5	44.3	4.0
Netherlands	23.5	31.8	55.3	5.0
Austria	21.8	30.2	52.0	5.9
Poland (')	23.5	31.8	55.3	4.4
Portugal	20.3	38.2	58.5	7.0
Romania (')	24.8	31.2	56.1	4.4
Slovenia	23.2	34.3	57.5	5.8
Slovakia	24.4	27.9	52.3	3.6
Finland	24.0	37.8	61.9	5.9
Sweden	27.4	33.1	60.5	5.8
Iceland	27.6	23.6	51.2	3.6
Liechtenstein	22.0	31.0	53.0	4.9
Norway	25.3	28.8	54.0	4.6
Switzerland	22.8	29.4	52.2	5.6
Montenegro	28.0	25.7	53.7	3.2
Moldova	26.9	26.7	53.5	2.5
Georgia	30.4	25.1	55.5	3.2
Serbia	22.9	35.6	58.4	4.4
Türkiye	31.4	15.0	46.3	1.9

(') 2024 provisional/estimated.
The age-dependency ratios are given by the number of young and elderly people at an age when both groups are generally economically inactive (i.e. under 15 years of age and aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old).
Source: Eurostat (online data code: demo_pjanind)

eurostat

Population ageing is a long-term trend that began several decades ago in Europe. This trend is visible in the transformations of the age structure of the population and is reflected in an increasing share of older people, coupled with a declining share of working-age people in the total population.

As shown by the pyramidal charts of the population distribution by gender and 5-year age groups, where each bar corresponds to the share of a given gender and age group in the

10 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing (dostęp 13.04.2025).

total population (men and women combined), the demographic situation is worrying. The EU population pyramid on 1 January 2024 is narrow at the bottom and has a rhomboid form due to the 'baby boomer' cohorts resulting from the high fertility rates in several European countries after World War II (known as the “baby boom”). These “baby boomers” are now increasing the retirement age population, as illustrated by the comparison with the 2009 population pyramid. The “baby boom” bulge is moving up the population pyramid, leaving the working-age population and the base narrower.

The share of the population aged 65 years and over is increasing in every EU country. The increase over the last decade is large in Poland, Slovakia, Croatia and Slovenia. It is quite low in Malta, Luxembourg and Sweden. Over the last decade covering the years 2014-2024, an increase of 2.9 percentage points has been observed for the EU as a whole. The growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen. This development is often referred to as “ageing at the top” of the population pyramid. However, consistently low levels of fertility over many years have contributed to population ageing, with fewer births leading to a decline in the proportion of children and young people in the total population. This process is known as “ageing at the bottom” of the population pyramid, and can be observed in the narrowing base of the EU population pyramids between 2009 and 2024[11].

[11] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing (dostęp 13.04.2025).

Chart no. 8. Population pyramids, EU 2009 and 2024.

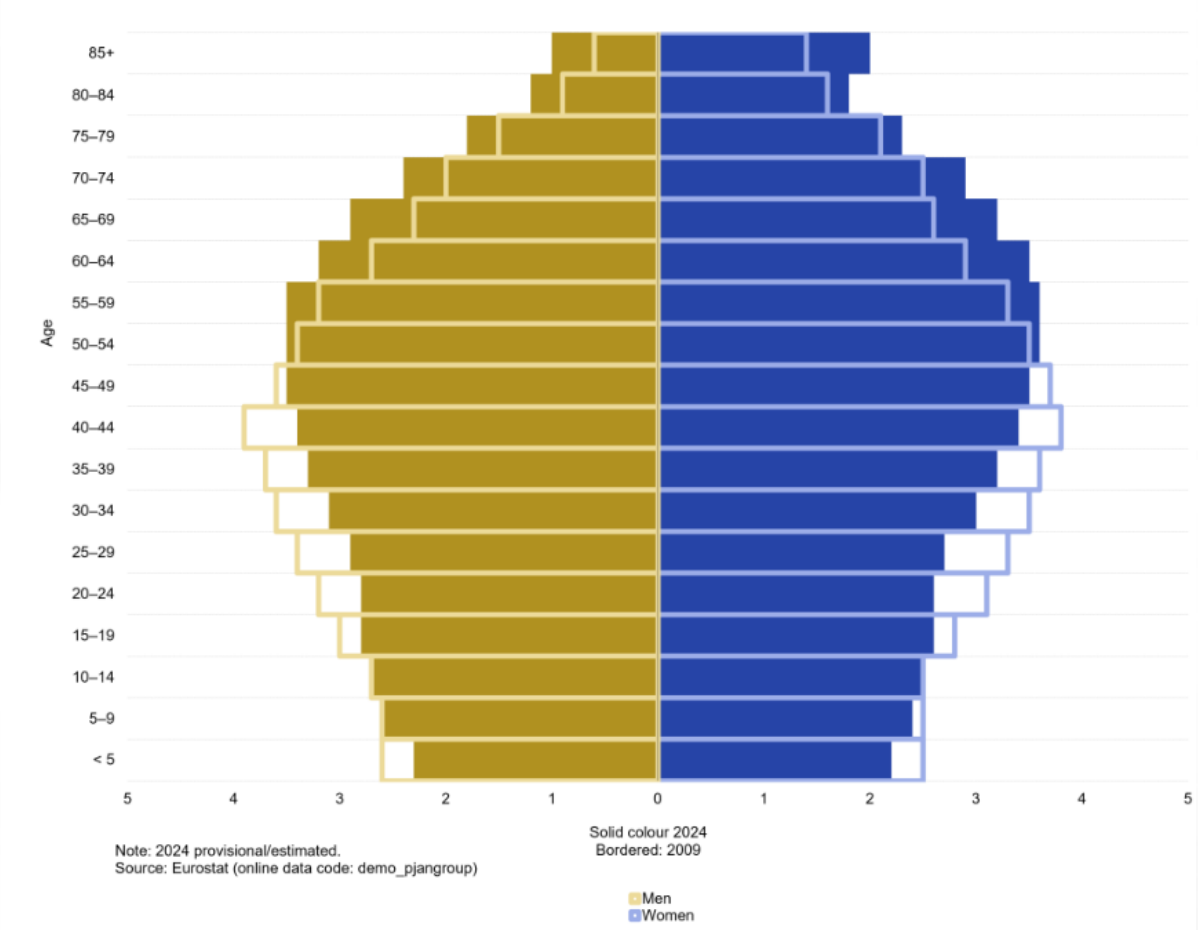


Figure 3: Population pyramids, EU 2009 and 2024_(% of the total population)
Source: Eurostat (demo_pjangroup)

In the coming decades, the number of elderly people will increase significantly. By 2100, the pyramid will take more the shape of a block, narrowing considerably in the middle of the pyramid (around the age 45-54 years).

Chart no. 9. Population pyramids, EU 2024 and 2100.

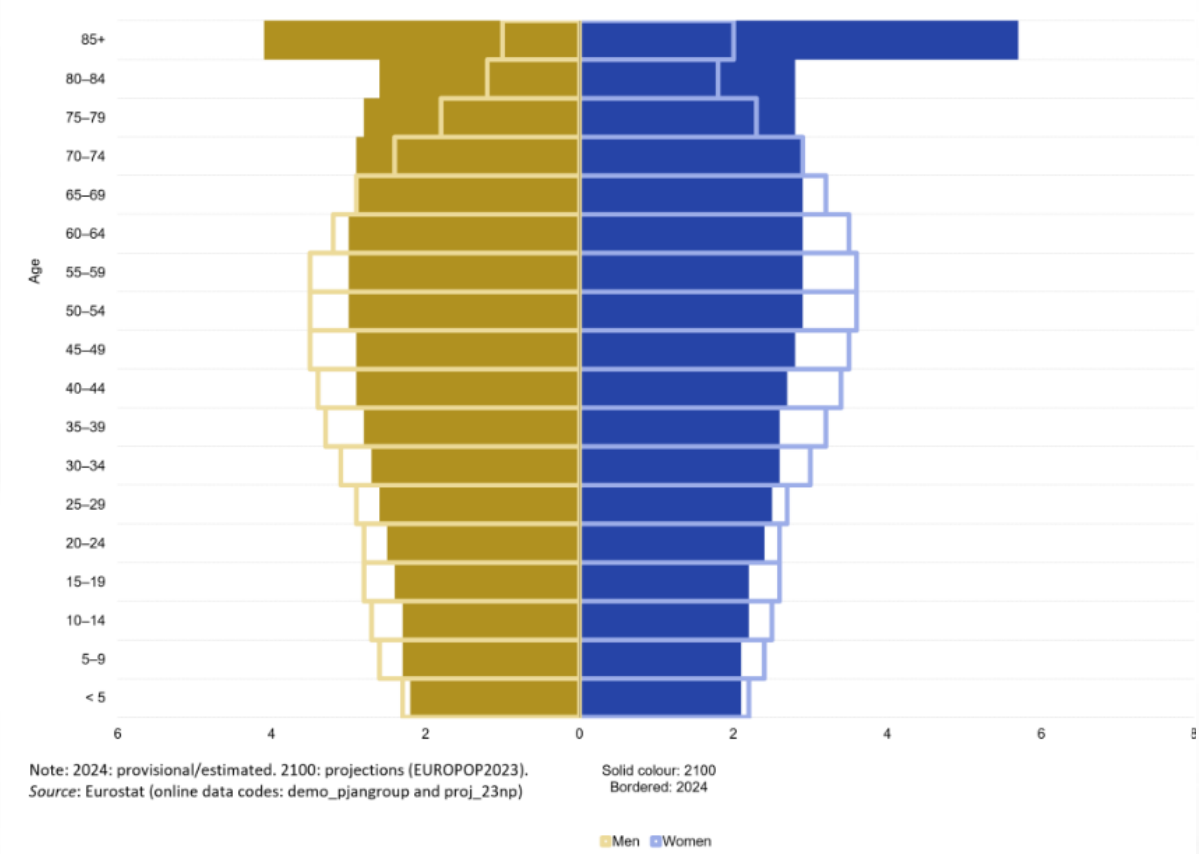


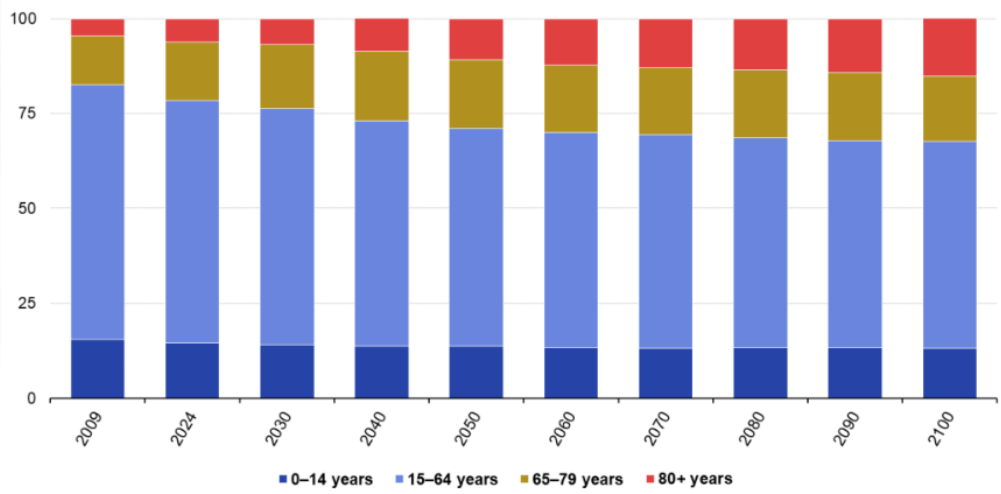
Figure 4: Population pyramids, EU 2024 and 2100 (% of the total population)
Source: Eurostat (demo_pjangroup) and (proj_23np)

In an attempt to look at future ageing trends, Eurostat has presented its demographic projections covering the period from 2023 to 2100. The EU population is projected to rise to a peak of 453.3 million people around 2026, before gradually declining to 419.5 million people by 2100. The share of those aged 80 years or above in the EU's population is projected to have a 2.5 fold increase between 2024 and 2100, from 6.1% to 15.3%.

During the period from 2024 to 2100, older people will probably account for an increasing share of the total population: those aged 65 years and over will account for 32.5% of the EU's population by 2100, compared with 21.6% in 2024. As a result of the population movement between age groups, the EU's old-age dependency ratio is projected to almost

double from 33.9% in 2024 to 59.7% by 2100. The median age is expected to increase by 5.5 years, rising from 44.7 years in 2024 to 50.2 years in 2100[12].

Chart no. 10. Population structure by major age groups, EU, 2009-2100.



Note: 2024: provisional/estimated. 2030–2100: projections (EUROPOP2023).
Source: Eurostat (online data codes: demo_pjanind and proj_23np)

eurostat

The challenges in the area of care for the elderly and disabled are broadly similar. Every ageing society faces challenges such as integrating health and social care systems; expanding and financing the long-term care system; measuring quality to ensure appropriate care; reducing the number of people using residential care and increasing the number of long-term care workers. There are different detailed solutions in individual European countries. Providing long-term care is a major challenge for welfare states, as financial pressures on care systems increase. At the same time, demands for better access and higher quality of services are growing, which is linked to reforms in the eligibility criteria, budgeting and functioning of social protection[13]. Policymakers in different countries are designing and transforming models of care in the interests of equity of

[12] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing (dostęp 13.04.2025).

[13] A. Mareike, P. Linden, C. Wendt, "Worlds of long-term care: A typology of OECD countries.", Health Policy 125 (5):609-617, 2021, https://www.sciencedirect.com/journal/health-policy/vol/125/issue/5 (dostęp 13.04.2025).

access, quality of services and financial sustainability. It is important to ensure care personnel, both in the formal (institutional) care system, such as nursing homes, day care, outpatient and home care, and in the informal care system, which is care provided by family members or members of the local community.

Common problems:

Socio-Demographic Contexts and Structural Drivers

Aging Populations

- rising care demands outpace the capacities of national systems
- demand for long-term care services
- increase in old-age dependency ratios has pressured social and healthcare systems (both financially and infrastructurally)

Poland

➢ Rising Care Demands Outpace the Capacities of National Systems

Poland is experiencing one of the fastest demographic transitions in the European Union. Between 2013 and 2023, the country recorded the second-highest increase in the population aged 65 and over among European nations. By the end of 2023, 9.89 million people in Poland were aged 60 or older, representing 26.3% of the total population. This marked a 1.0% increase from the previous year. Projections indicate that by 2060, this number will rise to 11.9 million, accounting for 38.3% of the population.

This rapid demographic shift has placed immense pressure on Poland's long-term care (LTC) infrastructure. The formal care system is already struggling to meet current needs, and the situation is further exacerbated by the emigration of Polish care workers to Western Europe, particularly Germany. This "care drain" depletes the domestic workforce and limits the availability of qualified carers within Poland.

➢ Escalating Demand for Long-Term Care Services

The demand for LTC services is increasing not only in volume but also in complexity. As life expectancy rises—reaching 74.7 years for men and 82.0 years for women in 2023—more individuals are living with chronic conditions and disabilities, requiring sustained and specialized care. For example, a 60-year-old man in 2023 could expect to live another 19.6 years, while a woman of the same age had a life expectancy of 24.4 more years.

Long-term care is projected to become the fastest-growing category of ageing-related public expenditure, expected to reach 2.5% of GDP by 2050. Despite this, the current system lacks the capacity and coordination to support the growing preference among older adults to age in place. The shortage of trained personnel, limited public investment, and regional disparities in service provision all contribute to a care system that is increasingly inadequate.

➢ Old-Age Dependency Ratios and Systemic Strain

The rising old-age dependency ratio—reflecting the growing number of elderly individuals relative to the working-age population—has placed considerable strain on Poland's social and healthcare systems. Although the report does not provide a specific dependency ratio, it highlights the broader European context: the share of people aged 80 and over in the EU is projected to increase from 6% in 2020 to 11% by 2050. This demographic imbalance reduces the tax base that supports public services while simultaneously increasing demand for those services. The result is a dual pressure: financial unsustainability and infrastructural overload.

Spain

➢ Rising Demand Amidst Ageing Population

Spain is undergoing a profound demographic transformation characterized by a rapidly ageing population, which has placed unprecedented pressure on its social and healthcare systems. As of the end of 2022, individuals aged 65 and over constituted

nearly 20% of the total population, amounting to 9,687,776 people. This demographic shift has significantly increased the demand for long-term care services, particularly for those in situations of dependency. The report underscores that the primary objective of home care services is to enable elderly individuals to remain in their homes and communities. However, the scale of demand is outpacing the capacity of existing public infrastructure and services.

- Financial and Infrastructural Strain

The increase in the old-age dependency ratio—defined as the proportion of elderly individuals relative to the working-age population—has intensified the financial and infrastructural burden on the care system. The System for Autonomy and Care for Dependency (SAAD), a cornerstone of Spain's long-term care strategy, is reported to suffer from chronic underfunding and operational inefficiencies. Delays in the assessment of dependency status and the disbursement of benefits are common, and the availability of services remains limited relative to the scale of need. For example, only 534,321 elderly individuals are served by the Home Help Service, and 105,447 places are available in day care centres, despite the growing number of elderly individuals requiring such support.

Moreover, the report highlights that residential care services, while more comprehensive in addressing complex health and social needs, are also under strain. With 5,991 centres offering 407,947 places, the system is struggling to accommodate the increasing number of elderly individuals, 77.8% of whom are over 80 years old. This demographic pressure is compounded by the need for specialized care, including physiotherapy, cognitive stimulation, and social integration, which are more effectively delivered in institutional settings but require substantial investment in infrastructure and human resources.

- Systemic Implications

The demographic trends outlined in the report reveal a structural misalignment between the growing care needs of an ageing population and the current capacity of the Spanish care system. The financial sustainability of care provision is increasingly

at risk, as the rising old-age dependency ratio reduces the tax base while simultaneously increasing demand for publicly funded services. Infrastructurally, the system is ill-equipped to scale up rapidly, given the existing deficits in staffing, facility quality, and service coverage. These challenges underscore the urgent need for systemic reforms that address both the demographic realities and the structural limitations of the current care model.

Serbia

- Rising Care Demands and Systemic Capacity Constraints

Serbia is experiencing a pronounced demographic shift, with over 20% of its population now aged 65 or older. This proportion is expected to rise steadily, driven by increased life expectancy and declining birth rates. The implications of this trend are profound: a growing number of elderly individuals require long-term care due to chronic illnesses, reduced mobility, and cognitive impairments such as dementia. The Republic Statistical Office projects continued growth in the elderly population, which will further intensify the demand for care services.

Despite this rising need, the national care infrastructure remains underdeveloped. Serbia operates 40 state-run gerontological centers with a total capacity of 9,390 beds, of which 7,641 are currently occupied. In Belgrade alone, the waiting list for admission to the Gerontological Center includes 315 individuals. These figures illustrate the acute shortage of institutional care capacity. Although there are approximately 260 private nursing homes offering over 10,000 beds, their services are often financially inaccessible to the average pensioner.

- Financial and Infrastructural Pressures on Social and Healthcare Systems

The financial burden on Serbia's social protection and healthcare systems has escalated in tandem with demographic changes. In February 2025, prices for accommodation in state-run homes increased by 30%, with monthly costs ranging from 35,000 to 78,000 dinars. Private homes, which saw a 20% price increase in the same period, often charge significantly more, placing them beyond the reach of many elderly citizens. These rising

costs, coupled with limited public subsidies, have exacerbated inequalities in access to care.

The old-age dependency ratio—the ratio of individuals aged 65 and over to those of working age—has increased, placing additional strain on public finances. This demographic pressure reduces the contributory base for pension and health systems while simultaneously increasing expenditure demands. The result is a growing gap between care needs and the financial and infrastructural capacity of the state to meet them.

- Demand for Long-Term and Home-Based Care Services

The demand for long-term care extends beyond institutional settings. Home-based care services, which allow elderly individuals to remain in their homes while receiving professional support, are increasingly sought after. These services include assistance with daily activities, medical care, and psychosocial support. However, their availability is uneven, particularly in rural and remote areas where infrastructure and staffing are limited.

The shortage of qualified caregivers is a critical constraint. The average age of caregivers in public institutions is over 55, and many are approaching retirement. Younger workers are reluctant to enter the sector due to low wages and poor working conditions. Migration of healthcare professionals abroad further exacerbates the shortage. In the public sector, salaries for caregivers are only slightly above the minimum wage, and undeclared work is widespread, particularly in private and home-based care settings. This informal labor market often lacks oversight, leading to substandard care and exploitation of workers

- Structural Challenges and Systemic Vulnerabilities

Traditional family-based care models are eroding due to urbanization, migration, and increased female labor force participation. Younger generations frequently relocate to urban centers or emigrate, leaving elderly family members without informal support.

Consequently, reliance on formal care systems has grown, yet these systems are not adequately equipped to absorb the increased demand.

The prevalence of undeclared work in the care sector undermines both service quality and worker protections. Many caregivers operate without formal contracts or adequate training, particularly in private or home-based settings. This situation exposes both workers and care recipients to significant risks, including abuse, neglect, and legal uncertainty. The lack of unionization in the private sector further limits the capacity for collective bargaining and systemic reform.

Italy

- Rising Care Demands and Systemic Capacity Gaps

Italy's demographic evolution is marked by a pronounced aging trend, which has significantly intensified the demand for long-term care services. This demographic shift, driven by declining fertility rates and increased life expectancy, has led to a growing proportion of elderly individuals requiring sustained assistance. The report underscores that over 80% of surveyed stakeholders recognize domestic work as essential for maintaining the balance between professional and family life, a reflection of the increasing reliance on informal care structures to compensate for the inadequacies of public services.

The national care infrastructure has proven insufficient in meeting these rising demands. Employers interviewed in the study frequently expressed dissatisfaction with the availability and accessibility of state-provided services for non-autonomous individuals. These services are often described as either inadequate or overly bureaucratic, compelling families to seek private solutions. This systemic shortfall has resulted in a growing dependence on domestic workers, particularly migrants, to fill the care gap. However, this reliance is not underpinned by a robust institutional framework, leading to widespread informality and precarious employment conditions.

- Demand for Long-Term Care Services

The demand for long-term care in Italy is not only growing but also evolving in complexity. As the elderly population increases, so too does the need for specialized, continuous, and culturally competent care. The report reveals that nearly 70% of registered domestic workers in Italy are foreign nationals, with women comprising 86.4% of the workforce. This demographic composition reflects both the feminization and internationalization of the care sector, which is increasingly shaped by intra-EU labor mobility.

Despite the critical role these workers play, the sector remains largely informal. Approximately 47.1% of domestic work is undeclared, a figure that starkly contrasts with the national average for informal employment. This informality undermines the quality and continuity of care, as well as the rights and protections of workers. Moreover, the lack of structured training and certification pathways further limits the sector's capacity to meet the nuanced needs of an aging population. Although 70% of respondents identified training as "very important," access to such programs remains limited, particularly for migrant workers who face additional linguistic and cultural barriers.

- Financial and Infrastructural Pressures from Old-Age Dependency

The increase in the old-age dependency ratio has placed substantial financial and infrastructural strain on Italy's social and healthcare systems. While the report does not provide a specific numerical value for the dependency ratio, it clearly illustrates its consequences. Families are increasingly burdened with the financial responsibility of care, with over 75% of respondents stating that the cost of hiring domestic workers is prohibitively high. This economic pressure often leads to informal employment arrangements, which, while reducing immediate costs, perpetuate systemic vulnerabilities.

The inadequacy of public investment in long-term care infrastructure exacerbates these challenges. Employers report that the high cost of formal employment, including taxes and social contributions, discourages compliance with labor regulations. This dynamic

not only limits the formalization of the sector but also reduces the fiscal resources available to expand and improve public care services. The result is a feedback loop in which systemic underinvestment and informality reinforce one another, undermining the sustainability of care provision in the face of demographic aging.

Malta

➢ Rising Care Demands and Systemic Capacity Constraints

Malta is experiencing a pronounced demographic shift, with the old-age dependency ratio rising from 28.2 in 2012 to 41.8 in 2023. This demographic trend has significantly intensified the demand for long-term care (LTC) services, placing mounting pressure on the country's social and healthcare systems. The Maltese government has responded by expanding community-based services and subsidizing home care through schemes such as the Carer at Home programme. However, these measures have not sufficed to meet the growing needs of the elderly population. In 2024, 1,627 elderly individuals were on the waiting list for placement in state or private residential care facilities, underscoring the mismatch between demand and institutional capacity.

The state currently provides approximately 3,400 residential care beds, yet this provision is inadequate in light of the increasing number of elderly citizens requiring care. The government's strategy to encourage aging in place—keeping the elderly in their homes through ancillary services—while cost-effective, has not fully alleviated the infrastructural burden. The reliance on informal care remains high, but even this is under strain, as family structures evolve and the availability of informal caregivers diminishes.

➢ Demand for Long-Term Care Services

According to the OECD (2024), Malta ranks among the top three OECD countries—alongside Korea and Ireland—where nearly half of the elderly population requires long-term care. Despite this high demand, the country exhibits a paradoxical reliance on both formal and informal care systems. While informal care is prevalent, particularly for those

with low care needs, Malta also reports one of the lowest shares of elderly individuals with low needs receiving informal care—only one in five. This suggests a growing dependence on formal care services, which are themselves under-resourced and inconsistently regulated.

The Carer at Home scheme, which provides up to €8,500 annually to eligible individuals over 60 who employ a qualified carer, is a cornerstone of Malta's LTC strategy. However, uptake is limited. In November 2023, only 842 individuals were enrolled in the scheme, with a striking 93.2% of carers being foreign nationals. This reliance on Third Country Nationals (TCNs) reflects both a shortage of local care workers and systemic challenges in workforce planning and regulation.

- Financial and Infrastructural Pressures

The financial burden of elderly care is substantial. In 2022, 57.7% of the €143.3 million allocated to elderly and community care services was spent on residential care. This heavy expenditure underscores the cost-intensiveness of institutional care and the government's strategic pivot toward home-based services. Nevertheless, the infrastructural limitations—evident in long waiting lists and the slow processing of foreign carers' visas (often taking over three months)—highlight the fragility of the current system.

Moreover, the fragmented regulatory framework exacerbates these challenges. There are no comprehensive national standards governing live-in care services. Many carers operate under general employment regulations, and some are employed informally, raising concerns about quality of care, worker exploitation, and legal accountability. Reports of human trafficking and exploitative recruitment practices further complicate the ethical landscape of Malta's LTC sector.

The increasing reliance on foreign carers, driven by low unemployment and changing gender roles in the domestic sphere, has introduced additional vulnerabilities. Agencies and middlemen often charge exorbitant fees—ranging from €1,500 to €5,000—for processing paperwork, and some carers pay up to €5,000 in their home countries to secure employment in Malta. These financial barriers, coupled with the lack of oversight,

contribute to a precarious care economy that is ill-equipped to sustainably support Malta's aging population.

about exploitation and human trafficking within the informal care sector.

Lithuania

- Rising Care Demands and Systemic Capacity Gaps

Lithuania, like many EU member states, is experiencing a significant demographic shift marked by an aging population. As of early 2024, individuals aged 65 and over constituted approximately 20% of the total population (586.9 thousand out of 2.88 million). This marks a notable increase from 15.8% in 2005. Projections indicate that by 2050, this demographic will comprise 28.5% of the population. Concurrently, the old-age dependency ratio—defined as the number of individuals aged 65+ per 100 working-age individuals—is expected to nearly double, rising from 30% in 2019 to almost 60% by 2050. This demographic transformation is exerting unprecedented pressure on Lithuania's social and healthcare systems, both financially and infrastructurally.

The current national infrastructure is ill-equipped to meet the escalating demand for long-term care. The fragmentation between social and nursing services—regulated respectively by the Ministry of Social Security and Labour and the Ministry of Health—has resulted in a lack of integrated care models. This systemic disjunction is further exacerbated by regulatory gaps, insufficient financing, a shortage of qualified personnel, and underdeveloped infrastructure. These deficiencies hinder the development of a cohesive and sustainable long-term care strategy.

- Demand for Long-Term Care Services

The demand for long-term care services in Lithuania is rising sharply, yet the availability and accessibility of such services remain limited. Nearly half of individuals aged 65 and older report unmet needs for long-term care. The absence of a unified model that integrates social and nursing services has led to a fragmented service landscape. Although

reforms have been proposed—including a draft law on long-term care and the introduction of a new service provision model emphasizing accessibility, appropriateness, collaboration, and complexity—implementation remains pending.

Existing services are largely limited to daytime hours, with no provision for overnight or weekend care. The concept of "live-in care," where caregivers reside with clients, is virtually non-existent in Lithuania. This gap is particularly problematic for families requiring continuous support, often leading to caregiver burnout and familial conflict. Temporary respite services exist but are limited in scope and duration, offering up to 720 hours per year per care recipient, which is insufficient for many families' needs.

- Financial and Infrastructural Pressures

The financial burden of long-term care is increasingly unsustainable under current models. Social services are funded through a combination of municipal, state, and personal contributions, while healthcare services are financed via the Mandatory Health Insurance Fund. This bifurcated funding structure complicates service coordination and limits the scalability of integrated care solutions.

Moreover, the workforce crisis in the care sector is acute. There is a marked shortage of nurses and qualified caregivers willing to work in home-based settings. Many professionals prefer institutional employment or migrate abroad for better pay and working conditions. The Lithuanian labor code imposes strict regulations on working hours and compensation, particularly for night and weekend shifts, making it financially and logistically challenging to implement live-in care models. Consequently, informal care by family members or unregulated workers often fills the gap, raising concerns about quality, safety, and labor rights.

Germany

➢ Rising Care Demands and Systemic Capacity Gaps

Germany is facing a profound demographic transformation, with the proportion of individuals over 65 years old steadily increasing. This trend is intensifying the demand for long-term care services at a pace that outstrips the current and projected capacities of national care systems. As of the report's publication, nearly 5 million individuals in Germany require care, with projections estimating a rise to 6.8 million by 2055. Simultaneously, the working-age population is expected to decline from approximately 45 million to 36 million, exacerbating the imbalance between care needs and available labor. This demographic shift is not only quantitative but also structural, as the German care model prioritizes outpatient over inpatient care, yet lacks the resources to support this preference effectively. Consequently, families are increasingly compelled to either assume caregiving responsibilities themselves or resort to private, often informal, care arrangements.

➢ Demand for Long-Term and Home-Based Care

The surge in demand for long-term care has led to the proliferation of the so-called "24-hour care" model, wherein predominantly Eastern European caregivers reside in the homes of those requiring assistance. This model fills a critical gap, particularly in rural areas where institutional care infrastructure is sparse. However, it also introduces significant challenges. Many of these caregivers lack formal qualifications, and their employment often occurs outside regulated frameworks. The absence of standardized training and oversight raises concerns about the quality of care and the safety of both caregivers and recipients. Moreover, the informal nature of much of this work—estimated to encompass up to 90% of live-in care arrangements—creates a substantial black market, valued at approximately €9.7 billion. This not only undermines labor protections but also distorts the care economy by disadvantaging legally operating providers.

- Financial and Infrastructural Pressures from Old-Age Dependency

The increasing old-age dependency ratio places mounting financial and infrastructural pressure on Germany's social and healthcare systems. The care insurance system, designed to support families, often falls short of covering the actual costs of long-term care, particularly for round-the-clock services. As a result, low- and middle-income households are frequently pushed toward informal solutions, which, while more affordable, lack legal and social protections. The financial strain is compounded by rising wage expectations among caregivers and the seasonal fluctuations in labor availability, which further destabilize the care labor market.

Infrastructurally, the system is fragmented and inconsistent across federal states, particularly in the recognition and reimbursement of care services under regulations such as §45a SGB XI. This regulatory patchwork complicates the integration of care services and impedes the development of a cohesive national strategy. Additionally, the lack of a unified legal framework for home-based care—akin to Austria's Home Care Act—leaves caregivers and families in a state of legal ambiguity, deterring formal employment and perpetuating reliance on informal arrangements.

Increased Female Labor Market Participation

- caregiving gaps - diminishing availability of informal/unpaid family caregivers
- the fall of traditional model: female family members no longer taking care of the elders
- women filling in the care-gap by working as carers (often immigrant women)

Poland

➢ Caregiving Gaps and the Diminishing Availability of Informal Family Caregivers

The traditional model of elder care in Poland, which relied heavily on unpaid, informal caregiving by female family members, is undergoing a significant transformation. As more women enter and remain in the labor market, the availability of informal caregivers within families is rapidly declining. This shift has created a growing care gap, particularly in smaller local communities where formal care services are limited or absent. The report notes that many family members now face the difficult choice between maintaining employment or providing care, often opting to leave the labor market or resort to hiring unregulated help.

➢ The Fall of the Traditional Model: Women No Longer the Default Caregivers

The societal expectation that women would assume caregiving responsibilities is eroding. This change is driven by broader socio-economic trends, including increased female educational attainment, career aspirations, and financial necessity. The report refers to this phenomenon as the "daughterhood penalty", where women are disproportionately burdened by eldercare responsibilities, often at the expense of their own professional development and economic security. As a result, the traditional model of family-based care is no longer sustainable in the context of modern labor market dynamics.

➢ Women Filling the Care Gap as Paid Carers—Often Migrant Women

While Polish women increasingly opt out of unpaid caregiving roles, many are simultaneously filling the care gap in a professional capacity—though often abroad. It is estimated that 300,000 to 500,000 Polish women, primarily aged 45 and over, engage in

circular migration to provide live-in care in countries like Germany, typically on 6–8 week rotations. This trend reflects both the demand for affordable care in Western Europe and the limited economic opportunities for women in Poland's domestic care sector.

Domestically, the care gap is increasingly filled by migrant women, particularly from Ukraine. Although official figures suggest that no more than 20,000 Ukrainians work in the Polish care sector annually, expert estimates place the actual number closer to 100,000. These women often lack formal training but are valued for their willingness to work for lower wages. Their presence highlights the growing reliance on transnational labor to sustain Poland's care economy.

Spain

- Diminishing Availability of Informal Caregivers

The increasing integration of women into the formal labor market in Spain has significantly disrupted the traditional model of elder care, which historically relied on unpaid female family members. As women assume greater roles in paid employment, their availability to provide informal care within the household has markedly declined. This shift has created a structural caregiving gap that the public system has not been able to adequately fill, resulting in increased pressure on both formal services and private households.

- The Fall of the Traditional Care Model

The erosion of the traditional family-based care model is not merely a cultural transformation but a structural one, driven by socio-economic changes and evolving gender roles. The report indicates that the expectation for women to remain at home and care for elderly relatives is no longer viable in the context of modern labor dynamics. This decline has not been matched by a proportional expansion in formal care services, leaving many families without viable alternatives. The result is a growing reliance on informal labor markets and unregulated care arrangements, which often lack the oversight and quality assurance mechanisms necessary to ensure safe and effective care.

- Women Filling the Care Gap as Paid Carers

In response to the caregiving void left by the decline of unpaid family care, many women—particularly immigrants—have entered the care sector as paid workers. This phenomenon represents a reconfiguration rather than a resolution of the care crisis. The report reveals that 75% of care workers surveyed are women, and a significant proportion of these are immigrants from Latin America, Romania, and Bulgaria. Among users of the Telecare Service, 75% are women, and 69.7% are aged 80 or older, reflecting the gendered nature of both care provision and care needs. Similarly, in the Home Help Service, 71.9% of users are women, and 68.9% are over the age of 80.

These women often work under precarious conditions, frequently employed directly by families without formal contracts or adequate labor protections. Many are classified under domestic work categories, which misrepresent the nature of their responsibilities and facilitate the circumvention of employment standards. The report also notes that 40% of interviewed care workers are self-employed immigrants providing care in private homes, often without the necessary qualifications or legal safeguards.

This feminization and informalization of the care workforce reflect broader systemic issues, including the undervaluation of care work and the lack of institutional support for dependent care. The reliance on immigrant women to fill the care gap underscores the intersection of gender, migration, and labor market inequalities. It also raises critical concerns about the sustainability of such a model, particularly in light of Spain's ageing population and the increasing demand for long-term care services.

Serbia

- Diminishing Availability of Informal and Unpaid Family Caregivers

The increasing participation of women in the formal labor market in Serbia has significantly reduced the availability of informal and unpaid caregivers within families. As more women enter full-time employment, their capacity to provide care for elderly family members has diminished. This shift has contributed to a growing reliance on formal care services, both institutional and home-based, to meet the needs of the aging population. The report emphasizes that this trend is one of the key drivers behind the rising demand for professional caregiving services.

- The Fall of the Traditional Care Model

The traditional model of multigenerational living, in which elderly individuals cohabited with younger family members who could provide daily care, is in decline. This transformation is closely linked to broader demographic and socio-economic changes. Young people, including women who might have otherwise assumed caregiving roles, are increasingly migrating to larger cities or abroad in search of better employment opportunities. This outmigration has led to the geographic dispersion of families and the weakening of intergenerational support networks.

The report notes that the erosion of this traditional model has left many older adults without proximate family members to rely on for care. As a result, the burden of eldercare is shifting from the private, familial sphere to the public and private care sectors. This transition has not been matched by a proportional expansion in care infrastructure or workforce capacity, thereby exacerbating existing gaps in service provision.

- Women Filling the Care Gap as Paid Carers

While women are increasingly unavailable to provide unpaid care within their own families, they continue to constitute the majority of the paid care workforce. In Serbia, the care sector is overwhelmingly female-dominated. According to the national report's survey data, 95% of respondents working in public elderly care institutions were women.

These workers had an average age of over 55 and an average of more than 25 years of service in the sector, indicating a reliance on an aging workforce with limited generational renewal.

In addition to domestic workers, the care gap is increasingly being filled by women from third countries. Although precise data on the number of foreign nationals employed in the care sector is unavailable, the report acknowledges the growing presence of immigrant women working in private institutions or as undeclared home caregivers. These workers are often employed informally, without proper contracts or legal protections, and are vulnerable to exploitation. Their employment is frequently driven by the affordability they offer to families, as they are often willing to accept lower wages and more precarious working conditions.

This reliance on immigrant labor introduces further challenges, including language barriers, lack of standardized training, and limited integration into the formal care system. The informal nature of much of this work also undermines regulatory oversight and the quality of care provided to elderly individuals.

Italy

- The Collapse of the Traditional Care Model

The decline of the traditional care model is not merely a cultural phenomenon but a structural one, driven by demographic and economic imperatives. The report underscores that families are increasingly unable to meet the care needs of elderly members without external support. This is due in part to the growing number of women engaged in formal employment, which limits their availability for unpaid caregiving roles. The inadequacy of public care services further exacerbates this issue, compelling families to seek private solutions. However, the high cost of formal care—reported as “too high” by over 75% of survey respondents—often leads to informal arrangements that lack legal protections and professional standards.

This systemic shift has profound implications for the organization of care in Italy. The feminization of the domestic work sector, with women comprising 86.4% of the

workforce, reflects a paradox wherein women, no longer available to provide unpaid care within their own families, are increasingly employed—often under precarious conditions—to care for others. This dynamic illustrates the externalization and commodification of care, where the burden of elder care is transferred from unpaid family members to paid, frequently migrant, workers.

- Migrant Women as the New Backbone of Elder Care

The report provides compelling evidence of the central role played by migrant women in filling the care gap created by increased female labor force participation. Nearly 70% of registered domestic workers in Italy are foreign nationals, predominantly from Eastern Europe. These women often enter the sector due to limited economic opportunities in their countries of origin and are drawn into a labor market characterized by informality and limited protections. The reliance on migrant labor is not only a response to domestic demographic pressures but also a reflection of broader patterns of intra-EU labor mobility.

Despite their essential contributions, migrant women in the domestic work sector face significant challenges, including language barriers, cultural dislocation, and limited access to training and legal protections. The report notes that while 70% of respondents view training as "very important," access remains uneven, particularly for migrants. This lack of institutional support perpetuates a cycle of vulnerability and undervaluation, even as these workers become indispensable to the functioning of Italy's care economy.

Malta

- The Decline of Traditional Caregiving Norms

The report confirms that the traditional model of elder care in Malta—historically reliant on unpaid, informal caregiving by female family members—is undergoing significant transformation. This shift is attributed to the increasing participation of women in the labor market, which has reduced the availability of family-based caregivers. As noted in the report, the rise in female employment has led to a situation where the unpaid work previously carried out by women is now being replaced by paid labor. This transition has

created a structural care gap that neither the state nor private actors have been able to fully address.

The implications of this shift are particularly acute in the context of Malta's aging population. With the old-age dependency ratio rising from 28.2 in 2012 to 41.8 in 2023, the demand for elder care has intensified, while the traditional supply of informal care has diminished. The report does not provide quantitative data on female labor force participation, but it clearly links the decline in informal caregiving to broader socio-economic changes, including increased employment among women.

- Migrant Women Filling the Care Gap

The care deficit resulting from the withdrawal of Maltese women from unpaid caregiving roles has been filled predominantly by migrant women, particularly from Third Country Nationals (TCNs) such as the Philippines and Nepal. The report provides concrete figures: as of November 2023, 93.2% of individuals employed under the Carer at Home scheme were foreign nationals, while only 6.8% were Maltese or Gozitan. This reliance on foreign labor underscores the extent to which Malta's care economy has become dependent on migrant women.

The report also highlights several challenges associated with this reliance. Migrant carers often face long visa processing times—over three months—and are subject to high recruitment fees, ranging from €1,500 to €5,000. Some carers pay agencies in their home countries up to €5,000 to secure employment in Malta. These conditions, combined with the fact that not all carers are legally employed, expose migrant women to significant risks of exploitation and informality.

- Regulatory and Structural Shortcomings

While the Carer at Home scheme provides financial support—up to €8,500 annually—to eligible elderly individuals who employ qualified carers, the report indicates that this measure alone is insufficient. In 2023, only 842 individuals were enrolled in the scheme, suggesting limited reach relative to the scale of need. Moreover, the report notes that there are no comprehensive national standards governing live-in care services. Many carers

operate under general employment regulations, which do not adequately address the specificities of domestic caregiving.

This regulatory gap not only affects the quality and consistency of care but also leaves carers—especially migrant women—vulnerable to exploitation. The report includes stakeholder concerns about the potential for human trafficking and the need for the state to assume a more active role in managing and regulating the care sector.

Lithuania

- Decline of Informal Care and the Rise of Unmet Needs

The Lithuanian care system is currently facing a critical shortage of informal caregivers, a situation that is closely linked to broader socio-economic transformations, including the increasing participation of women in the formal labor market. The report highlights that many families are unable to provide continuous care for elderly members, particularly during nights and weekends. This caregiving gap is not being filled by institutional services, which are limited in scope and availability, especially in terms of round-the-clock or live-in care.

Focus group discussions and interviews reveal that family members, often untrained and unsupported, are left to manage complex care needs. This situation leads to fatigue, interpersonal conflict, and in some cases, the institutionalization of elderly individuals due to the lack of viable alternatives. The absence of regulated live-in care services in Lithuania further exacerbates this issue, as such services are not formally recognized or supported within the national care framework.

- Women as Paid Carers and the Dynamics of Transnational Labor

While informal care within families is diminishing, women continue to play a central role in the care economy—albeit increasingly as paid workers. The report documents that many Lithuanian women are employed as caregivers abroad, particularly in countries like Germany and Ireland, where live-in care is more institutionalized and better compensated.

Respondents cited higher wages, clearer social protections, and more professional opportunities as key reasons for seeking employment outside Lithuania.

Domestically, the care sector remains underdeveloped. The lack of integrated social and nursing services, combined with regulatory and financial constraints, discourages professional engagement in home-based care. The Lithuanian labor code imposes strict regulations on working hours and compensation, particularly for night and weekend shifts, making it difficult for institutions to offer live-in care services. As a result, some care work is performed informally or "in the shadows," without proper contracts or protections.

Germany

- Diminishing Availability of Informal Caregivers

The increasing integration of women into the formal labor market in Germany has contributed to a growing gap in the availability of informal, unpaid caregiving within families. The report highlights that families are increasingly unable to meet the rising care demands on their own, particularly in light of demographic aging and the structural preference for outpatient over inpatient care. This shift has led to a situation where many households must either assume the burden of care themselves or seek external assistance, often under informal or legally ambiguous conditions. The lack of sufficient public infrastructure and professional care services exacerbates this issue, leaving families with limited and often precarious options for elder care.

- Migrant Women Filling the Care Gap

In response to the care deficit, the report documents a significant influx of migrant women—primarily from Central and Eastern Europe—who are employed in live-in care arrangements. These women often work under informal or semi-formal conditions, with estimates suggesting that up to 90% of such care arrangements are not legally regulated, contributing to a black market valued at approximately €9.7 billion. While these workers provide essential services that enable many elderly individuals to remain in their homes, their employment is frequently characterized by precarious conditions, including unclear contracts, lack of rest periods, and limited access to social security.

Shift of preferences

- growing preference for home-based care, which increases reliance on live-in caregivers

Poland

In Poland, there is a marked and growing societal preference for home-based care over institutional care settings. This shift is driven by both cultural values—such as the desire to age in familiar surroundings—and practical considerations, including the limited availability and affordability of institutional care. The report underscores that this preference is not merely anecdotal but structurally significant, reshaping the long-term care (LTC) landscape.

As a result, there is an increasing reliance on live-in caregivers, who provide continuous, in-residence support for elderly individuals. These arrangements are particularly attractive for families seeking personalized care and companionship for their ageing relatives. However, the report notes that live-in care services are, in most cases, financially out of reach for Polish households. This affordability barrier has led many families to either withdraw from the labor market to provide care themselves or to hire unregulated, often migrant, caregivers.

The supply of live-in care is also shaped by labor mobility trends. While many Polish women work as live-in carers abroad—especially in Germany—Poland's domestic care sector increasingly depends on migrant workers, particularly from Ukraine. Despite official figures indicating that no more than 20,000 Ukrainians are employed in this sector annually, expert estimates suggest the actual number may exceed 100,000.

Institutionally, the infrastructure to support home-based care remains underdeveloped. Although municipalities are legally empowered to transform their Social Assistance Centres (OPS) into more comprehensive Social Service Centres (CUS), only 53 out of approximately 2,000 municipalities had done so by 2024. This lack of transformation limits the capacity of local governments to coordinate and deliver home-based care services effectively.

Spain

- Changing Care Preferences

In recent years, there has been a discernible shift in societal preferences toward home-based care for elderly and dependent individuals in Spain. This trend reflects a growing desire among care recipients and their families to maintain familiar living environments and preserve personal autonomy for as long as possible. The report confirms that home care is increasingly valued for its capacity to allow individuals to remain in their own homes, surrounded by their personal belongings and social networks, rather than being relocated to institutional settings. This preference is not only cultural but also psychological, as it is associated with improved emotional well-being and a sense of dignity among the elderly.

This trend is substantiated by the widespread use of home-based services. The Telecare Service, which enables elderly individuals to remain safely in their homes, currently serves 988,623 users. Of these, 10.2% are elderly, and the service is highly feminized, with 75% of users being women and 69.7% aged 80 or older. Similarly, the Home Help Service reaches 534,321 elderly individuals, representing 5.52% of the population aged 65 and over. Among these users, 71.9% are women and 68.9% are over 80 years old. These figures illustrate the scale and demographic profile of those relying on home-based care, reinforcing the notion that ageing in place is a dominant preference among Spain's elderly population.

- Increased Reliance on Live-In Caregivers

The growing preference for home-based care has led to an increased reliance on live-in caregivers, particularly in cases where continuous support is required. However, this shift has not been accompanied by a corresponding expansion of formal home care services. As a result, families often resort to hiring caregivers directly, frequently under informal arrangements. These live-in carers are predominantly women, many of whom are immigrants, and are often employed without proper contracts, qualifications, or labor protections. The report highlights that such arrangements are typically categorized under

domestic work, which allows employers to bypass regulations governing professional care work.

This reliance on live-in caregivers raises significant concerns regarding the quality and regulation of care. The absence of oversight mechanisms means that the working conditions of these carers are often precarious, and the care provided may not meet professional standards. Moreover, the informal nature of these arrangements contributes to the broader issue of labor market segmentation and the marginalization of care workers, particularly those from migrant backgrounds.

The preference for home-based care, while understandable and often beneficial for care recipients, thus presents complex challenges for the care system. It necessitates a rethinking of how home care is structured, financed, and regulated to ensure that both care recipients and caregivers are adequately supported.

Serbia

- Growing Preference for Home-Based Care and the Rise of Live-In Caregiving

In Serbia, there is a discernible and growing societal preference for home-based care as the favored model of eldercare. This shift reflects a broader transformation in expectations around aging, where remaining in one's own home is increasingly associated with dignity, autonomy, and emotional well-being. The national report highlights that this preference is not only culturally resonant but also structurally driven by the limited availability and rising costs of institutional care.

The capacity of public gerontological centers remains constrained, with only 9,390 beds available across 40 institutions, of which 7,641 are already occupied. In urban centers such as Belgrade, waiting lists are long—315 individuals are currently awaiting placement in the city's main gerontological center. Meanwhile, private nursing homes, though more numerous (approximately 260 facilities with over 10,000 beds), are financially inaccessible to many, with prices rising by up to 20% in early 2025.

In contrast, home-based care offers a more flexible and often more affordable alternative. According to the report, 18,000 elderly individuals in Serbia are currently recipients of home care services, a figure that reflects both the growing demand and the systemic shift toward non-institutional care models. These services include assistance with daily activities such as hygiene, food preparation, medication management, and basic medical support. The appeal of such services is particularly strong among those who wish to age in place and maintain a sense of independence.

However, this shift has also led to an increased reliance on live-in caregivers, particularly in areas where formal home care services are underdeveloped. The report notes that in rural and remote regions, institutional support is often lacking, prompting families to arrange for continuous in-home care, frequently through informal or unregulated channels. These live-in arrangements are typically filled by women, including immigrant workers, who are often employed without formal contracts, adequate training, or legal protections.

The informal nature of much of this caregiving labor introduces significant vulnerabilities. Live-in caregivers may face exploitative conditions, including long working hours, low pay, and limited access to social protections. The absence of standardized training and oversight raises concerns about the quality and safety of care provided. Moreover, the lack of regulation makes it difficult for state institutions to monitor compliance with care standards or to intervene in cases of abuse or neglect.

While the preference for home-based care aligns with the values of independence and personalized support, it also presents structural challenges that require urgent policy attention. Ensuring that home care services are adequately regulated, equitably accessible, and supported by a trained workforce is essential to safeguarding the rights and well-being of both care recipients and caregivers.

Italy

The topic of a growing preference for home-based care and the corresponding increase in reliance on live-in caregivers is not addressed in the report. While the document provides extensive analysis of the domestic work sector in Italy, including the role of migrant labor, informality, and the challenges of training and regulation, it does not explicitly examine the cultural or structural shift toward home-based care as a preferred model.

Malta

- The Rise of Home-Based Care as a Preferred Model

Malta is witnessing a marked shift in societal preferences toward home-based care for the elderly, a trend that is reshaping the landscape of long-term care provision. This preference is driven by both cultural values and economic considerations. Stakeholders cited in the report emphasize that the Maltese government actively promotes aging in place, not only as a means of preserving the dignity and autonomy of older individuals but also as a cost-containment strategy. Compared to the high financial outlay required for institutional care, supporting elderly individuals to remain in their homes is significantly more economical for the state.

This policy orientation is reflected in the extensive range of ancillary services offered through the Active Aging and Community Care (AACC) framework. These include physiotherapy, occupational therapy, domiciliary nursing, handyman services, and telecare, among others. The objective is to create a supportive environment that enables elderly individuals to continue living independently for as long as possible. However, this model inherently increases reliance on live-in caregivers, particularly for those with moderate to severe care needs.

- Increased Demand for Live-In Caregivers

The growing preference for home-based care has led to a surge in demand for live-in caregivers, a trend that is not being matched by an adequate supply of qualified personnel. As of 2024, there were 1,627 elderly individuals on the waiting list for placement in state

or private residential homes, indicating a bottleneck in institutional care capacity and reinforcing the push toward home-based alternatives. Yet, the report reveals that only around 200 households per year opt for live-in care, largely due to cost barriers and the complexity of navigating the system.

The Carer at Home scheme, which provides financial support to elderly individuals employing qualified carers, had only 842 active users in November 2023. This limited uptake, despite the growing need, suggests that the current support mechanisms are insufficient to meet the rising demand. Furthermore, the majority of live-in carers—93.2%—are foreign nationals, highlighting the extent to which Malta's home-based care model depends on migrant labor.

- Structural and Ethical Challenges

The shift toward home-based care, while aligned with both individual preferences and public policy goals, introduces several structural and ethical challenges. The reliance on live-in carers, many of whom are recruited from abroad, raises concerns about the sustainability and equity of the care system. Visa processing delays, high recruitment fees, and the prevalence of informal employment arrangements expose both care recipients and providers to significant risks.

Moreover, the absence of a unified regulatory framework for live-in care services exacerbates these vulnerabilities. The report notes that there are no national standards specifically governing live-in care, and many carers operate under general employment laws that do not account for the unique demands of domestic caregiving. This regulatory gap undermines the quality of care and leaves carers—particularly those from Third Countries—without adequate legal protections.

Lithuania

The Lithuanian long-term care system is marked by a significant gap between the needs of care recipients and the services currently available, particularly in the domain of home-based care. While the report does not provide quantitative evidence of a national shift in preference toward home-based care, it does document a growing recognition—among

care providers, families, and stakeholders—of the importance and necessity of such services.

Germany

- Changing Preferences and the Rise of Domestic Care Models

The German care landscape is undergoing a marked transformation, characterized by a growing societal preference for home-based care over institutional solutions. This shift is not merely a matter of individual or familial preference but is also embedded in national policy frameworks that prioritize outpatient care. The report underscores that this preference has become a defining feature of the German care system, even as the infrastructure and labor force required to support it remain insufficiently developed. The result is a widening gap between policy orientation and practical capacity, which has intensified the reliance on alternative care arrangements, particularly live-in caregiving models

- Structural Dependence on Live-In Caregivers

As the preference for aging in place becomes more pronounced, the demand for live-in caregivers has surged. These arrangements, often involving migrant workers from Central and Eastern Europe, have become a cornerstone of elder care in Germany. The report estimates that approximately 300,000 households depend on such models, where caregivers reside in the same household as the care recipient for extended periods. This model is especially prevalent in rural areas, where institutional care options are limited, but it is also increasingly common in urban settings due to its perceived flexibility and cost-effectiveness.

Labor Market Challenges

Labor Shortages:

- significant shortage of domestic carers, especially in rural or less affluent regions
- heavy dependence on third-country nationals to fill caregiving roles

Poland

Poland is facing a significant shortage of domestic carers, particularly in rural and less affluent regions. This shortage is driven by a combination of demographic pressures, low wages, and the emigration of Polish care workers to Western Europe. Polish women, especially those aged 45 and over, are increasingly engaged in circular migration, working abroad in live-in care roles—primarily in Germany—on 6–8 week rotations. It is estimated that 300,000 to 500,000 Polish women are involved in this type of mobility annually.

This outflow of labor has created a critical shortfall in care provision within Poland, especially in smaller local communities, where the supply of caregivers is severely limited. Despite their experience abroad, many Polish women are reluctant to work as caregivers domestically due to low earnings and poor working conditions.

- Third country nationals dependance

To fill this gap, Poland has become heavily dependent on third-country nationals, particularly from Ukraine. Although official data suggest no more than 20,000 Ukrainians work in the Polish care sector annually, expert estimates place the actual number at over 100,000. These workers are often employed informally and lack adequate training, with most having only secondary or vocational education. Nonetheless, their willingness to work for relatively low wages makes them a vital component of the care workforce.

The reliance on migrant labor is further facilitated by liberalized immigration policies, which have enabled a steady inflow of Ukrainian workers over the past two decades. According to empirical research, half of Ukrainian women who come to Poland initially

work in private households. However, only one in three of these caregivers is employed legally, raising concerns about labor rights, service quality, and regulatory oversight.

Spain

- Shortage of Domestic Carers

The Spanish care sector is experiencing a significant shortage of domestic carers, a challenge that is particularly acute in rural and economically disadvantaged regions. The report highlights that institutional care services, especially those provided by public entities such as municipalities, are often understaffed. This shortage is not only a matter of quantity but also of quality, as the lack of personnel coverage for absences in direct care roles leads to work overload and a deterioration in the quality of services provided. These staffing deficits are more pronounced in less affluent areas, where public investment in care infrastructure is limited and the availability of qualified professionals is lower.

This scarcity of domestic carers is compounded by the demographic reality of an ageing population and the increasing demand for long-term care. Despite the existence of nearly 6,000 residential care centres and over 534,000 users of the Home Help Service, the system is unable to meet the growing needs of the elderly population, which exceeds 9.6 million individuals aged 65 and over. The report underscores that the current workforce is insufficient to provide consistent, high-quality care across all regions, particularly in areas where geographic isolation and economic constraints hinder recruitment and retention.

- Dependence on Third-Country Nationals

In response to these labor shortages, Spain has developed a heavy dependence on foreign workers, particularly third-country nationals, to fill caregiving roles. The report provides detailed insight into the composition of the care workforce, noting that a substantial proportion of carers are immigrants, especially from Latin America, Romania, Bulgaria, and Morocco. These individuals are often employed in private households under informal

or semi-formal arrangements, frequently without the qualifications required for professional caregiving.

The preference for foreign carers is driven by several factors, including linguistic and cultural affinities in the case of Latin American workers, and the established presence of Eastern European and North African communities in Spain. However, this reliance on migrant labor introduces vulnerabilities into the care system. Many of these workers are employed under the job category of "housekeeper," which misrepresents their actual responsibilities and allows employers to circumvent labor protections. Moreover, the report notes that these workers often lack proper contracts, social security coverage, and access to professional development, placing them in precarious and sometimes exploitative conditions.

This structural dependence on third-country nationals reflects broader labor market imbalances and policy gaps. It underscores the urgent need for comprehensive workforce planning, improved regulation of employment conditions, and investment in training and certification pathways to ensure that care work is both professionally recognized and sustainably staffed.

Serbia

- Shortage of Domestic Care Workers

The Serbian care sector is experiencing a critical shortage of domestic care workers, a problem that is particularly pronounced in rural and economically disadvantaged regions. This shortage is driven by a combination of demographic aging, unattractive working conditions, and migration trends. According to the national report, the average age of caregivers in public institutions is over 55 years, with an average length of service exceeding 25 years. This aging workforce signals an impending wave of retirements, with limited generational renewal to replace outgoing staff.

The sector's inability to attract younger workers is closely tied to economic disincentives. Wages for caregivers are only slightly above the national minimum, and the work is physically and emotionally demanding. The report notes that young people are

increasingly leaving rural areas for larger cities or emigrating abroad, further depleting the pool of potential domestic caregivers. In Belgrade, for example, caregivers commute over an hour each way to work, often using public transportation, while those in smaller towns are more likely to walk or drive. This geographic disparity in workforce availability exacerbates regional inequalities in access to care.

Moreover, the sector suffers from a lack of institutional support and professional recognition. Many caregivers, especially those in private or informal settings, work without adequate training, legal protections, or union representation. The report highlights that undeclared work is widespread, particularly in home-based care, where caregivers often perform additional household tasks without compensation or formal contracts. This informality undermines both labor rights and the quality of care provided.

- Dependence on Third-Country Nationals

To compensate for the domestic labor shortfall, Serbia has become increasingly reliant on third-country nationals, particularly in the private care sector and in home-based arrangements. While the report acknowledges that there is no publicly available data on the exact number of foreign caregivers employed in Serbia, it confirms that their presence is growing, especially in informal and unregulated settings. These workers are predominantly women from economically disadvantaged countries, often employed without proper work permits or contracts.

The report notes that foreign caregivers are not employed in the public social protection system, but are concentrated in private institutions and households. Their employment is typically informal, and they are not unionized, which leaves them vulnerable to exploitation. Many work long hours for low pay, without access to health insurance, legal protections, or professional development opportunities. Language barriers and cultural differences further complicate their integration into the Serbian care system and may affect the quality of care delivered.

This dependence on foreign labor, while addressing immediate staffing needs, introduces systemic risks. The lack of regulation and oversight in the employment of third-country nationals undermines labor standards and creates disparities in care quality. The report

emphasizes the need for stronger legal frameworks, licensing procedures, and support mechanisms to ensure that foreign caregivers are employed under fair and lawful conditions.

Italy

- Dependence on Migrant Labor in the Domestic Care Sector

The Italian domestic care sector is structurally dependent on migrant labor, a dynamic that is both quantitatively significant and qualitatively embedded in the functioning of the care economy. According to the 2024 Annual Report by the National Observatory DOMINA, nearly 70% of all registered domestic workers in Italy are foreign nationals. This figure illustrates the extent to which the sector relies on cross-border labor mobility to meet the growing demand for caregiving services, particularly in the context of an aging population and the declining availability of informal family caregivers.

The report further reveals that the majority of these migrant workers originate from Eastern European countries, reflecting broader patterns of intra-European Union labor migration. While the document does not provide a precise breakdown of third-country nationals, it emphasizes that the domestic work sector is shaped by a high degree of internationalization. This reliance is not incidental but systemic, as Italy's demographic and social care needs have outpaced the capacity of the native labor force to respond, thereby necessitating the recruitment of foreign workers.

The gendered nature of this labor force is also pronounced. Women constitute 86.4% of the domestic work sector, underscoring the intersection of gender and migration in the provision of care. Migrant women, in particular, are overrepresented in live-in and long-term caregiving roles, often under conditions marked by informality and limited labor protections. The report notes that approximately 47.1% of domestic work in Italy is undeclared, a figure that significantly exceeds the national average for informal employment. This high level of informality disproportionately affects migrant workers, who frequently face precarious employment conditions, limited access to social protections, and barriers to integration.

Malta

- Domestic Workforce Deficits in the Care Sector

Malta is experiencing a significant shortage of domestic caregivers, a challenge that is exacerbated by the country's aging population and the increasing demand for long-term care services. The report highlights that live-in carers are "hard to find," and that there is a "huge need of carers," as noted by stakeholders, including educational institutions involved in care training. Although the report does not provide regional breakdowns, the systemic nature of the shortage suggests that rural and less affluent areas are likely to be disproportionately affected due to limited access to private care services and recruitment networks.

The scarcity of Maltese nationals willing to work as live-in carers is particularly striking. As of November 2023, only 6.8% of carers employed under the Carer at Home scheme were Maltese or Gozitan, while 93.2% were foreign nationals. This data illustrates a clear reluctance or unavailability among the domestic workforce to engage in caregiving roles, especially those requiring live-in arrangements that are often demanding and isolating.

- Structural Dependence on Third-Country Nationals

To fill this labor gap, Malta has become heavily reliant on Third Country Nationals (TCNs), particularly from the Philippines, Nepal, and India. These nationalities are explicitly mentioned in the report as the primary sources of live-in carers. The recruitment of these workers is facilitated by private agencies and informal networks, often under conditions that raise ethical and legal concerns.

The report details that it can take over three months to process visa applications for foreign carers, and that agencies charge between €1,500 and €5,000 for the necessary paperwork. In some cases, prospective carers pay up to €5,000 in their home countries to secure employment in Malta, only to arrive and find that no job is waiting for them. These conditions contribute to a precarious labor environment, where some carers are forced into informal employment or face exploitation.

This structural dependence on foreign labor is compounded by the absence of a comprehensive regulatory framework for live-in care services. Many carers operate under

general employment laws that do not address the specificities of domestic caregiving. Stakeholders interviewed in the report expressed concern about the sustainability of this model and called for greater state involvement to ensure ethical recruitment and adequate protections for both carers and care recipients.

Lithuania

- Domestic Workforce Deficits

The Lithuanian care sector is experiencing a persistent shortage of domestic care workers, particularly in the context of home-based services. The report highlights that many qualified professionals, especially nurses, are reluctant to work in this field due to low wages, limited professional recognition, and challenging working conditions. Instead, they often seek employment in inpatient institutions, transition to unrelated sectors such as the beauty industry, or emigrate to other countries where care work is better compensated and more professionally structured. This outflow of skilled labor contributes to a growing mismatch between the increasing demand for long-term care and the availability of a stable, qualified workforce.

- Absence of a Trend Toward Foreign Labor

Contrary to developments in some other EU member states, the report does not identify a significant trend of relying on third-country nationals to fill caregiving roles in Lithuania. While one interviewee mentioned a Ukrainian caregiver living with a client, this was presented as an isolated, anecdotal case. The report explicitly states that there is no official data on the employment of foreign care workers in Lithuania, and that live-in care services—where such workers are often employed in other countries—are not formally recognized or regulated within the national system.

As such, there is no evidence of a systemic or growing dependence on foreign labor in the Lithuanian care sector. The challenges facing the sector are primarily domestic in nature, rooted in structural, regulatory, and financial limitations that hinder the recruitment and retention of local care professionals.

Germany

➢ Regional Disparities and Domestic Workforce Deficits

Germany's care sector is experiencing a persistent and deepening shortage of domestic care workers, a challenge that is particularly pronounced in rural and economically weaker regions. The report identifies a widening gap between the growing demand for care—driven by demographic aging—and the shrinking pool of available labor. Forecasts indicate that the number of individuals in need of care will rise from nearly 5 million to 6.8 million by 2055, while the working-age population is expected to decline from 45 million to 36 million. This demographic imbalance is already manifesting in acute staffing shortages across professional care services, with rural areas facing the most severe deficits due to limited infrastructure and lower economic attractiveness for care professionals.

The shortage extends beyond formally trained nursing staff to include domestic and support roles within households. The report emphasizes that Germany's care model, which structurally prioritizes outpatient over inpatient care, lacks the workforce capacity to implement this model effectively. As a result, families are increasingly compelled to seek alternative solutions, often outside the formal labor market, to meet their caregiving needs.

➢ Reliance on Foreign and Mobile Workers

To address these labor shortages, Germany has become structurally dependent on foreign workers, particularly from Central, Eastern, and Southeastern Europe. These mobile workers are predominantly employed in live-in care arrangements, which have become a cornerstone of elder care provision. The report estimates that approximately 300,000 households rely on such models, where caregivers reside in the same household as the care recipient for extended periods. This model is especially prevalent in rural areas but is also increasingly common in urban settings due to its perceived flexibility and affordability.

While many foreign care workers come from within the European Union, the report also notes calls for clearer EU-level legal frameworks to facilitate the inclusion of third-country nationals in the care sector, indicating a growing awareness of their potential role. However, the employment of foreign care workers is frequently characterized by informality and legal ambiguity. The report estimates that up to 90% of live-in care arrangements are not formally regulated, contributing to a black market valued at approximately €9.7 billion. This informality exposes workers to precarious conditions, including unclear contracts, lack of rest periods, and limited access to social protections.

- Regulatory Barriers and Systemic Vulnerabilities

The integration of foreign care workers into the formal care system is further hindered by bureaucratic and legal obstacles. The report highlights that recognition procedures for foreign qualifications are often lengthy, fragmented across federal states, and lack transparency. These barriers deter many potential workers from pursuing formal employment pathways and contribute to the persistence of informal labor practices.

Informal Employment and Working Conditions

- migrant carers often face precarious employment (long hours, low wages, lack of legal protections, insufficient training or lack of thereof)
- high prevalence of undeclared work
- risk of exploitation for both workers and families
- close to impossible to monitor not formally employed workers

Poland

The Polish care sector, particularly in the domain of live-in and home-based care, is marked by a high prevalence of informal employment, especially among migrant workers. Many of these carers—primarily women from Ukraine—operate under precarious conditions, often without formal contracts, adequate training, or legal protections.

According to the report, only one in three Ukrainian caregivers in Poland is employed legally. The remaining two-thirds work informally, which exposes them to long working hours, low wages, and a lack of social security coverage. These conditions not only undermine the dignity and rights of the workers but also compromise the quality and continuity of care provided to elderly individuals.

The lack of training is another critical issue. The vast majority of migrant caregivers have completed only secondary or vocational education, and most receive no formal preparation for working with elderly or dependent individuals. Despite this, their labor is in high demand due to their willingness to accept lower wages and flexible, often exploitative, working conditions.

The scale of informal employment is substantial. While official data suggest that no more than 20,000 Ukrainians work in the Polish care sector annually, expert estimates place the actual number at around 100,000. This discrepancy highlights the extent of undeclared work and the challenges it poses for regulation and oversight.

The informality of employment makes it nearly impossible for authorities to monitor or regulate the sector effectively. Without formal contracts or registration, there is no oversight mechanism to ensure compliance with labor standards or to protect either the workers or the families employing them. This creates a dual risk of exploitation: for workers, who may be underpaid or overworked, and for families, who may unknowingly engage in illegal employment practices or receive substandard care.

Spain

- Precarious Employment Among Migrant Carers

The Spanish care sector is characterized by a high incidence of precarious employment, particularly among migrant carers. These workers, who predominantly originate from Latin America, Romania, Bulgaria, and Morocco, are frequently employed in private households under informal or semi-formal arrangements. The report reveals that many of these carers are hired under the job category of "housekeeper," which misrepresents the nature of their work and allows employers to circumvent labor protections. As a result, these workers often endure long working hours, low wages, and a lack of access to social security or occupational health services.

Survey data reinforce this picture of precarity: 64% of care workers report not receiving any training in occupational risk prevention or health care, and 42% do not undergo annual health check-ups. These figures highlight the systemic neglect of basic labor rights and protections in the informal care economy. Furthermore, 56% of respondents state they are only "sometimes" motivated or professionally recognized, while 36% report they are "never or almost never" recognized in their roles. This lack of recognition contributes to a broader sense of professional marginalization and vulnerability.

- High Prevalence of Undeclared Work

Undeclared work is a widespread phenomenon in the Spanish care sector, particularly in the context of family-based care. The report notes that many carers are employed directly by households without formal contracts, often performing caregiving tasks under the guise of domestic work. This practice facilitates tax evasion and undermines labor

standards, creating a parallel labor market that is largely invisible to regulatory authorities.

The interviews conducted as part of the report confirm that undeclared work is not only common but also structurally embedded. Workers in these arrangements typically lack access to legal protections, pension contributions, and unemployment benefits. The absence of formal employment status also limits their ability to seek redress in cases of abuse or exploitation, further entrenching their precarious position.

- Risk of Exploitation and Lack of Oversight

The informal nature of employment in the care sector exposes both workers and families to significant risks. For workers, the lack of legal protections and institutional support increases their vulnerability to exploitation, including excessive workloads, unpaid labor, and psychological stress. For families, employing carers without formal contracts can lead to legal liabilities and inconsistent care quality.

The report underscores that it is nearly impossible to monitor or regulate the conditions of carers who are not formally employed. Labor authorities and trade unions have limited capacity to intervene in private households, and there is a general absence of oversight mechanisms to ensure compliance with labor standards. This lack of institutional enforcement capacity permits exploitative practices to persist unchecked and undermines efforts to professionalize the care sector.

Serbia

- Precarious Employment Among Migrant Carers

The Serbian care sector is significantly shaped by informal and unregulated employment practices, particularly in private homes and home-based care settings. Many caregivers, especially those working outside the public system, are employed without formal contracts, social insurance, or legal protections. This informality is driven by a combination of low wages, limited public care infrastructure, and the underdevelopment of formal home care services, especially in rural and economically disadvantaged areas.

- Precarity Among Migrant Care Workers

Migrant workers, particularly women from third countries, are increasingly entering the sector to fill labor shortages. However, they often do so without proper work permits or legal safeguards. These workers are typically employed in private institutions or directly by families, frequently under informal arrangements. The report documents that these caregivers face precarious conditions, including long working hours, low pay, and a lack of access to health insurance or legal recourse. One focus group participant described a case in which a caregiver worked 12-hour shifts for €300 per month, without any formal contract or social protection.

- Structural Vulnerabilities of the Domestic Workforce

Survey data further illustrates the structural vulnerabilities of the workforce. The majority of caregivers are over 55 years old and have been employed in the sector for more than 25 years. Despite their experience, many continue to work under conditions that lack formal recognition and adequate compensation. Focus group discussions revealed that undeclared work is especially prevalent in rural areas, where families often rely on informal networks to find caregivers, bypassing formal employment channels.

- Risks of Exploitation and Regulatory Invisibility

The widespread nature of undeclared work presents serious risks of exploitation for both workers and care recipients. Caregivers may be subjected to excessive workloads, emotional and physical abuse, or wage theft, while families employing them informally face legal uncertainties and lack institutional support in cases of dispute. The report emphasizes that the informal nature of these arrangements makes effective monitoring and regulation nearly impossible. Home-based care, in particular, remains largely invisible to state authorities, severely limiting the capacity of regulatory institutions to enforce labor standards and care quality requirements.

Italy

- Precarity and Vulnerability of Migrant Carers

The report provides a comprehensive account of the precarious employment conditions faced by migrant domestic workers in Italy. These workers, who constitute nearly 70%

of the registered domestic workforce, are predominantly women (86.4%) and are frequently employed under informal or semi-formal arrangements. The qualitative data gathered through interviews and surveys reveals that many of these workers endure long working hours, insufficient pay, and a lack of recognition for their contributions. These conditions are compounded by limited access to social protections such as paid leave, unemployment benefits, and healthcare coverage, which are often unavailable to those employed outside formal contractual frameworks.

The absence of structured training pathways further exacerbates the vulnerability of migrant carers. Although 70% of survey respondents identified training as "very important," the report notes that access to affordable and high-quality training remains limited. This lack of professional development opportunities not only hinders the quality of care provided but also restricts workers' ability to improve their employment conditions and integrate into the formal labor market.

- High Prevalence of Undeclared Work

One of the most critical structural issues identified in the report is the high prevalence of undeclared work within the domestic care sector. Approximately 47.1% of domestic employment is estimated to be undeclared, a figure that significantly exceeds the national average for informal labor. This widespread informality undermines the legal and economic security of workers, depriving them of basic rights and protections. It also distorts the labor market by creating unfair competition and reducing the fiscal resources available for public investment in care infrastructure.

The report attributes this informality to several interrelated factors, including the high cost of formal employment, limited oversight, and the predominance of informal recruitment channels. For instance, 65% of employers reported relying on word-of-mouth referrals to hire domestic workers, bypassing formal employment agencies and regulatory mechanisms. This informal recruitment landscape facilitates the persistence of irregular work arrangements and limits the enforceability of labor standards.

- Risks of Exploitation and Lack of Oversight

The informality of employment relationships in the domestic care sector creates significant risks of exploitation for both workers and families. Workers are often subjected to exploitative conditions, including unpaid overtime, verbal abuse, and arbitrary dismissal, with little recourse to legal remedies. At the same time, families who employ workers informally may face legal and financial liabilities, particularly in cases of workplace accidents or disputes.

Malta

- Precarity and Legal Ambiguity in Migrant Care Work

The Maltese care sector is characterized by a high degree of informality, particularly among migrant live-in carers, who constitute the overwhelming majority of the workforce in this domain. According to the report, 93.2% of carers under the Carer at Home scheme in November 2023 were foreign nationals, primarily from the Philippines, Nepal, and India. Many of these workers are employed under precarious conditions, often without formal contracts or adequate legal protections. The report notes that not all live-in carers are legally employed, and some may reside with elderly individuals while working elsewhere during the day, indicating a pattern of undeclared or dual employment.

The employment conditions of these carers are frequently exploitative. Migrant workers are often subjected to long hours and low wages, with the minimum wage for live-in carers set at €947.47 per month in 2023. However, this figure applies only to those formally employed under the Domestic Service Wages Council Wage Regulation Order. Many carers operate outside this framework, leaving them vulnerable to underpayment and overwork. The report also highlights that some carers arrive in Malta only to discover that no job awaits them, forcing them into the informal labor market where they must support themselves while seeking employment.

- Lack of Training and Oversight

Another critical issue is the insufficient training of carers. While the Carer at Home scheme requires carers to hold a recognized qualification, the report reveals that some

qualifications are forged or unverifiable, and that households may need to finance additional training to meet eligibility criteria. In some cases, carers are granted recognition based on prior experience rather than formal education, raising concerns about the consistency and quality of care provided.

The absence of a unified regulatory framework further complicates oversight. The report confirms that there are no national standards specifically governing live-in care services. Carers fall under general employment regulations, which do not adequately address the unique demands of domestic caregiving. This regulatory vacuum makes it nearly impossible to monitor the working conditions of carers who are not formally employed, thereby perpetuating a cycle of informality and exploitation.

- Risks for Workers and Families

The informality of the sector poses risks not only to workers but also to the families who employ them. Without formal contracts, families lack legal recourse in cases of misconduct or disputes, and may inadvertently become complicit in labor law violations. The report includes stakeholder concerns about the potential for human trafficking and exploitation, particularly given the high fees—up to €5,000—paid by carers to agencies in their home countries. These financial burdens, combined with the lack of institutional support, create a high-risk environment for both parties.

The current system, which relies heavily on private agencies and informal networks, lacks transparency and accountability. Stakeholders interviewed in the report advocate for a state-managed model to replace the existing fragmented system, emphasizing the need for standardized contracts, regulated recruitment practices, and robust monitoring mechanisms.

Lithuania

The report confirms that many care workers in Lithuania, particularly those providing services in clients' homes, operate under precarious conditions. These include informal or semi-formal employment arrangements, such as working under individual activity certificates or without any formal contract. While the report does not quantify the extent

of long hours or low wages, it does highlight that many workers are excluded from collective agreements and labor protections, especially those not employed in municipal or state institutions. Respondents in interviews and surveys expressed dissatisfaction with their working conditions, citing low pay, lack of professional recognition, and limited opportunities for advancement. One respondent explicitly contrasted their experience in Lithuania with work abroad, stating that in Ireland, the care sector offered better pay, clearer social insurance, and more professional opportunities. This comparison underscores the structural deficiencies in Lithuania's care labor market, particularly in terms of compensation and employment security.

- Risks of Exploitation and Lack of Oversight

The report confirms that many care workers in Lithuania, particularly those providing services in clients' homes, operate under precarious conditions. These include informal or semi-formal employment arrangements, such as working under individual activity certificates or without any formal contract. While the report does not quantify the extent of long hours or low wages, it does highlight that many workers are excluded from collective agreements and labor protections, especially those not employed in municipal or state institutions. Respondents in interviews and surveys expressed dissatisfaction with their working conditions, citing low pay, lack of professional recognition, and limited opportunities for advancement. One respondent explicitly contrasted their experience in Lithuania with work abroad, stating that in Ireland, the care sector offered better pay, clearer social insurance, and more professional opportunities. This comparison underscores the structural deficiencies in Lithuania's care labor market, particularly in terms of compensation and employment security.

Germany Pages: 6–9, 13–15, 21–24

- Precarity in Migrant Care Work

The German home-based care sector is marked by a high degree of informality, particularly in the employment of migrant care workers. The report reveals that many of these workers operate under precarious conditions, often without formal contracts, clear working time regulations, or access to social security. Long working hours, low wages,

and the absence of legal protections are common features of these arrangements. The lack of standardized training further compounds the vulnerability of these workers, as many are engaged in domestic and support roles without formal nursing qualifications or professional preparation. This situation is particularly prevalent in the "24-hour care" model, where care workers live in the household of the person in need of care, often with minimal rest periods and no structured oversight.

- The Scale and Consequences of Undeclared Work

The report estimates that up to 90% of live-in care arrangements in Germany are informal, contributing to a black market valued at approximately €9.7 billion. This widespread undeclared employment not only deprives workers of basic labor rights but also undermines the integrity of the care system. Informality is driven by multiple factors, including the complexity of legal employment procedures, the financial constraints of families, and the lack of effective enforcement mechanisms. Families often resort to informal arrangements due to the administrative burden and cost associated with legal employment, while workers may prefer undeclared work to avoid taxation and bureaucratic hurdles.

- Risks of Exploitation and Legal Ambiguity

The informality of employment relationships in the care sector creates significant risks of exploitation for both workers and families. For care workers, the absence of legal protections means exposure to unsafe working conditions, lack of health or accident insurance, and vulnerability to wage theft or abuse. For families, employing care workers informally carries legal and financial risks, including liability in the event of workplace accidents and the potential for sanctions if violations are discovered. The report notes that even well-intentioned families may find themselves complicit in illegal employment due to the lack of accessible legal alternatives and the low likelihood of enforcement.

- Challenges in Oversight and Regulation

Monitoring and regulating informal care work is described in the report as nearly impossible under current conditions. The private and individualized nature of home-based care, combined with the absence of centralized oversight structures, makes it difficult for

authorities to enforce labor standards or ensure compliance with legal norms. Placement agencies, which could serve as intermediaries for legal employment, are themselves constrained by fragmented regulations and limited state support. The report emphasizes that without a coherent legal framework and stronger institutional mechanisms, informal employment will continue to dominate the sector, perpetuating systemic vulnerabilities and undermining efforts to professionalize care work.

Legal and Regulatory Framework

- lack of comprehensive and dedicated regulatory framework for live-in care services
- social partners are not deeply involved in policy-making or service provision
- legal loopholes used by in disfavour of employees

Poland p. p. 5–6, 11–14, 16

➢ Absence of a Dedicated Legal Framework

Poland currently lacks a comprehensive and dedicated legal framework governing live-in care services. While long-term care (LTC) is broadly defined in both European and national contexts, the specific subcategory of live-in care remains unregulated under Polish law. The report explicitly states that live-in care "has not been regulated by the provisions of law in Poland," and that the challenges associated with this form of care have long been absent from substantive policy discourse. This regulatory void has significant implications for the structure, quality, and oversight of care provision.

The absence of a unified legal definition of live-in care that applies across both the health and social care sectors contributes to fragmentation in service provision, lack of transparency, and inconsistent standards. Moreover, the lack of legal clarity creates ambiguity around employment relationships, particularly for migrant carers, many of whom are engaged under civil law contracts or informal arrangements. These legal forms, while valid under Polish law, do not provide the same level of protection as employment contracts, especially in terms of social security, paid leave, and dismissal safeguards.

- Limited Role of Social Partners in Regulation and Law-Making

Although Poland has a structured and multi-level system of social dialogue—including national, regional, sectoral, and company-based mechanisms—the report makes clear that social partners are not actively involved in shaping legislation or regulatory oversight in the live-in care sector. While social dialogue is formally institutionalized through bodies such as the Social Dialogue Council and tripartite industry teams, the report notes that "social dialogue is a reality in Poland, but it very rarely concerns issues of live-in care".

This limited engagement has several consequences. Trade unions and employer organizations are not systematically consulted in the drafting or reform of care-related legislation. Tripartite bodies do not prioritize live-in care on their agendas, and sectoral dialogue mechanisms have not been mobilized to address the regulatory needs of the care sector. As a result, social partners are largely excluded from advocating for improved working conditions, fair employment practices, and quality standards in care provision. Their capacity to monitor the implementation of laws or propose amendments that reflect the realities of care work remains constrained.

- Legal Loopholes and Agency Practices

The absence of regulation has enabled private agencies to exploit legal loopholes to the detriment of care workers. These agencies often operate in a legal grey zone, using civil law contracts or self-employment models to avoid employer obligations. The report highlights that many carers are effectively subordinated to their clients or agencies, performing tasks under their direction and at designated times and places, yet without the legal status of employees.

This misclassification shifts the burden of risk onto the workers, who may lack access to healthcare, pension contributions, or legal recourse in cases of abuse or exploitation. Agencies frequently present themselves as intermediaries rather than employers, thereby avoiding liability for working conditions. This practice undermines labor standards and contributes to the informalization of the sector. According to the report, although official data indicate that no more than 20,000 Ukrainian nationals work in this sector annually,

expert estimates suggest the actual number may exceed 100,000. Despite the scale of the issue, there is currently no coordinated regulatory response.

Spain

- Absence of a Comprehensive Framework for Live-In Care

The Spanish care system lacks a dedicated and comprehensive regulatory framework specifically addressing live-in care services. While general provisions exist under the broader umbrella of the National Health System (Sistema Nacional de Salud, SNS) and the System for Autonomy and Care for Dependency (Sistema para la Autonomía y Atención a la Dependencia, SAAD), these do not adequately cover the unique conditions and complexities of live-in caregiving. The foundational legal basis for health and social care is established in Article 43 of the Spanish Constitution, which guarantees the right to health protection and care, and is further developed in Law 14/1986, the General Health Law (Ley General de Sanidad). However, these instruments do not provide specific provisions for live-in carers, particularly those employed directly by families.

The State Care Strategy (Estrategia Estatal de Cuidados), introduced on 20 October 2022 within the framework of the European Care Strategy, and the Dependency Shock Plan 2021–2023, aim to modernize long-term care. Yet, they still fall short of establishing enforceable standards for live-in care arrangements. Consequently, many live-in carers are employed under the job category of "domestic worker," which does not reflect the nature or intensity of the care provided. This regulatory omission leaves both workers and care recipients without clear legal protections or standards of accountability.

- Limited Involvement of Social Partners

Although Spain has a tradition of tripartite social dialogue, the involvement of social partners in shaping care policy and overseeing service provision remains limited. The Agreement of the Social Dialogue Table on Personal Autonomy and Dependency, signed on 18 March 2021, led to the approval of the first State Law on Social Services (Ley Estatal de Servicios Sociales) on 17 January 2023. This law introduced common state

minimums and aimed to reduce access barriers to social protection. However, the report indicates that the participation of trade unions and employer organizations in the ongoing development and implementation of care policies remains superficial.

Survey data show that 86% of care workers report having some form of employee representation in their workplace, yet only 44% consider union support to be useful, and 9% rate it as inadequate. Interviews further reveal a lack of union presence and advocacy in private home care settings, where informal employment is most prevalent. This disconnect limits the ability of social partners to influence labor standards, monitor working conditions, or advocate for systemic reforms in the sector.

- Exploitation of Legal Loopholes by Agencies

The report also draws attention to the exploitation of legal ambiguities by intermediary agencies that place carers in private homes. Many carers are misclassified as "domestic workers," a designation that fails to reflect the complexity of their duties and enables employers to circumvent labor protections such as regulated hours, social security contributions, and occupational safety standards. Agencies that place carers in private homes often operate in a legal grey area, issuing contracts that obscure employment relationships or avoid proper registration with social security authorities.

This practice undermines the legal status of care workers and exposes them to exploitation. Families may unknowingly engage in arrangements that are legally questionable, while workers are left without recourse in cases of abuse or contract violations. According to the report, 71% of surveyed workers believe their collective agreement is not fully applied by employers, and the same proportion consider it insufficient to guarantee their rights. The lack of regulatory oversight further exacerbates the problem, as there are few mechanisms to ensure transparency or accountability.

Serbia

➢ Absence of a Comprehensive Framework for Live-In Care

The Serbian eldercare system is governed primarily by the Law on Social Protection (2011), which defines the types of social services, rights of users, and responsibilities of institutions. It is supplemented by the Rulebook on Detailed Conditions and Standards for the Provision of Social Protection Services, which outlines minimum quality standards for service providers, including caregiver qualifications, user safety, and continuous service evaluation. Additionally, the Law on Health Care applies when caregiving includes medical interventions such as administering therapy or monitoring chronic conditions.

Despite this legal foundation, the report highlights a critical gap: there is no dedicated or comprehensive regulatory framework specifically addressing live-in care services. While home care is formally recognized under the Law on Social Protection as part of community living support services, live-in arrangements—where caregivers reside in the homes of care recipients—remain legally undefined. This omission leaves live-in caregivers without clear protections regarding working hours, rest periods, accommodation standards, or labor rights, exposing them to heightened risks of exploitation and legal ambiguity.

➢ Limited Involvement of Social Partners in Policy-Making

Although Serbia has institutional mechanisms for social dialogue, including the Social and Economic Council of the Republic of Serbia (SES), the report notes that the involvement of social partners—such as trade unions, employers' associations, and civil society organizations—in eldercare policy-making and service provision is limited. While these actors are formally included in legislative consultations and collective bargaining processes, their influence is often constrained by weak institutional support and uneven representation across sectors.

In the care sector, particularly in non-institutional and private settings, social partners are not systematically engaged in shaping regulations or monitoring service quality. The report emphasizes that greater union organization is essential to strengthening the role of

social partners. For example, the majority of caregivers in the private sector are not unionized, and many work without contracts or legal protections, especially in home-based care.

Non-governmental organizations (NGOs) also play a significant role in the eldercare landscape. Organizations such as Amity and Caritas Serbia are actively involved in both advocacy and direct service provision. Their contributions include legal and social assistance, home care services, and psychosocial support, particularly for vulnerable groups such as older women and those living in underserved areas. However, despite their efforts, NGOs face challenges such as limited institutional support, financial constraints, and a lack of standardized regulations for the services they provide.

➢ Legal Loopholes and Their Impact on Workers

The fragmented and incomplete regulatory environment has created legal loopholes that are frequently used to the detriment of care workers. For example, the lack of clear definitions and enforcement mechanisms for home-based and live-in care allows employers to circumvent labor laws, such as those governing working hours, overtime compensation, and occupational safety. This is particularly problematic in the private sector, where the majority of caregivers are employed without formal contracts or union representation.

The report also highlights that undeclared work is widespread, and that many caregivers—especially migrant workers—are employed under conditions that fall outside the reach of labor inspections and legal protections. The Law on the Employment of Foreigners and the Law on Foreigners formally regulate the employment and residency of third-country nationals, but enforcement is limited. As a result, many foreign caregivers work without permits or contracts, making them vulnerable to exploitation and legal uncertainty.

These loopholes not only compromise the rights and well-being of workers but also hinder the development of a transparent and accountable care system.

Italy

- Fragmentation and Gaps in Regulation

The Italian domestic care sector operates under the National Collective Labor Agreement (Contratto Collettivo Nazionale di Lavoro – CCNL) for domestic work, which provides a foundational legal structure for employment relationships in the sector. The CCNL outlines the rights and obligations of both employers and workers. However, it does not constitute a comprehensive or dedicated legal framework for live-in care services. The absence of specific legal provisions addressing the unique conditions of live-in caregiving—such as continuous availability, accommodation standards, and rest periods—leaves significant regulatory gaps. These omissions contribute to the persistence of informal arrangements and hinder the professionalization of the sector.

Although Italy has transposed Directive 2014/54/EU into national legislation to promote equal treatment and facilitate the exercise of free movement rights for EU workers, enforcement remains weak, particularly in the domestic care sector. The National Institute for Social Security (INPS) is responsible for overseeing contributions and benefits, but enforcement mechanisms are insufficiently robust to ensure compliance, especially in private households.

- Limited Role of Social Partners in Policymaking

Social dialogue in the domestic care sector is underdeveloped. While Italy has strong national trade unions such as CGIL, CISL, and UIL, their influence in this sector is minimal. A majority of stakeholders acknowledge the importance of social dialogue, yet the actual representation of domestic workers in policymaking processes remains limited. This lack of institutional engagement restricts the development of responsive labor policies and weakens the enforcement of existing regulations.

Focus group discussions further emphasized the need to institutionalize platforms for structured dialogue among stakeholders. Participants called for mechanisms that would allow for the regular consultation of workers and employers in the design and implementation of labor policies, particularly those affecting migrant and live-in carers.

Without such participatory frameworks, the sector remains vulnerable to fragmented governance and policy inertia.

- Exploitation Through Legal Ambiguities

The report provides ample evidence of systemic weaknesses that are routinely exploited. Agencies and employers often take advantage of legal ambiguities to avoid formal obligations. The high incidence of undeclared work—estimated at 47.1% of the sector—suggests that existing legal instruments, including the CCNL and national labor laws, are either inadequately enforced or circumvented through informal arrangements. Employers frequently rely on informal recruitment channels, with a majority using word-of-mouth referrals, thereby bypassing formal employment procedures and exposing workers to exploitative conditions.

Malta

- Absence of a Comprehensive Regulatory Framework

The Maltese live-in care sector operates within a fragmented and insufficient legal structure that fails to address the specificities of domestic caregiving. The report clearly states that there is no dedicated or comprehensive legal framework specifically governing live-in carers. Instead, these workers fall under general employment regulations, such as the Employment and Industrial Relations Act (Cap. 452) and the Domestic Service Wages Council Wage Regulation Order (SL 452.40), which set minimum wage standards but do not account for the unique conditions of live-in caregiving. This regulatory gap leaves both carers and care recipients vulnerable to inconsistent standards and legal ambiguity.

Stakeholders interviewed in the report confirmed that employers, agencies, and even middlemen were unaware of any national standards for live-in care. The absence of a unified legal instrument means that employment contracts, working conditions, and care quality vary widely, often depending on informal arrangements. This lack of standardization undermines the professionalization of the sector and impedes the enforcement of rights and responsibilities.

- Marginalization of Social Partners in Policy-Making

The report also highlights the limited involvement of social partners—such as trade unions and employers' organizations—in shaping policies related to live-in care. These actors are not engaged in the design or provision of care services and are only involved reactively, typically when breaches of collective agreements are reported. Trade union representatives expressed frustration at being excluded from legislative processes, noting that their input is often limited to suggestions that may or may not be considered by the government.

This exclusion reflects a broader institutional weakness in Malta's social dialogue mechanisms, particularly in sectors involving vulnerable and often informal labor. The corporatist model of bipartite dialogue, while historically rooted, has not evolved to accommodate the complexities of modern care work, especially in the context of a growing reliance on migrant labor.

- Exploitable Legal Loopholes and Informality

The absence of a dedicated legal framework has created loopholes that are frequently exploited to the detriment of care workers. For instance, while the Commissioner for Older Persons Act (Cap. 553) mandates advocacy for carers, it explicitly excludes the Commissioner from intervening in individual disputes between carers and care recipients. This legal limitation effectively denies carers a formal avenue for redress in cases of abuse or exploitation.

Moreover, the report notes that many carers are employed informally, without contracts or legal protections. Some are brought into the country under misleading pretenses, only to find themselves without employment and forced into the black market. These conditions are exacerbated by the lack of oversight and the state's reliance on private agencies and informal networks for recruitment and placement. The result is a care economy that is not only under-regulated but structurally predisposed to informality and exploitation.

Lithuania

- Lack of Recognition and Regulation of Live-In Care

The Lithuanian care system does not recognize live-in care as a formal service model. As explicitly stated in the report, the term "live-in care" is not used in Lithuanian legal acts regulating social or nursing services, and such services "actually do not exist" in the country. Although both social and nursing services are provided in clients' homes, these are limited to daytime hours and are not available during nights or weekends. The closest equivalent is the temporary respite service, which allows for limited overnight care under specific conditions, but this is not structured as a continuous, live-in arrangement.

- Weak Involvement of Social Partners in Policy-Making

The report also highlights the limited role of social partners—such as trade unions and professional associations—in shaping care policy. Although Lithuania has a Tripartite Council that includes representatives from government, employers, and trade unions, long-term care issues have rarely been addressed in this forum. Many care workers, particularly those in private or non-governmental organizations or working under individual activity certificates, are not unionized and thus lack representation in collective bargaining or policy discussions.

Interviewees and focus group participants expressed frustration with their exclusion from decision-making processes. They described themselves as "practitioners" rather than policy influencers and noted that their insights are rarely solicited in legislative or regulatory reforms. Attempts to expand the scope of social dialogue—such as including civil society organizations or establishing a broader economic and social affairs council—have not succeeded.

Germany

- Absence of a Coherent Regulatory Framework

Germany is a major destination for live-in care workers, particularly from Eastern and Southeastern Europe. Despite the scale and importance of this sector, the country lacks a

dedicated and coherent legal framework for live-in care. The so-called "24-hour care" model, in which caregivers reside in the household of the care recipient, is widespread but operates largely in a legal grey area. According to estimates by the Federal Association for Home Care and Nursing (VHBP), 80–90% of these arrangements are informal, contributing to a black market valued at approximately €9.7 billion.

Unlike Austria, which has implemented a comprehensive Home Care Act, Germany has no equivalent legislation. The absence of a "home care law" is repeatedly cited by stakeholders and expert interviewees as a major source of legal uncertainty. While the Social Code Book XI (SGB XI) provides for care insurance benefits, these are insufficient to cover the costs of live-in care. Section §45a SGB XI allows for partial reimbursement of services such as counseling and coordination, but its implementation varies significantly across federal states, creating a fragmented and inconsistent regulatory landscape.

- Legal Ambiguity and the Role of Agencies

Placement agencies play a central role in organizing live-in care, yet they operate within a context of legal ambiguity. The report documents how agencies frequently rely on employment models that exploit regulatory loopholes, such as self-employment, secondment, or the so-called "Bulgarian model," to circumvent labor protections. These arrangements often result in the misclassification of workers, denying them access to minimum wage guarantees, regulated working hours, and social insurance. The 2021 ruling by the Federal Labour Court (Case No. 5 AZR 505/20), which awarded back pay to a Bulgarian caregiver for unrecorded working hours, underscores the legal uncertainty and the urgent need for clearer regulation.

Agencies themselves report difficulties in navigating the bureaucratic landscape, citing inconsistent interpretations of legal requirements, long processing times for documentation, and a lack of digital administrative infrastructure. These challenges further entrench informality and hinder the development of standardized, legally compliant care models.

Qualifications

- fragmented or absent professional training pathways
- qualifications often not recognised across borders
- insufficient language and cultural orientation; not only language and culture is different, but also care approach

Poland

➢ Fragmented or Absent Professional Training Pathways

The report highlights that the majority of caregivers, especially migrant women from Ukraine, possess only secondary or vocational education and typically lack formal training in elder care. There is currently no nationally standardized curriculum or qualification framework for live-in carers in Poland. The only structured training initiative referenced in the report is a 30-hour course proposed under the "senior grant" scheme. However, this measure is minimal and insufficient given the complexity of care tasks required in live-in arrangements. The absence of comprehensive training pathways contributes to inconsistent care quality, inadequate preparedness for handling medical or psychological conditions, and a lack of professional identity among care workers.

➢ Non-Recognition of Qualifications Across Borders

The issue of cross-border recognition of qualifications presents a substantial barrier to labor mobility and professional development. The report notes that qualifications obtained in Poland or by migrant carers are frequently not recognized in other EU Member States, and vice versa. This lack of mutual recognition results in experienced Polish carers being underemployed abroad and foreign carers in Poland being treated as unskilled labor, despite their practical experience. Consequently, this situation perpetuates informal employment practices and undermines efforts to professionalize the sector.

- Insufficient Language and Cultural Orientation

Language and cultural barriers further exacerbate the challenges faced by migrant carers. According to the report, approximately half of Ukrainian women who migrate to Poland initially find employment in private households. However, many of them lack adequate Polish language skills and are unfamiliar with local customs, expectations, and care philosophies. Only one in three of these caregivers is employed legally, which limits their access to formal training and orientation programs. The report also emphasizes that differences in care approaches—such as attitudes toward autonomy, hygiene, and family involvement—can lead to misunderstandings and dissatisfaction among care recipients and their families. These gaps in communication and cultural understanding hinder the integration of migrant carers and compromise the quality of care delivered.

Spain

- Fragmented or Absent Professional Training Pathways

The Spanish care sector suffers from a fragmented and, in many cases, insufficient system of professional training for carers, particularly those working in home-based or live-in settings. While there are formal qualifications available—such as the Professional Certificate in Social and Health Care in Social Institutions and the Professional Certificate in Social and Health Care at Home—these are primarily required for workers employed in public or institutional settings. The report notes that these certifications are not consistently demanded or enforced in private home care, where many carers operate without any formal training or accreditation.

Moreover, the Special Agreement for Non-Professional Carers of Dependent Persons (in place since 2007) allows individuals without formal qualifications to provide care to relatives or acquaintances in exchange for social security coverage. While this agreement offers some protection, it does not address the need for standardized training or quality assurance in care delivery. As a result, the professionalization of the sector remains uneven, and many carers—particularly those employed informally—lack the skills necessary to provide safe and effective care.

- Lack of Cross-Border Recognition of Qualifications

The report also highlights the challenges faced by migrant carers whose qualifications are not recognized in Spain. Many foreign workers, especially those from Latin America, Romania, and Bulgaria, arrive with caregiving experience or training obtained in their countries of origin. However, the absence of streamlined procedures for the recognition and homologation of foreign qualifications means that these individuals are often unable to work in the formal care sector. Instead, they are relegated to informal employment, where their skills are underutilized and unacknowledged.

This lack of cross-border recognition not only limits the professional mobility of migrant carers but also contributes to the segmentation of the labor market. It reinforces a dual system in which native workers are more likely to be employed in regulated settings, while migrants are concentrated in informal, unprotected roles.

- Insufficient Language and Cultural Orientation

In addition to the structural barriers related to training and recognition, the report identifies significant gaps in language and cultural orientation for migrant carers. Many of these workers face difficulties not only in communicating with care recipients but also in adapting to the Spanish approach to caregiving, which may differ substantially from the norms and practices in their countries of origin.

The report notes that this disconnect extends beyond language proficiency to include differences in interpersonal expectations, hygiene standards, and the organization of daily routines. These cultural mismatches can lead to misunderstandings, reduced quality of care, and increased stress for both carers and care recipients. Despite these challenges, there is no systematic provision of language or cultural training for migrant carers, either prior to or during their employment.

Serbia

- Fragmented Training Pathways and Lack of Standardization

The Serbian eldercare sector faces significant challenges related to the professional qualifications of its workforce. Although the Rulebook on Detailed Conditions and Standards for the Provision of Social Protection Services mandates that caregivers must possess appropriate qualifications—typically a medical school diploma or specialized training in geriatric care—the report reveals that in practice, training pathways are fragmented and inconsistently applied. There is no unified or comprehensive national framework for the education and certification of caregivers, particularly for those working in home-based or live-in care settings.

This lack of standardization contributes to disparities in the quality of care and undermines the professionalization of the sector. While some caregivers undergo formal training, others enter the field with minimal or no preparation, especially in the informal labor market. The report also notes that continuous professional development, although required by regulation, is not systematically enforced or supported.

- Cross-Border Recognition of Qualifications

Another critical issue is the limited recognition of caregiving qualifications across borders. The report highlights that many foreign caregivers working in Serbia—particularly those from third countries—do not possess credentials that are formally recognized by Serbian authorities. This lack of mutual recognition creates legal and professional uncertainty, both for the workers and for the families employing them. It also restricts the mobility of Serbian caregivers seeking employment abroad, as their qualifications may not meet the standards of other countries.

- Insufficient Language and Cultural Orientation

Language and cultural barriers further complicate the integration of foreign caregivers into the Serbian care system. The report emphasizes that many migrant workers lack sufficient Serbian language skills, which impedes effective communication with care

recipients and colleagues. Moreover, differences in cultural norms and caregiving approaches can lead to misunderstandings and reduce the quality of care.

These challenges are compounded by the absence of structured orientation programs that could help foreign workers adapt to the specific expectations of caregiving in Serbia. The report notes that the care approach in Serbia often emphasizes emotional closeness, family-style interaction, and personalized attention—elements that may differ significantly from the training and experience of foreign caregivers.

Italy

- Fragmented Training Pathways and Lack of Recognition

The report identifies the absence of a coherent and standardized professional training system for domestic workers in Italy as a critical structural weakness. Training opportunities are described as fragmented and inconsistently accessible, with 70% of survey respondents emphasizing the importance of training for improving care quality and employment conditions. However, the availability of structured, affordable, and high-quality training programs remains limited, particularly for migrant workers. This lack of institutionalized training pathways undermines the professionalization of the sector and restricts workers' ability to meet the complex and evolving needs of care recipients.

Moreover, qualifications obtained in other EU Member States are often not recognized in Italy due to bureaucratic hurdles and the absence of mutual recognition mechanisms. This regulatory disconnect impedes the mobility of skilled care workers across borders and contributes to the underutilization of their competencies. Migrant workers, despite possessing relevant experience or credentials, frequently find themselves relegated to low-status roles without formal acknowledgment of their qualifications.

- Language, Cultural, and Care Practice Barriers

In addition to structural barriers in training and recognition, the report highlights significant challenges related to language proficiency and cultural orientation. Migrant workers often face difficulties in communicating effectively with care recipients and

navigating the Italian healthcare and social systems. These linguistic barriers are compounded by differences in cultural norms and caregiving practices, which can lead to misunderstandings and reduce the quality of care.

The focus group discussions further emphasized that effective training should not be limited to technical skills but must also include modules on cultural adaptation and language acquisition. Participants advocated for training programs that begin in workers' countries of origin and continue upon arrival in Italy, thereby facilitating smoother integration and enhancing the preparedness of migrant carers. The lack of such comprehensive orientation programs currently limits the ability of workers to adapt to the expectations of Italian families and institutions.

Malta

- Fragmented Training Pathways and Recognition Challenges

The Maltese live-in care sector is marked by a fragmented and inconsistent approach to professional training and qualifications. The report reveals that there is no unified national standard or structured training pathway for live-in carers. Instead, qualifications are assessed on a case-by-case basis, often relying on the Malta Qualifications Recognition Information Centre (MQRIC) to evaluate foreign credentials. This ad hoc system creates uncertainty for both carers and employers, particularly when qualifications obtained abroad are not automatically recognized or require additional validation.

This lack of standardization is further complicated by the fact that some carers arrive in Malta with forged or unverifiable qualifications. In such cases, families are forced to finance the carer's training to meet the eligibility criteria for state subsidies under the Carer at Home scheme. This not only places an additional financial burden on households but also undermines the integrity and reliability of the care system.

- Language and Cultural Barriers

The report also highlights significant challenges related to language proficiency and cultural orientation. Many foreign carers, particularly those from the Philippines, Nepal,

and India, arrive in Malta with limited knowledge of the Maltese language and local customs. Although the national Standards Authority for the Elderly requires that foreign carers employed within Active Aging and Community Care undertake Maltese language training, this requirement is not uniformly enforced or completed prior to employment.

The linguistic and cultural gaps extend beyond communication difficulties. Stakeholders noted that the approach to caregiving itself varies across cultures, affecting the expectations and experiences of both carers and care recipients. For example, the concept of personal space, methods of emotional support, and attitudes toward aging and dependency may differ significantly between the carer's background and the Maltese context. These differences can lead to misunderstandings, reduced quality of care, and emotional strain for both parties.

- Implications for Care Quality and Workforce Integration

The absence of a coherent training and qualification framework, combined with language and cultural mismatches, has serious implications for the quality of care provided to Malta's elderly population. It also hampers the professional integration of migrant carers, many of whom operate in a legal and institutional grey zone. The current system, which relies heavily on informal recruitment and individualized arrangements, lacks the capacity to ensure that carers are adequately prepared for the complex demands of live-in care.

Lithuania

- Fragmented Training and Limited Standardization

The Lithuanian care system has lacked an integrated and standardized approach to training for long-term care workers. The report confirms that until recently, there was no unified model ensuring the joint provision of social and nursing services, which contributed to systemic fragmentation. In response, a 120-hour training program was introduced in 2023, aimed at improving the qualifications of personnel providing long-term care services. This program targets social workers, nurses, individual care workers, and nursing assistants. However, the report makes clear that this initiative is still in its

early stages and does not yet constitute a comprehensive or universally applied national framework for professional development.

- Legal Forms of Employment and Qualification Requirements

The report outlines that many care workers in Lithuania are employed under individual activity certificates or business licenses. These legal forms do not require formal qualifications or adherence to professional standards. As a result, individuals can legally provide care services without undergoing structured training. This situation creates a legal loophole that undermines the quality and safety of care and places formally trained workers at a disadvantage. Those who have invested in professional development are treated the same under the law as those without any formal education, which discourages skill acquisition and devalues qualifications.

- Cross-Border Recognition and Cultural Barriers

The report does not provide detailed data on the recognition of qualifications across EU borders. However, it does include qualitative insights from interviews and surveys indicating that care workers who have worked abroad often encounter differences in care approaches, language, and cultural expectations. Respondents noted that the care philosophy and standards in other countries—such as Germany or Ireland—can differ significantly from those in Lithuania. These differences are not only technical but also cultural and ethical, affecting how care is delivered and received. These barriers can hinder effective integration and limit the mobility of care workers within the EU.

Germany

- Fragmented and Inadequate Training Pathways

The German care sector, particularly in the domain of live-in care, is marked by a lack of standardized and accessible professional training pathways for migrant care workers. The report highlights that more than 50% of care workers active in Germany are inadequately qualified to meet the demands of professional caregiving, especially in cases involving complex health conditions such as dementia. Many of these workers enter the sector without formal nursing education or certification, and their roles are often limited to domestic and support services. However, in practice, they frequently perform tasks that require professional competencies. This mismatch between responsibilities and qualifications raises concerns about both the quality of care and the safety of care recipients.

Although some agencies and associations have initiated training programs—such as online courses or seminars in the workers' native languages—these efforts remain fragmented and are typically not supported by public funding. The absence of a coordinated national or European framework for training and certification limits the scalability and effectiveness of such initiatives. As a result, the sector continues to rely heavily on unqualified or semi-qualified labor, particularly in rural and low-income households where access to professional services is limited.

- Cross-Border Recognition Barriers

The recognition of foreign qualifications remains a significant barrier to the professional integration of migrant care workers. The report notes that procedures for the recognition of nursing diplomas and other care-related credentials are often lengthy, bureaucratically complex, and inconsistent across federal states. For example, despite efforts to streamline these processes, only 9% of 1,822 Ukrainian applicants had their nursing qualifications recognized in Germany by mid-2024. This low rate of recognition reflects systemic inefficiencies and a lack of harmonization in the evaluation of foreign credentials.

The fragmentation of recognition procedures not only delays the entry of qualified professionals into the labor market but also discourages potential applicants from

pursuing formal employment pathways. Consequently, many care workers either abandon the recognition process or enter the sector through informal or semi-formal arrangements, further perpetuating the cycle of underqualification and informality.

- Insufficient Language and Cultural Orientation

Language proficiency and cultural orientation are critical components of effective caregiving, yet the report identifies substantial deficits in both areas among migrant care workers. While some agencies offer preparatory language courses, participation is often voluntary and not systematically integrated into employment models. The lack of structured language training impedes communication between caregivers and care quality of care, and increases the risk of misunderstandings or errors in care delivery.

Moreover, the report emphasizes that cultural differences extend beyond language to encompass divergent understandings of care practices, hygiene standards, dietary habits, and interpersonal norms. These differences can lead to tension and misalignment between caregivers and families, particularly in the intimate setting of live-in care. Without adequate intercultural training, care workers may struggle to adapt to the expectations of German households, while families may lack the tools to support integration and mutual understanding.

Access and Affordability

- insufficient public services lead to unmet needs and increased reliance on informal care or illegal employment arrangements
- many cannot afford private care services or legal live-in carers; no alternative for low-income households but to hire unqualified worker
- access to care services depends on geographic location, financial capacity or informal networks
- care provided by mobile workers is unstable; the number of available mobile workers varies depending on the time of year

Poland

- Insufficient Public Services and the Rise of Informal or Illegal Care Arrangements

Poland's public care infrastructure is structurally inadequate, with many municipalities failing to provide mandated care services due to staff shortages, financial constraints, or a lack of political prioritization. Although social assistance centres (OPS) exist in every municipality, only 53 out of approximately 2,000 have transitioned into more comprehensive Social Service Centres (CUS) as of 2024. According to 2021 data, around 10% of care service providers (CSPs) did not offer home care services at all.

This institutional gap has led to a dual system: a limited, underfunded public sector and a fragmented, often informal private sector. Consequently, unmet care needs are increasingly addressed through informal caregiving by family members or through the illegal employment of unregistered or unqualified carers. Notably, only one in three Ukrainian caregivers in Poland work illegally, but the majority lack formal training, having completed only secondary or vocational education. This reflects a systemic failure to institutionalize care as a public good, resulting in widespread reliance on precarious and unregulated arrangements.

- Affordability Constraints and the Exclusion of Low-Income Households

Live-in care services are financially inaccessible for most Polish households. The report notes that such services are "in most cases, financially out of reach," leading families to either withdraw from the labor market to provide care themselves or hire unqualified workers, often without legal contracts or protections. The proposed "senior grant" (maximum value of PLN 2,150) aims to alleviate this burden by supporting families who care for elderly relatives, but eligibility is income-dependent and the scope remains limited.

This affordability gap is compounded by the absence of a coherent national framework for live-in care. Without standardized pricing, quality assurance, or equitable access mechanisms, low-income households are effectively excluded from formal care options, reinforcing socioeconomic disparities in care provision.

- Geographic and Social Inequities in Access to Care

Access to care services in Poland is highly uneven and depends significantly on geographic location, financial capacity, and informal social networks. Rural and less affluent municipalities often lack the institutional capacity to provide care services. Despite the legal obligation for municipalities to provide care, many do not implement it due to resource constraints or political disinterest.

This spatial and social fragmentation leads to the emergence of care deserts in certain regions. Families with greater financial means or transnational ties are better positioned to secure care, including through cross-border arrangements. These disparities reinforce intergenerational and gendered inequalities, particularly as women disproportionately bear the burden of unpaid care.

- Instability and Seasonality of Mobile Care Work

Mobile care work, particularly through intra-EU posting, is a key mechanism for meeting care needs in wealthier EU countries such as Germany. However, this model is inherently unstable. Seasonal fluctuations in the availability of mobile workers disrupt the continuity

of care, while circular migration patterns—typically involving 6–8 week rotations—create service gaps and emotional strain for both carers and care recipients.

The report estimates that between 300,000 and 500,000 Polish women, primarily aged 45 and over, are involved in this type of mobility annually. This "care drain" depletes the domestic care workforce, particularly in smaller local communities, and contributes to a shortage of qualified carers in Poland. Despite their experience abroad, many Polish women are reluctant to work as caregivers domestically due to low wages.

Spain

- Insufficient Public Services and Reliance on Informal Care

Spain's care system is publicly funded and decentralized, with services provided through the National Health System (Sistema Nacional de Salud, SNS) and the System for Autonomy and Care for Dependency (Sistema para la Autonomía y Atención a la Dependencia, SAAD). As of 2022, 9,687,776 people aged 65 and over, representing 19.99% of the population, were eligible for care services. The Home Help Service (Servicio de Ayuda a Domicilio, SAD) reached 534,321 elderly people (5.52%), while the Telecare Service had 988,623 users (10.2%).

Residential care includes 5,991 centres with a total of 407,947 places, yet demand continues to grow. The system is under strain due to staffing shortages, delays in dependency assessments, and insufficient funding, as highlighted in the report's analysis of the SAAD. While public care is free at the point of use, private care remains financially inaccessible for many households. Consequently, informal care is widespread, and many families resort to hiring unqualified carers under the job category of "domestic worker," often without proper oversight or legal protections.

The report also confirms that foreign carers, particularly from Latin America, Romania, and Bulgaria, are prevalent in the sector. Their presence is attributed to linguistic compatibility and cultural familiarity with Spanish households. However, many of these workers operate under precarious conditions, especially in private homes, where they often lack formal contracts, social security coverage, and access to professional training.

- Economic Barriers and Informal Employment

The affordability of care services remains a critical barrier for many households. The report underscores that a significant portion of the population cannot afford private care services or legally employed live-in carers. For low-income families, the only viable option is often to hire unqualified or informal workers, frequently under the job category of "housekeeper," which misrepresents the nature of the work and circumvents labor protections.

This economic constraint not only perpetuates informal employment but also compromises the quality and safety of care. The report notes that many of these workers lack formal training or qualifications, and their employment conditions are often precarious. These arrangements are particularly prevalent in private homes, where oversight is minimal and regulatory enforcement is virtually absent.

- Geographic and Social Inequities in Access

Access to care services in Spain is also heavily influenced by geographic location and the strength of informal support networks. The decentralized structure of the Spanish welfare system, with responsibilities divided among Autonomous Communities, results in significant territorial disparities. Individuals living in rural or economically disadvantaged regions face greater barriers to accessing care, both in terms of availability and quality.

Moreover, the report highlights that informal networks—such as family members or community ties—often serve as the primary means of securing care. This reliance on informal mechanisms further entrenches inequality, as those without such networks are left with limited or no options. The uneven distribution of services and resources across regions undermines the principle of universal and equitable care.

- Instability of Mobile Care Provision

The instability of care provided by mobile workers adds another layer of complexity to the issue of access and affordability. Mobile care workers, who deliver itinerant home help services, are subject to fluctuating availability, often influenced by seasonal labor

trends. The report indicates that the number of available mobile workers varies throughout the year, leading to inconsistent care provision and disruptions in continuity.

This instability places additional stress on dependent individuals and their families, who may experience gaps in care or be forced to seek alternative arrangements on short notice. Furthermore, the working conditions of mobile carers are frequently precarious, characterized by long hours, low pay, and limited professional recognition. These factors contribute to high turnover rates and further destabilize the care system.

Serbia

- Insufficient Public Provision and Reliance on Informal Care

The Serbian eldercare system is marked by a persistent gap between the growing demand for services and the limited capacity of public provision. The report highlights that there are only 40 state-run gerontological centers with a total capacity of 9,390 beds, of which 7,641 are currently occupied. In Belgrade alone, 315 individuals are on the waiting list for placement in public facilities. This shortfall in institutional capacity has led to widespread unmet needs and increased reliance on informal care arrangements, including undeclared employment and unregulated home-based services.

- Financial Barriers and Lack of Affordable Alternatives

The affordability of care services remains a significant barrier for many households. Prices for accommodation in state-run homes range from 35,000 to 78,000 dinars per month, and in February 2025, these prices increased by 30%. Private nursing homes, which offer additional capacity (approximately 260 facilities with over 10,000 beds), are even more expensive, with prices rising by up to 20% in the same period. For many low-income families, these costs are prohibitive, leaving them with no viable alternative but to hire unqualified or informal caregivers, often without contracts or legal protections.

- Unequal Access Based on Geography and Social Capital

Access to care services in Serbia is highly uneven and often depends on geographic location, financial capacity, and informal networks. Urban areas tend to have better access

to both public and private services, while rural and remote regions face significant shortages in infrastructure and personnel.

- Instability of Mobile Care Provision

The availability of mobile care workers—who provide in-home support such as hygiene assistance, food delivery, and basic medical care—is also unstable. The report indicates that the number of mobile workers fluctuates depending on the time of year, which affects the continuity and reliability of care. This seasonal variation is particularly problematic for elderly individuals who require consistent, long-term support, and it underscores the fragility of the current care infrastructure

Italy p. 5–9

- Insufficient Public Provision and Informal Substitution

The report highlights the inadequacy of public care services in Italy, which has led to widespread unmet needs and a growing reliance on informal caregiving arrangements. Employers interviewed in the study frequently expressed dissatisfaction with the availability and accessibility of state-provided services for non-autonomous individuals. These services are often described as insufficient or difficult to access, compelling families to seek private alternatives. However, the high cost of formal care—reported as "too high" by over 75% of survey respondents—places it out of reach for many households. This economic barrier drives families toward informal employment arrangements, which, while alleviating immediate financial pressures, perpetuate precarious working conditions and undermine the formal labor market.

- Financial Barriers and Inequitable Access

The affordability crisis in the domestic care sector disproportionately affects low-income households, who often have no alternative but to hire unqualified or informal workers. The report emphasizes that the financial burden of taxes and social contributions associated with legal employment is a significant deterrent for families. As a result, many opt for undeclared arrangements, which lack legal protections and quality assurance. This

dynamic not only exposes workers to exploitation but also compromises the standard of care provided to vulnerable individuals.

Access to care services is also highly uneven, depending on a household's financial capacity, and access to informal networks. The reliance on informal recruitment channels—65% of employers use word-of-mouth referrals—further entrenches these disparities, as access to care becomes contingent on social capital rather than institutional support.

Malta p. 3–8

- Gaps in Public Provision and the Turn to Informality

Malta's long-term care system is increasingly strained by the growing demand for services and the limited capacity of public provision. The report underscores that the state's infrastructure—while offering a range of ancillary services—is insufficient to meet the needs of the aging population. In 2024, 1,627 elderly individuals were on the waiting list for placement in state or private residential homes, a figure that reflects the systemic shortfall in institutional care capacity. This unmet demand has led many households to seek alternative solutions, often turning to informal or even illegal employment arrangements to secure care.

The Carer at Home scheme, which provides up to €8,500 annually to eligible households, is a key public measure aimed at supporting home-based care. However, uptake remains limited, with only 842 users recorded in November 2023. The report indicates that many families are unable to access this subsidy due to the carer's lack of recognized qualifications or legal employment status. As a result, households—particularly those with limited financial means—are left with few options other than hiring unqualified or undocumented carers, often through informal networks.

- Financial Barriers and Inequitable Access

Affordability is a critical barrier to care access in Malta. The report reveals that the costs associated with hiring a legal live-in carer, including agency fees ranging from €1,500 to

€5,000, are prohibitive for many families. Even with state subsidies, the financial burden remains substantial, especially for low-income households. This economic constraint forces many to bypass formal channels, opting instead for cheaper, unregulated arrangements that compromise both care quality and legal protections.

Access to care is also shaped by geographic and social disparities. Stakeholders noted that the availability of services and carers varies significantly depending on location, with rural and less affluent areas facing greater challenges. Moreover, the ability to secure a carer often depends on informal networks—such as word-of-mouth referrals or personal contacts—rather than transparent, equitable systems. This reliance on informal mechanisms further entrenches inequality and undermines the universality of care provision.

The report does not indicate any seasonal fluctuation in the availability of mobile or live-in carers. However, it does emphasize the general instability and difficulty in securing consistent care. Stakeholders noted that finding replacements for live-in carers is a persistent challenge, particularly when carers fall ill or return to their home countries. In such cases, families often face delays and additional costs, as agencies may take over three months to process the necessary paperwork to bring a new carer from abroad. This logistical bottleneck contributes to the fragility of the care system, especially for households that rely on continuous, uninterrupted support. The limited pool of available carers, combined with the high costs and administrative hurdles, underscores the precarious nature of care provision in Malta.

Lithuania p. 3–6, 10–14

- Insufficient Public Provision and Unmet Needs

The Lithuanian care system is marked by a significant gap between the growing demand for long-term care and the availability of publicly funded services. The report highlights that nearly half of individuals aged 65 and over are dissatisfied with the availability of long-term care services. This shortfall in public provision leads to widespread unmet

needs, particularly for services during nights and weekends, which are rarely offered. As a result, families are often forced to rely on informal care arrangements or seek assistance through unregulated and potentially illegal employment relationships.

- Financial Barriers and Informal Alternatives

Affordability is a major barrier to accessing quality care in Lithuania. The report indicates that many families cannot afford private care services or legally employed live-in carers, which are not formally recognized or supported within the national system. In the absence of affordable and accessible alternatives, low-income households often resort to hiring unqualified or informally employed workers.

- Workforce Conditions and Informality

The report does not provide evidence of seasonal fluctuation or instability in the availability of mobile care workers. Instead, it emphasizes the broader issue of informality in employment arrangements. Many care workers in Lithuania provide services in clients' homes under individual activity certificates or without formal contracts, which places them outside the scope of labor protections and collective agreements. These workers are often not unionized and are excluded from social dialogue processes. The report notes that a portion of these individuals may be working "in the shadows," meaning without any legal employment status, which complicates oversight and undermines the professionalization of the sector.

Germany

- Insufficient Public Provision and Informal Substitution

The German care system, particularly in the domain of home-based and live-in care, is marked by significant gaps in public service provision. The report underscores that the structural preference for outpatient care over institutional care is not matched by adequate public investment or infrastructure. As a result, many families are left to organize care independently, often without sufficient support. This systemic shortfall has led to widespread reliance on informal or illegal employment arrangements

- Unequal Access Based on Geography and Social Capital

Access to care services in Germany is also shaped by geographic and socio-economic disparities. The report notes that rural areas are particularly affected by shortages of care facilities and professional staff, making them more dependent on informal or mobile care arrangements. In addition, access to care is often mediated by informal networks, such as personal contacts or community-based referrals, which can disadvantage individuals without such connections. This uneven distribution of care resources exacerbates existing inequalities and limits the ability of the system to respond equitably to demographic pressures.

- Seasonal Instability of Mobile Care Labor

The availability of mobile care workers, who form the backbone of the live-in care model, is subject to seasonal fluctuations. The report documents that the supply of care workers tends to increase in the winter months, particularly after the Christmas period, while it declines significantly during the summer. This seasonal variation creates instability in care provision, complicates long-term planning for families, and places additional strain on placement agencies. The unpredictability of labor availability further undermines the reliability of care arrangements and contributes to the broader precarity of the sector.

Gender Inequality and Migrant Vulnerability

- predominance of female migrant workers in precarious roles, leading to dual discrimination (gender and migrant status)
- employers (families) demand around-the-clock disposal, not recognising workers' needs of holidays or visiting family
- migrants may not recognise exploitation as a result of not being familiar with the law, or working illegally

Poland p. 11-12, 14-15

➢ Prevalence of Female Migrant Workers in Precarious Roles

The report estimates that between 300,000 and 500,000 individuals, primarily women aged 45 and over, engage in circular care migration annually. These women typically work abroad for 6–8 weeks at a time, returning home briefly before repeating the cycle. This form of mobility, while offering income opportunities, results in the depletion of caregiving capacity in local Polish communities and contributes to the phenomenon of "care drain."

In Poland, the care sector is heavily reliant on third-country nationals, particularly from Ukraine. Although official data suggest that no more than 20,000 Ukrainian nationals are employed in the care sector annually, expert estimates place the actual number at around 100,000. These workers are often employed informally and lack access to legal protections, training, or social security.

➢ Exploitative Working Conditions and Lack of Rights Recognition

Employers—typically private households—often expect live-in carers to be available around the clock. The report highlights that families frequently demand 24-hour availability, without recognizing the worker's right to rest, holidays, or family visits. This expectation reflects a broader societal undervaluation of care work and a failure to acknowledge the humanity and needs of the caregiver.

Moreover, many migrant workers are unaware of their rights or the legal standards governing employment in Poland. The report emphasizes that only one in three Ukrainian caregivers works legally, and that many do not recognize exploitative conditions due to their unfamiliarity with Polish labor law or because they are employed under informal or illegal arrangements. This lack of awareness, combined with economic dependency and fear of deportation, makes them particularly vulnerable to abuse.

Spain

- Dual Discrimination in the Care Workforce

The Spanish care sector is characterized by a pronounced gender and migration imbalance, with a predominance of female migrant workers occupying the most precarious roles. According to the report, 75% of surveyed care workers are women, and a significant proportion of these are immigrants, particularly from Latin America, Romania, and Bulgaria. These workers often face dual discrimination—on the basis of both gender and migrant status—which manifests in their overrepresentation in informal, low-paid, and unprotected employment.

The report highlights that many of these women are employed directly by families under the job category of "domestic worker," a classification that fails to reflect the complexity and intensity of the care tasks they perform. This misclassification allows employers to bypass labor protections and contributes to the systemic undervaluation of care work. The result is a segmented labor market in which migrant women are disproportionately exposed to exploitative conditions.

- Lack of Recognition of Workers' Rights

Employers, particularly in private households, often expect around-the-clock availability from live-in carers, without recognizing their right to rest, holidays, or family life. The report notes that these expectations are rarely formalized in contracts and are instead embedded in informal arrangements that lack legal oversight. This dynamic places an unsustainable burden on carers, many of whom are isolated from support networks and unable to advocate for their rights.

The absence of institutional mechanisms to monitor working conditions in private homes further exacerbates this issue. Trade unions and labor authorities have limited access to these settings, and there is a general lack of enforcement of existing labor standards. As a result, carers are frequently denied basic entitlements such as paid leave, regulated working hours, and social security contributions.

- Legal Insecurity and Limited Awareness

Migrant carers often lack familiarity with Spanish labor laws and social protections, particularly when they are newly arrived or working without legal documentation. The report indicates that this lack of awareness makes it difficult for workers to recognize exploitative practices or to seek redress when their rights are violated. In many cases, carers accept substandard conditions out of fear of losing employment or facing legal repercussions.

This vulnerability is compounded by the informal nature of many employment arrangements. Without formal contracts or legal status, migrant carers are excluded from institutional protections and are unable to access support services. The report emphasizes that this legal insecurity not only undermines the well-being of workers but also compromises the quality and continuity of care provided to dependent individuals.

Serbia

- Dual Discrimination in Precarious Employment

The Serbian eldercare sector is characterized by a high concentration of female workers, particularly among migrant caregivers, who are disproportionately employed in precarious and informal roles. The report underscores that many of these women work without contracts, social protections, or access to union representation, especially in private households and home-based care settings. This intersection of gender and migrant status results in dual discrimination, where female migrant workers face both systemic gender inequality and heightened vulnerability due to their legal and employment status.

These workers are often employed informally, without proper work permits or recognition of their qualifications, and are excluded from the protections afforded to formally employed domestic caregivers. The lack of legal safeguards and institutional oversight leaves them exposed to exploitative conditions, including excessive working hours, low wages, and limited access to healthcare or legal recourse.

- Lack of Recognition of Workers' Rights by Employers

The report highlights that families employing live-in or home-based caregivers frequently expect around-the-clock availability, disregarding the workers' rights to rest, holidays, or family life. This expectation of constant availability is particularly prevalent in informal arrangements, where the absence of contracts or regulatory enforcement allows employers to impose unreasonable demands without accountability.

Focus group participants described situations in which caregivers were expected to perform not only eldercare duties but also a wide range of household tasks, often without additional compensation. These conditions reflect a broader societal undervaluation of care work, especially when performed by women and migrants, and contribute to the normalization of exploitative labor practices in the sector.

- Legal Invisibility and Lack of Awareness

Migrant caregivers, particularly those working without legal status, often do not recognize the extent of their exploitation due to unfamiliarity with Serbian labor laws and social protection mechanisms. The report notes that many foreign workers are unaware of their rights or fear seeking assistance due to their irregular employment status. This lack of awareness, combined with language barriers and cultural isolation, further entrenches their marginalization and limits their ability to advocate for better conditions.

The invisibility of these workers to state institutions—especially in private homes—compounds the problem, as labor inspections and legal protections are rarely extended to informal care settings. As a result, migrant women in the care sector remain among the most vulnerable groups in the Serbian labor market.

Italy

- Dual Discrimination and Precarious Employment

The report provides clear evidence of the gendered and migratory composition of Italy's domestic work sector. Women constitute 86.4% of the workforce, and nearly 70% of all registered domestic workers are foreign nationals. A significant proportion of these migrant workers originate from Eastern European countries, reflecting broader patterns of intra-EU labor mobility. This demographic profile reveals a labor market structure in which female migrant workers are concentrated in roles characterized by informality, low pay, and limited protections.

The intersection of gender and migrant status exposes these workers to dual forms of discrimination. Cultural stereotypes that associate caregiving with women's "natural" roles reinforce the systemic undervaluation of their labor. Migrant women, in particular, are often employed under informal or semi-formal arrangements that deny them access to basic labor rights, including paid leave, social security, and job security. The report notes that 47.1% of domestic work in Italy is undeclared, a figure that significantly exceeds the national average for informal employment and disproportionately affects migrant women.

- Lack of Awareness and Risk of Exploitation

The report also emphasizes that many migrant workers lack comprehensive knowledge of their rights under Italian labor law, which increases their vulnerability to exploitation. This lack of awareness is often compounded by language barriers, cultural isolation, and the informal nature of their employment. Workers may not recognize exploitative practices—such as excessive working hours, denial of rest days, or underpayment—as violations of their rights, particularly if they are undocumented or dependent on their employers for housing and legal status.

Although the report does not explicitly state that employers demand around-the-clock availability or deny holidays, it does indicate that domestic workers frequently report long working hours and insufficient pay. These conditions suggest a widespread disregard for

the personal needs and well-being of workers, especially in live-in arrangements where the boundaries between work and rest are often blurred.

Malta

Dual Discrimination and Structural Precarity

The Maltese care economy is structurally dependent on migrant women, particularly from the Philippines, Nepal, and India, who constitute the overwhelming majority of live-in carers. As of November 2023, 93.2% of carers under the Carer at Home scheme were foreign nationals, with only 6.8% being Maltese or Gozitan. This demographic pattern reflects a broader trend of gendered and racialized labor segmentation, where care work—especially in domestic settings—is delegated to women from the Global South. These workers face compounded vulnerabilities: as women in a traditionally undervalued profession and as migrants often employed under informal or semi-formal arrangements.

The report documents that many of these carers are recruited through agencies or middlemen and may arrive in Malta only to find that no job awaits them. In such cases, they are forced to seek informal employment, often without contracts or legal protections. Their precarious legal status and limited familiarity with Maltese labor laws make them particularly susceptible to exploitation. Stakeholders noted that some carers may not even recognize that they are being exploited, especially when working without documentation or through informal channels.

- Blurred Boundaries and Lack of Autonomy

While the report does not explicitly state that families demand 24/7 availability from carers, it does highlight that live-in carers are often treated as self-employed. This classification limits their access to labor protections such as paid leave, regulated working hours, or the right to collective bargaining. The live-in arrangement, which includes accommodation and meals, can blur the boundaries between work and personal life, potentially leading to expectations of constant availability. This dynamic reinforces the invisibility of care work and normalizes exploitative practices, particularly in the absence of enforceable labor standards tailored to the domestic care sector.

- Legal Disempowerment and Informational Asymmetries

The vulnerability of migrant carers is further exacerbated by their limited access to legal recourse. The Commissioner for Older Persons Act (Cap. 553) explicitly excludes the Commissioner from intervening in individual disputes between carers and care recipients, leaving carers without a formal mechanism to address grievances. Additionally, the report notes that many carers are unaware of their rights or the procedures required to assert them, particularly when employed informally.

This informational asymmetry is compounded by the lack of structured orientation or support services for newly arrived carers. Without adequate language training, cultural orientation, or legal guidance, migrant women are left to navigate a complex and often opaque labor environment on their own. Furthermore, the report notes that visa processing for carers brought from abroad can take over three months, adding to the logistical and emotional strain experienced by both carers and the families who depend on them.

Germany

- Gendered Nature of Care Work and Migrant Precarity

The Lithuanian report confirms that the care sector is predominantly staffed by women, a pattern consistent with broader European trends. Although the report does not provide quantitative data on the gender composition of the workforce, it highlights that most care workers—particularly those providing services in clients' homes—are women.

- Employer Expectations and Lack of Work-Life Balance

The report includes testimonies indicating that some employers—typically families—expect care workers to be available around the clock. This expectation is particularly pronounced in cases where care is provided in the home, even though live-in care is not formally recognized or regulated in Lithuania. Workers are often not granted adequate rest periods, holidays, or opportunities to visit their own families. These conditions reflect a broader disregard for the personal needs and rights of care workers, especially those in informal or semi-formal arrangements.

Germany

- Dual Discrimination in Precarious Employment

The live-in care sector in Germany is characterized by a pronounced gender imbalance, with the overwhelming majority of care workers being women from Central and Eastern Europe. Although the report does not provide exact gender-disaggregated statistics, it repeatedly refers to the sector as being dominated by "typically women" who provide care services across Europe. These women are disproportionately concentrated in precarious employment arrangements, often lacking formal contracts, social security, or legal protections. This intersection of gender and migrant status results in a dual layer of discrimination, where female migrant workers are simultaneously marginalized as women in undervalued care roles and as foreigners in a structurally opaque labor market. The report highlights that more than 50% of care workers are inadequately qualified and that up to 90% of live-in care arrangements are informal, exposing workers to legal and economic insecurity.

- Lack of Recognition of Workers' Rights and Needs

A recurring theme in the report is the expectation by many families that live-in carers be available around the clock, often without regard for rest periods, holidays, or the workers' own familial obligations. Expert interviews confirm that some families demand continuous availability, and that agencies sometimes have to intervene to enforce basic rest periods. The absence of regulated working hours and the private nature of the employment relationship make it difficult to monitor and enforce labor standards. This dynamic reflects a broader societal undervaluation of care work and a failure to recognize the human needs of the caregivers themselves.

- Legal Disempowerment and Informal Employment

The report highlights that many migrant care workers operate in a legal grey zone, often without formal contracts or adequate knowledge of their rights under German labor law. This situation is particularly prevalent among those employed informally or through semi-legal arrangements. The complexity and inconsistency of national and European regulations—especially regarding self-employment, secondment, and independence—

create significant barriers to understanding and asserting legal protections. As a result, many workers are unaware of their entitlements or the risks associated with their employment status. The report also notes that some caregivers, particularly those from economically disadvantaged backgrounds, may not perceive their working conditions as exploitative. Instead, they may view informal employment as a pragmatic choice, offering higher earnings and fewer bureaucratic hurdles compared to limited opportunities in their countries of origin. This normalization of informality, combined with language barriers and the isolation of working in private households, contributes to a broader pattern of legal disempowerment and vulnerability.

Social Dialogue

- Migrant care workers often excluded from trade unions or policy dialogue
- Weak influence of social partners on care policy

Poland

➢ Exclusion of (Migrant) Care Workers from Social Dialogue

Despite their central role in the provision of long-term and live-in care, migrant care workers are often excluded from formal mechanisms of representation. The report highlights that these workers, many of whom are employed under civil law contracts or in informal arrangements, are typically not affiliated with trade unions. This structural exclusion is compounded by the fact that social dialogue institutions in Poland are largely reserved for the most representative trade unions and employer organizations, with limited space for non-governmental organizations or informal worker collectives.

As a result, migrant care workers—who constitute a significant portion of the workforce—are effectively voiceless in the processes that determine their working conditions, legal protections, and access to social benefits. Their exclusion from policy dialogue not only undermines the legitimacy of social dialogue mechanisms but also perpetuates the invisibility of care labor in national labor policy.

➢ Weak Influence of Social Partners on Care Policy

Even where social dialogue mechanisms are formally in place, their influence on care policy remains limited. The report notes that social dialogue in Poland rarely addresses issues specific to live-in care. This reflects a broader marginalization of care work within labor policy and a lack of prioritization of the sector by both government and social partners.

The limited engagement of social partners in shaping care policy has tangible consequences. It contributes to the absence of a coherent legal framework for live-in care, the persistence of informal employment practices, and the lack of standardized training

and certification pathways for care workers. Without stronger involvement from trade unions and employer organizations, the sector remains fragmented, under-regulated, and vulnerable to exploitation.

Spain

- Exclusion of Migrant Care Workers from Representation

The Spanish care sector reveals a significant gap in the inclusion of migrant care workers within formal mechanisms of social dialogue. Although 86% of surveyed care workers report having some form of employee representation—such as a works council or union—this representation is largely absent in private home care settings, where many migrant workers are employed. The report highlights that these workers, particularly those hired directly by families, often operate in informal or semi-formal arrangements that fall outside the scope of union oversight and collective bargaining.

This exclusion is particularly acute for migrant women, who constitute a large share of the home care workforce. Many of these workers are unaware of their rights or lack the legal status necessary to engage with trade unions. As a result, they are effectively excluded from policy dialogue and decision-making processes that directly affect their working conditions. The report notes a lack of union presence in private homes and a general absence of advocacy for workers in these settings, contributing to their marginalization within the broader labor framework.

- Limited Influence of Social Partners on Care Policy

While Spain has a well-established tradition of tripartite social dialogue, the influence of social partners on care policy remains limited in practice. The report references the Agreement of the Social Dialogue Table on Personal Autonomy and Dependency, signed on 18 March 2021, which contributed to the adoption of the first State Law on Social Services in January 2023. This law introduced common state minimums and aimed to reduce access barriers to social protection. However, the report suggests that the role of

trade unions and employer organizations in shaping and implementing care policy is still largely consultative rather than directive.

Survey data further illustrate this limited influence. While 44% of respondents consider union support to be useful and 41% rate it as adequate, 9% find it inadequate. Moreover, only 26% rate the attention received from works councils as adequate, and 18% consider it inadequate. These figures reflect a broader perception among care workers that social partners are not sufficiently engaged in defending their interests or improving their working conditions, particularly in the fragmented and informal segments of the care sector.

Serbia

- Exclusion of Migrant Workers from Representation

The report highlights a significant gap in the inclusion of migrant care workers within Serbia's formal structures of social dialogue. Migrant workers, particularly those employed informally or without legal status, are largely excluded from trade unions and collective bargaining mechanisms. This exclusion is especially pronounced in the private and home-based care sectors, where union presence is minimal or entirely absent. The report confirms that foreign caregivers are not unionized in private institutions or in home care, and their employment is often unregulated and invisible to state institutions.

This lack of representation leaves migrant workers without a voice in policy discussions or labor negotiations that directly affect their working conditions. It also limits their access to legal protections, support mechanisms, and advocacy channels that are available to formally employed domestic workers. As a result, migrant caregivers remain among the most vulnerable and unprotected segments of the care workforce.

- Limited Influence of Social Partners on Care Policy

Although Serbia has established institutional frameworks for social dialogue—such as the Social and Economic Council of the Republic of Serbia and sectoral socio-economic councils—the report notes that the influence of social partners on care policy remains weak. While trade unions and employers' associations are formally involved in legislative consultations and collective bargaining, their capacity to shape policy outcomes is constrained by limited institutional support, low union density in key sectors, and uneven representation.

In the field of eldercare, particularly in non-institutional and private care settings, social partners are not systematically engaged in the development, implementation, or oversight of care policies. This disconnect undermines the potential of social dialogue to address systemic issues such as informal employment, labor rights violations, and the professionalization of care work. The report emphasizes that strengthening the role of social partners is essential for ensuring fair and inclusive labor practices in the care sector.

Italy

- Representation and Inclusion of Domestic Workers

The report identifies social dialogue as a critical mechanism for improving working conditions and promoting inclusive welfare policies in the domestic work sector. Approximately 60% of survey respondents acknowledged the importance of social dialogue in this context. However, the report also notes concerns regarding the limited representation of domestic workers within existing frameworks. While both employers and workers recognize the potential of social dialogue to address sectoral challenges, the current structures do not adequately reflect the perspectives and needs of domestic workers, particularly those employed informally.

The findings from interviews and focus group discussions further emphasize that domestic workers often lack sufficient representation and advocacy in policy discussions. This gap is particularly significant given the sector's high reliance on migrant labor and

the prevalence of informal employment arrangements, which can hinder workers' ability to engage with institutional mechanisms and collective bargaining processes.

- Role and Influence of Social Partners

The report underscores the importance of strengthening social dialogue mechanisms through collaborative efforts involving trade unions, employer organizations, and policymakers. These actors are seen as essential to fostering better working conditions and supporting the integration of mobile workers into the Italian labor market. Focus group participants advocated for the establishment of formal platforms that would enable structured and regular consultation among stakeholders. Such platforms are viewed as necessary to address systemic issues such as informality, lack of training, and the absence of standardized employment practices in the domestic work sector.

Malta

- Limited Inclusion in Institutional Dialogue

The Maltese model of social dialogue remains narrowly focused on traditional employment relations and has not evolved to adequately include the voices of migrant care workers, particularly those in live-in roles. According to the report, social dialogue in Malta is still largely based on information sharing rather than participatory or proactive engagement. While the Malta Council for Economic and Social Development (MCESD) serves as an advisory body on socio-economic matters, its structure and processes do not appear to meaningfully incorporate the perspectives of migrant workers or the specific challenges faced in the care sector.

Trade unions and employers' organizations are only involved in care-related matters when workers approach them with breaches of collective agreements or during negotiations for such agreements. This reactive posture limits their influence on broader policy development and excludes them from shaping systemic reforms in the care economy. Stakeholders interviewed in the report expressed concern that they were not

consulted in the design of policies or legislation concerning live-in carers. Their role is reduced to making suggestions, which may or may not be taken up by the government during consultation exercises.

- Structural Exclusion of Migrant Workers

The exclusion of migrant care workers from formal social dialogue mechanisms is particularly problematic given their overwhelming presence in the sector. Despite their central role in sustaining Malta's long-term care infrastructure, these workers are largely absent from institutional forums where labor standards, working conditions, and policy frameworks are discussed and decided.

This exclusion is compounded by the informal or semi-formal nature of many migrant carers' employment. Without legal contracts or union representation, these workers lack the institutional leverage to advocate for their rights or contribute to policy discourse. The report also notes that many carers are unaware of their rights or the mechanisms available to assert them, particularly when they are employed through informal networks or without proper documentation.

The result is a care system in which those most affected by policy decisions—migrant women in precarious roles—are systematically marginalized from the very processes that shape their working and living conditions.

Lithuania

- Limited Influence of Social Partners on Care Policy

The report provides a critical assessment of the role of social partners—trade unions, employer organizations, and government representatives—in shaping care policy in Lithuania. While the Lithuanian Tripartite Council, composed of seven representatives each from trade unions, employer organizations, and the government, meets monthly to address labor-related issues such as wages, safety, and employment standards, the report notes that long-term care and home-based services have not been a consistent focus of its agenda. Although the Council is formally empowered to provide recommendations on

labor and social policy, its engagement with care sector reform has been limited. Attempts to expand the Council's format to include civil society organizations and NGOs have not succeeded, which has constrained the diversity of perspectives in national policy-making.

At the municipal level—where much of the responsibility for organizing and funding social services lies—social dialogue is described as underdeveloped. The report indicates that dialogue between municipalities and service providers is more active when the institution is municipally owned. However, private and non-governmental care providers face greater barriers to participation. This uneven access to dialogue mechanisms limits the ability of many service providers to influence decisions that directly affect their operations and the quality of care delivered.

Germany

- Exclusion from Representation and Dialogue

The report underscores that migrant care workers, particularly those employed in private households, are structurally excluded from traditional mechanisms of labor representation. These workers often operate in informal or semi-legal arrangements, which places them outside the reach of trade unions and collective bargaining frameworks. The report explicitly states that employment relationships in the domestic care sector are typically private and informal, and that the role of trade unions in this context is weak. As a result, classic instruments of employee representation are largely ineffective, since mobile workers have little access to each other or to collective structures that could advocate for their rights or working conditions.

This exclusion is further exacerbated by the legal ambiguity surrounding many care arrangements. The report highlights that the complexity and fragmentation of employment models—ranging from self-employment to secondment—create a regulatory environment in which migrant workers are often unaware of their rights or unable to assert them. This legal opacity reinforces their marginalization from institutionalized forms of social dialogue.

- Limited Influence of Social Partners on Policy

While the report acknowledges the involvement of various actors—such as placement agencies, employers' associations, and advisory bodies—in shaping care policy, it also emphasizes that these social partners have limited influence when it comes to addressing the specific vulnerabilities of migrant care workers. The decentralized and fragmented nature of care provision in Germany, combined with the lack of a unified legal framework for live-in care, has led to a policy environment where structural issues remain unresolved

Country specific issues

Germany

Germany's care sector is uniquely marked by the scale and normalization of informal "24-hour care" arrangements, with estimates indicating that up to 90% of such employment is undeclared. This informality is not incidental but structurally embedded, with families often preferring illegal arrangements due to the complexity and cost of legal employment. The legal ambiguity surrounding live-in care, especially the lack of a unified national law and the inconsistent application of §45a SGB XI across federal states, further entrenches this informality.

Poland

Poland is distinguished by its dual role as both a major sender of live-in carers to Western Europe and a growing receiver of third-country nationals, particularly Ukrainians, to fill domestic care gaps. Despite this, live-in care is not formally recognized in Polish law, and the domestic care sector remains unattractive to Polish workers due to low wages and poor conditions. The phenomenon of "care drain" is particularly acute, with many Polish women leaving to work abroad, creating a vacuum in local care provision.

Spain

Spain's care system is notable for its formal distinction between institutionalized public home care services (SAD) and informal, family-hired care, which often falls outside regulatory frameworks. A unique feature is the high proportion of Latin American migrants in the informal sector, attributed to linguistic and cultural proximity. Additionally, the use of the "housekeeper" employment category to circumvent care-specific labor protections is a distinct issue highlighted in the Spanish context.

Serbia

Serbia's situation is unique in that it is not an EU member but plays a significant role in the care labor chain, both as a sender and receiver of workers. A specific issue is the lack of data and regulation concerning Serbian workers employed informally in EU countries, often without contracts or protections. Domestically, the care system is heavily reliant on public institutions, but informal employment is widespread in private care, with little union presence or oversight.

Italy

Italy stands out for the institutionalization of domestic work through the National Collective Labour Agreement (CCNL), yet nearly half of the sector remains informal. A particularly Italian feature is the reliance on word-of-mouth and parish networks for recruitment, bypassing formal agencies. The cultural normalization of employing migrant women as live-in carers, often under precarious conditions, is deeply embedded and reinforced by limited public support for eldercare.

Malta

Malta's care sector is uniquely dependent on third-country nationals, especially from the Philippines and Nepal, with virtually no Maltese nationals working as live-in carers. The recruitment process is dominated by private agencies and informal brokers, with high fees and long visa processing times. A specific issue is the lack of any legal framework explicitly addressing live-in care, despite the state offering subsidies through the Carer at Home Scheme.

Lithuania

Lithuania is the only country in the group where live-in care is not only unregulated but effectively non-existent as a formal service. The care system is fragmented between social and nursing services, with no integrated long-term care model. Services are limited to

daytime hours, and there is no provision for overnight or weekend care. The concept of live-in care is largely absent from public discourse and policy planning.

Recommendations

1. Providing alternatives to illegal/informal work:
    - Bulgarian Model

      The so-called "Bulgarian model" involves legal employment in the country of origin with secondment to the host country. This model, already used in Germany, could be expanded EU-wide with standardized oversight to ensure compliance with labor laws and social protections. It would help reduce informality by offering a legal structure for cross-border care provision while maintaining ties to the home country's social security system.

    - Cross-Border Care Work

      Facilitating structured cross-border care arrangements through bilateral or multilateral agreements could help formalize the mobility of care workers. These agreements should include mutual recognition of qualifications, streamlined visa/work permit processes (where applicable), and shared responsibility for monitoring working conditions. This is especially relevant for countries like Poland and Serbia, which are major sending countries.

    - Co-Housing

      Promoting co-housing models—where multiple elderly individuals share a living space and care resources—can reduce the financial burden on families and improve working conditions for carers. This model, discussed in Italy's focus group, allows for shift-based care rather than continuous live-in arrangements, reducing isolation and overwork for carers.

2. Educational and qualification support on EU level:
    - Awareness Campaigns on Legal Rights and Obligations

      Many workers, particularly in informal arrangements, are unaware of their rights. EU-funded awareness campaigns, delivered through NGOs, embassies, and digital platforms, could inform workers about contracts, wages, rest periods, and complaint mechanisms. This is crucial in countries like Malta and Germany, where informality is widespread.

    - Education and Certification Initiative with EU Funding

      A centralized EU initiative could fund and coordinate training across Member States, ensuring consistency in content and delivery. This would include language and integration courses, as well as sector-specific qualifications. The initiative should prioritize accessibility for third-country nationals and low-income workers.

    - Standardisation of Competence Profiles

      Developing a common EU framework for care worker competencies would facilitate mutual recognition of qualifications. This would reduce administrative barriers for mobile workers and encourage legal employment. Lithuania and Poland, where fragmented systems hinder recognition, would particularly benefit.

    - Funding Pre-Departure and In-Country Language Courses

      Language barriers are a major obstacle to integration and quality care. EU and national governments should co-finance language training both before departure and upon arrival. Germany's report shows that language proficiency significantly improves job satisfaction and care outcomes.

3. Social Dialogue:
    - Binational/Multinational Information Centres

      Establishing information centres in both sending and receiving countries would provide mobile workers with clear, accessible information on legal requirements, employment rights, and support services. These centres could be run jointly by governments, unions, and NGOs, and would be especially useful for workers from Serbia, Ukraine, and Moldova.

    - Formal Platforms for Collaborative Dialogue

      Creating institutionalized platforms where employers, workers, unions, and policymakers can jointly address sectoral issues would enhance transparency and accountability. These platforms should be empowered to influence policy and monitor implementation. Italy and Spain already have partial models of this, which could be scaled up.

    - Support and Strengthen Representation of Mobile Workers

      Mobile care workers often lack union representation, especially in private households. National and EU-level initiatives should support the formation of care worker associations, provide legal aid, and ensure access to collective bargaining. Germany and Malta, where union presence is minimal in domestic care, would benefit from such measures.

4. Legal Framework for Home-Based Care
    - EU-Wide Legal Definition of Live-In Care

      A harmonized definition of live-in care is essential to regulate employment relationships and ensure consistent protections. This definition should distinguish live-in care from domestic work and specify the scope of duties, working hours, and living arrangements.

Lithuania and Poland, where live-in care is not formally recognized, would benefit from this clarity.

- Minimum Labour Standards

  The EU should mandate minimum standards for live-in care, including regulated working hours, mandatory rest periods, and transparent wage structures. These standards should be enforceable across Member States and adapted to the specificities of home-based care. Germany's experience with overwork and wage opacity underscores the urgency of this measure.

- Contracts in the Native Language of the Worker

  To ensure informed consent and reduce exploitation, employment contracts should be provided in the worker's native language. This requirement should be enforced through labor inspections and linked to eligibility for public subsidies or tax benefits. Malta's report highlights cases where workers were unaware of contract terms due to language barriers.

Mobilecare

Social dialogue as a tool to improve the conditions of functioning of intra-EU labour mobility in home-based care services

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