



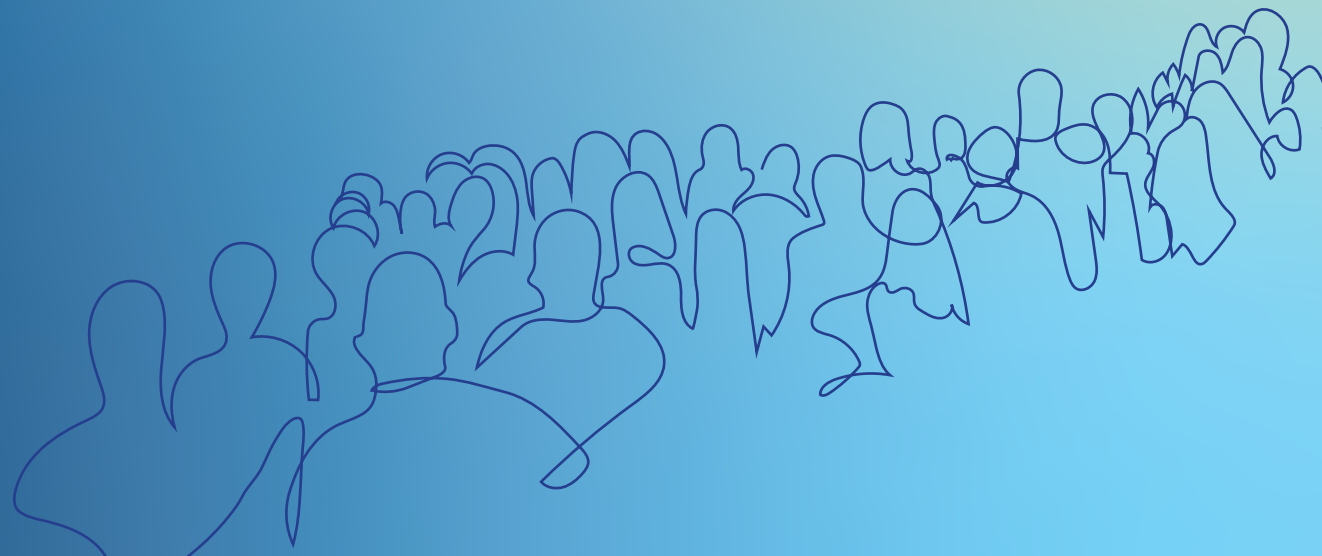
EUROPEAN  
CARERS  
DAY - 06 OCT.



# INTEGRATING MIGRANT CARE INTO EUROPEAN AND NATIONAL LONG-TERM CARE STRATEGIES: Eurocarers' concerns and recommendations

**A Eurocarers' Position Paper**

06 October 2025



# Acknowledgments

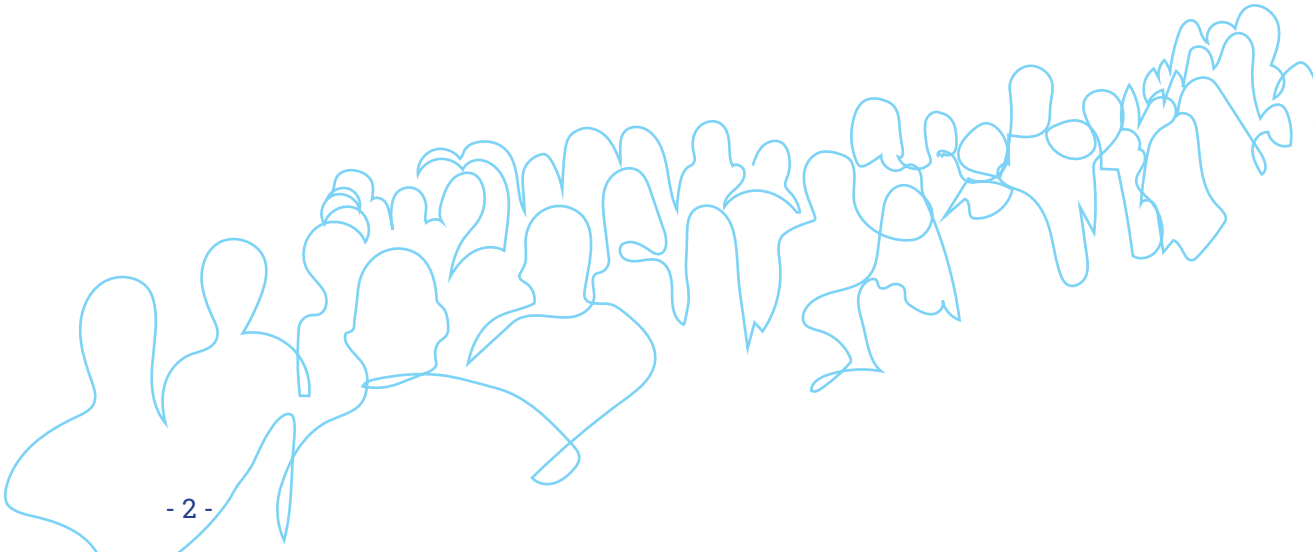
This publication builds on the work of Eurocarers’ Policy Working Group over the past 12 months and would not have been possible without the precious expertise shared by the European Centre for Social Welfare Policy and Research, as well as our member organisations from 25 European countries.

We also extend our deepest gratitude to *Mark Bergfeld*, Director Property Services & Care (UNI Global Union - Europa), *Rahul Chawla*, Advocacy Officer (Platform for International Cooperation on Undocumented Migrants), *Andrea Sánchez Caballero*, Policy & Membership Development Officer (Eurodiaconia) and *Prof. Dr. Simone Leiber* (University of Duisburg-Essen, Germany) for generously sharing their expertise and insights, which greatly enriched our reflections.



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# Executive Summary

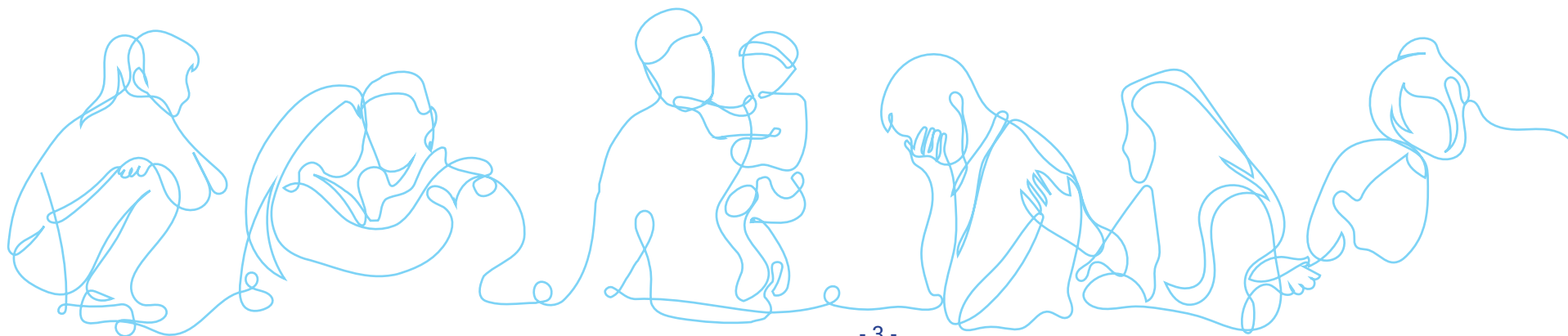
Eurocarers is deeply concerned about significant deficiencies in long-term care (LTC) provision, which remains far from accessible, affordable, or adequate for everyone in need of care. Consequently, family members, relatives, and friends are often compelled to take on care responsibilities - frequently at the expense of their own employment participation and at risk to their physical and mental health. To balance their work and family duties while ensuring their relatives receive the necessary care, many informal carers have little choice but to employ migrant workers to fill the gaps in integrated home-care provision.

This type of care arrangement is affected by many challenges, which have a direct impact on carers' ability to ensure quality LTC for their relatives while maintaining their own employment, social participation and health. Reforms aimed at improving access to sustainable, affordable and quality care services will not succeed unless they address these often-overlooked difficulties.

Launched as part of the European Carers Day campaign **"Invisible no more: Let's see & value migrant care"**, this position paper highlights the perspective of informal carers - who play pivotal roles both as employers of migrant care workers and as clients of the services they provide. Drawing on their experience and on specialised research, Eurocarers warns that the current situation is detrimental not only to migrant workers, but also to people in need of care and the carers who support them, running counter to the objectives of the European Care Strategy.

Without claiming to provide simple solutions to such a complex, multi-faceted challenge, we call on public authorities to take action and design integrated care solutions, in partnership with local authorities, care providers, and with carers and migrant workers as equal partners in care, building on their expertise, available evidence and human rights principles.

This publication gives a snapshot of the challenges faced by migrant care workers ([see 'Context' information](#)), and focus on the issues for informal carers who depend on them due to shortcomings of the LTC care systems, before detailing seven policy recommendations.



# Eurocarers' recommendations

## **Invest in accessible, affordable, high-quality long-term care services as a matter of utmost priority**

Significant public investment is needed in the development of formal LTC services in the community, including home-based provision, to ensure that care needs are met, informal carers supported and care workers benefit from fair working conditions.

## **Make Migrant Care Work visible and valued**

Raising awareness of Migrant Care Work is integral to strengthening recognition of the value of care in our societies.

## **Support informal carers relying on Migrant Care Work**

The issues faced by informal carers employing migrant workers at home should be recognised. They should be provided information, support and guidance in their role as employer.

## **Ensure legal security and access to employment and social rights**

Clear legal frameworks must be put in place and disseminated widely to prevent exploitation, support care workers' access to rights and social protection, and facilitate the formalisation of care work provided at home.

## **Prioritise the quality of care through training, support and social inclusion of migrant care workers and their integration in local care infrastructures.**

Migrant care workers should have access to linguistic, cultural, and professional training, with their skills formally recognised. They should receive professional support and guidance, and their mental health should be given proper attention.

## **Ensure regulation and supporting policies**

National frameworks should safeguard decent wages, working conditions, health and safety, and complaint mechanisms, with guidance available in multiple languages.

## **Support the development of innovative solutions building on partnership and mixed-care arrangements in the community**

Local third-sector initiatives are aiming at creating innovative home care models that support workers and ensure quality care. Such innovative practices should be evaluated and scaled up with the support of public authorities.



# Introduction

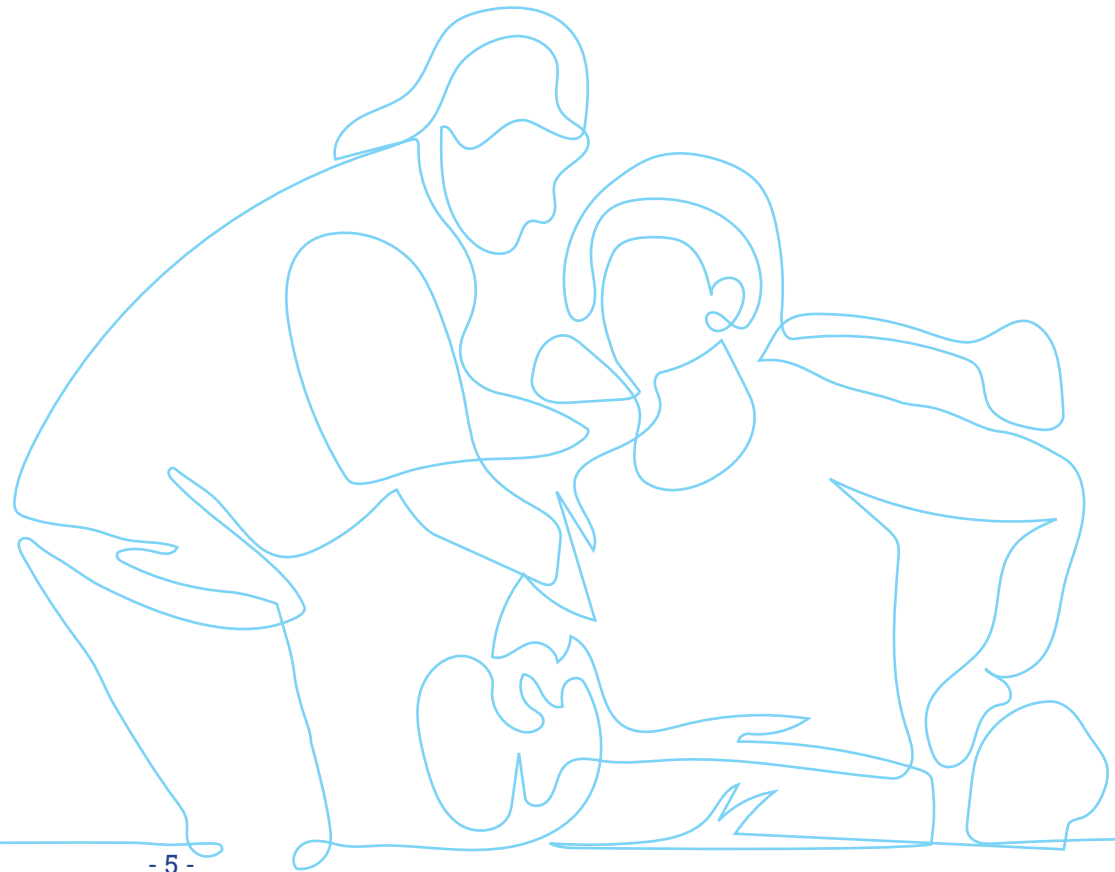
While long-term care (LTC) needs are rising across Europe, driven by demographic transition and increased life expectancy, health and social care remain among the EU sectors facing the most massive structural labour shortages. This situation has been exacerbated by the COVID-19 pandemic (Leichsenring, Kadi, & Simmons, 2022), deteriorating working conditions, insufficient workforce planning and forecasting, and underinvestment.

Eurocarers is deeply concerned about significant deficiencies in long-term care provision, which remains far from accessible, affordable, or adequate for everyone in need of care.

Consequently, family members, relatives, and friends are often compelled to take on care responsibilities - frequently at the expense of their own employment participation and at risk to their physical and mental health. To balance their work and family duties while ensuring their relatives receive the necessary care, many informal carers have little choice but to employ migrant workers to fill the gaps in integrated home-care provision. Three years after EU governments committed to tackling the challenges of vulnerable workers, including migrant care workers (European Council, 2022), the issues at stake remain as acute as ever. Stakeholders underline the urgent need to remedy systemic shortcomings that continue to undermine workers' rights and wellbeing. Yet the perspective of informal carers remains largely absent from the debate.

Informal carers directly provide 80% of LTC in Europe, and therefore are a cornerstone of our health and LTC care system (European Commission, ECORYS, 2021). At the same time, they play also key roles as employers, coordinators and payers of care work provided at home by migrant workers. Addressing the challenges of migrant care is impossible without recognising informal carers' role and involving them in the design of solutions.

**Focusing on the employment of migrant carers to provide care in the household, including live-in carers, this position paper presents informal carers' concerns and offers recommendations to move beyond the current overlooked situation, which harms both workers and the quality and sustainability of LTC in Europe.**



# Context:

## Increasing reliance on Migrant Care Work and far-reaching challenges

### The case of (live-in) migrant care workers

In the absence of a standardised European definition, the term Migrant Care Work covers a wide range of employment settings with varying levels of certification, recognition, residence and/or work status. It may refer to a qualified nurse from another EU country legally employed in a residential care setting, or to an undocumented personal carer from a third country.

This position paper focuses specifically on migrant workers recruited to provide LTC in private households, many of whom live in the home of the person receiving care (live-in carers). The importance of their roles is increasing, driven by a growing preference for home-based care over institutional care, and by the expansion of financial care allowances. While working contexts differ significantly across countries - depending on their regulatory frameworks and care ecosystems - home-based care arrangements tend to be marked by the vulnerability of workers and the pivotal role of family members who are also informal carers.



### Various employment settings of migrant health and long-term care workers

#### Medical and nursing staff in health care settings:

doctors, nurses, but also cleaning and catering staff.

#### Professional staff in residential and community care:

nursing, nursing assistance, home help, cleaning, catering (on average, about 20-30% of staff with migration background -OECD).

#### Personal long-term care in private households:

- Formalised or not, declared or not
- Employed directly by families or by agencies
- Live-in or live-out
- Short-term, with or without 'rotation' (2 weeks, 1 month, 3 months...)
- With and without training



# Context:

## Increasing reliance on Migrant Care Work and far-reaching challenges

### Against the backdrop of rapidly evolving care needs, migrant care workers play a pivotal role in the sustainability of health and long-term care systems in Europe.

In 2018, almost 2 million of the 14.2 million health and LTC workers in the EU were employed outside their country of birth- 693,700 in another EU Member State and 1.3 million outside the EU. This number had already increased between 2011 and 2018, particularly among personal care workers, and is expected to continue rising. Looking ahead, the EU-27 will need an estimated 10.9 million additional health and LTC workers between 2018 and 2030 to meet growing demand (Joint Research Center, 2021). Given limitation in data across Member States, and the invisibility of undeclared work in official statistics, the actual scale of migrant work in home-based LTC is likely to be underestimated.

Migrant Care Work remains unevenly distributed across the EU: more than two-thirds of foreign-born health and LTC workers are concentrated in just five Member States - **Germany, Italy, Sweden, France and Spain** (id.). Major migrant flows originate from Eastern Europe, as well as Asia, Africa and South America, generally shaped by geographical proximity or historical

and cultural ties between countries of origin and destination (Rodrigues, Huber, & Lamura, 2012).

As massive workforce shortages in the health and LTC sector are now a common challenge across Europe, more countries tend to turn to migration as a remedy. The European Commission recommends to develop sustainable and legal pathways for migration from non-EU countries to work in the care sector (European Commission, 2022). At the same time, a gradual trend can be observed in the direct employment of live-in migrant care workers in countries where this solution was previously uncommon as in Belgium and neighbouring countries (Hoens & Smetcoren, 2023).

## Domestic workers in Europe

**It is estimated that there are 2 356 000 domestic workers in Northern, Southern and Western Europe, 89.2 % of which are women**

**(International Labour Organization, 2021)**

# Context:

## Increasing reliance on Migrant Care Work and far-reaching challenges

### Alarming working conditions and intersectional inequalities among live-in migrant care workers

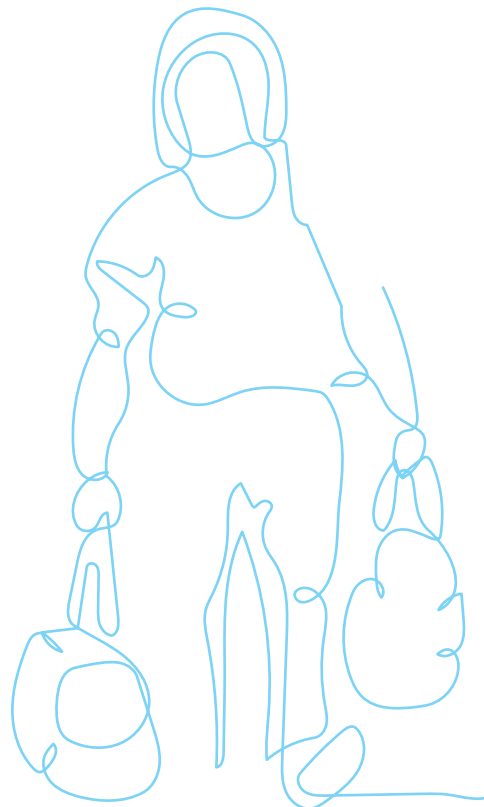
In recent years, repeated warnings have been issued about the working conditions of LTC workers in private households, who fall under the category of 'domestic workers', drawing on a substantial body of well-documented research.

A high proportion of domestic workers are either undeclared or under-declared, as it is the case in the area of personal and household services (Guzi & et al., 2021). They have therefore little or no access to social protection and labour protection (Eurofound, 2025). Even when formally employed, domestic workers often face obstacles to access their rights. They are more likely to face exploitative working conditions and to suffer from weak enforcement of labour law (ESPAN, 2024).

Their social and economic inclusion is further hindered by limited access to crucial services such as health-care, housing, and education (Sánchez Caballero & Smreková, 2024). Intersectionality is a defining feature of this reality: these occupations are predominantly carried out by women, particularly those from migrant and low socioeconomic backgrounds.

During the COVID-19 confinement periods, these conditions worsened, with increased presenteeism and more

limited possibilities to return to the home country (Simmons, Rodrigues, & Szebehely, 2022). Even when regulatory frameworks exist in the specific area of migrant care work, they remain largely insufficient to safeguard their rights and ensure decent working conditions (Leiber, Liang, Österle, & Yun, 2025; Leichsenring K. , 2024).



### The case of agencies

Specialised agencies are spreading swiftly across Europe, acting as intermediaries between the migrant care workers and the families. At the end of 2023, 912 of them were registered in Austria and their estimated number in Germany was 400. They are also developing in other parts of Europe, as reported by Eurocarers' members from Greece, Italy, Netherlands and Ireland. They address the need to lighten the administrative and management burden carried by the employers, by handling the selection, payment, transnational transfers, replacement of the workers and other administrative aspects.

In the Italian context, for example, employment agencies are accredited by public authorities and can effectively support informal carers through ensuring a rapid response to unexpected care needs—such as hospital discharges or sudden deteriorations in health—while relieving families of administrative burdens and ensuring the legality and enforcement of the work contract. They also play a positive role for the promotion of domestic labour, appearing as informal carers' allies.

However, this comes with an additional cost for users, these agencies being private for-profit actors. Moreover, brokerage agencies as they operate currently in various countries do not appear as a panacea. Users often express dissatisfaction with some of these agencies' services, notably concerning the quality of the care arrangement provided, its reliability, liability issues in the event of accidents, lack of clarity on prices and unforeseen additional payments (Leiber, S et al., 2020).



# Context:

## Increasing reliance on Migrant Care Work and far-reaching challenges



### Migrant live-in carers in Austria: key figures

- 476,228 people in Austria receive the state care allowance (€192–€2,061 per month, depending on needs, 2023).
- More than 6% of allowance beneficiaries rely on live-in care.
- Since its legalisation in 2007, live-in/24-hour care has become an essential part of the care system.
- The 2007 Home Assistance Act allows both employment and self-employment models, but almost all carers work as self-employed.
- Care is provided mainly by migrant women, particularly from Romania and Slovakia; only 2% are Austrian nationals.
- 57,634 self-employed carers were registered with the Austrian Chamber of Commerce (in 2023).
- 912 registered placement agencies operate in this sector (2024).
- Carer rotations, originally every 14 days, now often last one to three months, especially for carers from Romania.
- The system generates €1.5 billion in annual remittances flowing towards the countries of origin (Leichsenring K. , 2024) (Kayran & Kadi, 2024).

### Workers' mental health is at stake

The combination of socio-economic vulnerability, isolation, occupational and safety risks, and living separated from the family creates high risks for the mental health of migrant care workers (Occupational and Safety Health Agency, 2024).



### Italy: the case of Badanti

20-30% of persons in need of care receive support from live-in carers ('Badanti'), representing a cost of 6 billion € per year spent for these families. 37,5 % of live-in carers come from Eastern Europe. This form of employment is regulated through a "national domestic contract", but more than 50% of the 782 000 live-in carers are undeclared (Osservatorio Domina, 2024).

The mental health impact of the conditions of the 'Bandanti' (migrant live-in carers in Italy) has come to light through the work conducted by department of the Psychiatric Institute in Iasi (Romania), specialised in the treatment of Romanian women returning to their home country after several years working in Italy as a live-in carer, often at a stressful work pace, away from their families. These patients share the same psychophysical disorder characterized by states of anxiety, depression and panic attacks, termed 'Sindrome Italia' (Mengozzi, 2024).



# Context:

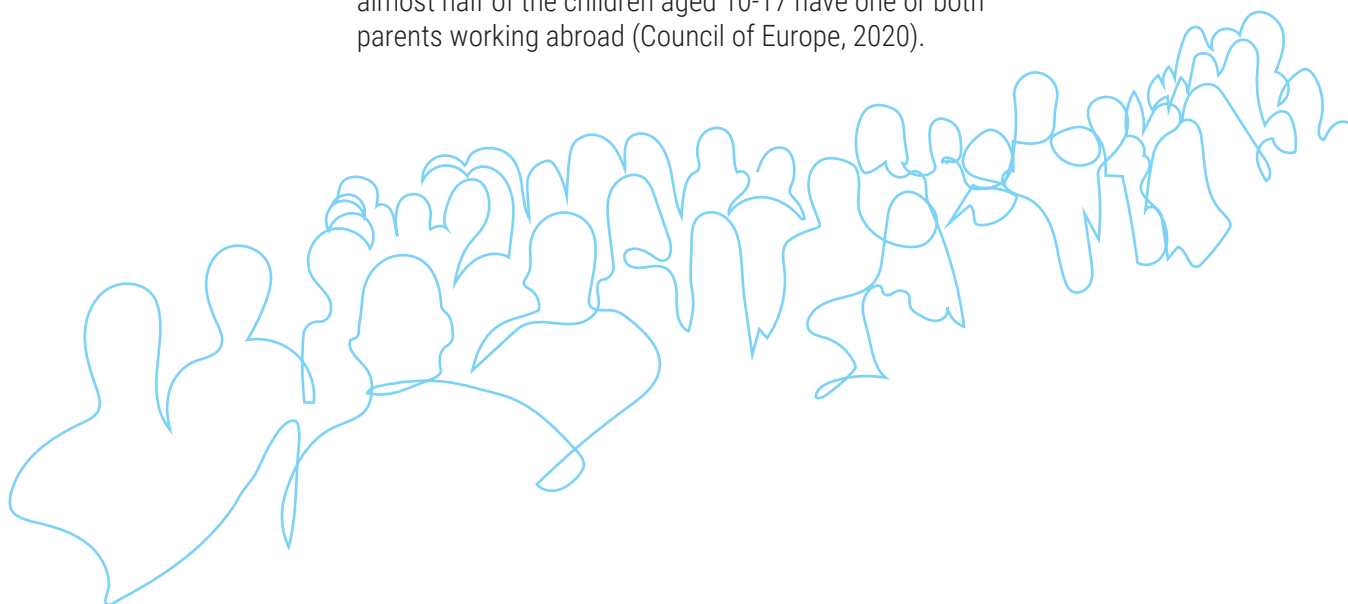
## Increasing reliance on Migrant Care Work and far-reaching challenges

### Global concerns

The lasting impact of migrant care workers' detrimental working conditions on their health, ultimately imposes a burden on their national health system. It is only one of the many concerns posed by care work migration in terms of equity between countries. These include also the 'care drain' phenomenon, by which the countries lose carers, whether informal carers supporting family members or trained professionals seeking higher salaries abroad.

For the country of origin, this also comes as a loss of the investment made to educate these workers - who are not using their skills in their countries and often work at a lower level of qualification than their initial training achievement in the country of destination. From an environmental point of view, the long and regular journeys of care workers involved in alternated shifts in a household (like in Austria for example) are questionable. Importantly, poverty-driven emigration also detrimentally affects the education and well-being of 'left-behind children', whose vital needs are often unmet, and who lack emotional care and support, in violation of the United Nations Convention on the Rights of the Child. For example, in Bulgaria's north-west, almost half of the children aged 10-17 have one or both parents working abroad (Council of Europe, 2020).

**These elements are only indicators of a detrimental situation, the complexity of which cannot be fully addressed within the remit of this position paper, but which has been documented and voiced by various stakeholder organisations (services providers, trade-unions, undeclared migrants' organisations...) who share a common advocacy ground (PI-CUM, 2018).**



# Issues for informal carers employing migrant (live-in) care workers

'Live-In' care, often falsely described as 24-hour-care, and other forms of LTC provided in the household, are largely provided directly by migrant workers, and are, in the absence of adequate local care provision, often the only available option for delivering personalised, round-the-clock attendance at home. However, in practice, these arrangements still fall short of adequately meeting care needs and preferences.

## The financial toll

A common concern is the cost of these solutions, which is only minimally offset by public support. Employing a care worker requires a significant financial effort from the person in need of care and their relatives, along with the added necessity of providing the worker with accommodation. These costs place a strain on entire families and act as a barrier for lower-income households considering such solutions. They are further exacerbated when families use the services of a brokering agency.

The cost remains a concern even when this type of care provision is partly subsidised by the State for example through tax refunds in Italy or direct subsidies in Austria, where a federal subsidy exists and some regions provide additional support.

## A breach in the family privacy

When employing a live-in care worker, informal carers sacrifice family privacy, which can be particularly difficult when not freely chosen, and when the carer is unknown to the family beforehand. Tensions arising from the reduced privacy for both worker and family are more likely in the context of increasing housing pressures across Europe, where individuals often must share smaller living spaces.

**“Who is going to live in my home?  
There will be no retreat, no boundaries for the live-in carer.”**

This situation provides fertile ground for misunderstandings and conflicts, often exacerbated by linguistic barriers and cultural differences.

## The burden of employing and managing staff

When the person in need of care is not able to manage the care arrangement, informal carers often take the role of employer, which entails a range of responsibilities, tasks, and concerns for which informal carers are often unprepared and which they must frequently manage in near-complete isolation

When direct employment is involved, recruiting a worker can be difficult, time-consuming, and stressful. Although informal networks, word of mouth, and social media may assist in identifying and contacting potential employees, informal carers may lack the skills to select the right candidate, assess their competencies, or clearly articulate the tasks required and how these may evolve over time.

Managing these workers also poses significant challenges, as the informal carer must often guide them in performing their tasks, support their relationship with the person cared for, and remain the main point of contact for any questions or concerns. Effective management can be emotionally exhausting, particularly when the informal carer is deeply involved in the situation or when tensions arise between the informal carer and the care worker. At the same time, informal carers must also manage the feelings and expectations of the person receiving care, while coordinating other health and care professional interventions.

# Issues for informal carers employing migrant (live-in) care workers

Even when a care worker physically replaces the informal carer as the main care provider, the latter often does not gain peace of mind. When such arrangements are made

**“Having hired a carer at home I am bombarded with WhatsApp notifications all day.”**

to allow the informal carer to remain in paid employment, they may in fact add a constant layer of stress and anxiety to the already complex challenge of reconciling work and care.

**An impossible choice between bureaucracy and legal insecurity**

As employers, informal carers often face a lack of clarity concerning the legal aspects of the care arrangement and may inadvertently overlook their obligations, potentially leading to prosecution and significant financial consequences.

The administrative processes and legal responsibilities associated with issuing and declaring a work contract can be daunting, making undeclared work appear to many carers as the only option. In Ireland, for example, families often resort to undeclared care work to support their relatives. Declaring a work contract entails extensive bureaucracy and legal obligations, which carers may not even be aware of (e.g. liability in the event of a workplace accident or redundancy payments following the death of the person cared for) (Family Carer Ireland).

**“There is often a lack of trust between informal carers and migrant care workers - whereas we should be on the same team.”**

## **Dependency and risk of abuse**

Because of a lack of alternative solutions, families are often entirely dependent on the migrant carer they employ to manage their own family or professional responsibilities, while care is provided to their relative. Beyond its uncomfortable and stressful nature, this situation also creates conditions in which mistrust and abuse can thrive -whether directed against the person cared for or the informal carer- particularly in cases of undeclared work.

## **The quality concern**

One of the primary concerns among relatives remains the quality of the care provided to the person requiring care, against the backdrop of a lack of standards concerning the competencies of home-based care workers. In Austria for example, working as a live-in care requires no training, only previous experience.

Linguistic and cultural barriers are a common obstacle to good communication and mutual understanding, negatively affecting the care relationship and the ability of workers to access relevant information on the needs and treatments of the person they care for.

Informal carers also face insufficient supervision of workers placed by agencies. This creates a risk of substandard

# Issues for informal carers employing migrant (live-in) care workers

care, potentially leading to abuse or neglect. Some carers also raise concerns about the risk of over-protection by a live-in carer, which can hinder independent living and active ageing.

Informal carers are also aware that the mental health and work-life balance challenges faced by the workers can negatively affect the quality of the care provided.

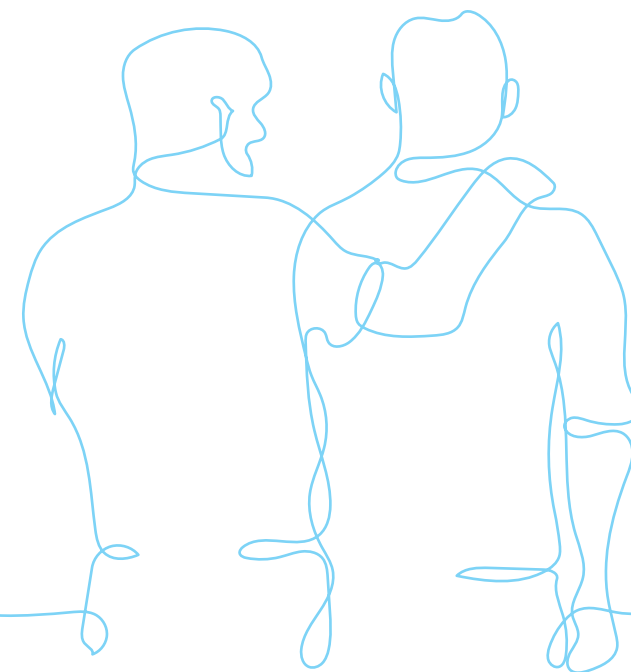
In most cases, migrant care workers do not participate in training activities that could help to mitigate the risks listed above. It is all the more worrying that many migrant workers see their tasks gradually evolve towards greater complexity and technicality, alongside the deterioration of the health status of the person they provide care to. In some cases, workers initially recruited as domestic aid gradually assume complex health and care tasks over the years.

**“I have the feeling to pay my way out of the situation.”**

## Moral burden and isolation

The awareness of exploitative working conditions, personal challenges faced by migrant care workers, and the negative impact of a care drain from poorer countries can give informal carers a feeling of carrying a moral burden. In order to avoid institutional care for their relative, or to preserve their own health and social inclusion, they feel compelled to take actions that they themselves might consider immoral or even illegal.

This moral conundrum compounds the already difficult choices to be made regarding the care arrangement. Informal carers often end up managing this burden alone, particularly in cases of direct undeclared employment, as the issue is not discussed publicly. This takes place against the backdrop of growing frustration over the inadequacy of long-term care services (Ilinca, S., Simmons C., 2022).



# Eurocarers' recommendations

The growing needs for LTC emanating from shifting family structures and demographic changes demand collective national and cross-border responses and comprehensive reforms in LTC systems. Urgent, ethics-driven integrated policy interventions must place respect at the heart of all care arrangements, building on recognition of migrant care workers and informal carers as equal partners in care.

To advance a much-needed policy dialogue involving informal carers and migrant care workers representatives at European, national, and local levels, Eurocarers puts forward the following recommendations.

## 1. Invest in accessible, affordable, high-quality care services as a matter of utmost priority

Significant public investment is needed in the development of formal LTC services in the community, including home-based provision, to ensure that care needs are met, informal carers supported and care workers benefit from fair working conditions.

A robust and sustainable LTC system should be recognised as a key determinant of societal resilience. Such a system fosters informal carers' participation in employment and responds to societal aspirations regarding person-centred integrated LTC. It is therefore crucial to sustain and extend the momentum created with the launch of the European Care Strategy.

## 2. Make Migrant Care visible and valued

In the short term, home-based care, delivered flexibly and personally by migrant workers, will remain a pivotal component of the care ecosystem in many European countries, and a drain on human resources in many others. Currently, this care work is invisible. It must now be recognised, and the workers involved valued for their essential role. Their representatives should also be included in the design of policy solutions.

Raising awareness of Migrant Care Work is integral to strengthening recognition of the value of care in our societies, and must be linked with greater attention to people in need of care, informal carers, and professional care workers. On the occasion of the [European Carers Days on 6 October 2025](#), Eurocarers launched a campaign titled '**Invisible No More: Let's See & Value Migrant Care**' rolled out at both European and national levels. Awareness campaigns focusing on care and tackling stereotypes in the sector should explicitly highlight migrant care workers in all care settings.

## 3. Support informal carers relying on Migrant Care Work

Informal carers who rely on Migrant Care Work provided in the home of the person with care needs **should be recognised and supported in their role as employers**. Carer organisations must be given a voice in shaping and implementing policies aimed at accessing affording and safeguarding live-in care arrangements. These policies should account for the need of financial support in situations where

adequate social care is unavailable through formal care systems, requiring informal carers to arrange in-home support themselves by employing migrant carers.

As part of better integrated LTC systems, individual informal carers should have easy access to **support services**, including services provided by local public authorities that guide them on their rights as well as the managerial and ethical aspects of all care solutions, including live-in migrant care arrangements. Being a direct employer should remain one of a range of options available, such as in-kind service provision.

## 4. Ensure legal security and access to employment and social rights

Globally, attention should focus on ensuring that migration remains a positive factor, bringing benefits to all countries involved, while mitigating the risks of care drain.

In a number of EU countries, migrant care workers and their employers are pushed into illegality by the absence of a clear and accessible legal framework. This creates conditions for abusive practices on both sides.

Third-country nationals hired as carers should be granted **legal residence and work permits**, along with the right to social protection. The rights of workers providing care at home should be aligned with those of other professionals in the care sector. European countries should ratify and implement **ILO Convention 189 on domestic workers**. Occupational safety and health standards must be ensured, and private households



# Eurocarers' recommendations

subject to assessment and controls regarding working conditions.

Legally employing a migrant care worker should be straightforward and affordable for informal carers. Clear and consistent information on the rights and obligations of both parties must be accessible to all stakeholders in multiple languages. The overall cost of **supporting the formalisation** of Migrant Care Work should be recognised as an investment that generates safeguards and resources through social contributions.

## 5. Prioritise the quality of care through training, support and social inclusion of migrant care workers and their integration in local care infrastructures

**Language and cultural training** are a prerequisite for ensuring high-quality care provided by migrant workers and for enabling effective communication and mutual understanding with the persons cared for, their families and social inclusion in local communities. Such training should be offered systematically as part of wider language training locally.

While some migrant care workers are professionally trained in their country of origin, this is not the case for all. All migrant carers should have access to **relevant information and training opportunities**, focusing on the health and care needs of the persons they support and the transversal skills required. They should be aware and able

to work within the requirements of the health and LTC system in which they operate. Standards in terms of minimal certification should be envisaged. Skills acquired in their country of origin or through caregiving experience should be formally **recognised** to facilitate career progression.

Migrant carers should have access to **support in case of difficulties**. Helplines for advice and mentoring, possibly through digital or telephone support, should be offered. Stakeholders should explore ways to enable constructive supervision of home-based LTC that respects household privacy as part of integrated care system.

Importantly, migrant care workers should be recognised and listened to as valued **partners within the care setting** by health and social care professionals, with the aim to support mixed-care arrangements. Regular meetings of all parties should offer the opportunity to exchange feedback and review the care agreement as necessary.

The quality of the care provided is intrinsically linked to the **mental health and wellbeing** of the care worker. Care arrangements should support a satisfactory work-life balance, and social inclusion of migrant care workers should be supported locally.

## 6. Ensure regulation and supporting policies

Governments should develop national frameworks for the employment of migrant care workers, in partnership with relevant stakeholders, to ensure the **legal security of care arrangements**. These frameworks should

cover wages, working conditions, occupational health and safety, social protection, access to respite, and clear procedures for lodging complaints.

**Guidelines** should be widely disseminated and accessible in multiple languages, with their implementation supported by designated contact points capable of providing information and guidance. Informal carers should receive comprehensive information concerning their employer responsibilities and the risks of non-compliance.

## 7. Support the development of innovative solutions building on partnership and mixed-care arrangements in the community

Our societies should move away from the assumption that a single individual—whether an informal carer or a care worker—can provide comprehensive, high-quality care in isolation without compromising their own physical and mental health. Instead, policies should promote the development of mixed-care arrangements that foster cooperation between informal and formal care providers.

Alternative approaches to market-driven home care provision are being developed at the local level by the third sector. These initiatives implement innovative solutions aimed at ensuring high-quality care, decent working conditions, and support for care workers through collective management and peer support. Such **innovations should be actively supported**, with good practices evaluated, disseminated and scaled up through public authority engagement.

# Conclusion:

## From a 'quick-fix' to reforms building on the recognition of the value of care

Across Europe, migrant care workers fill critical gaps in our care provision, often in precarious situations without proper employment regulations. This poses serious risks to themselves, to care recipients and for families and informal carers who depend on their services.

While this may not apply to all countries, its prevalence is often underestimated due to a lack of data and research, and is in fact a growing trend, likely to spread across wider geographical areas alongside the acute shortage of care services and professional care workers.

The issues at stake must be explicitly acknowledged and addressed by public authorities and all stakeholders, including representatives of migrant workers, organisations of informal carers, and care service providers. A framework of regulations is needed to ensure legal and financial security for all parties involved, safeguard the quality of care provided, and guarantee decent working conditions and support for workers, people in need of care, and the informal carers engaged in such arrangements.

The current LTC reforms launched across Europe, supported by the European Union, must tackle these challenges while prioritising urgent investment in the development of integrated, formal and informal community-based provision.

Beyond regulation, sustainable care solutions require also a paradigm shift in the way care is approached in our societies. Firstly, care should be recognised for all its values: those of human rights, respect and dignity, as a pillar of social cohesion in all societies and as a major economic contribution, particularly in the form of informal,

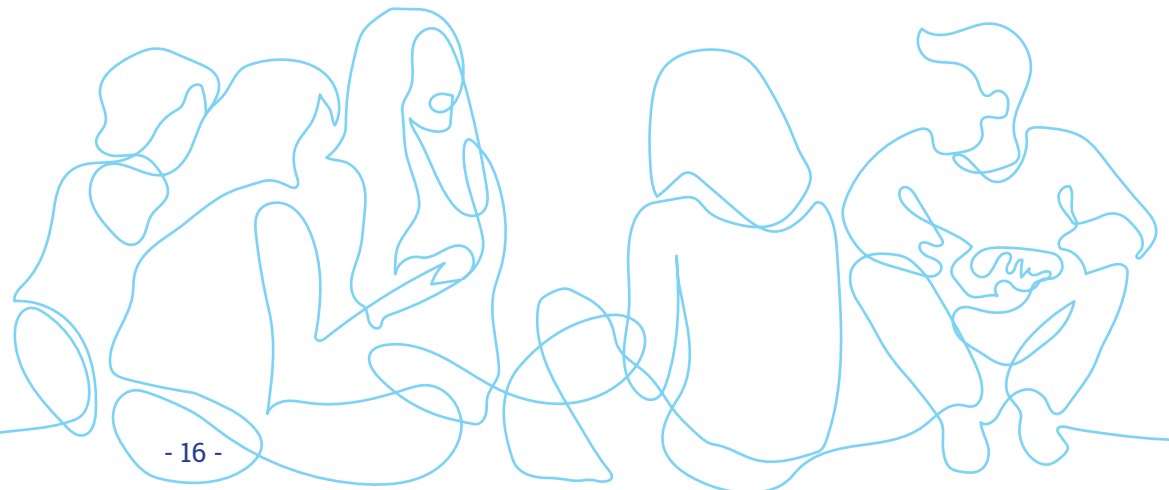
unpaid care –as such, worthy of greater attention and investment.

Secondly, (live-in) migrant care as it is most often provided today should not be seen as a mere 'replacement' for family care, but as the sign of a failure of existing care systems to provide for the needs in our societies. As such, care is not purely a private matter but a societal responsibility. This entails supporting all those who provide this invaluable resource through appropriate training, guidance, and protection. At a system level, this requires also improved needs forecasting and strategic planning, better system organisation and reforms, and the effective recruitment, integration and support of all care providers.

Informal carers stand alongside migrant care workers in calling for greater awareness, understanding, recognition and integration of (live-in) care provided largely by migrant care workers. In light of the recent surge in racism and xenophobia across Europe, Eurocarers emphasise the need to safeguard migrant carers from discrimination.

With this publication, Eurocarers confirms its full commitment to contributing to evidence-based policy and support measures to help address the challenges outlined in this Position Paper, and to ensure that the European Care Strategy makes a real difference for all carers and all forms of care provision across Europe.

**“Caring for someone is caring  
for society”**



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# Glossary

**Care drain:**

impact on care migrants' countries of origin in terms of reduced informal support to younger and older generations, higher costs on care systems and lower returns on educational investments.

**Domestic workers:**

The International Labour Organisation Convention No. 189 defines domestic workers as "any person engaged in domestic work within an employment relationship." Domestic work is defined as "work performed in or for a household or households." Importantly, live-in care workers are considered as domestic worker according to this Convention. The Convention has been ratified by only a third of EU member states.

**Intra-EU mobility:**

The freedom of movement of EU nationals within the EU, whether within a Member State or between Member States, as mobile workers. In cases where they move between Member States, at least semi-permanently, this constitutes internal migration. Shorter-term movement includes the phenomena of posted workers and cross-border commuters

**Live-in care:**

A care arrangement where the care worker resides in the care recipient's home (Eurofound, 2025)

**Migration:**

The movement of workers between states on a permanent or semi-permanent basis. This migration may be internal migration between Member States or third-country migration of workers from outside the EU (id.)

**Personal and household services (PHS):**

Services provided in private households, including both care work and domestic services (id.)

**Presenteeism:**

the practice of going to work when ill and unable to perform effectively due to ill health, or to work longer hours than needed or agreed at a job.

**Undeclared work:**

work that is lawful in its nature but not declared to public authorities, taking into account differences in the regulatory systems of the Member States.



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