



# Employment and migration in long-term care

Who cares and how can we ensure  
an appropriate workforce in long-term care?

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El Escorial, 22-23 July 2025

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# Overview

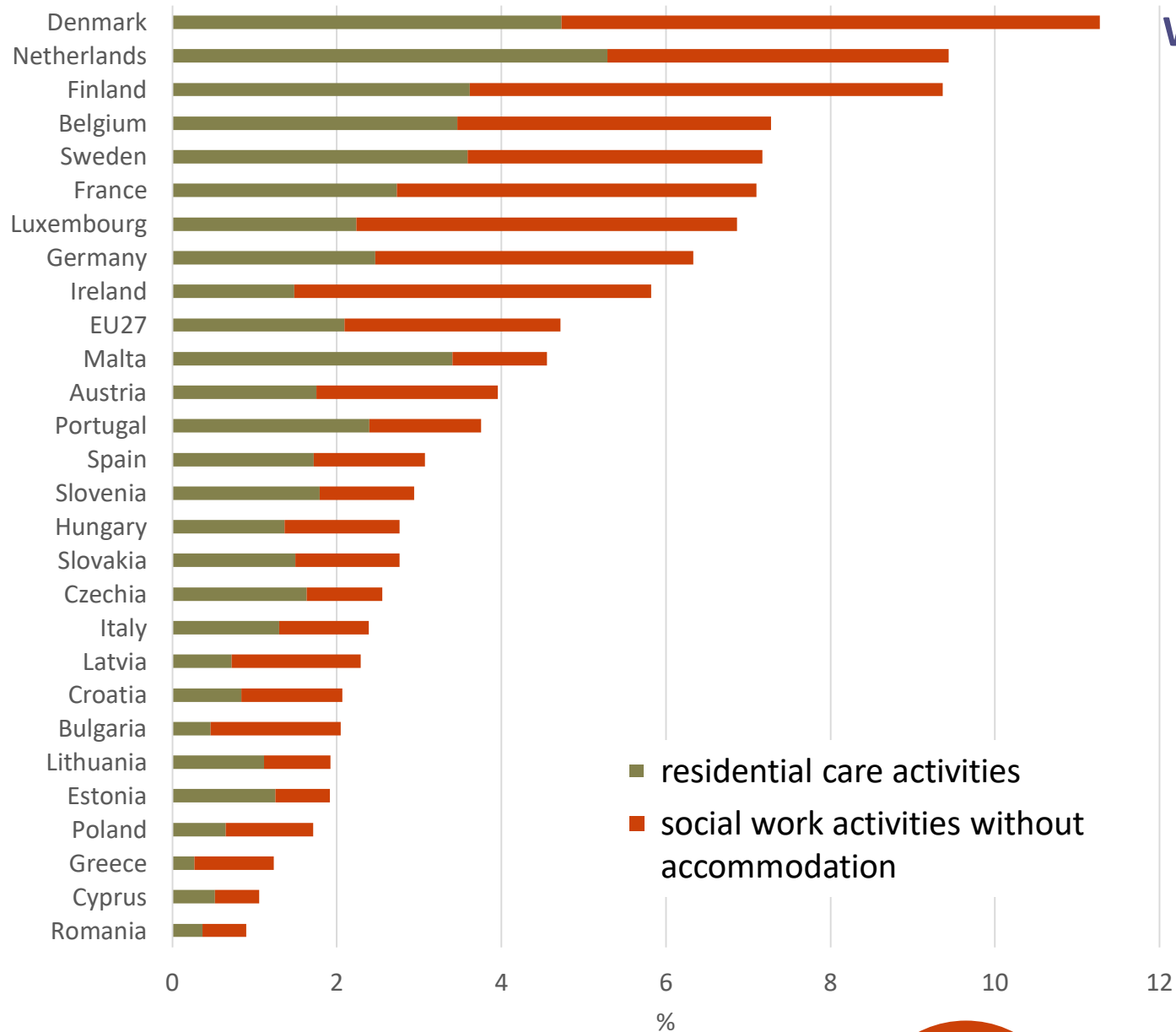
- Terminology
  - What professions are involved in integrated long-term care?
  - Who is part of the LTC workforce?
- Challenges
  - Workforce shortage across Europe: the role of migration
  - New models of care, evolving needs of service users
  - Digitalisation and technologies
- Trends, policies and learning from practice
  - Changing jobs, skills, and training needs
  - New approaches and new job profiles
  - Improving quality of work and quality of life

# The array of “LTC workers”

## Developing integration across the health and social care divide and the formal-informal care divide

- A growing share of the labour force ...
  - 6.9 million people in 2008 to 9.4 million in 2023 across the EU (4.7% of total labour force)
  - Residential care: +18.3%
  - Community care (social work activities without accommodation): +49.2%
  - A “dual labour market”: formal care vs. live-in (migrant) care
- ... and more growth is needed due to rising demand, but also because of an “ageing workforce” and fierce working conditions leading to high drop-out, turnover, etc.

Sources: Kalavrezou et al., 2025; Eurofound, 2020; Ilinca et al., 2018.



## Workers in residential care and social work as a percentage of the total workforce, 2023

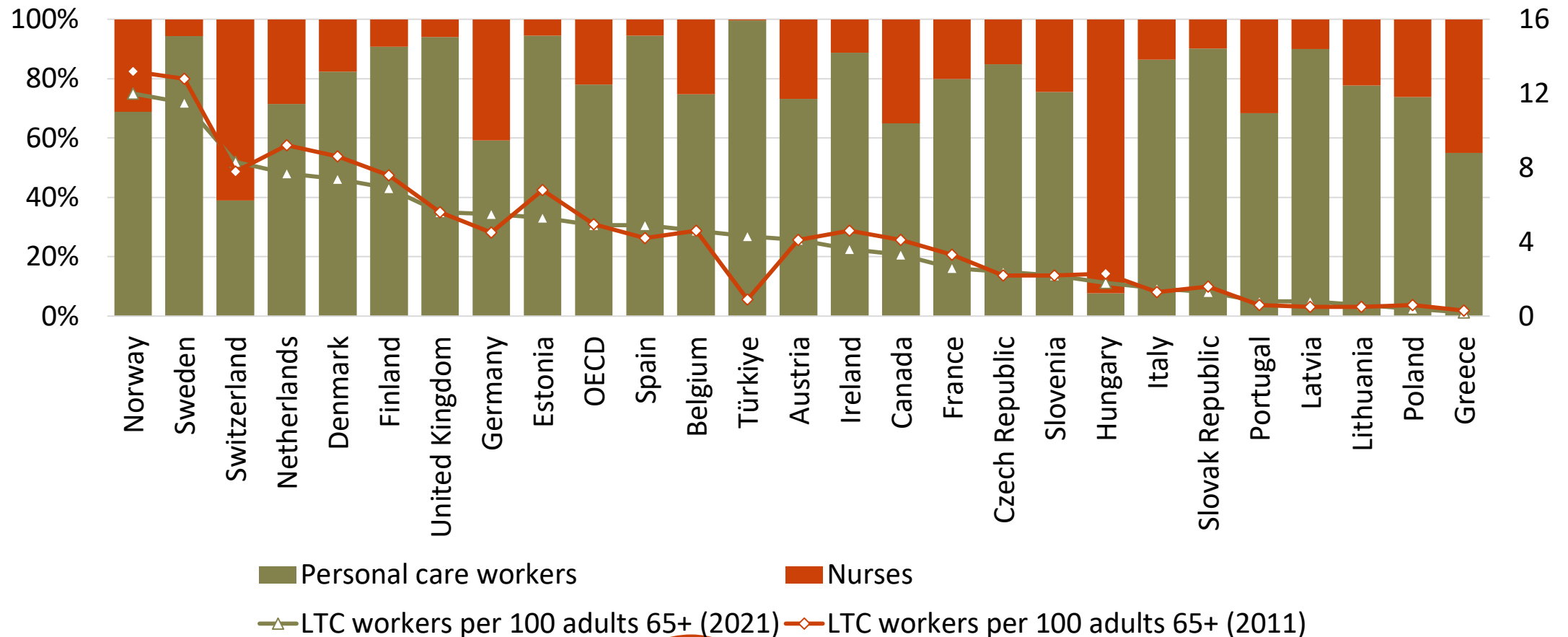
- Large share of **women** (82%) and high share of part-time work
- Lower **wages**, in particular IT, PT, EE, LV
- LTC workers show higher negative effects on **health** than workers in other sectors
- Huge differences in scope and coverage, growth between 20% and 90% needed in next 10 years
- **Migrant** care workers, in particular **live-in** personal carers (IT, AT, DE, EL, ES, PT), are covering gaps

Sources:

Kalavrezou et al., 2025; Eurofound, 2020; Pavolini & Marlier, 2024.

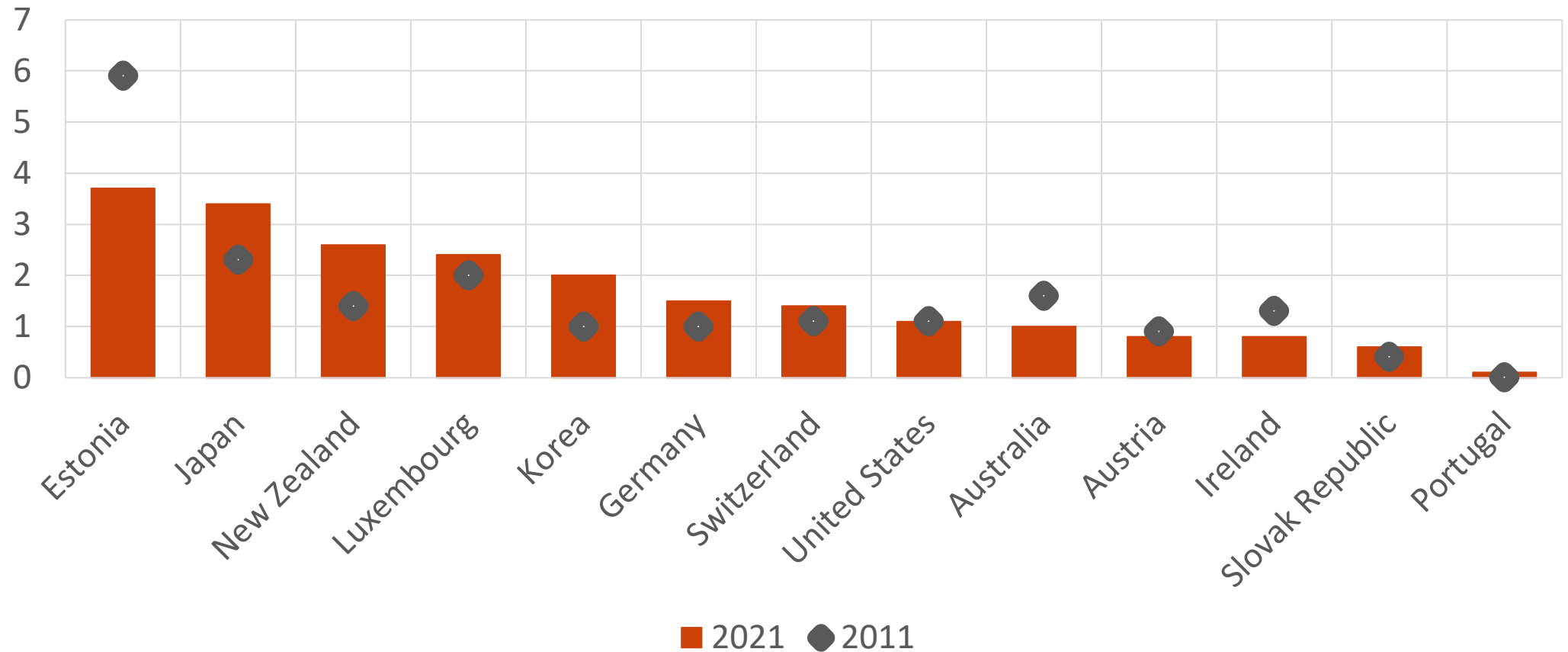
## The multiple faces of LTC workers

Composition of care workforce (nurses vs. personal care workers) and total number of LTC workers (nurses and personal care workers) per 100 people aged 65+, selected OECD countries, 2021 or nearest year

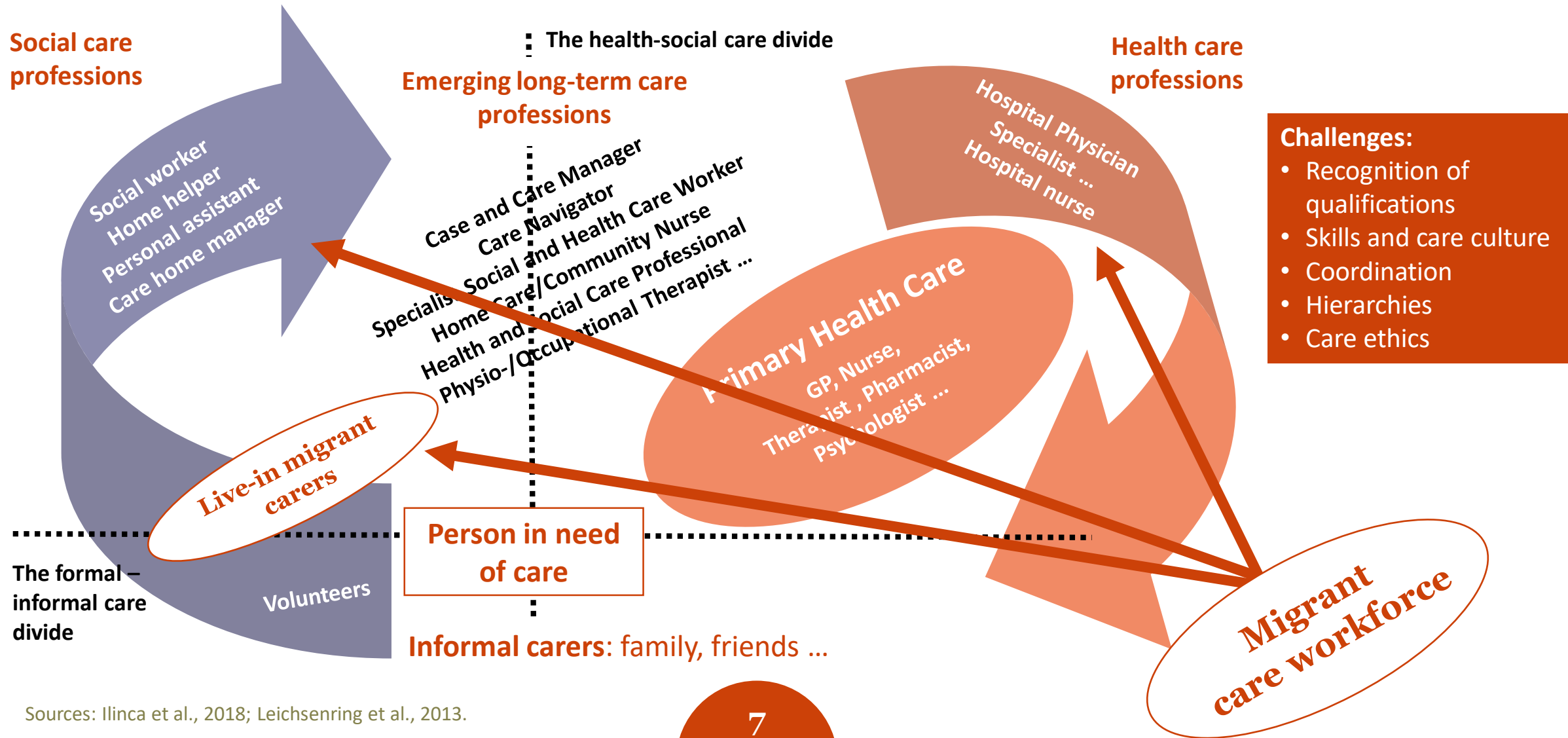


## The multiple faces of LTC workers

Full-time equivalent home care workers across selected OECD countries  
per 100 inhabitants aged 65+



# The multiple faces of long-term care workers



## The multiple faces of LTC workers

### The fundamental role of informal carers

- Informal carers are mainly women in the family. They remain **the backbone of care provision**, yet their integration in care service delivery is often neglected
  - Spouses and next-of kin at pension age
  - Next-of-kin at working age
  - Young (adult) carers
- **Lack of recognition** of carers as providers and users of services
- Informal carers act as “care managers”: Information needed **to navigate the systems**
- A **source of inequalities**: supporting and enabling mechanisms needed to address needs of different groups of informal carers



## The multiple faces of LTC workers

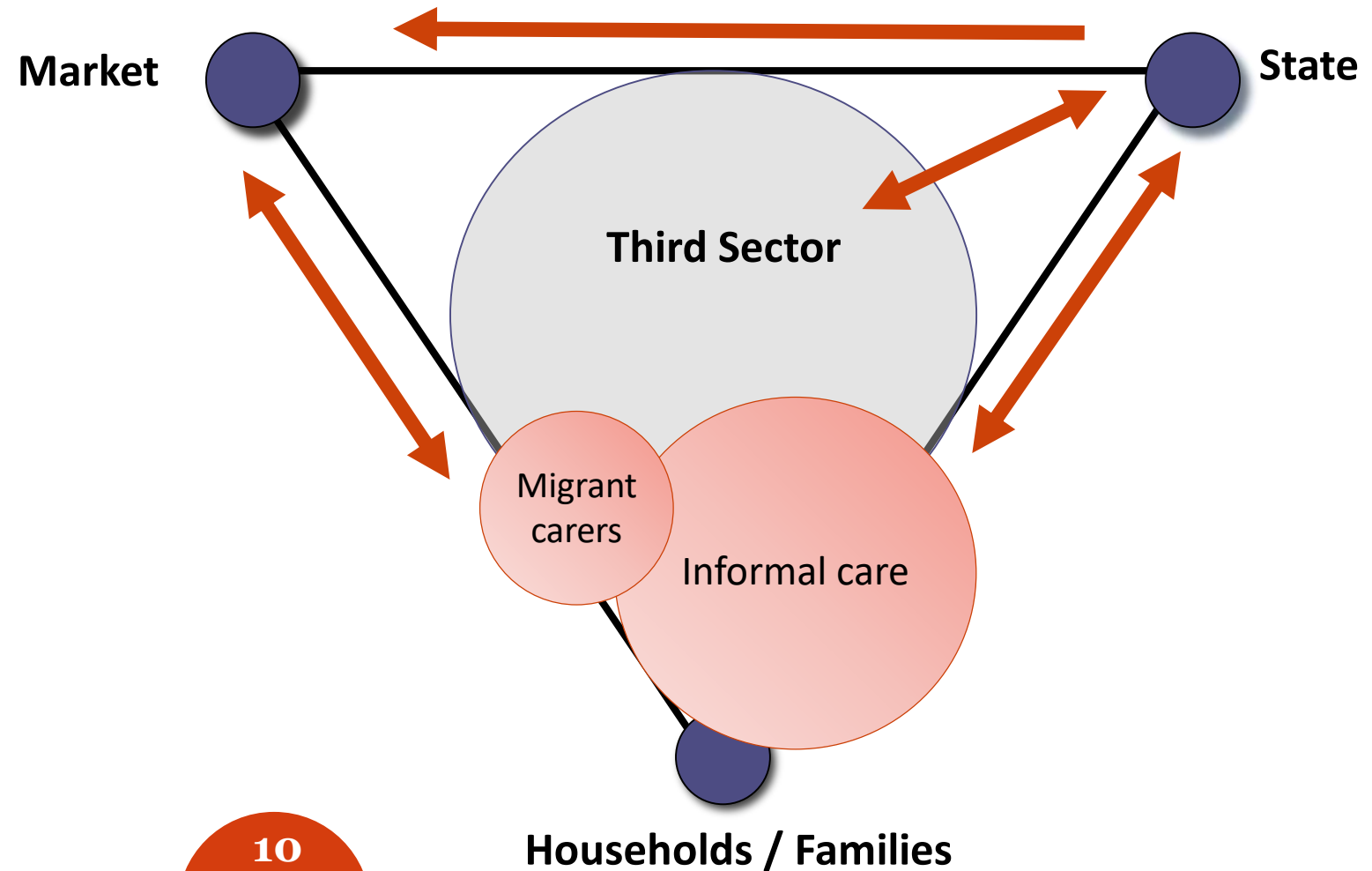
### The role of migrants in emerging long-term care systems

- Professionals in the formal health system
  - Trained doctors and nurses, mainly hospitals (cleaning and cooking); rising mobility and competition among EU Member States (and globally)
- Professionals in long-term care (social care)
  - Mainly in residential settings
  - Nurses, nursing aides, home helpers (cleaning and cooking)
- Live-in migrant carers in private households
  - From informal to formal
  - Trained and untrained
  - Short-term, mid-term, constant

**Specificities of the LTC labour force**

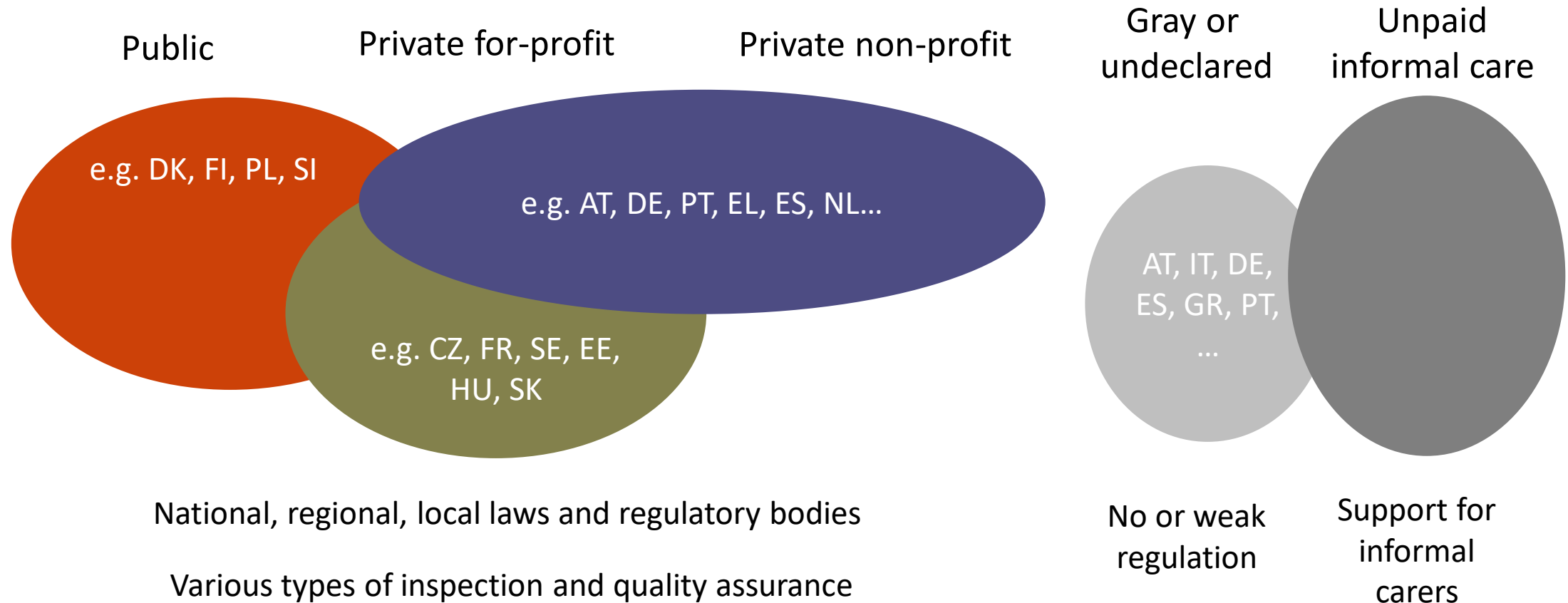
# The mixed economy of long-term care and the phenomenon of live-in migrant carers

- New Public Management
- Care regimes and path dependency
- Live-in migrant carers as 'do-it-yourself welfare' and a functional equivalent to family care



## Specificities of the LTC labour force

### The mixed economy of care has produced fragmented labour markets in long-term care



## Specificities of the LTC labour force

### LTC regimes in Europe and the role of migrant labour force

	Demand for LTC	Provision of informal care	Provision of formal care	Role of migrant workforce	Selected countries
<b>Standard-care mix</b>	Medium - high	Medium	Medium	High (formal and informal)	Germany, Austria, France, UK
<b>Universal-Nordic</b>	Medium	Low	High	Medium-low (formal only)	Denmark, Finland, The Netherlands, Sweden
<b>Family based</b>	High	High	Low	High (informal)	Spain, Italy, Portugal, Ireland, Greece
<b>Central &amp; Eastern European</b>	Low – medium	High	Low	Low (mainly sending countries)	Poland, Czech Republic, Slovakia, Romania, Bulgaria, Moldova, Ukraine

Source: based on Schulmann et al., 2019

## Defining the LTC workforce

### Informal vs. formal LTC: Live-in carers as a functional equivalent of informal care in the family

Dimension	Formal LTC			
	Informal LTC			
	<b>Family</b> (about 50% wives/partners, 25-40% next-of-kin at working age, 10-25% in pension-age)	<b>Friends/ neighbours</b>	<b>Live-in (migrant) carers</b>	<b>Professional LTC workers</b>
Job profile	no	no	no	yes
Training	no (but courses for informal carers)	no	no and yes	yes
Tasks defined	no	no	partly	yes
Remuneration	no (except some models of direct/indirect allowances or employment)	no	yes	yes
Extent	4h per week – up to 24-hours per day	various	stand-by up to 24 hours per day	according to labour law
Social Security	no (except some countries, depending on care level of person in need of care)	no	registered or undeclared	Yes
Other support	paid/unpaid care leave, respite care, self-help groups	no	brokering agencies (?)	counselling, further training

# The workforce challenge in LTC in a nutshell

- Poor working conditions and low attractiveness
- Acute personnel shortages: ageing LTC workforce, workforce migration, high turnover ...
- Administrative burden
- Difficulties to recruit and retain care workers
- Competition for care workers between health and LTC (and between regions/countries)
- Professionalisation remains low: unmet upskilling, lack of training (soft skills, LTC appropriate skills, quality improvement ...)
- Recruitment from third countries: A sustainable option?
- Individual “do-it-yourself” care strategies: live-in migrant care workers
- Digitalisation: additional burden or opportunity?

# Impact of the transformation of jobs on LTC work

## New skills

- Skills for rights-based approach; human interaction skills (person-centredness); intercultural communication; interprofessional cooperation; specific groups; digital skills: e-health; electronic beds; robot assistants

## Education

- From nursing-centred to LTC-centred education; tailored university modules; formal education to be revisited to meet LTC needs (rights-based, person-centred, community-oriented)

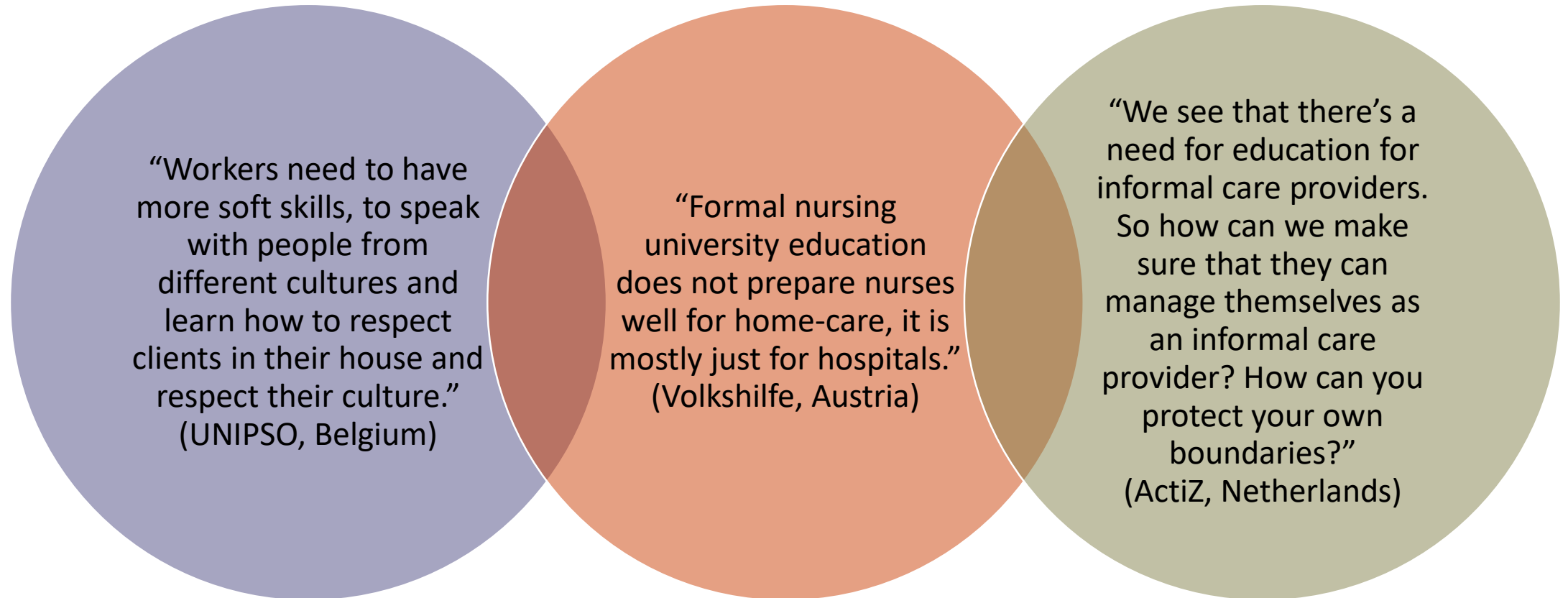
## Further training

- Responsibility of employers; difficulties to foster workers' participation in further training

## Digitalisation

- Opportunities to reduce administrative burden; use of digital tools is lacking promotion; digital divide between generations

## Employers' concerns

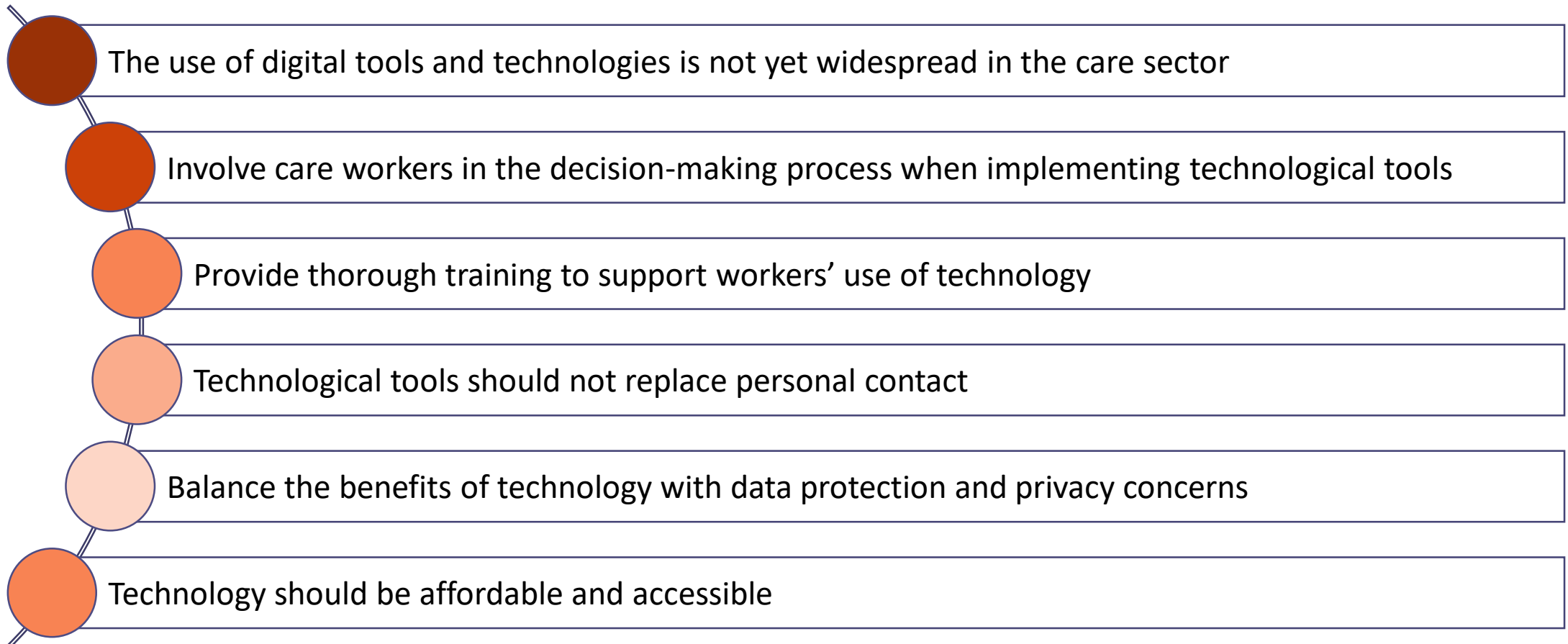


Source: Gjylsheni et al., 2023.



Where do we want to go?

## Integrating technology to make care work more attractive?



## Where do we want to go?

### **Making long-term care work more attractive: extending autonomy, defining new job profiles and fostering holistic care**

- The community nursing revolution in the Netherlands
  - Care in the community (Buurtzorg) as a bottom-up movement driven by community nurses
  - Autonomous work organisation within small teams
  - Putting the client at the centre, using local resources, cooperation with primary care and a wide range of local stakeholders
  - Reduction of hierarchies and overhead-costs (small back-office, coaches, software-support)
  - Employer of the year (several times)

Sources: de Blok, 2011; Leichsenring, 2016; Staflinger & Leichsenring, 2017.

## Where do we want to go?

### Prevention and “re-ablement”

- A paradigm change towards self-care and autonomy at home:
  - The carer as trainer
- Good practice in Denmark, Norway, New Zealand et al.
- Addressing the interface between acute care (hospital) and care in the community
  - Intensive support after hospital discharge, less care needs over the next year(s)
- Potential: to reduce the demand for long-term care services by 20-30%

Sources: Rostgaard et al., 2023.

## Where do we want to go?

### Regulating migrant live-in care: Is the Austrian model squaring the circle?

- A legalised approach to combat moonlighting in care
  - Personal care act 2007: registered self-employment (direct employment possible but not used)
  - Public subsidies to support legal employment of Personal Carers (social insurance contributions)
  - Delegation of care tasks
  - Bi-weekly shifts
- Growth from about 15,000 (2008) to 64,000 (2018), now 57,000
- Mainly from Romania (about 42%) and Slovak Republic (about 25%)
- Covering about 6% of private households with a person in need of LTC
- Formally self-employed Personal Carers rely on about 900 brokering agencies

Sources: Eurofound, 2025; Leichsenring, 2024

## Where do we want to go?

### Fostering social dialogue in long-term care

- Shared interest of workers' and employers' organisations in LTC towards public authorities as regulators and funders:
  - Equal opportunities for funding (public, non-profit, for-profit)
  - Lobbying for salary increase
  - Lobbying for rights to training
  - Involvement in policy development
- BUT: still divided organisations, lack of representation of foreign workers, no recognition, language barriers, low degree of organisation ...

## European approaches

### Trends to improve quality of working conditions

- **Wage increases**, education and training opportunities (e.g. AT, DK, ES, SE)
- **Recruiting** on a global level: which implications? (e.g. DE, AT, NO)
- New **organisational models**: moving away from assembly-line care work towards more autonomy, more person-centredness and holistic care (e.g. BE, DK, ES, NL); reduction of working time (AT)
- **Retaining and regaining**: Age management in LTC services
- **Raising quality standards** (e.g. staffing levels) and using quality development as incentive to improve working conditions (e.g. BG, CY, DE, FI, LU, LV)
- **Use of smart technologies** to reduce administrative burden (e.g. DE, DK, FI)
- **New skills, new job profiles and new staffing structures**: coordination, networking, case and care management, community care, counselling, companionship

## European approaches

### The EU Care Strategy – Workforce issues

- New Sectoral Social Dialogue Committee on Social Services (kick-off December 2023)

- Support for capacity building for social dialogue at national level in the care sector

- LTC skills partnership, under the Pact for Skills (launched April 2023)

- Supported by Erasmus+ project Care4Skills (kick-off March 2024)

#### Studies:

- CEDEFOP: skills in LTC
- Application of EU labour law in LTC
- Domestic workers
- Policy brief LTC workforce
- Attracting third country nationals in LTC
- Occupational safety and health issues in the health and LTC sector
- Undeclared care work in the EU (prepared by Eurofound)

#### Funding:

- Technical Assistance Instrument (TSI)
- European Social Fund+ (6.7 billion EUR)
- Recovery and Resilience Fund (8 billion EUR)
- Horizon Europe and Digital Europe



## Policy Recommendations

### **Assess skills needed in long-term care and develop appropriate education and training – and staffing levels**

New types of person-centred community-based care services require different skills than institutional care:

- Specialised soft-skills and working towards quality of life
- Continuous training on community care work
- From control to working towards objectives (performance indicators, continuous improvement)
- Age-appropriate work(places) and care responsibilities
- Care-relevant digital skills
- Working across boundaries: networking, coordination, facilitation
- Autonomous working in multi-professional teams



## Policy Recommendations

### Improve working conditions

To attract, recruit and retain workforce, image campaigns do not suffice:

- Provide decent working conditions, including flexible working time and appropriate wages (BUT: who are the social partners in long-term care?)
- Offer career plans, linked to training modules and age-appropriate tasks and duties
- Facilitate new ways of organising care in the “caring community” – age-, care- and dementia-friendly, involving relevant stakeholders
- Support informal carers (Young Carers, employed carers, spouses et al.) as partners in and of the care workforce
- Allow for inter-cultural exchange and consider ageing migrants
- Address the issues of live-in (migrant) carers

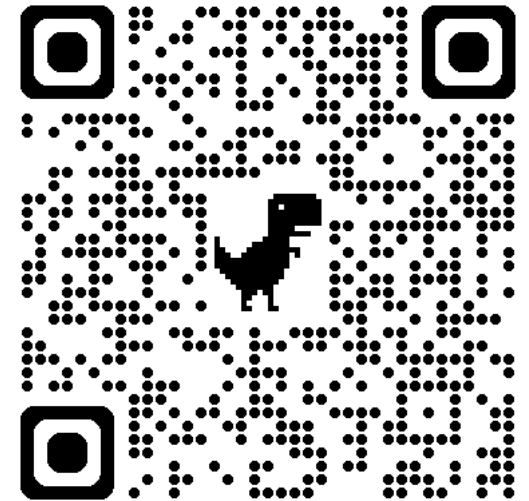
## Policy Recommendations

### Invest in all types of learning and quality development

To develop a sustainable workforce in long-term care, a mindset of continuous improvement and innovation is needed at all levels by

- Enabling staff in project management, intercultural communication, interprofessional collaboration, digital literacy
- Facilitating mutual exchange and working “across the walls”
- Developing caring skills in boys and men
- Assisting active labour market policies in installing pathways into care professions
- Advancing new job profiles in long-term care with a focus on re-ablement, prevention, digital support, access to care, community-based services, human rights, climate change etc.

Further reading

[www.euro.centre.org](http://www.euro.centre.org)



# Thank you!

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