



Mobilecare

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

Strategic Document

Implementing Sustainable

Live-In Care Mobility in Europe

Prepared by the

Institut für Qualität und Innovation in der häuslichen Versorgung
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Executive Summary

Europe's live-in care ([European Care Strategy, 2022](#))¹ sector faces a triple challenge: growing demand for elderly care all over Europe, care drain towards western countries, and the widespread informality of live-in caregiving work. Undeclared employment remains widespread, –estimates indicate about 6.8 million undeclared workers in personal and household services sector (home based care) EU-wide, including 2.1 million in care ([ELA](#))—leading to social exclusion of workers, labor rights violations, fiscal losses and uneven care quality. In some countries up to 50% of home care operates informally, causing “significant tax losses, poor working conditions, and labor shortages” ([EFFE, 20.5.2025](#)). Without intervention, this harmful informality (amounting in fact to undeclared work) will deepen as Europe's population ages (the 65+ cohort will expand by tens of millions by 2040), straining families, social security and care systems alike.

This strategic document—informed by a series of dialogues between EU Member State experts on live-in care, including a 2-day in person workshop and a two-round Delphi consultation with experts from multiple EU countries—proposes a three-pillar implementation strategy to support and formalize live-in caregiving, ensure fair mobility and conditions, and create a sustainable care model. It builds on top of previous proposals that identified policy options grounded in country-specific insights. This strategic document aims to assess a feasible implementation of policies across various national contexts. The document does not reflect the official positions of the organizations involved in the project.

Pillar I—“Legal Hiring Booster”: Making legal employment of live-in caregivers the easy and attractive option for care seekers. This includes wage subsidies or tax credits (e.g. a long-term care insurer reimbursing ~20% of wages) to narrow the cost gap with the gray market, and a one-stop online portal for simplified contracts, tax and social security registration. The Delphi panel strongly converged on this approach as the foundation to “*encourage more households into the legal*” (Delphi participant,

¹ Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care (2022/C 476/01, OJ C 476/1 of 15.12.2022, hereinafter “**2022 Council Recommendation**” / “**Council Recommendation on affordable high-quality LTC**”) in its para. 3 defines the notions of ‘long-term care’, “domestic long-term care worker” and ‘live-in care worker’.

‘Long-term care’ (‘LTC’ - para. 3(a)) means a range of services and assistance for people who, as a result of mental and/or physical frailty, disease and/or disability over an extended period of time, depend on support for daily living activities and/or are in need of some permanent nursing care. The daily living activities for which support is needed may be the self-care activities that a person must perform every day, namely activities of daily living, such as bathing, dressing, eating, getting in and out of bed or a chair, moving around, using the toilet, and controlling bladder and bowel functions, or may be related to independent living, namely instrumental activities of daily living, such as preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.

In turn, para. 3(h) of the 2022 Council Recommendation uses the concept of ‘**domestic long-term care worker**’, defined as any person engaged in domestic work who provides long-term care within employment relationship. Finally, para. 3(i) hereof lays out the notion of ‘**live-in care worker**’. It denotes domestic long-term care worker who lives with the care recipient and provides long-term care.

Given the definitions above, we chose not to make use of the concept of ‘domestic long-term-care worker’ - given that such workers plus they are not necessarily employed on the basis of an employment contract (as it is often the case for postings in the very sector from Poland to Germany). Rather, the decision has been made to use the concept of ‘**live-in care**’ as well as ‘**live-in caregiver**’ throughout the Document, representing the sector as well as the workers in that sector, independently of their contract, as it corresponds more than “long-term care” to the nature of the activities performed by such persons. The use of ‘live-in care’ has been confirmed in professional literature on numerous occasions.

Germany). By reducing the financial burden and bureaucracy on families, formal hiring can become more accessible and attractive than informal arrangements. Implementation requires national long-term care (including - live-in care) funds, with EU co-financing where possible, and digitalization programs for easier registration. It promises remuneration by access to social security contributions of, so far, unregistered caregivers.

Pillar II—“Rights & Risk Mitigation”: Safeguarding caregivers’ conditions and care continuity through proportionate oversight, training, and portable benefits. A consensus emerged among experts for consent-based monitoring (e.g. check-ins only as agreed visits and after reasonable suspicion of undeclared work - all this in line with the domestic legal order) that respects privacy while deterring abuse. Additionally, a low-threshold “EU Care Pass” training certificate (e.g. a 20-hour online course recognized across borders) with online check-in of work placements was widely endorsed to professionalize caregivers and provide a profile—albeit Spain noted its more rigorous national qualification requirements. To close social protection gaps, experts supported a portable micro-insurance scheme that travels with the worker across Europe. This bundle could cover health, accident and pension contributions via a flat daily rate, ensuring even intermittent or part-time live-in work accrues social security and low burdens for administration and registration. Importantly, one expert cautioned that special insurance should not become a “*second-class safety net*”. Where possible, caregivers should be included into standard systems in an easier manner—highlighting that EU-level efforts must complement, not undermine, national welfare standards.

Pillar III—“Dialogue & Governance”: Establishing permanent forums and support structures to give caregivers, families and intermediaries an institutional voice. The strategy calls for a Live-In Care Advisory Council in each country, convened quarterly with stakeholders like workers, providers, family employers,, trade unions and regulators—to monitor and give feedback on market and possible policy implementations. Many experts stressed that traditional unions don’t easily reach workers in this highly fragmented workplace of this sector. Still, experts urged to strengthen trade unions and providers’ capacity for collective bargaining and to explore alternative forms of representation and support networks to empower (e.g. collective bargaining power and provide a support network). This pillar aims to institutionalize social dialogue (in line with European Pillar of Social Rights principle 8 on social dialogue), possibly via caregiver associations or digital platforms for peer support. EU seed funding (e.g. under ESF+ social innovation) can help set up these forums, but member-states’ support is required for their permanence.

Each of the above-mentioned 3 Pillars is mapped to the EU policy tools. Under Article 153 of the TFEU, the EU can support and complement Member States’ actions in areas of working conditions, social security protection, and labor market integration—the core domains relevant to live-in care. While direct regulation of care services largely remains a national competence, the EU can coordinate via soft law and set minimum standards where appropriate. Accordingly, this roadmap envisions a combination of non-binding coordination (e.g. European Semester guidelines, Coordination on long-term live-in-care quality), targeted legislation (employment condition guidelines for domestic workers such as live-in-caregivers could be feasible under Art.153(1)(b) TFEU, excluding pay), and funding initiatives. It aligns with the European Care Strategy (2022) goals of ensuring quality, affordable care and better working conditions for caregivers. It also supports the European Pillar of Social Rights (2017/C 428/09)—notably principle 5 on secure and adaptable employment in the atypical live-in caregiver role, principle 12 on social protection for all workers, and principle 9 on work–life balance of caregivers but also families, who can reclaim parts of their time by caregiving services. By formalizing

a largely female and migrant workforce that enables potentials of work in various sectors, our strategy advances gender equality (SDG 5) and decent work (SDG 8), while reducing inequalities between EU regions (SDG 10) and improving well-being of both caregivers and clients (SDG 3).

Therefore, our strategy document will tackle one of the most important phenomenon of live-in care in the European Union. It remains predominantly carried out by women, many of whom are Third-Country Nationals ('TCNs'). Often described as 'unsung heroes'², 'silent heroines' (Steiner, Prieler, Leiblfinger, Benazha, 2020, p. 69), it is women that carry out the burden of care in the European Union (including, especially - live-in care).

The recommended measures are prioritized by experts from both "sending" and "receiving" countries and judged as operationally realistic as possible. For example, stakeholders from Germany, Italy, Malta and Serbia all favored direct wage subsidies to combat informality, indicating a viable political path for Pillar I across different states. Divergences (e.g. Spain's stance on inspections, or one of Germany's preference for social insurance like Austria) are addressed with flexible implementation options. An implementation roadmap for each pillar is drafted.

This strategic document suggests a consensus-based, actionable plan to transform live-in care from a mostly informal segment into a formalized sector of sustainable and valued jobs. With the help of EU coordination and funding to support national reforms, this is a step to turn the care crisis to an opportunity of fair mobility pathways for household caregivers and securing care for millions of families.

"Investing in care is not just a social necessity but an economic opportunity, with every €1 invested generating measurable socio-fiscal returns."

[EFFE Dom&Care Value Calculator](#); See also: *The Care Dividend – Why and How Countries Should Invest in Long-Term Care*, European Observatory on Health Systems and Policies

² Cf. Opinion of Advocate General G. Cosmas delivered on 9 December 1997 in case C-160-97 Manfred Molenaar and Barbara Fath-Molenaar v Allgemeine Ortskrankenkasse Baden-Württemberg, where the AG reckoned that 'they are the unsung heroes in the case of persons reliant on care, in particular where the latter remain at home' (footnote 3 of the Opinion).

Introduction

For a detailed state of the live-in care sector, please refer to the comparative report of the project. The project participants are a diverse group of experts and quoted or summarized positions are not to be confused with the official positions endorsed by the organizations nor the European Union.

Context: A Strained Informal Care Sector

Live-in caregiving via mobile caregivers has emerged as a viable option for elderly care in many EU Member States—yet it operates largely in a shadow economy. Live-in care work, sometimes called ‘24-hour-caregiving’, is a term for arrangements where caregivers, often women from Central/Eastern Europe or beyond in cross-border situations reside in the household of a person in need of help. Undeclared, informal or semiformal (e.g. underreported hours, moot contracts) work in this sector is widespread, making it an archetype of problematic transnational household services. A recent Eurofound study estimated 6.8 million people work undeclared in household services, 2.1 million of them in care roles ([Undeclared care work in the EU: Policy approaches to a complex socioeconomic challenge](#), Baggio, Cabrita, 2025). In countries without supportive policies, up to 90% of home care operates undocumented. While families often feel forced to resort to informal arrangements in order to provide care (e.g. financial strain, lack of official care-services and insecurity in formalization), informality leads to commonly known downsides:

- **Labor Rights Violations and Social Exclusion:** Undeclared caregivers lack basic protections, such as less choice of work, overtime pay, leave, health coverage, or pensions. A class of “invisible” care laborers is taking care of European’s elderly while being neglected themselves. With most caregivers being women, frequently migrants, a gender dimension is added to the problem.
- **Fiscal Losses and Unfair Competition:** Informal employment means no taxes or social contributions. Analyses (e.g. Eurofound / ILO) warn that undeclared work erodes tax bodies and strains social insurance. Law-abiding care agencies and workers struggle to compete with prices of the informal market while also having to put administrative struggle onto families, creating a vicious cycle of unfair competition.
- **Uneven Quality and Continuity of Care:** In informal arrangements, there is no oversight or standards for care quality. This can jeopardize the wellbeing of dependent seniors. Without formal contracts or benefits, caregivers frequently change jobs or leave, disrupting continuity of care. The sustainability and safety of care are at stake with a system relying on an underground workforce.

These issues are reinforced by demographics. Europe’s population is rapidly aging: by 2040, there will be around 30 million more people aged 65+ than in 2020. The [Eurostat regional analysis](#) shows virtually every EU region will see a rise in elderly population. This increases the importance of enabling elderly to live independently with adequate care. Live-in care with, being personalized, flexible and home-based, is a key model in meeting this demand.

What is crucial to our considerations in this regard is that the latest approach of the European institutions puts emphasis, following in this regard the provisions of the European Pillar of Social Rights and the European Care Strategy, on ‘de-institutionalization’ of care in the European Union. In the wording of the ECS, it is about ‘integrated and person-centered long-term care that is accessible, affordable and of high quality’. The Commission emphasized that ‘person-centeredness entails offering a choice of services in line with people’s needs and improving the transition from institutional care to home care and community-based services’. In that regard, the Commission proposed inter alia

‘offering direct technical support from the Technical Support Instrument to the Member States under a new flagship project “Towards person-centered integrated care”.

At the same time, the Commission acknowledges that one of key drivers to remedy labor shortages in care can be ‘legal migration’; including from third-countries (the EC rightly stated that ‘these opportunities may also be valuable to people fleeing the Russian aggression in Ukraine, especially experienced caregiverd, who want to seek employment while residing in the EU’–European Care Strategy, p.14). Indeed, ‘already today, many people from non-EU countries work in the care sector’, as the Commission emphasized. To attract them, the Commission, inter alia recommended that Member States, in collaboration with respective stakeholders, address skills needs and worker shortages in long-term care by ‘exploring legal migration pathways for long-term care workers’ (2022 Council Recommendation, para. 8(d). Moreover, the Commission then proposed a series of new initiatives in a Skills and Talent Mobility package to make the EU more attractive to talent from outside EU, and to facilitate mobility within3.

Finally, the 2023 Council Conclusions on the transition of care systems4[2] proved to be the EU policy document where ‘de-institutionalization’ of care has been mentioned on such a scale (arguably) for the first time. The Council acknowledged that ‘greater awareness of the right of all persons to enjoy a full and dignified life have led to the questioning of institutional care models, which in many cases entail segregation and limit fundamental freedoms. This paradigm shift has been accompanied by (...) changing ideas of what care should look like. It has also been supported by scientific evidence confirming many inadequacies of institutional care, by heightened social awareness (...) of gender mainstreaming (...) and by increasing social sensitivity and a widespread preference for person-centered and community-based models’ [Para. 1 of the 2023 Council Conclusions (p. 2)].

Thus, arguably for the first time in a text of such provenance, the Council invited the Member States to ‘[r]ecognize the individual right to be cared for, under equal conditions, (...), that holistically define and ensure the right to sufficient, appropriate and affordable high-quality, person-centered and community-based care. It is important that this care is in accordance with the choice of the person, who has the right to be accompanied in that process and that decision. The right to care implies supporting caregivers (e.g. by providing social protection and training, counselling and respite care), and recognizing their right to make decisions about how much, and whom to care for’ (2023 Council Conclusions, para. 18). Notably, the very text also refers ‘to combating ‘undeclared work in care services, paying particular reference to domestic caregiving, which is often carried out by migrant workers’ (Council Conclusions, 2023, para. 24 a)).

The Council also invited the Member States to ensure ‘person-centered long-term care and support that enable those who require it, and who so wish, to prevent institutionalization, to live dignified lives, to life in self-determination, to conserve their autonomy, to live independently in the community and

³ See: Commission proposes new measures on skills and talent to help address critical labour shortages, Press release, 15 Nov. 2023, retrievable at: https://ec.europa.eu/commission/presscorner/detail/en/ip_23_5740. The acts proposed within the very Package and especially the Proposal for a Regulation establishing an EU Talent Pool provide for a direct employment of third-country nationals – not for posting (which belongs to another freedom of the internal market – free provision of services).

⁴ Council Conclusions on the transition of care systems throughout life towards holistic, person-centred and community-based support models with a gender perspective, approved by the EPSCO Council at its meeting held on 27 November 2023, 16094/23 SOC 833 EMPL 598 GENDER 211, <https://data.consilium.europa.eu/doc/document/ST-16094-2023-INIT/en/pdf>, ‘2023 Council Conclusions’.

to be able to freely exercise control over where, with whom and how they want to live' (Council Conclusions, para. 19a)) – thereby upholding especially the choice of a recipient of care. However, if the sector remains informal and precarious, countries risk a widening gap between care needs and available workforce. In this project, various states already reported facing live-in caregiver shortages. This is a recent development that follows a long period of excess demand for jobs in the sector.

Drivers of Informality: The status quo undermines EU values and goals such as social justice, gender equality⁵, free movement on fair terms, and the aspiration for quality affordable long-term care for all. The Delphi consultation confirms a common root cause in all nations to be high cost and complexity of legal hiring in personal and household services. This pushes families and workers to informality. When a family must effectively fund the full-time salary of at least one live-in caregiver from savings on top of existing household expenses—a strong incentive to save money by avoiding taxes or cutting corners evolves. Administrative hurdles (e.g. multiple registrations, forms like the A1, varying regional rules and few subsidies) further deter private households from navigating formal arrangements. One expert said “the price gap and the paperwork gap” fuel the shadow market. With most member states’ labor laws (e.g. standard working time rules) not fitting the live-in care context anyway, families are left with pondering: If I can’t do it right, I might as well not try at all and thereby save the money and effort. This is corroborated by few countries’ labor inspections reaching inside private homes.

Policy Relevance and Strategic Objectives: The imperative to address live-in care’s informality is recognized at both national and European levels. Principle 18 of the **European Pillar of Social Rights** on long-term care states the right to affordable quality care services. The **EU Care Strategy (2022)** calls for reducing informality in care-work and improved working conditions as prerequisites for a sustainable care system. The **UN Sustainable Development Goal 8** on decent Work and Economic Growth urges the formalization of employment and labor rights; SDG 5 (Gender Equality) is touched by the mostly female care-workforce while SDG 3 (Good Health & Well-being) and SDG 10 (Reduced Inequalities) are linked to how societies organize and distribute care responsibilities.

Within this context, the **objectives** of our proposal are threefold:

1. **Facilitate Legal Pathways for Intra-EU Caregiving**
2. **Ensure Social Protection and Continuity of Care**
3. **Promote Social Partners and Stakeholder Dialogue**

We envision a formalized live-in care sector that is attractive to workers, affordable to families, and supported by public policy as a pillar of Europe’s social infrastructure. A first step on this path is to allow live-in care to exist as an attractive care option in the open.

What This Document Provides: This is not an academic report, but a strategic advisory reference for policymakers. It is part of the MOBILECARE project, co-funded by the European Union. Various documents on the state of the sector are provided alongside this document that provide scaffolding and background information. This report distills practical insights on how an implementation of

⁵ On gender issues of live-in caregiving see e.g. M. Kiełbasa, ‘Handle with Care’? Person-centred live-in care provided by posted workers and other care-related phenomena in the EU, forthcoming in: *Medicine, Law & Society* 2025, vol. 19 (2); M. Travis, Combating Hidden Career Penalties Against Women Who Provide Eldercare, *Forbes*, 28 Jan 2025, <https://www.forbes.com/sites/michelletravis/2025/01/28/combating-hidden-career-penalties-against-women-who-provide-eldercare/> or M. Andriescu, et al., Monitoring Posting of Workers Directive 2024 <https://op.europa.eu/en/publication-detail/-/publication/d06f8af4-02bd-11ef-a251-01aa75ed71a1/language-en>

needed reforms might work. Based on expert dialogues, Delphi consultations and project progress, a Three-Pillar Strategy (Legal Hiring Booster; Rights & Risk Mitigation; Dialogue & Governance) is proposed. Each pillar comes with a set of measures, and examines implementation levers (legislation, funding, coordination).

Methodology: Project and Delphi Process

Based on the project's numerous expert discussions, reports, meetings, and the Delphi consultations. Detailed summaries, questionnaires and expert responses are available in the project deliverables. The Delphi method was chosen for its ability to approach an expert consensus on controversial matters. Anonymized national experts (e.g. policymakers, care-worker representatives, employer bodies, legal and research specialists) were chosen by the national partners of the project and invited to provide their opinions on the feasibility of implementing previously identified policies from the project. Opinions were gathered in a multistep process with divergent and convergent open-ended guiding questions and prioritization tasks. Policy proposals and national statements were occasionally cross-checked with published research and legal analyses and combined with workshops and expert meetings. Finally, the presented outcomes were discussed with several European-level partners to ensure proper target group alignment. This strategic document does not reflect the official positions of the organisations involved in the project.

Limitations acknowledge the very small sample, potential stakeholder gaps as well as a lack of convergence on all measures. We consider measures that did not face strong opposition to be acceptable. Cases proposed by several partners with clear opposition are treated as open for a flexible introduction based on national requirements. Constraints in the project plan required to continue with the state of opinions at the required submission date. Unanimity in such measures is hard to reach and always depends on the panel. Thus, the gathered and regarded opinions can only guide policymaking and cannot serve as a literal vote of the participating member countries on the policy proposals and measure plans.

Findings: Converging Reforms and National Nuances

Before detailing the strategy's Pillars, the most promising actions identified by Delphi panelists and clearest differences are presented. This comparative insight shapes the prioritization and definition of the Three-Pillar action plan.

Convergence on Key Measures–Delphi Agreement

1. Incentivizing Legal Hiring–“Carrot” over “Stick”: There was near-unanimous agreement that positive incentives are essential to reduce undeclared work in live-in care. Making formal hiring more attractive for families was seen as crucial. Experts from Germany, Italy, Malta, and Serbia all favored some form of public subsidy or tax break to offset the cost of legally employing a live-in caregiver. A German delphi participant explained an about 20% offset would “*essentially make the legal contract competitive with a cash-in-hand deal*”, especially if combined with easing the administrative burden. An Italian expert supported a one-click portal backed by tax credits. Noting that Italy already has collective agreement for domestic workers, the main barrier for adoption is the bureaucratic process.

Notably, all experts stressed affordability. As one German respondent put it: *“Fair pay, proper work hours—we have to face the cost”*. Without public investment, higher labor standards will simply force the sector further underground. This set the stage for Pillar I of our strategy (Legal Hiring Booster).

2. Proportionate Oversight & Privacy Respect: None of the participants advocated for inspection regimes (e.g. random house raids to penalize undeclared caregivers and families), due to the constitutional principles of privacy and private propriety. Instead, a majority endorsed an approach of “tip-plus-consent” visits in combination with subsidies: i.e. labor authorities or social inspectors could visit a household on credible reports of illegal employment. Controls could also be combined with regular welfare visits, or interviews of the workers outside of the household in question. An Italian expert said tip-initiated checks could work *“because it allows intervention in bad cases while avoiding a perception of state intrusion”*.

The only outlier was Spain: the Spanish expert argued that the private home should be legally recognized as a workplace for labor inspection purposes, which would allow more routine enforcement. This reflects their stricter stance on labor law in domestic work (indeed, Spain recently brought domestic workers under unemployment insurance and strengthened their labor rights). However, even there, a regulatory change is needed to permit this. Others cautioned that in countries like Germany, Italy, or Poland constitutions strongly protect the inviolability of the home (e.g. Art. 13 of the German Grundgesetz), making random inspections nonviable.

3. Portable Social Protection Mechanisms: A third convergence was the need for a special mechanism to ensure caregivers maintain a manageable and comprehensible social security status. The concept of an EU-wide portable “micro-insurance” or voucher system emerged, where each family pays an amount per day received care, granting coverage across borders. It was described as a flat-rate insurance covering health, accident, and pension, regardless of income or hours worked. Serbia’s expert favored an “EU Care Wallet” digital account that accumulates contributions pro rata from each short job, which is functionally similar (the wallet could hold earned benefit credits). Malta’s respondent, dealing mostly with third-country caregivers, suggested exempting live-in caregivers from certain national insurance thresholds so they can benefit even if technically not eligible.

The consensus is that regular social security is ill-fitted to live-in care, with caregivers working irregularly for multiple families in different countries. Importantly, while endorsing this idea, participants also highlighted it should provide decent benefit levels, some even suggested treating the caregiver fully in the host’s system right away. That ideal aligns with equal treatment directives but is hard to implement for short placements, hence the practical compromise of a portable scheme oriented on country-of-origin. We incorporate this by proposing an EU-facilitated insurance option. Perhaps Member states can allow caregivers to merge these contributions into other schemes at will.

4. Cross-border Training and Certification (“Care Pass”): The creation of a voluntary “European Care Skills Pass” received support. A standardized short training that could be taken online with some practical elements or work placements and recognized across the EU. All countries saw value in upskilling domestic caregivers in essential competencies (basic nursing tasks, communication, rights and duties, dementia, etc.), both to professionalize the sector and to reassure families. As Italy’s expert noted, *“many caregivers would be interested in enrolling in a 40h course if it would give them a competitive advantage in the job market”*. Malta and Serbia as well as Germany likewise agreed that even a short certified course improves care quality and status of workers.

However, Spain caveats: any EU Care Pass must complement their high standards and possibly be “EQF-mapped”—referencing the European Qualifications Framework—so that it could be recognized as part of the pathway to full caregiver qualification. Essentially, Spain supports training but does not want a 40h course to be seen as sufficient for caregivers. We have taken this into account by making our Pillar II proposal for the Care Pass voluntary and modular: it should be a stepping stone, useful for interim or auxiliary caregiver roles like those of live-in caregivers, not a replacement for comprehensive vocational training. In implementation, we suggest exploring how the Care Pass could articulate with national frameworks.

5. Need for Permanent Dialogue Platform: panelists converged on establishing a permanent forum or council specifically for the live-in care sector. A majority (Germany, Italy, Serbia, and Malta) preferred a relatively informal but regular “Advisory Table” convened by the government quarterly. Italy’s expert envisioned the government inviting representatives of employers (families and service providers/agencies), workers (domestic workers’ unions or support NGOs), , and relevant public bodies to discuss problems and solutions every few months.

Malta’s expert, and one of the German participants, advocated a slightly more institutionalized model—a “Statutory Home Care Board” with some paid staff and perhaps a legal mandate to advise or oversee policies. Spain indicated that it already has sectoral social dialogue already (for domestic workers), but crucially noted that currently “*workers are not really represented*”. The Spanish respondent proposed a “*sectorized tripartite social dialogue*”, ensuring live in caregiver issues are a distinct item and that worker reps (including perhaps migrant caregivers) need to be genuinely present. In summary, everyone agreed on institutionalizing dialogue, but the form can range from government-hosted roundtables to formal social partner negotiations. We incorporate this into Pillar III (Dialogue & Governance).

Notable Divergences—Delphi Debate Points

While the above areas saw general agreement, a few topics revealed clear divergences, either across countries or within the panel. We aim to address these issues carefully:

1. Intensity of Labour Inspection vs. Privacy: As mentioned, Spain vs. others on home inspections was stark. This is ultimately rooted in different legal cultures—Spain signaled willingness to designate homes as workplaces in law (thus inspectable), whereas German and Italian constitutions make that difficult.

2. Working Time Regulation for Live-Ins: Perhaps the toughest issue is how to reconcile live-in arrangements with standard working time laws. While everyone agrees excessive hours and continuous availability are common problems, when forced to pick a “working-time compromise,” in convergent questions, experts split: some opt for a “resident caregiver” special status. Here live-ins should be exempted from various work time directive (2003/88/EG) limits but granting more free time and benefits in compensation. The idea is to acknowledge the particularly fragmented work-time of live-in caregivers with a condensed placement time when total work hours are limited, but rest times and on-call duties treated in a manner fitting the care arrangement. Others opted for the working time directive conformity and more expensive shift model with several live-ins hosted at the same time. This divergence reflects reality: no consensus yet exists on how to accommodate live-in caregiving. Accommodating the expert opinions, no single model is imposed, and instead some pilot solutions are collected.

3. Funding Responsibility–National vs. EU: All participants agreed public co-financing is needed for a shift from undeclared work. But who pays sparked some debate. German and Italian panelists leaned toward national solutions (insurance funds, state budget) albeit with EU help to start up. The Serbian and Maltese experts implied that EU funding is welcomed to not overburden national budgets.

“A binding directive [on live-in care] would be good only if there are clear mechanisms for EU financial support, otherwise it’s a burden on poorer countries” (Delphi expert, Serbia).

We thus outline a mix: initial EU funding to pilot and transition, followed by sustained financing via national schemes. The European Commission already highlighted that Member States can use ESF+ to invest in long-term care reforms and workforce, stating that [ESF+ is an “essential component” for implementing the Care Strategy’s](#) goals on care access and workforce improvement.

4. EU Legislation vs. National Autonomy: When asked about an EU directive on live-in care, the panel was split. Spanish experts were strongly pro-EU regulation, saying it’s *“very desirable to have a statute that unifies working conditions”* across the EU. A German expert said an *“EU-led solution”* makes sense given the cross-border nature of the market, while another German expert felt coordinating loosely with the EU might speed up acceptance. Italy predicted a similarly mixed reaction: support from some, but resistance from those fearing impractical and slow standards. Malta expressed general skepticism that *“whenever the EU issues a directive, [country] goes for minimum compliance”* and doubted change. Our approach to this is nuanced: we outline steps whereby a progressive move from guidance to minimum standards if consensus builds.

In summary, the Delphi results guided us to a strategy that is largely built on common ground. The following three pillars are drawn from the clusters of agreed measures, while also being flexible where needed to accommodate national differences.

Three-Pillar Strategy for a Live-In Care Reform

Building on the consensus areas, three interlocking pillars are formed. Each pillar comprises a set of measures addressing one dimension of the challenge, and together they provide a holistic solution.

The pillars are:

- **Pillar I—Legal Hiring Booster:** initiatives to make formal hiring easy and attractive, eliminating the cost and complexity advantages of the black market.
- **Pillar II—Rights and Risk Mitigation:** measures to protect workers and clients through smart oversight, training and portable benefits, thus professionalizing the sector and ensuring continuity of care.
- **Pillar III—Dialogue and Governance:** structures to embed stakeholder voice and coordination, enabling continuous improvement and adaptation of live-in care policies.

Pillar I—Legal Hiring Booster

Objective: Drastically lower the barriers and risks (financial and administrative) for families to hire live-in caregivers legally, so that choosing the formal route becomes the default choice across the EU. In parallel, this pillar aims to channel state support to reduce the cost burden on families, recognizing live-in care as part of the social care system rather than a private luxury expense.

Core Measures:

1. **Direct Employment Subsidies or Tax Credits for legal Live-In Care:** Governments must first ensure legal models are chosen. Then would provide either a cash subsidy (e.g. via long-term care insurance or municipal budget) or a refundable tax credit to households that legally employ a live-in caregiver. The Delphi consensus coalesced around a figure of approximately 20% of wages being subsidized. Models vary: Germany’s idea is using the present long term care insurance fund reimbursement, while Italy and Malta considered tax deductions. The goal is to shrink the “price gap” between formal and informal care. For instance, if a live-in caregiver costs a family €3,000/month gross formally, a 20% subsidy means the family effectively pays €2,400—which is deemed close to what an informal cash arrangement costs. Evidence from countries like France (with its tax credit for household services (CESU)) and Belgium (with the service voucher system(titre-services)) shows that such subsidies significantly boost formalization. This costly measure can pay back through higher tax compliance and job creation.
National Implementation: Receiving nations need to design the scheme according to their systems. Germany with its statutory long-term care insurance (Pflegeversicherung) can introduce a “Pflege-Budget” top-up for live-in caregivers. Italy might create a dedicated fund or offer a tax credit through INPS (social security) for employing caregivers.

“Supplementing care insurance with 20% of the reimbursement would [...] make legal assumptions more appealing” (Italian expert).

Sending countries noted they would benefit from their citizens abroad having formal jobs for remittances and eventual pension portability—which is lacking at the moment. They could cooperate by ensuring easy issuance of A1 forms or by bilateral agreements to avoid double contributions.

EU role: The Commission should issue guidelines on permissible working conditions and

employment types that fit the working conditions of live-in caregivers. Member states need a direction in the ongoing debate of how to legally employ mobile caregivers in live-in arrangements.

Subsidies of social nature can be identified as outside state aid restrictions under Art.107. The use of ESF+ to co-fund pilot phases is possible. Some Country Specific Recommendations in European Semesters already ask tackling undeclared work–this gives a concrete method.

2. **One-Stop Online Portal / simplifying Hiring and Registration:** Families often do not formalize employment because the process is convoluted—they may need to register with multiple agencies (tax office, social insurance, work accident insurer, etc.) or navigate foreign posting. Furthermore, experts stated that even with registration, no certainty of legality exists. Thus, a portal that easily allows contract checks or, e.g. for self-employment, generates a hiring contract (with standard terms compliant with directives and laws), register the caregiver for all required taxes and contributions, and apply for any subsidies or benefits. Essentially, this is a “care employment one-click” platform. Several experts championed this: *“One-click portal = single government website that issues a fully compliant contract and handles registration”* (expert, Italy). **Implementation:** E-government infrastructure should be reused. For example, France’s CESU (Chèque Emploi Service Universel) handles universal declarations. Austria’s 24h-care portal used for registering self-employed caregivers shows it is feasible.

A Maltese participant highlighted that “paperwork is daunting, especially for older care recipients” and suggests tech and social workers to assist.

Though not an EU member yet, Serbia plans to send caregivers abroad; they want Serbian workers to have an easy legal placement and suggest a pre-departure one-stop where workers can register and get info before probably ending up as undeclared workers. The Digital Europe Programme could fund cross-border interoperability of existing systems. Connecting posting registration systems and implementing learnings from the “Single Digital Gateway” initiative should help.

Another suggestion presented by participants from Poland was to standardize or even eliminate the need for the A1 portable document for short-term postings—currently, any posting requires paperwork that deters legitimate hiring. An Implementing Act or an amendment to Reg. 883/2004 (social security coordination) could exempt live-in care placements under say 3 months from some formalities, if registered in the portal and covered by a special insurance as proposed later.

3. **Simplified Contracts and Vouchers:** This will reappear in Pillar II with a working time compromise, but implementation is discussed here for its legal component. It involves a pre-defined contract template (covering working and rest time, a flat pay for off-duty-live-in time and fragmented work, board & lodging if provided, etc.) that is legally recognized and compliant with working time directives and nations’ laws. However, at the moment there is no such solution available, as the national reports of the project have shown, leaving families in jeopardy to choose between likely illegal models or illegal undeclared work.

Some experts mentioned if contract terms were adapted to live-in reality, families wouldn’t fear non-compliance.

A related idea is the **voucher systems** that experts mentioned from Belgium. Instead of an employment contract, families buy vouchers from a state agency, which then takes care of paying the worker and contributions. This heavily reduces admin for families. However, this also needs a legal way of providing affordable live-in-care for state agencies and special funding.

Austria's model legalized live-in caregivers by acknowledging their self-employed status. This removed families from a lingering "employer" role and avoided the pitfalls of labor law restrictions that render one-person-live-in-arrangements illegal. Waking up once per night, for example, to assist with a toilet run, interrupts the rest time. A new mandatory 11-hour cycle of rest is started, rendering the caregiver unavailable for preparing breakfast. Regardless of actual summative working time and proper pay, such employment is not permissible. Various Delphi experts didn't favor pushing caregivers into self-employment due to the lesser securities. However, regarding existing labor law restrictions, no other practical one-person-live-in-arrangement remedies were identified so far. The goal of Pillar I remains making whatever the legal form is (employment or legit self-employment) as easy as informal hiring currently is. A feasible way for a compromise is thus to:

Provide a freelance-like status with social security contributions.

Implementation: The EU must support by sharing best practices, different interpretations, or changes in the Working Time Directive(2003/88/EC). Any necessary legal tweaks e.g. defining a new contract type in labor codes) should be done early in reform to give a clear legal basis and time for nations to adapt. Guidelines on simplifying declarations in personal household services must be published, e.g. on ELA portals, to allow all stakeholders to adapt to new modes of live-in arrangements.

Expected Impact: By lowering cost and administrative burdens, Pillar I is expected to substantially increase the formalization rate of live-in care. Based on analogies, we estimate that within 2 to 3 years of implementation, formal registrations of live-in caregivers will at least double, rather triple or quadruple with a well-designed regulation. E.g. France's PHS sector saw tens of thousands of jobs formalized via CESU and tax credits; Belgium saw the same with the voucher system; Austria saw a surge in official self-employment, within a year of introducing a legal option the amount of declared live-in caregivers tripled. All these workers were previously illegally employed. This means tens of thousands of workers entering official labor systems, which in turn yields more tax revenue and contribution inflows. A regularization effect can also be expected—families currently employing informal caregivers may declare them to become law-abiding citizens again and avail the subsidy. A one-time amnesty period and guarantee not to be prosecuted for illegally hired caregivers until a certain point should be issued. Over time, a cultural shift can occur: just as hiring a cleaner via the social voucher system is now normal in Belgium, hiring a live-in caregiver with a proper contract could become the norm in the EU. This will enable caregivers and families to make use of their rights.

Pillar II—Rights and Risk Mitigation

Objective: Pillar I brings workers out of the shadow market, Pillar II ensures that once they are in the formal system, they are not exploited or exposed to undue risks, and that care quality improves. This

pillar addresses the decent work deficit and safeguarding concerns, to ensure formalization results in fair working conditions and quality care.

Core Measures:

1. **EU Care Pass–Standardized Training & Certification:** Establish a voluntary European Care Pass training program—a short, modular course (around 40 hours of content) available online in multiple languages, teaching core competencies and rights for live-in caregivers. The course would cover practical skills (safe patient handling, basic health monitoring, dementia care tips), communication (language basics if foreign, intercultural awareness), and rights (both of the caregiver and care recipient, including confidentiality and labor rights). At the end, participants receive a certificate or “Care Pass” recognized EU-wide.

Implementation: We suggest the European Commission, under the EU Care Strategy implementation, to build a project to develop this curriculum in collaboration with an expert group from Member States. Austria provides short videos for caregivers, in Germany various institutes offer short courses for live-in caregivers. Poland recently discussed a 120-hour training concept for caregivers going abroad. The EU’s role would be to harmonize these into one framework. Digital Europe funding or Erasmus+ could be tapped to create e-learning modules. Member States and recruitment agencies could help enroll caregivers into the training. The training should be voluntary. Host families might preferentially hire someone with the Pass, knowing they have basic skills. It could thus raise the market value of trained caregivers, nudging others to partake. Member states can link subsidies to this course. Eventually, it would become a de facto standard families look for. The project should coordinate with the European Qualifications Framework, clearly stating this is a Level 1 qualification and maybe allow credit transfer for higher levels.

2. **Consent-Based Monitoring & Support:** Introduce mechanisms for monitoring work conditions and well-being of both the caregiver and the elderly person without infringing privacy. The experts’ consensus solution is a “tip-off plus consent” inspection. Labor inspectors or care coordinators only enter a home for checks if either: (a) there’s a reported concern and (b) the household consents to an inspection (or a court warrant is obtained). In addition, regular check-ins can be scheduled in a non-intrusive way: e.g. a social worker or nurse makes periodic visits or calls with the permission of the family as part of care oversight. This can be framed as a service (to help the caregiving arrangement succeed) rather than a police action. For reporting concerns, establishing an anonymous hotline or whistleblower system to report issues confidentially is required. Some countries might embed this in existing domestic worker protections or through the labor inspectorate’s undeclared work hotlines.

The EU could assist by sharing experiences of such systems (for instance, Ireland’s WRC operates a confidential informant system for domestic work abuses). Countries like Spain that seem to be more open to direct inspections can go further: e.g. amend laws to treat any home with a domestic worker like a workplace for inspection access. All countries, however, can implement the supportive visits approach through social services. A social care assessment visit is typically consensual and normal. It just needs sensibility for the care-worker issues and clearly nuanced knowledge of what is acceptable and what not.

3. **Portable “Micro-Insurance” Social Protection Scheme:** Create a system that allows live-in caregivers to accumulate social security coverage regardless of short job durations or multiple employers. Each day or week of work, the employer (family) pays a fixed contribution into a fund or scheme, which then provides the worker with pro rata benefits. If a caregiver works half a year

in Country A and half in Country B, contributions from both feed into one portable account. Voluntary payments can top up the account. Converged key features are:

- Cover at least health insurance and accident insurance (so the worker has coverage wherever they are working) and collect some form of pension.
- Affordable for families to ensure adoption. If Pillar I subsidy exists, social security can be financed. While a “*fixed amount per working day*” was mentioned, no amount was defined. A daily contribution of up to €10 (€300/month) was deemed at maximum affordable for families by receiving country experts.
- User-friendly insight via the portal / digital wallet to show accumulated rights.

The panel liked this because it acknowledges the reality of multi-employer, multi-nation careers at low-qualification sectors.

“The micro-insurance package is the most suitable, because it covers caregivers even if they work piecemeal for different families” (Italian Expert).

The EU could enable such a system, while not creating it. For example, under the **European Labour Authority (ELA)**, a framework could be developed or an enhanced cooperation of willing states supported. Options can either be national schemes, or a more ambitious, EU level insurance fund.

Precedents: The Philippines has a system for oversea workers to pay into national Social Security, showing portability can be managed. In the EU context, the Posted Workers Directive ensures posted employees remain in the home social system for 2 years; however, live-in care often involves individuals moving outside formal posting structures into illegality or self-employment, since labor law can rarely be complied to, so no posting is possible (with exception for Polish Umowa Zlecenie with the loophole of plenty of salary moved into non-socially secured travel expenses). This scheme catches those who currently fall outside any system.

4. **Fair Working Time and Rest Provisions:** Although consensus on how to do this was impossible to achieve, Pillar II must address the core of decent work: not allowing caregivers to be on duty indefinitely while maintaining feasibility and labor law compliance. Regarding non-convergence, we can only recommend that countries implement a fitting set of measures. The two regularly discussed and never unanimously proposed options include:

- Creating a special “live-in” contract with flexibility in work times like self-employment, but with built-in safeguards and social security: e.g. a longer reference period for calculating working time (so they can have weeks on/off), but with statutory extra pay for long hours or with a cap on total hours averaged over a month. A common example is the Polish Umowa Zlecenia that should be specifically adapted for the sector. This means acknowledging self-employment as a hybrid live-in work model that blends with social security. It must involve:
 - Capping active caregiving time at X hours/week, while allowing highly fragmented shifts for placements up to certain stay lengths.
 - Ensuring days off (e.g. a whole or two half days per week).
 - Remunerating standby time via a single flat-fee per placement.
 - Allow contract workers into the social security system of their home country, or require care recipients to pay micro-insurance.
- Encourage models of rotational shifts with at least two alternating caregivers. Some experts deem this ideal for quality and caregiver health, but the cost increases

significantly. To mitigate cost, subsidies need to be applied more generously and a compromise found to ensure care-continuity and prevent black markets. 11 hours uninterrupted rest, as per the Working Time Directive's general rule, are a requirement, unless labor law flexibility is given. With continuous presence needed at night, another live-in caregiver is mandatory, requiring the provision of another housing option and lodging for the second permanently available person. To allow for the shift changes, a third person must be employed on hold. Without considerable subsidies, this is not affordable and renders the live-in care model without advantages. Member states should keep in mind that choosing this may render all formalization efforts ineffective, since families have to opt for undeclared care work option after all to ensure care of their relatives.

The exact approach can differ, but the EU is required to issue guidance on acceptable arrangements that meet the spirit of the Working Time Directive while acknowledging the core of fragmented domestic and live-in care specifics. Experts iterated the importance of noticing that acknowledging fragmented work-times in domestic settings is not the same as accepting 24-hour-shifts. Research on domestic workers repeatedly has shown that domestic workers willingly accept the fragmentation of their workday in exchange for liberties in structuring their work. Furthermore, this flexibility adds to their work satisfaction (Ebbing, Petermann, Lühr, Stoll, Hans 2024 – Arbeitsmobilität in der Europäischen Union; Petermann, Ebbing, Paul 2017 -Das Tätigkeitsprofil von Betreuungspersonen in häuslicher Gemeinschaft). Surveys also show how overwork is mentally taxing and has negative repercussion on mental and physical health of workers. It can result from a working day that is excessively long, or a higher number of tasks required to perform. (source PHS Employment Monitor <https://phs-monitor.eu/>)

A possible first step can be an annex to a follow-up on the EU Care Strategy addressing recommendations for legal live-in labor law. If the labor law violations in regular employment are however not addressed, or families given no feasible legal alternative, asking them to strain their funds beyond the possible, formalizing live-in jobs will lead families to choose illegality. Any arrangement must still ensure health and safety—caregivers must sleep adequately and have regular days off. Our roadmap's risk section will note that inadequate rest leads to burnout and defeats the purpose, as workers quit and cannot provide adequate care. Finding a remedy for this conflict proved the project's most heated debate, and remains without a common solution.

Pillar III—Dialogue and Governance

Objective: Pillar I and II are considering the facts of a reform, Pillar III guides the process—making sure the implementation is inclusive, monitored, and adjusted as needed. Continuous, structured dialogue and feedback mechanisms ensure reforms' sustainability through broad adaptation.

Core Measures:

1. **National Live-In Care Forum/Advisory Committee:** Each Member State should create a permanent forum that invites all relevant parties on a regular basis (quarterly or biannually) to discuss live-in care work policies and issues. Relevant parties are usually Government representatives, Social partner organizations, Representatives of families and caregivers, Experts or Observers—from academia, think tanks, or public employment services—who can contribute data. Delphi indicated a preference for relatively flexible "Quarter/Yearly Advisory Tables". This means the forum is a consultative and coordinating body which might not have legal decision power. However, some countries opted for a more institutionalized approach. We recommend at minimum a formal government mandate: e.g. a Ministry establishes by decree the "Live-In Care

Working Group” with defined membership and meeting schedule. Ideally, an annual report or set of recommendations that the government must respond to is prepared for accountability.

2. **Caregiver Voice Mechanisms–Strengthening Representation:** Mobile live-in caregivers are generally not unionized or organized. Pillar III seeks to empower them collectively in new ways. A German expert noted, *“a traditional union model doesn’t fit this sector... we need alternative forms”*. One such form could be worker support centers like the German “Fair Mobility” project offices that advise posted workers. We propose exploring funding for Care Workers’ Centres either online or in cities with many live-in caregivers, where they can get legal advice, training info, and informal organizing, and investing in facilitate trade union access and organisation in the sector . This could also be a subsection of a trade union, church, or municipal initiatives (Vienna, for instance, has a counseling center for live-in caregivers). On the family side there is also a lack of organization – except in a few countries (Austria has a 24h care agency association). Pillar III also values family employer representation. Governments could facilitate the creation of Family Caregivers Associations. These associations help articulate the needs of care users in policy debates (e.g. need for subsidies, quality concerns). We also call for integrating live-in caregivers into the trade union and employers social dialogue. Currently, worker representation is difficult since many are undeclared workers that are not professional caregiving (e.g. EUROCARERS) nor Personal ousehold Services (PHS), also tackling issues in e.g. infant care. The European Trade Union Confederation and the International Domestic Workers Federation could combine forces with e.g. the European Federation for Services to Individuals (EFSI) or similars to bring more voices to discussions. To foster exchange, the EU could host an annual “Live-in Care Forum”, like the Labour Mobility Congress.
3. **Intergovernmental Coordination & Bilateral Agreements:** Another governance aspect is enhancing cooperation between sending and receiving countries. Pillar III promotes bilateral or multilateral agreements specifically on live-in caregiving, addressing issues like social security portability, recognition of qualifications (the Care Pass could be part of this), and ethical recruitment. Eventually, if multiple agreements form, the Commission might consider a more unified approach—possibly an EU framework for cross-border care mobility—but that is longer term and politically sensitive, as seen in the expert opinions on European-level involvement. Additionally, within each country, Pillar III urges a clear assignment of responsibility. Live-in care is a complex interplay of international, labor and social security issues on receiving and providing sides. Sitting between the chairs of several ministries and unions, we recommend designating a lead (e.g. Ministry of Social Affairs) and creating an inter-ministerial working group which must follow the lead of the position in the highest need—usually the care crisis.

Funding & Sustainability: This last pillar binds reforms together, adapts them over time, institutionalizes the commitment that live-in care will no longer be an invisible, ungoverned realm, but rather a recognized sector with representation and oversight, matching its high importance. Action fundings are modest in comparison to Pillar I (for meetings, secretariats, NGO support). However, they are critical for sustainability, continuous improvement and conflict resolution. Risks e.g. by families if they find costs too high or workers if they find promises not kept must and can be avoided by dialogue at comparatively low costs. The use of the Recovery and Resilience Facility (RRF) funds or REACT-EU for digitalization in care and formalization should be considered—some RRF plans already include care reforms like Spain’s for residential care, but should also extend to live-in home care, in line with the priority of enabling people to age in their own homes.

Legal and Institutional Fit of the Strategy

EU Legal Basis and Competence Considerations

Article 153 of the Treaty on the Functioning of the EU provides the main basis for action in the employment and social policy area. The EU can support on working conditions, social security and social protection of workers, and gender equality in the labor market. All are directly engaged by our strategy. Particularly, Art.153 (2) allows directives to set minimum requirements. It is important to note that concepts on social security (c) require unanimity in Council and must not affect financial equilibrium of nations' social systems. Thus, any attempt at an EU directive on, say, portable social entitlements for caregivers, need careful design or unanimity. Furthermore, pay, the right to strike, etc. is excluded from EU competence. We then are careful not to touch wages, and thus do not propose an EU-wide pay for caregivers or similar. See the following table for the fit-matrix.

Pillar	National Context & Hurdles	EU Competence & Role	Concrete EU Instruments & Measure suggestion
I. Legal	<p>Dependent-employment issues: Direct employment triggers full working-time rules unsuitable with fragmented working hours (availability pay, uninterrupted rest time). A rotation of at least two, rather three caregivers is needed, raising costs and gender equality. complexity, thus not solving the care issue.</p> <p>Limited contract types: Most Member States lack any employment-like contract types suitable for affordable live-in care (e.g. Polish Umowa Zlecenie). Even this usually leaves caregivers with little social security.</p> <p>Self-employment risk: Freelance status is criticized for being bogus, despite courts agreeing with the discretionary type of work and other indicators of self-employment. Also, this usually leaves caregivers with little or no social security.</p>	<p>Art. 153(1)(b), (c), (i) TFEU: working conditions, social protection and gender equality.</p> <p>Art. 153(2): unanimity for social-security directives needed.</p> <p>Art. 153(5): pay & strike rights excluded from EU competence.</p> <p>Subsidiarity: fiscal measures (tax credits, subsidies) remain national, but coordination and best-practice are EU tasks.</p>	<p>Council Recommendation (soft law): endorse “one-stop” e-government portals and flat-rate schemes for taxation and payment, clarifying that live-in standby / ‘living-in-on-call’ doesn’t count as minimum wage working time.</p> <p>OMC targets in Long-Term Care: ask for commitment on closing live-in contracting gaps by a percentage until a certain year. Allow self-employed domestic workers to join social security on their own terms (e.g. pay social security at level of home and returning country).</p> <p>European Semester CSRs: propose and check a standardized live-in caregiver contract that allows affordable care and simplifies affordable social-security registration via national portals.</p> <p>Single Digital Gateway: require all Member States to deliver online caregiver registration services by 2030, interoperable via EESSI for cross-border work.</p>
II. Rights & Protection	<p>Social-insurance gaps: domestic workers in current models are often excluded from health, pension or accident schemes; only ad hoc micro-insurance are available.</p> <p>Working-time ambiguity: Persons employed in domestic settings have “on-call” or “standby” hours that usually count for security aspects needed. Maximum hours/rest; raising costs and a barrier to socially secured employment, leading to black market.</p> <p>Home-privacy tension: Labour inspections in private homes face GDPR and Charter-privacy (Art. 7) constraints; few Member States have clear guidelines.</p>	<p>Art. 153(1)(b), (c): set rules for caregivers in health and pension schemes by allowing micro-insurance models or home country social security level abroad.</p> <p>Art. 153(2): unanimity for social-protection; domestic work time clarification.</p> <p>Art. 168 (public health) and Art. 165 (vocational training): for training & health info.</p>	<p>Directive on Access to Social Protection: require MS to enroll all live-in or home country social security level abroad.</p> <p>Directive on Minimum Standards for Domestic Work (aligned with ILO C189): mandate written contracts, maximum active-duty hours, minimum daily/weekly rest, private sleeping quarters. Count “on-call” separately and define a ruleset on e.g. time tracking and a flat pay for domestic live-in arrangements instead of rest time pay.</p> <p>European Labour Authority (ELA) guidelines: produce common protocols for GDPR-compliant inspections—e.g. consent procedures, anonymized reporting.</p> <p>Social Pillar Action Plan: set a political commitment with a timeline to have all domestic live-in caregivers registered and provided optional social security.</p>
III. Governance & Dialogue	<p>Peer-learning gaps: Long-term care perspectives rarely focus on live-in care models and prefer ‘traditional’ care—therefore strengthening a blind spot on a major care model.</p> <p>No EU-level social partners: There is no recognized (EU) employer association specifically for live-in care, so social dialogue is difficult and collective bargaining sporadic.</p> <p>Scattered bilateral schemes: Numerous constellations on how sending and receiving country laws coincide. Various separate visa or bilateral agreements complicate the matter.</p>	<p>Art. 152–155 TFEU: EU must “facilitate” and “consult” dialogue; can implement agreements and facilitate domestic care dialogue.</p> <p>OMC in social inclusion: a soft coordination tool.</p> <p>EU funding like ESF+ can attach social-dialogue or training conditions.</p>	<p>Commission consultation: open a formal call for nominations of domestic-worker and household-employer representatives (e.g. EFSI, national networks).</p> <p>Social Partner Framework Agreement (Art. 155): negotiate a voluntary agreement on terms for domestic work</p> <p>OMC peer reviews: require dedicated live-in care reviews in each OMC cycle; integrate findings into Semester country reports</p> <p>ESF+ conditional grants: mandate that care-work trainings or service-delivery projects funded at EU level at least considers applicability also for mobile domestic caregivers.</p>

Link to Existing EU Policy Initiatives

All three pillars are complementary to current initiatives and could potentially be underpinned by future EU legislative action. By clarifying this fit, we aim to assure policymakers that implementing this strategy will reinforce European commitments and can be done without overstepping the bounds of EU authority.

- **New Action Plan for the European Pillar of Social Rights (EPSR):** Principle 5 (secure and adaptable employment) is served by formalizing an insecure job and adapting employment forms to it. By addressing extreme hours and providing training, we improve Principle 10 (Healthy, safe, and well-adapted work environments, and data protection) with a healthy, and safe work environment. Principle 12 (social protection for all workers, including non-standard) is served with micro-insurance and inclusion. With formal caregivers, family members get relief to pursue work or rest as well as good domestic workplace serves Principle 9 (work-life balance).
- **EU Care Strategy (2022):** professionalizing care jobs and improving working conditions is highlighted as key to sustainable care. They call on Member States to present reforms and use EU funds to support the caregivers. Our roadmap provides the blueprint for such reforms in the live-in segment. By formalizing and valorizing live-in care, we make it a more viable career, potentially drawing new workers and mitigating care shortages.
- **Sustainable Development Goals (SDGs):** The EU is committed to SDGs. Our strategy hits SDG 8 (Decent Work) by uplifting an informal economy segment to decent work, SDG 5 (Gender Equality) by empowering a largely female workforce and relieving unpaid female caregivers, SDG 3 (Health & Well-being) by improving care for older people, and SDG 10 (Reduced Inequality) by integrating migrant/low-income workers into formal systems.
- **Digital Agenda:** The push for digital public services (Government as a Platform concept) aligns with the one-stop portal. Also, the Digital Skills agenda could be extended to caregivers (digital tools for care—EU projects may work on apps for caregivers; our training could include digital literacy, e.g. how to use telehealth devices).
- **Upcoming EU Gender Equality Strategy:** By formalizing and subsidizing care, we support women's employment. Both for the women who are caregivers now get formal quality jobs and rights, and the women family members who rely on them can stay in jobs. Studies indicate that lack of care services costs economies billions in lost female workforce participation. This strategy addresses that by making live-in care a more accessible service.
- **Migration Policy:** While primarily focusing on intra-EU mobility, our strategy intersects with migration. Many third-country nationals (TCNs) are interested in working in live-in care. Countries like Italy or Poland are keen to also post TCNs. Our strategy can be referenced in any future migration policy communication as an example of how to manage labor mobility ethically in the care sector.

Financing and Sustainability

Implementing this Three-illar Strategy will require smart investments. It may generate returns in the medium to long term through reduced informality, increased tax revenues, and social benefits like higher employment. However, proposed tax credits are essentially tax losses. Finance Ministries might prefer a capped scheme (like France or Germany that limit the annual amount a household can deduct for domestic services). Alternatively, a direct subsidy might seem more manageable in terms of subsidy size. The costs should be viewed as investments that yield long time dividends. The Dom&Care simulatin study (2025), proposes that “every €1 invested [in formal home care] generates measurable socio-fiscal returns” – returns in terms of jobs, taxes, reduced healthcare costs by preventing hospitalizations. This argument should be stressed to convince ministries.

Countries with Long-Term Care (LTC) insurance like Germany, Belgium, or The Netherlands can allocate part of those funds to live-in care subsidies. Directing some increase to support live-in care at home is often cheaper than nursing home care and thereby cost-effective. Some of those savings can be redirected to home care budgets. However, some resistance is expected, since the black and gray market was so far wholly privately financed. For countries without dedicated LTC insurance, a specific budget in the Social Ministry could be created for home care support and backed by EU funding.

After all, not all costs must be borne by the states. Families will pay into the micro-insurance of caregivers for added legality and help in bureaucracy. Additionally, private long-term care insurance markets, like Germany's dual system, could incorporate benefits for employing a home caregiver legally.

Proposed Implementation Roadmap

A reform of this scale needs milestones, responsible actors, and mechanisms for adjustment. Below, a three-phase plan of a possible implementation is drafted as inspiration. It is indicative and does not cover all proposed measures, but underscores the need to: pilot, evaluate then institutionalize.

Phase 1 (2025–2028): Pilot Design and Launch

- **EU Level:**
 - Task forces involving DG EMPL, DG SANTE, DG ECFIN, plus possibly stakeholders from ELA and social partners for pilots.
 - Draft direction on work time/rest time regulations for live-in workforce
 - Call for proposals (using ESF+ or EaSI) for Member States or consortia to pilot Pillar measures—e.g. funding for 3–5 countries to create one-stop portals for registration
- **National Level:** At least 3 volunteers have to agree to run a Legal Hiring Booster pilot using the portal and available legal and affordable employment models (pre-directive e.g. self-employment or the Polish Umowa Zleczenia) or accommodate the directive draft upfront. Nations could agree to a 20% wage subsidy or tax cut for up to 500 care arrangements registered with the EU prototype portal.
- **Deliverable:** Pilot Portal & Evaluation effect. Did this attract former illegal arrangements into legality, and what are the fiscal effects—now and in scale?

Phase 2 (2027–2029): Training Rollout

- **EU Level:** Develop the EU Care Pass curriculum with expert input and translations. Launch it on an e-learning platform added to the registration portal. Start an EU-wide awareness campaign on live-in care formality and registration.
- **National Level:**
 - Expand pilots and link subsidies to the EU Care Pass adoption.
 - Run the awareness campaign in nations.
 - Implement a consent-based monitoring protocol: e.g. set up hotlines, train social workers to assess employment situations on regular visits.
 - Continue social dialogue: forums discuss feedback and early issues.
- **Deliverable:** First batch of certified & registered caregivers. E.g. 500 caregivers obtained the EU Care Pass; 1000 families in pilot are formally registered with their legal employment mode; initial data on costs and satisfaction are collected.

Phase 3 (2029–2031): Evaluation and Legislation

- **EU Level:** Based on pilots, propose a Directive on certain minimum standards like manifesting legal and affordable employment models and social protection for live-in caregivers. Available examples reduce friction in Member States.
- **National Level:** Pilots are to be solidified into policy. Governments incorporate subsidy schemes into their annual budgets by increasing the pilot cap. National legislation e.g. a “Live-In Care Work Act” formalizes the special work type contract and insurance framework, mandates registration with the EU portal. Co-developed with the EU directive.

Final Phase (2031–2032): EU Directive Adoption and Scaling

- **EU Level:** Issue the directive on affordable and legal live-in care arrangements. Establish evaluation bodies, support continues via ESF+ and other funding.
- **National Level:** Integrate directive requirements into national law.
- **Deliverable:** Adoption of directives. Report on the state of long-term live-in care at ational and European levels.

Throughout and Ongoing: Evaluation and Social Dialogue on the issue

Success depends on balancing the triangle of Funding, Governance, Stakeholders:

- **Funding:** as covered, ensuring continuous support (budget triangle of EU, national, private contributions).
- **Governance:** strong coordination via designated bodies and using EU tools to keep focus (Semester, OMC, etc.).
- **Stakeholder Buy-In:** early involvement and visible benefits for both families and workers to maintain support. If either group is lost (e.g. families find formal routes expensive; workers feel overwhelmed), implementation will fail and black markets prevail. Thus, Pillar III is vital to detect and remedy dissatisfaction.

Summary, Risks and Mitigation, and Key Takeaways

By implementing this Three-Pillar Strategy, Europe can transform live-in caregiving from an informal gray-to-black zone into a cornerstone of the formal care economy that provides decent jobs, high-quality elderly care, and sustainable employment across borders. It demonstrates how the Union can deliver benefits into people's daily lives, by addressing cross-border problems collaboratively. It contributes to the vision of a "Social Europe" where economic freedoms, such as the free movement of workers, interlock with social cohesion and fairness.

Formalization will raise labor standards, moving about a million of caregivers into legal employment, help tackle worker shortages by making care careers more attractive, and reduce inequalities. It also directly supports aging at home—a preference of many Europeans—by ensuring a stable supply of live-in caregivers.

Risks and Mitigation

East–West Inequalities/Care Drain:

- Risk: Sending countries might worry that formalizing care jobs in the West further incentivizes their workers to leave, exacerbating shortages at home.
- Mitigation: The strategy encourages bilateral agreements that also invest in care services in sending countries (for example, using some ESF funds to create better jobs locally). Also, if working conditions improve, migration may become more circular (workers may return after a period with new skills, or do shorter placements). Additionally, by improving recognition (EU Care Pass), Eastern workers might feel less exploited and more likely to return with acquired human capital to possibly work in their home care sector at a later stage. Solidarity funds and joint education programs to increase caregiver output should be evaluated.

Fiscal Sustainability and Political Backlash:

- Risk: With the subsidies' cost or insurance expansions increasing (we have 90% of undeclared work, the impact and costs will be major) support may be withdrawn. Taxpayers may resent subsidizing what was formerly private care.
- Mitigation: Formal jobs mean more revenue and less burden on future social assistance. Do thorough cost-benefit modeling from the start and adjust parameters (e.g. cap subsidies to most needed cases if usage grows too fast). Highlight that supporting home care is cheaper than stationary care. Politically, frame it as supporting both the vulnerable elderly and an undervalued workforce—both sympathetic groups. Use success stories—there are plenty on live-in care. Round the emotional line of the benefit of staying at home.

Implementation Capacity and Compliance:

- Risk: Complexity of the project. Administrative hurdles or delays are likely (IT systems, training of staff, etc.). Also, families and workers might not immediately comply or trust new systems. The habits of informality are stable.
- Mitigation: Start small with pilots to face issues upfront. Provide plenty of information and user support (hotlines to help families or agencies register, etc.). For IT, use proven solutions rather than reinvent (like adapt France's CESU). Ensure political support from top and include live-in care in national care plans. Adoption should increase naturally as the target group shifts

by nature. When adoption is not as fast as expected, incentives or targeted enforcement e.g. should be conducted with key stakeholders. Such lighthouses should signal a new era and improve adoption.

Privacy and Trust Concerns:

- Risk: Some families or workers might fear that formalization invites undue surveillance, repercussions or bureaucracy, they may e.g. fear to be inspected when registered or afraid of losing welfare benefits or having to pay taxes.
- Mitigation: Emphasize confidentiality and non-invasiveness of inspections. Possibly include protections in laws, such as a clause that any home visit must respect dignity and be announced a week upfront. Coordinate with any other benefits so that the subsidy or wages don't negatively affect those willing to work legally by e.g. adjusting thresholds accordingly and give immunity for the time when no legal affordable option was available for live-in care.

Subsidiarity/Competence Pushback:

- Risk: Some Member States might resist EU-level involvement, citing subsidiarity.
- Mitigation: Design any EU legislation narrowly and with flexibility (minimum standards only, with ideal pathways but allow different implementation paths). Highlight that many elements are voluntary/soft. Do not force how to fund care. The EU Adequate Minimum Wage Directive sets a framework for wage adequacy, albeit wages are national—similarly we can set a framework for live-in caregiving without dictating details. In emergency, fall back on recommendation and intense OMC—keep everyone on board rather than losing respect and influence.

Key Takeaways

To conclude, a few encapsulating statements are provided that can be used to summarize this strategy:

- **Formalizing care work is a win-win-win:** It improves conditions for workers, provides quality and continuity of care for older people, and recovers revenues for the state that are otherwise lost in the shadow economy. Formalizing care work pays off—socially and fiscally. It is high time to bring live-in caregivers out of the shadows and into Europe's social protection. This speaks to the core of what we're doing—recognizing and valuing a previously invisible and highly important workforce.
- **Subsidize & Simplify, Safeguard & Support:** This sums up the three pillars:
 - Subsidize & Simplify (Pillar I): help families and organisations to make care affordable and cut red tape.
 - Safeguard & Support (Pillar II): protect workers' rights and provide training/insurance.
 - Dialogue & Develop (Pillar III): maintain and develop further social dialogue to develop the sector.
- **On gender equality:** Formalizing live-in care is an investment in gender equality. It professionalizes a feminized sector and frees many daughters and daughters-in-law from giving up careers to fill care gaps and creates new quality ones for migrant caregivers. It aligns with the EU's gender equality and work-life balance goals.
- **Monitoring and political ownership:** The reforms are monitorable via robust indicators like number of declared live-in workers, coverage of social insurance among them, user

satisfaction surveys of families. The European Commission, in its coordinating role for the European Care Strategy, could publish these data annually. Forward-looking governments and MEPs or a coalition of social partners need to keep the momentum by showcasing success stories—both on the caregivers, families, and employers.

A realistic yet ambitious roadmap to formalize and uplift live-in caregiving across the EU is provided. It is grounded in the consensus of experts from different countries and backed by various EU agendas. By following the three pillars—**Legal Hiring Booster, Rights & Risk Mitigation, and Dialogue & Governance**—the vital work of live-in caregiving gains the dignity, fairness, and sustainability it deserves. With the measures proposed, we can start turning a fragile status quo into a robust system that works for all—caregivers, workers, families, and society at large.

Annex

Mentioned EU Funding Sources

- European Social Fund Plus (ESF+):** ESF+ 2021-27 explicitly names “access to quality, sustainable services, including care” as an investment area. Member States can use ESF+ to train caregivers (we propose using it for the EU Care Pass rollout, possibly giving stipends to caregivers taking the training), to support social innovation (pilot projects for one-stop portals or micro-insurance perhaps), and social partner capacity (help to form worker associations). Some countries have already allocated ESF+ to care: e.g. the Bulgarian ESF+ program dedicates €323m to long-term care improvements—some of that could cover formalization initiatives. Target countries are encouraged to program some of their remaining ESF+ funds (2025-27) toward these mobile care pilot schemes, and then again in the post-2027 ESF.
- Recovery and Resilience Facility (RRF):** Though a one-time instrument (2021-2026), many countries included care investments. Spain’s RRF has funds for building care infrastructure; maybe some could be redirected to digitalization of care services (covering our portal). If any RRF funds are still being assigned, pushing for including Pillar actions in reforms is wise. For instance, Italy’s RRF could potentially fund the initial wage subsidy for a 2-year trial as a reform pilot.
- EU4Health (2021-27):** This health program can fund health system reforms and workforce training. A plausible use is to develop and implement the EU Care Pass training across Member States, including e-learning content creation and translation, which is health workforce development. EU4Health also could support projects for caregivers’ mental health, or for integrating care data.
- Digital Europe Programme:** This could fund the IT development of one-stop portals, especially if done as a cross-border project (e.g. a project that builds a common template that multiple countries adapt—this could be attractive to the Commission as it shows European added value by not duplicating IT efforts). With a budget of €8bn focusing on digital transformation of public services, a small grant could be sought by a consortium of say three countries to build the “CareHR” portal module (hypothetically).
- Erasmus+ / ERASMUS PRO:** For the training mobility aspect—perhaps enabling caregivers to take short training internships abroad or exchange programs (learning language and care techniques). Also, **Erasmus+ Adult Education** grants could assist NGOs providing training to caregivers.
- Horizon Europe:** For any innovative aspect (like testing assistive technologies for live-in care, or new models of monitoring), research funding could come in. This is tangential but can complement (e.g. develop a smartphone app where caregivers log hours and well-being, feeding data to Pillar III forums—could be funded under “inclusive society” research).



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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