

REPORT ON MIGRANT CARE WORKERS

Towards Fair Working Conditions and Inclusion of Migrants
in the EU Care Workforce



December 2024

Eurodiaconia is a European network of churches and Christian NGOs providing social and healthcare services and advocating social justice.

ORGANISATION VALUES



OUR MISSION AND VISION

Inspired by our Christian faith, our vision is of a Europe where social injustice is eradicated and each person is valued, included, and empowered to realize their fullest potential, particularly the most vulnerable and marginalized. Together we work for just and transformative social change across Europe.

WHO WE ARE

Eurodiaconia is a growing European network of churches and Christian NGOs with 61 national and regional organisations providing social and healthcare services, as well as advocating for social justice. Eurodiaconia members provide diverse services to persons in need, working to see everyone live in dignity and their human rights are respected and protected. Services offered range from health care, childcare, elderly care, hospice and palliative care, youth inclusion programmes, employment and inclusion services to vulnerable groups such as migrants and Roma, housing services for persons experiencing homelessness and services to persons with disabilities. Eurodiaconia represents over 33 000 service centres, with approximately 1 000 000 staff and over a million volunteers are involved in providing diaconal services. For example one of our members Diakonie Deutschland is one of the largest providers of facilities for the care, support and persons in need in Germany. It offers 33 374 services and has a capacity of 1 018 000 beds/spaces, it employs approximately 627 349 qualified staff and has over 700 000 volunteers. Similarly, one of our members in Czechia, Slezska Diakonie, is one of the largest non-profit organisations providing quality social services in Český Těšín region. It offers more than 100 social services in more than 60 centres and has over 1200 employees. In France, our member Fédération de l'Entraide Protestante (FEP) represents approximately 370 member associations and foundations and provides more than 1000 services, with 24 000 employees and over 15 000 volunteers. These three organisations are just examples of the breadth of the delivery of the mission and vision of Eurodiaconia.

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- Diakonie Deutschland (Germany)
- Diakonie Österreich – Diakonie Austria (Austria)
- Ecumenical Humanitarian Organization (Serbia)
- Evangelische Heimstiftung (Germany)
- Filantropia Federation (Romania)
- Latvijas Eванģēliski luteriskās Baznīcas Diakonijas centrs - Diaconia Center of ELCL (Latvia)
- Magyarországi Református Egyház - Diaconia of the Reformed Church in Hungary (Hungary)
- Slezská Diakonie (Czech Republic)
- VšĮ Liuteronų Diakonija - Lithuanian Lutheran Diaconia (Lithuania)

DEFINITIONS

Care work: In this publication, care work refers to paid work performed for compensation or profit by care workers. This includes a broad spectrum of personal service workers, such as nurses, teachers, doctors, and personal care workers. Domestic workers, who provide both direct and indirect care within households, are also considered part of the care workforce.¹ Unless otherwise specified, this definition will apply when referring to care work throughout the publication.

Migrant care workers/ third country-national care workers: Third-country nationals who are engaged, have been engaged, or intend to be engaged in paid care work within the EU in a country of which they are not nationals. This report focuses on their roles in the formal care sector (e.g. hospitals, care facilities, nursing homes or professional caregiving within private households). When referring to informal care work the distinction will be specified.

Intra-EU mobile care workers: EU nationals exercising their right to free movement under EU Law by moving from one EU Member State to another to engage in care-related employment. In this paper, we do not refer to the intra-EU mobility scheme concerning legally resident third-country nationals with mobility rights within the EU.

¹ ILO, Care work and care jobs for the future of decent work, Geneva, 2018, ISBN: 978-92-2-131643-5



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INTRODUCTION

Europe's aging population has created an increasing demand for health and long-term care (LTC) services, with the number of people requiring care projected to rise by 21% between 2020 and 2070, increasing from 19.7 million to 28.7 million.¹ Principles 16 and 18 of the European Pillar of Social Rights reaffirm the right to affordable healthcare and quality LTC services, highlighting the importance of a sustainable care workforce capable of supporting aging populations. To meet this demand, the EU is expected to require an additional 11 million workers in the health and LTC sectors by 2030.²

WHY FOCUS ON MIGRANT CARE WORKERS PARTICULARLY?

Migration, both from within the EU and from third countries, has become a key factor in alleviating these workforce shortages. Third-country nationals (TCNs) play an important role in this context, representing a significant portion of Europe's care workforce. Their contributions are crucial not only to maintaining the continuity of care services but also to supporting the resilience and competitiveness of Europe's labour market.

Representing a high percentage of the care workforce, migrant carers provide indispensable services across health and social care systems in Europe. Despite their vital role, they face significant challenges that undermine their social inclusion and their ability to fully participate in the labour market—including precarious employment conditions, restrictive legal frameworks, and barriers to accessing social protection. Gender dynamics further enhance these issues, as migrant women are disproportionately found in lower-paid and less secure roles, particularly in home-based care. The intersection of gender and migration status often results in increased vulnerability of migrant women carers, with limited opportunities for career progression and lower wages compared to native-born workers. Addressing these challenges is imperative to ensure fair and equal treatment for migrant care workers while maintaining the quality of care services across Europe.

This report examines the essential contributions of migrant care workers to Europe's care sector and explores the challenges they face, including employment conditions, administrative barriers, and social inclusion. It also draws on the experiences of Eurodiaconia members, who are actively engaged in addressing workforce shortages in LTC and are involved in the recruitment and labour and social inclusion of migrant and intra-EU mobile workers. Furthermore, the report provides actionable recommendations to enhance safeguards, create opportunities, and improve working conditions for migrant care workers and intra-EU mobile workers in the EU care sector.

By focusing on these objectives, this report contributes to the ongoing dialogue on enabling a European care sector that can address Europe's growing LTC needs, while promoting a human-right based approach to migration. Supporting those who provide care is essential for creating a fair, sustainable, and resilient European care sector, and societies more broadly.

¹ In concrete figures, the population requiring LTC in the 19 EU countries included in the simulation is expected to grow from 19.7 million in 2020 to 20.9 million by 2025, 27.1 million by 2050, and 28.7 million by 2070. Belmonte, M., Grubanov-Boskovic, S., Natale, F., Conte, A., Belanger, A. and Sabourin, P., Demographic microsimulation of long-term care needs in the European Union, Publications Office of the European Union, Luxembourg, 2023, doi:10.2760/941182

² Grubanov-Boskovic, S., Ghio, D., Goujon, A., Kalantaryan, S., Belmonte, M., Scipioni, M., Conte, A., Gómez-González, E., Gomez Gutierrez, E., Tolan, S., Martinez Plumed, F., Pesole, A., Fernandez Macias, E. and Hernandez-Orallo, J., Healthcare and long-term care workforce: demographic challenges and potential contribution of migration and digital technology, Publications Office of the European Union, Luxembourg, 2021, ISBN 978-92-76-30232-2, doi:10.2760/234530, JRC121698.



UNDERSTANDING THE ROLE OF MIGRANT CARE WORKERS IN EUROPE

With an additional 11 million workers needed in the EU health and LTC sectors between 2018 and 2030 alone, migration, both from within the EU and from third countries, will be key in meeting the demand and alleviating labour shortages.³ Already in 2018, nearly 2 out of 14.2 million workers employed in the health and LTC sectors were foreign-born, meaning that approximately 1 in 7 care workers were born outside their country of employment. Of these, 693,700 were born in another EU member state, and 1.3 million were from outside the EU.⁴

GENDER DYNAMICS IN THE CARE SECTOR

Employment in the sector is also heavily gendered. Women make up a significant majority of workforce in all sub-sectors of care, with nearly three-quarters of health professionals and health associate professionals being women, with the number rising to nearly 9 out of 10 among personal care workers. With some variations, this is true for native-born workers, intra-EU mobile workers and TCNs alike.⁵

For many TCN women, caregiving is one of the few accessible avenues for employment upon arrival in Europe. However, these roles are often associated with precarious working conditions, limited career progression, and lower wages compared to native-born workers in similar positions. Gendered occupational segregation intersects with migration status to exacerbate vulnerabilities, underscoring the need for targeted policies that address these compounding inequalities.

While the gendered nature of employment in the sector remains consistent regardless of whether workers have a migration background, the opportunities and challenges these workers face vary significantly depending on their migration status. While EU nationals usually benefit from legal provisions like the freedom of movement, which enables them to reside and work in any member state without needing additional permits, practical barriers such as language differences, recognition of qualifications, and discrimination can still limit their opportunities or lead to precarious working conditions in certain sectors. On the other hand, TCNs face additional legal and institutional barriers, including restrictive visa conditions, which limit their bargaining power and increase their vulnerability to exploitation.

BREAKDOWN OF MIGRATION DYNAMICS AND WORKFORCE DISTRIBUTION

The distribution of migrant care force across Europe is highly uneven, shaped by a combination of factors, including migration policies, linguistic and cultural affinities, and the economic attractiveness of individual countries. Indeed, the experiences shared by Eurodiaconia members reveal significant regional differences in addressing the care sector's workforce shortages and migration dynamics. While affluent member states like Germany attract care workforce from other European and third countries, less economically developed member states experience shortages and outflows.

3 Grubanov-Boskovic, S., Ghio, D., Goujon, A., Kalantaryan, S., Belmonte, M., Scipioni, M., Conte, A., Gómez-González, E., Gomez Gutierrez, E., Tolan, S., Martinez Plumed, F., Pesole, A., Fernandez Macias, E. and Hernandez-Orallo, J., Healthcare and long-term care workforce: demographic challenges and potential contribution of migration and digital technology, Publications Office of the European Union, Luxembourg, 2021, ISBN 978-92-76-30232-2, doi:10.2760/234530, JRC121698.

4 Ibid.

5 Ibid.



Germany and Italy emerge as the primary destinations for both EU mobile care workers and TCNs. Of all TCN care workers employed across Europe, 43% work in Germany and 30% in Italy. Similarly, among intra-EU mobile carers, 38% are employed in Germany and 24% in Italy. For workers from non-European countries, the patterns differ. While France, Sweden, and Belgium attract a substantial share of workers from Sub-Saharan Africa, Spain and Italy are preferred destinations for those from Latin America, likely due to linguistic and cultural ties as well as historical relationships and bilateral agreements.⁶ Workers from East and South Asia are most frequently employed in Germany, Sweden, and Italy.⁷

Across Central and Eastern Europe, however, the dynamics are markedly different. Cross-border employment within the EU is especially prevalent where significant wage and working conditions disparities exist between neighbouring countries. Eurodiaconia members from countries like the Czech Republic, Lithuania, Latvia, and Romania⁸ highlight a persistent outflow of care workers to more affluent EU member states. For instance, Romanian care workers often migrate to Austria and Germany, drawn by significantly higher wages and better working conditions. While there are Moldovan nationals working in Romania due to linguistic and cultural similarities, this is not enough to offset the labour shortages in the region. Migration policies in these countries are often restrictive and not conducive to legal labour pathways and international recruitment, limiting the ability to effectively attract workers from outside the EU. Meanwhile, our Serbian member⁹ reports that care workers frequently migrate to the EU for seasonal or permanent employment in the sector.

6 Williams, F., Converging variations in migrant care work in Europe, *Journal of European Social Policy* 22, 2012, DOI: 10.1177/0958928712449771; and Van Hooren, F., Apitzsch, B., & Ledoux, C., The Politics of Care Work and Migration. In A. Weinar, S. Bonjour, & L. Zhyznomirska (Eds.), *The Routledge Handbook of the Politics of Migration in Europe*, 2019, <https://doi.org/10.4324/9781315512853-34>

7 Grubanov-Boskovic, S., Ghio, D., Goujon, A., Kalantaryan, S., Belmonte, M., Scipioni, M., Conte, A., Gómez-González, E., Gomez Gutierrez, E., Tolan, S., Martinez Plumed, F., Pesole, A., Fernandez Macias, E. and Hernandez-Orallo, J., *Healthcare and long-term care workforce: demographic challenges and potential contribution of migration and digital technology*, Publications Office of the European Union, Luxembourg, 2021, ISBN 978-92-76-30232-2, doi:10.2760/234530, JRC121698.

8 Slezská Diakonie, VšĮ Liuteronų Diakonija - Lithuanian Lutheran Diaconia, Latvijas Evanģēliski luteriskās Baznīcas Diakonijas centrs - Diaconia Center of ELCL and Filantropia Federation.

9 Ecumenical Humanitarian Organization

THE INTERSECTION OF MIGRATION POLICIES AND THE EUROPEAN CARE SECTOR

UNEQUAL EMPLOYMENT CONDITIONS IN THE CARE SECTOR

The commodification of care work across European welfare states has exacerbated inequalities in employment conditions for migrant care workers, particularly for TCNs. Many countries have shifted from directly providing care services to offering cash-for-care subsidies, which encourage families to hire privately. This model often leads to an increasing reliance on migrant workers. Despite their essential role in addressing labour shortages in LTC, many TCN care workers find themselves employed under precarious positions, characterized by low wages, long hours, and limited legal protections.¹⁰ Policies emphasising private-sector solutions often fail to provide adequate safeguards, perpetuating systemic inequalities and leaving many care workers vulnerable to exploitation. The former disproportionately affects migrant women, who are overrepresented in these roles.

Migrant women workers face a double wage penalty, both as migrants and as women¹¹, further exacerbating economic vulnerability and highlighting the intersectional inequalities within the sector. Therefore, for migrant care workers, wage disparities are still a persistent issue, with many earning significantly less than native-born or intra-EU counterparts, even in similar roles. Additionally, financial precarity is compounded by overwork and excessive demands, particularly in live-in care arrangements where the boundaries between personal and professional time are often blurred.¹² In such settings, care workers are not only overburdened but also isolated, further exacerbating their vulnerability.

Moreover, it is important to note that limited access to collective bargaining and trade unions further aggravates these challenges. For instance, our member Diakonie Österreich raises concerns about the limited representation of live-in carers in the Austrian Chamber of Commerce. These workers are grouped within the same body as the recruitment agency representatives, hindering their ability to lobby for their rights aggravated by language barriers and a lack of opportunities to attend the meetings.

This issue is particularly relevant for workers in irregular situations, who are often excluded from labour protections and resources necessary to advocate for their rights.¹³ Without the ability to negotiate better conditions and basic resources, these care workers are left with minimal avenues to improve their working conditions.

Thus, this lack of protection highlights the structural inequalities faced by migrant care workers,

10 Van Hooren, F., Aplatzsch, B., Ledoux, C., *The Politics of Care Work and Migration*, 2018, doi: 10.4324/9781315512853-34; and Williams F., *Converging variations in migrant care work in Europe*, 2012, doi: 10.1177/0958928712449771

11 ILO, *The migrant pay gap: Understanding wage differences between migrants and nationals*, 2020, ISBN 978-92-2-032371-7

12 Eurofound, *Long-term care workforce: Employment and Working conditions*, 2020, doi: 10.2806/36712; and Williams F., *Converging variations in migrant care work in Europe*, 2012, doi: 10.1177/0958928712449771

13 Fox-Ruhs C., and Rush, M., *The Fundamental Rights of Irregular Migrant Workers in the EU. Understanding and reducing protection gaps*. European Parliament, 2022, doi: 10.2861/637975

underscoring the need for comprehensive measures to address their precarious labour conditions and promote fair and equitable treatment within the care sector. Moreover, addressing these disparities also requires a critical examination of the sector itself.¹⁴

THE INTEGRATION OF MIGRANT WORKERS IN A FLAWED SECTOR

Efforts to integrate migrant workers into the care sector must be critically evaluated to ensure they do not perpetuate the systemic issues that currently undermine the care workforce. The reliance on migrant workers to fill low-wage and undervalued positions raises ethical concerns about the perpetuation of exploitation. Instead, investment is necessary to improve working conditions for all workers in the sector, making it more attractive and ensuring a higher quality of care. Addressing these challenges requires a balanced approach that prioritises equity, dignity, and the fair distribution of opportunities across all workers.

As highlighted in the Eurodiaconia Policy Paper ‘Mitigating the impact of demographic change in Europe. Towards a European Caree Guarantee’,¹⁵ the sector suffers from inadequate investment in public care services, reliance on private-sector solutions that often fail to safeguard workers, and the undervaluation of care work. This leads to the working conditions described in the previous section. While migration policies may help alleviate workforce shortages, a short-term approach risks exacerbating systemic vulnerabilities if the underlying issues within the care sector remain unaddressed.

Eurodiaconia emphasises that migration policies should not be used as a substitute for a comprehensive reform of the care sector. Promoting sustainable pathways for migrant care workers is essential, but such efforts must be paired with systemic reforms that address these underlying challenges. Therefore, to ensure a fair and sustainable system, it is crucial to address structural inequalities, improve working conditions, and prioritise ethical recruitment practices. Without coordination between care and migration schemes, integrating migrant workers into the care sector risks further entrenching exploitative practices and perpetuating inequalities.

14 The analysis of the care sector is beyond the scope of this publication and is not addressed in detail here.

15 For a more detailed evaluation of the present landscape of LTC provision through Eurodiaconia members’ experiences and recommendations for the development of a sustainable, inclusive and resilient LTC system, refer to: [Eurodiaconia \(2023\) Mitigating the impact of demographic change in Europe. Towards a European Care Guarantee](#)

CHALLENGES FACED BY TCN CARERS IN THE EUROPEAN CARE SECTOR

LEGAL AND ADMINISTRATIVE BARRIERS: RISK OF EXPLOITATION AND LACK OF PROTECTION

TCNs face diverse legal and administrative challenges hindering integration and sustainability within the European care workforce. Indeed, our members, Diakonie Österreich (Austria) and Evangelische Heimstiftung (EHS, Germany) highlight bureaucratic complexities, particularly, in the case of Germany, such as the differing immigration rules across federal states, as significant barriers. Not only this type of obstacles undermines the opportunities to regularly access the European labour market as well as the well-being and rights of TCN carers, but it also hinders the sector's capacity to fully leverage their skills and contributions.

The EU does not currently have a cohesive legislative framework for labour migration pathways and other specific sectoral tools tailored to attract health and LTC workers. Instead, labour migration is managed through a patchy set of instruments at both EU and national levels. National immigration policies vary significantly, resulting in a patchwork of conditions under which TCN care workers can access employment. While some countries have introduced targeted initiatives to recruit and retain TCNs in the care sector, others impose restrictive conditions that limit workers' mobility, security, and access to social protections. These disparities contribute to precarious employment conditions, including low wages, temporary contracts, and limited access to labour rights. Such issues directly contravene the principles enshrined in the European Pillar of Social Rights, which advocates for fair working conditions and equal treatment.

While some pathways, such as the EU Blue Card, exist for highly skilled professionals, they are rarely applicable to care work. While some medical professionals, such as doctors, may qualify for the Blue Card, the vast majority of care workers, including personal caregivers, do not meet the eligibility criteria. The use of the Blue Card across the EU also highly varies, while Germany issued 77.9% of all Blue Cards in 2023 (69.353 of 89.037), Cyprus issued none.¹⁶

Likewise, the EU Talent Pool —an EU-wide voluntary initiative to match TCNs to employers in the member states and thus alleviate existing labour market shortages— represents a potential step forward in addressing these gaps. However, for now, its scope is limited, and it remains to be seen whether this instrument succeeds to meet the needs of third country carers aiming to work in the EU while addressing the labour market shortages in the LTC and health sector. Moreover, the Talent Pool's focus on attracting workers from outside the EU might overlook the potential of migrants already residing in the EU, thereby neglecting opportunities for their activation, integration and contribution to the labour market.

¹⁶ Eurostat, EU Blue Cards by type of decision, occupation and citizenship, last updated 20/11/2024, https://doi.org/10.2908/MIGR_RESBC1



Residency status presents a significant challenge for many TCN care workers, as their permits are often tied to specific employers. This dependency not only limits their bargaining power when it comes to employment conditions but also increases their vulnerability to exploitation. The lack of portability of these permits restricts their ability to change employers without endangering their residency status.¹⁷ Such constraints further hinder labour market mobility, which plays a critical role in enabling professional growth, matching job opportunities and skills, as well as fostering fair competition.

On this matter, the recast of the Single Permit Directive (SPD)¹⁸ aimed to address some of these issues. The directive simplifies application procedures, allowing TCNs already present in the EU to apply for residence and employment opportunities. Additionally, the recast SPD includes provisions to protect workers who experience labour exploitation by allowing them to retain their legal status for up to 12 months while transitioning to new employment. Eurodiaconia welcomed these measures as they represent an important step forward in combating exploitation and safeguarding labour rights by simplifying application procedures.

Eurodiaconia also welcomed the directive's enhancement of protections, such as extending the period for retaining a single permit in the event of unemployment from the previous two months to a more supportive nine months. This change provides TCN care workers with additional time to secure new employment without endangering their legal status. However, the inclusion of mandatory notification procedures for job changes and potential labour market checks may still create administrative delays, limiting the mobility of workers and complicating seamless job transitions.¹⁹ Despite these improvements, the recast directive does not encompass provisions for so-called low- and medium-skilled workers, as earlier considerations by the European Commission were excluded from the final proposal. This limitation means that TCN care workers may still face significant obstacles in applying for and benefiting from the Single Permit.

Migrant care workers often struggle with having their qualifications recognized across Europe, which frequently relegates skilled professionals to lower-qualified roles, underutilising their skills. The former can lead to unmet expectations, demotivation and deskilling, which in some cases can prompt social isolation. Addressing these barriers is essential to fully integrate TCN care workers into the European labour market and ensure that the care sector can effectively leverage their contributions.

Ethical recruitment practices also warrant attention in this context. The recruitment of TCN care workers often raises concerns about brain drain from countries already struggling with healthcare workforce shortages. Moreover, our members, Diakonie Österreich (Austria) and Evangelische Heimstiftung (EHS, Germany) highlight bureaucratic complexities, particularly, in the case of Germany, such as the differing immigration rules across federal states, as significant barriers. Adherence to

17 Van Hooren, F., Apitzsch, B., Ledoux, C., *The Politics of Care Work and Migration*, 2018; and Williams F., *Converging variations in migrant care work in Europe*, 2012, doi: 10.4324/9781315512853-34

18 Single Permit Directive 202/1233/EU replaced Single Permit Directive 2011/98/EU

19 See: [Christian Group on Migration \(2023\) Comments on the latest positions of the European Parliament on Labour Migration in view of the Trilogues. Single Permit Directive \(recast\) – COM/2022/ 655 final Long-term Residence Directive \(recast\) - COM/2022/650 final](#)

international standards, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel, is crucial to ensure that recruitment processes are ethical and do not exacerbate the critical shortages of healthcare workers from low- and middle-income regions, thus perpetuating inequalities between regions.

BARRIERS TO SOCIAL INCLUSION: ACCESS TO SERVICES, SOCIAL PROTECTION AND DISCRIMINATION

Migrant care workers face significant challenges in accessing healthcare, housing, and education, all of which are essential to effective social and economic inclusion. For example, in many European countries, accessing public healthcare or affordable housing requires stable legal status, which is often precarious for TCNs in the care sector.²⁰ Eurodiaconia members, such as EHS (Germany) and Diakonie Österreich (Austria), stated that shortage of affordable housing in European cities remains a pressing obstacle for migrant care workers, particularly in urban areas. This issue is aggravated by the fragmented implementation of housing policies across regions. Similarly, EHS in Germany highlighted that securing housing for migrant workers requires significant employer intervention, such as pre-renting accommodations, which is not feasible for all organisations due to a lack of capacity or financial resources.

It is relevant to acknowledge that migrant and intra-EU care workers in informal employment arrangements are frequently excluded from social protection systems, given the nature of informal work and the unharmonized implementation of labour legislation across Member States. Therefore, they often fall outside the scope of protective regulatory frameworks. For instance, carers working in domestic live-in care arrangements often lack access to unemployment benefits, pensions, and healthcare due to precarious and unregulated employment. Our member Diakonie Österreich mentions that live-in care in Austria is almost exclusively organised under self-employment contracts, leaving carers without a right to decent working conditions such as rest or privacy, leaving the workers dependent on the will of their employers. Moreover, whereas intra-EU mobile workers can use freedom of movement, the lack of harmonisation in social protection systems between Member States creates additional barriers as they often struggle to transfer social security contributions or access benefits in their host country.

Language barriers further hinder migrant and intra-EU care workers' access to services and integration efforts. Many lack proficiency in the host country's language, limiting their ability to navigate public systems or understand their rights, which can increase social isolation. Eurodiaconia members, such as Diakonisches Altenhilfezentrum gGmbH in Germany (member of Diakonie Deutschland), have expressed concerns about the high language requirements often imposed for obtaining work permits or accessing training, even for workers with foreign qualifications. Members suggest that combining part-time work with language learning could provide a more effective pathway for integrating TCN care workers into the labour market. Tailored language courses for the care sector—such as those teaching specialized vocabulary for nursing—are essential but often remain underfunded and inaccessible, delaying both professional and social inclusion.

²⁰ Joint Research Centre, Health and Long-term Care Workforce. Demographic challenges and the potential contribution of migration and digital technology, Luxembourg: Publications Office of the European Union, 2021, doi:10.2760/33427



The limited access to affordable childcare and financial assistance reduces mothers' ability to fully participate in the labour market or integration programs. Diakonisches Werk Breisgau-Hochschwarzwald in Germany (member of Diakonie Deutschland), pointed to the lack of accessible childcare services, particularly in rural areas, as a persistent issue. The disparity in service accessibility between urban and rural regions further restricts the economic opportunities available to migrant mothers, leaving them struggling to balance work and family responsibilities.

Social and cultural perceptions leading to discrimination also intersect with broader systemic barriers that shape the inclusion of migrant care workers. Employer preferences for specific nationalities can reinforce racialized hierarchies within the sector. For example, Eastern European migrants are often favoured in Sweden due to perceived cultural compatibility, while Moroccan workers in Spain face marginalisation driven by anti-Muslim sentiments.²¹ Not only does this limit employment opportunities, but it also affects the dignity and societal acceptance of TCN care workers. In fact, the interaction of racial and gender dynamics with systemic issues—such as limited access to education, lack of qualification recognition, and restrictive work permits—contributes to migrant women receiving sub-standard wages and being overrepresented in precarious employment conditions. For instance, women from Sub-Saharan Africa are disproportionately employed in live-in care roles, which are characterized by exploitative working hours and poor living conditions.²² Many migrant care workers report workplace harassment and unequal treatment, with 30% experiencing direct discrimination based on ethnicity.²³

Despite the persistent demand in the care sector, the reality of restrictive residence and work permits, and fragmented support systems significantly hinder the fair integration of migrant workers into the European labour market. These limitations create substantial barriers to employment in key occupations experiencing labour shortages, which might also risk pushing migrant and intra-EU care workers into informal employment, where they are highly vulnerable to exploitation and lack of adequate safeguards. Additionally, discrimination within the sector perpetuates existing inequalities, further limiting opportunities for professional development, as well as full social participation and inclusion. Addressing these barriers is vital to ensuring fair and equal treatment, fostering social inclusion, and building a resilient, sustainable care workforce for Europe's aging population.

21 Williams F., *Converging variations in migrant care work in Europe*, 2012, doi: 10.1177/0958928712449771

22 Equinet, *Domestic and Care Workers in Europe: An Intersectional Issue*, 2021, ISBN 978-92-95112-61-2

23 Ibid.



EMPLOYING MIGRANT AND INTRA-EU WORKERS IN THE CARE SECTOR: EXPERIENCE FROM THE EURODIACONIA MEMBERSHIP

Ensuring fair treatment and dignified employment for migrant and intra-EU workers is central to addressing labour shortages in Europe's care sector. Ethical recruitment, fair employment practices, and comprehensive support systems are not only essential to workforce challenges, but also critical to fostering an inclusive, quality and sustainable care sector. Eurodiaconia members emphasize the importance of prioritising the dignity, rights, and well-being of those who provide key services to create opportunities for both professional and social growth. Additionally, supporting migrant and intra-EU mobile workers holistically—beyond labour integration—strengthens retention in a sector which faces struggles with sustaining workforce, promotes social cohesion and fosters fair working conditions.

HOLISTIC AND ETHICAL APPROACH TO INTERNATIONAL RECRUITMENT, EVANGELISCHE HEIMSTIFTUNG (EHS) (STUTT GART, GERMANY)

The EHS has developed a holistic and ethical approach to international recruitment to ensure care workers are treated fairly, with their rights and well-being at the centre. By adhering to the Employer Pays Principle, EHS covers almost all recruitment-related costs²⁴, preventing workers from incurring debt due to relocation. This approach fosters trust between the organisation and its recruits, promoting long-term employment relationships.

EHS recruits candidates from a range of countries, including Albania, Kosovo (2015), Bosnia, Serbia (2018), Armenia, Georgia (2022), the Philippines (2023) and Morocco, Tajikistan, Tunisia, and India (2024). Collaborating closely with project partners in these regions, EHS thoroughly reviews their terms and conditions to ensure partners' adherence to ethical recruitment standards and leverages first-hand recommendations from international and local organisations for candidate screening. EHS also conducts visits to countries of origin to build relationships with their partners and verify recruitment conditions.

EHS implements a personalised approach to each candidate, considering their unique motivations for relocating to Germany, including family reunification. Recognising the stress that comes within the process, our members provide comprehensive support to smooth the transition, including cultural induction programs, language training, and mentorship. Moreover, to alleviate one of the most pressing challenges—affordable housing shortages—EHS supports workers through pre-arranged housing, acting as a guarantor for landlords and securing accommodations for recruits in advance.

Language acquisition plays a key role in EHS's recruitment strategy. Candidates receive German language training in their home countries, obtaining the B1 level certificate required for entry to Germany with a vocational training visa. They aim to achieve B2 level proficiency at the start of their nursing training, followed by specialized training for healthcare-related terminology. During the three-year state-recognized nursing training program, trainees are paid and provided with a combination

²⁴ EHS covers most but not all recruitment-related costs. Depending on the project, recruits usually pay for visa fees and (part of) their German classes.



of theoretical lessons and on-the-job experience. This structured model not only equips workers with the necessary skills but also fosters a sense of belonging and professional growth. Furthermore, by focusing on training rather than recruiting already trained professionals, EHS prevents exacerbating brain drain and critical workforce shortages in the countries of origin. They adhere to the WHO Global Code of Practice on the International Recruitment of Health Personnel by not recruiting individuals from countries identified by WHO as facing critical shortage of health and nursing staff, which was adopted into German legislation.

Despite bureaucratic challenges, affordable housing shortages, language barriers and the lack of political attention, EHS has maintained a high retention rate among international recruits. While legally free to leave at any time, most TCN employees choose to stay with EHS rather than move to another employer.

COMMUNITY BASED RECRUITMENT – DIAKONIE OSTERREICH (AUSTRIA)

Diakonie Österreich adopts a community-based approach to workforce recruitment, prioritising activation, training and upskilling of migrants and refugees already residing in Austria for roles in the care sector. Thereby, they prevent exacerbating brain drain of qualified workforce from countries of origin. Their approach is rooted in the trust-based relationship developed with people from migrant communities present in the Austrian territory, who are clients of the social inclusion programs (e.g. language training, mentorship, or community support) aimed at supporting migrants and refugees offered by our member. By working closely with migrants, Diakonie Österreich identifies individuals who are interested in pursuing careers in the care sector and provides tailored pathways to employment.

Language courses and confidence-building activities are integral components of their recruitment strategy. In addition, they acknowledge the importance of addressing systemic barriers, particularly for women who may face additional obstacles to employment. Therefore, our members have also adopted targeted measures, including flexible work arrangements, cultural sensitivity in scheduling, and support for family reunification.

Diakonie Österreich supports migrants throughout their professional journey, ensuring they receive the necessary training and assistance to access employment in the care sector. This community-based approach not only strengthens local workforce capacity but also facilitates the long-term and sustainable inclusion of migrants.

PROMOTING DIVERSITY AND ANTI-DISCRIMINATION IN THE WORKPLACE – EHS

With a workforce comprising over 50% international employees, EHS highlights the importance of fostering a workplace culture that respects and celebrates diversity, ensuring that every employee feels valued and respected.

One of the key measures at EHS is addressing discrimination proactively, particularly against employees



of colour, who are disproportionately affected. EHS trains its employees in leadership roles to identify and respond to instances of discrimination and engages clients in conversations about diversity and anti-discrimination, outlining clear consequences (including termination of services) in cases of repeated discriminatory behaviour.

To further promote inclusion, EHS has introduced practical measures to accommodate the needs of its workforce. These include:

- Shift scheduling flexibility to recognize international and different religious holidays, allowing for mutual support among employees (e.g., Muslim colleagues covering Christmas shifts and vice versa).
- Inclusive communication practices, such as using simplified language and visual aids, to ensure accessibility for employees with varying levels of German proficiency.
- Neutral counselling services for employees who experience discrimination, creating a safe space for workers to seek support and advocate for their rights.

These experiences highlight the critical role of ethical recruitment, community-based approaches, and diversity promotion in addressing workforce challenges in Europe's care sector. Eurodiaconia membership supports the well-being, social and labour inclusion of migrant and intra-EU workers to foster sustainable solutions to labour shortages, benefiting both care workers and care receivers.

RECOMMENDATIONS

SUPPORT THE CREATION OF SUSTAINABLE AND REGULAR EMPLOYMENT OPPORTUNITIES

AT THE EU LEVEL:

- **Promote ethical recruitment practices** by aligning the Talent Pool with frameworks like the WHO Code of Practice on International Recruitment of Health Personnel to ensure fair, transparent and sustainable recruitment processes in sending and receiving countries. The Talent Pool should adopt a more inclusive approach by incorporating migrants already residing in the EU who might face precarious conditions and whose skills remain underutilised. Additionally, social dialogue should be strengthened to safeguard recruited workers' rights ensuring fair wages, adequate working conditions and access to labour rights.
- **Adopt a human rights-based approach** to addressing European labour and skills shortages, particularly in the care sector. Ensure that TCNs already residing in the EU are considered in these efforts.
- **Collaborate with Member States to combat undeclared work and exploitative employment practices**, while respecting ethical recruitment frameworks like the WHO Code of Practice on International Recruitment of Health Personnel to combat brain drain in countries of origin.

AT THE MEMBER STATE LEVEL:

- **Ensure decent working conditions, fair wages and promote social inclusion for TCN already in care work.** This is only possible if issued work permits prioritise the prevention of exploitative practices and poor working conditions often associated with labour migration in the care sector.
- **Consider the possibility of regularisation schemes for workers already contributing to the care sector** who may be in irregular or precarious employment situations. Such schemes can ensure access to labour rights and promote greater inclusion in formal employment systems, while also creating opportunities for broader economic contributions through increased tax revenues and social security participation.
- **Raise cultural sensibility and migration law knowledge among public employment services and increase their capacities to provide services for all TCNs.** Information about migration related issues should be provided in multiple languages to ensure effectiveness, accessibility and inclusivity.

STRENGTHENING SOCIAL AND LABOUR RIGHTS FOR MIGRANT CARE WORKERS

AT THE EU LEVEL:

- **Ensure equal access to labour rights for all workers**, regardless of nationality or residency status, following the [European Charter of Fundamental Rights](#) (article 31—on fair and just working conditions and article 21 on non-discrimination), and the [European Pillar of Social Rights](#) (Principle 5: Secure and adaptable employment, principle 6: Wages and principle 10: Healthy, safe and well-adapted work environment). This includes fair wages, safe working conditions, and protections against dismissal or exploitation.
- **Strengthening access to social rights** including the right to education, healthcare, social security, housing, and access to justice. As women represent most of the care workforce, the European Commission should urge Member States to integrate a gender perspective into efforts to ensure access to social rights, focusing on identifying and addressing the diverse forms of discrimination and barriers experienced by migrant women.
- **Expand the scope and strengthen enforcement mechanisms of EU labour directives** (e.g. Working Time Directive 2003/88/EC, Single Permit Directive 2011/98/EU, Employer Sanctions Directive 2009/52/EC, Victim's Rights Directive 2012/29/EU) to ensure that all care workers, regardless of their migration status, are adequately protected. This includes enforceable rights to fair working hours, adequate resting periods, and protections against overwork and exploitation, as well as mechanisms to monitor compliance and deter exploitative practices.

AT THE MEMBER STATE LEVEL:

- **Ensure safe access to collective bargaining and unionisation** for all care workers, including migrants in precarious situations, enabling them to advocate for improved wages, better working conditions, and stronger protections.
- **Raise awareness of workers' rights through national campaigns** targeting migrant carers, with particular attention to home-based carers.
- **Establish proper enforcement mechanisms of labour legislation and provide safe reporting channels and legal recourse** for migrant workers facing labour rights violations and exploitation. These channels must be accessible and safeguard migrants from retaliation or immigration enforcement when reporting abuses, enabling them to safely advocate for their rights without fear of jeopardising their legal status or employment.
- **Adopt integrated approaches that combine labour market entry with comprehensive social inclusion programmes.** These approaches should aim to support migrant care workers in their broader inclusion into host societies, promoting social cohesion and fostering a sense of belonging. Additionally, provide targeted support and resources for non-profit social service providers to enhance their capacity to deliver tailored programs (e.g. language training, upskilling programs, or mentorship, among others) ensuring effective and sustainable socioeconomic integration.



FOSTERING QUALIFICATIONS AND SKILLS RECOGNITION, UPSKILLING AND CAREER DEVELOPMENT IN THE CARE SECTOR.

AT THE EU LEVEL:

- **Facilitate the recognition of qualifications and skills by establishing comprehensive EU-wide mutual recognition standards**, creating new opportunities for professionals in health and care related sectors. Coordinate social and care services workforce qualifications across Europe.
- **Promote and support on-the-job upskilling programs that also align with labour market needs**, enabling care workers to diversify their expertise and build pathways for long-term career progression.
- **Increase efforts to improve the assessment of informal skills and promote best practices for skills assessment**—starting with the identification of talents and capabilities that can be further recognized and validated. This approach ensures that migrants are aware of skills in demand within Europe.

AT THE MEMBER STATE LEVEL:

- **Expand upskilling opportunities by investing significantly in education and vocational training programs accessible for TCNs**. These initiatives are essential for developing a skilled and high-quality care workforce. Providing migrant care workers with access to such programs will enable them to fully utilize their skills advance their careers, and contribute to improving the sector's overall attractiveness and sustainability
- **Implement on-the-job upskilling and training programs**, integrating language learning opportunities into daily work to enable care workers to access employment sooner while simultaneously developing both technical proficiency and broader communication skills. These programs should include targeted language training for care-specific terminology, helping migrant workers adapt quickly and effectively to their roles. To encourage participation, provide financial subsidies for employers to cover training costs.

ENSURE A COMPREHENSIVE AND INCLUSIVE EU POLICY FRAMEWORK

- **Adopt a comprehensive approach for the development, implementation, and monitoring of cross-cutting strategies**, connecting EU social policies, including the European Care Strategy, the upcoming Anti-Racism Strategy, Gender Equality Strategy and Anti-Poverty Strategy to migration policies, and other relevant areas such as housing, education and healthcare. This approach should tackle challenges such as discrimination, systemic barriers to employment, gender inequalities, limited access to social protection, and the undervaluation of care work which can limit the rights of migrant care workers. Integrating these strategies ensures that interconnected issues are addressed holistically.
- **Introduce robust processes for conducting gender impact assessments**, specifically tailored to



the care sector and migration policies, to evaluate how these policies affect migrant care workers. These assessments should identify and address systemic inequalities, such as gendered occupational segregation, wage disparities, and barriers to career progression, ensuring that policies are adapted to promote equity, inclusion, and fair treatment for all workers.

- **Ensure meaningful involvement of migrant worker associations, civil society organisations and trade unions**, particularly those representing and led by migrant workers, in social dialogue and diverse stages of the policymaking and monitoring process related to the care sector and migration. By integrating their diverse perspectives and lived experiences, policies can more effectively address systemic barriers.

ENSURE THAT IN THE NEXT MMF THE AMIF IS ADEQUATELY RESOURCED AND STRATEGICALLY ALIGNED WITH INTEGRATION OBJECTIVES, WITH AN EMPHASIS ON SUSTAINABLE SUPPORT FOR NGOS DELIVERING CRITICAL SERVICES

- **Empower local authorities and non-profit social service providers as key actors in migrant and refugee integration given their direct engagement with communities and greater operational flexibility to respond to local needs.** Increase funding accessibility and capacity-building support for long-term integration services. For example, by increasing co-financing rates for projects led by these actors to encourage the sustainability and impact of local actions. Additionally, simplify funding processes by leveraging simplified cost options to reduce administrative burdens and complex financial processes.

- **Establish EU-level partnership and ensure transparency within AMIF by involving CSOs and migrant-led organisations in the preparation, development, implementation, monitoring and evaluation of EU-funded activity on integration.** Not-for-profit social service providers, as frontline actors, are uniquely positioned to identify the gaps in the implementation of EU migration policies at the local and national levels. Their expertise can contribute to improve cost-efficiency and effectiveness to address social and labour integration challenges.

- **Prioritise comprehensive responses by aligning AMIF with broader EU integration frameworks** to ensure these measures are complemented by investment in education, housing, and employment through other funds, such as the ESF+.

- **Establish effective and continuous coordination mechanisms between AMIF and ESF+** (e.g. joint monitoring committees at national level) to facilitate regular exchanges, prevent gaps and overlaps, and to ensure there are actions to address both immediate and systemic challenges.

- **Allocate funding for programs linking employment and skills development with integration services**, including vocational training, sector-specific language courses, and recognition of qualifications. Likewise, promote inclusive communities and social cohesion by allocating funds for initiatives that **combat discrimination and foster cultural awareness** in sectors with high migrant participation to create supportive working environments, such as in the care sector.

