**CARE FOR THE FUTURE: A VISION FOR EUROPE**

Work in the care sector is changing rapidly. An increase in aging populations, financial demands on working families, a reliance by governments on the private and not-for-profit sectors to play an ever-increasing role in the industry, as well as an emergence of for-profit providers (including multinational providers) of care services, are all having a dramatic impact. These factors are creating new markets and new workplaces and are encouraging unprecedented growth in private care which is now a central and critical sector of the service economy.

All European citizens have the basic right of access to quality care. It is especially important to the most vulnerable members of our communities – the elderly, young children and those in need. Ultimately the health and wellbeing of our families are in the hands of those who work tirelessly to provide these vital services and ensure that those who need care receive it. Yet this work is characterised by low wages, inadequate training and poor working conditions. Cost-driven decisions are proving bad for workers and bad for our communities. Unions representing workers in the private and not-for-profit sectors are working together to ensure that the opinions and concerns of workers are heard as the future of the European care sector is shaped.

Europe as a whole is experiencing a long-term structural supply shortage of healthcare workers, particularly in the area of long-term care. In 2010, at the time of the launch of the Europe 2020 strategy, the European Commission warned that a shortage of 2 million care workers would be experienced by 2020 unless countermeasures were enacted. Of this shortfall, it predicted that 1 million workers would be missing from the long-term care sector.

Decisions need to be taken across Europe to shape our collective future. European decision makers are responsible for creating a fair and equitable society in which our elderly, our children, our disabled and those in need are properly cared for. Yet without urgent action, Europe risks becoming a community in which care is available to the wealthy few and in which low-road approaches drag care standards down and put our citizens at risk. Europe’s decision makers have important choices ahead about the kinds of investment and guidelines that are put in place to protect and support our communities. The future of our own care, and of our families’ care, is at stake.

This platform puts forward our vision for a European-wide care framework based on ensuring greater levels of investment to ensure quality jobs while maintaining high standards of care and equity of access. The Future of Care platform calls for four key areas of action:

1) **Social investment not Austerity** - Europe faces a workforce crisis in the care sector. Without urgent investment, the European Commission predicts a shortage of 1 million workers by 2020 in the long-term care sector alone. Large scale investment in care is needed to create and develop jobs and sustain a growing demand for care services in Europe. The care sector is recognised as a key area of employment growth. If this growth targets the most affected and vulnerable groups then investment in care can help to break the cycle of austerity, disinvestment and prolonged crisis across Europe.

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2) Quality Jobs for Quality Care – Care is a vital service, the quality of which is dependent on a workforce that has decent training and working conditions as well as wages commensurate with their skills and competencies. Yet care workers are some of the lowest paid in Europe. The integration and convergence of the European care work market must occur in a way that strengthens workers’ rights and collective agreements across all of Europe. To sustain broader social objectives, care work policy at the European level must be implemented with a commitment to a high quality, professional care sector, with consistent and fair regulatory guidelines.

3) Empowering Migrants – Care work offers career paths for migrants, and migrant labour has the potential to be a key element in a successful transition to a quality care system based on quality jobs. For this to be achieved, protections from exploitation, clear separations between labour and immigration inspectorates, the upholding of human and labour rights, and access to social and health systems for migrants is necessary.

4) Supporting Skills and Innovation – A skilled, qualified, and well equipped workforce is essential to the delivery of quality care services. The best ways to achieve this are through harnessing and improving skills through access to lifelong learning, arresting the turnover of staff, and deploying innovative technologies which benefit those receiving care, rather than technologies aimed simply at cost reduction.

The factors set out in this platform can play a vital role in ensuring that the care sector continues to promote social cohesion and social justice for communities across Europe. We must tackle workforce shortages within the European care sector and raise the quality of service provision through the promotion of higher wages and conditions. Everyone benefits from these reforms – service users, family members, workers and our communities. By contrast, an underpaid, overworked, insecure, exploited and highly transient workforce exposes an already-underfunded sector to further risks of degradation of quality service provision. The future of care matters to us all. It’s time to invest in our collective future before it is too late.
Europe faces a one million shortfall of long-term care workers by 2020.

The number of Europeans aged 80+ will increase by 68% by 2030.

Europe is the only continent in which health care spending per capita has reduced since 2007.

Without increasing migrant labour the care needs of millions of Europe’s elderly citizens will go unmet.
Care work is a vital part of the fabric of European society. It encompasses a wide range of services for children, the elderly, the sick and the vulnerable that collectively ensure the wellbeing of individuals and our communities. The European economy is reliant on adequate care and support measures. Care arrangements outside of the family unit help to free productive labour in other economic sectors by removing the burden of care from individual family members. Across Europe, high quality long term care, childcare and preschool policies help to progress gender equity and poverty reduction objectives. They directly ensure workforce participation while promoting broader social policies that make societies function. Quality early learning programs provide an important foundation for children’s development in the early years, while quality aged care programmes provide help to some of the most fragile and vulnerable members of our communities. By contrast, inadequate care sector policies can have negative impact on social cohesion and economic outcomes.

Long standing demographic shifts towards an ageing population present in nearly all countries of Europe mean that the demand for paid care services will continue to grow in the decades to come. The care sector is well recognised by policy experts and economists as having some of the highest potential for the creation of new jobs. This awareness of the economic potentials of the sector has led the European Commission to call on governments to prioritise social investment. Yet, the need for care is rising at the very time when many governments are withdrawing from their responsibilities and implementing severe cuts on basic social care services.

Care work occurs in a variety of settings, including hospitals and clinics, nursing homes and early childhood centres. Services that can ensure adequate staffing levels and provide quality jobs for workers are critical to the provision of quality services. As demand for care grows, new consumer-led approaches to long term care have gained traction. And as growth outstrips the supply of available infrastructure, care work is increasingly undertaken in private homes outside formal institutions. Although the composition of the care sector varies enormously
between countries, this shift towards care within the home, combined with a shift
towards private care, contracted-out and partially government funded services is
gradually supplanting direct service provision by public organisations. This means
that increasingly, for-profit care providers - including multinationals as well as small
businesses and agencies - exert a growing influence over the care market. This
occurs in a context of austerity, where care is increasingly commercialised and
subject to cost pressures as it is turned from a collective public obligation into a
private user-funded service.

A combination of the growth of the private care sector and government
cost-saving reforms has led to reduced funding levels and greater pressures
placed on often already overstretched workers. Care sector workers are among
the lowest paid workers in Europe and are exposed to high levels of exploitation
and risk within the workplace. Many are employed by small providers such as
labour contract agencies, while others are self-employed or work within the
informal sector. Many jobs in the informal sector are highly exploitative and
domestic care workers in particular can be employed in slave-like conditions.
Migrants form an essential part of both formal and informal work arrangements
within the sector, yet they are exposed to conditions of often hyper-exploitation
while not always being given the same rights at work.

This platform puts forward our vision for a European-wide care framework that is
based on ensuring greater levels of investment to ensure quality jobs while
maintaining high standards of care and equity of access. The Future of Care
platform calls for four key areas of action:

- Social Investment not Austerity
- Quality Jobs for Quality Care
- Empowering Migrants
- Supporting Skills and Innovation

Europe as a whole is experiencing long-term structural supply shortage of
healthcare workers, particularly in the area of long term care. In 2010 at the
time of the launch of the Europe 2020 strategy, the European Commission
warned that a shortage of 2 million workers would be experienced by 2020
if countermeasures were not enacted. Of these, it predicted shortages of 1 million
workers in the long-term care sector, 600,000 in nursing and 230,000 physicians.²

Everywhere in Europe we must tackle workforce shortages within the care
sector and raise the quality of service provision through the promotion of
higher wages and conditions. This needs to be done while respecting
migrants’ rights and bringing the large sector of irregular domestic work
into a formal employment sphere, with all the rights and professional
guarantees that go along with it. Additionally, these factors play a vital role in
ensuring that the sector continues to promote social cohesion and social
justice outcomes for communities across all of Europe. Everyone benefits from
these reforms – consumers, family members and workers. By contrast, an
underpaid, overworked, insecure, exploited and highly transient workforce
exposes the sector to further risks of degradation of quality service provision.

² European Health Forum Gastein (2010), Press Release: Possible shortage of up to two million health care workers by 2020,
Across Europe care services are under stress. At the very same time when investment needs to increase to deal with the trend of a rising demand for long-term care, many European governments have responded with austerity policies. Responses have included cuts to services and care jobs, implementing staff cuts and pay freezes, privatisations, outsourcing care jobs to the private sector and introducing payments for care recipients. Pressure is being placed on already overstretched services at a time when the opposite response is needed. An approach premised on investment at the European level is urgently needed. As a consequence of Europe’s ageing population, demand for care services will increase while the size of the workforce declines. This is alarming for the reason that the existing workforce is already overstretched and care services already suffer from underfunding.

With the pretext of reorientating entire care systems to rapid ageing of societies and the shrinking of working age population, government in Europe at all levels have launched attempts to overhaul their service sectors. This has led to attention where it previously had been neglected, including collecting statistics and implementing proper planning models in countries that had previously relied on ad-hoc policies built around family-based systems of care. Yet these so-called reforms of renovation and modernisation of care services have in many cases been applied to subject care services to the politics of cost reduction, commercialisation and privatisation.

In its Europe 2020 strategy released five years ago, the European Commission itself made a strong case for prioritising social spending and investment as sensible and economically beneficial in both the short and long-term. Once confined to the margins or excluded from economic discussions altogether, the care sector is now recognised as a key area of employment growth. The Europe 2020 strategy called for overcoming the economic crisis through a focus on inclusive growth and the creation of jobs. As part of its Social Investment Package, the Commission called on member states to prioritise social investment, to modernise their welfare states through policies to formalise informal care work, to pursue efforts to improve retention of the workforce through improved employment standards and to modernise social protection policies by optimising their effectiveness, efficiency and the way they are financed.

This affirmation, if it was the result of real conviction, would have led all member states to act to improve the effectiveness, sustainability and responsiveness of their healthcare, childcare and long-term care sectors. But the European Commission has not found a way to overcome the austerity economic framework imposed by the Troika, which has brought economic regression rather than development.

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As noted by the EESC in its response to the European Commission’s social investment strategy, there is a significant mismatch between how the European Commission views the problems and their lack of appropriate financial solutions to address them. Despite a strong rationale for the need for social investment, the prevailing idea of doing more with less continues to dominate thinking at some levels of European Union policy. The existing system is in the current state of crisis precisely as a result of funding shortfalls brought about as a consequence of this approach. To meet the future challenges and to guarantee quality care that the European Commission has identified, greater sources of secure funding at both the EU and member state levels are needed to strengthen the care sector.

- A commitment to quality care must be premised on the creation of quality jobs. New investment into care services must ensure decent working conditions and wages commensurate with skills and competencies of workers.
- Public financing of care services must be retained as an important principal, with the view to ensuring quality services that are universally accessible and affordable. Adequate allocation of public resources, both through general revenue as well as via indirect welfare and redistributive models of public financing, is critical to delivering the sector that is needed for Europe’s future.
- Austerity measures that endanger social security and social protection programs must be stopped, and policies that actively support employment and investment in this sector and that of care services must be enabled; sufficient resources for the development and sustainability of high quality frameworks covering all the sectors such as access to care, pensions, ageing policy, family allowances and childcare must be guaranteed.
- Large scale Europe-wide social investment program worth at least 2% of GDP is needed to break the cycle of austerity and disinvestment; given the rising demands for care, existing workforce shortfalls and high employment potential, the care sector need to be among the top priority as a destination for public investment.
- In addition to deploying the €10 billion European Social Fund, other funding mechanisms at the European level such as the European Agricultural Fund for Rural Development and the European Regional Development Fund should be mobilised to stimulate investment into the care sector.
- In order to raise sufficient funding for the necessary reforms, a genuine commitment to tax reform is necessary, including ending the practices of tax competition within the EU, closing tax loopholes and taking stronger actions to stop tax haven abuse, raising corporate taxes on multinationals to an appropriate level and introducing measures such as wealth tax and other progressive taxes that reduce inequality while raising revenue.

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8 Greif (2014), Opinion of the European Economic and Social Committee on the impact of social investment on employment and public budgets (own-initiative opinion), SOC/498, Brussels: European Economic and Social Committee, p. 9.
Low pay and poor employment conditions define the care sector. Care work is hard, both physically and mentally and often requires workers to juggle shifts and schedules. It is often performed under precarious conditions with poor pay. A high proportion of care work – especially domestic care – occurs within the informal sector where minimal labour standards are not applied. Job dissatisfaction can lead to low retention, which impacts on the quality of care delivered.

The sector suffers from workforce shortages arising primarily as a result of the poor wages and conditions often associated with care work. As demand for care escalates, there is an urgent need to address this gap. An emphasis placed on the creation of quality, well-paid jobs in the sector with decent working conditions is needed to ensure adequate labour supply in the long term. There is a strong link between quality of care jobs and the quality of service provision. Ultimately the health and well-being of our families and parents, along with the education and protection of our children, are in the hands of those who work tirelessly providing vital care services. As policies predicated on cuts and austerity deepen social inequality, many care workers find themselves at the front line of an unfolding social crisis.

For many workers employed in the sector, work is characterised by unsocial hours, exclusion from social security, inadequate support and poor working conditions. While the European economy has benefited from some of the most advanced and developed care systems in the world, care sector workers nevertheless continue to be undervalued, underpaid and underappreciated across large parts of Europe. In the climate of budget cuts and austerity following the 2008 financial crisis, care systems have faced significant erosion as governments look for ways to further reduce spending. One of the biggest threats to quality care is the commercialisation of services, such as in the case of Belgium which is facing erosion of its high quality not for profit care system as a result of funding pressure, increasingly threatening quality of care. Across Europe there is a growing awareness on the political level that the degradation of care systems and care jobs is both socially damaging and in actual fact counter-productive to the goals of economic growth and job creation. We strongly advocate for reversal of austerity measures and investment into the sector as pragmatic economic policy.

In 2012, the European Commission identified the health and social services sector as a key area in which efforts to create employment should be prioritised by member states. The sector has some of the highest growth rates for new jobs. Alongside ‘green jobs’ and the digital economy, so-called ‘white jobs’ in the care sector are identified as offering key employment potential and the European Commission has called on member states to focus their efforts and initiatives for job creation in this sector. Since the presence of extensive systems of childcare and long term care is an important enabler of female workforce participation, new jobs created in the care sector creates high returns across the economy as a whole.\(^9\)

\(^9\) European Commission (2012), Commission Staff Working Document on exploiting the employment potential of the personal and household services, SWD(2012) 95 final, Strasbourg: European Commission, p. 3
The European Commission, under pressure from major business groups, is currently advocating for new agreements which aim to ‘reduce regulatory burdens’ at the European level.\(^{10}\)

Harmonisation of regulations should not be used as a tool to create substandard jobs or as a pretext to push through policies that undermine workplace rights by bringing them down to the lowest common denominator. Harmonisation should, on the contrary, strengthen and improve legislation across Europe. A high road approach towards the care sector – premised on quality jobs for quality care in line with our need for quality employment – is urgently needed, and this requires more effective and stronger regulation at both the European and nation state levels.

- Promotion of quality and professionalism in the care sector requires workers to have access to training and qualifications, addressing low pay and exploitation while promoting collective bargaining and social dialogue.

- With chronic shortages already seen in the sector and demands for care work expected to escalate, there is an urgent need to address this gap through comprehensive and well-funded recruitment and retention strategies. To be effective, such strategies must be premised on the creation of well-paid and quality jobs. In this sense, we demand that the European Commission puts forward a comprehensive action plan for advancing the wages and conditions of care sector workers across Europe.

- The working rights of all care workers must be respected and the EU needs to promote and guarantee these fundamental rights as well as ensuring that the frameworks exist that allow all workers to exercise them. The care sector is particularly vulnerable to exploitation, as many workers are employed in precarious and informal conditions. Stronger employment legislation is necessary to ensure minimum standards at a good level, including the prevention of loopholes that allow for exploitative practices.

- Collective arrangements and statutes need to be defended and extended to cover all the workers of the sector, including live-in carers who are nominally self-employed or employed by their carer. Collective bargaining rights must be strengthened for care workers across Europe, including those who are currently employed in precarious or informal conditions. This implies the full respect of freedom to collective bargain for all trade unions at all levels and within the member states. This has to happen contrary to the frameworks and guidelines of austerity which are being issued by the Troika.

To sustain broad social objectives, regulatory policy must be implemented with a commitment to high quality, adopting the best practices as the standard, including labour standards.

Procurement processes at the national level must reflect commitments to European standards, in particular, to ensure that care providers tendering for public funding meet adequate standards in relation to care quality and employment practices.

UNI Europa will campaign for the better protection of all services of general interest including care services. We consider it to be essential to safeguard the quality of care provisions in Europe. Ideally, a general exception of services from European internal market rules should be created. For UNICARE, quality services and quality jobs are two sides of the same coin. Quality jobs with good working conditions lead to better services and therefore a broad carve-out under the rules of the internal market should be prevented.

With a commitment to quality services, there is a need for moving beyond a discussion of appropriate minimums for the sector; to drive quality improvement and innovation in the sector, all possible strategies should be pursued to help make careers more viable and attractive in the sector, including raising standards substantially above minimum levels as a means of incentivising recruitment into essential social services where labour shortages predominate.

International trade agreements such as the Transatlantic Trade and Investment Partnership (TTIP) and the Trade in Services Agreement (TiSA) currently under negotiation threaten to strengthen the powers of employers and transnational corporations at the expense of governments and citizens. Compromised labour standards will lead to conditions of increased exploitation, especially in already vulnerable areas such as domestic care work. If new international trade agreements are to be signed, they must facilitate improvement and not erosion in working conditions.
Beata Olszewska-Szybalin

Beata is a care worker from Poland and has worked in the sector for 21 years. After relocating to Switzerland in 2013, Beata was saddened to discover that her years of experience and professional qualifications counted for very little in her new country and that she would be paid at a far lower rate than local care workers.

“I was earning 30-50% less than a Swiss worker doing exactly the same work.”

This is only one example of how certain employers are profiting from the system, Beata says. So in order to improve her personal situation, Beata completed local qualifications.

Being a care worker is tough and Beata’s days are demanding:

‘My day starts before 6 o’clock and I take care of 4 to 5 patients per day. Although work with clients 1:1 is about 6 hours per day, because of the distance between clients, I am often not home before 12 o’clock at night which means being away from home for 12 hours. I don’t have time to go home during the day, even though I may have a two hour break between clients’.

‘For each patient the tasks are very specific – it depends on their needs. For some it is medical tasks, like giving medication, taking blood, and giving injections but we also work like bathing or showering, as well as looking after domestic tasks like cleaning and cooking. But the most important thing we do is talk with people and listen to them.

I love my job – it’s very hard but also very fulfilling because of what we bring to our patients’ lives’

‘I worked with an elderly couple – 87 and 85 years of age – who for a long time really didn’t speak or engage at all with anyone in their lives. Step by step, I was able to create a really great relationship with this couple. Actually, they regained a lot of independence and together we worked so that they could do a lot more on their own – this gave them a huge sense of independence and better quality of life. This is why I do my job’

Beata says ‘care unions are an essential part of creating better lives for our elderly’. Beata has worked with local care union, UNIA to ensure overtime and travel time payments are made and to bring together care workers into a committee so that collectively they can contribute to creating a better and fairer care sector for everyone.
SAMANTHA BYRNE

Samantha is a full-time home care worker in Ireland assisting elderly clients. ‘A typical day for me is helping with personal care for my clients, I make beds, I assist with feeding, or other activities depending on the client’s needs. Each care package is tailored to the client. But there are hidden parts to our job – we are there to observe their mental and physical health, to look for signs of illness, skin disorders, or any other issues. Ultimately our work saves the health system money and prevents bigger health issues developing.’

‘Talking to our clients is very important. I may be the only person my client has talked to that day, or for three days. I may provide their only genuine personal connection that week, so I’m also there to listen, to alleviate their loneliness. We have clients who are very lonely. They may not have family, they don’t get out. Loneliness can be a terrible thing with dramatic health impacts.’

‘Ultimately, to do my job requires high level skills, and you also have to be compassionate, patient, caring and responsible. ’

Despite the importance of her work to society, Samantha’s job is extremely precarious.

‘My contract is a zero-hours contract. That means I never have guaranteed hours. I’m at the mercy of my employer to provide me with hours. At the end of the month I never know how much I’m going to earn’

‘I don’t have stability, I’m not able to budget. I have a family that is dependent on me and I never know if I am going to be able to afford their school books or school trips, so I can’t budget, we have no stability, that lack of guaranteed hours creates major issues for me and my family’

Turnover is high in Ireland’s care sector and some workers don’t feel they are valued for the vital jobs they do. The perception for some is that care jobs don’t matter, Samantha says.

‘The work we do is valuable and useful to society and I like my job so much. I do get job satisfaction. I am out there working hard for my clients, but, honestly I try not to think about how I am treated and paid because it feels so unfair sometimes. If I thought about it more I might not continue to do it.’

‘I am a professional health care assistant and I provide care of a very high standard, but that is not reflected in my contract. We need stable contracts, and a guarantee of hours.’

Care workers not consulted.

‘We could really help with proper policy, procedures and standards for this work. We know our clients, we best know their needs, but we are never asked, consulted or listened to when important decisions are being made. The care we deliver is important, and we could actually save money sometimes because we can see room for improvements in the system, but we are basically ignored.’

‘Care workers need to be consulted and asked their opinion and have their expertise used to benefit the entire care system’. 
Across Europe, millions of migrant care workers are critical to sustaining national social care systems – whether their migration is regulated or not, whether it is the result of deliberate or de facto policies. Migrants from across the world are found in all care occupations and make up a significant source of labour in residential care in some countries such as Germany, in large part they are concentrated at the lower rungs of the workforce hierarchy, especially in the least regulated homecare or live-in care sectors. The social and economic contribution of migrant care workers often comes at great personal cost and many are excluded from basic rights. Too often work is carried out in conditions of exploitation, marginalisation and invisibility. Migrant workers entering the sector tend to end up in the least visible of care occupations that attract the lowest pay and are open to the greatest risks of exploitation and in extreme cases enslavement.

Our unions increasingly represent a mobile global care workforce who are at the very heart of shifting patterns of work and care worldwide. Migrant care workers are essential to filling numerous vacancies in the care sector as well as in the provision of social services and healthcare overall. Immigrants from within and from outside the EU comprise a substantial part of the formal care sector workforce in the UK, Austria, Germany and Switzerland, with particularly high concentrations of migrant care workers employed in home care. In Southern Europe in particular, especially Italy, Greece and Spain, several million migrant care workers are employed privately as live-in carers or domestic workers within the informal or ‘grey’ sector.

Labour mobility as a key factor shaping the care sector workforce affects both source and destination countries. European care labour markets are shaped by both regulated and unregulated flows of care migration, both internal and external to the EU. Individual countries in Europe are subject to their own distinct patterns of migration as sources or destinations for migrant care countries (and increasingly both). At the same time, the overall sustainability of care policies on the European level is reliant on a large net immigration of care workers originating from outside the EU in order to supplement a shrinking labour force. While this is a long term trend, since the onset of the economic crisis, governments have increasingly turned to migrants as key sources of care labour in light of existing workforce shortages to supplement domestic recruitment, with shortfalls exacerbated by inadequate training programs poor wages and funding cutbacks to the sector.
Europe is currently facing an escalating humanitarian crisis, the largest mass displacement of people since the end of World War II. Growing numbers of migrants, including many displaced people fleeing violence and war, are suffering harsh and inhuman conditions in refugee camps on the borderlands of Europe. Many of the estimated 5 and 8 million undocumented workers living in Europe experience growing marginalisation and exclusion from social rights. Critical social services that should facilitate care and integration into the community, services for refugees and especially the most vulnerable such as unaccompanied children have been hardest hit in some cases as a result of cuts to care services.

The overarching border security response to the refugee crisis has allowed the richest European states to withdraw from their core social responsibilities in the areas of crisis response and assistance. Yet, millions of ordinary citizens have stepped in where their governments have failed, with a diverse range of organisations, community groups, unions, churches, human rights activists and other sections of civil society responding directly to the unfolding humanitarian crisis. Across Europe union members working within various organisations have been at the forefront of civil efforts to offer essential medical and humanitarian assistance to refugees, often in spite of the efforts of their governments to respond to the situation with increasing security measures.

We believe in treating vulnerable people with care and assistance. European governments must unite to respond to this preventable crisis with a well-resourced and determined emergency humanitarian effort, one aimed foremost at saving lives and ensuring safety and support for people fleeing war and violence.

The current militarised border response is not only a brutal response but also represents a failure of policy at the European level. The treatment of undocumented migrants is all the more callous when we acknowledge the vital roles that many already fulfil to support the care systems of their host countries, looking after the older generations while their own immigration status and right to work remains insecure often remaining excluded from basic social protection systems. These workers have remained invisible to governments and most policy makers for far too long.
Basic rights for all workers, including access to social protection systems, safe working conditions and fair remuneration, are principals that are expressly protected under international legal conventions. An opportunity exists to bring millions of domestic workers into a modern labour system through the ratification of ILO Convention 189. The convention commits signatories to formalising domestic work and ensuring that employment conditions for domestic workers are fair and on equal footing with all other workers. It is also aimed at removing the barriers that prevent the exercise of such rights, including trade union rights and the legal right to organise, and is aimed at providing a legal framework for transforming the exploitative position of domestic workers.

The success of such measures is premised on the legalisation of undocumented domestic care workers. Addressing the exploitative nature of domestic care work through formalising the status of undocumented migrant care workers will have multiple secondary benefits. Many migrant care workers, especially those employed in home care and the most marginalised positions as live-in carers, possess qualifications that are higher than the ones required for their roles; there is a trend that sees many qualified nurses working in caring occupations below their skill level, such as in undeclared home care, who could otherwise find work within the formal nursing and healthcare systems if their skills were recognised and immigration status removed as a barrier.

In broad terms the Commission’s policy already recognises that a formalisation of care labour work is desirable and necessary, that there is a need for a large scale transition of irregular jobs into the formal sector in order to shift participation rates and improve the capacity of care systems to function. Transitioning informal arrangements into the formal employment systems will require making ‘visible the hitherto hidden privatised cost of long term care’. Policy at the European level must go beyond recognising the vital care roles performed by those who are most marginalised in the workforce. It must proactively address their precarious employment conditions with a goal of ending exploitation, while empowering workers to exercise their rights through their trade unions.

Care work also offers a long-term career path for migrants and their labour has the potential to be a key element in a transition to quality care system based on quality jobs.

All care workers, including undocumented workers, need be recognised for their contribution to the care policies of Europe; work needs to be regularised and formalised in the framework of quality care systems based on frameworks of quality employment as a critical element in a Europe-wide transition to quality care systems based on quality jobs. Employment must be regulated and protected in the same way for migrant workers as for national citizens according to the principles of equal rights.

Persons exercising their rights to free movement must be treated equally, be protected from exploitation in the workplace and have the right to receive social services in their host countries. The right to access health care should be extended to all undocumented migrants; migrant care workers make a substantial contribution to social and health care systems and should not be denied basic services in return.

In responding to the refugee crisis, all national governments and the European Union need to support and strengthen civil search and rescue, medical and humanitarian aid efforts as a priority matter of saving lives; all governments must treat refugees with dignity and in accordance with their obligations and they must adequately support crisis response and other social services that are focused on assisting and integrating the most vulnerable people into our communities.

All workers, irrespective of their immigration status, must have their human and labour rights recognised. Live-in care workers can be particularly open to exploitation as their labour is often confined to their employer’s home. While the majority of informal care sector work is voluntary, the hidden and unregulated nature of live-in domestic work places workers at particular risk of exploitation and enslavement.

To take effective immediate action against exploitation of migrants, member states need to establish clear separations in both law and practice between labour and immigration inspectorates. Workers who exercise their basic rights should not be faced with immigration repercussions, and undocumented workers should not fear punishment when reporting exploitation or when their employers are sanctioned for labour violations. Trade unions play a vital role defending basic employment conditions, and governments should facilitate the active involvement of trade unions in sectors where exploitation of foreign workers is present.
A skilled and qualified care workforce is essential to the delivery of quality care services. There is a need for the promotion of quality jobs that harness and improve worker’s skills through access to lifelong learning.

As the population of European countries continues to age, competition for workers available for care sector jobs will increase. There is a general trend in the healthcare sector towards upskilling, with a rising proportion of future jobs projected to be in the highest skilled areas. Yet, as long as growing demand for care outpaces the numbers of carers who have the appropriate skills, labour shortages will only continue to grow and pressure will be placed on already overstretched and insufficiently supported local workforces, creating conditions that in turn make retention difficult. We agree with the Social Protection Committee of the European Commission that this situation represents a threat to quality standards. We welcome calls to mitigate the growing labour shortages through recruitment and training programs that make care jobs more attractive and offer improved pay and conditions of work. As the available pool of labour from which to recruit care workers diminishes, technological innovations offer great potential for improving the quality of care, when implemented to improve the conditions and exercise of skills by workers. The function of many of these emerging technologies, particularly in the area of sophisticated new diagnostics, assistive aides and information technologies, is to minimise or reduce dependence on long term care through aiding older people to live independent lives at home for as long as possible and in facilitating the social participation of people who would otherwise be physically dependent on carers. Such objectives intersect with other aspects of social policy especially in regards to health care, for instance through a focus on greater investment into preventative healthcare and rehabilitation. Information and Communications Technologies (ICT), assistive aids and devices and innovations in medical and organisational methods can value-add to skilled jobs. Where implemented according to best practice, such as seen in Scandinavian countries, these innovations have raised the overall efficiency of care provision while improving workloads and quality outcomes.

To date, however, much of the discussion around the promises of technological developments in the care sector have been influenced by the broader politics of austerity, and have focused on the use of cost-effective technologies to raise productivity of care labour. Care work is highly labour intensive and will remain so, and growing demand for care arising from ageing and the shrinking size of the working age population will place only ever greater pressures on existing workforce shortfalls. The primary motivation for development and implementation of new technologies should not be cost-savings. Assistive technologies should be utilised as part of a broader strategy of dealing with expected labour shortages in the sector, to grow productivity of labour, and most critically, applied in order to raise the standards of quality and thus improve retention. The utilisation of ITC as a device to make labour do more with less, on the other hand, only compounds the existing problems and will result in reduced retention, thus undermining efforts to strengthen the workforce.

The workers in the care sector need to have full access to training and lifelong learning opportunities, including appropriate leave arrangements to access education services. Caring skills need to be recognised and formally included as part of national vocational education and training systems. A consistent European Qualifications Framework needs to be developed to allow for the cross-border transferability of vocational competencies for workers employed in the care sector, and for their recognition and remuneration that is commensurate with their skills and responsibilities. Positive moves in this direction that we have observed include a recent launch of a study to analyse the feasibility for the establishment of a European Sector Council on Employment and Skills for the Nursing and Care Workforce. It remains to be seen what conclusions will be drawn from this study, in particular regarding the level of standards that this study would promote.

If genuine commitment is made to transitioning the sector towards a high road path of continual innovation, development and improvement, greater levels of cooperation and exchange of ideas across Europe are necessary, including more inclusion of unions and other social partners to help with the articulation of quality standards and workforce competencies to define and measure best practices. We believe that unions, as the voice of workers in the sector, have the tools and knowledge to advocate for best practice models.
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UNI EUROPA, THE EUROPEAN SERVICES WORKERS UNION.

UNI Europa is the European trade union federation for 7 million service workers in sectors that constitute the backbone of economic and social life in Europe. Headquartered in the heart of Brussels, UNI Europa represents 272 national trade unions in 50 countries, including: Private Care and Social Insurance, Commerce, Financial Services, Gaming, Graphical and Packaging, Hair and Beauty, Information Technologies and Communication, Media, Entertainment and Arts, Postal Services and Logistics, Property Services: Industrial Cleaning and Private Security, Professional Sport and Leisure and Temporary Agency Workers. UNI Europa represents the largest region in UNI Global Union.

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