

RETAIN: Tackling labour shortages and turnover in the long-term care sector

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ABSTRACT

Labour shortages and high labour turnover are not a new or isolated problem brought on by the Covid-19 pandemic, but constitute a long-standing and burning issue in the long-term care sector. In this report, the authors outline the key issues and policies needed to create a worker-centred recovery in the long-term care sector.

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Executive Summary

Since the emergence of COVID-19, policy makers, the public and care providers have become acutely aware of care workers' essential roles. At the same time, the sector has fallen into a perilous cycle of inadequate investment, overwork, and burnout among carers, leading to high turnover and labour shortages. With the EU population over 65 projected to grow by more than 40 percent over the next 30 years, the long-term care (LTC) sector faces a looming crisis.

Even before the pandemic put new strains on care workers, UNICARE Europa and its affiliated unions recognized the potential disaster on the horizon and initiated RETAIN, a project funded by the European Commission to study the causes of worker shortages and propose solutions. This report summarizes RETAIN's findings to date with recommendations that prioritize the welfare of workers and their patients. The main aim of the report is to outline policy recommendations for tackling labour shortages and labour turnover and improving retention in the long-term care sector.

The **primary causes** of the current crisis fall into four categories, including:

- low wages and poor working conditions,

- lack of collective bargaining and union representation,
- inadequate training and career progression,
- and poor health and safety standards.

Each of these challenges is addressed in the report, along with practical recommendations for action by trade unions, employers and policy makers.

RETAIN's research also points to **broader trends** that negatively impact long-term care and that can also be alleviated through increased union organizing, improved social dialogue, and enlightened national and EU policies. Those trends include the exploitation of migrant workers, gender inequality and lack of adequate funding in the LTC sector as a whole.

The report presents some examples of successful early implementation of its recommendations. These successes demonstrate that, by tackling challenges systemically through cooperation among trade unions, service providers and policy makers—while making sure workers remain at the centre of decision-making processes—the EU can avoid a long-term care crisis.

RETAIN's recommendations include:

Improving wages and working conditions

to create family-sustaining jobs with fair minimum wages, good work-life balance, fewer administrative tasks, shorter travel times and more worker autonomy overall.

Increasing staffing to improve quality of care

in part by investing more financial resources in recruitment and introducing minimum staff-to-resident ratios with financial sanctions for providers that do not comply.

Supporting union organizing, collective bargaining and improved social dialogue

among providers, unions and other stakeholders in the sector. The presence of unions in workplaces tends to curb turnover in part because union members have a say in workplace decision-making, and union representatives help to resolve workplace issues and improve working conditions.

Improving health and safety

in what has become one of the most dangerous jobs in the world. Those improvements must address physical and mental health concerns and must begin with member nations ratifying ILO Convention 190 on eliminating violence and harassment at work.

Improving training and creating paths to professionalization for workers

in LTC jobs. Better training leads to greater job satisfaction and commitment and prepares workers for the evolution of the sector as technology and treatments change.

Improving migration policies and ratifying ILO Convention 189 to give domestic workers the same rights as other workers.

Nations and unions must cooperate across borders to guarantee fair minimum wages and maximum hours, freedom of association and work permits that discourage precarious work.

Ensuring that national governments and the EU increase funding in the LTC sector

and that the conditions of public funding include respect for workers' rights, minimum staff-to-resident ratios and mandatory collective bargaining agreements.

In early implementations of these recommendations, several UNI Europa affiliates succeeded in expanding membership and winning collective bargaining agreements with improved working conditions.

This progress is a clear indication that if policy makers, private and public service providers and trade unions work together to meet workers' and patients' needs, they can change the current trajectory of the LTC sector. Instead of cutting costs by cutting workers out of the equation in an ongoing race to the bottom, stakeholders must take the high road by investing in workers and care systems that improve quality and accessibility of care.

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Intro- duction

01



Labour shortages and high labour turnover are not a new or isolated problem brought on by the Covid-19 pandemic, but constitute a long-standing and burning issue in the long-term care sector.

That is why already in 2019, faced with a growing trend of labour shortages and high labour turnover, Uni Europa's affiliates decided to implement the EU-funded RETAIN project that seeks to identify best practices for increasing

recruitment and retention in the long-term care sector in Europe.

When the project first launched in early 2020, little did we know then that the world would soon face the outbreak of Covid-19, and the care workers would be recognized as essential workers providing critical services to our societies. Covid-19 only accelerated the existing problems in the sector, and brought unprecedented levels of labour turnover and shortages,

with many workers becoming overburdened, sick or unfortunately losing their lives to the pandemic. Many more wanted to leave or have left the care sector in search of better and healthier workplaces.

These tragic developments brought to the attention of policymakers the need to prioritise the reform of the long-term care sector in the EU, which has up to today often not featured as a high priority area either on national or EU level.

We strongly believe that the forthcoming reforms of the long-term sector, including the European Care Strategy announced by the Commission President Ursula Von der Leyen, should put workers centre stage, or else all the efforts to build a sustainable and resilient system of long-term care provision will be to little avail. We hope that our report will contribute to efforts to achieve decent work and quality care for all.

1.1

About the report and the RETAIN project

The main aim of the report is to outline policy recommendations for tackling labour shortages and labour turnover, and improving retention in the long-term care sector. The policies are designed to be used by the key stakeholders in the sector: trade unions and EWC representatives, public authorities, employers, investors, and other relevant actors.

The report summarises key findings from the research and implementation phase of the RETAIN project. The findings are derived from the following project activities:

- desk research analysing major causes of and stakeholders' policies on labour shortages and turnover
- academic literature review summarizing discussions on topics related to improving workplace retention
- meetings, interviews and workshops with major stakeholders (policy makers, trade unions, employers, investors, users and academic experts) on causes of and solutions to labour shortages and turnover

The research findings were used throughout the project implementation to build a joint platform for increasing retention, through meetings, workshops and joint actions with employers, investors and trade union representatives.

To mention a few success stories, thanks to the RETAIN project, UNI Europa has trained workers representatives' on ways of tackling labour turnover and shortages and encouraged them to pursue these issues with the management. Our affiliates all over Europe have in the past two years expanded membership, won collective bargaining agreements and improved working conditions in the sector, for example in Belgium, Austria, Poland, the Czech Republic, Croatia and Slovenia, among others.

Last year, UNI Europa and UNI Global Union coordinated with more than 100 investors with US\$3.35 trillion in assets under management—and launched a set of expectations for the nursing home sector which included raising wages to living wage levels, ensuring

sufficient staffing levels, shifting away from the use of precarious contracts, respecting workers' right to freedom of association and engaging in constructive social dialogue¹. The number of investors signing the statement continues to grow.

We have built relationships with employers and investors through advisory board meetings and social dialogue meetings. This year, as a result of many years' work, UNI Global managed to secure a binding global agreement with the largest private care provider Orpea that covers 70,000 employees in 23 countries, a first global agreement of its kind in the healthcare and private retirement facilities sector².

In short, we have used policies gained from research, as well as other project activities, to successfully put the issues of employee retention, labour shortages and staff turnover on the employers' agenda. We will continue to be in constant dialogue with employers and other relevant stakeholders to advocate for better working conditions, which, as we will show later, should result in better staff retention outcomes and thus ensure quality care.

¹ Number of global investors pushing to raise long-term care standards swells to 100. (2021, June 7). Retrieved April 6, 2022, from UNI Global Union website: <https://uniglobalunion.org/news/number-of-global-investors-pushing-to-raise-long-term-care-standards-swells-to-100/>

² Uni Global Union and Orpea SA. *Global Agreement For A Partnership on Ethical Employment, Social Dialogue, Collective Bargaining and Trade Unions Rights between Uni Global Union and Orpea SA.*, (2022).

1.2

Labour shortages and labour turnover: why they matter and to whom

Labour turnover and shortages are estimated to be high in the long-term care sector in the EU. According to available data, most Member States have reported shortages or estimated increased need for workers in the long-term care sector³. Additionally, employers' representatives have confirmed during the RETAIN project meetings that they are struggling with

high rates of turnover, with some citing turnover to be as high as 40 %⁴. In this section we will briefly explain why labour turnover and labour shortages are damaging for service providers, trade unions and users in the care sector as they negatively impact working conditions and the overall ability to provide long-term care.

³ Eurofound (2020). Long-term care workforce: Employment and working conditions. Publications Office of the European Union, Luxembourg; European Commission (2021) Long-term care report. Trends, challenges and opportunities in an ageing society. Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL).

⁴ RETAIN Advisory board meeting in the long-term care sector (2021, May 10). Unpublished transcript.

Labour turnover and shortages incur costs to service providers, especially increased hiring and recruitment costs as well as training costs for the new employees. They also represent an obstacle to recruit qualified personnel and provide quality care, and can put service providers at risk of having to turn down or restrict services. For example, the European Association of Service Providers for Persons with Disabilities (EASPD) and the European Ageing Network (EAN) have been warning the EU Commission that the Covid-19 crisis is exacerbating the already pre-existing staff shortages in social care and since many countries require specific staffing levels in social care, this could mean that many service providers will be legally obliged to close⁵.

Furthermore, staff shortages can lead to increased health and safety risks for workers resulting from understaffing and excessive workloads for the remaining staff, and can in the worst case scenario result in accidents

involving tragic human costs. For example, a US study of nursing homes suggests that a 10 % increase in turnover was associated with an increase in mortality among nursing home care residents and a decreased quality of care⁶.

Such developments can trigger further negative trends and contribute to service providers' reputational damage, risk of legal charges or regulatory fines, a decreased demand for services (lower occupancy rates), or even in the withdrawal of licence given by national or local governments.

Labour shortages and turnover represent no less of a problem to workers themselves, causing higher workloads, overburdening the remaining staff and leading to higher levels of work stress and absence rates, which ultimately leads to many workers leaving the sector.

Labour turnover negatively impacts trade union membership and is a major obstacle for organizing workers in the care sector. Losing or changing jobs is one of the most cited respondents' answers when asked why they resigned from their union⁷. At the same time, studies show that trade unions play an important role in decreasing labour turnover as unions are "capable of relaying and helping to resolve concerns employees have at work, resulting in them staying longer than they might have done in the absence of unionisation"⁸. However, it needs to be noted that recent evidence suggested that this seems

⁵ EASPD call on the EU to ensure that the EU Response to COVID-19 tackles threat of social care emergency (2021, March 11). Retrieved May 6 2021, from EASPD's website: https://www.autismeurope.org/wp-content/uploads/2020/05/easpd-ean_letter_to_president_von_der_leyen_re_covid-19.pdf

⁶ Antwi, Y. A., & Bowblis, J. R. (2018). The impact of nurse turnover on quality of care and mortality in nursing homes: Evidence from the great recession. *American Journal of Health Economics*, 4(2), 131-163.;

⁷ Visser, J. (2019). Trade unions in the balance. ILO ACTRAV Working Paper.

⁸ Bryson, A. and J. Forth (2017), The added value of trade unions. A review for the TUC of existing research, Trade Union Congress, London: p.7

⁹ Gandhi, A., Yu, H., & Grabowski, D. C. (2021). High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information: Study examines high turnover of nursing staff at US nursing homes. *Health Affairs*, 40(3), 384-391.

¹⁰ AGE Platform Europe. (2020). COVID-19 and human rights concerns for older persons. Retrieved from [here](#).

to be limited to workplaces with a union representative on-site, pointing to a crucial role of organizing and workplace representation.

Finally, labour turnover and understaffing negatively affect care users as they decrease the quality of care and increase health and safety risks. Recent research suggests that the level of staff turnover in nursing homes is correlated with the quality of care⁹. Users of long-term care services have been warning that even

before the crisis the sector suffered from understaffing, but the Covid-19 exacerbated the situation with care workers falling ill and being replaced by untrained staff not being able to provide adequate care to users.¹⁰

To illustrate the harmful effects of labour turnover and labour shortages on the long-term care sector, we have created a stylized representation of a chain of events called *the vicious cycle of labour turnover and labour shortages*.

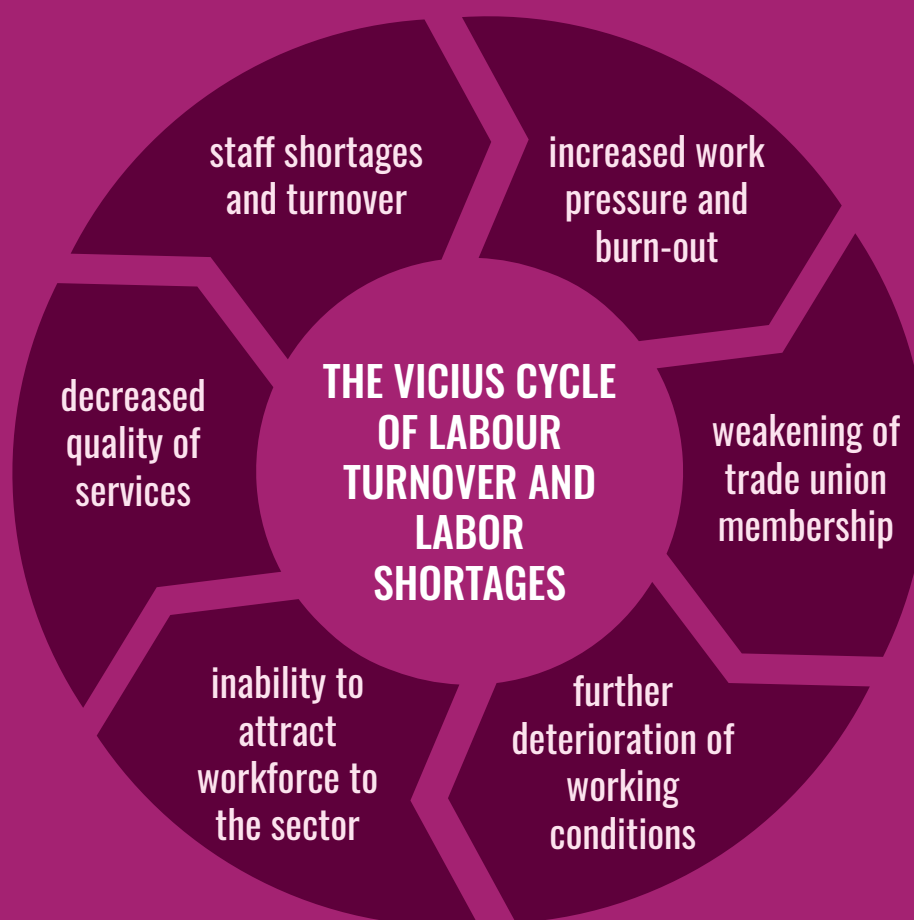


Figure 1: The vicious cycle of labour turnover and labour shortages: Staff shortages and turnover create pressure on the existing employees who consequently suffer from work stress and burnout and leave the sector themselves. High turnover and understaffing then weaken trade unions' capacity to represent workers and consequently lead to further deterioration of working conditions. Ultimately, this leads to the inability to attract new workforce to the sector and to a decreased quality of care.



All things considered, it is clear that employee retention is an important element for providing quality long-term care. Without tackling this issue at the EU level, the goal set by the European Pillar of Social Rights declaring that everyone has the right to affordable long-term care services, cannot be achieved. Moreover, it is necessary for advocates of person-centred care to include the person providing care, namely the worker, in that perspective.

1.3

Future projection: increase in labour shortages and labour turnover?

There are plausible projections that shortages and turnover will likely worsen in the future due to an increase in demand for care services, which we will briefly discuss in this section.

Given the demographic changes and the ongoing process of population ageing in Europe, the number of people in the EU aged 65 or over is expected to grow by 41 % over the next 30 years, while the number of those

in need of long-term care will increase from 30.8 million in 2019 to 38.1 million in 2050¹¹.

While countries are already struggling with shortages and facing difficulties in meeting the care demand, the number of care workers per 100 people aged 65 or over in the OECD countries will likely need to more than double by 2040 if the countries want to keep the current ratios of caregivers¹². It is expected that in the EU, there will be up to 7 million job openings for healthcare associate professionals and personal care workers by 2030¹³. However, there will be several challenges in meeting that demand.

While the number of people in need of care services is increasing, the number of care workers are stagnating at best. The supply of Long-term care workers per 100 elderly people (aged 65 and over) has stagnated in most OECD countries since 2011, and aggregate growth in the workforce was already outpaced by the growth of the elderly population between 2011 and 2016¹⁴.

At the same time, intentions to quit the sector are widespread among large sections of the workforce: since the

pandemic, 31 % of workers in Germany have considered leaving the sector to seek work elsewhere (2020); and 61% of care nurses in Ireland have considered quitting (2021) due to the impact of the pandemic on their wellbeing¹⁵.

Simultaneously, the care workforce is ageing and is older than the average workforce in the EU with the share of the workers aged 50 years being 4.7 percentage points higher than average workforce (37.9 %), and on the rise for the past few years¹⁶.

Additionally, a decrease in the availability of informal care is expected to arise from increased participation of women in the labour market (who are currently the main providers of informal care), and also from the changing family patterns, with family members now being more mobile and no longer living in the same area¹⁷.

Given the analysed trends, it is clear that there is an urgent need to attract and retain workforce in the sector, but in order to do that, it is necessary to implement a set of policies that will reverse the currently unfavourable working conditions in the sector, which we will discuss in the later sections.

¹¹ European Commission (2021). Long-term care report: Trends, challenges and opportunities in an ageing society, Publications Office of the European Union, Luxembourg

¹² OECD (2020), Who cares? Attracting and retaining care workers for the elderly, OECD Publishing, Paris

¹³ European Commission (2021). Long-term care report.

¹⁴ Ibid

¹⁵ Dubois, Hans (2021, May 10). Presentation at the RETAIN Advisory board meeting.

¹⁶ Eurofound (2020). Long-term care workforce: Employment and working conditions.

¹⁷ European Commission (2021). The 2021 Ageing Report: Economic and Budgetary Projections for the EU Member States (2019-2070). Publications Office of the European Union, Luxembourg

Analysis of major causes of labour turnover and shortages with proposed policy recommendations

02

The RETAIN project research found that labour shortages and high labour turnover are not an isolated issue in itself but are a symptom of larger problems affecting the sector.

Namely, the insights gained from the RETAIN research shows that the main reasons associated with high turnover and shortages are linked to the following issues: wages and working conditions, collective bargaining and union representation, training and career progression and health and safety in the workplace. These issues have been almost unanimously mentioned in all interviews, and also feature high on the list in both expert literature and social partners' literature.

In addition to that, other reasons which are more linked to some of the macro-trends affecting the sector have been mentioned by our respondents to exacerbate shortages and turnover, especially the role of exploitative migration practices, gender inequality and insufficient funding of the sector. These trends will also be discussed throughout policy recommendations.

Based on the established causes, we have developed in this report a set of policies focusing on the following areas:

-  improving wages and working conditions
-  increasing staffing levels and the quality of the long-term care provision
-  supporting union organizing and sectoral collective bargaining
-  advancing health and safety in the workplace
-  promoting skills and training and career progression
-  developing fair migration policies
-  increasing funding of the long-term care sector to raise standards

In the following sections, we will briefly summarize the research results by specific areas.

2.1

Improving wages and working conditions



The solution to staff shortages is simple: decent pay and good working conditions. This can only be achieved through social partnership and collective bargaining.

Trade union official from Belgium.

¹⁸ Eurofound (2020). Long-term care workforce: Employment and working conditions.

¹⁹ Uni Global Union. (2021). *Risking Their Lives to Help Others Survive: A Survey of Nursing Home and In-Home Care Workers in 37 Countries*. Retrieved from https://uniglobalunion.org/news_media/uploads/2021/03/risking_their_lives_report.pdf

²⁰ Baltruks, D.; Hussein, S.; Lara Montero, A. (2017). *Investing in the social services workforce*. Brighton: European Social Network.

²¹ Eurofound (2020). Long-term care workforce: Employment and working conditions.

²² Ibid

Throughout the course of the project, inadequate wages and working conditions have been stressed as the most salient issue for recruiting and retaining workers in the sector.

Evidence shows that large sections of the long-term care workforce in the EU are paid below the national average wage, with homecare workers being among the lowest paid and least regulated¹⁸. A global survey conducted by UNICARE encompassing almost 3, 000 care workers suggests that almost half of the surveyed workers said their pay did not provide them with a decent standard of living, meaning they were unable to secure basic needs such as housing, food, and transportation.¹⁹ Other studies confirm this: a survey of managers, commissioners and researchers in public social services undertaken by the European Social Network (ESN) across 27 European countries showed that the majority

of respondents (73 %) identified poor wages as a major challenge in recruiting staff.²⁰

Additional problem often stressed by our affiliates and confirmed by Eurofound's report is that wages are comparatively lower than in the healthcare sector, which leads workers, especially nurses, to move to the competing healthcare sector. Overall, this trend tends to generate continuous turnover – or 'churn' - and the inability to retain the workforce in the care sector.

The sector has a high incidence of part-time and temporary work: 40 % compared to the 19 % in the average EU workforce²¹. Part-time work is largely involuntary as workers on part-time contract claim they cannot find full-time jobs while one third of them wants to increase their working hours.²²



²³ OECD. (2020). *Workforce and Safety in Long-Term Care during the COVID-19 pandemic*. Retrieved from https://read.oecd-ilibrary.org/view/?ref=134_134521-x99q1iutux&title=Workforce-and-Safety-in-Long-Term-Care-during-the-COVID-19-pandemic

²⁴ OECD (2020), *Who cares? Attracting and retaining care workers for the elderly*.

As our respondents mention, unsocial working hours, evening, night and weekend work, and a lack of fixed work pattern (rotating or split shifts, unpredictable schedules announced on short notice) make retention in the sector more difficult. Irregular working patterns further disrupt the work-life balance and are difficult to combine with family responsibilities (especially for women who make up the majority of workers in the sector). They are also associated with health risks such as anxiety, burnout and symptoms of depression.²³

Other problems mentioned are excessive workloads arising from understaffing, excessive administrative and management tasks and the need to attend to several care-users at dispersed locations, which is often not remunerated or formally included in the working time.

Research suggests that improving working conditions and raising wages can have a positive impact on staff retention, greater recruitment of workers, and longer tenure²⁴. For example, the OECD report on elderly care mentions evidence from the United States and France which shows that wage increases in the LTC are associated with greater recruitment of workers, longer tenure and lower turnover. This is also in line with reports from our affiliates who mention higher retention rates where they have managed to improve working conditions and wages through collective bargaining.

Our affiliates all over Europe have in the past two years expanded collective bargaining and improved working conditions in their sectors, and have especially increased their activity in Central, SouthEast and East Europe, the regions with traditionally low unionization rates and collective bargaining coverage. For example, successful organization examples have been undertaken in the Czech Republic, Poland, Croatia and Slovenia, among others.

After more than 18 months of organizing during a global pandemic, dialysis workers at six Fresenius Medical Care's Nefrodial clinics in Slovenia improved conditions and pay through their first company-specific agreement: the employees received on average between 20 and 30 percent higher salaries and negotiated an annual 1.33 per cent pay rise for each year of employment in the company for all employees in the Nefrodial clinics.

Recommendations:

Collective bargaining: Service providers (for-profit and non-profit) and trade unions should work together on establishing fair wages and quality working conditions through collective bargaining. Given the fragmented nature of the sector and regional specificities, union should pay special focus to building social dialogue with large service providers, especially multinational companies and companies that are expanding geographically as well as in size.

Capital strategies: Unions should lobby institutional investors (i.e. pension funds, etc.) who are able to influence the overall employment standards in the market;

Sectoral observatories: Sectoral observatories for decent work should be promoted. These can include the social partners, as well as other stakeholders such as funders, user groups as well as local or national. Such 'sectoral observatories' can address common issues as such workforce retention, undeclared work and other issues outside of the remit of collective bargaining.

Implementation and monitoring of EU legislation:

Member States should implement the relevant Directives designed to improve wages and working conditions

for all workers, including the Work-Life Balance Directive, the Directive on Transparent and Predictable Working Conditions, as well as the forthcoming Directive on adequate minimum wage and the Gender Pay Transparency Directive. Best practices in implementing the Directives should be addressed at the sectoral social dialogue meetings;

Create family-sustaining jobs:

Service providers should develop a range of measures to improve employment standards. This should include defining extensive wage progression pathways, shift away from the use of precarious contracts (agency work, temporary contracts, limited-hour contracts), establish seniority days and end-of-career working time reductions, and promote full-time employment (especially by offering it to part-time workers who want to increase their hours, as suggested by Eurofound);

Increase job quality: Service providers should undertake other measures to improve job quality, including: allowing greater autonomy of workers such as allowing choice over shifts, reducing as much possible the number of clients per single carer and the distance travelled (especially by using technological solutions), including travel time in working time, decreasing administrative tasks, especially by developing appropriate digital solutions).

2.2

Increasing staffing levels and the overall quality of the long-term care provision



Understaffing makes for stressful work. The exhaustion drives people to change jobs regularly. That's why we're organising in a sectoral union. Wherever we end up, we can stay united to improve conditions across the whole care sector.

Care worker, Czech Republic.



²⁵ Uni Global Union. (2021). Risking Their Lives to Help Others Survive.

²⁶ Survey results illustrate extent of current staff shortages in social services - Latest News. (n.d.). Retrieved April 14, 2022, from [Federation of European Social Employers website](https://www.federationofeuropeansocialemployers.org/).

²⁷ Uni Global Union. (2021b). The Most Dangerous Job: The Impact of COVID-19 on Long-Term Care Workers in the US, UK, Canada, Ireland, and Australia. Retrieved from https://uniglobalunion.org/news_media/uploads/2021/02/the_impact_of_covid-19_fin.pdf

Although staffing levels are only one facet of the wider issue of working conditions, special focus must be attributed to this topic as serious understaffing levels and inadequate staff-to-resident ratios have been pronounced as one of the most pressing issues in the sector by almost all our respondents.

This is confirmed in a UNI Global survey where three quarters of respondents said that staff shortages made the provision of high-quality care to their clients or residents difficult²⁵. Similarly, a recent survey by the Social Employers covering 47 employers' organisations and social services providers from 20 EU countries plus the UK and Norway revealed that 85 % of surveyed providers face shortages, while the main reason for

leaving or not entering the sector are predominantly related to low wages and difficult working conditions²⁶.

Understaffing has been particularly pronounced during the Covid-19 pandemic as evidence suggests a correlation between lower staffing ratios and the contagion of Covid-19 and other infectious diseases²⁷. Staff shortages led to work intensification on the remaining staff, increasing burnout and the number of workers leaving the sector.

Sufficient staffing levels are necessary for ensuring quality care as well as workers' health and safety. More staffing allows for better work time arrangements and work-life balance, to prevent burnout and improve

general health and safety. **UNI Europa affiliates around Europe have been leading the way and campaigning for better and safer staffing levels. For example, the Austrian trade union initiative from GPA and Vida “More of us. Better for all” have built a large-scale campaign demand better staffing levels and have among other things called for 20 % more staff in hospitals and a uniform calculation of personnel requirement for all hospital and care facilities that should be defined with employees’**

involvement take into account absences such as holidays, sick leave, training, pregnancy and maternity leave. To achieve their goals, the unions have used innovative strategies, combining concrete policy proposals (undertaking surveys to point to alarming working conditions, using academic studies determining staff requirements and staff calculation models), promotional and outreach activities (a wide range of promotional materials, using petitions, mobilizations and effective actions such as using cardboard figures to symbolically point to staff shortages), as well as coalition-building and legislative action (joining forces with Chamber of Labour and Medical Association to undertake a parliamentary citizens’ initiative for more staffing).

Recommendations:

Minimum staff-to-resident ratios:

EU and all Member States should introduce minimum staff-to-resident ratios and minimum quality standards, accompanied by quality control and monitoring mechanisms, including financial sanctions for providers who do not abide by the standards;

Eu-level care platform:

A platform between the main stakeholders in the LTC on exchanging best solutions for quality assurance and control should be established;

Financial resources for the long-term care sector should be specifically allocated to recruit more people to the sector and increase staffing levels;

Crisis management and preparedness: Additional staffing levels in health care crisis such as pandemic, as suggested by Uni Global's report "Shield against Covid" should be ensured.

2.3

Support union organizing, sectoral collective bargaining and social dialogue



High turnover is seen as one of the biggest obstacles for organizing workers and as one of the biggest issues seen by the workers themselves.

Trade union organizer from Poland.

²⁸ European Commission (2021). Long-term care report.

²⁹ Eurofound (2022), Representativeness of the European social partner organisations: Local and regional government sector and social services, Sectoral social dialogue series, Dublin.

³⁰ Eurofound (2017), Care homes for older Europeans: Public, for-profit and non-profit providers, Publications Office of the European Union, Luxembourg.; Mercille, J., & O'Neill, N. (2020). The growth of private home care providers in Europe: The case of Ireland. Social Policy & Administration, 10.; European Network of Corporate Observatories. (2020). Mapping the privatisation of healthcare in Europe. Retrieved from [here](#).

³¹ European Commission (2021). Long-term care report

Collective bargaining coverage in the sector follows the fragmented organization of long-term care and there is usually no specific sectoral collective bargaining agreement covering the long-term care workforce, but instead care workers are covered by various collective agreements for the (health)care, long-term care or the public sector, or in some instances not covered at all²⁸.

The coverage tends to be lower than in comparable sectors: for example, collective bargaining coverage in social services is lower than in other public services sectors: 13 Member States have coverage above 50%, 14 members below 50 % and 11 members even below 25 % (for other public services this is the case for only 2-4 Member States²⁹). This situation

undoubtedly contributes to difficult working conditions and lower wages.

The private provision of care has been growing in many European countries, often accompanied by a decrease in the public care provision, although the levels vary geographically³⁰. There is also an increase in the number of multinationals operating in the sector: multinational providers in the long-term care sectors are said to operate in 14 Member States³¹.

However, this rise is not followed by adequate social dialogue and collective bargaining: the private sector seems to have lower levels of collective bargaining, more so in the not-for-profit than in the for-profit sector, and the agreements tend to be concluded on enterprise rather than



³² Eurofound (2020). Long-term care workforce: Employment and working conditions.

³³ Bryson, A. and J. Forth (2017), The added value of trade unions.

³⁴ European Commission (2018), Employment and Social Developments in Europe, Publications Office of the European Union, Luxembourg.

³⁵ Uni Global Union. (2021). Risking Their Lives to Help Others Survive.

³⁶ OECD (2020), Who cares? Attracting and retaining care workers for the elderly.

³⁷ Uni Global Union and Orpea SA. *Global Agreement For A Partnership on Ethical Employment, Social Dialogue, Collective Bargaining and Trade Unions Rights between Uni Global Union and Orpea SA.*, (2022).

sectoral level³². At the EU level, there is still no adequate social dialogue structure that entails the diversity of service provision that includes public, non-profit, for-profit actors.

Unionization in the long-term care sector is made especially difficult due to fragmented and/or small workplaces, with high rates of turnover, which makes the organising efforts more difficult. Additionally, our respondents have reported violations of the workers' rights to freedom of association by some care providers who engaged in union busting activities and dismissals of trade union representatives.

Improving union presence, collective bargaining and social dialogue can substantially improve working conditions in the sector and curb shortages and turnover. Studies show that the presence of unions in the workplace increases tenure as unions resolve issues their employees are facing.³³ Collective bargaining can positively influence working conditions and wages (for example, workers who are covered by a collective bargaining agreement earn as much as 10% more than workers in comparable jobs who are not covered), it reduces the gender wage gaps and also helps to fight discrimination and abuse in the workplace, whereby the workers in firms with workers' representation report less bullying and harassment³⁴. Sectoral collective bargaining is proving to be the most efficient model to improve working conditions. UNI Global Union's survey shows that in

countries with sectoral bargaining, care workers confirmed that their salary supported a decent standard of living than in countries with a predominately single employer model of collective bargaining.³⁵ Similarly, according to the OECD, collective bargaining coverage is "high and stable" only in countries with sectoral or national agreements³⁶.

For the past two years UNI Europa affiliates in the care sector have not only managed to renew their collective agreements but also expand the collective bargaining coverage in Croatia, Czechia, Poland and Slovenia, while winning better agreements in Belgium, Austria or Spain.

In 2022, a significant breakthrough in union organizing has been made when UNI Europa managed to secure a binding global agreement with the largest private care provider Orpea that covers 70,000 employees in 23 countries, a first global agreement of its kind in the healthcare and private retirement facilities sector³⁷. The global agreement brings many positive commitments, including on the exercise of freedom of association (for example, ORPEA committed to training managers and supervisors on their obligation to remain neutral on the question of unionization), union access (ensuring free access without the presence of the local management and

³⁸ libid.

extending it to induction meetings, the training of employees, digital access etc.).

Additionally, the company agreed to establish a joint working group “to raise staff-resident ratio, tackle

high levels of labour turnover in the company, promote quality care and address labour shortages in the care sector”³⁸ that will jointly develop and monitor a five-year plan on the issues of retention and career development.

Recommendations:

Freedom of association:

Service providers should ensure that the workers’ rights to freedom of association, free of retaliation, interference and opposition, as recognized by the core ILO conventions and the EU’s Charter of Fundamental Rights, are protected at all times, and that adequate resources are provided to unions to carry out their tasks. The language in the Orpea agreement should be expanded to other service providers.

Stop union-busting: Public authorities both at national and EU level should ensure that trade unionists are at all times protected against dismissal and discrimination and develop additional measures and legal initiatives to prevent union-busting activities and ensure unions’ access to workplace

Support for collective bargaining:

Public authorities at the national and EU level should develop measures and legal action to support social dialogue and collective bargaining, like the obligations for Member States to increase collective bargaining coverage and strengthen social partners’ capacity while defining clear targets, as initially drafted in the “Directive on adequate minimum wages in the European Union”. Additionally, public authorities should in their public discourse positively appraise social dialogue and collective bargaining, as well as provide sufficient resources for capacity building, especially in areas with lower rates of unionization and collective bargaining;

Sectoral collective bargaining

and enterprise bargaining should be developed simultaneously, as it is the most efficient way to raise wages and employment conditions, resulting in improved retention;

Gender perspective should be included in all collective agreements and global framework agreements to make sure that the rights of women workers, who make up the majority of the Long-term care workforce, are being taken into account;

EU sectoral social dialogue:

European sectoral social dialogue should be established in the social services sectors, bringing together unions and employers from the public, non-profit and for-profit sub-sectors, reflecting the diversity of the sector as a whole.

Organizing in multinational companies:

Following the successful global agreement with the largest EU's private care provider Orpea, organizing efforts and social dialogue should be extended to other multinational providers to secure the right to organize workers, better employment standards and company's commitment to collective bargaining within the company's value chain. Global agreements should extend also to sub-contracted workers, platform workers used by companies as well as franchises.

Focus on central eastern and southeastern europe:

Unions should continue raising capacity in Central and Eastern Europe to increase unionization rates and capacity for sectoral collective bargaining. Building on the successful experience of the Central European Organising Center (COZZ), similar organizing centers could be established in other regions where appropriate, and more resources in general should be directed towards regions with low union density or where a larger expansion of long-term care provision is expected;

2.4

Advancing health & safety in the workplace

“The reason why some members have left the sector is that they feel unsafe in their workplaces, let down by their governments and employers.”

A care worker from Scotland (GMB).



Our respondents often cited both physical and psychological burden of work as one of the reasons making the sector not only unattractive but also dangerous. Recent studies confirm that long-term care (LTC) jobs have a negative impact on self-reported health and emphasise that LTC workers are more likely to face health and safety issues than other workers³⁹. Studies also show that LTC workers have an increased risk from physical diseases, especially musculoskeletal conditions related to lifting or moving people or handling infectious materials, but also psychological risks arising from their exposure to adverse social behaviour such as threats, physical violence, bullying, verbal abuse etc.), which are higher than in the average workforce⁴⁰. The greater-than-average emotional demands of care work have also been linked with burnout and intention to leave⁴¹.

The health and safety risks in the LTC sector indisputably increased with the Covid-19 pandemic. A joint analysis by UNI, Amnesty International and Public Services International suggests that at least 17,000 health workers died from Covid-19 in 2020⁴² and care work has been pronounced as one of the most dangerous professions across the globe. Inadequate working arrangements, namely low staffing levels and the use of temporary staff were linked to increased risk of Covid-19 transmission.⁴³

Numerous UNI Europa affiliates reported that their workers did not receive adequate protective equipment, testing or access to training during the pandemic. Meanwhile, interviewed workers reported increased stress, anxiety and mental issues arising from the fear of putting

³⁹ Rapp, T., Ronchetti, J., & Sicsic, J. (2021). Are long-term care jobs harmful? Evidence from Germany. *The European Journal of Health Economics*, 22(5), 749-771.

⁴⁰ Eurofound (2020). Long-term care workforce: Employment and working conditions.

⁴¹ Ibid; Turnpenny, A. & Hussein, S. (2020). Recruitment and retention of the social care workforce: longstanding and emerging challenges during the COVID-19 pandemic. Personal Social Services Research Unit (PSSRU), University of Kent.

⁴² COVID19: Health worker death toll rises to at least 17,000. (2021, March 5). Retrieved April 7, 2022, from [Amnesty International website](#).

⁴³ World Health Organization (2021). Infection prevention and control guidance for long-term care facilities in the context of COVID-19. Retrieved from [here](#).

⁴⁴ Dean, A., Venkataramani, A., & Kimmel, S. (2020). Mortality rates from COVID-19 are lower in unionized nursing homes: study examines mortality rates in New York nursing homes. *Health Affairs*, 39(11), 1993-2001.

⁴⁵ RETAIN Advisory board meeting in the long-term care sector (2021, May 10). Unpublished transcript.

their patients, themselves or their families in danger. Some have confided to us that they have been asked by their employers to continue working even when diagnosed with Covid-19. Additionally, home care workers had not been immediately recognized as essential nor prioritized, leaving them without the priority for vaccination, testing or infection disease protocols.

Improving health and safety, especially following the tragic experience of Covid-19, is imperative in ensuring employee retention in the LTC sector. Unions played a key role in securing a safe working environment during the pandemic, and, in some cases, it was found that the presence of unions led to a lower infection and mortality rate from Covid-19. In the United States, a study focusing on New York State nursing homes, for example, found that among 355 nursing homes in New York State, the presence of a health care worker union was associated with a 30% lower mortality rate from COVID-19 among nursing home residents and a 42% relative decrease in COVID-19 infection rates among nursing home residents⁴⁴.

In order to contribute to health and safety in the workplace,

UNI Europa has published a “Shield against Covid”, a guide for unions to use their bargaining power and improve health and safety in the workplace during the Covid-19 pandemics and beyond,

which includes recommendations on infectious disease protocols, ensuring personal protective equipment, securing additional staffing levels, and recognizing Covid19 as an occupational disease. During the RETAIN project, some service providers reported various good practices such as providing counselling and psychological aid as the job became even physically and emotionally demanding due to Covid19 and has a major impact on the mental health of carers⁴⁵.

Such initiatives need to be expanded in the future to include a comprehensive set of policies for health and safety in the workplace.

Policy recommendations:

Psycho-social risks: Service providers and trade unions should work together to put in place preventive measures for both physical and psychological risks related to care work, including access to mental healthcare services for long-term care workers and aggression management to prevent adverse social behaviour as proposed by Eurofound. These measures should be incorporated in the new EU OSH strategy (2021-2027), following consultations with social partners;

Tackling 3rd party violence and sexual harassment: Specific measures should be developed to improve health and safety of women workers. Through collective bargaining and global agreements, social partners should develop protocols for preventing and reporting harassment, such as: facilitate paid leave for legal meetings or medical appointments, enable flexible working arrangements or change work location for the victim if necessary, as well as to provide them with financial assistance;

ILO C190: Member States should be urged to ratify the ILO Convention 190 on eliminating violence and harassment in the world of work in order to improve workplace health and safety;

The fight against Covid-19 continues: Specific health and safety measures should be developed to protect the workers and residents against Covid-19, including: ensure personal protective equipment, access to vaccines to all care workers, infection disease training and training in Covid-19 protocols, paid sick leave, recognizing Covid-19 as an occupational disease, and ensuring additional staffing levels in the healthcare crisis such as pandemic. Additionally, following the recommendations by the WHO, use of temporary staff should be limited in order to prevent epidemiological risks. Health and safety measures reflecting the Covid-19 risks should form part of the new EU OSH strategy;

Social partners should work together to ensure effective health and safety workplace representation through elected worker representatives or joint labour and management committees, consistent with the ILO Occupational Safety and Health Convention (155) and national legislation.

2.5

Promoting skills and training and career progression



In our experience, investing in training and education is the best way to achieve the professionalization of the sector, raise standards and offer recognition to care workers

Trade union official, Spain.

⁴⁶ OECD (2020), Who cares? Attracting and retaining care workers for the elderly.

⁴⁷ European Commission (2021). Long-term care report.

In several countries, our respondents report they do not receive sufficient training throughout their careers and/or that training is not linked to career progression. Training requirements vary on a country basis while no formal qualifications are not needed for some LTC professions such as personal care workers. For example, according to the OECD, less than half of the surveyed countries require that personal care workers pass or hold a licence or certification⁴⁶. Additionally, where existing, the qualifications of personal care workers are not automatically recognized throughout the EU, as is the case in the healthcare sector, while the skills acquired through on-the-job training are often not formally recognised⁴⁷. The access to training is made more difficult due to specific working arrangements, namely long shifts and existing labour shortages putting an additional burden on care workers.

Some sections of the long-term care workforce are considered low-skilled, especially some segments of home care, which perpetuates low wages and unattractiveness of the occupation. However, the Covid-19 crisis revealed that LTC workers performed essential work for our societies. At the same time, in terms of skills complexity, as one of the employers' representatives noted during the RETAIN Advisory board meeting, the system has evolved in relation to skills levels now delivered, from palliative care to long-term management of chronic diseases and illnesses, complex care regarding the disability type etc. In short, long-

term care workers need to possess a range of skills related to a user's condition, but also other types of skills such as management skills or soft skills needed to interact with the users. This needs to be translated into workforce recognition and training.

A lack of training leads to a lack of professionalisation in the sector, which in turn lowers the wages and increases turnover. Although additional entry barriers could in the short-term create shortages, in the long-term they could bring more regularization and social recognition of the sector, leading to its higher attractiveness. However, and especially given the fact that the existing care workers potentially have no such qualifications in some instances, on-the-job training, informal skills and experience should be able to be transferred so that it counts to a workers' professional qualification.

Training provides opportunities for career development, can lead to higher job satisfaction and more commitment from employees, which in turn reduces labour turnover, attracts more workers to the sector and increases the quality of care provision. There are many ways to expand training opportunities.

Our affiliates from Belgium described their federal training programme that offers employees in the care sector (hospitals as well as nursing homes) to complete nursing studies while keeping their

salaries (known as the ‘project 600’ and the ‘project 360’). The employees are given free time to study for a nursing degree during a period of 3 to 4 years. At the same time, the replacement staff is covered by the state through the system of the so-called **Social Maribel**. The Social Maribel is a federal employment measure to create

new employment in certain parts of the public and not-for-profit sector through reductions in employer contributions to social security. The goal of the system is to reduce workloads for the existing staff and meet the increased demand in several sectors, including the care sector. The system is the outcome of many years of negotiation between trade unions, employers in the non-profit sector and federal government and is constantly re-negotiated and improved.

Recommendations:

Career Pathways: Extensive career pathways for carers linked to wage progressions should be defined by social partners through collective bargaining, to motivate the workers to stay longer in the sector;

Use of esf+ and recovery & resilience funds: Public authorities and service providers should promote the professionalization of the sector by incentivizing vocational training, continuous on-the-job training and lifelong learning. Incentives can include subsidizing specific programmes, providing scholarships, waiving fees,

offering trainees permanent full-time jobs, and linking training to funding opportunities such as the ESF+ fund;

Local training: Specific grants should be allocated to local governments to develop training programmes for care workers to meet their care needs and invest in workforce training

Training as a key issue in collective agreement:

Training provisions should be further incentivised through collective

bargaining agreements, including free days for training, linking training (including on-the-job training) to career progression and higher wages. Service providers should ensure more on-the-job training as well as better induction training programmes without incurring costs to employees;

Specific training should be developed to meet future challenges in the provision of LTC, such as training programmes to meet digital changes and new technologies, training related to evolving conditions such as dementia requiring specific set of skills, but also training on human and interpersonal skills. Social partners must be involved in establishing the skill and training required in the long-term care occupations as they have high levels of knowledge and experience in identifying training and workforce needs;

The role of social partners:

Social partners should be included in the systems for training and professional development, especially in the joint management of the training process. Taking cue from other sectors, social partners should consider establishing joint training centres to raise the level of training in the sector and its professionalization where no training is provided.

2.6

Developing fair migration policies

“ We need to promote mobility in the sector, but such that does not trigger care drain. We need fair migration policies, decent work for all, and the same standards and rules applied all over Europe.

Trade union official, Italy.

Migrant workers currently constitute around 7.9% of the LTC workforce whereby significant differences across countries are recorded: countries such as Malta (43 %), Ireland (19%) or Austria (14 %) have an above average rate of migrant LTC workers, while countries such as Croatia, Hungary, Bulgaria or Poland have almost none⁴⁸. This difference could also be described as the one between the labour sending and labour receiving countries.

While migration has often been proposed as one of quick fixes for dealing with labour shortages and turnover in the long-term care sector, it is often accompanied by a number of negative consequences: migrant workers are often exploited, employed on insecure short-term working contracts, accepting lower pay and poorer working conditions. Care skills of migrants are often unrecognized, and their foreign qualifications not acknowledged.

Migrant work is especially prevalent in home care settings, which bears a heightened risk of labour rights violations as they occur in private households which are hard to regulate, monitor or in fact organize. Particular risks are faced by live-in carers who are often cross-border EU workers or third country nationals who lack privacy, are dependent on their employer for housing, do not have rest periods or holidays, and do tasks beyond their job description as well as unpaid on-call hours⁴⁹. Undeclared work is common in the sector and undocumented workers do not report

labour violations due to fear of losing their jobs and deportation.

Temporary migration programmes, short-term contracts and work permits make migrant workers dependent on their employers, puts them in an even more precarious status and further hinders trade union organizing in the sector. Furthermore, as PICUM notes: “Meeting long-term labour needs through temporary migration means the labour force has to be continually replaced and trained”⁵⁰. This means that such a cycle also stimulates turnover and increases costs of recruitment and training needed for new employees.

Considering the intra-EU migration, a significant trend that needs to be addressed as a consequence of migration is the so-called care-drain caused by differences in pay and working conditions among Member States. Migration can help mitigate short-term shortages in the receiving countries, but can at the same time generate shortages in the sending countries⁵¹. Already now a lot of long-term care workers from SEE or CEE countries (Bulgaria, Croatia, Hungary, Romania and others) work in other ones, “mostly for better salaries and working conditions”⁵². It seems that where migrant labour is used as a stopgap for shortages, the low pay, insecure working conditions and unattractive occupation can in the medium and long-term further exacerbate labour shortages and turnover as migrant workers leave after a time for more secure employment,

⁴⁸ Eurofound (2020). Long-term care workforce: Employment and working conditions.

⁴⁹ EFFAT, EFSI, UNI Europa et al. (2022). *Joint recommendations for the European Care Strategy regarding migrant care providers and service users*. Retrieved from <https://www.uni-europa.org/news/european-care-strategy-migrants/>

⁵⁰ PICUM. (2021). Designing labour migration policies to promote decent work. Retrieved from [here](#).

⁵¹ European Commission (2021). Long-term care report.

⁵² Ibid



rendering countries even more dependent on flows of migrant labour⁵³.

Fair mobility is key to ensuring decent working conditions and quality care. Organizing migrant workers in that sense becomes a crucial task.

There are positive examples of cross-border organizing of migrant workers by unions such as the cooperation between the Croatian Union of Migrant Workers and the Austrian Vida Union that covers self-employed live-in carers. Vida provides the migrant self-employed care workers (estimated around 60 000) with legal information

and counselling, offers insurance against accidents, co-funds German language courses as well as training courses for home care, while the Croatian counterpart assists with tax counselling⁵⁴.

In 2022, Uni Europa and our fellow care workers' and providers' organizations, have provided joint recommendations for the inclusion of migrants in the forthcoming European Care Strategy which specifically address access to care, quality of care, affordability, sustainability and other relevant aspects⁵⁵. Some of these aspects are addressed in these policy recommendations in a shortened version.

⁵³ Doudeijns, M. & Dumont, J. (2003, January 21-22). Immigration and Labour Shortages: Evaluation of Needs and Limits of Selection Policies in the Recruitment of Foreign Labour. The Economic and Social Aspects of Migration: Conference Jointly organised by The European

⁵⁴ Cestica, O. (n.d.). U Cestici potpisan ugovor o suradnji i podržavanju Hrvatskog sindikata radnika migranata i sindikata vidaflex. *Varazdinski.Hr*. Retrieved from [here](#).

⁵⁵ EFFAT, EFSI, UNI Europa et al. (2022). *Joint recommendations for the European Care Strategy regarding migrant care providers and service users*.

Recommendations:

⁵⁶ Ibid.

Focus on migrant workers: EU and Member States should develop specific policies to improve the working conditions of the LTC migrant workers, ensuring fair remuneration and equal treatment as all other workers;

ILO C189: The ILO Domestic Workers Convention (Convention 189) should be fully ratified by all Member States, which enables domestic workers to have the same labour rights and social protection as other workers and enjoy effective protection against all forms of abuse, harassment and violence.

The working time directive and the Directive on adequate minimum wages should be applied to all care workers, including domestic workers. In addition to guaranteed minimum wages, especially relevant clauses for domestic workers include those on limiting the maximum weekly hours of work, ensuring paid annual leave and holidays and rest periods.

Education & training: EU and Member States should develop specific policies in the field of education and training to improve the status

of migrant workers, including the recognition of foreign qualifications, access to language training, vocational training, upskilling and reskilling opportunities;

Promoting decent work: Work permits should be designed to support decent work and fair mobility for all: domestic, community and home care should be made eligible under general work permit schemes to admit non-EU nationals, while the renewal of work permits should be of reasonable duration in order to prevent precarious work, allow a period of unemployment and be followed by pathways to settlement and obtaining long-term care status, as suggested by PICUM⁵⁶;

Regularisation of migrant workers: EU and Member States should implement measures to incentivize the regularisation of undeclared work, including simplifying the administrative procedures, providing fiscal incentives to households, tax and social security exemptions and other measures deemed appropriate;

Funding for migrant labour

rights: EU and Member States should develop policies and designate funding (including the ESF+) to ensure sufficient information is provided to migrant workers, including undocumented workers. Funding should be designed to support the work of labour rights' organizations, especially trade unions who provide information and counselling to migrant workers and organize them in unions;

Cross-border cooperation

between unions needs to be further develop in order to organize migrant workers and protect their rights. Organizing funds specifically targeted at organizing migrant workers should be developed by unions;

2.7

Increase funding to raise standards in the sector

“ We have been warning for years that health and care expenditures should not be considered as cost but rather as an investment beneficial to the society as a whole. The Covid-19 pandemic has shown us, in a horrifying way, how right we were and how deadly the austerity measures policies have been.

Frederic Favraud, UNICARE president.

⁵⁷ Ibid

All the previously discussed necessary improvements in the LTC sector, including in wages, working conditions, training, staff-to-resident ratios and others, cannot be achieved without an increased investment in the sector. At the same time, underfunding of the long-term care sector has been stressed as one of the root problems leading to difficult working conditions and unattractiveness of the sector.

The public expenditure on long-term care in the EU Member States is projected to increase from 1.7 % of GDP in 2019 to 2.5 % of GDP in 2050, with of course differences expected between the Member States⁵⁷. This is not surprising given the previously described trends such as an ageing

population, probable decrease of informal care etc. However, much more effort will be needed to meet the rising demands with adequate investment in care as the sector is already now experiencing shortages.

There are different models suggested to increase the funding of the sector, ranging from establishing more redistributive progressive tax schemes to increasing tax revenue or social security schemes, but these considerations are beyond the scope of our report. However, the crucial question for this report is whether sufficient funds will be invested in the sector to meet the growing needs, and whether this investment will result in better worker and user-related



⁵⁸ Our affiliates note instances of public procurement models in Ireland, Spain and the Czech Republic, while a study done by the ESN adds that procurement is established in some instances also in Estonia, France, Croatia, Italy, Malta, Sweden and Slovenia (European Social Network. (2020). Putting Quality First – Contracting for Long-Term Care . Retrieved from https://www.esn-eu.org/sites/default/files/2021-01/Long%20Term%20Care_2021_Interactive.pdf)

⁵⁹ Over 100 MEPs call for public contracts to only go to decent work employers. (2021, November 30). Retrieved April 8, 2022, from UNI Europa website.

outcomes, thus solving the burning issues in the sector leading to high turnover and shortages in the first place.

An important lever for tying funding to positive worker-related outcomes could be that the public funding awarded either through national or EU channels (particularly the ESF+ fund and the Recovery and Resilience funds) should be made conditional on respecting collective bargaining and decent working conditions, especially the minimum care-to-resident ratios, with strict sanctions applied for providers who do not abide by the rules.

Another lever, where applicable, is using public procurement to improve wages and working conditions in the sector. Public procurement is not predominantly used as a model in providing long-term care services, but is nevertheless used in several EU Member States⁵⁸. Given the EU's legal framework allowing the countries to choose whether they want to procure social service as a general interest activity (exempt from public procurement rules) or through the award of public contracts, public procurement represents a possible future development in at least some Member States.

For the past two years, UNI Europa has been campaigning to change the public procurement rules

at the EU level with a simple demand: no public procurement without a collective agreement. Currently, over half of the EU's public procurement contracts are allocated solely on the basis of lowest price, which means that neither the quality of service or working conditions are considered and that public procurement rules in fact incentivise companies to undercut each other on working conditions in order to receive a contract. On the contrary, making the award of public procurement contracts conditional on collective bargaining could support decent work and quality services⁵⁹.

Whatever the possible recommendations might be, one thing is quite clear: public money should act as a level for social progress and the award of public funds should be made conditional on the respect of decent work. The failure to substantially increase funding for the sector and tie it to better worker and user-related outcomes will likely result in the inability to provide quality and attract and retain workforce in the sector.

Recommendations:

Increase public funding for the long-term care sector on national and European level;

Promoting workers' rights: The award of public funds, national and EU funds should be made conditional on the respect of workers' rights and collective bargaining, especially the respect of minimum staff-to-resident ratios. Service providers who violate these conditions should be severely sanctioned and their licence should be revoked.

No public contract without a collective agreement: In cases where the provision of long-term care services is awarded via public procurement contracts, contracts should be given only to those providers who have a collective bargaining agreement.

Conclusion

03

The aim of this report was to analyse the main causes of labour turnover and shortages in the long-term care sector, and offer policy recommendations on increasing retention that can be used by trade unions, employers and policy makers alike. The report showed us that the main causes of and solutions to labour shortages and turnover are linked to wages, working conditions, health and safety and training opportunities of carers. Additionally, more effort is needed to ensure fair migration policies and increase funding of the LTC sector. If these issues are not tackled on a systemic level, it is expected that labour shortages and turnover will persist in the future.

The Covid-19 crisis has put a spotlight on the long-term care sector and has shown us how vital care workers are for our societies. It has also shown us how underpaid, undervalued and overburdened they are. We are currently witnessing more and more workers leaving the sector, while at the same time the sector is experiencing both labour shortages and a rising demand in the care sector.

Europe is currently standing at a crossroads. We can either continue with the business-as-usual model of care provision, cutting costs on workers and users alike, and prioritising the saving of money over the saving of lives. This will

only speed up the ongoing race to the bottom and exacerbate negative trends in the sector.

Or we can take the high road and urgently invest more funding in the care systems and use it to improve the quality and accessibility of care, but also to improve wages, working conditions, training opportunities and health and safety of carers.

It is time to move past the clapping and recognize care workers as essential workers safeguarding our societies. This report attempted to offer policy advice for ensuring better and safer workplaces in long-term care. However, we are very well aware that no policy has ever been successful without a strong collective standing behind it. That is why Uni Europa and Uni Global will continue to support care workers around Europe and the world in their fight for decent work.

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04

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