European Foundation for the Improvement of Living and Working Conditions

The tripartite EU agency providing knowledge to assist in the development of better social, employment and work-related policies

Care services in flux: working conditions for quality care – current challenges for Europe

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European Ageing Network, 21–23 October 2026, Warsaw

Feel free to use the information in this presentation, but please use the following reference:
Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions
Tentative title of the report: 'Care services in flux: Working conditions for quality childcare, long-term care and healthcare'

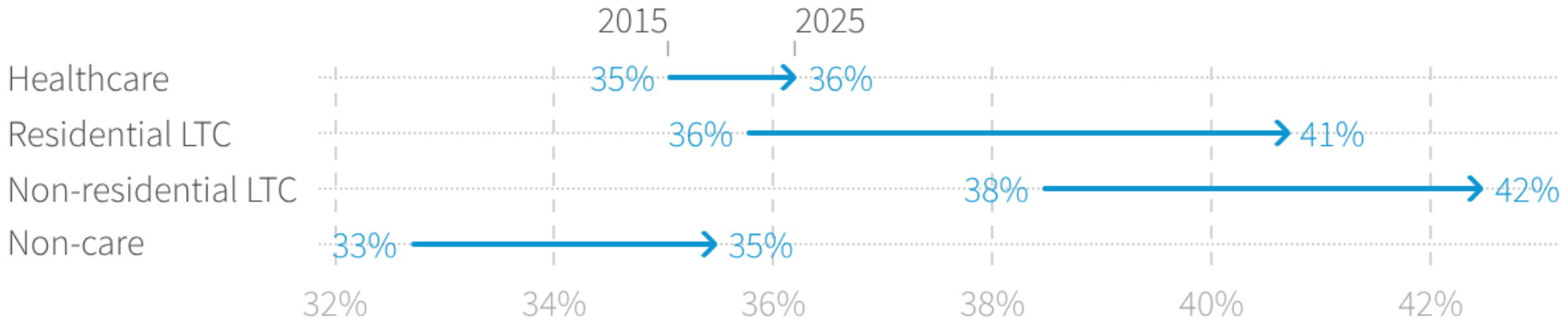
Agenda

I. The care workforce
II. Working condition challenges
III. Sustainability of work
IV. Human resource gaps
V. Eurofound's report further zooms-in on selected areas undergoing change, with EU level information needs, impacting working conditions & care quality

I) Care workforce: growing and ageing faster than other sectors

- From 2011 to 2025, the number of workers in
  - non-residential LTC*: +70%
  - residential LTC**: +45%
- Shift to non-residential LTC
  - many working conditions challenges concentrate in non-residential care to be addressed for sustainability & advancement
- At the same time: staff shortages

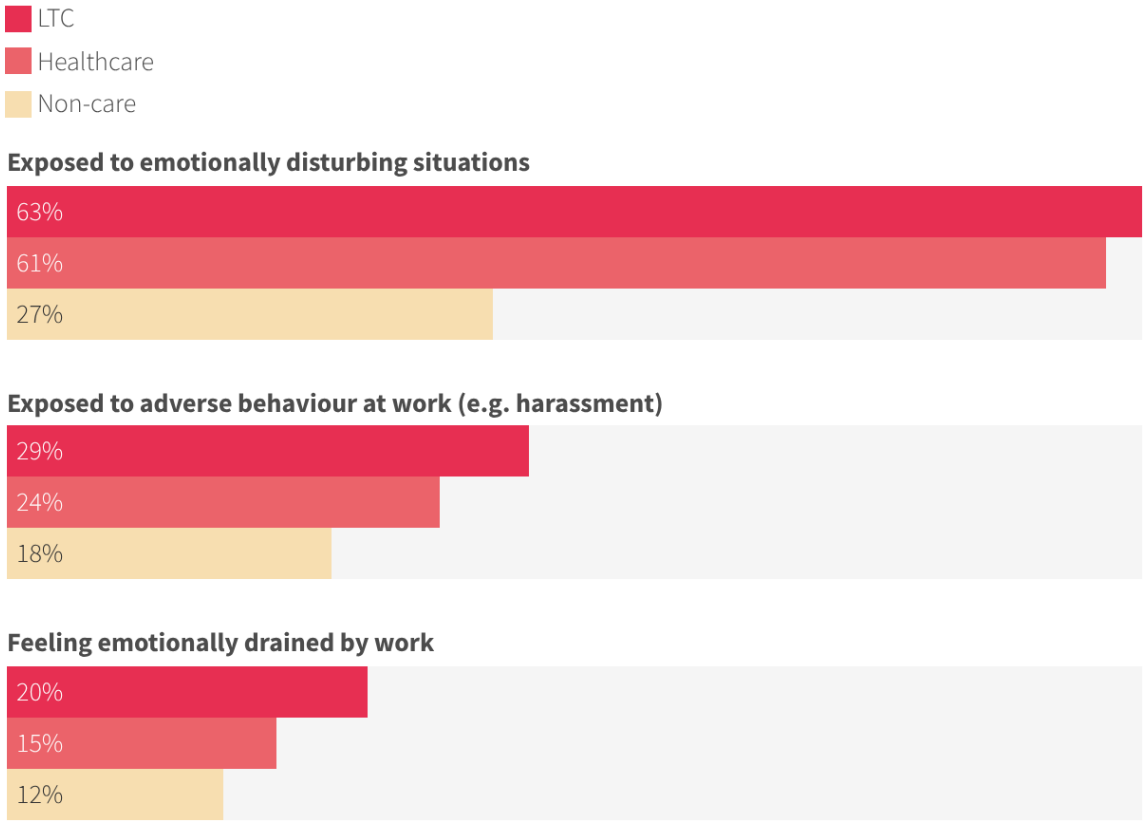
Figure: Workers aged 50+, increase from 2015 to 2025, care and other sectors, EU



Source: Eurofound (2027 forthcoming), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions (LFS data extraction analysis). Notes: *LTC includes here 'care & support'. NACE 88.1: Social work activities without accommodation for older persons or persons with disabilities
**NACE 87.1: Residential nursing care activities, 87.2: Residential care activities for mental retardation, mental health and substance abuse & 87.3: Residential care activities for the elderly and disabled

II) Working condition challenges

Figure: Mental health impacts of work, 2024, care and other sectors, EU



- Furthermore, elevated in care:
  - specific physical risks (lifting people, handling infectious material);
  - training needs;
  - having little influence on working times.
- Specifically in
  - residential LTC: painful positions;
  - non-residential LTC: same-day changes in work arrangements;
  - Healthcare: high speed work.
- Care workers more than others want improvements in ‘health and safety at work, including mental health’
- Poor working conditions make care workers compromise on quality of care provided, eroding job satisfaction and care work sustainability.

Source: Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions, (LFS & EWCS data analysis)

III) Sustainability of work: part-time work, inability to work until retirement & not working (others leave the sector)

1) Of all LTC & healthcare workers, many work part-time due to
   - informal child/elderly care: 9.4% & 7.6% of all workers (vs. 3.1%)
   - own illness/disability: 4.3% & 1.3% of all workers (vs. 1.0%)
2) Inability to work until retirement

Figure 1: Workers aged 45+ unable to work until age 60 (or in 5 years, if 55+), care and other sectors, EU, 2024

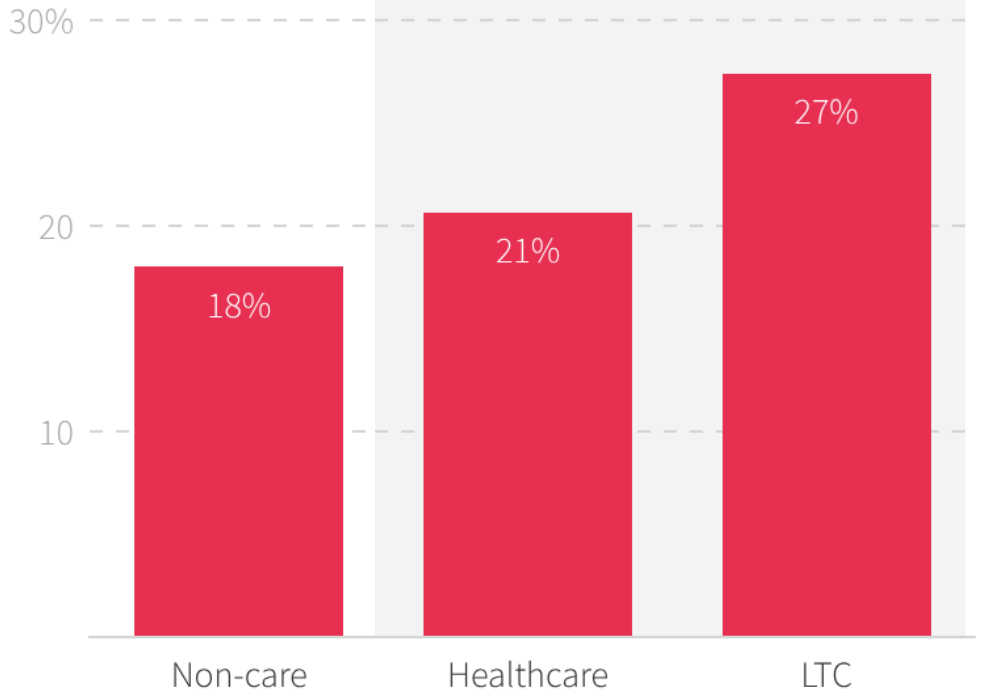
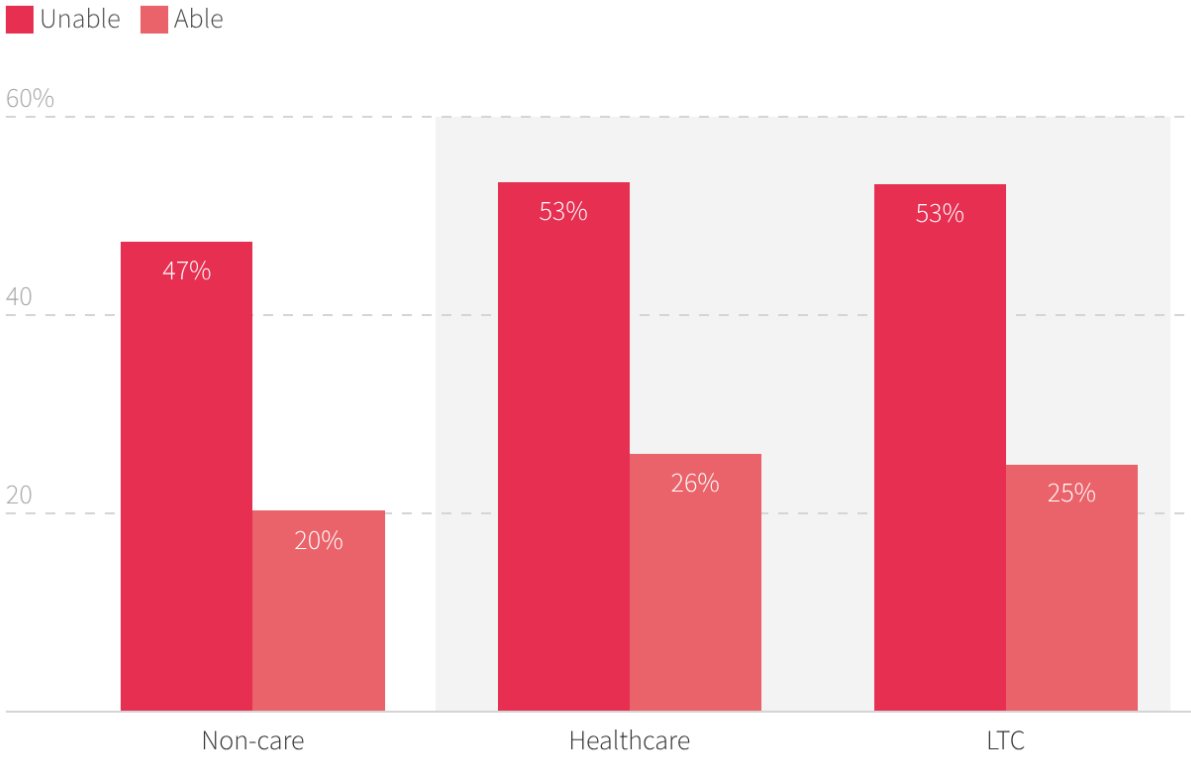


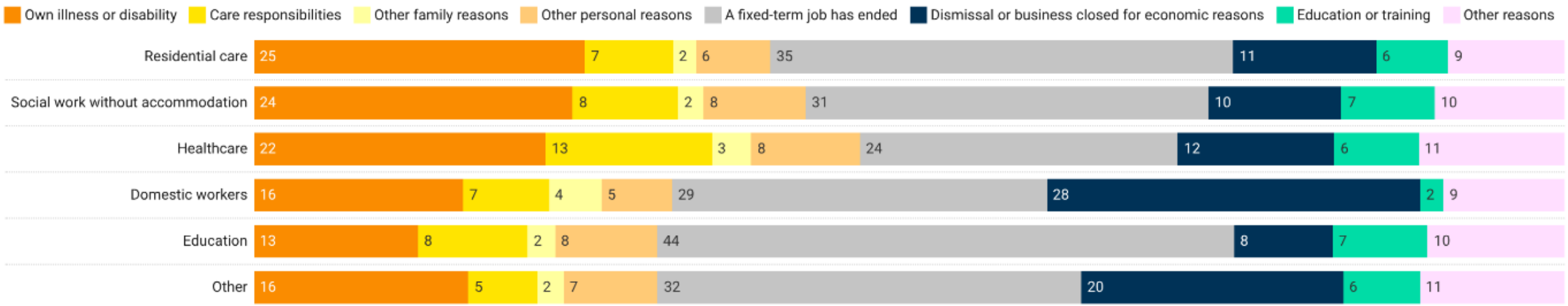
Figure 2: Workers aged 45+ reporting work impacts health negatively: people able versus unable to work until 60 (or in 5 years, if 55+), care and other sectors, EU, 2024



Source: Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions, (LFS & EWCS data analysis)

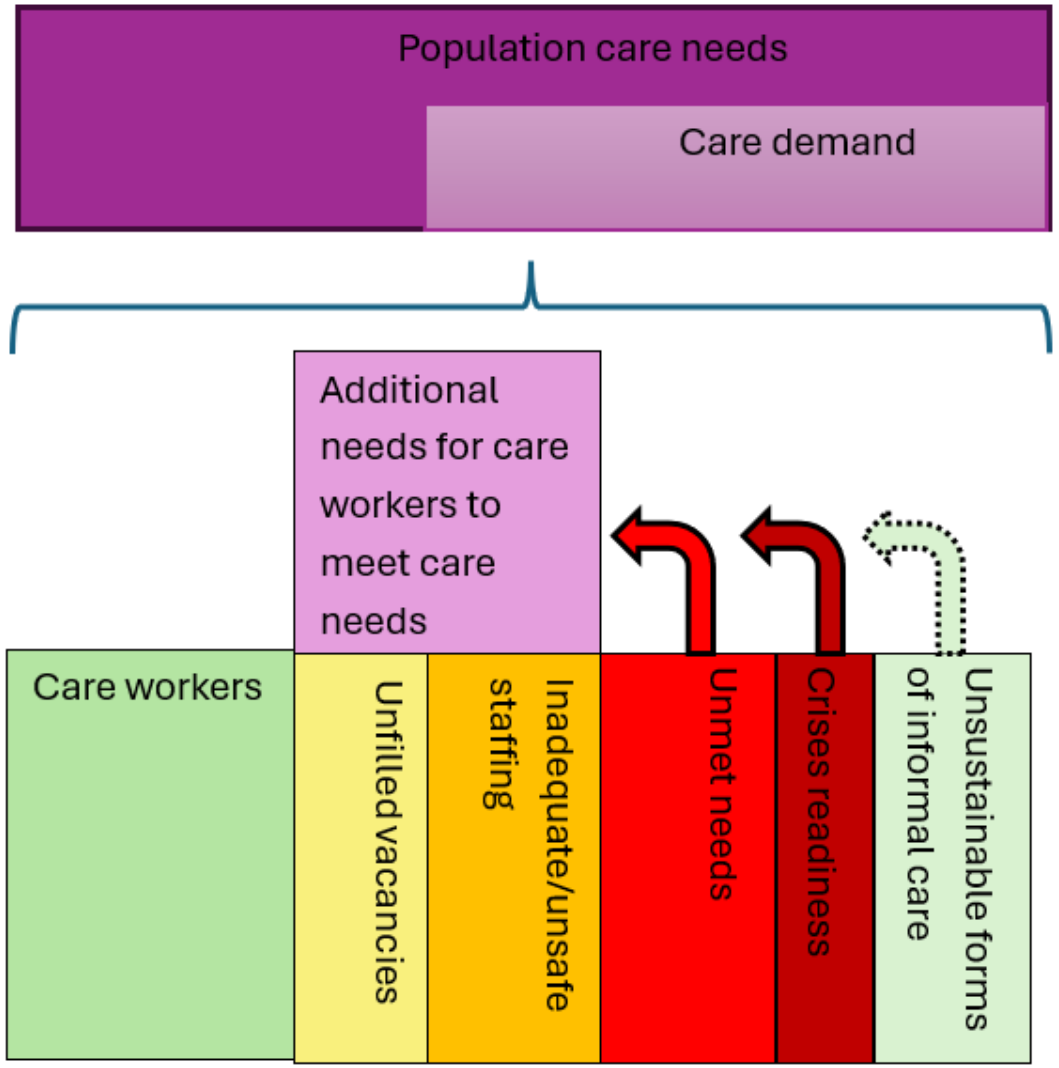
3) Not working

Figure: Main reason for leaving previous job among unemployed and economically inactive (excluding retirement) by previous job's sector, %, EU, 2025



Source: Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions, (LFS data analysis)

IV) Human resource gaps: unfilled vacancies, under-staffing, unmet care needs and resilience



Policy makers should look beyond staff shortages measured by unfilled vacancies. Human resource needs should be considered to:

- provide access to safe, adequate and sustainable care and support,
- address undesirable forms of informal care,
- ensure care services' resilience,
- meet unmet care needs expanding entitlements and reducing non-take-up.

Source: Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions

V) Selected areas undergoing change, impacting working conditions and care quality

- **Environmental measures** (enhancing care services' buildings' energy efficiency, adjusting food for users and staff) face human and financial resources barriers, but can improve working conditions and service quality, and reduce running costs.
- **Primary healthcare e-consultation** usage varies across the EU for wide-ranging reasons. GP renumeration rules, sometimes disincentivise usage post-pandemic. Supplementary health insurances often provide better e-consultation access.
- Lowest-qualified (and paid) care workers (healthcare assistants, home-based personal carers) face largest **upskilling** barriers. Access to upskilling for them would particularly benefit workers' prospects, retention, and care quality (continuity, person centredness).
- **Measures to improve domestic care workers' situations** were stepped-up. Undeclared care work still concentrates in domestic LTC in some countries.
- The number of **LTC platforms** has grown. Few (one-fifth) employ workers directly; they more often require qualifications/training than those who do not employ workers (43% versus 20% in LTC).

Source: Eurofound (forthcoming 2027), Care services report, https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions

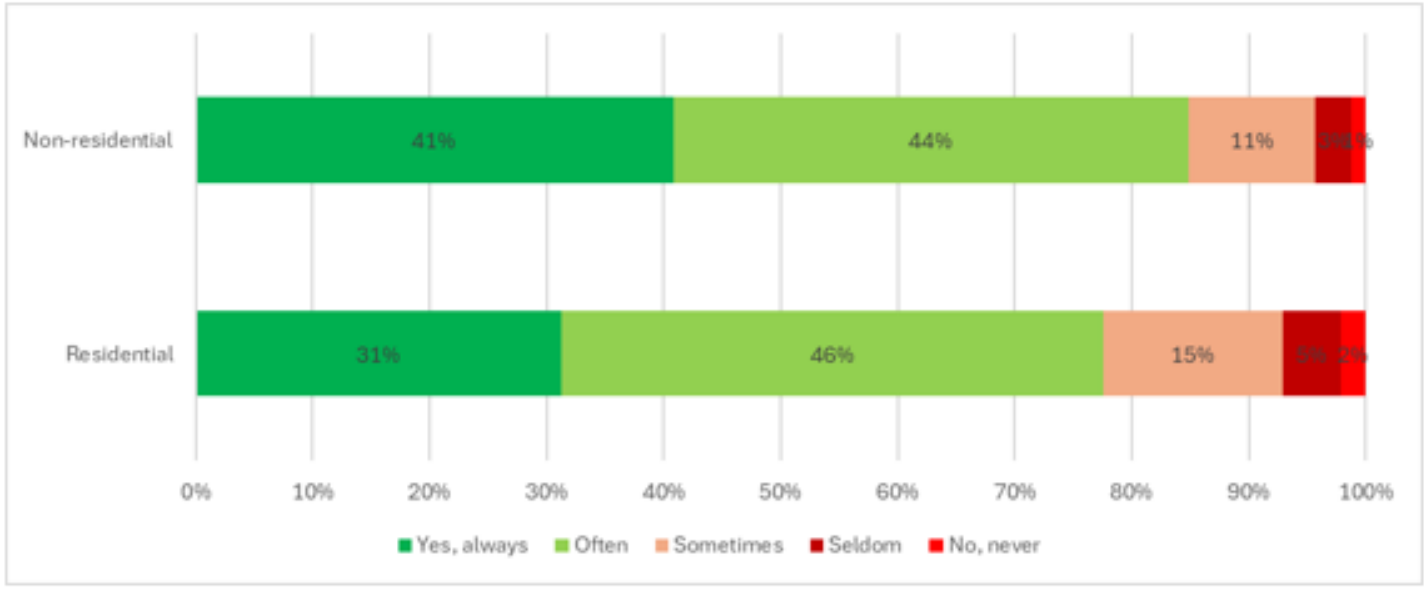
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Person-centredness

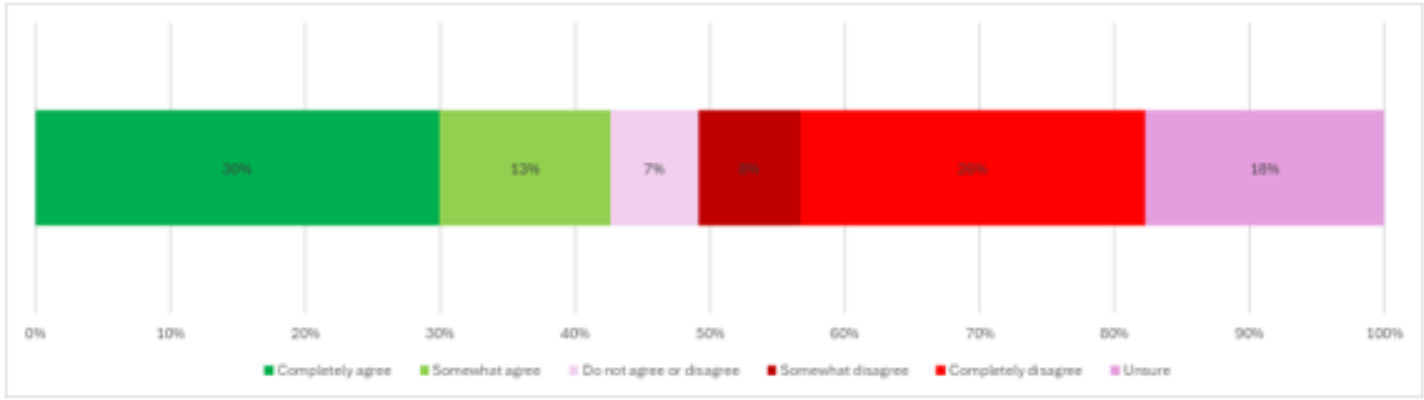
- Member States increasingly regulate **personal LTC plans**, with user-involvement, but barriers limit contribution to person-centred care.
- Ensure adequate LTC needs assessments and subsequent care plans, with real user-involvement
  - monitor if care/ support meets users' needs and investigate non-use;
  - minimum needs-review frequencies considering health & social care/ support needs, and informal care
  - address human resource gaps and inflexible care/support provision.

Figure 29 Long-term care users' perceived impact on the care received and care plans

a) Does the staff usually take your opinions and wishes into account regarding how the help should be carried out? 2025, Sweden



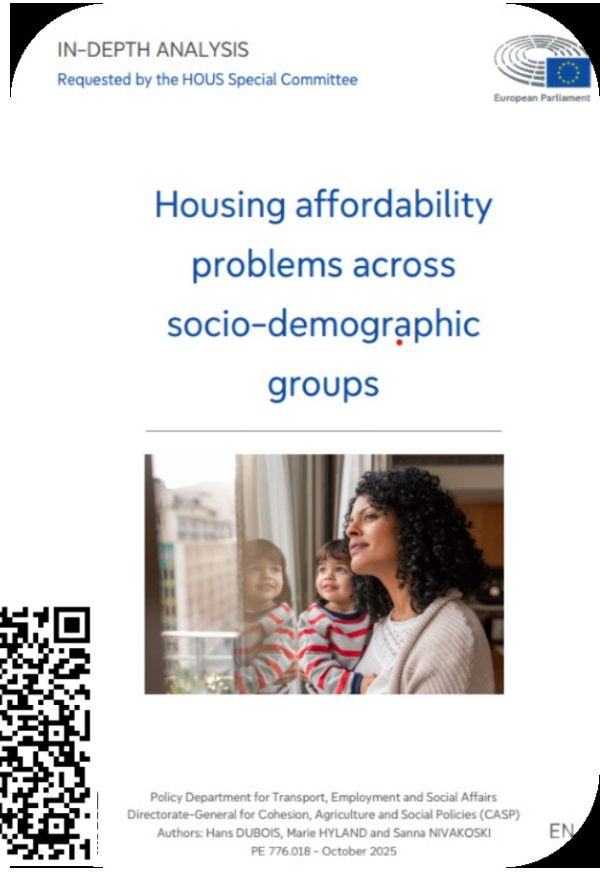
b) Care allowance recipients agreeing with the statement 'I have participated in the formation of my service plan in the municipal social services', 2022, Finland



Notes: a) sample: 27,179 (residential) and 75,580 (non-residential); b) recipients aged 18+, response rate: 8.5% of 5,000, 88% living at home, 10% residential.

Sources: Eurofound elaboration of data from National Board of Health and Welfare, 2025; Vesala and Heinonen, 2024

Source: Eurofound (2027 forthcoming), Care services report (working title), https://www.eurofound.europa.eu/en/publications/all/care-services-employment-and-working-conditions







Thank you!

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Eurofound is looking for illustrative examples of 'triple-win policies' for a 2027 project benefitting at least the: 1) natural environment, 2) population health, and 3) financial resilience (e.g. household finances)