Care4Care
WE CARE FOR
THOSE WHO CARE

D4.4. Summary of Results with Practical Recommendations

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THE CARE WORKFORCE CHALLENGE IN EUROPE

Europe's population is ageing rapidly, and chronic illnesses are becoming increasingly prevalent. The European Commission therefore expects public spending on long-term care to increase from 1.7% of GDP in 2019 to 2.9% by 2070. In order to control costs while respecting older people's desire to remain independent, the focus of policy is shifting from large residential institutions to care delivered at home and in the community.

The backbone of the Long-Term Care system is a largely female workforce, with many over the age of fifty and a significant proportion of migrants. Although care workers find their work meaningful, only a fifth are truly satisfied with their working conditions. Low wages, irregular hours, heavy workloads and even undeclared employment are common risk factors, also known as job demands. On top of these come physical strain, exposure to infection, emotional stress and, at times, violence, which are often exacerbated by staff shortages and limited training or recognition. These poor conditions not only affect workers, but also the quality of care. In recognition of this, the EU launched a European Care Strategy in 2022 to improve access to services and raise employment standards. However, comparable data on everyday risk and protective factors (also known as job resources, such as autonomy, support, fair pay and training, which can buffer stress and boost motivation) is still scarce.

This is the evidence gap that '***Care4Care: We Care for Those Who Care***' aims to address. Funded by Horizon Europe, Work Package 4 of the project uses the well-known Job Demands-Resources theory to identify:

- The work pressures that threaten carers' health and well-being (risk factors);
- The supportive conditions that keep them motivated or soften the strain (protective factors)
- The coping strategies care workers use.

To collect robust data, the team conducted an online general survey (cross-sectional), a four-week diary study (longitudinal) and focus group discussions in Spain, Italy, France, Germany, Poland and Sweden. Three groups were covered: home health aides, basic care workers, and highly qualified professionals, who work in homes, community settings, and residential facilities.

In short, Europe's need for care is growing, yet those providing it face many risk factors and too few protective factors. By mapping both sides of this equation, Care4Care provides the necessary data to design fair and effective policies that protect care workers and those they support.

Table 1. *Definitions of the variables assessed in the surveys*

Dimension	Variable	Definition
Negative well-being indicators	Burnout (Disengagement and Exhaustion)	Job-related syndrome that has been defined as a state of physical, emotional and mental exhaustion that results from prolonged exposure to chronic workplace stress that has not been successfully managed.
	Physical exertion	Perceived level of physical effort required from care workers during their working hours.
	Turnover intentions	Intention or desire of care workers to leave or abandon their role within the care profession.
	Work-Private Life conflict	A form of inter-role conflict, characterised by a clash between the demands of one's professional role and those of their personal or familial responsibilities.
Positive well-being indicators	Work-Private Life enrichment	A process at the work-private life intersection, in which experience or involvement in one role enhances the quality or performance in the other role.
	Happiness	General levels of happiness with their lives
	Flourishing	The combination of subjective and psychological well-being, in which the individual is in a positive emotional state, experiencing feelings of engagement, meaning (or purpose), having personal resources and positive interpersonal relationships.
Risk factors (demands)	Physical Demands	Frequency of physical activity that care workers are required to perform in order to fulfil the duties inherent to their role.
	Quantitative Demands	Psychological demands that arise from the amount of work that must be completed within a given timeframe.
	Work Pace Demands	Psychological demand associated with the intensity of the work.
	Tasks Beyond Job Duties	Frequency of instances over the past year in which care workers were required to perform tasks that were not included in their job description or the care receivers' care plan.
	Emotional Demands	Emotional labour that arises from the interpersonal relationships involved in the work, which require care workers to engage in emotionally charged situations.
	Demands for Hiding Emotions	The psychological demand associated with the necessity of maintaining a neutral demeanour in the face of unpredictable behaviour exhibited by care receivers, colleagues, superiors, family members, and other individuals within the professional setting.
	Exposure to Workplace Violence	The frequency of instances in which care workers were exposed to violent behaviours or attitudes directed towards them in the workplace.
	Exposure to Discrimination	Frequency with which care workers had experienced discriminatory behaviour or attitudes that made them feel vulnerable because of their gender, ethnicity or colour in the past year.
	Intragroup Conflict	The frequency with which carers experience conflict within a team, with the care receiver, their family members or other people at work, where members clash over work procedures (task conflict) or due to personality clashes (relational conflict).

Continuation of Table 1

Dimension	Variable	Definition
Cont. Risk factors (demands)	Workplace Incivility	Low-intensity deviant behaviour (by care receivers, family members, colleagues, etc.) with ambiguous intent to harm the target (the care worker), in violation of workplace norms of mutual respect.
Protective factors (resources)	Possibilities for Development	The extent to which job performance provides opportunities to put their knowledge, skills and experience into practice and to acquire new knowledge, skills and experience
	Variation of Work	Whether care work tasks are repetitive (the same) or, on the contrary, diverse or varied.
	Control Over Time	Control over their working time in aspects such as starting and ending the working day, when to take breaks, days off, holidays, and control over whether, when and how much overtime to work.
	Predictability	Having adequate, sufficient and timely information needed to perform the job correctly.
	Autonomy	The degree of influence or decision latitude that the care worker has in the day-to-day activities, particularly in relation to the tasks to be carried out and the manner in which they are to be carried out.
	Meaning of Work	The relationship that work has to values other than those associated with having a job and earning an income.
	Recognition	The appreciation, respect and fair treatment afforded to care workers by their supervisors in the workplace
	Emotional Support	Moral support from individuals they interact with at their job.
	Instrumental Support	Help with job tasks from individuals they interact with at their job.

Notes: These variables were selected on the basis of the preliminary findings of a systematic literature review conducted. While the full paper is still under review, main findings was presented at the 22nd European Congress of Work and Organisational Psychology (Kuradchik-Pekarskaya et al., 2025[1]).

[1] Kuradchik-Pekarskaya, V., Martínez-Corts, I., Gago, C. & Medina, F. J. (2025, May 23). *An Explanatory Model of the Well-Being of Home Care Workers: Findings from a Mixed-Methods Review* [Paper presentation]. 22nd European Congress of Work and Organizational Psychology. Prague, Czech Republic.

CHAPTER 1. QUANTITATIVE DATA SET: What the Surveys Revealed About Care Work in Europe

1.1. Who Took Part in the Care4Care Study?

A broad cross-section of 696 care workers from five EU countries (Spain, Germany, France, Poland, Sweden and Italy) completed the general survey. These respondents fell into three groups: 226 home health aides with little or no formal training (Target A); 202 basic care workers who had completed at least short courses (Target B); and 268 highly qualified professionals, such as nurses and therapists (Target C). Most respondents were based in cities or large towns.

Demographic snapshot

- Just over eight in ten of the participants were women, with men accounting for the remaining 18%.
- Around four in ten were aged 35–49, about a third were 50–64, and about a quarter were 18–34.
- Just over half were married or in a civil partnership. Three in ten had never been married, and the remainder were separated, divorced or widowed.
- Around 14% of the total sample, and nearly a third of home health aides, were born abroad. Two-thirds of migrant carers had legal work permits, while one-third did not.

Experience and training

- 54% had received three or more years of post-school education.
- 80% had received some recognised training in care, but the proportion varied from 68% of home health aides to 89% of basic care workers.
- On average, participants had worked in care for nearly 14 years. Live-in carers had the shortest tenure (approximately eight years).
- Two-thirds of participants received safety training from their current employer, yet one in six (mostly home health aides) had never received any training.

Where and how they work

- Home health aides worked solely in private homes, whereas almost all basic and professional carers worked in residential or day facilities.
- Home-based care: among home care workers, 16% were live-in carers (predominantly employed in Spain and Italy), working an average of 5.85 days per week.

- 61% held full-time positions, 28% part-time posts, and the remainder worked on an hourly basis. Just over four-fifths had permanent contracts, but 5% (rising to 12% of aides) had no formal contract at all.
- About half worked for private agencies, about four in ten worked for the public or third sector, and about one in ten were self-employed.
- They worked an average of 35 hours per week and earned approximately €1,720 per month. Live-in carers worked almost 50 hours for the lowest pay, while institutional staff earned the most. Migrant carer workers were the lowest-paid group, earning around €1,320.

What they do and for whom

- Two out of three provided assistance with activities of daily living (ADLs); half helped with domestic or 'instrumental' tasks (IADL); and half delivered healthcare procedures. Professional carers were the most likely to handle medical tasks (85%).
- Most looked after people with mobility problems (82%), long-term physical conditions (79%), mental health conditions (79%), and obesity (63%); fewer encountered infectious diseases (30%) or care receivers with no diagnosis (24%).
- Live-out home care workers looked after about 19 care receivers each week.

Support systems

- Over three-quarters had a supervisor, but only two in three home health aides did.
- 89% of institutional staff worked in teams, compared to just 21% of home health aides, who mostly worked alone or with off-site colleagues.
- Slightly more than one-third belonged to a trade union, with 48% of professional care workers, compared to just 20% of home health aides and hardly any live-in home care workers.

1.1.1. At a Glance: Comparing the Groups

The participant pool mirrors the diversity of the EU's long-term-care workforce. It also reflects the inequalities. While it is predominantly female, middle-aged and skilled, it is also characterised by significant disparities. For example, home health aides are more likely to be migrants, to work without a secure contract or team support, and to miss out on training and union protection (see Table 2). Professional care workers benefit from stronger safeguards and higher pay, but they also shoulder more clinical responsibilities in busier institutional settings. Understanding these differences is crucial when designing policies that reduce risk factors and strengthen protective factors for all members of the care workforce.

The composition of the survey samples varies considerably across countries, which could affect every country-level result. In Spain and France, for example, between 50% and 75% of

respondents were home health aides working alone in the private sector, many of whom were migrants (see Table 3). By contrast, Germany, Sweden and Poland were predominantly made up of professional care workers in public residential facilities and had very few migrant staff. Italy was somewhere in between, with its largest subgroup being basic care workers in private institutions. As each national sample reflects a distinct section of the wider care workforce, the variations in reported risk factors (job demands) or protective factors (job resources) may be due as much to the characteristics of the surveyed populations as to genuine differences in national policies or workplace standards. For this reason, any cross-country comparisons should be interpreted with caution, bearing in mind these underlying sample compositions.

Table 2. *Main characteristics - comparing the groups*

Conditions	Home health Aides	Basic Care Workers	Professional Care Workers
Setting	Home based care	Institutional care	Institutional care
Formal education in care services	Least likely (69%)	Most likely (89%)	83%
Percentage of migrant workers	Highest (29%)	8%	Lowest (6%)
Unionisation	Least likely (20%)	41%	Most likely (48%)
Teamwork	Least likely (22%)	Most likely (87%)	81%
Indefinite contracts	Least likely (70%)	88%	Most likely (93%)
No legal contract	Most likely (12%)	Least likely (1%)	1,1%
Most common tasks	Personal care tasks	Personal care tasks	Healthcare tasks

Table 3. *Main characteristics - comparing the overall samples of each country*

Conditions	Spain	Germany	France	Poland	Italy	Sweden
Predominant group	Home health aides (74%)	Professional care workers (61%)	Home health aides (67%)	Professional care workers (57%)	Basic care workers (41%)	Professional care workers (58%)
Unionisation	No	Yes	No	No	No	Yes
Sector	Private	Public	Private	Public	Private	Public
Shift	Fixed hours	Shift work	Horario flexible	Shift work	Fixed hours	Fixed hours
Teamwork	Alone	Teamwork	Teamwork	Teamwork	Teamwork	Teamwork
Percentage of migrant workers	36,3%	5,8%	7,8%	0%	12,3%	9,6%

1.2. What Levels of Well-being and Prevalence of Risk and Protective Factors Do They Report?

Table 4. *Overall summary of prevalence results*

Dimension		Variable	Overall level	Cross-target differences	Cross-country differences
Well-being indicators	***Negative well-being indicators***	Burnout (Disengagement and Exhaustion)	Moderate	No differences	DE, FR, ES, IT, PL>SE
		Physical Exertion	Moderate-High	B, A > A, C	DE, IT, ES > IT, ES, PL, FR > SE
		Turnover Intentions	Low-Moderate	C, B > B, A	PL, DE, IT, SE, ES > DE, IT, SE, ES, FR
		Work–Private Life Conflict	Moderate	No differences	DE, ES > ES, IT, PL, FR, SE
	Positive well-being indicators	Work–Private Life Enrichment	Moderate-High	No differences	ES, PL, IT, FR, SE > FR, SE, DE
		Happiness	High	No differences	No differences
		Flourishing	High	No differences	No differences
Risk factors	***Job-related risk factors***	Physical Demands	Moderate-High	A, B > C	ES, DE, IT > DE, IT, FR, PL > FR,PL, SE
		Quantitative Demands	Moderate	C > B > A	DE, PL > PL, FR, SE > FR, SE, IT > ES
		Work Pace Demands	Moderate-High	C, B > A	DE, PL, ES, IT, FR > PL, ES, IT, FR, SE
		Tasks Beyond Job Duties	Moderate	C > A, B	DE, PL, ES, FR, SE > PL, ES, FR, SE, IT
	Emotional risk factors	Emotional Demands	Moderate-High	C, B > A	PL, DE > DE, IT, SE> IT, SE, ES, FR
		Demands for Hiding Emotions	High	C, B > B, A	PL, FR, SE, DE > DE, ES, IT
	Relational risk factors	Exposure to Workplace Violence	Low	B > C, A	FR, ES, PL, IT > PL, IT, DE > DE, SE
		Exposure to Discrimination	Low	A, B > B, C	No differences
		Intragroup Conflict	Moderate	C , B > A	DE, PL > PL, IT ES > IT, ES, SE > ES, SE, FR
		Workplace Incivility	Low	B, C > A	PL, IT, ES, DE > IT, ES, DE, SE > ES, DE, SE, FR

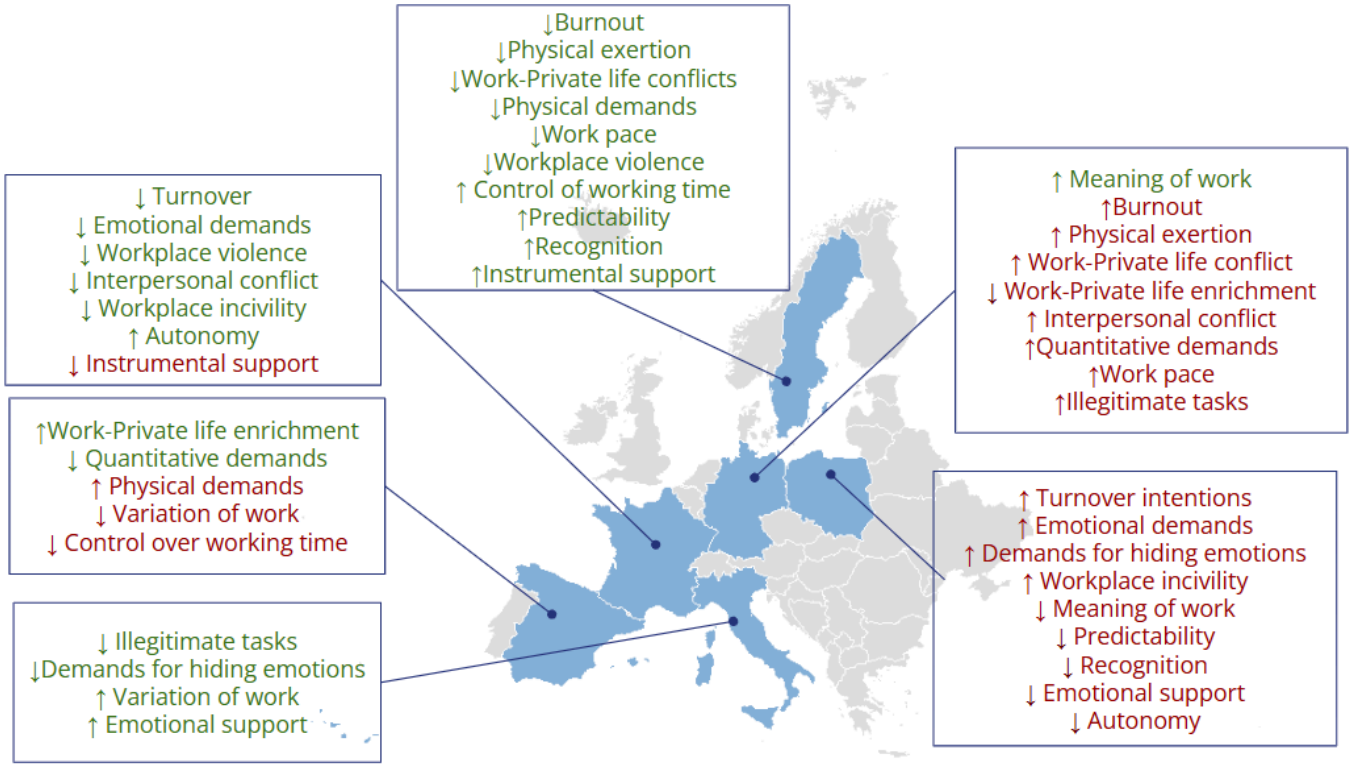
Continuation of Table 4

Dimension		Variable	Overall level	Cross-target differences	Cross-country differences
Protective factors	***Job-related protective factors***	Possibilities for Development	Moderate-High	No differences	No differences
		Variation of Work	Moderate	C > B, A	IT, PL, SE, DE, FR > ES
		Control Over Time	Moderate	C > B > A	SE, DE > DE, PL, IT, FR > FR, ES
		Predictability	Moderate	No differences	SE, FR, IT, DE> ES, PL
		Autonomy	Moderate	A, C > B	FR, ES, IT > ES, IT, DE, SE, PL
	Emotional protective factors	Meaning of Work	High	B > A > C	DE, FR, IT, ES, SE > SE, PL
	Relational protective factors	Recognition	Moderate-High	A > B > C	SE, IT, ES, FR > IT,ES, FR, DE > DE, PL
		Emotional Support	Moderate	No differences	IT, FR, ES, SE, DE > DE, PL
		Instrumental Support	Moderate	C, B > A	SE, IT > IT, DE, ES, PL > FR

Figure 1. *Significant differences on the prevalences between groups*

Note: **'↓' indicates that the group had statistically significantly lower levels of said wellbeing indicator/risk factor/protective factor than the other two groups, while '↑' indicates significantly higher levels. Green and red colours indicate whether this difference represents that the group is at a better or worse position compared to the other groups.**

Figure 2. *Significant differences on the prevalences between overall samples in each country*



***Note*: Remember that home health aides represent the majority of the participants from Spain (74%) and France; (67%) professional care workers represent the majority of the participants from Germany (61%) and Poland (57%); while the major target group in Italy are basic care workers (41%).**

Well-being Outcomes

Overall, care workers report high levels of happiness and well-being, indicating a strong sense of 'flourishing'. Burnout, work-private life conflict, and physical strain are moderate, while the desire to leave the job is low to moderate. In short, most feel personally well, but work still takes a lot out of them.

What stands out between groups. Basic care workers reported the highest levels of physical exertion, while professional care workers reported the lowest. Meanwhile, professional care workers stood out for reporting the highest intention to leave their job, whereas home health aides reported the lowest.

What stands out between countries. Germany stands out with the highest levels of burnout, physical exertion, and work–private life conflict, alongside the lowest work–private life enrichment. Poland reports the highest turnover intentions, whereas France shows the lowest. Sweden reports the lowest burnout, physical exertion, and work–private life conflict. Spain stands out for the highest work–private life enrichment.

Risk Factors

Physical exertion, time constraints and emotionally charged situations are commonplace in care work. Masking feelings has become almost routine, while violent, uncivil and discriminatory behaviour is less common but still significant.

What stands out between groups. Home health aides face the lightest quantitative and emotional load, as well as a lower work pace and less workplace incivility. Basic care workers stand out for higher exposure to workplace violence. By contrast, professional care workers juggle the broadest set of pressure points—despite lower physical demands, they report higher quantitative demands and more illegitimate tasks.

What stands out between countries. In Spain, care workers face the greatest physical demands yet report the lightest quantitative workload. Meanwhile, care workers in France report the lowest emotional demands and the most civil interpersonal climate—marked by lower interpersonal conflict and less workplace incivility—despite higher levels of workplace violence. Italy records the fewest requests to perform 'illegitimate' tasks and the lowest demands for hiding emotions. Poland reports higher emotional demands, stronger pressures to hide emotions, and greater workplace incivility. Sweden shows the lowest physical demands, work pace, and workplace violence. These contrasts should be interpreted in light of each country's specific sample characteristics.

Protective Factors

Overall, care workers rate their resources as adequate rather than excellent. Their one clear strength is their strong sense of purpose. Just below that, opportunities for development and recognition are in the moderate-to-high range, indicating that many feel they can learn or put their skills into practice and that their efforts are recognised. All other supports, such as task variety, control over working time, predictability, autonomy, and emotional and instrumental support, cluster in the moderate range. These findings suggest that, although care workers derive a strong sense of purpose from their roles, the practical and relational resources that could safeguard their well-being are generally only average and offer room for significant improvement.

What stands out between groups. Home health aides receive higher recognition but they have the least influence over their working hours and receive the least instrumental support. Basic care workers perceive their work as the most meaningful, yet report the lowest autonomy. Professional care workers, on the other hand, perform a wider variety of tasks and have greater control over their schedules, yet report lower meaning and recognition.

What stands out between countries. Care workers in Spain reported the lowest level of variation in their work and the lowest control over working time. France showed the highest autonomy but the lowest instrumental support. Italy stood out for the greatest task variation and the strongest emotional support. Germany recorded the highest meaning of work. Poland reported the lowest predictability, autonomy, meaning, recognition, and emotional support. By contrast, Sweden showed the highest control over working time, predictability, recognition, and instrumental support.

1.3. Identifying Predictors: Which Factors Really Make a Difference Week to Week?

Overall, job demands and resources were found to be significant predictors of well-being among care workers. To identify the key indicators specific to each occupational group, the factors that consistently predicted negative (see Table 5) and positive well-being outcomes across 4 weeks were pinpointed (Table 6).

Upon analysing the key predictors of well-being, it appeared that three risk factors and four protective factors were significant across all three occupational groups, influencing negative or positive well-being:

- The universal risk factors were **quantitative demands, relational conflict** (related to personality clashes) and **workplace incivility**.
- The universal protective factors were **possibilities for development**, **autonomy**, **predictability** and **emotional support**.

Table 5. *Key predictors for negative well-being indicators*

	Home health Aides	Basic Care Workers	Professional Care Workers
Risk factors	Quantitative demands	Relational conflict	Illegitimate tasks
	Work pace	**Workplace incivility**	Demands for hiding emotions
	Illegitimate tasks		Task conflict
	Emotional demands		**Workplace incivility**
	Demands for hiding emotions		
	Workplace incivility		
Protective factors	Autonomy	Predictability	Autonomy

Note: Risk and protective factors that were significant predictors for all negative indicators of well-being are presented in the table. These represent risk and protective factors. In bold, those that were significant for all three groups are highlighted.

Table 6. *Key predictors for positive well-being indicators*

	Home health Aides	Basic Care Workers	Professional Care Workers
Risk factors	**Quantitative demands**	**Quantitative demands**	**Quantitative demands**
	Illegitimate tasks	**Relational conflict**	Illegitimate tasks
	Relational conflict	Task conflict	Emotional demands
	Workplace incivility	**Workplace incivility**	Workplace violence
			Relational conflict
			Task conflict
			Workplace incivility
Protective factors	**Possibilities for development**	**Possibilities for development**	**Possibilities for development**
	Autonomy	**Autonomy**	**Autonomy**
	Predictability	**Predictability**	**Predictability**
	Emotional support	**Emotional support**	**Emotional support**

Note: Risk and protective factors that were significant predictors for all positive indicators of well-being are presented in the table. These represent risk and protective factors. In bold, those that were significant for all three groups are highlighted.

CHAPTER 2: QUALITATIVE DATA SET: Making Sense of the Findings Through Workers' Voices

To provide an overview of the qualitative results, a structure organized by domains is presented: job, organizational, and personal. A distinction is made between risk and protective factors at each level. Two Sankey diagrams are included: one per target and one per country. These figures provide a visual summary of how often each risk and protective factor appeared in the focus group transcripts. It is emphasised that the frequency varies according to the number of focus groups (which changes by country); therefore, the quantity is not merely a descriptive indicator but is not subject to comparison.

Qualitative results allow us to gain a deeper understanding of the relationships observed through quantitative results.

2.1. Job Domain

2.1.1. Job-Related Risk Factors

Figure 3. *Job-related risk factors per target*

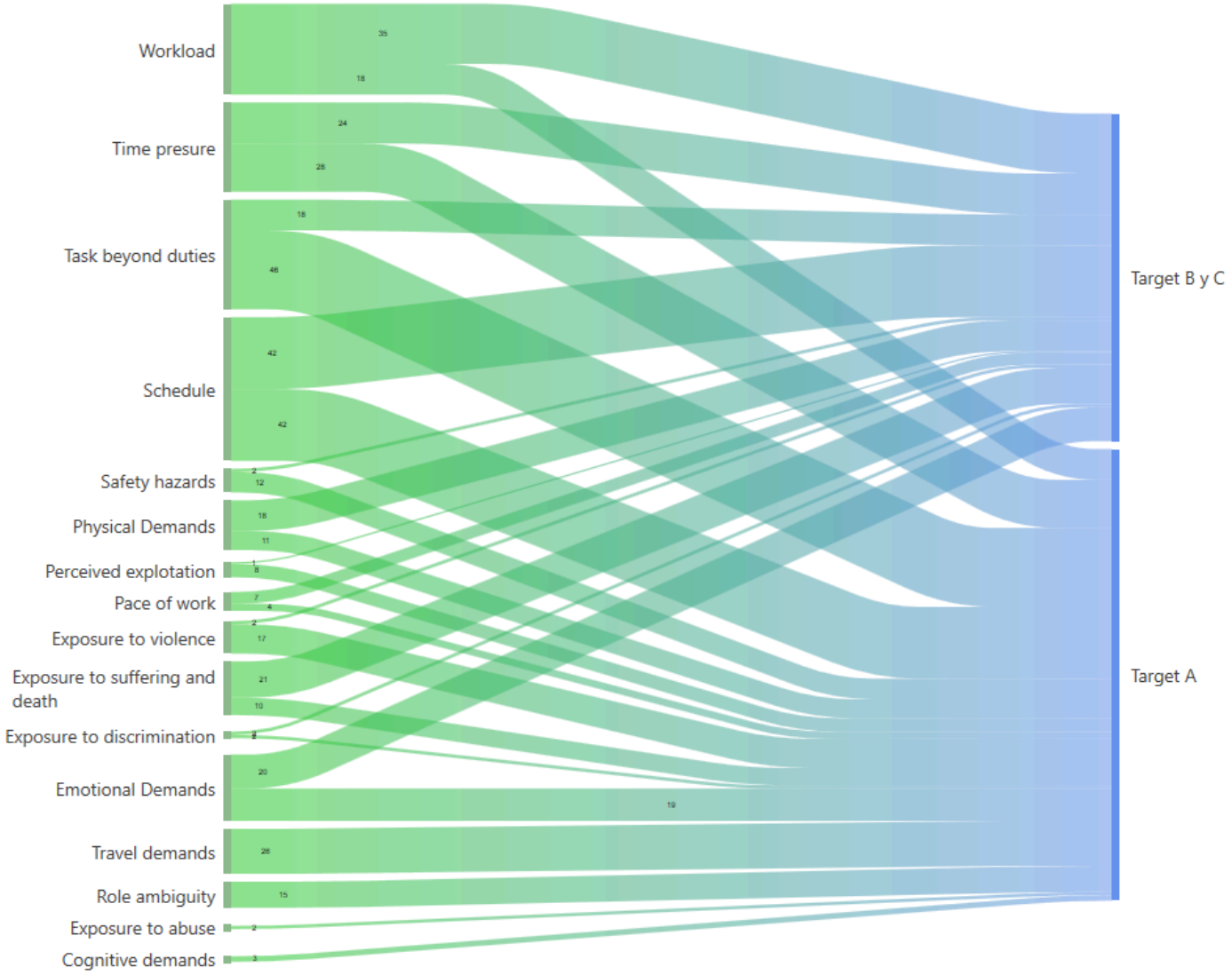
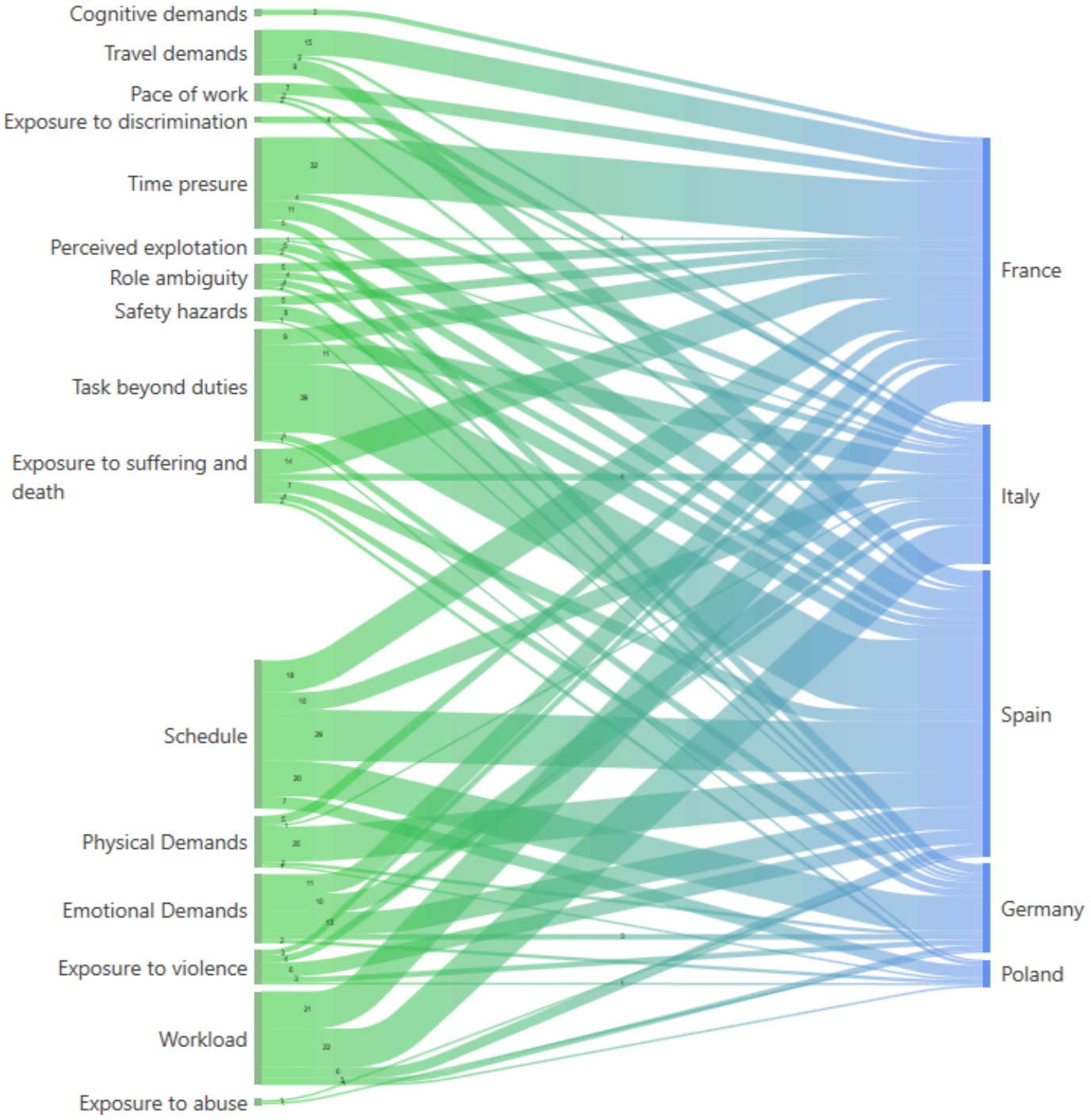
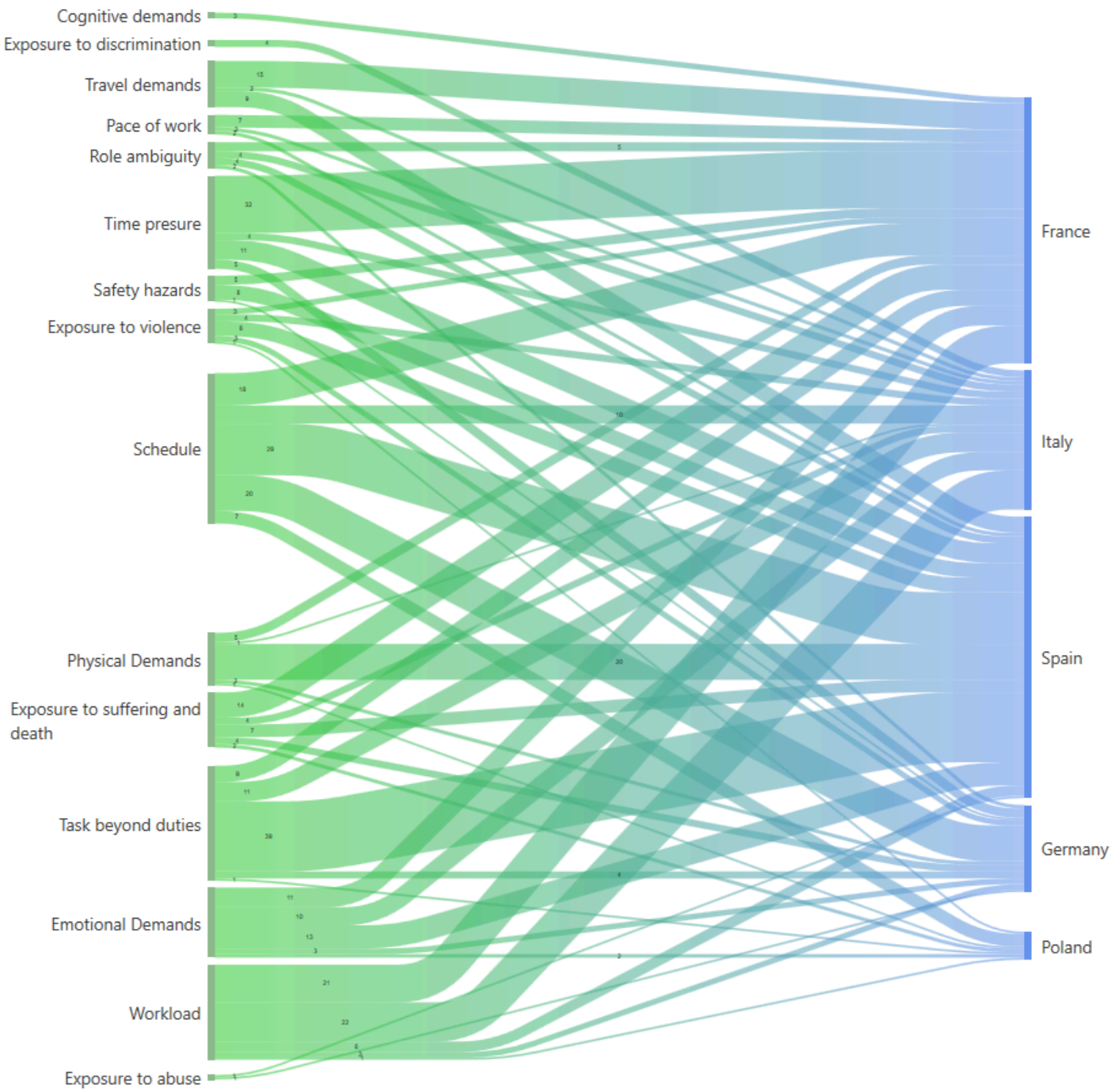


Figure 4. *Job-related risk factors per country*




Cognitive demands
Exposure to discrimination
Travel demands
Pace of work
Role ambiguity
Time presure
Safety hazards
Exposure to violence
Schedule
Physical Demands
Exposure to suffering and death
Task beyond duties
Emotional Demands
Workload
Exposure to abuse
France
Italy
Spain
Germany
Poland

2.1.2. Job-Related Protective Factors

Figure 5. *Job-related protective factors per target*

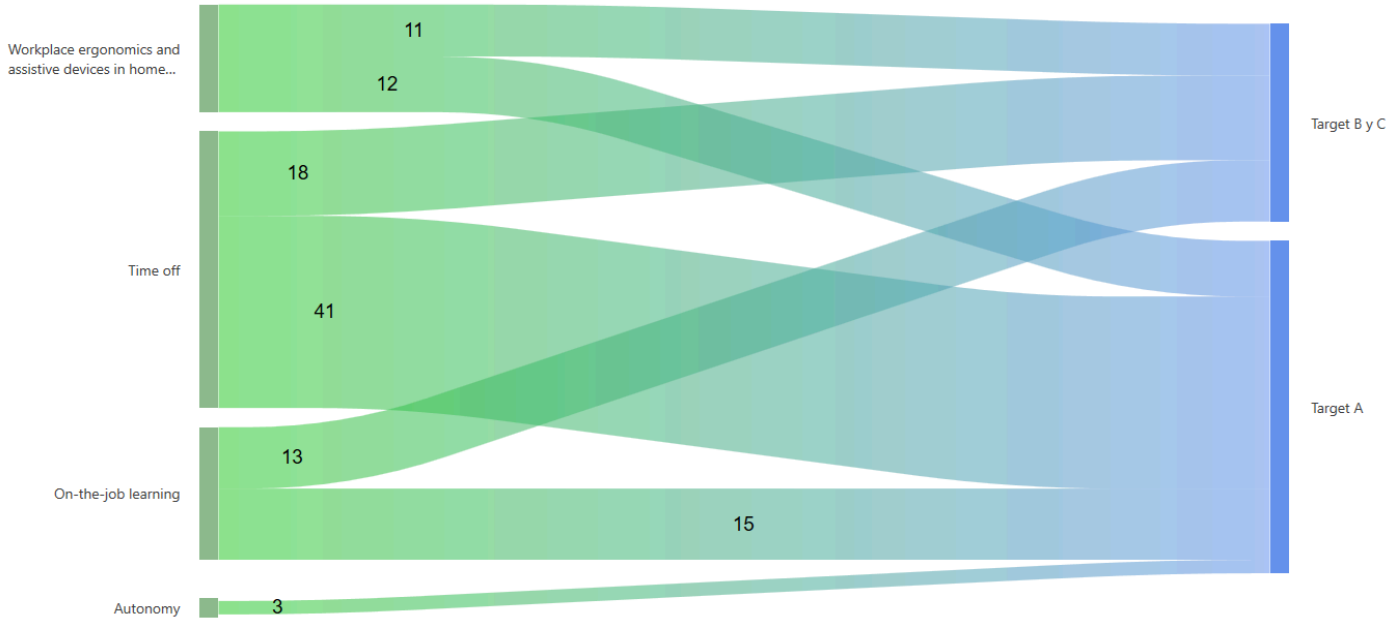
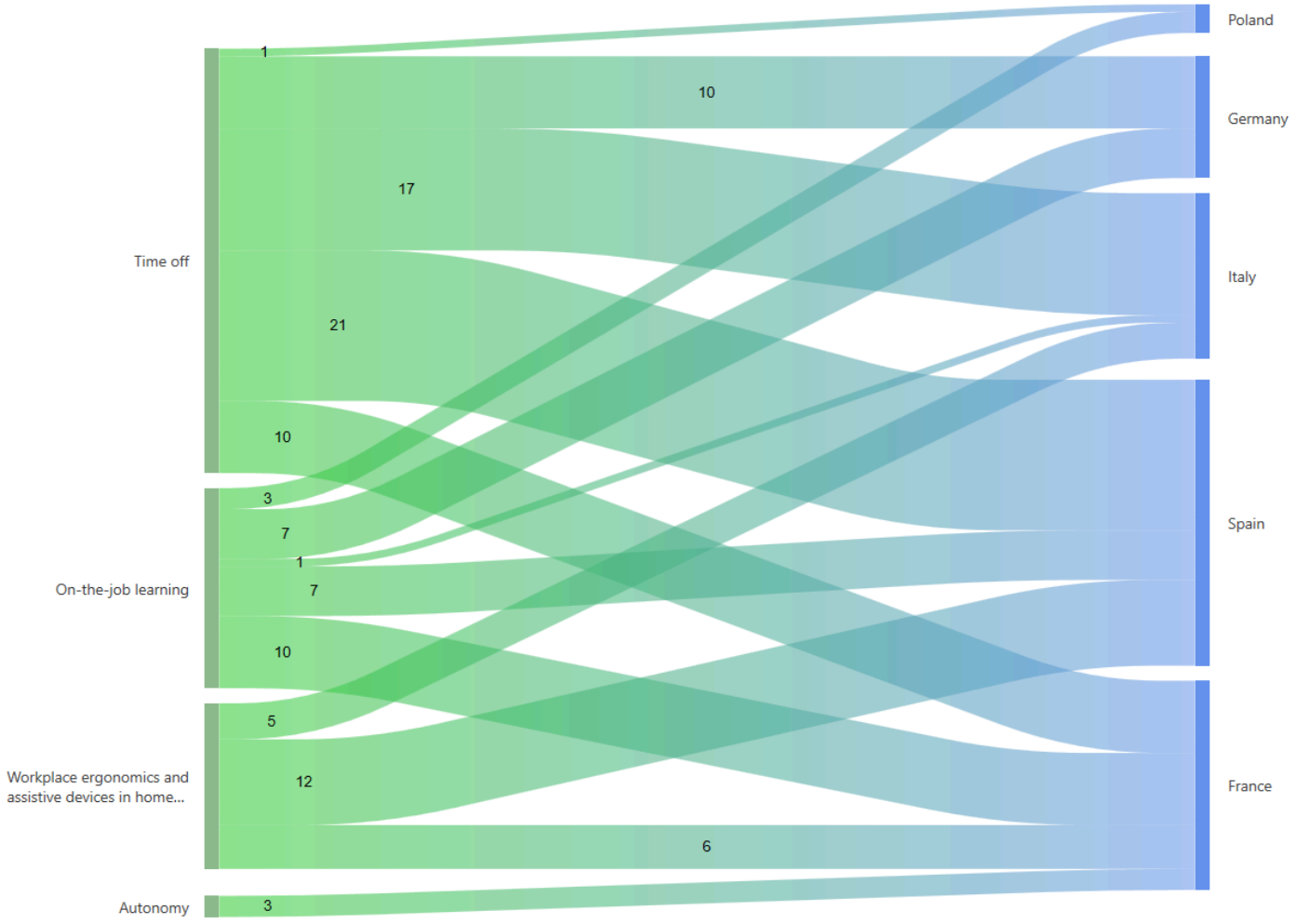


Figure 6. *Job-related protective factors per country*



2.2. Organisational Domain

2.2.1. Organisational Risk Factors

Figure 7. *Organisational risk factors per target*

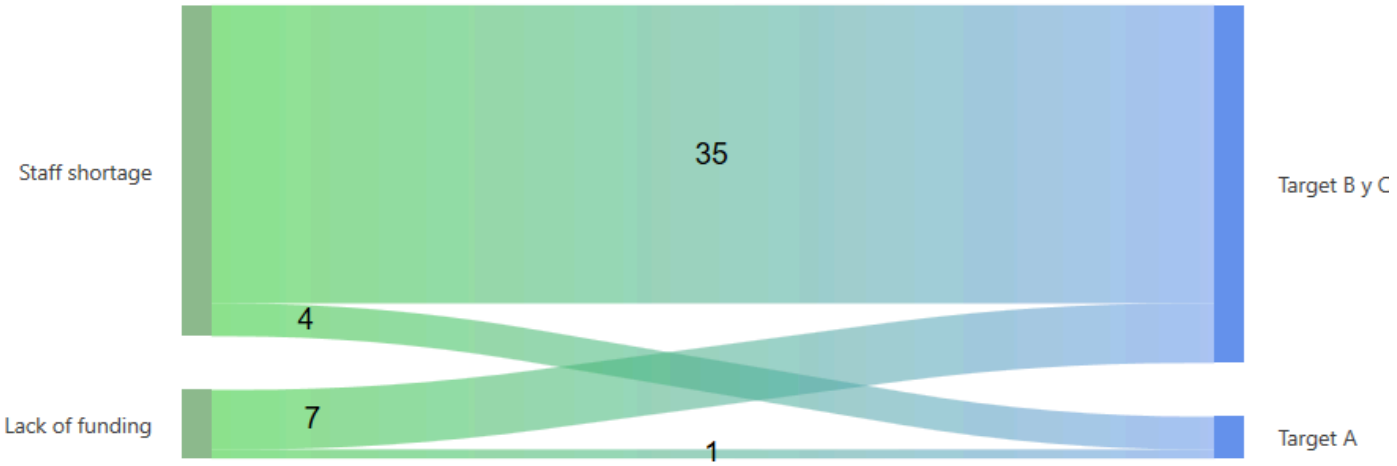
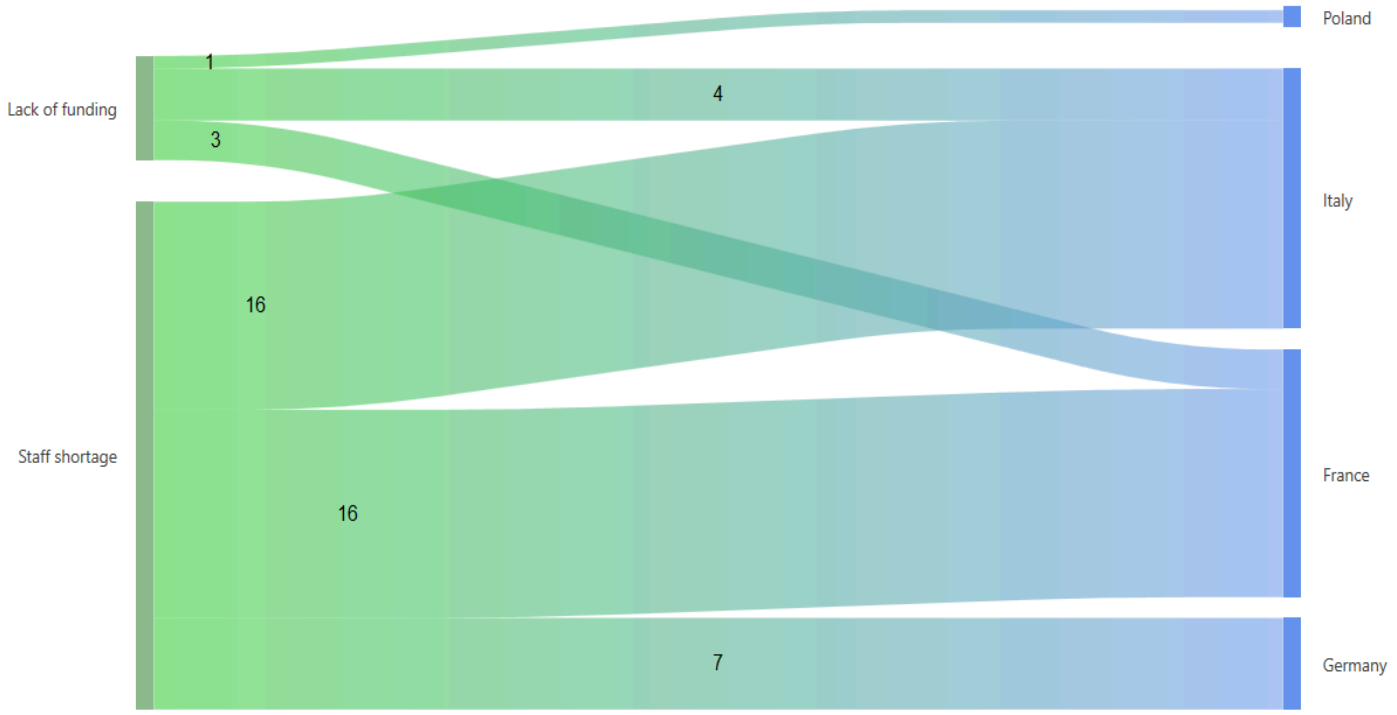


Figure 8. *Organisational risk factors per country*



2.2.2. Organisational Protective Factors

Figure 9. *Organisational protective factors per target*

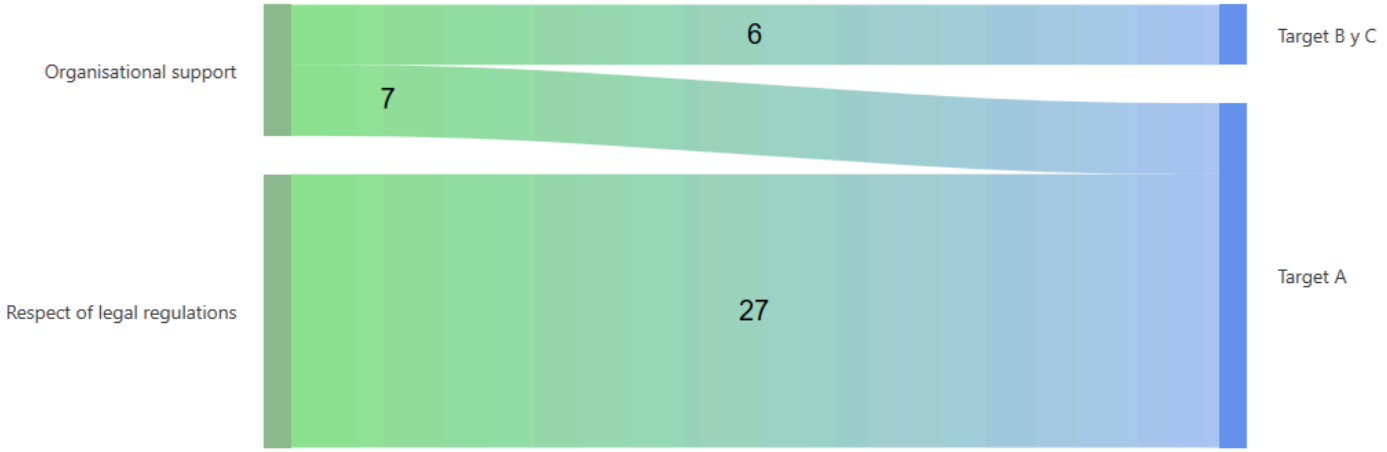


Figure 10. *Organisational protective factors per country*

2.3. Relational Domain

2.3.1. Relational Risk Factors

Figure 11. *Relational risk factors per target*

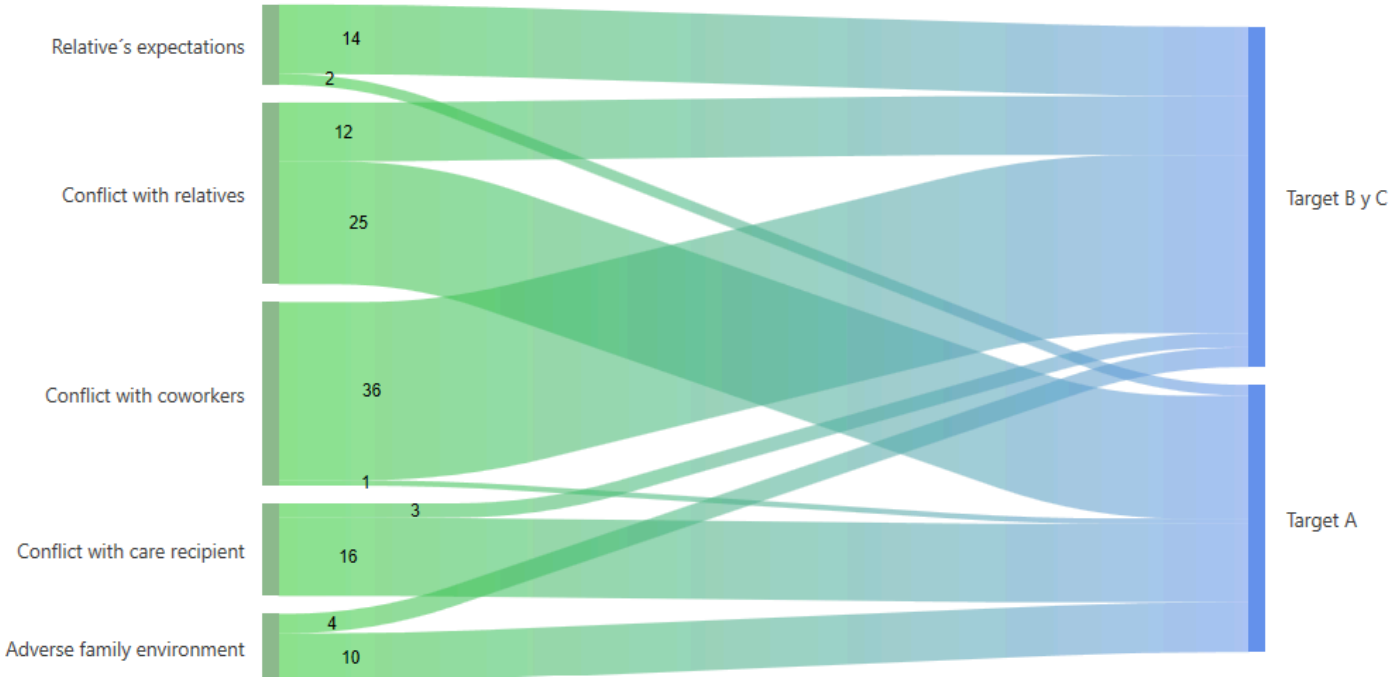
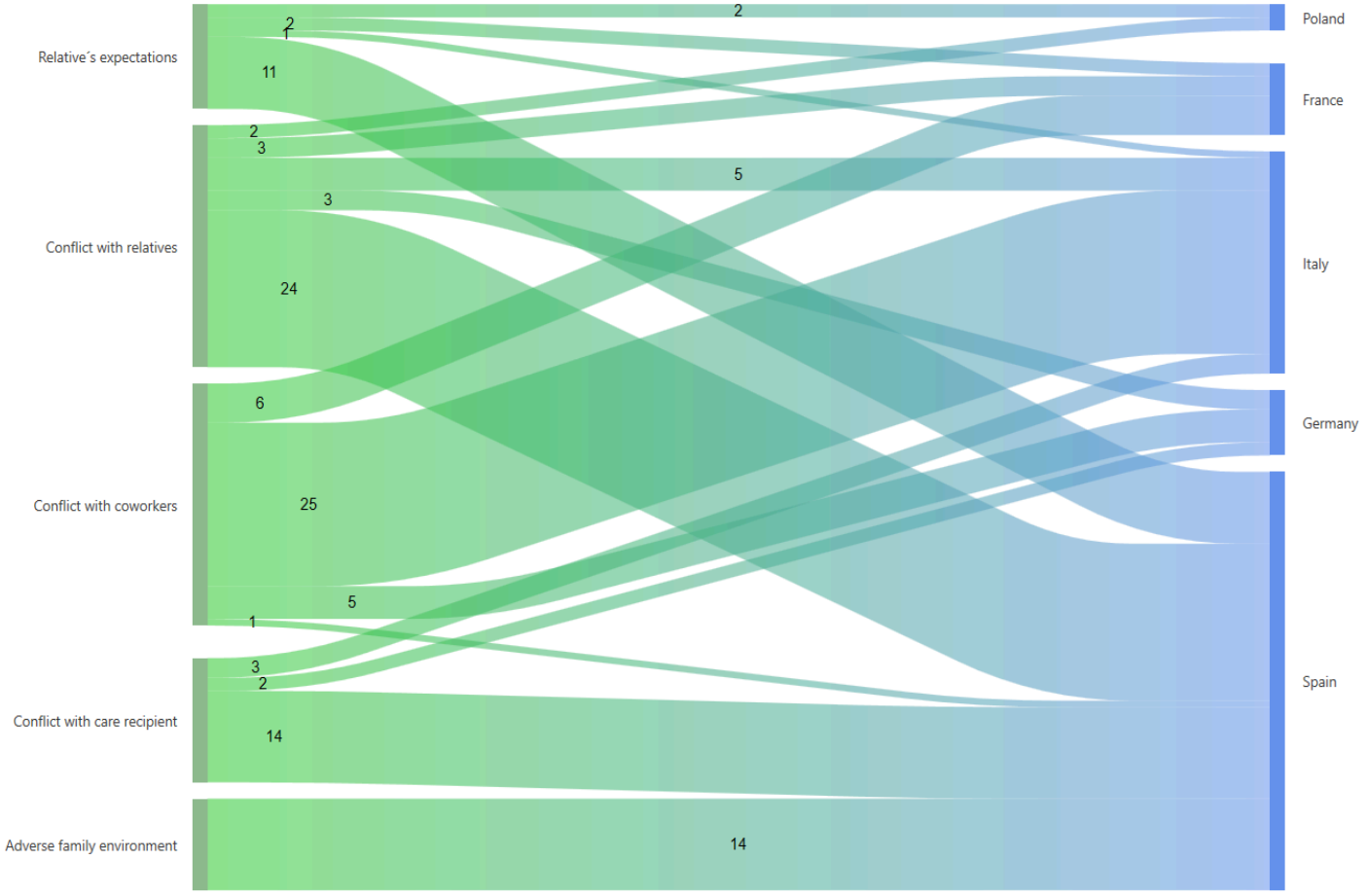


Figure 12. *Relational risk factors per country*



2.3.2. Relational Protective Factors

Figure 13. *Relational protective factors per target*

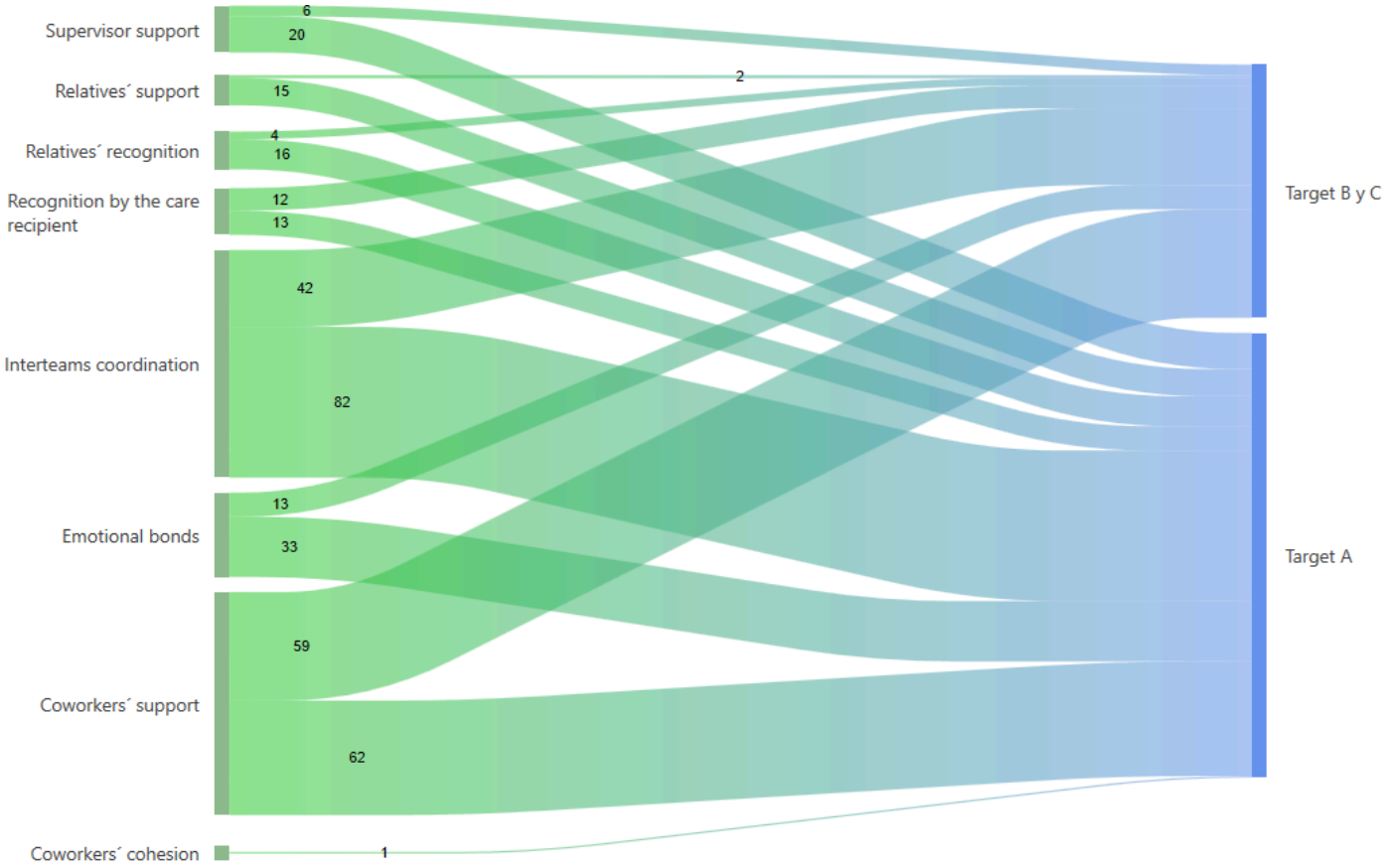
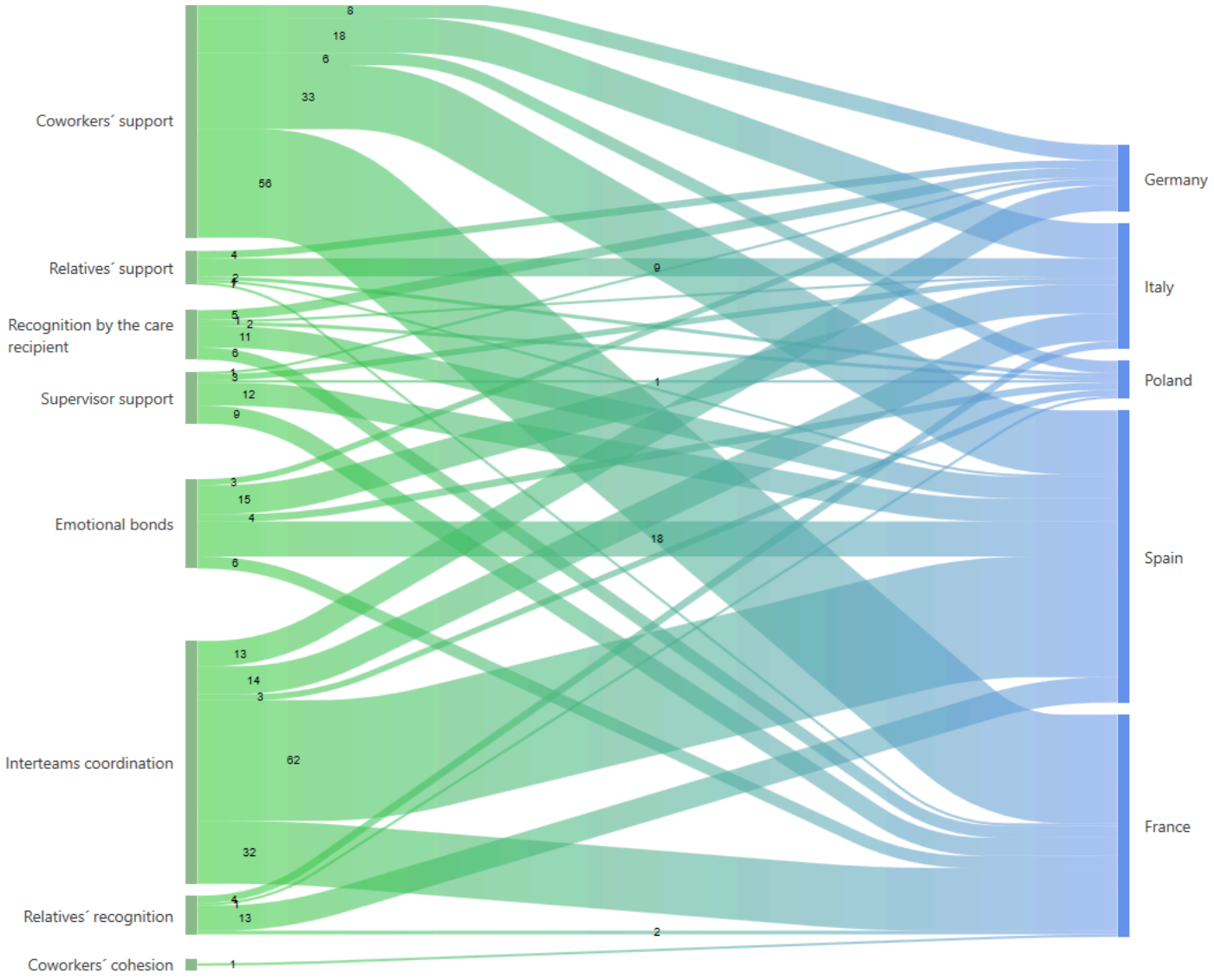


Figure 14. *Relational protective factors per country*



2.4. Personal Domain

2.4.1. Personal Risk Factors

Figure 15. *Personal risk factors per target*

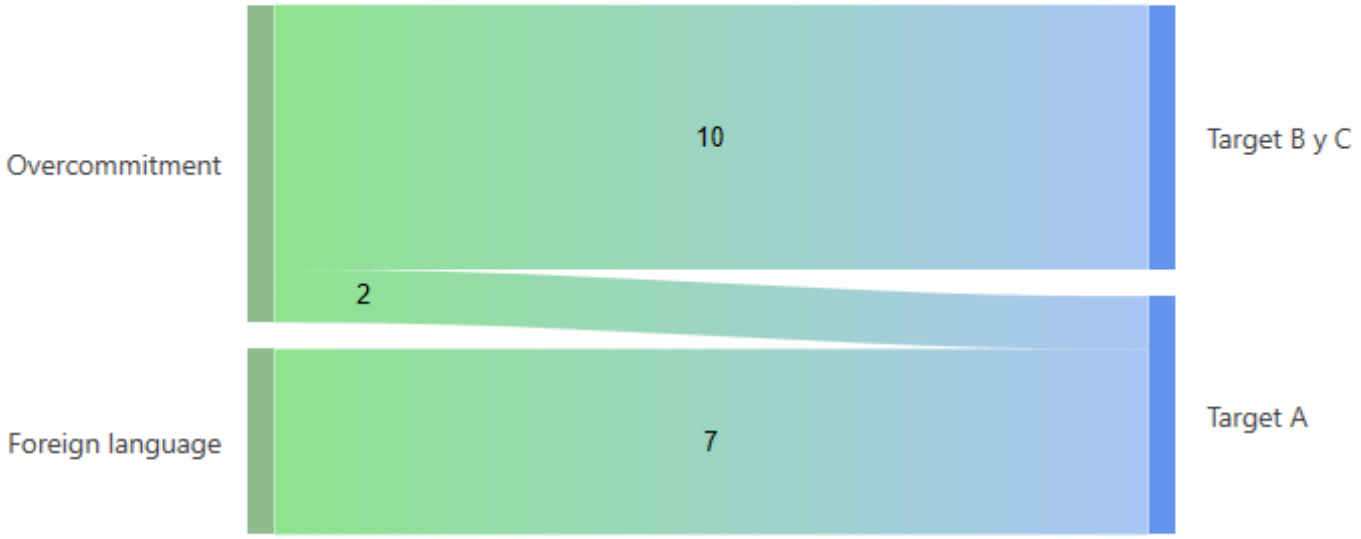
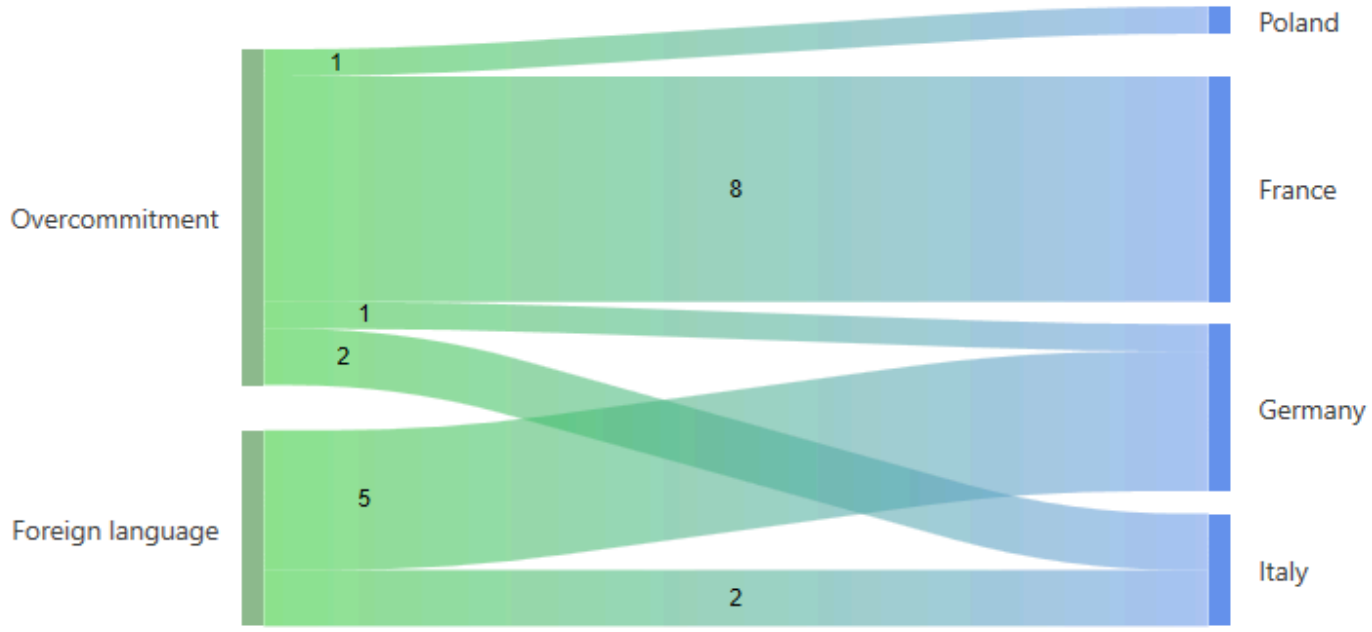


Figure 16. *Personal risk factors per country*



2.4.2. Personal Protective Factors

Figure 17. *Personal protective factors per target*

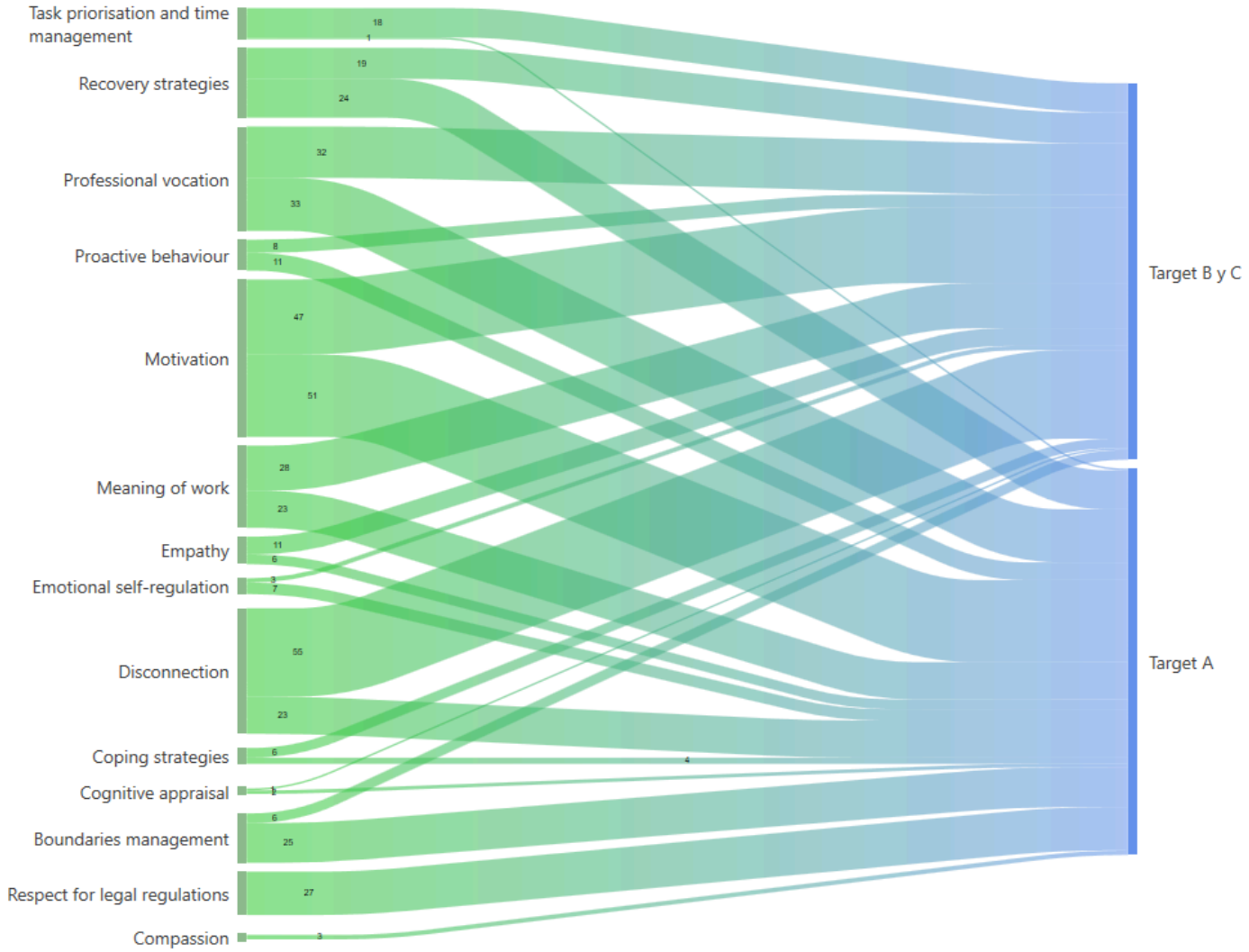
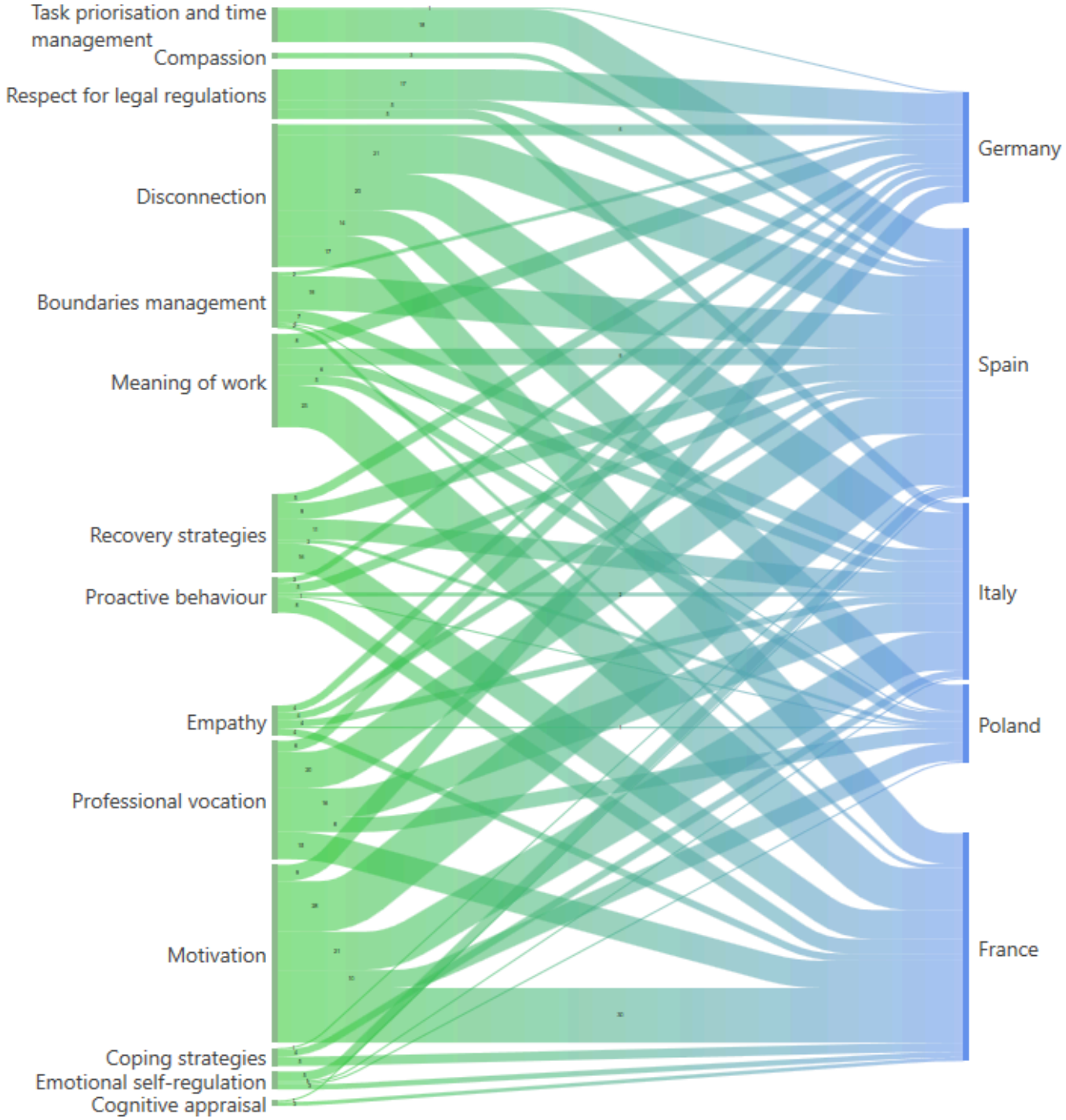


Figure 18. *Personal protective factors per country*



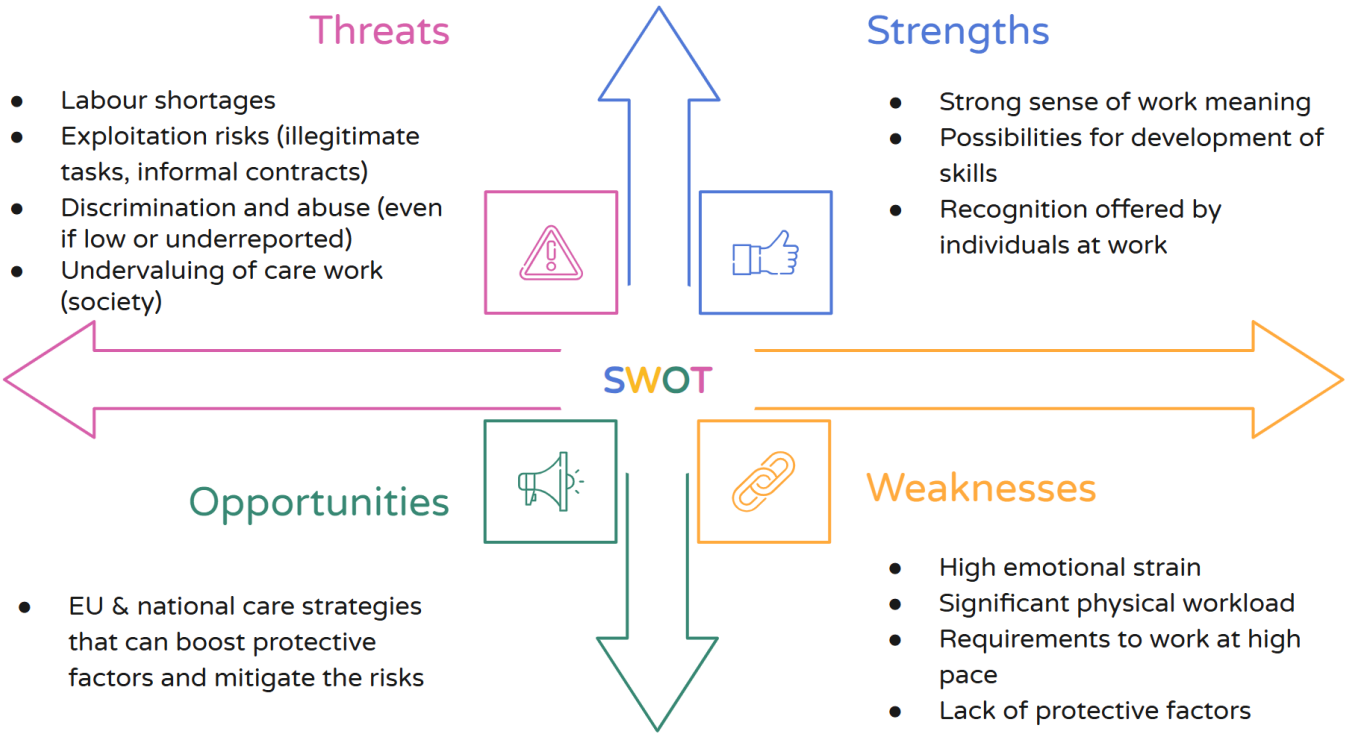
CHAPTER 3: TAKE-AWAYS AND IMPLICATIONS

3.1. Strengths, Weakness, Opportunities and Threats (SWOT)

A diagram has been produced (see Figure 3) based on survey results and focus-group discussions carried out in six European countries to portray the current state of paid care work. The diagram uses the SWOT method, which is a straightforward way of organising information to make it easier to identify next steps. It considers four types of elements:

- ***S**trengths* refer to positive features that already exist within the care sector. The usual approach here is to build on these advantages and expand them further.
- ***W**eaknesses* are internal shortcomings that undermine staff well-being. The appropriate response is to address, reduce or counterbalance these weaknesses.
- ***O**pportunities* describe favourable external conditions that can be utilised to improve workplace conditions. An effective strategy is to seize these opportunities and integrate them into routine practice.
- ***T**hreats* are external pressures that could worsen conditions if left unchecked. The task is to anticipate and protect against them.

Figure 19. *SWOT diagram*



3.2. Practical Implications for Policy-Makers and Trade Union Representatives

Table 5. *Practical implications*

Strategy	For policy-makers	For trade-union representatives
Tackle the main weaknesses (emotional strain, heavy physical work, fast pace, lack of resources)	• Set safe staffing or workload benchmarks for home and institutional care and link funding to compliance. • Subsidise lifting aids, and tele-support to reduce physical strain and workload. • Include emotional support supervision hours in reimbursement formulas.	• Negotiate enforceable workload ceilings and minimum staffing ratios. • Negotiate a 'right to disconnect' and predictable roster clauses to reduce stress and uncertainty. • Push for peer support and reflective practice sessions to be funded and included in every schedule.
Leverage existing strengths (strong sense of purpose, scope of development, at-work recognition)	• Create national career ladders that reward upskilling and recognise prior experience, tying bonus payments to the completion of accredited micro-credentials. • Launch public campaigns that present caring as a skilled profession.	• Secure paid training days and automatic pay rises for new qualifications. • Celebrate skill achievements in workplace assemblies and make 'recognition moments' part of the union calendar.
Seize opportunities (supportive EU/national strategies, funding windows)	• It is a good idea to channel EU Social Fund and Horizon money into trying out autonomy-boosting models, such as self-managed teams and co-production of care plans. This does not mean that they should work without any supervisory support, as some form of support is needed in cases of crisis or uncertainty (for example, the provision of a contact number). • Well-being indicators such as autonomy, development and support should be included in inspection frameworks.	• Form cross-border alliances to apply for EU pilot calls jointly. • Use new legislation, such as the EU Care Strategy, to advocate for autonomy, development time and recognition clauses in sectoral agreements.
Guard against threats (labour shortages, risks for exploitation, uncivic behaviour and undervaluing of care work)	• Introduce fast and ethical migration programmes for care workers, ensuring their qualifications are recognised, to prevent informal contracts. • Fund monitoring units to oversee illegitimate tasks and unpaid hours, and impose fines on repeat offenders. • Require a zero-tolerance approach to violence and discrimination for care service provider agencies to obtain a licence.	• Organise migrant and live-in workers and provide multilingual rights briefings. • Negotiate task-clarity annexes that spell out what is and isn't part of the job. • Train health and safety representatives to record and escalate every incident of violence or abuse.

Policy-makers could also consider a new home care service proposal: a publicly-run '**Care Match & Mediation**' platform.

Alongside conventional in-house or outsourced home care services, governments could launch a public digital platform that matches verified care workers with families, and then acts as a mediator and safeguard. The public operator would:

- Vet care workers' credentials and references
- Offer families a short needs assessment, either in person or online
- Guide both parties through drawing up a legally compliant contract (hours, pay, duties, rest time and social security registration)
- Host a secure channel for reporting abuse or non-payment
- Provide conflict resolution sessions
- Promote accredited training and award a digital "badge" to workers who upskill

This model formalises many currently informal jobs, curbs illegitimate tasks or tasks beyond job duties by clarifying roles and providing care workers with predictable pay, while enabling families to select a caregiver whose profile truly matches their needs. The government also gains real-time data on demand gaps and skill shortages.

Table 6. *Possible risks of this programme and their mitigation strategies*

Risks	How to mitigate
Race-to-the-bottom pricing if families bargain below the legal minimum	• A minimum wage, travel time and holiday rules must be included in all contracts. Automatic alerts flag non-compliant offers.
Digital exclusion of older care receivers	• Combine the app with walk-in neighbourhood desks and a staffed telephone line, and employ home-visiting staff to help first-time care receivers
'UBERsation' of employment status (false self-employment, gig economy)	A multi-step safeguard: • When a family and a carer express interest, the platform automatically schedules an in-office or video meeting with a trained adviser. • During that session, the adviser will walk both parties through their statutory employer duties (hours, minimum wage, social security registration and holiday pay) and help them complete the contract template on the spot. • The contract is then uploaded to the labour inspectorate interface before the first shift can be booked or any payment released.
Data protection and safeguarding (health and location data)	• Host on a government cloud, apply GDPR privacy-by-design principles and separate medical notes from scheduling data.
Existing agencies may resist	• Co-design and governance: include agency federations on the project steering board from the outset, and invite them to help determine service levels, and data standards. • Open marketplace model: allow accredited agencies to list their own care workers (with their brand visible) and bid for care packages on the platform. This will turn the portal into a sales channel rather than a closed rival. • Technical support and APIs: Provide an open interface so agencies can integrate their own rostering software with the public platform to avoid double data entry. • Quality-based ranking, not price race: search results prioritise agencies (and individual carers) with higher satisfaction scores, completed training badges, and a good compliance history. This rewards quality rather than the lowest bid.

The next steps are to pilot the model in one region using EU fundings (e.g. Social Fund or EU4Health funding), set up tripartite governance involving the state, unions and care receivers and embed zero-tolerance clauses on violence and discrimination as conditions for platform participation. If implemented effectively, the scheme would empower care workers and enhance their professional development opportunities, while providing families with transparent, ethical support.

3.3. Care Workers Speak Up: Their Proposals for a Better System

This section gathers the proposals for improvement put forward directly by care workers during the focus groups. These suggestions reflect their lived experience and point to concrete changes they believe could enhance not only working conditions, but also the organisation, recognition, and overall functioning of the care sector. This section highlights the ideas that emerged organically in the discussions, giving voice to those who carry out the daily work of care. Their insights provide valuable input for institutional, legislative, and organisational stakeholders aiming to strengthen the resilience, sustainability, and quality of care systems across Europe.

3.3.1. Home-based Care

Organisation of Work

Participants highlighted the urgent need to strengthen the organisational structure of care work. Proposals focused on improving the planning of care receiver assignments, ensuring predictable schedules, and optimising the structure of the workday to reduce stress and fragmentation. Particular emphasis was placed on the need for more stable time management and better coordination. These proposals reflect a shared demand for more rational, sustainable, and care-centred work structures.

Table 7. *Proposals for improvement regarding the organisation of work in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Improve planning and fair allocation of cases, considering staff rotation, work history and stability in care receiver assignments	Task distribution and staff planning	Organisational	Spain, France	*"These difficult cases should be rotated. Not just for me, but for all my colleagues. This should be managed by the company from day one."* (FG2 ES Target A); *"We should be able to keep the same care receivers as much as possible. That's how we build trust and avoid chaos in our routines"* (FG6 FR Target A).
Strengthen the role of coordinators to ensure predictable schedules, fair leave planning and better recovery periods	Organisational coordination and time predictability	Organisational	France	*"And then you have to stop changing your schedule all the time. For example, the other day I got up at 6.30am to start at 8am, as usual. I was ready, and now I discover that my schedule has changed without warning. Work isn't the only thing in our lives, we need respect and stability."* (FG2 FR Target A); *"Improving the flexibility of working hours and managing holidays better, which I think could help everyone"* (FG7 FR Target A and C).
Optimise daily schedules to reduce fragmentation, limit excessive shifts and incorporate structured breaks	Workday structure and health protection	Organisational	France	*"We go from one house to another with no real break. You can't even sit down to eat properly."* (FG2 FR Target A).
Recognise commuting time as part of the working day	Fair time recognition	Legislative / Organisational	France	*"Compensation for travel time would also be a plus, because it represents a significant part of our day, and it's tiring too."* (FG7 FR Target A and C).

Psychological Support and Mental Health

The proposals revealed deep concern about emotional exhaustion. Participants called for the institutionalisation of regular emotional support spaces and highlighted the importance of ensuring access to psychological care in critical situations. Workers emphasised the lack of systematic support and the need for collective spaces such as group video calls, collaborative spaces, communities of practice, support professionals, etc. Overall, the proposals underscore the urgency of integrating psychosocial wellbeing into the structural framework of care work.

Table 8. *Proposals for improvement regarding psychological support and mental health in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Ensure access to psychological support and opportunities for emotional release	Psychological support and emotional wellbeing	Organisational	Spain	"We also lack a lot of psychological support. We should have an emotional release" (FG1 ES Target A)
Facilitate access to psychological care in critical situations	Emotional support in crisis	Organisational	France	*"It would be good to have more psychological support to deal with deaths, for example. It's complicated, I think there are a lot of people who don't really know how to react, what reflexes to have, we shouldn't wait until it happens to explain it to people. They can provide training, or produce a document so that they know what to do, and can then take charge of the person with a psychologist or therapist, at least to find out if the person is doing well"* (FG7 FR Target A and C).
Increase the frequency of wellbeing and professional reflection workshops	Emotional wellbeing and prevention	Organisational	France	*"We really need a better support infrastructure. It could really make a difference to our general well-being."* (FG7 FR Target A and C).
Conduct emotional care and reflection group video calls	Teamwork / Group cohesion	Organisational	Italy	*"There's no real system to support us. Everything depends on your own strength, and that's not sustainable."* (FG5 IT Target A).

Assignment and Working Time

The proposals expressed dissatisfaction with the organisation of working time, particularly regarding long hours, unpaid availability and the lack of adequate rest periods. Participants highlighted the need for compensatory days off to offset excessive weekly hours, as well as the chronic problem of the absence of free weekends. These concerns point to a structural imbalance between labour demands and recovery time.

Table 9. *Proposals for improvement regarding assignment and working time in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Compensate constant availability and overtime with additional rest periods	Compensation / Wellbeing	Legislative / Organisational	France	*"We can work 43-hour weeks, or even longer, sometimes up to 48 hours, without any extra rest days. It would be nice to have at least one extra day off or a three-day weekend from time to time. I'm not complaining about the rest, but that would be a real improvement for all of us."* (FG2 FR Target A).
Improve planning of rest periods and respect free weekends	Right to rest	Legislative	Italy	*"I also work on Sundays and I don't even have the two hours off, it's really hard for me, I've been working like this for the last six years, without having Sundays off."* (FG5 IT Target A)

Relations with Families and Care Receivers

Home care workers proposed preventive measures to improve relationships with families, such as holding introductory meetings to clarify roles and expectations before starting the service. They also advocated for raising families' awareness of care workers' labour rights, particularly in migrant contexts. These proposals expose the tensions between the employer-family figure and the protection of care workers.

Table 10. *Proposals for improvement regarding relations with families and care receivers in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Hold information meetings with families before the service begins	Role clarification / Conflict prevention	Organisational	Spain	*"Before starting, they should talk to the family and explain clearly what we are supposed to do and what not."* (FG2 ES Target A).
Educate families about the labour rights of care workers	Employer family awareness	Training / Legislative	Spain	*"Some families don't know we have labour rights. They think just because we're migrants, we can work without limits."* (FG5 ES Target A).

Legal, Contractual and Social Protection

Participants across countries proposed measures to improve employment formalisation, enforce contract clarity, and establish minimum standards for home care. Workers demanded stronger legal protection against informal or ambiguous work arrangements. This block highlights the structural vulnerabilities faced by care workers—especially migrants—due to legal gaps and lack of enforcement.

Table 11. *Proposals for improvement regarding legal, contractual and social protection in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Facilitate formal employment and access to legal contracts	Employment and social security	Legislative	Spain	*"That our rights as workers are upheld, that those who hire us try to uphold our rights, and that there are contracts for all of us who want to work as we should. Because without a contract, they don't really value us as they should, they don't respect our schedules, and we have to put up with a lot of things."* (FG5 ES Target A).
Inform caregivers about care receivers' contagious illnesses	Prevention of biological risks	Legislative / Organisational	Spain	*"The family should be obliged to inform the carer about the patient's health, because often you start work but they don't tell you the reality of the patient's situation in terms of infections, contagion... because we are at risk of infection."* (FG5 ES Target A).
Reform contracts to ensure clarity and minimum standards	Formalisation of home care work	Legislative	Germany	*"Contracts, to make them clearer, more transparent, more dignified, so that families also have a minimum written in their contracts"* (FG1 DE Target A).

Recognition and Social Value of Care Work

Participants strongly emphasised the urgent need to revalue care work at all levels—social, institutional, and economic. They advocated for stronger public recognition, greater professional prestige, and structural measures to dignify and support the profession. Testimonies revealed that the current lack of visibility, symbolic status, and fair compensation undermines both worker motivation and the sustainability of the sector.

Table 12. *Proposals for improvement regarding recognition and social value of care work in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Raise awareness among families and society about the value of care work	Cultural shift / Recognition	Societal	France	*"I'd also like to be better recognised, because a lot of people think we do the cleaning, but that's not our role."* (FG2 FR Target A).
Promote a more humane and empathetic view towards care workers	Symbolic dignity of the profession	Societal	France	*"I would also say that I think it's crucial to strengthen the recognition of home carers. We do difficult and often invisible work. Recognition on both a moral and economic level would be a real plus. The fact that our skills are not properly valued has an impact on our motivation and commitment; the sector is in a bad way."* (FG7 FR Target A and C)
Strengthen institutional and political recognition of care work	Political and institutional visibility	Societal / Political	France	*"I think that greater recognition, both from the company and from the State, would be a good starting point. There's a lot of talk about keeping elderly people at home to avoid EHPAD. But to achieve this, we need qualified staff and recognition for our work. At present, this is not the case."* (FG6 FR Target A)
Improve the prestige and status of the care profession	Professional prestige	Societal	France	*"Since COVID, things have improved a bit, we feel more respected, but there's still a long, long way to go."* (FG2 FR Target A)
Link recognition to concrete improvements such as bonuses or salary increases	Economic recognition	Political	France	*"Recognition in the form of bonuses or pay rises, because we're not entitled to anything because we're care assistants."* (FG7 FR Target A and C)

Training and Professional Development

Participants strongly emphasised the need for relevant and continuous training tailored to the complex realities of care work. Proposals included technical topics such as postural hygiene, palliative care, and stress management, as well as team-based learning to foster mutual support and practical problem-solving. The testimonies also highlighted how appropriate training can strengthen confidence, reduce emotional strain, and enhance professional recognition. This block reinforces the idea that professional development must be both meaningful and empowering.

Table 13. *Proposals for improvement regarding training and professional development in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Provide specialised training that reflects real challenges in the field	Specialised continuous training	Training / Organisational	France	*"We need relevant training, with professionals in our sector, to really understand and manage the challenges we face on a daily basis. [...] We also need team training, so that we can share our knowledge and experience. Now we often find ourselves alone with our problems, with no practical support."* (FG6 FR Target A)
Support newly qualified workers with tools to manage complex cases	Support for early career workers	Training / Organisational	France	*"Even if school teaches us the basics, it doesn't always prepare us for the reality of the field. [...] More training and support for young graduates could really help to boost our confidence and skills in the field."* (FG8 FR Target C)
Set up ongoing training and regular workshops on stress and palliative care	Stress management and applied skills	Training / Organisational	France	*"Having access to regular workshops on stress management, for example, or on best practice in palliative care, could boost our confidence and effectiveness in our day-to-day work, while creating a more collaborative environment within the team."* (FG8 FR Target C)
Promote regular training to protect mental wellbeing and manage difficult situations	Mental health and technical training	Training / Organisational	France	*"I think it would be good if we had regular training courses to help us deal with difficult situations. That way, we can feel less helpless in the face of certain pathologies or behaviours, and this would also help us to better protect our mental well-being."* (FG2 FR Target A)

Material and Logistical Resources

Workers highlighted the urgent need for material, human, and financial resources to ensure safe and dignified care delivery. Proposals included adequate equipment such as hoists, faster access to care materials, and economic support for families to enable proper home adaptations. These deficiencies were linked not only to physical strain and injury but also to stress, inefficiency, and overall care quality.

Table 14. *Proposals for improvement regarding material and logistical resources in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Support families and care teams through financial aid and proper equipment	Economic and material support	Organisational / Policy	Italy	*"Many times the family needs more hours than they can afford,... so a little more economic support to the families, a little more welfare, and then also the supports such as lifts, even at home you need all that equipment that allows the operator to work in a more agile, safer way also not to have back problems, so much effort."* (FG5 IT Target A)
Provide sufficient human, material, and financial resources to deliver quality care	Resource sufficiency	Organisational	France	*"We need more resources, be they material, human or financial. When you're tired, when you make a mistake, it's often the employee who's to blame, not the lack of resources or support."* (FG6 FR Target A)
Ensure rapid and adequate access to necessary care equipment	Equipment availability and logistics	Organisational	France	*"I think that the equipment and resources available can sometimes be lacking. Sometimes we have a specific need and we don't have the equipment, so it's important that we can access the necessary equipment quickly to provide the best possible care. Reviewing stock levels and responding more quickly to requests for equipment would be a good thing."* (FG7 FR Target A and C)
Adjust pricing and administrative procedures to guarantee staffing and resources	Resource management and financing	Organisational / Policy	France	*"We need to look at pricing and remunerate procedures at their fair value, which would really help us. There would be more resources, more staff, and patients would get better care. If two of us could make the rounds, that would be ideal. What's more, there's all the paperwork involved, the billing, all that takes time."* (FG8 FR Target C)

Collective Voice and Political Participation

Particularly among migrant home care workers, did participants explicitly call for the creation of an international assembly of domestic and care workers' associations. This proposal highlights the need for stronger, transnational structures of representation capable of giving visibility and political weight to care workers' rights. The idea of sending representatives from each association suggests a concrete model of collective voice, built across borders to address shared challenges and advocate for dignity and recognition at a global level.

Table 15. *Proposals for improvement regarding collective voice and political participation in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Create an international assembly of domestic and care workers' associations	Transnational collective representation	Political / Organisational	Spain	*"An international assembly, where each association sends a representative to speak up for care workers' rights."* (FG9 ES Target A)

Living and Housing Conditions

Participants proposed setting clear legal standards for food provision and housing conditions for live-in care workers. These demands underline that, when the workplace is also the home, basic aspects such as having enough to eat or a private room cannot be left to chance or goodwill. Minimum entitlements—for nutrition, space, privacy, and comfort—are essential to ensure dignity and protect the physical and emotional wellbeing of workers. The testimonies show that, in the absence of clear regulations, care workers are often exposed to unacceptable conditions and even degrading treatment.

Table 16. *Proposals for improvement regarding living and housing conditions in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Legally establish a minimum allowance or rate for food	Guaranteed nutrition	Legislative	Germany	*"Contracts, to make them clearer, more transparent, more dignified, so that families also have a minimum written in their contracts, a minimum rate for food."* (FG1 DE Target A)
Set legal standards for adequate housing and rest conditions	Decent living conditions	Legislative	Germany	*"There was no room for me, just somewhere in the living room... A bed had to be bought, the room painted. Something that seems obvious is not, because they don't know—or pretend not to know."* (FG2 DE Target A)
Prevent degrading living arrangements through binding legal standards	Protection of dignity and health	Legislative	Germany	*"She figured that since her husband had died, I could sleep in the same bed with her to save money on heating. That already offends all the rules."* (FG2 DE Target A)

Gender Equality and Anti-Discrimination

Participants proposed ensuring equal access for men in care jobs and eliminating gender bias in recruitment agencies. These demands reflect a growing concern with transforming the sector into a more inclusive and professionalised field, where gender stereotypes no longer shape hiring practices or opportunities.

Table 17. *Proposals for improvement regarding gender equality and anti-discrimination in home-based care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Ensure equal access for men to employment in the care sector	Gender equality in recruitment	Legislative / Societal	Germany	*"There are agencies that say: 'we have offers only for ladies'. Even men with caregiver qualifications face problems because companies prefer women. But men can do the same tasks—and even have more strength for transfers."* (FG2 DE Target A)
Eliminate sexist bias in agencies and companies in the sector	Ending gender bias	Legislative / Organisational	Germany	*"My wish would be that companies give more assignments to men, who are also very responsible in this profession."* (FG2 DE Target A)

Summary of Key Proposals for Improvement in Home-Based Care

Participants from different countries expressed an urgent need to reorganise the structure of duties in home-based care to ensure more rational, predictable, and worker-centred planning. Proposals included improving the allocation of care receiver assignments, considering staff rotation and work history, and promoting continuity in care relationships. Particular emphasis was placed on the role of coordinators to ensure more stable schedules, better leave management, and structured workdays that reduce fragmentation and protect health. The recognition of commuting time as part of the working day was also raised, reflecting the importance of valuing all time devoted to care.

Emotional wellbeing emerged as a cross-cutting concern. Participants advocated for the institutionalisation of psychological and emotional support, especially in critical moments such as care receiver deaths. Proposals included regular access to counselling, emotional release spaces, and reflective group sessions. In addition, the lack of any systematic support led workers to propose virtual group meetings to foster peer support and emotional processing. These demands reveal the urgent need to embed psychosocial wellbeing into the care infrastructure.

Time-related pressures and poor rest conditions were frequently mentioned, particularly in relation to long working hours, inadequate recovery time and poor break conditions. Participants called for compensatory days off to prevent burnout, highlighted the lack of free weekends as a long-standing issue, and proposed improving rest areas, adapting break schedules to family needs, and introducing more flexible working hours to support work–life balance. The testimonies pointed to the need to protect personal boundaries and foster mutual understanding among coworkers.

Relationships with families and care receivers were another area of concern. Participants proposed holding introductory meetings previous to the start of the service to clarify roles and expectations, thereby reducing the risk of conflict. They also emphasised the importance of educating families—particularly when employing migrant workers—about carers' labour rights. These measures seek to redefine the caregiver–employer dynamic and to safeguard working conditions from informal exploitation.

In terms of legal and contractual protection, participants demanded stronger guarantees. Proposals included improving employment formalisation, ensuring access to clear and dignified contracts, and setting minimum standards in the home care sector. Participants also called for legal obligations requiring families to inform caregivers about contagious illnesses, reflecting concerns about safety and biohazards in home environments.

Recognition was a central theme in all the countries, where participants highlighted the undervaluation of care work. They called for broader societal and institutional recognition, linking professional dignity to both symbolic visibility and economic justice. Proposals ranged from public awareness campaigns and professional prestige initiatives to salary increases and bonuses. Participants stressed that recognition should not be limited to symbolic gestures but must be accompanied by structural improvements in working conditions and political visibility.

Training was seen as a powerful lever for empowerment and wellbeing. Participants emphasised the need for ongoing, specialised training adapted to the challenges of the field, including palliative care, stress management and behavioural support. They also called for team-based learning to strengthen cooperation and reduce emotional burden. Proper training was perceived not only as a source of professional confidence, but also as a form of recognition.

Regarding material and logistical resources, workers called for improvements in equipment, resource availability and financial support for families. The lack of lifts, delays in obtaining care materials, and insufficient personnel were all cited as barriers to safe and effective work. Some participants also pointed to the need to reform financing and administrative procedures to ensure adequate staffing and material conditions.

The idea of creating an international assembly of domestic and care workers' associations stood out as a unique proposal. It reflected a strong demand for transnational collective voice and the need for coordinated advocacy structures to represent workers' rights globally.

Finally, participants stressed the importance of regulating the living and housing conditions of live-in carers. They called for binding legal standards to ensure access to food, private space and dignified accommodation, particularly in situations where the workplace is also the home. Additionally, some workers raised concerns about gender discrimination in recruitment practices, calling for equal access for men to care jobs and the elimination of sexist bias in agencies and companies.

3.3.2. Institutional Care

Structural Working Conditions: Staffing, Salary, and Retirement

Participants across countries highlighted the urgent need to improve the structural working conditions in institutional care. Proposals focused on three key aspects: increasing staffing levels to match the growing complexity of care, raising salaries to ensure fair compensation and professional dignity, and recognising the physical toll of care work through earlier retirement options. These changes were framed as essential not only for improving workers' wellbeing and retention, but also for maintaining quality standards in care delivery.

Table 18. *Proposals for improvement regarding structural working conditions in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Increase staffing levels and adapt staff-to-care receiver ratios to current care complexity	Staff ratios and workload distribution	Organisational / Legislative	Spain, France, Germany, Poland	*"There are times when more staff is needed because it's impossible to attend to everything they need. [...] It's not the same when a care worker has ten care receivers who are relatively independent, compared to ten care receivers who are highly dependent."* (FG6 ES Target B and C); *"For me, what could really improve our working conditions is more recruitment. Since I've been here, we've seen the team shrink, and that creates a lot of fatigue and stress. Before, we had more rounds, more staff, and we were able to manage the workload in a more balanced way. Now we have to turn patients away because we don't have enough staff to deal with them, and that puts pressure on all of us. [...] We're short of staff, and that's felt on a daily basis. When there aren't enough carers or nurses, it puts enormous pressure on those who are there. This work overload can lead to fatigue, and this is reflected in the atmosphere within the team."* (FG5 FR Target C); *" We all want more staff."* (FG3 DE Target B); *"Not enough staff per wards.[...] There's a certain staffing rate for each type of house. Obviously it's a minimum, we can increase the staffing, but that is directly related to costs. "* (FG5 PL Target B and C).

Continuation of Table 18.

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Increase salaries and ensure fair compensation for care workers	Economic justice and professional dignity	Legislative	Poland, France, Spain	*"The system restrictions have resulted in very low wages in our sector...our employees practically earn the lowest minimum wage. It is getting to the point where this profession is no longer attractive."* (FG5 PL Target B and C); *"Me from my point of view. I think there should definitely be higher salaries for staff, because they are. It is really work is hard, I won't say it is, it belongs to light work, the work is hard, so for example nurses, nurses have their pay scales according to the law only in medical entities. And why not us. We are the care entity."* (FG4 PL Target B and C).; *"Increase wages because it's really a problem."* (FG1 FR Target B); *"Salary increase"* (FG7 ES Target B and C).
Recognise early retirement rights due to physical wear	Precarity, age and legal recognition	Legislative	Spain	*"Retirement ages: this is not a profession where you can retire at 67 either. In fact, when it was doubled, we found it very undignified [...] Because in a couple of years, I won't be able to bend down to put his shoes on."* (FG7 ES Target B and C)

Attraction, Retention and Social Perception of the Care Workforce

Participants from France, Germany and Poland highlighted the need to improve recruitment, retention, and public perception of care professionals. Emphasis was placed on attracting empathetic and vocationally motivated staff, improving working conditions to make the profession more appealing, and ensuring that care workers have a say in work planning. In Poland, the lack of realistic orientation and persistent negative social views were seen as key factors behind early turnover. The proposals point to the need for both organisational and policy-level strategies to ensure a stable, well-prepared, and socially valued care workforce.

Table 19. *Proposals for improvement regarding attraction, retention and social perception of the care workforce in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Promote recruitment of empathetic and vocationally motivated staff	Attraction and selection of suitable care workers	Organisational / Policy	France	*"There are people who are cut out for this job, and others who are not. Some jobs can be done without passion, but not ours, because we work with people, not machines. Empathy is essential in our work. [...] To really excel in this job, you have to be passionate."* (FG3 FR Target B)
Improve working conditions and staff influence to enhance retention	Retention and attractiveness of the care profession	Organisational / Policy	Germany	*"Better wages, more staff who enjoy their work more. If more carers, then perhaps more helpers. For me, these are the two most important things: more money and more staff."* (FG3 DE Target B); *"I wish that they all have good management, that they also have a better influence on work planning."* (FG3 DE Target B)
Provide realistic pre-employment orientation and mentoring to prevent early turnover	Recruitment, onboarding and retention	Organisational	Poland	*"And after a few hours they would give up, because it was impossible to immediately say this is not the place for me, and there were such situations. [...] Even negative society perception."* (FG3 PL Target B and C)

Mental Health and Emotional Support

There is clear consensus on the need to integrate psychosocial well-being as a structural component of institutional care work. The proposals go beyond individual self-care and call for continuous organisational measures, including access to mental health professionals and peer support spaces.

Table 20. *Proposals for improvement regarding mental health and emotional support in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Integrate professional psychological support within care institutions	Access to mental health resources	Organisational / Legislative	Italy, France	*"I asked if it was compulsory for the company to have a profile of a psychologist... in short, someone who could help staff at various times... and I was told that in fact in reality there would also be a figure, but it is not compulsory for the company to have it as a figure. This would already be something that, in my opinion, in any company would help the staff so much...to be able to talk to a professional."* (FG2 IT Target B); *"Personally, I've never had any psychological support at work, and yet I think it's essential. There are phone numbers posted in the break rooms, but there's never anyone who really comes in and takes the time to listen to what you're going through. There's so much accumulated emotional fatigue"* (FG3 FR Target B)
Facilitate regular group sessions and individual counselling	Emotional management and peer support	Organisational	Italy, France	*"Maybe if we had meetings with psychologists every now and then to get rid of stress, every now and then maybe even in groups [...] yes to talk to someone, even among colleagues, even meetings among colleagues with someone who follows you, with a psychologist."* (FG6 IT Target C); *"We know we have to maintain good communication and a certain degree of harmony, but it's not always easy. That's why I think that psychological support or moments of decompression in the team, such as discussion groups, could really help to manage these aspects."* (FG5 FR Target C).

Training and Professional Development

Care workers consistently emphasise the need for accessible, high-quality, and practically relevant training. Proposals point to structural obstacles such as the personal cost of professional development and the lack of financial support, which limit access for economically vulnerable staff. Participants also call for targeted training paths for foreign workers and newcomers, as well as a more consistent approach to specialisation. Beyond technical skills, there is a strong demand to reinforce human-centred values, suggesting that recruitment and training should prioritise vocation, commitment, and relational capacities as essential aspects of professional competence.

Table 21. *Proposals for improvement regarding training and professional development in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Ensure equitable and financially supported access to specialised training, particularly for vulnerable and migrant workers	Accessibility and inclusion in professional development	Organisational / Legislative	Italy, Germany	*"The courses should be guaranteed and not totally at our expense if one really wants to do an important and significant refresher course [...] we must also have a specialisation, a course that can give us all the same skills, to be in line with the work we do."* (FG6 IT Target C); *"It's always said that there's a shortage of skilled labour and staff. But you can afford it. I can't afford to continue this training now, because who pays for it? [...] I looked everywhere for help when I wanted to do the training. But I got nothing."* (FG3 DE Target B)
Include vocation and personal suitability as criteria in recruitment and training	Human-centred care culture	Training / Societal	France	*"There are a lot of people without qualifications working in this field [...] Working in EHPAD requires a real passion for caring for others, which some people seem to lose over time."* (FG3 FR Target B)
Provide structured language and cultural support for foreign employees to improve communication and integration	Communication and integration of foreign staff	Organisational / Policy	Germany	*"They have major language barriers, so how much information gets lost and isn't documented. And it's up to each employee to decide for themselves how they want to train. Or whether they use Google Translate."* (FG5 DE Target C); *"We also had to check that they were doing everything correctly and that they understood. [...] You have a double sense of responsibility. [...] But nobody looks after us, helps us so that we can develop. That's sad."* (FG3 DE Target B)

Material Resources and Infrastructure

Improving the physical and material working environment is considered essential to safeguard the health and efficiency of care staff. Participants highlighted a wide range of structural deficiencies, lack of technical equipment, outdated facilities, and insufficient funding, all of which directly affect the quality of care and the well-being of both workers and residents. Addressing these material conditions is seen as a necessary step toward ensuring safety, dignity, and effectiveness in long-term care services.

Table 22. *Proposals for improvement regarding material resources and infrastructure in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Renovate and equip facilities to ensure adequate infrastructure and adapted spaces for care	Physical conditions and structural adequacy	Organisational / Policy	Italy, France, Poland	*"In my opinion, the big problem is the structure because it is very old, so much so that sometimes we have basins to collect water when it rains heavily... the spaces are narrow..."* (FG1 IT Target B); *"The facilities often date back several decades and are no longer adapted to the physical deterioration of the residents."* (FG3 FR Target B); *"The facility should be well equipped with tools... rooms for therapy, physiotherapy... bathroom doors are being adjusted for proper bathing."* (FG2 PL Target B and C)
Provide adequate technical and medical equipment to ensure safe and quality care	Material resources for care and safety	Organisational	Italy, France	*"We would need quite a few things: wheelchairs for obese people, adapted toilets, lifts that we don't have, the slides that we don't have, often the stretchers are broken..."* (FG1 IT Target B); *"The introduction of technological equipment is a step forward, but it does not replace basic needs and the ability to provide adequate care."* (FG3 FR Target B)
Increase staffing and avoid material waste to reduce workload and physical strain	Staffing and physical workload	Organisational	Italy	*"To have an extra colleague in my opinion would not weigh so much and would improve so much... because the speed of the work you are forced to go to also leads you to waste more material."* (FG1 IT Target B)
Improve financing and resource allocation to meet basic infrastructure and care needs	Public investment in care environments	Policy	France	*"It is also crucial that subsidies and financial resources are increased. Lack of resources is a constant problem that prevents us from providing the quality care we would like to offer."* (FG3 FR Target B); *"We need more subsidies from the state, instead of them being allocated to things that are of little use."* (FG3 FR Target B)

Continuation of Table 22.

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Improve digital tools and technical support to enhance work efficiency	IT equipment and working conditions	Organisational	France	*"I think our IT tools could be improved. We work with computers that aren't always very efficient, and sometimes that slows down our work."* (FG5 FR Target C)
Provide company vehicles to reduce the burden of using private cars for work	Mobility and transport conditions	Organisational	France	*"We're obliged to use our private cars, and even if we're reimbursed for the mileage, it's not enough to cover the real costs."* (FG5 FR Target C)
Ensure that recognition is accompanied by real improvements in conditions	Symbolic vs. material recognition	Policy	France	*"I feel that awards such as the Ségur de la Santé are insufficient. You can't buy the recognition and commitment of healthcare workers with medals or awards."* (FG3 FR Target B)

Communication, Team Relations and Participatory Dialogue

There is a shared demand for more authentic and effective communication at different levels of care institutions. Workers call for open dialogue among colleagues, regular coordination meetings with managers, and meaningful opportunities to participate in decision-making. These proposals reflect a broader aspiration to move beyond symbolic encounters and foster a workplace culture based on mutual respect, transparency, and active listening — both within teams and across institutions.

Table 23. *Proposals for improvement regarding communication, team relations and participatory dialogue in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Promote mutual support, shared responsibility and peer communication to enhance teamwork and wellbeing	Coworker communication and team dynamics	Organisational	Italy, France, Germany	*"We need to talk a little among ourselves because we are all tired [...] it would be enough for each one to do what he should do in his turn [...] but communicate it to your colleague 'sorry I couldn't do this and this' [...] for me respect and communication, this would improve many shifts."* (FG1 IT Target B); *"The exchange within the teams is also important. On the whole, I think we have a good exchange here. There's good communication between colleagues, but we also need to think about how we can continue to maintain this team spirit, especially when we're going through difficult times, such as understaffing."* (FG5 FR Target C); *"Beyond recruitment, I think it's essential to maintain a good team atmosphere. When I started here, there was a great atmosphere. We worked hard, but we got on well, and we were happy to meet up with our colleagues, chat and support each other. Now, with the fatigue and stress, it's harder to maintain that same dynamic."* (FG5 FR Target C); *"Money is of course important and more staff is also important. But we've been talking about this for years and I believe that we ourselves have no influence on money or more staff. [...] What we can influence ourselves is our personality and good communication, above all. And working hand in hand. [...] Everyone has to do the same work and the same concept."* (FG3 DE Target B).

Continuation of Table 23.

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Foster a workplace culture where problems can be openly shared with team leaders	Psychological safety and dialogue	Organisational	Italy	*"My solution was to start to say what I think [...] you have to start talking among colleagues if something is not going well. I started to talk also with the head nurse [...] at least I'm OK, in the sense that I reported the problem."* (FG1 IT Target B)
Reinstate meaningful team meetings to address real problems and encourage participation	Institutional communication	Organisational	Italy	*"There were meetings, then they were stopped because the problems... we arrived at the meetings and so... 'is there someone who wants to say something? Is everything ok?' silence... and then the meetings were enough, and they were always like this."* (FG4 IT Target B)
Promote honest conflict resolution practices between coworkers	Workplace conflict resolution	Organisational	Italy	*"It would be enough to take each other and clarify [...] to speak honestly with the other person and really say how things went, 'I did this wrong, you did that wrong' [...] you can reach a meeting point."* (FG4 IT Target B)
Strengthen dialogue between care teams and institutional managers	Managerial communication and responsiveness	Organisational	Italy	*"In the old structure we did it with the coordinator, we had these meetings where we talked about our problems [...] and then at a certain point there was also much more communication and the work flowed better [...] the leaders are also involved and so they understand what the problems are too."* (FG4 IT Target B)
Improve inter-institutional communication regarding care receivers profiles and care coordination	Cross-institutional coordination	Organisational / Systemic	Poland	*"It would still be good if there was improved communication [...] between institutions through which residents come to us [...] sometimes we have wrong information [...] it would be nice if this communication between institutions was allowed."* (FG2 PL Target B and C)
Promote mutual understanding of roles and tasks between departments to strengthen teamwork	Interdepartmental knowledge and teamwork	Organisational	Spain	*"I think that between departments, knowing each other's work is important. [...] I believe it would greatly improve teamwork."* (FG6 ES Target B and C)

Collective Voices and Political Participation

Participants expressed a strong desire to be actively involved in decisions that affect their work and the standards applied in the care sector. They pointed to the lack of consultation with frontline professionals and highlighted how decisions are often made without a proper understanding of the realities of care work. Several participants called for institutional mechanisms to ensure participation, including inviting decision-makers to witness daily work conditions and recognising the role of professional associations. These proposals reflect a shared need for democratic dialogue, sectorial representation and systemic inclusion of care professionals' voices in policy development.

Table 24. *Proposals for improvement regarding collective voices and political participation in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Invite decision-makers to directly observe daily care work in order to inform standard-setting	Inclusion of frontline perspectives	Political / Institutional	Poland	*"I've said it many times before that if we were to invite someone like that for a week, and now I've changed my mind and I think for one day would be enough... Preferably the decision makers. Because we feel like we're being talked about without us having any [input]. Standards are being set without knowing who they apply to."* (FG5 PL Target B and C)
Ensure the participation of care professionals and their associations in relevant policy committees	Institutionalised representation	Political / Organisational	Poland	*"We founded the Association to try to get somewhere, but no one takes us into consideration. We are not invited to any committee. It's like beating your head against the wall."* (FG5 PL Target B and C)
Create sector-specific trade unions or professional associations to defend workers' rights	Collective representation and workers' voice	Policy / Organisational	Poland	*"Don't you also have the impression that the whole area of care is somewhat unable to organise itself? [...] there are no representatives of trade unions or some kind of professional organisations which would speak out, somewhere, for these workers' rights, for better treatment, for higher levels of pay, for longer leave or for some other kind of social perception of this, of this profession."* (FG4 PL Target B and C)

Social Recognition and Economic Justice

Beyond salary increases, participants strongly emphasise the need for meaningful recognition of care work as an essential and skilled profession. Calls for justice combine demands for public respect, institutional support, and fair treatment throughout the entire working life. Recognition is framed not only in economic terms but also in symbolic and emotional dimensions, reflecting a desire to feel valued and supported in a demanding job.

Table 25. *Proposals for improvement regarding social recognition and economic justice in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Ensure structural and emotional recognition of care work through institutional support, training, and appreciation measures	Social and institutional recognition	Organisational / Societal	France, Germany	*"Recognition from the structures, from the structure's management, recognition, incentives, training and, above all, listening."* (FG1 FR Target B); *"I think this appreciation, the appreciation that you experience as an employee, is important. So that you feel valued as an employee."* (FG4 DE Target C)
Promote public awareness and societal respect for the complexity and emotional demands of care work	Social and symbolic recognition	Societal	France	*"I think our job is a bit too trivialised. It's often perceived as something simple, when in fact it requires a great deal of skill and empathy, and I'd like to see our profession recognised for its true worth."* (FG3 FR Target B); *"We need recognition and respect for our work. Life is not a given, and our work requires constant attention. People need to understand that we are not machines; we need support and empathy if we are to offer the best possible care."* (FG3 FR Target B)
Demand real recognition of care workers' contribution beyond symbolic rewards or bonuses	Economic justice and dignity	Political / Societal	France	*"As for awards like the Ségur, I think it's a mistake to believe that a little money can compensate for the real shortcomings in our profession. Carers cannot be bought."* (FG3 FR Target B)
Provide fair compensation or allowances for fieldwork and tasks performed outside regular hours	Economic recognition of extra duties	Organisational / Legislative	Poland	*"We don't have an allowance at all, from field work in delegations, we don't. [...] We do shopping, arrange burials, transport residents... sometimes even after work."* (FG2 PL Target B and C)

Continuation of Table 25.

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Offer economic or symbolic rewards for staff who maintain consistent attendance or performance	Positive incentives for commitment and attendance	Organisational	Germany	*"You get an extra day off as a thank-you, you get a Christmas bonus, you get a bunch of flowers, so you just get something so that it's seen that it's not so self-evident that you do your work properly."* (FG4 DE Target C)
Recognise and reward non-smokers or those who do not use certain break privileges	Fairness in break time policies and staff recognition	Organisational	Germany	*"If you don't smoke at work, you get one more day off a year. [...] Those who are downstairs and smoking don't go [to answer alarms], of course. So I do the work anyway."* (FG4 DE Target C)
Encourage motivation through bonuses for staff willing to take extra shifts	Incentives to increase shift flexibility and availability	Organisational	Germany	*"With the extra money for joker services, the willingness to step in has become significantly higher than before."* (FG4 DE Target C)
Show appreciation through gestures such as thank-you messages or small gifts	Recognition of continuous work effort	Organisational	Germany	*"There are so many people who just always work, work, work [...] if it was a gas voucher or something, that they are appreciated."* (FG4 DE Target C)

Internal Management and Role Clarity

Participants from different countries highlighted the need to improve internal organisation and leadership within care facilities. Their proposals focus on enhancing management efficiency, clarifying professional roles — especially between nurses and care assistants — and reducing excessive bureaucratic burdens. There is also a call for more participatory and coherent work planning, as well as for protocols that protect care receivers in vulnerable situations. Altogether, these demands point to structural and cultural improvements that would positively impact daily work dynamics, cooperation, and professional dignity.

Table 26. *Proposals for improvement regarding internal management and role clarity in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Improve overall internal organisation and leadership practices in health and care management structures	Internal organisational structure	Organisational	Italy	*"The thing that could improve my work is a little more organisation in general in health management, from health management downwards."* (FG1 IT Target B)
Clarify professional roles and reduce administrative overload to strengthen cooperation and care focus	Role definition and interprofessional coordination	Organisational	Italy, Poland	*"Even the head nurses should be more understanding and respectful... Because by now nurses have become nothing more than bureaucrats [...] They say: 'anyway there's the OSS... let's tell the OSS that he does it!' [...] No! The OSS is the OSS and the nurse is the nurse."* (FG2 IT Target B); *"I won't mention myself, but I see how much time the staff spend on creating documentation, that they don't have much time for real social work."* (FG1 PL Target C); *"The nurse has become a bureaucrat. [...] We need to review the figure of the nurse and say 'OK, you have to do the bureaucracy part, what awaits you and that's OK'... But every so often you take responsibility and go and answer the bell. [...] The first one who passes where the bell is must come in! You connect, you communicate. That's a good doctor."* (FG2 IT Target B)
Ensure management has a stronger and more positive influence over work planning processes	Leadership and work organisation	Organisational	Germany	*"I wish that they all have good management, that they also have a better influence on work planning."* (FG3 DE Target B)

Continuation of Table 26.

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Simplify bureaucratic procedures and adapt communication to care receiver' cognitive abilities	Bureaucracy and care receiver-centred communication	Organisational	Poland	*"This bureaucracy gets in the way... we had to do the bureaucracy on the basis of signing an image consent. [...] The person signed something, but didn't really understand what it was."* (FG2 PL Target B and C)
Establish clear and protective procedures for handling residents' finances, especially in cases of cognitive impairment	Financial accountability and protection protocols	Organisational	Poland	"A resident with memory problems picked up the money, signed that she was receiving it, and we had witnesses present. Even if she forgot afterwards, we had proof that she signed. It's a huge issue — we're dealing with money, something very intimate and important for the elderly, especially those with limited awareness due to illness." (FG2 PL Target B and C)
Ensure the presence of sufficient service staff to allow nurses to focus on clinical care tasks	Task distribution and staff allocation	Organisational	Germany	*"The staff must ensure that there are enough service staff on each ward. That the nursing staff can really only concentrate on nursing care, on the patient and not on other tasks, e.g. bringing drinks, bringing food, clearing up."* (FG5 DE Target C)

Time Management, Recovery and Work–Life Balance

Achieving a better work–life balance emerges as an urgent need. The proposals aim to protect rest time, prevent chronic exhaustion, and work-life balance support. Participants stress the importance of enhancing rest conditions, increasing vacation days, introducing more flexible schedules, and fostering mutual respect regarding personal space and responsibilities.

Table 27. *Proposals for improvement regarding time management, recovery and work-life balance in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Improve rest conditions by ensuring quiet spaces and reducing interruptions	Rest periods and physical recovery	Organisational	Germany	*"So I'd like to see an improvement in working conditions if you could take a break where there aren't 24 monitors sounding the alarm or three phones going off, five doctors coming in and physiotherapists wanting something. So I can't call that a break, as you say..."* (FG4 DE Target C)
Create flexible break schedules adapted to workers with family responsibilities	Work–life balance and time flexibility	Organisational	France	*"Less breaks for some, perhaps because it's complicated to work with breaks when you have a family."* (FG1 FR Target B)
Increase the number of vacation days as a preventive measure against burnout and to ensure equity with similar professions	Annual leave, mental health, and policy fairness	Legislative / Organisational	Poland	*"Still, more hours of holiday would be useful. [...] Sometimes you need extra days off."* (FG4 PL Target B and C); *"We need to have more vacation, such as workers in houses like us, because like teachers, they have that extra vacation. [...] I have 26 days, but not really enough."* (FG3 PL Target B and C); *"To prevent professional burnout, which is waiting for let's not hide, is just such a countermeasure. I believe that such additional leave."* (FG3 PL Target B and C)
Introduce more flexible work schedules to support work–life balance	Flexibility and schedule management	Organisational	France	"*We need to find a more flexible way of organising our work. [...] Personal life is important; I think he should manage to find a happy medium, as I can understand that working every other weekend is hard.*" (FG1 FR Target B)
Ensure respect for staff's personal space, limits and responsibilities, promoting mutual understanding among coworkers	Respect for boundaries and interpersonal support	Organisational	Italy	*"That is we too need a bit of understanding, a bit of support, a bit of our space [...] because the others don't give a damn."* (FG1 IT Target B)

Professional Responsibility and Shift Accountability

Several participants reflected on the importance of strengthening individual responsibility and professional ethics as key factors in the quality of care and team functioning. Rather than relying solely on external changes (such as increased staff or resources), these proposals focus on promoting accountability, mutual respect, and consistency in shift coordination. They highlight how the absence of shared commitment can disrupt continuity of care and increase tensions within the team.

Table 28. *Proposals for improvement regarding professional responsibility and shift accountability in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Promote a stronger sense of professional responsibility to reduce unjustified absences and foster team reliability	Commitment and shared accountability	Organisational	Spain	*"Sometimes we're not aware of how much our absence affects the rest. [...] If we were all a bit more autonomous, we'd take fewer sick leaves. [...] I don't mean we should go to work with a whip behind us, but that's how it is."* (FG8 ES Target B and C).
Strengthen individual responsibility and ensure continuity of care during handovers through better shift coordination and reflective practices	Coordination between shifts and professional accountability	Organisational	Germany	*"You're the carer responsible for this patient for eight hours and then the change of shift comes and then he asks what the patient's stools are. You have to check for yourself. [...] That's not responsibility. And it shouldn't be like that. [...] People do something automatically, but they don't think about it. Okay, I've seen it, I put these plasters on, so I put these plasters on too. But you don't look to see if it's the right one. [...] Every patient is individual and I think that may also be a reason why they work so automatically, not individually."* (FG3 DE Target B).

Community Integration and Reduction of Stigma

Some care institutions are taking initiatives to strengthen their ties with the community by inviting local groups, school volunteers, and cultural associations. These activities aim to make the reality of care work more visible and to reduce the stigma surrounding residential care settings. Staff expressed the value of these exchanges in promoting mutual understanding and openness between institutions and society.

Table 29. *Proposals for improvement regarding community integration and reduction of stigma in institutional care*

Proposal	Theme or area of improvement	Level of action	Country	Representative quote
Organise regular integration activities with schools, local groups and communities	Community integration and stigma reduction	Organisational / Local	Poland	*"We organise different gatherings where we invite nearby housewives' circles or other music bands. [...] We came out with our hand to all these institutions simply because we wanted them to see what it's like as well, because this DPS is such a bit scary."* (FG4 PL Target B and C)

Summary of Key Proposals for Improvement in Institutional Care

Across European countries, care workers have voiced a consistent demand to improve the structural conditions of their work. Core proposals include increasing staffing levels to reflect the growing complexity of care, raising wages to ensure fair and dignified compensation, and enabling early retirement in recognition of the physical demands of the profession. These measures are considered crucial not only for workers' wellbeing and retention, but also for ensuring high-quality, sustainable care services.

Participants also emphasised the need to attract and retain suitable, empathetic professionals. Suggestions include improving pre-employment orientation, offering better working conditions, and fostering a more positive societal perception of care work. Retention strategies should include staff participation in planning, improved management, and better recognition of commitment.

Mental health and emotional wellbeing emerged as structural concerns, with workers calling for regular access to psychological support and peer discussion groups. These initiatives were seen as necessary tools to manage accumulated stress and to promote team cohesion and emotional safety in the workplace.

Training and professional development are seen as key pillars for workforce quality and satisfaction. Workers demand financially supported access to specialisation, especially for vulnerable and migrant staff, as well as the inclusion of human-centred values in recruitment and training. Language support and clearer communication for foreign workers were also highlighted as essential to ensure inclusion and effective care delivery.

Material and logistical resources remain a pressing issue. Workers described outdated infrastructure, lack of essential equipment, and underinvestment as major barriers to both their wellbeing and the quality of care. Proposals include renovating facilities, ensuring proper equipment, improving IT tools, and offering company vehicles to reduce reliance on private transport.

Effective communication and participatory dialogue were recurrent themes across countries. Workers called for stronger team relationships, honest conflict resolution, and frequent coordination meetings. At the organisational level, better communication between departments and institutions was considered essential for coherent care pathways and work organisation.

A strong desire for political participation and sectoral representation was also voiced. Workers demanded direct involvement in standard-setting processes and decision-making

bodies, and called for the creation of professional associations and unions to defend their rights.

Recognition — both symbolic and material — was framed as a fundamental need. Beyond higher salaries, workers requested respect, appreciation, and fair treatment throughout their careers. They valued small incentives and gestures of appreciation, but insisted that recognition must be grounded in real improvements to their conditions.

Several proposals focused on internal management. These included clarifying professional roles, reducing excessive administrative burdens, and strengthening the influence of care teams in work planning. Protocols for handling sensitive issues, such as residents' finances, were also seen as necessary safeguards.

The need for better time management and work–life balance was widely discussed. Proposals included improving break conditions, increasing vacation days, offering flexible schedules, and fostering mutual respect among colleagues regarding personal limits and responsibilities.

Finally, professional responsibility and accountability were highlighted as key elements of team reliability and quality care. Workers encouraged a greater sense of individual commitment, better coordination between shifts, and more reflective practices to ensure continuity and professionalism. In some contexts, efforts to build stronger ties with the community were also valued as ways to reduce stigma around care institutions and promote mutual understanding.

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