



**TRANSNATIONAL
FAMILY DYNAMICS
IN EUROPE**



POLICY BRIEF 04/26

Challenges and needs of migrant Live-In / 24h care workers and their families



Live-Ins / 24h Care Workers

Summary

In many countries, care for older people in private households is taken over by care workers from abroad. This type of care arrangement is often called ‘24-hour care’ or ‘live-in care’.¹ Live-in care workers are paid caregivers who provide long-term care while living in the care recipient’s private household, often for several weeks or months at a time. As these arrangements are often informal and irregular, there are no reliable official statistics. However, estimates suggest that between one to two million persons—predominantly women—work in this sector across Europe.² As the population ages, the demand for care is expected to rise. Projections suggest that by 2070 the number of people aged 50+ who need long-term care (LTC) will be about 21% higher than in 2020,³ making live-in care workers even more essential.

At the intersection of welfare, gender, migration, and labour market regimes, live-in care workers often lack appropriate social protection for themselves and their families, and they may be paid below legal minimum wages. In EU-receiving countries, the situation also differs depending on whether live-in care workers come from another EU-country or from a third country, as other regulations apply.

From a family perspective, it is important to note that live-in care workers often leave their own family members behind. Many have underaged children or older relatives who need care in their home countries, but whom they cannot look after in person while working abroad. The need for care and medical treatments of relatives could even be a reason for working as a care worker in higher-income countries. At the same time, in the ‘receiving’ countries, many families see live-in care arrangements as a highly needed care option for the relatives who need assistance.

Generally, these arrangements include a high degree of uncertainty and vulnerability not only for care workers, but also for those in need of care, and both their families.

This policy brief therefore looks at the live-in care from the perspectives of both the care workers’ families and the care receiving families. It does not deny that live-in arrangements have a legitimate place within the scope of care. Instead, it calls for a comprehensive framework which includes ethically sound policy responses that do justice to care workers and their families in the home countries, as well as to older people and their families in the host countries. Doing so, the policy brief lists some proposals that are suitable for informing national and European policy agendas by adding a ‘family’ perspective to it.

¹ While “24h-care (worker)” is often used in practice, in this policy brief we use the term “live-in care (workers)” to not reproduce the exploitative image or expectation of working 24h per day, which is neither possible nor legal in the EU. We are aware of other terms in this context, such as “migrant domestic work”, but aim not to widen the scope of this policy brief. However, many of the challenges and topics also apply to other forms of domestic labour migration.

² European Economic and Social Committee (2020): [qe-03-20-090-en-n.pdf](#).

³ Belmonte, M., Grubanov-Boskovic, S., Natale, F., Conte, A., Belanger, A. and Sabourin, P., Demographic microsimulation of long-term care needs in the European Union, Publications Office of the European Union, Luxembourg, 2023, doi:10.2760/941182, JRC135303: https://publications.jrc.ec.europa.eu/repository/bitstream/JRC135303/JRC135303_01.pdf.



A European and global challenge

The phenomenon of care migration is not only an issue between two countries and two families. Many societies rely on migrant caregivers to fill the care shortages driven by demographic changes and by the shrinking healthcare workforce. These trends often create major challenges for families as they try to organize care for older or otherwise dependent relatives. Migrant caregivers are often recruited in lower-income countries, where many women seek better-paid jobs abroad. While working for people in need of care in the host country, they often leave unmet care needs in their home countries ('care drain'), which are then frequently filled by other migrant care workers from countries with even lower wages ('care chains'). However, care workers' families often do not have the means to hire a care worker. Instead, they redistribute the care work in the private and family networks. In this way, a complex chain develops that involves multiple caregivers and receivers, affecting many family lives fundamentally.

Challenges for the person and family in need of care

Domestic care has become increasingly demanding for families across Europe, reflecting both population ageing and structural limits in public care systems. Staff shortages, a lack of high-quality and affordable inpatient and outpatient care, and insufficient community-based services lead to significant care pressure on families to meet the needs of the person receiving care while maintaining their own well-being. Financial strain is often severe, and state benefits are generally insufficient. Often the care tasks are done by family members, leading to a (re-)familialisation of the care work. As caring family members often need to reduce their working hours, this leads to lower household income.

Against this backdrop, for many families employing a live-in caregiver can appear to be the only feasible solution to bridge their individual care gap. This is even more true as most people in need of care wish to stay in their home environment as long as possible.

However, even when families can afford a live-in arrangement, it still raises additional ethical and practical challenges, including managing the relationship with the caregiver, protecting privacy, covering ongoing costs, navigating legal and labour law requirements, as well as addressing potential cultural differences or language barriers.

Challenges for the care worker

The perspective of live-in caregivers is complex, may differ depending on their home and host country and is dependent on the situation they find in their specific work arrangement. However, most migrant caregivers have in common that their migration is motivated by seeking a higher income to support them and to finance their family life back home.

Monetary and social protection insecurities

Although migrant care workers often move abroad in search of a stable and relatively higher income, many end up in highly insecure situations. Depending on the legal framework conditions in the receiving country, their legal situation can be



weak: Many are employed under precarious working conditions or even find themselves in undeclared jobs with limited access to social and legal protection and a higher risk of exploitative practices. In countries where these working arrangements are mainly organized by specific agencies, workers can become highly dependent on those intermediaries. Furthermore, care workers often have little or limited access to healthcare and welfare support. Particularly in cases of migration between EU and Non-EU countries, social protection, including pensions and health coverage, is often non-portable across borders.

Even in those arrangements that formally recognize working rights, caregivers may face structural and psychological barriers to claiming them. For instance, the lack of working-hour documentation, job dependency, and the fear of potential dismissal or being ‘blacklisted’ can lead many live-in care worker to tolerate mistreatment and unfair wage losses in order to keep their employment.

Social, health, and psychological challenges

Live-in caregivers often face unrealistic expectations by the host family. The term ‘24-hour care’, combined with living in the care recipient’s home, might foster the demand of permanent availability. In light of insecure legal working rights, this can translate into excessive working hours, unpaid on-call time, and low wages, which are highly disproportionate to the emotional and physical demands of care work and very different from what can be expected from a domestic professional care worker.

Being away from their usual social surroundings can lead to both physical and mental health burdens. Live-in arrangements also limit social interaction by design: caregivers live and work in the same place, often with restricted mobility, language barriers, lack of social networks, and expectations of constant availability. If care receivers suffer from severe dementia or the consequences of a stroke, conversation might be reduced to a minimum. This isolation can be further intensified by limited institutional support, for example, when there is an absence of mediation in disputes and no formal channels to voice grievances.

Challenges for the transnational family of the care worker

Transnational care arrangements can have profound emotional, social, and developmental consequences for the families stayed behind. The situation often leads to weakened family ties, such as parent-child bonds, strain in couple relationships, and care gaps for their own relatives, both children and older parents.

Emotional and social consequences

Long working hours, minimal rest, and limited social protection usually have a negative impact for family life. This is even more true in the case of an absent parent/partner. The main effect of these arrangements is major changes in family life compared to the situation before migrating. If children are left behind, they often face emotional distress and social isolation, while their caregivers—usually grandparents or extended family members—struggle to provide consistent educational and psychological support. Still, there is a lack of comprehensive policy



frameworks and integrated public services that systematically address the needs of stay behind children and their substitute caregivers.

However, children are not the only ones affected. Care responsibilities within the household often need to be reorganized. When mothers migrate, fathers and grandparents often renegotiate responsibilities. In practice, three main patterns arise from that: shared caregiving between fathers and grandparents, fathers' withdrawal from caregiving, and fathers taking on the primary caregiving role. Neither of these new arrangements typically finds state support, meaning families often depend heavily on informal networks.

Wider societal implications for the countries involved

While the institutionalized professional care system is relieved by a (re-)familiarization of care work and live-in care arrangements relieve the family care, the migrancy of care work helps sustain European welfare systems. However, it shifts burdens to economically weaker countries. On the one hand, for societies in sending countries this situation often means additional monetary income, as migrant care workers send money home (so-called remittances). This can be an important source of income for the family on an individual base and a funding scheme for the society. On the other hand, sending countries experience a major care drain, leading to significant shortages of workers in local healthcare, and social services, as well as in families. Furthermore, societies in sending countries might experience intergenerational and emotional gaps that may persist and be passed over on to future generations.

Country specifications

This policy brief outlines general challenges and recommendations related to live-in care workers in Europe. However, circumstances and regulations differ across countries. This applies both to 'receiving' countries and to 'sending' countries.⁴ To showcase these differences, some country-specific insights are presented in a separated overview.⁵

However, while every country has its own specific legal, economic and societal background and regulation, the challenges for the families as described in this policy brief remain similar.

European regulation

The regulation of live-in care work remains primarily within national competences, resulting in highly fragmented legal frameworks across European countries. However, its transnational nature highlights the importance of European-level action. As live-in care constitutes a fundamentally cross-border phenomenon, closely linked to labour mobility and social protection coordination, European-level governance plays a crucial role. Existing EU regulations provide a general framework for the free movement of workers and the coordination of social security systems:

⁴ The categories 'sending' and 'receiving' often is not entirely clear-cut as some countries simultaneously function as both.

⁵ See the country reports here: https://transnational-families.eu/wp-content/uploads/TraFaDy_Policy_Brief_LiveIns_Country_Reports_april26.pdf.



- *Working Time Directive 2003/88/EC*: Sets limits on weekly working time, daily and weekly rest and paid annual leave;
- *OSH Framework Directive 89/391/EEC and daughter directives*: Lays down minimum requirements for safety and health at work; however, in some interpretations domestic workers are excluded;
- *Other EU labour law directives* apply only in cases of a formal employment agreement;
- *Posted Workers Directives 96/71/EC and 2018/957/EU*: Apply when live-in carers are posted cross-border by agencies; they guarantee core rights in the host state;
- *Free movement of workers (Regulation 492/2011) and TFEU rules, plus EU rules on long-term residence and single permits*: They include mobile and third-country national live-in carers;

These regulations were not designed to address the specific vulnerabilities associated with live-in care arrangements and lack specifications for their protection. Thus, despite some existing labour and social protection regulations at European and national levels, enforcement in the live-in care sector remains difficult. As care is provided in private households, labour inspections and monitoring of working conditions are limited, allowing violations such as excessive working hours, unpaid on-call time, or underpayment to remain undetected. In addition, many care workers depend on agencies or host families for employment and residence security, which discourages reporting abuses. Strengthening labour inspections, complaint mechanisms, and clear documentation of working hours and contracts is therefore essential.

However, some recent initiatives specifically target the growing care needs of families and seek to strengthen the rights and recognition of care workers across Member States:

The European Pillar of Social Rights and the European Care Strategy recognise access to affordable, high-quality care and decent working conditions in the care sector as key social priorities. Adopted in December 2022, the European Care Strategy aims to improve access to long-term care services, support informal carers, strengthen the care workforce, and promote quality standards across Member States. The Member States are asked to provide effective regulation and professionalisation addressing the challenges of vulnerable groups of workers, such as domestic long-term care workers, live-in care workers and migrant care workers. Moreover, the Member States shall draw up national action plans, including measures as the increase of the offer and mix of professional long-term care services (homecare, community-based care and residential care). Although Member States have started implementing elements of the Strategy, early experiences suggest uneven progress and limited attention to the particular challenges of live-in care, including excessive working hours, unclear employment status, and insufficient enforcement of labour standards. The Commission is supposed to review the



application of EU standards governing working conditions explicitly including live-in carers, in cooperation with EU decentralised agencies.⁶

Live-in care arrangements also intersect with binding European and international human rights obligations. Under the EU Charter of Fundamental Rights, care workers are entitled to just and favourable working conditions, access to healthcare, and social security (Articles 31, 34, and 35), as well as protection from forced labour and exploitation (Article 5). Respect for family life applies to both care workers and care recipients (Article 7 of the EU Charter and the European Convention on Human Rights). Children who stay behind by labour migration fall under the protection of the UN Convention on the Rights of the Child, including the rights to parental care, development, and the primacy of the child's best interests.⁷

At international level, ILO Convention No. 189 on Decent Work for Domestic Workers establishes minimum labour standards, including limits on working hours, weekly rest, and equal treatment with other workers.⁸

Together with the European Pillar of Social Rights and the European Care Strategy, these instruments provide a normative framework underscoring that live-in care must not operate outside core labour, social protection, and family rights guarantees.

Recommendations

Addressing the challenges of live-in care work urgently requires combining a transnational perspective with national and international care agendas. The rise of live-in care arrangements not only has implications for the individual families but also highlights structural imbalances and reveals vulnerabilities in European care systems: households often are forced to mobilise massive personal resources and make cutbacks to compensate for insufficient public provision. In addition, the transnational dimension of care shifts labour and emotional family burdens across borders. This underscores the urgent need for integrated policies supporting families in need of care while safeguarding the rights and wellbeing of migrant caregivers.

All levels and all perspectives must be involved

- Care policies cannot be developed at the level of a single state alone; they require an integrated approach across all political levels.
- The strengthening of the coherence between EU mobility rules, care policies, and rights enforcement mechanisms is essential to prevent protection gaps and ensure dignified care for older persons while safeguarding the well-being of migrant care workers and their families.

⁶ Reports reviewing application of EU standards governing working conditions in the long-term care sector can be downloaded here: https://employment-social-affairs.ec.europa.eu/news/new-reports-reviewing-application-eu-standards-governing-working-conditions-long-term-care-sector-2024-11-29_en - Employment, Social Affairs and Inclusion.

⁷ All European States have signed and ratified the UN Convention on the Rights of the Child.

⁸ Only a few European states have yet ratified the Convention.



- Ethically sound policy responses for this topic are only possible if the perspectives and interests of the persons in need of care and their families, as well as care workers and their families, are considered equally.
- In a long-term perspective, solutions must do justice to care workers and their families in the home countries, as well as to older people in care and their families in the host countries.

The basis: Improving care systems for better relieve for the families

The care and welfare systems in both, sending and receiving countries need to be significantly improved. This also includes measures to raise awareness of care-related issues. The improvement of the whole care provision system will require substantial investments across all parts of care provision, as well as support for both caregivers and care recipients.

- Financial relief for people in need of care and their families.
- The provision of day and night care, short-term care, and needs-oriented outpatient care and nursing services must be expanded. At the same time, innovative approaches are needed to strengthen community-based care and household-related services and to ensure access to care for older people regardless of their financial situation.
- The implementation of better policies for the reconciliation of professional and family life should be strengthened in general and expanded to better include elder care, which is still often overlooked.

Improving working conditions

Beyond strengthening care systems, the concrete working conditions of migrant care workers must also be addressed and improved. Transnationalized access to social rights is needed to support care workers in the ‘here and now’.

- All states should ratify the ILO Convention No. 189 to guarantee basic rights to domestic workers employed by households.
- Guarantee minimum wage coverage and clear limits on working hours, including weekly rest, as well as access to health coverage, insurance, and pensions that are portable between countries.
- Reduce informality and undeclared care work, which creates vulnerabilities for care workers and their families, and strengthen the monitoring and regulation of agencies. All nursing, care, and household services required by older people in private homes should meet established quality standards and be delivered by appropriately qualified professionals. Live-in work should not sustain a system that takes place outside common care and quality support standards. Pathways should be created to make it easier for domestic workers to obtain further formal qualifications.
- Foster networks, including affiliation to trade unions and opportunities for care workers to participate in society in the countries where they work.
- Promote access to training, formal qualifications and language courses to support care workers’ development and integration in host societies, while also ensuring better quality care for older people.



- Establish regulations that allow workers to leave immediately without facing disadvantages in emergencies, for example, if a child in their country of origin becomes severely ill or if a parent faces an urgent health situation.
- Legislative measures should aim to clarify the employment status of live-in caregivers and ensure that labour standards applicable to other workers are equally enforced in private household settings.
- Member States should strengthen labour inspection mechanisms adapted to domestic work environments and establish transparent contractual frameworks that clearly define working hours, rest periods, remuneration, and social protection contributions.
- Greater coordination between labour mobility rules, care policies, and social security systems at the European level to reduce legal fragmentation and protection gaps.

Measures within the sending country

- States should regard the care drain as an important issue and develop compensatory health and welfare measures.
- The portability of social security rights (pension periods, family benefits, health coverage) has to be improved, so that returning care workers and their families are not left without entitlements.
- There should be sound pre-departure information, which includes counselling and training (for instance on to be expected daily life challenges, labour rights, complaint channels, realistic earnings and costs) provided by neutral service providers.
- Building up reintegration measures for care workers after their return (for instance on the recognition of skills, pathways into formal care jobs).



BACKGROUND OF THE POLICY BRIEF

TraFaDy is a network based on COST Action 21143 that aims to deepen knowledge of the growing and rapidly changing phenomenon of transnational families and the dynamics within them. It brings together researchers and stakeholders from different disciplines and countries to develop transnational insights and to formulate policy- and practice-oriented recommendations that will have an impact at international, national, sub-local and local levels. TraFaDy closely monitors current trends in migration, technology and politics and engages in intensive dialogue with policy makers and practitioners, thereby helping to deepen and broaden understanding of transnational families.

This policy brief is the outcome of several meetings and discussions with researchers and members from all working groups. Major cornerstones of the policy brief are the presentations and discussions in three online meetings, that focused on specific country examples. Additionally the policy was discussed in the TraFaDy meeting on ‘Policy and impact – Effective policies supporting transnational families’ in March 2026 in Budapest.

The policy brief can be downloaded here: https://transnational-families.eu/wp-content/uploads/TraFaDy_Policy-Brief_LiveIns_April26.pdf

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