EUROPEAN

POLICYBRIEF

Precarious Versus Protected Care Work In The European Union: Finding the Right Balance

Policy scenarios and recommendations from bEUcitizen, a research project on the barriers to realise and exercise citizenship rights by European Union citizens

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INTRODUCTION

This is a policy brief in the bEUcitizen policy brief series. The bEUcitizen project - funded by the European Union - set out to identify, investigate, discuss, and ameliorate the barriers to the active use of rights (and knowledge of duties, the concomitant to rights, in so far as there are any) by European citizens. The project aimed to provide a comparative overview and classification of the various barriers to the exercise of the rights and obligations of European Union citizens in the member states. Simultaneously, the project analysed whether and how such barriers can be overcome and the future opportunities and challenges the European Union and its member states face to further develop the idea and reality of European Union citizenship.

Drawing on research conducted during the project, **this policy brief addresses care work for elderly people in European Union countries in the context of the right to free movement of labour**. Despite a range of guidelines and directives in the past decades, the European Union still faces the intersectional problem of an ageing population, gender inequality, and lack of rights for caregivers, the latter being mainly women and – in some countries – increasingly migrant women. The risks of older European citizens in need of care to be excluded from the right to care as well as the risk of female caregivers, in particular migrants, to work in **unprotected and precarious jobs have increased in recent years, and the European Union seems so far not to be able to address these risks**.

The right to free movement of labour has been recognised by European member states as essential for integrating the European market and was established as one of the fundamental principles of the European Union. In fact, the preamble to the Amsterdam Treaty was "[c]onfirming [member states'] attachment to

fundamental social rights as defined in the European Social Charter signed at Turin on 18 October 1961 and in the 1989 Community Charter of the Fundamental Social Rights of Workers."[1] In relation to this, "[o]ne of the most important conditions for achieving the free movement was considered to be the co-coordination of the national social security systems of the Member States."[2]

This policy brief is based on the assumption of the right to give and receive care,[3] which appeared to be an accepted solution by many member states during the 1990s for dealing with a) an ageing population and b) unpaid female care work, though in different shapes and degrees.[4] This extension of citizenship rights, from the definition postulated by T.H. Marshall as the right to work, income, housing, education, and health[5], to the right to care got shape during that decade by the implementation of cash-for-care schemes in many European Union member states. These schemes exemplified the understanding of care-giving as a paid-for-time-spent activity contributing to the general well-being as well as to the right to receive care of citizens in need. However, **various national interpretations of the right to give and receive care, made possible by the rather weak European Union guidelines and the prioritisation of the principle of subsidiarity over the principle of gender equality, have resulted in harmful side effects for care receivers and care givers.** An example is the Italian way of non-regulated cash-for-care schemes that set no standards on work conditions, payments etc., and which are mainly used to substitute female kin by unprotected migrant care workers. Another example is provided by the cutbacks in public care provisions in the Netherlands and Sweden in reaction to the economic and financial crisis, and to European Union budget rules.

In practice, **effects are negative for all actors involved in care work because processes of austerity, privatisation, and localisation go hand-in-hand with severe budget cuts in the field of care**. Reduced care budgets foster the employment of cheap unskilled care workers, some of them migrants, lead to reduced working weeks of female kin and/or the re-introduction of unpaid care work. Two examples might illustrate this tendency. In the Netherlands, various new measures are currently being fleshed out in consultation with municipalities, health insurers, health providers, and other stakeholders. The government reduces large parts of Long-Term Care, such as personal assistance and care, from the Exceptional Medical Expenses Act, while adding a reduced budget to the municipalities (gemeente fonds). In addition, activities of a curative nature, such as long-term mental health care and home care by district nurses, are transferred from the public security fund Exceptional Medical Expenses Act to the collective Health Insurance Act. The number of people receiving intramural long-term care is further reduced by treating more new patients in the intensity home care packages. This leaves uncovered a clearly defined core Exceptional Medical Expenses Act scheme for the elderly and the handicapped, who require

[1] Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts, Official Journal of the European Communities, 97/C 340/01, 1997.
[2] Paskalia, V. *Free Movement, Social Security and Gender in the EU,* Hart Publishing, 2007, p. 2.
[3] Knijn, T., and Kremer, M. 'Gender and the caring dimension of welfare states: toward inclusive citizenship', *Social Politics. International Studies in Gender, State and Society* 4(3), pp. 328-361, 1997.
[4] See Daly, M., and Lewis, J. 'The concept of social care and the analysis of contemporary welfare states', *The British Journal of Sociology*, 51 (2), pp. 281–298, 2000. See also Bettio, F., and Prechal, S. *Care in Europe. Joint Report of the 'Gender and Employment' and the 'Gender and Law' Groups of Experts,* European Commission Directorate-General for Employment, Industrial Relations and Social Affairs, 1998.
[5] Marshall, T.H. 'Citizenship and Social Class'. In Marshall, T.H. and Bottomore, T. (eds.) *Citizenship and Social Class*, Pluto Press, pp. 3-51, 1992/1950.

intensive intramural care, amounting to roughly a third of the previous Exceptional Medical Expenses Act clients. Finally, the budget for municipalities to finance household help is reduced and payments by patients are increased.[6] In Sweden and also in Denmark, care budgets have decreased and assessment follows stricter criteria, leaving an increasing number of elderly people to the care of their mainly female family members.[7]

KEY OBSERVATIONS

PRECARIOUS OR PROTECTED CARE WORK

Changes in national security systems, changes in family relations, and ageing populations have put pressure on and challenged the European Union to realise the principle of social rights, equal pay, and gender equality; however, **the principle of co-coordination of social rights does not seem to work (anymore) for Long-Term Care neither for elderly people nor for the care workers.** Circumstances have changed.

Firstly, the European Union and its member states are still coping with the aftermath of the financial and economic crisis, the effects of economic decline, flexible labour markets, work insecurity, and social insecurity. In this process, **there is an imbalance between the economic forces of the European Union – particularly the free movement of goods, people and services, on the one hand, and previously, often implicitly, recognised social citizenship rights, on the other hand.** Vulnerable parts of the population, such as low-skilled women, elderly people, and female migrant care workers seem to be the first to be confronted with the consequences of austerity policies.

Secondly, member states and their political elites appear to be increasingly hesitant to transfer policy responsibilities to the European Union. In turn, there is a tendency to devolve policy responsibilities to local or regional governments. This in itself does not have negative effects on the rights of care givers and care recipients because local policies could in principle maintain existing standards. In practice, however, **effects are negative for all actors involved in care work because localisation and privatisation are accompanied by severe budget cuts**, in particular for care budgets. These developments seem to foster the employment of cheap unskilled domestic migrant care workers.

Thirdly, at the European Union level, gender equality as a policy aim appears to be losing priority. Once a 'catch-all principle' – designed to provide a labour reserve and resources for increasing household income, contribute to the knowledge economy, and maintain fertility – **gender equality today is seemingly being sacrificed for other high-priority policy aims**.[8]

Against this backdrop, it may be necessary for the European Union to shift attention to those aspects of gender equality policy that worry its population. To frame it differently: **The European Union might gain support for its gender equality policy if it succeeds in developing gender-related human and social rights policies that foster labour- and income-related social protection as well as family- and care-related social rights**. Their goal would be to a) support the reconciliation of work and care, and b) recognise care work as (professional)

[6] See bEUcitizen report *The transposition of EU guidelines and directives in the most recent 27 National Reform Programmes*, D 9.1, by Knijn, T., Yerkes, M., and Šipic, J., 2015, https://doi.org/10.5281/zenodo.14058.

[7] See Szebehely, M. and Trydegård, G.B. 'Home care for older people in Sweden: a universal model in transition', *Health Soc Care Community*, 20 (3), pp. 300-309, 2012; see also Cangiano, A., 'Elder Care and Migrant Labor in Europe: A Demographic Outlook', *Population and Development Review,* 40(1), pp. 131-154, 2014.

[8] Lewis, J. and Giullari, S. 'The adult worker model family, gender equality and care: The search for new policy principles and the possibilities and problems of a capabilities approach', *Economy and Society*, 34(1), pp. 76-104, 2005.

wage labour that needs to be regulated by formal working contracts. Such a policy direction paves the way to paid employment, which is increasingly important considering the strong association between formal paid employment and social citizenship. Although these are not entirely new policies – it is what the European Union has done in the past (1980s and 1990s) – this time the economic and governance context is different, and it remains necessary to highlight examples of good practice.

In our bEUcitizen studies[9], we concluded that currently there are three routes to combine the right to give and receive care, with various consequences for the economic position of (migrant) care workers.

THE STATE-SUPPORTED PROFESSIONAL CARE WORK MODEL

In the 'state-supported professional care work model', which is dominant in the North Western European welfare states (exemplary are Denmark and the Netherlands), reliance on migrant care work is limited. If migrant care workers are present in this model, they refer to European Union nationals who are employed as regular employees in the formal Long-Term Care sector. This can be explained by the combination of care, employment, and migration policies. The care system reflects a combination of state and professional logic, as Long-Term Care is considered a public good that must be provided by trained and qualified professionals, who guarantee good quality care. Cash-benefits schemes exist and are moderately generous in terms of funding. Control over the way in which cash-benefits are spent by care receivers is strict and tied to conditions of whom is allowed to provide the Long-Term Care services. Cash-benefits schemes are first and foremost aimed at improving the client's choice. **In this model, citizens have a right to choose between professional Long-Term Care services or paying – under strict conditions – informal care takers, and the cash-for-care system is characterised by high levels of public funding.** This is subsequently reflected in the country's employment regime, where Long-Term Care is recognised as professional wage labour. If people choose care provided by unqualified caregivers, including family members or lay persons, this is strictly controlled. The national Long-Term Care workforce consists mainly of qualified professional salaried workers who are employed in the formal (residential or home care) sector. The employment of Third Country Nationals in the formal sector is conditioned by the need to have a valid work permit. The working conditions for care workers in the formal and informal sector are regulated by law.

Although Long-Term Care is also predominantly provided in this model by family members, the interests of professional and qualified workers are well-represented by trade unions. In terms of migration policies, this model has strict requirements on length of residence and economic independence of Third Country Nationals in order to be naturalised and to become full citizens of the host country. The formal care provision by qualified professionals is reflected in the entry rules for migrant care workers from third countries, and selective recruitment of intra-European Union mobile workers. **Migration policies aim at selectivity and targeted restriction, which means that only highly-skilled professionals have privileged access to obtain a work permit. For that reason, migrant care workers mainly consist of qualified professional European Union citizens who have access to social security.** Earnings-related benefits might be lower for those with less seniority and thus lower wages, often persons in short-term employment. Contribution-based benefits might be less accessible to those with less seniority.

[9] See bEUcitizen report *Citizenship in the context of migrant care work: regimes, rights and recognition*, D 9.6, by Luppi, M., et al., 2015, https://doi.org/10.5281/zenodo.20306.

THE STATE-SUPPORTED DOMESTIC CARE WORK MODEL

In the 'state-supported domestic care work model', reliance on migrant care workers is strong. Spain and Italy represent this model in which migrant care workers come from both European Union countries as well as from non-European Union countries and are either formally or informally employed as domestic care workers. **The organisation of the care system is based on the state and family logic of care. Long-Term Care is not considered as wage labour that must be provided by qualified workers.** Instead, Long-Term Care service provision by family members, laypersons, or other non-professional caregivers is stimulated through cash-benefits schemes. Although the existence of uncontrolled generous cash-benefits schemes seems to reflect citizens' right to receive care, the state seems to encourage the hiring of non-professional caregivers. These Long-Term Care systems that (partly) rest on the family may be characterised by a large shadow economy, which encourages both family-based patterns of care provision and illegal informal employment of migrant care workers. The size of the formal Long-Term Care sector, and the residential care sector in particular, is small and the national workforce is mainly employed in the home care sector. Compared to the 'state-supported professional model', the level of professionalisation of the Long-Term Care sector is relatively low. Only working conditions in the formal (domestic) care sector are regulated by law. The **working conditions of those employed irregularly in private households are defined by the informal caregiver–care receiver relationship**. In contrast to the 'state-supported professional model', in the 'state-supported domestic model' less restrictions are imposed on the possibility for Third Country Nationals to obtain work permits to be employed as domestic care workers. Specific regulations exist for (unqualified) migrants from third countries to enter the country to work as a domestic care worker in times of shortages on the Long-Term Care labour market. Migrant care workers sometimes enter the country on tourist visas. **The existence of generous and uncontrolled cash-benefits schemes stimulates the employment of mainly unqualified migrant domestic care workers**. Probably due to the strong reliance on domestic migrant care workers, unions recognise the (precarious) position of non-national domestic care workers. Compared to the two other models, (non-national) domestic care workers in the 'state-supported domestic model' are collectively well-represented by advocacy organisations and trade unions. Yet, in terms of access to social security, domestic care work is informal employment. It is characterised by low earnings and irregular employment periods. There is a lack of contribution-based or earnings-related social security benefits for care workers from third countries. Earnings-related benefits might be lower for unqualified or low-skilled care workers in low-paid jobs.

INSTITUTION-ALIZED INFORMALITY CARE WORK MODEL

In the 'institutionalised-informality care work model', the family logic prevails in the Long-Term Care system. Croatia and Hungary are more or less representative of this model. In these countries, **Long-Term Care is not recognised as professional wage labour, as most of the time the Long-Term Care is arranged within households by family members. Long-Term Care services are mainly funded privately, or offered unpaid, and are provided in the informal sphere by non-professional workers, including family-members or friends.** Citizens cannot claim to receive affordable and adequate Long-Term Care services as this is largely subjective to the informal caregiver–care receiver relationship. Citizens' right to receive Long-Term Care is restricted, as the formal and professional Long-Term Care sector is underdeveloped while at the same time cash-benefits schemes have strict eligibility criteria and/or have a residual character. Even though such a system may represent a favourable condition for employment of migrant care workers, **reliance on migrant care work is very limited**. This can be partly explained by the role of cash benefits. Whereas the generous and uncontrolled cash-benefits schemes of the 'state-supported domestic worker model' provide those in need of care with the opportunity to hire (non)professional caregivers themselves, citizens in the

'institutionalised-informality care work model' neither have the right to professional nor to non-professional Long-Term Care services. Because the vast majority of care work is arranged informally and is organised within the family, **there are relatively few regulations on the working conditions for domestic care workers.** Like the 'state-supported professional care work model', countries belonging to the 'institutionalised-informality care work model' migration policies are characterised by selectivity. However, unlike the 'state-supported domestic care work model', **no attempts are made to encourage the hiring of non-national care workers.** The collective representation of (migrant) care workers in trade unions is weak. Similar to Southern European countries, employment structures for migrant care workers are **characterised by low earnings and irregular employment, hampering accessibility of contribution-based or earnings-related social security benefits**.

THE GAPS IN LONG-TERM CARE

Remarkable gaps in the principle of co-coordination of social security in the domain of Long-Term Care can be traced. These gaps are threefold: 1) The formalisation and regulation of the degree to which Long-Term Care is recognised as paid care work, especially in terms of ensuring gender equality in the context of its domestification; 2) The formalisation and regulation of the way in which public funds are spent on Long-Term Care, – leaving it to the care-recipients (called 'attendance allowance') to family members (called 'care allowance') to use the budget for paid informal care, or as budget for choosing one's in kind professional care (called 'care budgets'); 3) A distinction between family-based care work – either regulated or unregulated – and professional care – strictly regulated – with consequences for access to the care work domain for mobile care workers and their social rights. **The overall conclusion is that the intersectional arrangements of national care, employment, and migration systems outdo relevant European Union regulations in securing the right to give and receive care. The principle of co-coordination of social security has so far not touched upon this domain of needs that influences the lives of many elderly people in the European Union.** In the future, the population aged over 65 will almost double, rising from 87.5 million in 2010 to 152.6 million in 2060 in the European Union. The number of people aged over 80 is projected to increase by even more, almost tripling from 23.7 million in 2010 to 62.4 million in 2060.[10]

POLICY IMPLICATIONS AND RECOMENDATIONS

Every few years, the European Union commissions a report on the budgetary effects of ageing (henceforth the Ageing Report).[11] These reports contain elaborate scenarios based on detailed data on demographics, public spending, and the composition of the Long-Term Care infrastructure of all member states. The emphasis is on the prediction of needs of the ageing population in relation to the cost of pensions, healthcare, and Long-Term Care, including sophisticated scenarios for coping with the effects of the ageing population. The 2012 report includes several scenarios.

In the scenarios that follow we will not repeat the detailed calculations of the economic effects of demographic changes, nor refer to increased health issues related to life expectancy. The Ageing Report rather convincingly shows that one way or the other, **member states will be faced with increased spending on Long-Term Care.** None of the scenarios described show an expected decrease, it is only the degree of increased spending that varies. However, the Ageing Report does not take into account current flows of migrant care workers involved

[10] European Commission 'The 2012 Ageing Report, Economic and budgetary projections for the 27 EU Member States (2010-2060)'. *European Economy,* 2/2012.
[11] *Ibid*.

in Long-Term Care, nor the related policies in place, functioning as substitutes for informal unpaid care work, on the one hand, and professional regulated care work, on the other hand. Because the focus of this policy brief is on the intersection of care, employment, and migration regimes, it is **that aspect – related to the rights of migrant care workers – that our scenarios point to**. In doing so, we also leave out all aspects of family life that influence the social rights of migrant care workers.[12]

Below we elaborate mainly on scenarios that are built on 1) the irreversible process of ageing of the European population, 2) the hard-to-deny trend that families need two incomes to avoid poverty, and 3) the overall aim of European Union member states to reduce and cut back public spending, starting with care provisions. Given these tendencies, it is hard to develop positive prospects on the co-coordination of social security for two vulnerable categories: elderly people in need and migrant care workers.

SCENARIO 1: DO NOTHING

The assumption of this scenario is that there is no European Union action on the right to give and receive care. In the context of many other constraints (refugee inflows, financial constraints, and environmental issues), the right to give and receive care is a minor issue for the European Union. Besides, it is assumed that families seem perfectly capable of being a final resort for solving social problems. The consequences would be increasing gender inequality, increasing numbers of elderly European Union citizens who are in need of care, continued migration inflows to the unregulated countries, and vulnerable women who are working in private households. Moreover, polarisation by income/class is expected to soar because already today inequalities between better-off citizens who have access to a private market of care and those who are left behind are growing. Thus, discontent with the European Union is likely to increase, and many unprotected mobile European Union migrant care workers and women who see their employment opportunities shrinking will serve as evidence of an apathetic attitude towards the European Union. Nationalist parties are expected to seize this opportunity and to gain votes by making pledges for a more protective welfare state, for the elderly and – although not everywhere - also for women's right to protected work.

SCENARIO 2: REGULATION OF PAID CARE WORK

The European Union takes on board the regulation of cash-for-care schemes in respect to Long-Term Care and succeeds in the co-coordination and regulation of guaranteed professional care work for all citizens in need of care in all member states. This scenario will have various effects on both the sending and receiving European Union countries. For the sending countries – the Eastern and Southern member states - it will imply a continuation of their care-drain, in particular of professional care workers to the North-Western countries that can afford to pay good salaries and are in need of good quality elderly care. Despite expectations[13] that given wage levelling, due to the economic developments in Eastern Europe, migration flows will decrease, it still will last many years before professional care workers in Eastern and Western Europe earn equal wages. Thus, a further care deficit develops in the sending countries, which will leave their populations behind and in lack of care. An advantage of this scenario is that it protects migrant care workers by prohibiting the use of cash-for-care schemes for private unregulated contracts. Yet, a disadvantage is that it limits the opportunities of these workers for finding

[12] For these effects, refer to Paskalia *Free Movement, Social Security and Gender*; see also bEUcitizen report *Social rights of EU migrant citizens: A comparative perspective,* D 6.1, by Seeleib-Kaiser, M., Bruzelius, C., and Chase, E., 2015, https://doi.org/10.5281/zenodo.20295; bEUcitizen report *EU citizenship and social rights – A comparative report*, D 6.2, by Pennings, F., Heeger-Hertter, S., 2016, https://doi.org/10.5281/zenodo.56092; bEUcitizen report *The rights and obligations of citizens and non-citizens in selected countries*, D 10.1, by Anderson, B., Shutes, I. and Walker, S., 2014, https://doi.org/10.5281/zenodo.11346.

[13] Cangiano, 'Elder Care and Migrant Labor in Europe'.

care jobs that help their families out of poverty. Although such a policy depends on the recognition of care work as a profession, it will not contribute to gender-equality as it will not stimulate men to take an equal share of caretaking nor the companies they work for to seriously improve care-work policies. Finally, **regulated care work demands for either public (state) budgets and/or collective (universal) insurance to give also poor care dependents the right to care. Collective solidarity is a moral imperative here. To regulate this, a novel European Union directive for several levels of care work, as well as thresholds for purchasing and providing care work, will be needed.**

SCENARIO 3: SHARING PROFFESIONAL AND PRIVATE RESPONSIBILITIES IN A GENDER-EQUAL WAY

This scenario does require some renewed efforts from the European Union; in fact, setting directives for gender-equal payments, gender-equal pension schemes, and gender-equal treatment took a lot more courage than what is demanded now. The difference is that these previous policy instruments were related to the economically-driven demand for increasing labour market participation of women, while care-related demands appear to reflect private- and family-related needs and obligations. Interpreting these demands as private female needs, however, is a mistake in multiple ways; in its gender-neutral rhetoric of family and community-based care, the gendered effects and meanings are too obvious to be denied. Women as well as men will understand that under the current quasi-neutral approach, a return to women's care obligations is happening. Such an implicit setback in gender relations feeds the distrust in the current European agenda and undermines the faith many women in many countries have had in the European Union project. Moreover, given the economic crisis, the transformations of the labour market and the overall increasing insecurity, in combination with the increasing individualisation within families, men and women alike have been politically sold by the option of 'consumer's choice'. It is expected that this should fit their care options to their lifestyles, work regimes, and life course patterns. However, **implementing flexibility in the field of work without implementing security in the domain of care obstructs the right to choose and undermines faith in what the European Union and its member states can offer to citizens**. Finally, and in line with Cangiano[14], demographic tendencies as well as the vulnerable position of migrant care workers in some member states (Germany, France, and Sweden for instance) urge for social policies that enhance 'employment opportunities in the care sector for migrants who entered European Union countries outside labour migration channels, as family members, asylum-seekers, students, and ancestry-based migrants' by offering them suitable education.

[14] *Ibid*.

MOVING FORWARD

Sharing responsibilities in a gender-equal way is the preferred scenario here, based on the assumption that being able to choose between publicly- and privately-provided care touches upon the right to give and receive care. This does not force committed family members (men and women alike) to outsource care, if they prefer to do it themselves, without fear to lose their job, their income, or their social security. It also does not force family members to provide care themselves if they prefer to outsource care work to qualified and well-regulated care workers. Such a regulation also protects care workers, either migrants or domestic ones, and might encourage European Union member states as sending and receiving countries to seriously regard their care systems.

A new European Union directive therefore is needed, which would

- **set care at the centre of the agenda and relate it to the ageing society;**
- **agree on percentages of budgets spent on care for elderly and disabled people;**
- **agree on regulated cash-for-care systems, and the employment conditions for living in home care workers;**
- **regulate care leave for kin (and friends) of elderly and disabled people;**
- **address the relationship between sending and receiving countries and its emotional and financial costs for families.**

RESEARCH PARAMETERS

OBJECTIVES OF THE PROJECT

bEUcitizen is an European Union-funded research project focused on the barriers that still exist to realise and exercise citizenship rights of European Union citizens. The project aims to:

- understand the problems European citizens experience when they try to exercise the rights provided - or perform the duties required - by the legal concept of European citizenship;
- examine where, when, and why they run into hindrances and explain their nature thereof;
- identify the causes of the existence of these barriers, both direct and indirect
- explore whether these barriers can be reduced or even lifted;
- investigate which actors have already taken initiative to do so and assess how successful have they been;
- evaluate the unintended and perhaps unwanted consequences of some possible solutions to reducing these barriers.

METHODOLOGY OF THE PROJECT

The research into the rights of European Union citizens and the barriers to them exercising these is pursued within a multidisciplinary and multidimensional approach. By combining normative and empirical disciplines, bEUcitizen also integrated diverse methodological paradigms, tools and instruments. Taking into consideration that European Union citizenship is not only a legal principle but also a social practice as well as a historical process, the project raises mutual multidisciplinary understanding on the multidimensional character of citizenship, formulates linguistic and conceptual principles that enforce this mutual understanding and exchanges methodological approaches that improve mutual understanding.

The research is carried out in clusters and employs the following approaches:

- a horizontal approach, dividing citizenship rights into policy domains, i.e. economic, social, civil and political rights, recognising the multidimensionality of rights;
- a vertical approach, starting from the premise that citizenship rights and duties affect various categories of citizens differently, recognising the multitudinous effects of rights on different categories of citizens;
- comparisons over time and space, providing a comparative and historical approach;
- a cross-sectoral and conceptual approach, running like a red thread through all work packages–from the beginning to the end.

PROJECT IDENTITY

PROJECT NAME

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WEBSITE

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FURTHER READING

bEUcitizen report *The transposition of EU guidelines and directives in the most recent 27 National Reform Programmes*, D 9.1, by Knijn, T., Yerkes, M., and Šipic, J., 2015, https://doi.org/10.5281/zenodo.14058.

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