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# **DRAFT REPORT**

towards a common European action on care  
(2021/2253(INI))

Committee on Employment and Social Affairs  
Committee on Women's Rights and Gender Equality

Rapporteurs: Milan Brglez, Sirpa Pietikäinen

(Joint committee procedure – Rule 58 of the Rules of Procedure)

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### towards a common European action on care (2021/2253(INI))

*The European Parliament,*

- having regard to Articles 2 and 3 of the Treaty on European Union (TEU),
- having regard to the objectives established under Article 3 TEU, in particular combating social exclusion and discrimination, promoting social justice, equality between women and men, solidarity between generations and the protection of the rights of the child, as well as economic, social and territorial cohesion,
- having regard to the horizontal social clause in Article 9 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to the social policy objectives set out in Articles 151 and 153 TFEU,
- having regard to the revised European Social Charter,
- having regard to the Charter of Fundamental Rights of the European Union and the European Convention for the Protection of Human Rights and Fundamental Freedoms, as referred to in Article 6 TEU,
- having regard to the principles of the European Pillar of Social Rights (EPSR),
- having regard to the EPSR Action Plan and its 2030 headline targets,
- having regard to the UN Sustainable Development Goals (SDGs),
- having regard to the International Labour Organization (ILO) conventions and recommendations, and in particular C189 Domestic Workers Convention of 2011,
- having regard to the UN Convention on the Rights of Persons with Disabilities (UN CRPD),
- having regard to Commission President Ursula von der Leyen’s political guidelines,
- having regard to the Commission’s work programme for 2022,
- having regard to Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+)<sup>1</sup>,
- having regard to Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Facility<sup>2</sup>,

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<sup>1</sup> OJ L 231, 30.6.2021, p. 21.

<sup>2</sup> OJ L 57, 18.2.2021, p. 17.

- having regard to Regulation (EU) 2020/2221 of the European Parliament and of the Council of 23 December 2020 amending Regulation (EU) No 1303/2013 as regards additional resources and implementing arrangements to provide assistance for fostering crisis repair in the context of the COVID-19 pandemic and its social consequences and for preparing a green, digital and resilient recovery of the economy (REACT-EU)<sup>3</sup>,
- having regard to Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU<sup>4</sup>,
- having regard to Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation<sup>5</sup>,
- having regard to Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee<sup>6</sup>,
- having regard to the Commission Action Plan to boost the social economy and create jobs of 9 December 2021,
- having regard to the Commission’s Green Paper on Ageing of 27 January 2021 (COM(2021)0050),
- having regard to the Commission proposal of 4 March 2021 for a directive of the European Parliament and of the Council to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (COM(2021)0093),
- having regard to European Economic and Social Committee (EESC) Opinion SOC/687-EESC-2021 of 19 January 2022 entitled ‘Towards a New Care Model for the Elderly: learning from the Covid-19 pandemic’,
- having regard to its resolution of 15 November 2018 on care services in the EU for improved gender equality<sup>7</sup>,
- having regard to its resolution of 21 January 2021 on the gender perspective in the COVID-19 crisis and post-crisis period<sup>8</sup>,
- having regard to its resolution of 21 January 2021 on the EU Strategy for Gender Equality<sup>9</sup>,
- having regard to its resolution of 21 January 2021 on access to decent and affordable

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<sup>3</sup> OJ L 437, 28.12.2020, p. 30.

<sup>4</sup> OJ L 188, 12.7.2019, p. 79.

<sup>5</sup> OJ L 204, 26.7.2006, p. 23.

<sup>6</sup> OJ L 223, 22.6.2021, p. 14.

<sup>7</sup> OJ C 363, 28.10.2020, p. 80.

<sup>8</sup> OJ C 456, 10.11.2021, p. 191.

<sup>9</sup> OJ C 456, 10.11.2021, p. 208.

- housing for all<sup>10</sup>,
- having regard to Council recommendation of 22 May 2019 on high-quality early childhood education and care systems<sup>11</sup>,
  - having regard to its resolution of 11 March 2021 on children’s rights in view of the EU Strategy on the rights of the child<sup>12</sup>,
  - having regard to its resolution of 17 December 2020 on a strong social Europe for Just Transitions<sup>13</sup>,
  - having regard to the Commission communication of 3 March 2021 entitled ‘Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030’ (COM(2021)0101),
  - having regard to its resolution of 18 June 2020 on the European Disability Strategy post 2020<sup>14</sup>,
  - having regard to the Commission communication of 28 June 2021 entitled ‘EU strategic framework on health and safety at work 2021-2027 – Occupational safety and health in a changing world of work’ (COM(2021)0323),
  - having regard to its resolution of 10 March 2022 on a new EU strategic framework on health and safety at work post 2020 (including better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries)<sup>15</sup>,
  - having regard to the Council recommendation of 8 November 2019 on access to social protection for workers and the self-employed<sup>16</sup>,
  - having regard to the European Institute for Gender Equality (EIGE) Gender Equality Index 2021 and its thematic focus on health,
  - having regard to Rule 54 of its Rules of Procedure,
  - having regard to the report of the Committee on Employment and Social Affairs and the Committee on Women’s Rights and Gender Equality (A9-0000/2022),
- A. whereas the EPSR Action Plan sets out concrete initiatives for the implementation of principles that are essential for building a stronger social Europe for just transitions and recovery;
- B. whereas care encompasses services to address the physical, psychological and social needs of dependents, as well as support to guarantee the equal exercise of rights,

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<sup>10</sup> OJ C 456, 10.11.2021, p. 145.

<sup>11</sup> OJ C 189, 5.6.2019, p. 4.

<sup>12</sup> OJ C 474, 24.11.2021, p. 146.

<sup>13</sup> OJ C 445, 29.10.2021, p. 75.

<sup>14</sup> OJ C 362, 8.9.2021, p. 8.

<sup>15</sup> Texts adopted, P9\_TA(2022)0068.

<sup>16</sup> OJ C 387, 15.11.2019, p. 1.

dignity, autonomy, inclusion and well-being for all members of society;

- C. whereas the stigma surrounding dependence and the need for care and support intersects with other grounds of discrimination;
- D. whereas there is a lack of quality, accessible and affordable care in nearly all Member States; whereas the monitoring of care is hampered by the lack of disaggregated data and the lack of quality indicators;
- E. whereas the COVID-19 pandemic has exacerbated the existing challenges in terms of access to formal care services;
- F. whereas the provision of quality care depends on the existence of a sufficiently large and well-trained workforce, the creation of decent working conditions and integrated services, and adequate funding;
- G. whereas the structures of care need to be changed from centralised institutions to community-based care; whereas that shift has been too slow;
- H. whereas the undervaluation and invisibility of care work are closely linked with the fact that women dominate in the care sector;
- I. whereas 6.3 million professionals work in long-term care, among whom women (81 %) are overrepresented and there are increasing numbers of platform workers, as well as migrant and mobile workers;
- J. whereas in all the Member States, pay in the care sector is well below the average pay and is connected with lower collective bargaining coverage in the care sector;
- K. whereas 80 % of all long-term care in Europe is provided by informal carers, which makes care an extremely gendered issue;
- L. whereas the high numbers of care recipients who are dependent on informal care are directly linked to the inaccessibility and unaffordability of quality professional services;
- M. whereas women in the EU carry out 13 hours more of unpaid care and housework per week than men; whereas 7.7 million women in the EU remain out of the labour market owing to their care responsibilities;
- N. whereas several Member States and regions in the EU are still failing to meet the goal of providing childcare for 90 % of children between the age of three and mandatory school age and for 33 % of children aged three and under;
- O. whereas in 2019, 22.2 % of children in the EU – almost 18 million – were at risk of poverty or social exclusion; whereas the European Child Guarantee is an EU instrument whose objective is to prevent and combat poverty and social exclusion by guaranteeing free and effective access for children in need to key services;
- P. whereas access to quality care services, especially long-term care, is increasingly preconditioned on individual and family income;

### *A Europe that cares*

1. Notes that it is vital to ensure quality care across the life course; underlines the importance of the accessibility, availability and affordability of care, and that all users and their carers should have a genuine choice when it comes to care services;
2. Stresses the importance of an integrated approach to common European action on care that pays equal attention to people's physical, psychological and social needs;
3. Highlights the need to increase funding for both formal and informal care across the EU to guarantee equal access for dependants to affordable quality care services, as well as an active professional life for carers, and therefore calls on the Member States to make the best use of the European structural and investment funds, including the ESF+, as well as the Recovery and Resilience Facility, for investing in care;
4. Emphasises that a substantial proportion of care models, services and facilities are outdated and that care recipients should be placed at the centre of care plans;
5. Calls on the Member States to exchange information and best practices with a view to developing a common European quality framework for care, encompassing all care settings, encouraging upward social convergence and guaranteeing equal rights for all citizens;
6. Calls on the Commission to set ambitious targets for care services in consultation with the Member States;
7. Calls on the Commission to present an ambitious European care strategy that builds on everyone's right to affordable, accessible and high-quality care, as well as on other principles set out in the EPSR and EU strategic documents, and the individual rights and needs of both care recipients and carers, and that encompasses the entire life course, is based on reliable and comparable data, and includes concrete and progressive goals with a timetable and indicators to evaluate progress;

### *Quality care for every child*

8. Welcomes the Commission's plans for the revision of the Barcelona objectives as part of the European care strategy package; calls for upward convergence to be encouraged and for further investment in high-quality care for every child in the EU;
9. Calls on the Member States to design childcare, education and other policies and measures in support of children and their families in an inclusive manner and one that upholds the swift and efficient implementation of the European Child Guarantee;
10. Recalls that social protection and support to families is essential and calls on the competent national authorities to ensure adequate and accessible social protection systems and integrated child protection systems;
11. Calls on the Member States to provide continuous holistic support to parents, including parental entitlements and measures that encourage a more substantial role for men in the sharing of care responsibilities, including for very young children;

### ***Equal access to quality care services***

12. Calls on the Member States to reform and integrate their social services and protection systems in such a way as to provide effective and equal access to care services throughout the life course, taking a personalised approach, in order to enhance the continuity of care, preventive healthcare, rehabilitation and, whenever possible, independent living;
13. Notes that accessibility derives from a combination of cost and flexibility; believes that in this respect different forms of care service provision should be available, such as in in-home and community-based settings;
14. Calls on the Commission and the Member States to develop the tools required for the regular assessment of the accessibility of care services and a comprehensive benchmark for monitoring the quality of both formal and informal care services;
15. Stresses that the free movement of persons and workers is one of the key pillars of the EU, but that challenges to cross-border care remain; calls for the protection of the social security rights of all mobile care workers and care receivers;
16. Repeats its call for a common definition of disability, as well as mutual recognition of disability status in the Member States;
17. Calls for the prioritisation of mental health within public health policy at EU level;

### ***Quality long-term care for a long and quality life***

18. Calls on the Commission to establish a comprehensive set of indicators for long-term care, and corresponding targets and tools for monitoring the accessibility, affordability and quality of care, similar to the Barcelona objectives for childcare;

### ***Informal care***

19. Notes that between 40 and 50 million people in the EU provide informal care on a regular basis; notes that this work tends to be long term and can hinder formal labour market participation, resulting in a loss of income and aggravating the gender pension gap;
20. Highlights the need for a common European minimum definition for informal care, including respect for the right to self-determination of persons receiving care;
21. Urges the Commission to propose a common coherent package of actions at EU level on informal care, to identify and recognise the different types of informal care provided in Europe, and to guarantee carers financial support and other additional support services, including time off for carers, and a work-life balance and rehabilitation services for carers and care recipients;

### ***Decent working conditions for all workers in the care sector***

22. Urges the Member States to place adequate staffing levels and investment in care staff at the centre of their care policies, and to support the creation of quality jobs in the



sector;

23. Calls on the Member States to ensure decent working conditions for all workers in the care sector, both formal and informal, and to adopt high standards of occupational health and safety, in line with and beyond the ambition of the recently adopted EU strategic framework on health and safety at work 2021-2027;
24. Calls on the Member States to strengthen social dialogue and promote collective bargaining and collective agreements in the care sector, both profit and non-profit, as crucial mechanisms for the improvement of employment and working conditions and for tackling the gender pay gap, and as the most effective tools for securing an increase in the minimum wage and in wages in general;
25. Recalls that mobile and migrant workers play a significant role in the provision of both residential care and home care in the EU;
26. Calls on the Member States to swiftly and fully transpose and implement the Work-Life Balance Directive; stresses that only an equal share of care responsibilities between men and women by means of non-transferable and adequately paid leave periods would enable women to increasingly engage in full-time employment and achieve a work-life balance;
27. Calls on the Member States to facilitate the labour market reintegration of workers after care leave or longer career breaks;

***Recognising and valuing the role of care in our societies and economies***

28. Stresses the utmost importance of mainstreaming care and measures for the empowerment of women, dependent persons and vulnerable individuals in all relevant national and EU policies;
29. Calls on the Commission to monitor the implementation of the principles of the EPSR and the SDGs in the context of the European Semester;
30. Calls on the Member States to adopt approaches to measuring and valuing the contribution and outputs of care, in particular unpaid care and housework;
31. Calls on the Member States to formulate and revise their care policies in permanent dialogue with social partners, experts, civil society and representative organisations of care recipients and carers;
32. Calls on the Commission to ensure that the EIGE, Eurofound and other relevant agencies have adequate resources to monitor and analyse if and how policies are making the intended improvements in the care sector, including in terms of gender equality, infrastructure and work-life balance;

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33. Instructs its President to forward this resolution to the Council and the Commission.



## EXPLANATORY STATEMENT

Two years into the Covid-19 pandemic, the President of the European Commission in her 2021 State of the Union address, announced a European Care Strategy to be put forward by the Commission in 2022 with the aim “to support men and women in finding the best care and the best life balance for them”. Prioritisation of care in European and national policies, including the necessary investment, is the only feasible and sustainable response to the long-standing challenges in the care sector that have been further exacerbated by the Covid-19 pandemic. The forthcoming European care strategy must lay the foundations for a long-overdue reform of the care and social security systems in the Member States, aligning capacities with the needs and the rights of citizens, as they are reflected in the principles of the European Pillar of Social Rights, and building the resilience to future crises.

Already today, the lack of available, accessible and affordable quality long-term care services and chronic underinvestment in care economy that employs 6.3 million professionals result in the need for a substantial share of informal care, provided by more than 44 million informal carers across the EU. Substantial part of long-term care services are outdated and not fit for the purpose. Transformation from institutional care to community-based care needs to be finally achieved. Demographic change, population ageing, as well as the necessary reforms related to the green and digital transition in Europe, will further amplify the demand for various care services, place additional pressure on understaffed and underfinanced care sector and, without appropriate policy responses resulting in creation of more quality jobs in the sector, generate new burdens for informal carers.

For all the reasons mentioned above, Member States should put care at the centre of their policies and take full advantage of the EU funding opportunities for recovery after the pandemic, guaranteeing timely and equal access to quality care services to people of all generations in line with a rights-based and life course approach. Quality early childhood care, care for older persons, prevention and rehabilitation services, long-term care and other forms of support to persons with disabilities and vulnerable groups mean care that is provided in a comprehensive and integrated manner, with high standards for services responding to both individuals’ physical and psychological needs and in better coordination between healthcare, social and other support services.

Europe that cares is a Europe that takes better care of both care recipients and their carers. The evidence namely confirms that care work is often associated with significant negative effects on carers’ physical and mental health and with difficulties in reconciling care with paid work. Inadequate pay that remains well below the average pay across the EU, difficult employment and working conditions, including high numbers of temporary contracts and part-time work, shift work and long working hours, alongside physically and psychologically demanding work in unsafe environment and exposure to hazardous products, are the root causes of absenteeism and rapid outflow of workers. The sector is facing additional challenges due to the new non-standard forms of employment and a large share of undeclared work. The complexity of issues is aggravated by the weak social dialogue and low coverage of the sector with collective agreements, which prove to have a direct negative effect on the pay levels and working conditions, as well as accessibility and quality of services. Informal carers, on the other hand, are likely to experience health declines and emotional strain, financial losses and disruption of their plans and lifestyles due to the lack of financial and

other support measures that would mitigate the negative impacts of their caregiving obligations.

The fact that women are overwhelmingly represented among care recipients, as well as among paid and unpaid carers, points to care as an economic and social domain where gender employment, pay and pension gaps and other manifestations of one of the biggest persistent gender inequalities are reproduced. The latter underscores the need for monumental change in how paid and especially unpaid and informal care responsibilities are recognised, valued, and divided among men and women in our societies. Of older persons aged more than 65, more than 7 million people receive informal care in the EU. Between 40 and 50 million people in the EU provide informal care on a regular basis. 80 % of all care provided across the EU is provided by unpaid and other informal carers. 75% of them are women, which makes care all the more a strongly gendered issue. Informal carers are an essential part of our societies and care structures, which is why there is a need for a common coherent package of actions at the European level on informal care.

European strategic framework for care should include a directly applicable set of strategies and examples of policy incentives to address the persistent and even growing discrepancies in the amount of time spent on care and housework by men and women. Even when in full-time employment, women spend 13 hours more of unpaid care and housework per week compared to men. Care responsibilities keep as many as 7.7 million women in the EU out of the labour market and make women prone to changing their employment, taking up part-time jobs, and reducing their working hours while the impact of childcare on men's work patterns remains almost insignificant.

Tackling women's overrepresentation in care, attracting a larger number of male and younger workers in the care sector and ensuring recognition, reduction and redistribution of care work thus inevitably involves combating gender discrimination, but also ageism, ableism and other intersecting forms of discrimination and ideologies of dependency.