



## *Strategic Dialogue online meeting*

# European care strategy

## *Background Note*

*Friday, 11 March 2022*

### **1. SCENE-SETTER AND PURPOSE OF THE CONSULTATION**

In March 2021, the [European Pillar of Social Rights Action Plan](#) announced an initiative on long-term care and the revision of the Barcelona targets for early childhood education and care. In September 2021, Commission President Ursula von der Leyen [announced](#) in her State of the Union address a European Care Strategy to support women and men in finding the best care and work life balance for carers, which was confirmed in the [Commission Work Programme 2022](#). This initiative would take the form of a Commission Communication, and be accompanied by proposals for Council Recommendations on the revision of the Barcelona targets on early childhood education and care (ECEC), and long-term care (LTC).

The European Care Strategy will support the implementation of several principles of the European Pillar of Social Rights<sup>1</sup>. The importance of tackling the gender care gap was highlighted in the [Gender Equality Strategy](#). The initiative has important synergies with other Commission initiatives, such as the [Strategy for the Rights of Persons with Disabilities](#), the [European Education Area Council resolution](#) (including an ECEC target), the [Council recommendation on high-quality ECEC](#), the [European Child Guarantee and the EU Strategy on the rights of the child](#). It also builds on the [2021 Long-term Care Report](#) prepared jointly by the Social Protection Committee and the European Commission, which analyses key common challenges in long-term care.

The European Care Strategy aims to respond to calls for a strategic and comprehensive approach to care, including by the European Parliament, Committee of the Regions, the European Economic and Social Committee, civil society and other stakeholders.

The initiative builds on the input gathered via three public consultations, notably on the European Pillar of Social Rights Action Plan<sup>2</sup>, the Green Paper on Ageing<sup>3</sup>, and the Gender Equality Strategy<sup>4</sup>.

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<sup>1</sup> Notably in the area of gender equality (principle 2), early childhood education and care (principle 11) and long-term care (principle 18), but also work-life balance (principle 9) and inclusion of people with disabilities (principle 17)

<sup>2</sup> The Commission received 1 041 unique written contributions. 67.5% of submissions came from individual citizens. Many citizens took the opportunity to describe their personal situation, notably persons with disabilities and women with care responsibilities: [SWD\(2021\) 46 EN autre document travail service part1 v8 \(2\).pdf](#)

As concerns the European Pillar of Social Rights Action Plan, there were calls for comprehensive EU action on LTC to address common challenges, including minimum standards, quality guidelines, and monitoring mechanisms. The importance of enhanced mutual learning and exchanges of best practice was emphasized. Specific feedback was received *inter alia* on the attractiveness of the care sector, working conditions, importance of social dialogue, occupational health and safety, prevention, person-centred evaluation of care needs, community-based care, and support for informal carers. There was furthermore a call for a Care Package including a revision of the Barcelona targets. Accessible and affordable quality long-term care and childcare services is considered crucial for closing gender gaps.

Respondents to the consultation launched by the Green Paper on Ageing highlighted the need for an integrated approach to long-term care that is accessible, affordable and of high quality, that is centred around the care recipient's needs and aims at supporting individual independence as long as possible. The right to live in dignity was stressed, with NGOs in particular calling for Member States to increase levels of public spending on long-term care and expand the provision of formal long-term care services. Additional feedback was received *inter alia* on the importance of social protection coverage for LTC risks, the importance of increased provision of home- and community-based care to enable 'ageing-in-place', the need to tackle LTC staff shortages, the role of cities and local authorities in long-term care provision, the role of technology and prevention as drivers for cost-effectiveness and the need to reconcile adequate and affordable long-term care coverage with cost-effectiveness and financial sustainability.

Respondents to the public consultation on the Gender Equality Strategy ranked making childcare and other dependents' care more available, accessible, affordable and of high quality and giving support to informal carers as key priorities for EU action to increase women's participation in the labour market. Next to this, they highlighted the importance of equal sharing of caring activities between parents, as well as improving the conditions of part-time work, flexible working arrangements and family leaves to make them valid career options for both women and men. Furthermore, there was support for actions aimed at improving childcare provision targeting in particular under-served groups (e.g. indigenous, low-income, single parents, rural areas, etc.). Enhanced access of parents to affordable, accessible and quality early childhood education and care services was considered essential to encourage female labour market participation including for women with disabilities.

The aim of the stakeholder consultations is to support the development of high-quality, achievable proposals by allowing interested parties to provide input and suggestions on the key challenges to be addressed by the initiative. This complements the possibility of providing written input to the preparatory stage of the initiative by responding to the Call for Evidence available on the European Commission's Have your Say portal [[European care strategy \(europa.eu\)](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12114-Gender-equality-strategy-2020-2024/public-consultation_en)]. The findings of the consultations will be summarised in a synopsis report and made available to stakeholders and the general public on the Commission's website.

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<sup>3</sup> The public consultation gathered a total of 473 replies. 133 submissions came from individual citizens. Long-term care was discussed in the context of older people's autonomy and ensuring their at-home care, which opens new employment opportunities and skills needs. Moreover, the need to recognise pension rights of informal carers was highlighted. See: GREEN PAPER ON AGEING: Factual summary report of the public consultation: [090166e5de9b0583.pdf](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12114-Gender-equality-strategy-2020-2024/public-consultation_en)

<sup>4</sup> The consultation was available online from 8 March until 31 May 2019. It received 1335 replies; 73% of the replies came from EU citizens (970 replies). Respondents were asked in particular about which specific goals they would prioritise for EU action to increase women's participation in the labour market. [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12114-Gender-equality-strategy-2020-2024/public-consultation\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12114-Gender-equality-strategy-2020-2024/public-consultation_en)

## 2. CHALLENGES

**Everyone receives or provides care at some point in their lives.** The way early childhood education and care and long-term care are organised and provided influences the wellbeing and development of persons in need of care and carers alike. There remain significant and multi-faceted challenges, such as availability, affordability and access to care, the quality of the services, and the situation of the workforce and informal carers, or persisting gender equality and work-life balance concerns.

**Care has a strong gender dimension.** In 2019, women represented 90% of the formal care workforce, both in long term care and early childhood education and care (LFS). At the same time, care responsibilities keep some 7.7 million women out of the labour market, compared with just 450.000 men. Women are also more likely to need long-term care (EHIS 2019), but they are less able to afford it.

**Care has also a strong social cohesion dimension. Inequalities in accessing quality care services start early on in life and extend into old age, and also have a territorial dimension.** Coming from a disadvantaged socio-economic background and deprived/segregated areas is often a barrier to access quality and inclusive early childhood education and care and long-term care. In childcare, participation for children under 3, there is a 15 percentage points gap between children coming from families at risk of poverty and social exclusion and those do not come from such families (EU SILC 2016). In 2019, older people in need used more home-care services in cities (29.7 %), than people in towns and suburbs (28.7 %), or those in rural areas (26.4 %), while the unmet need for help in personal care or household activities was higher for the lowest income quintile (51.2 %) than with the highest (39.9 %) (EHIS 2019).

**The availability of childcare is still insufficient.** The Barcelona objectives on childcare participation (“Member States should remove disincentives for female labour force participation and strive, in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age”) have been reached on average at EU level. However, the situation varies hugely across EU countries, with some significantly lagging behind.

**The availability of long-term care is already now limited while demand for long-term care is rising.** The number of people in the EU in need of long-term care is projected to increase from 30.8 million in 2019 to 38.1 million in 2050 (2019 Ageing Report). Ensuring both the availability of quality and affordable care services, and the sustainable financing of long-term care systems, are two sides of the same coin. Investing in active and healthy ageing and prevention policies can help reduce or postpone the need for long-term care services.

**Many people in need of long-term care cannot access care services, whether they are provided as home-care, or in community-based or residential settings.** This is due to lack of availability, limited social protection coverage, insufficient quality, or lack of awareness about the options available. In 2019, only around a quarter of people with severe difficulties with personal care or household activities were receiving home care. For many households, it is difficult to access professional home-care services mainly due to financial reasons (35.7%) and lack of availability (9.7%).

**Social protection coverage for long-term care is mixed and in general limited.** In some Member States, public support is available to only just over one tenth of all people aged 65 or over in need of care – whereas in others, almost all those in this group receive publicly provided homecare, residential care or cash benefits. Without social protection,

the costs of long-term care often exceed the disposable income of people in need of long-term care and can push them into poverty. Even when available, recent OECD work<sup>5</sup> suggests that social protection for long-term-care needs (unlike for health care) is often not sufficient. Even after receiving social protection support, on average nearly half of older people with long-term care needs would be below the poverty threshold after meeting the out-of-pocket costs of formal home care, and older people with low incomes may face a high financial burden even if they only have moderate care needs<sup>6</sup>.

**Regarding LTC quality, the principles of the voluntary European quality framework for social services<sup>7</sup> apply.** In particular, there is an emerging consensus on the need to move from a purely medical view to the person-centered perspective, taking into account the needs and preferences of the person in need of care. This could be achieved via an integrated delivery of services focused on personal needs, while respecting individual choices, ensuring continuity of care, focusing on prevention and supporting independent living in all care settings.

**However, challenges exist when it comes to ensuring the quality of care services.** While many Member States have regulations and standards applicable to residential care, the requirements vary significantly for home care services. Also, when it comes to residential care, the COVID crisis has laid bare some deficiencies in terms of adequate staffing and quality of the services. Even when quality standards are in place, quality assurance mechanisms are often lacking or are weak (in terms of design and resources) in many Member States. Fragmentation of LTC provision, due to the segmentation between the health and the social care sectors (organisationally and professionally), is an additional challenge to ensure quality. Finally, local governance is also bringing challenges in ensuring a sufficient and comparable level of quality in LTC services and equality of treatment.

**Difficult working conditions and low salaries are common in the care sector.** Non-standard work arrangements are very widespread in long term care and early childhood education and care, coupled with irregular working hours and shift working in long term care. Average earnings in the sector are lower than those across other sectors in all Member States. The healthcare sector also appears to pay more (though this is partly explained by the composition of the workforce) (Eurofound<sup>8</sup>). Low coverage by collective agreements and limited public long-term care expenditure may also contribute to lower wages in the sector. In addition to lower pay, care workers in long term care and early childhood education and care are also exposed to difficult working conditions, including work intensity, physical and mental strain. As many as 1 in 3 long-term care workers (33 %) have been exposed to some type of adverse social behaviour (including verbal abuse, unwanted sexual attention, threats, physical violence, humiliating behaviour, bullying, and sexual harassment) (Eurofound). Challenging working conditions are reflected in the significant share of long-term care workers facing work-related health issues. In 2015, 37 % of long-term care workers thought that their job had a negative effect on their health, compared with 25 % among the entire workforce (European Working Conditions Survey).

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<sup>5</sup> To measure the depth of social protection for long-term care in old age and compare it across countries, the OECD developed a set of eight typical cases of long-term care needs (types and severity of needs, the professional services required, and the level of income and assets of the person in need) and applied them to 19 EU Member States and subnational areas which provided data.

<sup>6</sup> Cravo Oliveira Hashiguchi, Ortega Regalado, J. and Llana-Nozal, A., 'Towards population level estimates of social protection for long-term care in old age', OECD Health Working Papers, OECD Publishing, Paris, forthcoming 2022

<sup>7</sup> A voluntary European quality framework for social services, the Social Protection Committee, SPC/2010/10/8 final

<sup>8</sup> [Long-term care workforce: Employment and working conditions | \(europa.eu\)](https://ec.europa.eu/eurofound/en/press-room/2021/01/long-term-care-workforce-employment-and-working-conditions/)

**Retaining and attracting care workers is often challenging, leaving the potential of the care economy partly unexploited.** Labour shortages, due to difficult working conditions and low wages, are expected to exacerbate in the future, compounded by an ageing workforce and an increased demand for care services. The large majority of Member States have reported significant numbers of unfilled vacancies, or estimated increases in the need for personnel and expected staff shortages in the long-term care sector. Labour shortages in particular concern skilled care personnel, such as nurses. Recent evidence by the Federation of European Social Employers suggests that such labour shortages in the social services sector have worsened during the COVID-19 pandemic. Unfilled job positions are particularly high in the sub-sector of services for older persons. At the same time, the care sector has an untapped job creation potential of up to 7 million job openings for healthcare associate professionals and personal care workers by 2030 (Cedefop skills forecasts).

**The long-term care workforce is diverse in terms of occupational profiles and needs to work closely with a number of other professionals in the field.** It includes social care workers and healthcare workers as well as specific groups such as live-in carers. The overwhelming majority of long-term care workers are women (88% in 2019, according to LFS) and most of them are middle-aged: in 2016, the median age of long-term care workers was 45 across Member States (overall workforce: 42). In 2019, the share of foreign-born long-term care workers (from within and outside the EU) was close to 20 %. Live-in carers, in many cases mobile or migrant care workers, are a particularly vulnerable sub-group of the care workforce, which are common in a number of countries (e.g. AT, CY, DE, EL, ES, IT, MT). Rights of live-in carers are sometimes not enforced, for reasons including a lack of capacity in labour inspectorates, and limitations on entering and inspecting private households in certain Member States. The time during which live-in carers are on stand-by is often excluded from their (paid) working time. Some live-in carers do not even receive the minimum wages that are in force in the Member State where they work and in-kind advantages (such as accommodation and food) may blur the picture.

**Informal carers are a key pillar of care provision in the EU.** In addition to its societal contribution, informal care has an economic value, which is not immediately visible. The economic value of the time spent on informal long-term care is estimated at 2.4-2.7 % of EU-27 GDP, exceeding in most Member States public expenditure on long-term care (on average 1.7% of GDP in 2019). While informal care is sometimes a matter of preference, it may often be the only option due to a lack of accessible and affordable formal care. Even when it is a personal choice, providing care can negatively affect carers' physical and mental health and well-being. Another challenge for informal carers is the difficulty to reconcile care with paid work. Employed carers often work part time. This has an immediate effect on their current income, and can affect their old-age income due to a reduced accrual of pension rights. In parallel with efforts to reinforce formal care services, supporting informal carers is also important. Relevant support measures include care benefits, health insurance coverage, counselling and training, validation of skills, pension credits and the provision of respite care.

**Differences in the organisation, quality, workforce etc. of LTC are echoed by highly differentiated levels of public expenditure on long-term care in relation to GDP.** The 2021 Ageing Report shows a number of countries with expenditures above 3% of GDP, and half of Member States with public expenditures below 1% of GDP. In 2019, 26% of these this spending went on cash benefits, 26% on homecare, and 48% on residential care, with marked variations from these averages across the Member States (2021 Ageing Report). In most Member States, long-term care for older people has no distinct

institutional setup and is financed on various levels (national, regional and local), depending on the historical and institutional context, with considerable out-of-pocket expenditure for private households. Public long-term care expenditure is financed either via general taxation or via social insurance, or as a mix of the two.

**The care sector has yet to fully harness the potential of digitalisation and innovation.** New technologies and digital solutions can help improve the quality of care by helping to prevent, monitor, or treat certain conditions and by supporting training for care workers. They can therefore take some pressure off care services and informal carers, although they cannot replace the human relation between the person in need of care and the caregiver. Rolling out such technologies may be costly and would also require improving people's digital skills.

**The COVID-19 pandemic has put further pressure on care systems.** The pandemic has brought to the fore the structural weaknesses of care systems in the spotlight, while at the same time putting the resilience of long-term care systems to the test. It has also shown how vital a role continued child care services, even during a pandemic, as well as the increased pressure on families who had to step into the breach – by home-schooling – when early childhood education and care services and schools were closed. In summary, it has shown how much needed structural reforms and investments in care are.

### **3. PURPOSE AND SCOPE OF THE INITIATIVE**

The European Care Strategy will aim to ensure that people who need care have access to good quality affordable care at all life stages. It is also envisaged to support decent working conditions for care workers and recall the need to recognise and reward care work in a way that reflects its high societal value and economic potential.

The **Communication** is expected to outline key challenges with the availability, access, affordability and quality of care services, as well as those related to carers and working conditions. It will also highlight the social and economic value of care. Bearing in mind the body of existing EU law and initiatives, it will announce further EU-level actions to better support people who need care and their carers, including by highlighting how various funds and instruments could be mobilised for this. The proposals for **Council Recommendations** will call on EU countries to take action in this area.

As for **early childhood education and care**, the proposal for a Council Recommendation will aim to support greater upward convergence of participation in early childhood education and care, by revising the Barcelona targets and proposing supporting measures for affordability, accessibility and quality of early childhood education and care. Special attention will be given to children with disabilities and children from disadvantaged groups (for example children from a migrant background and Roma children).

The proposal for a Council Recommendation on **long-term care** will aim to put in place a framework for policy reforms to steer the development of sustainable long-term care that ensures better and more affordable access to quality services. This will also necessitate adequate social protection for long-term care needs, investing in care services, the improvement of working conditions in the sector, an alleviation of the burden on informal carers, investment in active and healthy ageing and prevention policies, and support for technological innovations in the sector.

The types of instruments chosen for the initiative (Commission Communication and Council Recommendations) do not exceed what is necessary to achieve the objectives of the Treaties, in line with the proportionality principle.

#### **4. STEERING QUESTIONS FOR THE INTER-ACTIVE SESSION**

Cross-cutting

1. Do you share the analysis of the challenges and the proposed policy objectives? Do you have additional elements to bring in?
2. How could your organisation contribute to reaching the policy objectives of the initiative, both at EU and Member State level, and what support is needed for this contribution to be successful?

Specific question LTC

3. What are in your view the key building blocks of a policy framework to ensure better and more affordable access to good quality long-term care services?

Specific question revision of the Barcelona targets

4. What actions are most useful to enhance upward convergence of availability of affordable, accessible and high quality childcare, both at EU and Member State level, according to your expertise?