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COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

on the European care strategy

{SWD(2022) 440 final}

''For nights on end [during the pandemic], we all stood at our windows and doors to applaud critical workers. We felt how much we relied on all those women and men who work for lower wages, fewer protections and less security. The applause may have faded away, but the strength of feeling cannot. […]
We will come forward with a new European care strategy to support men and women in finding the best care and the best life balance for them.''[1]

Ursula von der Leyen, President of the European Commission

1. INTRODUCTION

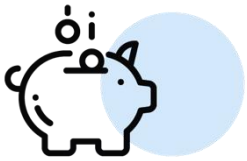
1 in 3 Europeans are estimated to have caring responsibilities and over **9.1 million** people, mostly women, work in the care sector.

Care concerns us all. It creates the fabric that holds our societies together and brings our generations together. **Throughout our lives, we and our loved ones will either need or provide care.**

With creches and kindergartens temporarily closed, and the disproportionate impact the pandemic had on our older people, **the COVID-19 pandemic** highlighted the importance of having robust formal care services to ensure continuity of care. By exposing its pre-existing structural weaknesses, the pandemic has put a magnifying glass on the need to improve the resilience of our care systems. It also had a significant impact in terms of mental health problems and resulting care needs to be addressed. All of this is particularly crucial for the well-being of care receivers and care givers, for women's participation in the labour market and the achievement of work-life balance.

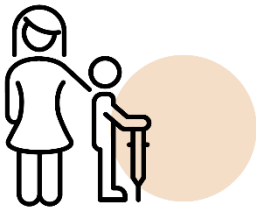
High-quality care services have clear benefits for all ages. Children need care to develop their cognitive, language and physical skills and competences. Participation in early childhood education has a positive impact on their development, boosts their employment opportunities later in life, their ability to lead fulfilling lives and careers and helps reduce the risk of poverty and social exclusion. As such, it contributes to breaking the cycle of inequality and disadvantages. Quality early childhood education and care promotes healthy and active lifestyles early in life, which has a positive impact throughout adulthood all the way to old age. At the same time, high-quality and affordable long-term care empowers **older people** by helping them to maintain their autonomy and to live in dignity. This is particularly important in a context of **demographic change,** where Europeans are living longer and healthier lives, and the demand for care is increasing exponentially. Active ageing policies, as well as early intervention, health promotion and disease prevention can further support longer independent, healthy and active living and delay the onset of care needs.

[1] State of the Union speech, 15 September 2021.



1/3 of households with long-term care needs do not use home care services because they cannot afford them.

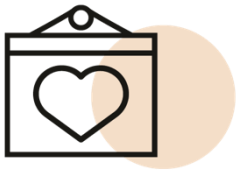
13 % of parents do not make use of childcare because of its cost and **11 %** have moderate or great difficulties in affording it. These percentages more than double respectively to **28 % and 27 %** for households at risk of poverty.



Half of children with disabilities are cared for only by their parents.

Despite the clear benefits of high-quality care services, for many people they are still not affordable, available or accessible. Around a third of children below the age of 3 and close to 90% of children aged between 3 and compulsory school age are in early childhood education and care, but still many parents are not able to enrol their children because the services are simply not available, or they are too expensive. Similarly, almost half of people aged 65 or over with long-term care needs have an unmet need for help with their personal care or household activities. In many cases, care services are not available where and when people need them, and long waiting lists and heavy procedures are a reality. Despite having a better healthy-life-expectancy than ever before, as people get older, the higher the chances of developing a frailty, illness or a disability, meaning that they would require long-term care. For many persons with disabilities, insufficient care services, support for families and personal assistance undermine their right to independent living, which is enshrined in the United Nations Convention on the Rights of Persons with Disabilities.

Unpaid care responsibilities keep around **7.7 million women** in Europe away from participating in the labour market, compared to only 450 000 men. This contributes to the gender employment gap (11 p.p.), the gender pay gap (13 %) and the gender pension gap (29 %).



Almost **all women** in the EU (**92 %**) are regular carers and **81 %** are daily carers, compared with **68 %** and **48 %** of men respectively.

Inadequate care services have a disproportionate impact on women as supplementary or informal care responsibilities still fall predominantly on them and this affects their work-life balance and options to take on paid work.

This leads to women taking long absences for family leave, reducing working time and withdrawing early from the labour market. For many women, it results in fewer career opportunities and lower wages and pensions than those enjoyed by their male peers. As they live longer on average but less often in good health than men, they need more intense long-term care and for longer periods of time. But they are often less able to afford it due to gender inequalities in pay and pensions accumulated over their lifetime.

Good working conditions in the care sector are vital to the resilience and attractiveness of the sector, and for gender equality. Women make up 90% of the care workforce, often in low paid, precarious jobs. Even if it involves the care of those who are most dear to us, care work is often undervalued. Moreover, care workers often lack prospects for career progression and the training available is not commensurate to their upskilling needs. The high prevalence of part-time work in the care sector means that many workers are earning even lower monthly incomes. For some vulnerable groups of care workers, such as live-in carers or domestic workers, working conditions can even be exploitative.

The International Labour Organization estimates that investing **1.1 %** of GDP in early childhood education and care and **1.8 %** of GDP in long-term care each year would create an additional **26.7 million** jobs in Europe by **2035**.

The inadequacy of care systems has an economic cost and undermines the sector's potential to create jobs. Investment in care services helps more women to join the labour market and yields more revenues for public budgets.

This strategy sets an agenda to improve the situation for both carers and care receivers. It calls for boosting access to quality, affordable and accessible care services and improving working conditions and work-life balance for carers. It will help making **the principles on access to good quality and affordable care of the European Pillar of Social Rights** a reality and contribute to achieving the headline targets on employment and poverty reduction for 2030 across the EU, welcomed by EU leaders at the Porto Summit in May 2021 and endorsed by the European Council.

Two proposals for Council Recommendations are at the centre of this strategy: on the revision of the Barcelona targets on early childhood education and care, and on access to affordable high-quality long-term care. They provide policy frameworks for reforms and investments at national, regional and local levels. Both cover adequacy, availability and quality of care as well as the working conditions of carers. This Communication sets out further supportive actions at European level and calls for action at national level[2].

The Strategy responds to calls from various stakeholders at EU and national level. The European Parliament[3], the Council, the European Economic and Social Committee, the Committee of the Regions, the social partners, and civil society have all called for reinforced EU action in this area[4]. It builds on experience with the Barcelona Targets in the past period, in particular the lack of progress in meeting the target in a number of Member States. The Strategy also responds to the Conference on the Future of Europe proposal[5] on the demographic transition that calls for quality affordable and accessible long-term care that meets the needs of both care receivers and care givers and for ensuring quality, affordable and accessible childcare across the EU, so that mothers and fathers can confidently reconcile their work and family life.

[2] A Commission Staff Working Document accompanying the Commission proposal for a Council Recommendation on access to affordable high-quality long-term care (SWD(2022) 441) provides evidence underpinning the key challenges in the sector and specific examples of how to address the challenges, inspired by measures taken across the EU Member States.

[3] European Parliament resolution of 5 July 2022 towards a common European action on care (2021/2253(INI))

[4] Commission Staff Working Document (2022) 440.

[5] Conference on the Future of Europe, Report on the final outcome, May 2022, Proposal 15.

2. IMPROVING CARE SERVICES

On average, **26.6%** of people aged 65 or over and **39.4%** aged 75 or over living at home need long-term care.

The number of all people potentially in need of long-term care across the European Union stands at **30.8 million people** and is projected to rise by more than 7 million people, to reach **38.1 million by 2050.**

Care services should be expanded to meet current and future needs for care. Increasing the availability of care services needs to go hand in hand with improving their quality, affordability, and accessibility.

Quality encompasses not only infrastructure and services, but also the interactions and human relations between carers and the people receiving care.

Early childhood education and care services must be of high quality, inclusive, and non-segregated to bring full benefits to all children. Additionally, quality is key to increase parents' trust in services and to ensure that these services contribute to a healthy emotional and educational development of the child.

Quality long-term care promotes the well-being, dignity and fundamental rights of care recipients, including by preventing and alleviating isolation, loneliness and their physical and psychological impacts. To achieve these goals, high-quality standards are needed. They should apply equally to public and private care providers and should be underpinned by strong quality assurance, enforcement mechanisms, monitoring practices and comprehensive quality frameworks that are often lacking. Innovative care settings, such as shared housing where people with long-term care needs share domestic support and care services, as well as adapted housing or multigenerational housing facilities can foster intergenerational contacts and solidarity while supporting independent living and social interactions, with a positive impact on the wellbeing of those in need of care and social cohesion. Care settings adapted to climate change can also protect vulnerable people, like older people, from meteorologically difficult conditions like heat waves.

Improving the affordability of care services leads to fairer access to care. High costs are one of the most significant barriers to parents enrolling their children in early childhood education and care. Lack of affordability is also a challenge for long-term care, as social protection coverage for long-term care is patchy and in general limited, making care unaffordable for many people. Around a third of households with long-term care needs do not use home care services because they cannot afford them and many people with long-term care needs and their families face the prospect of high out-of-pocket costs. As a result, many are at risk of income poverty and of falling into financial hardship if they develop long-term care needs.

Making care services accessible means enabling and providing the means to the people who need care (and their families) to actually make use of the services available. This may require adapting the facilities to enable physical access for care receivers and caregivers with disabilities. Actions under the Strategy for the Rights of Persons with Disabilities 2021-2030

will contribute to improving the quality and accessibility of care and supporting independent living and inclusion in the community. Furthermore, making the services accessible means that different working time patterns might require care at atypical hours, e.g. for shift or night workers. Having care facilities at a reasonable distance and within easy commuting time to access care services are also important factors. Having such facilities at or near the workplace may reduce the logistical challenges of parents, in particular for jobs where physical presence is required. Finally, cumbersome administrative registration processes, including in online registration procedures, should not be a barrier for parents seeking to enrol their children in early childhood education and care, including families at risk of poverty or social exclusion. Likewise, the overly complex application procedure for benefits may be disproportionate with the time and ability of people in need of care to cope with this.

Rural and remote areas and regions with low population density are particularly affected by the lack or shortage of available care services, both early childhood education and care as well as long-term care, due to long distances or limited public transport options. Access to and the variety of long-term care options are insufficient, raising equity concerns. The traditional choice of care options has been between informal care (usually provided by family members or friends, very predominantly women) and residential facilities. Other options such as home care and community-based care, have started to expand, though not evenly, across the EU.

2.1. EARLY CHILDHOOD EDUCATION AND CARE

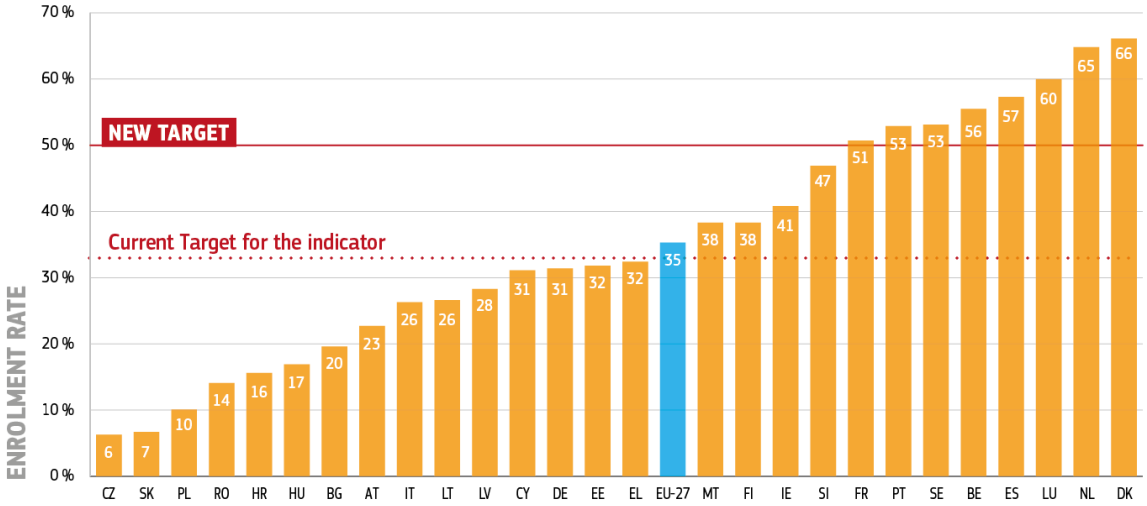
Principle 11 of the European Pillar of Social Rights recognises children's right to affordable early childhood education and care that is of good quality. The Council Recommendation on high-quality early childhood education and care systems[6] supports the Member States in their efforts to improve access to and the quality of early childhood education and care, and encourages them to adopt a quality framework. The EU strategy on the rights of the child[7] and the European Child Guarantee[8] form a new comprehensive EU policy framework to protect the rights of all children and secure access to basic services for children in vulnerable situations or from disadvantaged backgrounds. Specifically, the European Child Guarantee aims to ensure that all children in Europe at risk of poverty or social exclusion have free and effective access to high-quality early childhood education and care. It requires Member States to draw up national action plans to put these aims into practice.

As part of the European Semester, the EU monitors progress on early childhood education and care, the link between childcare and women's participation in the labour market and progress on social inclusion, notably for children from disadvantaged backgrounds. It supports Member States' reforms and investment through EU funds.

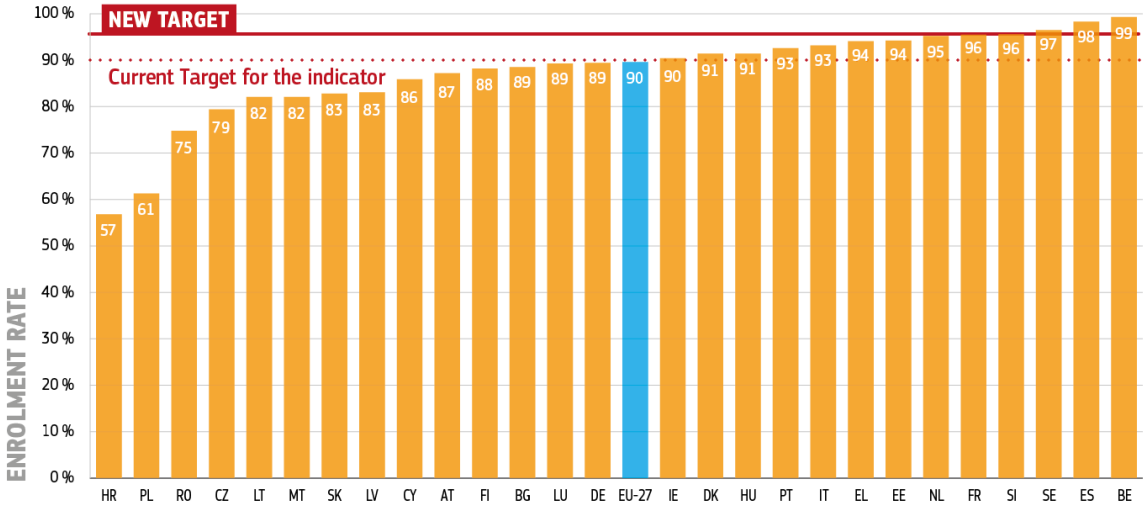
In 2002, the European Council set the Barcelona targets[9], which aim to remove disincentives to women joining the labour market by increasing childcare provision. In the last 20 years, considerable progress has been made and the initial targets were on average reached at EU level. However, large differences remain across Member States with many not having reached the targets, in particular for the youngest group of children and children from disadvantaged backgrounds. **The Commission is therefore proposing to revise the Barcelona targets to set new ambitious yet realistic targets and to stimulate upward convergence across the EU, ensuring real progress in all Member states and regions.**

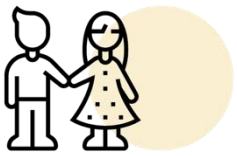
[6] Council Recommendation of 22 May 2019, OJ C 189, 5.6.2019.
[7] COM(2021)142 final
[8] Council Recommendation of 14 June 2021 OJ C 223, 22.6.21.
[9] Barcelona European Council, 15 and 16 March 2002. (2002), SN 100/1/02 REV 1

Graph 1: Early childhood education and care enrolment rate for children below 3 years old (current target 33%, EU SILC data 2019)



Graph 2: Early childhood education and care enrolment for children above 3 years (current target 90%, EU SILC data 2019)





Revised Barcelona targets: at least **50 %** below the age of three and at least **96 %** of children from age 3 until mandatory primary school age should participate in early childhood education and care.

Increasing the share of children under the age of 3 participating in early childhood education and care to 50 % would lead to substantial increases in the number of mothers working (ranging **from 2 % to 32 %,** depending on how close the country is to this **50 %** target, the labour demand and the country's female employment rate).

The proposed revision of the Barcelona targets adds new dimensions: **1)** the participation of children at risk of poverty or social exclusion, and **2)** the time-intensity of participation in early childhood education and care (i.e. the number of hours attended per week).

These new aspects are particularly important for **children in vulnerable situations** or from disadvantaged backgrounds and their families. This notably includes children with disabilities, children at risk of poverty or social exclusion, children from homeless families, Roma children[10] and those from minority groups, children with a migrant background, refugee children and children fleeing armed conflict. Encouraging participation in early childhood education and care is in the best interest of the child in terms of their future life outcomes, to promote social inclusion and to break the cycle of disadvantage. At the same time, mothers in low-income households may face higher barriers to find a job if they have a low level or obsolete professional skills or experience. They can also face deterrents to (re)entering employment, such as relatively high childcare costs and potential disincentives from the tax-benefit system. Encouraging a higher share of children from low-income households to attend early childhood education and care may therefore also have a beneficial impact on their mothers' return to work.

Early childhood education and care should be provided for a **sufficient number of hours** to enable parents, in particular mothers, to meaningfully engage in paid work. A very low intensity of early childhood education and care is not conducive to a strong attachment to the labour market. Progress in the provision of early childhood education and care in the Member States therefore needs to be assessed considering both the overall participation and the number of hours of childcare, as they highlight different aspects.

27% of children at risk of poverty or social exclusion aged 0-2 were enrolled in early childhood education and care in the EU in 2019. This is **substantially lower than the overall average,** which is **35 %.** There are also disparities within Member States with the availability of services differing widely between rural or remote areas and cities.

One way to ensure adequate provision of early childhood education and care is by establishing a legal entitlement to it, by which public authorities guarantee a place for all children whose parents demand it. In most Member States, such legal entitlement exists, but the starting age varies significantly. Ideally, there should be no gap between the end of adequately paid family leave and a legal entitlement to a place in early childhood education and care.

[10] COM(2020) 620 final, 7.10.2020, OJ 2021C 93/01.

Care responsibilities for children do not stop when they enter primary school. Where parents' working hours are not compatible with schooling hours, affordable and quality out-of-school care plays an important role for children. This could include other support services, such as help for homework, particularly for children from disadvantaged backgrounds. Additionally, children should grow up, play and socialise in environments that promote an all-round healthy lifestyle.

Together with this strategy, the Commission puts forward a ***proposal for a Council recommendation on the revision of the Barcelona targets****, which invites Member States to:*

- meet the revised targets for participation in early childhood education and care, by 2030: at least 50% of children below the age of three and at least 96% of children from age 3 until mandatory primary school age should participate in early childhood education and care, the latter in line with the European Education Area target;

- provide a sufficient number of hours of early childhood education and care to allow parents to meaningfully engage with paid work;

- close the gap between attendance in early childhood education and care of children at risk of poverty or social exclusion and the overall population of children;

- take measures to improve the quality, accessibility and affordability of inclusive early childhood education and care for all children and introduce a legal entitlement to early childhood education and care, taking into account the availability and length of adequately paid family leave;

- improve the working conditions for staff in early childhood education and care, while taking measures to improve the work-life balance for parents and closing the gender care gap.

The Commission will:

- continue to robustly support Member States in their individual efforts to design and implement reforms in the area of early childhood education and care via the European Education Area Strategic Framework and the Technical Support Instrument, including to ensure the accessibility, affordability, quality and inclusiveness of early childhood education and care, and the development of sound monitoring and evaluation systems. It will continue to monitor and guide Member States action in this area through the European Semester with targeted analysis and support and through the promotion and facilitation of exchange of good practices, mutual learning and technical capacity-building activities.

2.2. LONG-TERM CARE

Several EU-level instruments and initiatives provide a foundation for a shared strategic vision for long-term care in the EU. The Charter of Fundamental Rights of the EU recognises the rights of older people to lead a life of dignity and independence and to participate in social and cultural life. It enshrines the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community. Principle 18 of the European Pillar of Social Rights spells out the right to access quality and affordable long-term care, in particular home care and community-

based services. The Commission helps Member States meet the challenges of long-term care by carrying out joint analytical work, exchanging best practice and mutual learning. It monitors policy developments during the European Semester and supports reforms and investment through EU funding.

However, more targeted EU action is needed to stimulate policy reform. Long-term care services are often not commensurate to the needs, are unaffordable and do not respect high levels of quality. In addition, significant challenges remain with regard to ensuring respect of the principles of equality, freedom of choice, the right to independent living, and prohibition of all forms of segregation for persons with long-term care needs. Working conditions in the care sector are difficult and the wages are low, which partly explains the staff shortages in the sector. To help overcome these structural weaknesses, the Commission proposes a Council recommendation setting out a comprehensive policy framework to guide investment and reforms for long-term care and several additional support measures.

Together with this strategy, the Commission puts forward a ***proposal for a Council recommendation on long-term care****, which invites Member States to take action to address shared long-term care challenges. In particular, the proposal for a recommendation:*

- encourages Member States to strengthen social protection for long-term care and improve the adequacy, availability, and accessibility of long-term care services;

- puts forward a set of quality principles and quality assurance guidance, building on previous work of the Social Protection Committee in this area;

- calls for action to improve working conditions and upskilling and reskilling opportunities in the care sector, while highlighting the significant contribution made by informal carers and their need for support;

- sets out several principles of sound policy governance and sustainable financing.

A strategic and integrated approach to care is needed. Approaches that are person-centred and conducive to independent living are often lacking, exacerbated by insufficient integration between long-term care and healthcare, or between informal care, home care, community-based and residential care. Person-centredness entails offering a choice of services in line with people's needs and improving the transition from institutional care to home care and community-based services. Long-term care services that are well integrated with healthcare and provide good care solutions, including for people in palliative care, improve quality of life and health outcomes and can foster cost-effectiveness while helping to reduce the burden on hospitals and other healthcare facilities. Targeted expert assistance can help Member States devise and roll out integrated care approaches benefitting both long-term care and healthcare systems.

The global market for ICT solutions for **healthcare monitoring in private homes** was projected to grow from nearly **EUR 11 billion** in **2016** to roughly **EUR 32 billion** by **2021,** while the European market for robots and other devices assisting older people is estimated to be worth about 13 million in 2016, with clear prospects for further growth.

The digital transition also offers multiple opportunities. Though technology cannot and should not replace human interaction, which lies at the heart of care work, innovative digital solutions such as information and communication technology, assistive technology, telecare, telehealth, artificial intelligence and robotics can improve access to high-quality affordable care services and aid independent living. They also have the potential to enhance labour productivity in the sector by taking over certain laborious or hazardous tasks of care workers, improving case management and occupational safety and health at work, helping the remote monitoring of care recipients and facilitating the training and recruitment of care workers. Investments in these technologies need to be accompanied by investing also in digital skills, removing accessibility barriers for persons with disabilities, and improving connectivity in rural and remote areas.

The Commission supports a wide range of research and innovation on digital tools for active and healthy living and on integrated and person-centred care. European policies promote the digital transformation including the digitisation of public services through Europe's Digital Decade and digital public services that are inclusive of and accessible to persons with disabilities. The proposal to establish a European Health Data Space[11] aims to empower individuals to share their own health data with care providers of their choice for better healthcare delivery. Although numerous successful practices exist and innovation in this sector is steadily growing, scaling up the use of innovative technology and digital solutions for care requires putting in place an enabling framework to help transfer good practice.

Policy reforms can also be supported by international cooperation. The COVID-19 pandemic and demographic challenges have put long-term care high on the global policy agenda. Internationally available expertise can strengthen evidence-based policy development also at EU level. The 2021 International Labour Organization (ILO) 'Global Call to Action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient' underscored the significant opportunities for decent work in the care economy. It highlighted the need to invest in the care sector, address the issue of under-resourcing and improve working conditions. The ILO's work on social protection and working conditions for care workers, including domestic workers and live-in carers, provides a good analytical base of the challenges in the sector across the world and the relevant international standards. Integrated care and long-term care are also at the core of the actions rolled out by the World Health Organization (WHO) under the United Nations Decade of Healthy Ageing. Close coordination between Member States can help increase the impact of these initiatives and position the EU in taking a more prominent role in addressing global demographic challenges. The analytical work by the Organisation for Economic Cooperation and Development (OECD), supported by the Commission, on measuring the effectiveness of social protection can also help guide sound policy making in increasing social protection for long-term care.

The Commission will:

*- offer direct technical support from the Technical Support Instrument to the Member States under a new flagship project "**Towards person-centred integrated care**". Such support aims at facilitating reforms in line with the proposal for a Council Recommendation on access to*

[11] COM(2022) 197 final

affordable high-quality long-term care. The flagship will help Member States, upon demand, to design and implement reforms aimed at strengthening the coordination between health, social care and long-term care and the integration of the different levels of care provision, by putting the person at the centre of services to ensure better access and better quality of care at every stage of life;

*- finance, under the upcoming **Horizon Europe partnership 'Transforming health and care systems'**, a knowledge hub for innovative technologies and/or digital solutions in health and care provision. The hub will support assessment and transferability of good practices and act as a community-building and exchange forum. Complementing this, funding for research and innovation for person-centred care and uptake of digital solutions will be available under the Horizon Europe and Digital Europe programmes;*

*- set up a **strategic partnership with the WHO** to provide country-specific support to design and implement policy measures for high-quality long-term care, including through integrated care services. These will be complemented by an open-access repository of knowledge and support for inter-disciplinary exchanges of stakeholders.*

The Commission calls:

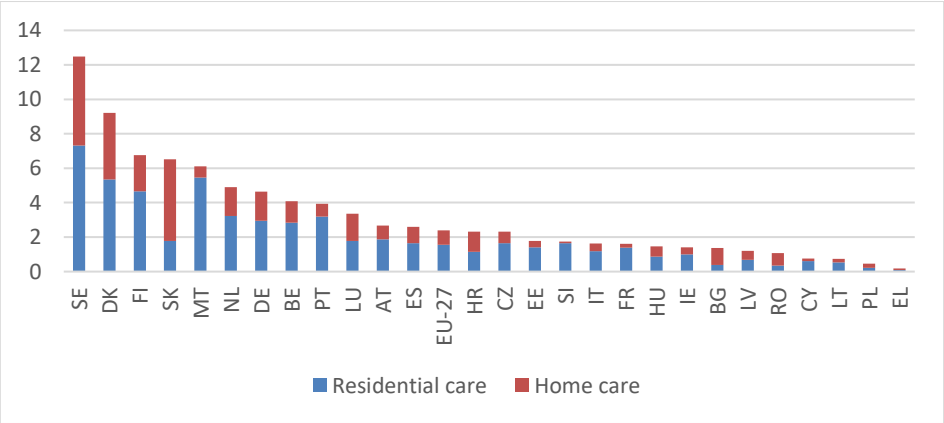
*- on the Member States, social partners and civil society **to tap the potential of and mainstream digital solutions** when designing, implementing and monitoring policies and related funding for care.*

3. MAKING THE CARE SECTOR MORE RESILIENT AND GENDER BALANCED

3.1. IMPROVING WORKING CONDITIONS IN THE CARE SECTOR

The care sector has a high potential to create more jobs, driven in particular by population ageing. More than 1.6 million long-term care workers would have to be added by 2050 to keep long-term care coverage at the same level. To respond to the increasing demand for care, the sector needs not only to retain staff but also to attract more workers with the right skills.

Graph 3: Number of (full-time equivalent) long-term care workers per 100 people aged 65+, 2019



Source: EU Labour Force Survey, 2019, in: Barslund, M., et al., 2021.

However, **labour shortages** in the EU are increasingly prominent, including in the post-pandemic labour market recovery. They reflect structural challenges such as ageing, the twin transition on digitalisation and combatting the climate crisis, poor working conditions in some sectors and occupations, and skills shortages. The care sector is particularly affected by labour shortages due to frequently difficult working conditions and low wages.

In 2021, **nursing professionals,** nursing associate professionals and home-based personal care workers were among the 19 occupations with **high magnitude shortages** in a number of EU Member States[11].

Many Member States already face labour shortages in the sector, with over 1 in 6 job advertisements being related to long-term care.

As the care sector is one of the most gender-segregated sectors, attracting a more diverse workforce, in particular recruiting more men, can help reduce segregation on the labour market and counter gender stereotypes at all levels of care. While the job creation potential is higher in rural areas, where populations are on average older, labour shortages are also more pronounced there, since the working age population is more reduced and women, in particular, tend to move away[12].

Better working conditions and wages, supported by strong social dialogue, education and training, will make care jobs more attractive. Long-term care and early childhood education and care workers should be able to effectively exercise their social and labour rights, regardless of the type of employment or whether they are employees or self-employed, including those who work through digital labour platforms. Providing care workers with career development opportunities via reskilling and upskilling helps increase the resilience of the sector to unexpected shocks, such as the COVID-19 pandemic, and helps workers progress in their careers. Better working conditions will also help attract more people to the profession, including men, thus improving gender balance in the sector.

Care workers are essential to meet society's care needs, but their work is undervalued. The COVID-19 pandemic showed a mismatch between the level of pay and the essential value of care work. Low pay may also be linked to gender stereotypes that equate the soft skills required for care, such as communication, empathy or cooperation, as skills that would come naturally to women and that are not properly recognised in the economic value of their work[13]. Challenges relating to the affordability of care can exert downward pressure on wages. Given the large proportion of women working in the sector, increasing wages could contribute to reducing the overall gender pay gap, and therefore also the pension gap.

The care sector needs better social dialogue processes at national and EU levels. Social services, including early childhood education and care and long-term care, represent a large economic sector. But, for a variety of reasons, including the prevalence of irregular employment in this sector, large swathes of the long-term care workforce are not represented

[12] See SWD(2021) 167final
[13] See SWD(2021) 41 final.

by social dialogue processes in many Member States. This can create a vicious circle, with unfavourable working conditions and low wages resulting in high turnover rates among care workers, leading in turn to lower worker representation and a lack of pressure to improve working conditions. Effective social dialogue and collective bargaining, including at EU level, can help address workforce challenges in the care sector.

Other EU initiatives contribute to improving the situation of care workers. The European Skills Agenda[14], in particular via the Pact for Skills partnerships, has a high potential to support upskilling and reskilling in the care sector. EU law on transparent and predictable working conditions[15] and minimum wages benefit carers across the EU. The EU strategic framework on health and safety at work for 2021-2027[16] sets out actions to improve workers' health and safety. Following the Council Recommendation on access to social protection[17], Member States committed to extending access to social protection systems to workers in non-standard forms of employment, including people in part-time work. The Commission also put forward legislative proposals on improving working conditions in platform work[18] and strengthening pay transparency[19], which, when adopted by the European Parliament and the Council, could contribute to better working conditions in the sector.

Nonetheless, recent reports and the COVID-19 pandemic highlighted the difficult working conditions in the long-term care sector. Care workers are regularly exposed to physical and psychological health risks. Challenging social behaviour, including verbal and physical violence, bullying and sexual harassment is a frequent problem, in particular for long-term care workers. Atypical contracts and the steady expansion of platform work play an increasingly significant role in the care sector. This brings challenges, such as workers having limited access to social protection, labour rights and adequate occupational health and safety. There is a need to undertake a thorough review of enforcement gaps in the EU legal framework regarding working conditions in the long-term care sector. The ILO Convention 190, together with the accompanying Recommendation 206, provide an international framework to prevent, remedy and eliminate violence and harassment in the world of work. Further, given that social economy actors are important providers of long-term care services and its participatory governance model, there is scope for more in-depth research into the contribution of the social economy to improving working conditions in the care sector.

The size of the EU platform economy in the domestic and home services sector has grown to an amount of **EUR 1.5 billion in 2020** from **EUR 0.8 billion in 2016,** and is expected to continue to expand in size.

Domestic workers, many of whom are women and often with a migrant background, are subject to some of the poorest working conditions in the long-term care workforce. They often work undeclared or as bogus self-employed, earn extremely low wages, and are sometimes denied basic labour rights, such as adequate rest periods and pay. ILO Convention 189 provides standards for decent working conditions of domestic workers, including live-in carers, but ratification is lagging behind, with only eight EU Member States having done so.

The Commission will:

[14] COM/2020/274 final.
[15] Directive (EU) 2019/1152 of 20.06.2019.
[16] COM/2021/323 final.
[17] 2019/C 387/01.
[18] See COM/2021/762 final.
[19] See COM/2021/93 final.

*- together with social partners, continue to explore the modalities for the setting up of a **new sectoral social dialogue for social services at EU level**;*

*- propose **increasing support for capacity building for social dialogue at national level** in the care sector via social dialogue calls for proposals and European Social Fund+ funding;*

*- fund projects under the Citizens, Equality Rights and Values programme to identify **criteria to assess the social and economic value of work in different sectors,** including in the care sector;*

*- **review the application of EU standards governing working conditions**, including for live-in carers, in cooperation with EU decentralised agencies. The review will build on the forthcoming analysis on occupational safety and health for the health and long-term care sector. The findings of the review will feed into debates and support better enforcement at national level, possibly backed by guidance on improving the working conditions in the long-term care sector;*

- use all the possibilities to fund research under Horizon Europe on working conditions in the social economy, including in the care sector.

The Commission calls:

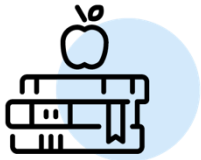
*- on the Member States and EU-level and national social partners to **foster effective social dialogue and to conclude collective agreements for the care sector** with the objective of providing care workers with fair working conditions and adequate wages;*

*- on the Member States to **address gaps in implementation and enforcement of EU labour law and working conditions acquis in the care sector** and to ratify and implement **ILO Convention 189 on domestic workers.** It also calls on the Member States to **take steps to formalise and regulate the specific situation of domestic workers and live-in carers**;*

*- on the Member States to address **workplace risks related to violence and harassment** in the care sector and adopt the Council Decision authorising the Member States to ratify the ILO Convention 190 concerning violence and harassment in the world of work.*

Legal migration can be a key driver to remedy labour shortages. Already today, many people from non-EU countries work in the care sector. But migrant care workers often work undeclared or in precarious conditions. The communication 'Attracting Skills and Talent in the EU'[20] underlines that sustainable and legal pathways for migration from non-EU countries to work in the care sector could provide an opportunity both for migrant care workers to start a career in the EU, and for EU countries to help meet their demand for jobs. These opportunities may also be valuable to people fleeing the Russian aggression in Ukraine, especially experienced care workers, who want to seek employment while residing in the EU. There is a need to assess whether and to what extent EU tools could help in improving the admission of migrant care workers to the EU, to the mutual benefit of all Member States and countries of origin, while ensuring the ethical recruitment of migrants.

[20] COM/2022/657 final.



1/4 of long-term care workers feel that they **need further training** to cope well with their duties.

Upskilling and reskilling opportunities will improve the attractiveness and quality of care work. In order to achieve improved quality in the provision of care as well as to reduce turn-over of staff, it will be necessary to ensure that all kinds of care staff are able to participate both in high-quality initial education and training as well as continuing professional development programmes over the course of their careers. Most long-term care workers have a medium level of qualifications and the skills required are constantly evolving and becoming increasingly complex. The sector needs workers with soft skills, digital skills and specialised knowledge (e.g. on certain types of diseases such as Alzheimer's or chronic diseases, or on diagnostics and treatment methods, for instance via telecare).

The Commission will:

- by the end of 2022, launch a study ***mapping the current admission conditions and rights of long-term care workers from non-EU countries*** *in the Member States. The Commission will also explore the added value and feasibility of developing* ***EU-level schemes to attract care workers****, taking into account the ethical dimension of such schemes, as set out in the initiative "Attracting Skills and Talent in the EU". Talent partnerships could also be developed for several economic sectors, including long-term care, on a demand-driven basis, while remaining mindful of the risks of brain drain;*

- promote the ***opportunities available for early childhood education and care staff*** *under the Erasmus+ programmes to continuously develop their professional competences through the design of early childhood education and care programmes, innovative teaching methods and new material to support children's learning;*

- promote the establishment of a ***skills partnership under the Pact for Skills*** *for the long-term care sector. The partnership should include digital skills and development of corresponding training and education curricula, in the context of the European Skills Agenda and build on synergies with large scale partnerships in relevant sectors (e.g. healthcare, proximity and social services). Calls under the Erasmus+ programme will support sectoral cooperation on long-term care (e.g. Alliance for sectoral cooperation on skills);*

- take specific action on ***digital skills in health and care sectors*** *under the Digital programme by launching calls for proposals for Master courses and short-term training and under the EU4Health work programme by providing professional development training opportunities for* ***health workers, including nurses****;*

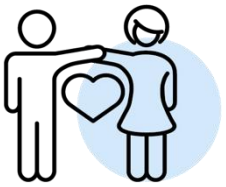
- bring forward ***skills intelligence on current and future skills needs and trends*** *for the long-term care sector, in close cooperation with CEDEFOP. This work should build on the CEDEFOP innovative Skills Online Vacancy Analysis Tool for Europe (Skills OVATE) and the toolkit for labour market intelligence.*

The Commission calls:

- on the Member States and EU-level and national social partners to take action to facilitate the ***upskilling and reskilling of care workers****, in line with the European Skills Agenda and its actions, in particular the Pact for Skills.*

3.2. A BETTER BALANCE BETWEEN WORK AND CARE RESPONSIBILITIES

Investing in the care sector would help ensure that informal care is a choice rather than a necessity. Caring for loved ones has a high societal and economic value. For example, the value of hours of long-term care provided by informal carers is estimated to be around 2.5% of EU GDP higher than the public expenditure on long-term care. Further, people with caring responsibilities should have a choice about the extent to which they want to combine care with paid work. Therefore, they should have access to services that enable them to reconcile their caring responsibilities with their professional lives.



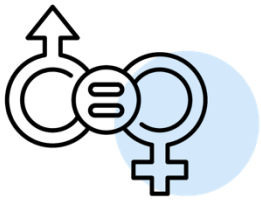
On average across the EU, some **52 million people** are estimated to provide **informal long-term care** to family members or friends on a weekly basis, representing close to **80% of long-term care providers.**

Providing care has major consequences for informal carers, including negative effects on their current and future income and on their mental health. Women provide the bulk of care and this often leads them to adapt their work patterns to care responsibilities, including by taking career breaks, working part-time, or leaving the labour market entirely and prematurely. This is particularly challenging for single parents, the vast majority being women. Some face a double burden of caring for children and other dependent family members at the same time. In pre-pandemic 2019, about one third (32.6%) of women aged 25-49 outside the labour force indicated that care responsibilities were the main reason for not seeking employment, compared to 7.6 % of inactive men.

Care services are essential to enable people to combine work and care duties, but they are not sufficient on their own. This is why Principle 9 of the European Pillar for Social Rights states that parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and to have access to care services. Work-life balance measures should help workers to balance their care responsibilities with work, while care allowances can partly compensate for the hours of care provided. Increased access to special and family leave and flexible working time arrangements, such as part-time work, telework and flexitime, can help workers improve their work-life balance.

One of the root causes of the difference in time devoted to unpaid care work by women and men are stereotypes about the roles and responsibilities of women and men in the private and professional spheres. This can only be tackled by taking a transformative approach that aims to revalue care work and tackle stereotypes so that men and women are perceived as equally capable of providing care, and of being professionals or leaders in the care sector.

The Work-Life Balance Directive[21], which the Member States had to transpose into national law by August 2022, fosters a more equal sharing of care responsibilities. It introduces non-transferable rights to family leave and flexible working time arrangements for both women and men. It is specifically designed to encourage the uptake of these rights by men. The Directive also states that carers who exercise these rights must not be treated unfavourably or discriminated against in the workplace. Workers with care responsibilities need to be aware of the new rights granted by the Directive and employers need to be encouraged to put in place work-life balance friendly policies also in light of the uptake of new (tele)working arrangements triggered by the COVID-19 circumstances.



The gender employment gap in the EU fell from **13.4 percentage points** (p.p.) in **2009** to **10.8 p.p.** in **2021,** but recently progress has stalled. This trend to **stagnate** will need to be reversed if the EU is to reach the target of at least **halving the gender employment gap by 2030,** compared to 2019. In practical terms, this means that women's employment rate will have to increase at least 3x faster than that of men.

European Commission - Joint Research Centre, Impact on female employment of revising the Barcelona targets for childcare (GENDERMOD), September 2022.

Access to adequate support services and measures for informal carers such as counselling, psychological support or respite care is often scarce and uneven. Many informal carers do not receive proper training in caring for a dependent, sometimes resulting in feelings of over-burdening or even mental health issues (e.g. burnout). Especially for older informal carers, caring responsibilities can be challenging and affect their own healthy living. There is scope to foster good practice in supporting informal carers, for instance by tapping into the expertise of the World Health Organization. Policies to formalise informal care, for example by service contracts with public authorities, can benefit informal carers and their dependents and help recognise and value better care giving.

The Commission will:

- monitor the take-up of the new rights covered by the Work-Life Balance Directive, including through the ***monitoring framework*** *drawn up by the Employment and Social Protection Committees on the* ***uptake of family leave and flexible working time arrangements*** *by women and men with care responsibilities;*

- launch an ***awareness raising campaign*** *on the new rights granted by the Work-Life Balance Directive;*

- cover the unequal sharing of unpaid care work in its upcoming ***communication campaign on combating gender stereotypes****;*

- work with EQUINET to identify measures to ***tackle possible unfavourable treatment in Member States of workers who take family leave****, including through cooperation between equality bodies and other actors;*

- support schemes that promote family-friendly practices in companies, encourage the take-up of the new rights by both women and men and promote the role of men in care and family responsibilities under the ***Citizens, Equality, Rights and Values Programme****;*

- facilitate better ***use and outreach of WHO tools*** *and training materials on the support measures available to informal carers.*

[21] Directive (EU) 2019/1158, OJ 2019, L 188

The Commission calls on the Member States to:

*- **combat gender stereotypes** and promote a more equal sharing of care responsibilities between women and men;*

*- **design support measures for informal carers**, e.g. counselling, psychological support, respite care and/or adequate financial support, which does not deter labour market participation, together with policies to formalise informal care.*

4. INVESTING IN CARE

Public spending on care varies considerably between Member States. This reflects different approaches to organisation, quality and valuing of care work and, in the case of long-term care, varying weight given to formal and informal care provision.

Spending on early childhood education and care varies between **0.1** and **1.7 %** of GDP across the EU and has slightly increased over the past 20 years.

Public expenditure on long-term care ranges from below **1 %** in half of the Member States to above **3 %** of GDP in other countries. On average, public expenditure on long-term care came to **1.7 %** of EU GDP in 2019, which is relatively low compared to the value of hours of long-term care provided by informal carers (estimated to be around **2.5 % of EU GDP**).

Long-term care is expected to be the fastest-rising ageing-related public expenditure item, projected to increase to 2.5% of GDP by 2050, with marked variations across Member States[22].

Public support for the care sector is a social investment which, in parallel with action on sustainable financing, brings multiple returns for individuals, society and the economy. Increasing investment in care has a positive impact on children's development and the well-being and dignity of care recipients, contributes to social fairness and gender equality and promotes women's participation in the labour market and job creation. Recent research[23] shows that investment in care can generate additional tax and social security contributions from jobs created as well as from increased labour market participation of women. Overall, tax revenue from increased earnings and employment would rise, reducing the total funding requirement of care policy measures from 3 per cent of GDP (before taxes) to a net 2 per cent of GDP (after taxes)[24]. The ILO estimates that the rate at which Member States can recoup investments in the care sector is on average around 55%, depending notably on the amount of investment needed, the labour demand in the Member State concerned and the level of taxation.

[22] European Commission and Economic Policy Committee, 2021, The 2021 Ageing Report – Economic and budgetary projections for the 27 EU Member States (2019-2070).
[23] International Labour Organisation (ILO) report – Care at work – Investing in care leave and services for a more gender equal world of work, 2022.
[24] International Labour Organization (ILO). 2022. ILO Care Policy Investment Simulator (Geneva, forthcoming).

Unlocking the potential of early intervention and prevention measures can contribute to fiscal sustainability of public budgets. Health promotion, disease prevention, timely and good quality healthcare as well as healthy living policies have great potential to postpone or reduce the need for health care and long-term care while enabling ageing at home for as long as possible.

Currently, an estimated 3% of healthcare budgets are spent on health promotion and disease prevention while **80% of the healthcare budget is spent on non-communicable diseases**, many of which can be prevented or better treated when detected early on.

Furthermore, the lack of investment in long-term care and prevention risks shifting the costs to pensions, social assistance and healthcare budgets. The Healthier Together initiative and Europe's Beating Cancer Plan address the prevention, treatment and care of non-communicable diseases, to ensure that patients can live long, fulfilling lives and that challenges faced by families and carers are addressed.

Fiscal sustainability of care services can be improved by ensuring their cost-effectiveness. Cost-effectiveness can be improved by creating a coherent and integrated governance framework, continuous monitoring and ensuring that the available resources are well-targeted and, for long-term care, support for independent living and that services match the needs of the individual. Achieving this can benefit from mapping available infrastructure and services and establishing a gap analysis, while taking into account territorial inequalities and demographic challenges. Innovative, integrated care solutions and the ethical use of new technologies in care can also help improve the fiscal sustainability of long-term care and healthcare systems.

Care providers need stable and sustainable financing mechanisms and they need clear and enabling regulatory environments. Given their clear social function, long-term care services are a public good. When provided by public authorities and associations, long-term care services are primarily considered social services of general interest. Both public and private investments in long-term care should take place in a clear regulatory environment, with high quality standards, that takes into account the social value of care services and the need to uphold the fundamental rights of persons in need of care and fair working conditions and wages for care staff. Stronger support for regional and local care providers can create jobs and empower local communities.

Social economy actors bring an added-value to the provision of high-quality care services due to their person-centred approach and the reinvestment of profits into their mission and local communities. As called for in the Social Economy Action Plan[25], policy and legal frameworks should create the right environment for the social economy to optimise its contribution to care services. The systematic use of socially responsible public procurement could boost the potential of social economy to contribute to high-quality standards in care and to provide fair working conditions. The forthcoming report of the high-level group on the future of social protection and welfare states in the EU will provide further insights on sustainable financing and the role of social services in the welfare states.

There is a need to increase public and private investment at national level, and EU funding can complement this. Member States can tap into EU funding opportunities such as the European Regional Development Fund (ERDF), the European Social Fund Plus (ESF+), including its Employment and Social Innovation strand, the European Agricultural Fund for Rural Development, the Just Transition Fund, the Horizon Europe or Digital Europe programmes. In addition, the Recovery and Resilience Facility (RRF) can finance eligible

[25] COM/2021/778 final.

reforms and investments in the context of the recovery from the COVID-19 pandemic. The Technical Support Instrument can also support reforms and investment. At the same time, Member States should pursue policies conducive to the sustainable funding of care services that are coherent with the overall sustainability of public finances.

In the programming period 2014-2020, the European Social Fund (ESF) has supported several actions related to long-term care ranging from the reskilling and upskilling of the workforce, expanding access and coverage, supporting integrated care services and independent living, to active and healthy ageing. ESF resources have also been allocated to regional and local level projects to enhance childcare provision, to address the gaps experienced by disadvantaged children, to assist parents in accessing the labour market and to make efforts towards addressing disparities in employment between men and women.

Programming for the period 2021-2027 is ongoing, and access to the ERDF and the ESF+ is conditional upon the existence of national or regional strategic policy frameworks for health and long-term care.

The European Child Guarantee provides Member States with an opportunity to leverage ESF+ funding to strengthen access to early childhood education and care. It can also be used to support the quality of provision in formal and informal settings, and to improve the inclusion of children with disabilities, children at risk of poverty or social exclusion, and children from marginalised communities.

The European Agricultural Fund for Rural Development (EAFRD), based on the relevant evidence and facts described in the Long-term Vision for Rural areas, also provides Member States with the possibility to support rural childcare and long-term care.

While the main aim of the Just Transition Fund is to support investment to mitigate the impact of the climate transition, where duly justified, territorial just transition plans may contain activities in the areas of education and social inclusion including, investments in infrastructure for the purposes of training centres, child- and long-term care facilities as indicated in territorial just transition plans.

The Recovery and Resilience Facility (RRF) provides Member States with significant opportunities to fund reforms and investments in social resilience. A large number of Member States[26] mobilised the RRF for the long-term care sector. Examples of reforms under the Recovery and Resilience Plans (RRPs) include strengthening long-term care system and promoting a change in the model of support and long-term care, increasing human resources and infrastructure capacity for the provision of long-term care services, training, reskilling and upskilling of long-term care professionals. Additional reforms are also expected to improve long-term care provision by modernising or expanding social services, including community-based services, and by supporting long-term fiscal sustainability of long-term care systems. Of the 25 plans adopted as of 20 July 2022 under the Recovery and Resilience Facility, 12 include reforms and investments in the area of early childhood education and care, totalling around EUR 7.9 billion[27]. Those investments are expected to increase participation rates, in particular among disadvantaged groups, hence reducing inequalities. These measures are also supported by reforms aiming to improve access, inclusiveness and quality of early childhood education and care.

[26] See SWD (2022) 441.

[27] AT, BE, CY, CZ, DE, EL, ES, HR, IT, LT, RO, SK.

The Commission calls on the Member States to:

*- ensure **adequate and sustainable financing and investments in high-quality care systems,** including by:*

*- pursuing policies conducive to the **sustainable funding** of care services that are coherent with the overall sustainability of public finances;*

*- promoting both **public and private investments** in care services, while ensuring **a clear regulatory environment** that takes into account the social value of care services and the need to uphold the fundamental rights of persons;*

*- using existing EU funding to improve **equal access to high-quality long-term care,** in particular community-based and home care;*

*- using existing EU funding to ensure equal access to **inclusive and quality early childhood education and care services**, including at parents' workplaces, for all children, in particular children at risk of poverty or social exclusion and for marginalised groups such as Roma, children with a migrant background, children with disabilities, and children deprived of parental care. In this context, the Commission will continue to support Member States in guaranteeing free and effective access of children at risk of poverty or social exclusion to early childhood education and care, as outlined in the European Child Guarantee.*

5. IMPROVING THE EVIDENCE BASE AND MONITORING PROGRESS

Reliable and comparable data are essential to monitor progress and for evidence-based policy making. This includes ensuring a sufficient level of detail in the reference data on participation in early childhood education and care, e.g. with a breakdown by specific groups or age categories. Further, strengthening the evidence base requires better data on the type and consequences of informal care provision, i.e. to identify gender inequalities, working time arrangements and the uptake of family leave.

Despite some progress in building common long-term care indicators on access and financing, statistics on long-term care are still underdeveloped. They lack comparable administrative data e.g. on care expenditure and provision. Therefore, more work is needed to develop and harmonise data collection at EU level. In addition, taking a rigorous and systematic approach to projecting the evolving national needs for long-term care will help Member States plan ahead. Despite evidence of access to care being more difficult in rural and remote areas, data on territorial inequalities in long-term care provision is scarce; more evidence is needed on the main causes of these inequalities and on effective policy responses.

The Commission will:

*- work **to improve care-related data collection and analysis**, in particular by increasing reporting on participation in early childhood education and care, in cooperation with Member States. It will also step up **strategic cooperation with international organisations** such as OECD and ILO, and exchanges with EU agencies, namely the European Institute for Gender Equality (EIGE) and Eurofound. Where feasible and relevant, data should be disaggregated by sex, age, disability and ethnic background;*

*- with input from EACEA's Eurydice network and EIGE, **monitor progress and work to develop and analyse indicators** tracking early childhood education and care. This work will build on*

the work already carried out in response to the Recommendations on Early Childhood Education and Care and the Child Guarantee;

*- create a **task force on long-term care statistics** to improve the evidence base for long-term care. This work will aid the monitoring and development of EU common indicators on long-term care, agreed by the Social Protection Committee;*

*- develop detailed **projections on the demand for health and long-term care** services in the EU (building on long-term population projections available at national and regional levels), to aid resource planning;*

*- finance research via a call for proposals under the Horizon Europe programme on **addressing territorial inequalities in care and research into the development of integrated care solutions,** including digital tools and telecare;*

*- support Member States in **sharing evidence on care provision in rural areas** through the Rural Observatory set up under the Rural Action Plan[28] and the common agricultural policy network.*

The Commission calls:

- on Union agencies, such as EIGE, to collect data regularly, develop indicators and carry out analyses on the gender care gap, the gender pay gap, and the use of time in paid and unpaid work, individual and social activities by women and men with care responsibilities and on work arrangements throughout their working life;

- on the Member States to collect data, broken down by gender, age and other aspects of time use (preferably via time use surveys carried out in the context of Harmonised European Time Use Surveys), on the uptake of family leave and on flexible working time arrangements.

The successful implementation of the European care strategy requires a shared commitment of all stakeholders. In taking forward this strategy, the Commission will work in close partnership with other EU institutions and bodies, notably the European Parliament, the Council, the Committee of the Regions and the European Economic and Social Committee, Member States, social partners, social economy actors, civil society organisations and other stakeholders.

The Commission will:

*- **monitor implementation** of early childhood education and care and long-term care policies, **assess progress** towards the Barcelona targets in the context of the **European Semester** process, and consider advancing country-specific recommendations when appropriate;*

*- expand the opportunities for all stakeholders to share their experience and learn from each other, through **mutual learning programmes on all dimensions of care**.*

The Commission calls on:

*- the Member States to create the **conditions to enable care providers, including civil society organisations and social economy actors** to play an active role in the design and delivery of high-quality care services and improving working conditions in the sector and **support regional and local authorities' efforts to invest in care services**;*

[28] COM (2021) 345 final.

- *the Member States to swiftly* ***agree on and implement the proposed Council recommendations on the revision of the Barcelona targets on early childhood education and care and on access to affordable and high-quality long-term care***.

6. CONCLUSION

The way we value care should reflect the way we want children, older people, **persons with disabilities and carers to be valued.**

This strategy is a cornerstone of the EU's approach to social policies to help adapt to demographic change, eliminate persistent gender and other inequalities, tap into the potential of the green and digital transitions, and increase resilience to significant external shocks. It is designed to benefit people in need of care at all ages by improving their access to affordable, accessible and high-quality care. It is about living in dignity, upholding human rights, leaving no one behind and providing opportunities for better life and career prospects, the backbone of our European way of life.

Improving the care sector helps ensure that both women and men can participate in work and society on an equal footing, while caring for their loved ones. It aims to ensure that care workers benefit from better working conditions, which should make the sector more resilient and attractive and help create new jobs to meet the rise in demand.

The Commission calls on the EU institutions, Member States, local and regional authorities, civil society, social partners, and other stakeholders to endorse this strategy and contribute to implementing it.