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NOTE

From:	General Secretariat of the Council
To:	Delegations
Subject:	Draft Council Conclusions on the transition of care systems throughout life towards holistic, person-centred and community-based models

Delegations will find attached a set of draft Council Conclusions on the transition of care systems throughout life towards holistic, person-centred and community-based models, prepared by the Presidency.

This document will be examined by the Social Questions Working Party on 5 September 2023.

Procedure

The Presidency hopes that an agreement on these Conclusions can be reached in two meetings. Delegations are therefore invited to make every effort to develop their positions in good time, with a view to holding a productive discussion at the meeting on 5 September 2023.

Subject matter: Draft Conclusions of the Council on the transition of care systems throughout life towards holistic, person-centred and community-based models

ACKNOWLEDGING THAT:

- 1) Steady gains in social rights and greater awareness of the right of all persons to enjoy a full and dignified life have led to the questioning of institutional care models, which in many cases entail segregation and limit fundamental freedoms. This paradigm shift has been accompanied by advances in professional care models and changing ideas of what care should look like. It has also been supported by scientific evidence confirming the limitations of institutional care, by heightened social awareness of the importance of building egalitarian societies and of mainstreaming the gender perspective, and by increasing social sensitivity and a widespread preference for person-centred and community-based models.

- 2) Care throughout life has a significant gender dimension. Nearly 90% of those gainfully employed in the sector are women, estimated at 9.1 million in Europe, in jobs that are generally precarious, poorly paid, lacking in career development prospects and undervalued, which partly explains the worrying shortage of skilled personnel in this sector in Europe and in particular in the most depopulated areas or in less developed regions. In the EU, 92% of women carry out unpaid care work regularly and 81% do so daily. A total of 7.7 million women in Europe are excluded from paid employment due to care responsibilities.¹ Women devote more time to care than men, meaning that their access to and continued presence in the labour market depends on their care responsibilities and how such responsibilities are shared.² The potential earnings foregone by women due to this unbalanced distribution of unpaid care work has been found to total at least 242 billion euros per year.³ In addition, women receive lower old-age pensions and are therefore less likely to be able to afford the care they need, and are more likely to experience poverty.⁴ The long-term care and social services sector have a large potential to generate employment, with the number of jobs that could be created over the coming 10 years estimated at eight million.

¹ CoR, Opinion on the European care strategy.

² EU Gender Equality Strategy.

³ European Parliamentary Research Service 2022.

⁴ 2021 Ageing Report.

- 3) Significant progress has been made towards achieving the Barcelona Targets established in 2002 on early childhood education and care (ECEC) However, this progress has been unequal among the Member States, in particular as regards the youngest group of children and children from disadvantaged backgrounds. For this reason, the revised Barcelona Targets focus on early childhood (under-3s), and on closing the participation gap in ECEC between children at risk of poverty or social exclusion, and the overall population of children.

- 4) The shortage of skilled care workers is a Europe-wide problem with far-reaching social repercussions,⁵ However, care and care work continue to be undervalued and poorly paid, offering poor career prospects and no training opportunities, and—in some cases—little in the way of job security. Therefore, the current situation calls for a strategic approach to care, that must mainstream the gender perspective, and be based on the premise that the responsibility for providing care does not lie exclusively with the care recipient's family, but, must instead be shared. In this area, numerous actors at different levels all have a role to play, including local and regional entities, EU Member States and EU institutions with decision-making powers in the areas of health, social care and education, and social partners, civil society and the social economy, as stated in the European Care Strategy.

CONSIDERING THAT:

- 5) Gender equality and human rights are at the core of European values, and equality between women and men is a fundamental principle of the European Union, enshrined in the Treaties and in the Charter of Fundamental Rights of the European Union. Article 8 of the Treaty on the Functioning of the European Union (TFEU) requires the Union, in all its activities, to aim to eliminate inequalities between women and men and to promote equality.

⁵ CoR, Opinion on the European care strategy.

- 6) The European Care Strategy establishes an agenda for improving the situation and the rights of carers (mostly women) and care recipients alike. It calls on Member States to guarantee high-quality, affordable and accessible public long-term care services and ECEC services and to ensure better, gender-equal working conditions and work-life balance for both professional and informal carers. Implementing this agenda will further support the application and implementation of the European Pillar of Social Rights and help to achieve EU targets in the areas of employment, skills, and poverty reduction for 2030, as well as promoting gender equality. The Strategy also recommends that the Member States and EU level and national social partners foster effective social dialogue and conclude collective agreements for the care sector, with the objective of providing care workers with fair working conditions and adequate wages, as well as to take action to facilitate the upskilling and reskilling of care workers. It further calls on Member States to combat gender stereotypes and promote a more equal sharing of care responsibilities between women and men.
- 7) The Commission's **Gender Equality Strategy 2020-2025** states that 'Insufficient access to quality and affordable formal care services is one of the key drivers of gender inequality in the labour market. Investing in care services is therefore important to support women's participation in paid work and their professional development. It also has potential for job creation for both women and men.'

- 8) The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) recognises, in Article 19, the right to live independently and to be included in the community, ensuring that persons with disabilities have the opportunity to choose where they live and how and with whom they live, on an equal basis with others, which requires structural changes to replace any institutionalised environment with independent living support services. In this vein, the European Disability Strategy 2021-2030 reiterates the EU's commitment to achieving the transition from institutional to community-based care and that the Commission will support national, regional and local authorities in their efforts towards de-institutionalisation and independent living. It also urges Member States to implement good de-institutionalisation practices and to promote and secure funding for disability-inclusive and accessible social housing, especially for older people with disabilities, and to address the challenges posed by homeless people with disabilities.
- 9) The Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care recommends that the Member States continuously align the offer of long-term care services to long-term care needs, while providing a balanced mix of long-term care options and care settings to cater for different long-term care needs and supporting the freedom of choice, and participation in decision-making, of people in need of care, including by: developing and/or improving home care and community-based care, ensuring that long-term care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living, as well as inclusion in the community in all long-term care settings. The Council Recommendation also calls on Member States to support quality employment and fair working conditions in the sector, in order to improve the professionalisation of care and address skills needs and worker shortages. At the same time, Member States are invited to identify informal carers and support them in their care-giving activities.

NOTING THAT:

- 10)** The Opinion of the European Committee of the Regions (CoR) on the European care strategy (2023) stresses the need for a joint strategy for health, care and education, including the activation of an interoperability system between sectors, to provide accessible long-term care that meets the needs of both people in need of care and care workers, and to ensure high-quality, affordable and accessible childcare.

- 11)** The Opinion of the European Economic and Social Committee (EESC) on the European care strategy (2022) calls on the Member States, among other measures, to provide greater quality services throughout the lifecycle, to raise awareness by collecting and disseminating key elements of good practices regarding tools and infrastructure; to ensure that gender equality remains central to the implementation of the Strategy, including through actions to challenge the harmful gender stereotypes corroding the formal and informal care sectors; to mobilise all resources to meet the growing and diverse care demand; and to consider the mobility of care professionals and labour migration from non-EU countries, together with tools for matching demand and supply, and the recognition of qualifications.

- 12)** The European Economic and Social Committee (EESC) Opinion published in 2022 under the title “Towards a New Care Model for the Elderly: learning from the Covid-19 pandemic” affirms the need to respond to the call to generally deinstitutionalise care for older people in care homes by promoting dependent older people’s autonomy, independence, ability to look after themselves, and social relations. It elucidates that this means providing them with local social and health resources, much more structured and efficient home support, as well as new housing alternatives, such as sheltered, supervised or community-based housing, cohabitation units or other alternatives that exist in various EU countries, according to the needs and preferences of the older people losing their autonomy. For more dependent persons, it states, traditional care homes need to be redeveloped to make the experience of living in such environments seem more like living at home.

13) The Opinion of the Advisory Committee on Equal Opportunities for Women and Men entitled 'The care gap in the EU: a holistic and gender-transformative approach' (2021), stresses that the lack of affordable, accessible and high-quality care services in most EU countries, and the fact that care work is not equally shared between women and men, has a direct negative impact on women's participation in all aspects of social, economic, cultural and political life.

14) This set of Conclusions builds on the previous work and political commitments of the Council, the European Parliament and the Commission and on work by other relevant stakeholders, including the documents listed in Annex I.

THE COUNCIL OF THE EUROPEAN UNION, INVITES THE MEMBER STATES, in accordance with their respective powers, considering national circumstances, and respecting the principle of subsidiarity, to:

15) Define and recognise the right to care and to be cared for, under equal conditions, as a universal subjective right, promoting reforms, including legal regulations when necessary, that holistically define and ensure the legal right to sufficient, freely chosen, and high-quality, person-centred and community-based care; and the right to care, with the capacity to make decisions about how much, and whom to care for, while guaranteeing the right to stop caring when that may conflict with the enjoyment of other rights. This right should be independent of personal and legal status.

16) Take measures to guide the evolution of long-term care towards a community-based, person-centred approach that mainstreams the gender perspective, respecting the timelines proposed in the Commission Recommendation, in order to:

- a) Guarantee accessible, affordable, high-quality long-term care and support that enable those who require it to prevent their institutionalisation and also live dignified lives, to conserve their autonomy, to live independently in the community and to be able to freely exercise control over where, with whom and how they want to live.

- b) Develop and implement community living alternatives and local support systems that respect people's wishes and preferences.
- c) Undertake a profound transformation in the centres and services offered by care institutions so that they provide person-centred, community-based care and support.
- d) Ensure the financial sustainability of long-term care, increasing its reach and responding to the need to increase the coverage of long-term care.
- e) Foster the comprehensiveness of the different long-term care services and also the effective coordination between them, in particular between social services and health services, providing fully flexible and personalised portfolios of service. In addition, the possibilities of digitalisation should be maximised by designing personalised itineraries and comprehensive care models through case management. Other important aspects include the provision of training to professionals in person-centred, comprehensive care; the adoption of innovative, community-based local solutions that make ethical use of technology and utilise essential tools such as public funds and innovative social clauses in public procurement procedures; and continually improving long-term care systems in which the gender approach is always mainstreamed.
- f) Increase the supply of professional, person-centred support and services for home care and community support. Such supply should be fully adjusted to demand, so as to properly meet the particular needs and territorial challenges of rural and sparsely populated areas, by promoting innovative public initiatives and reducing other inequalities of access resulting from, for example, economic capacity or gender inequality.
- g) Promote effective mechanisms to guarantee the quality of services and resources, and develop national long-term care quality frameworks that are based on the evaluation of the impact of long-term care and support on the quality of life of persons.

17) Promote a cultural change targeting the revaluation and recognition of care work, both professional and non-professional, eliminating gender biases and stereotypes and bringing about a cultural paradigm shift towards co-responsibility for care, through:

- a) Awareness raising campaigns and fostering social debate around the issue, by championing the co-responsibility of men in formal and informal care, by eradicating the gender stereotypes and gender roles traditionally associated with care work, and by recognizing the value of care and the right of persons to a life project of their choice and dignity.
- b) Improving the living conditions of informal carers by promoting the implementation of support measures and quality, flexible training programmes in informal care that include psychological support and training in digital skills.
- c) Fostering mechanisms that favour work-life balance, including through means such as more flexible timetables, hybrid working models, teleworking, and ensuring that carers' have access to leave under equal conditions.
- d) Offering adequate paid leave options that do not have a negative impact on women's employability while providing work-life balance services that facilitate the implementation of support services for informal carers.

18) Adopt, whenever they have not yet done so, levels and standards of quality of care based on the principles included in the two Council recommendations, always considering the needs of caregivers and those who receive support, as well as the existing gender differences, as well as aiming, as an inherent objective of care models, to eliminate these gender gaps.

19) Guarantee proper and decent working conditions and wages and ensure that there are enough professionals, and that they are duly trained. In particular, the Member States should:

- a) Ensure the improvement of working conditions and wages by regulating working conditions and promoting social dialogue and sectoral collective bargaining with regard to care throughout life. Collective bargaining agreements must also include measures to close the gender pay gap in the care sector, in line with the principle of equal pay for work of equal value.
- b) Guarantee proper and decent working conditions for domestic workers and combat undeclared work and bogus self-employment in care services with the purpose of regularizing them, paying particular attention to domestic work often carried out by female migrant workers.
- c) Improve the social protection of female care workers and take steps to protect them against the risk of harassment and sexual harassment in the workplace.
- d) Guarantee the initial and ongoing training of care workers, in order to provide them with the necessary professional skills to enable them to provide personalized and quality services, including training and support in the use of innovative systems and new technologies.
- e) Guarantee the professional development of care workers through further training, thus helping them to advance in their professional careers.
- f) Ensure that public procurement procedures guarantee a minimum level of income that reflects the value of care giving as well as decent working conditions for workers hired by companies awarded public contracts.

20) Adopt measures, in line with the European Care Strategy and the Commission

Recommendation, to:

- a) Address the participation gap of children at risk of poverty and of social exclusion, and of children with special educational needs, including especially cases where the national administrations for social affairs, health and education are separately responsible for different forms of ECEC.
- b) Guarantee that the cost of ECEC is proportional to household income and is not an obstacle to access by providing affordable, accessible and high-quality child care services, that are also easily accessible in rural and disadvantaged areas, thus guaranteeing the right to ECEC of all boys and girls, irrespective of their parents' employment, socio-economic or family status.
- c) Eliminate the time gap between the end of paid family leave and the legal entitlement to a place in ECEC.
- d) Promote the take-up by men of paternity and parental leave and of flexible working hours, where applicable, in order to facilitate a more equitable distribution of caring responsibilities between parents regarding paid and unpaid work pursuant to Directive (EU) 2019/1158, reinforce the rights of workers with caring responsibilities to qualify for paternity and parental leave and to request flexible working hours, and raise awareness of these new rights and their implementation.

21) Pay due attention to territorial challenges related to the access to care services through measures that:

- a) Guarantee the access to personalised, quality and affordable care services in complex territorial areas, such as rural, sparsely populated or remote areas, through innovative initiatives, in collaboration with regional and local authorities as well as with the social economy, civil society, women's organisations and other relevant stakeholders, taking advantage of the opportunities of the care economy, also making use of technology and digitalisation, thereby contributing to fixing population in those areas, increasing economic activity and job creation.
- b) Identify and address economic disparities and income levels within urban areas, ensuring equal access to personalised and quality care services by promoting local/neighbourhood partnerships that identify needs, and agree on strategies, including community and volunteer programs, neighbourhood groups, or intergenerational solidarity programs.

INVITES THE COMMISSION, IN COLLABORATION WITH THE MEMBER STATES, TO:

- 22)** Use the social Open Method of Coordination, particularly through the Social Protection Committee, to promote monitoring, data collection and coordination and the exchange of good practice with the aim of fostering the transition of long-term care systems towards holistic and community-based models.
- 23)** Encourage the mobilization and effective use of EU resources and funds to support the transition of care systems towards holistic, person-centred and community-based models in order to improve the recognition of the value of care and to eradicate prejudice and gender stereotypes.

- 24)** Implement innovative solutions to promote social innovation that facilitate mutual learning and advancement towards better public policies. In addition, support should be provided for the development and take up of innovative and accessible digital and technological solutions that, involve social partners and the social economy, the third sector, civil society and women's groups, and while utilizing essential tools such as public funds and social clauses in public procurement procedures. In addition, support the development and take up of innovative and accessible digital and technological solutions that facilitate autonomy and independent living, involving social partners and the social economy, the third sector, civil society and women's groups, and utilising essential tools such as public funds and innovative social clauses in public procurement procedures.
- 25)** Carry out data collection and develop tools, standardized indicators and comparable data disaggregated by sex about persons cared or in need of long-term care and about the carers, either professional or informal carers for the systematic monitoring of the progress made by the Member States in developing accessible, affordable and high-quality care including the Barcelona targets.
- 26)** Advance the preparation of care and household satellite accounts, in order to extend traditional accounting systems, to account and value unpaid production activities related to care (such as long-term care, childcare, household services, etc.) each of which is an important aspect of people's lives, and is largely missing from regular economic statistics such as gross domestic product (GDP), thereby aiming to measure and assess the economic contribution of unpaid care work and the role of women and men.
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2. Council

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Presidency Conclusions on the Impact of Long-Term Care on Work-Life Balance ([8764/20](#))

(NB. Presidency Conclusions cannot be cited as agreed language but they might offer inspiration for drafting...)

Council Conclusions on Gender-Equal Economies in the EU: The Way Forward ([14938/19](#))

Council Conclusions on the future of work: A lifecycle approach ([10134/18](#))

[Council Recommendation on access to affordable long-term care](#) (OJ C 476, 15.12. 2022, p. 1)

[Council Recommendation on early childhood education and care: The Barcelona targets for 2030](#) (OJ C 484, 20.12.2022, p. 1.)

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