



Council of the
European Union

Brussels, 28 November 2023
(OR. en)

16094/23

SOC 833
EMPL 598
GENDER 211

OUTCOME OF PROCEEDINGS

From: General Secretariat of the Council

To: Delegations

No. prev. doc.: 15421/23 + COR 1

Subject: Council Conclusions on "the transition of care systems throughout life towards holistic, person-centred and community-based support models with a gender perspective"

Delegations will find attached the Council Conclusions on the above subject approved by the EPSCO Council at its meeting held on 27 November 2023.

**Transition of care systems throughout life towards holistic, person-centred and
community-based support models with a gender perspective**

Council Conclusions

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 many inadequacies of institutional care, by heightened social awareness of the importance of building egalitarian societies and of gender mainstreaming, and by increasing social sensitivity and a widespread preference for person-centred and community-based models. Additionally, the European Union is party to the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) that follows the human rights model of disability to engage in deinstitutionalization.

2. Care throughout life has a significant gender dimension. Women bear the main responsibility in performing both unpaid and paid care work. Nearly 90% of those gainfully employed in the sector are women, estimated at 9.1 million in Europe, in jobs that are often, in most of the countries, 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 daily¹. Care responsibilities for children, particularly for very young children, are a significant constraint on female labour-market participation². At the same time, the employment rate for people with children below six years of age was 90.1 % for men compared to only 67.2 % for women. A total of 7.7 million women in Europe have to adapt their work patterns due to unpaid care responsibilities³. Women devote more time to unpaid and low-paid care and support 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.⁴ 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 year⁵. The unequal distribution of unpaid care work between men and women is linked, inter alia, to the persistence of the gender wage gap. In addition, this imbalance results in lower old-age pension for women, who are therefore less likely to be able to afford the care they need, and are more likely to experience poverty.⁶ The long-term care, support 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.⁷

¹ European Care Strategy, page 2.

² EIGE (2023) A Better Work–Life Balance: Bridging the gender care gap.
EIGE (2022), Gender Equality Index 2022: The COVID-19 pandemic and care.
EIGE (2021) Gender inequalities in care and consequences for the labour market.
EIGE (2020) Gender equality and long-term care at home.

³ CoR, Opinion on the European care strategy.

⁴ EU Gender Equality Strategy.
EIGE (2023) A Better Work–Life Balance: Bridging the gender care gap.

⁵ European Parliamentary Research Service 2022.

⁶ 2021 Ageing Report.
EIGE (2021) Gender inequalities in care and consequences for the labour market.

⁷ EC (2021) Green Paper on Ageing Fostering solidarity and responsibility between generations.

3. In Europe, the number of over-65s will grow by 14% between 2022 and 2030 and by 38% over the coming 30 years—to 129.8 million⁸—and by 2030 the number of people with long-term care needs will be 33.7 million and the figure is expected to reach 38.1 million by 2050⁹. This comes against the background of persistent challenges with regard to access to affordable, accessible and high-quality care services in many EU countries.
4. Progress has been made towards achieving the Barcelona Targets established in 2002 on early childhood education and care (ECEC). However, partly as a result of differences in terms of national systems, 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 new Barcelona Targets for 2030 focus on improving participation in accessible and affordable high quality early childhood education and care and on closing the participation gap in ECEC between the overall population of children and children at risk of poverty or social exclusion, as well as other groups of children facing fewer opportunities such as children with special educational needs and children with disabilities. Effective access to free high-quality early childhood education and care for children in need is also one of the core recommendations in the Council Recommendation establishing a European Child Guarantee. Additionally, the 2021-2030 EU Strategy on the Rights of Persons with Disabilities, in line with the UN CRPD, calls on Member States to include all disabled children into mainstream education. This involves the creation of barrier free education settings, adequate teaching methods and qualified personnel.

⁸ ESTAT, PROJ_23NP

⁹ Long-term care report, 2021

5. According to the Committee of the Regions, the shortage of skilled care workers is a Europe-wide problem with far-reaching social repercussions¹⁰. There is a paradox in that care activities are seen as essential to the collective well-being of societies yet care and care work to a large extent continue, in many countries, to be undervalued and poorly paid, offering poor career prospects and insufficient training opportunities, inadequate staffing levels, and—in some cases—little in the way of job security. Therefore, the current situation calls for a strategic approach to care, and one 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 while also recognising that social protection measures for ensuring affordable high-quality care are a key determinant of access. In this area, numerous actors at different levels all have a role to play, including local and regional entities, the EU Member States and EU institutions in line with their respective competences in the areas of health care, long-term care, social care and education, and the social partners, civil society and social economy entities, as stated in the European Care Strategy.

CONSIDERING THAT:

6. Human rights are at the core of European values. Article 2 of the Treaty on European Union states that the Union is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. These values are common to the Member States in a society in which pluralism, non-discrimination, tolerance, justice, solidarity and equality between women and men prevail.

¹⁰ CoR, Opinion on the European Care Strategy.

7. Gender equality is at the core of European values and human rights. Equality between women and men is a fundamental principle of the European Union, enshrined in the Treaties and recognised in Article 23 of 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, and to promote equality, between women and men.
8. The European Care Strategy establishes an agenda for improving the situation and the rights of formal and informal carers (mostly women) and care recipients alike. It calls on Member States to guarantee high-quality, affordable and accessible long-term care services and ECEC services and to ensure better, gender-equal working conditions and work-life balance for both. 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.
9. 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.'

10. The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) recognises, in Article 19, the right to live independently and to be fully included and participate in the community, and calls for measures for ensuring that persons with disabilities have the right to choose where they live and how and with whom they live, on an equal basis with others. In addition, it states that persons with disabilities should have access to a range of in-home, residential and other community support services to prevent isolation or segregation from the community. This requires structural changes to replace institutionalised environment with independent living support services. In this vein, the Strategy for the Rights of Persons with Disabilities 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 the facilitation of independent living, including the best housing and care solutions. It also urges Member States to implement good de-institutionalisation practices and to promote and secure funding for disability-inclusive and accessible social housing, including for older people with disabilities, and to address challenges of homeless persons with disabilities.
11. 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, and 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, to provide better quality long-term care services and to address skills needs and worker shortages. At the same time, Member States are invited to identify non-professional carers and support them in their care-giving activities.

12. The Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets 2030 aims to encourage Member States to increase participation in ECEC in order to facilitate women's labour-market participation and enhance the social and cognitive development of children, in particular for children in vulnerable situations, including children with disabilities, or from disadvantaged backgrounds. To this end it recommends, among other measures, fostering further upwards convergence among Member States of children's participation in ECEC; promoting the affordability, accessibility and quality of ECEC; paying attention to the time-intensity of children's participation in ECEC and its compatibility with a meaningful participation of parents in the labour market and to the reasons for low intensity attendance; and closing the gap in participation between children at risk of poverty or social exclusion and the general population.

NOTING THAT:

13. 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, so as 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.
14. 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.

15. The 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 facing a loss of 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.
16. 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 have a direct negative impact on women’s participation in all aspects of social, economic, cultural and political life.
17. 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 the Annex.

THE COUNCIL OF THE EUROPEAN UNION INVITES THE MEMBER STATES,

Considering national circumstances including territorial distributions of competences as well as the autonomy of the social partners to:

18. Recognise the individual right to be cared for, under equal conditions, promoting reforms, including through legal instruments, when necessary, that holistically define and ensure the right to sufficient, appropriate and affordable high-quality, person-centred and community-based care. It is important that this care is in accordance with the choice of the person, who has the right to be accompanied in that process and that decision. The right to care implies supporting care-givers (e.g. by providing social protection and training, counselling and respite care), and recognising their right to make decisions about how much, and whom to care for, as well as the right to work-life balance and to fair working conditions and wages.
19. Take measures to guide the evolution of long-term care and support services towards a community-based, person-centred approach that mainstreams the gender perspective, the human rights model of disability, peer support, co-production and intersectional anti-discrimination, in a timely manner and taking into consideration the Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care, in order to:
 - a) Ensure, accessible, affordable, high-quality, person-centred long-term care and support that enable those who require it, and who so wish, to prevent institutionalisation, to live dignified lives, to life in self-determination, 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) Strongly promote community living alternatives and local support systems that respect people's will and preferences and correspond to their care needs.

- c) Undertake the necessary transformation, when needed, so that care services, including those offered by care institutions, are provided on the basis of person-centred, community-based care and support, and to ensure safeguarding systems are in place to protect of vulnerable people receiving care from all forms of abuse.
- d) Strive to ensure the financial and workforce sustainability of long-term care, as well as its adequacy, reach and coverage, taking into account the need for innovation and prevention.
- 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 personalized portfolios of service.
- f) Designing personalised pathways and integrated care models, for example through case management, making the most of the possibilities offered by digitalisation.
- g) Strive to ensure adequate provision of training to professionals in person-centred, comprehensive care.
- h) Promote 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 the continuous improvement of long-term care systems, including the systematic implementation of a gender mainstreaming approach.
- i) Strive to ensure the supply of multidisciplinary professional, person-centred support and services for home care and community support, so as to properly meet the needs and to guarantee equal access, particularly in the most rural, insular and sparsely populated areas, by promoting innovative public and public-private solutions with contribution of third sector stakeholders and private companies and addressing inequalities linked to rurality, economic capacity and gender.

- j) In line with the Council Recommendation on long-term care, promote effective mechanisms to enhance 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.
20. Promote a cultural change aiming at the revaluation and recognition of care work, both professional and non-professional, paid and unpaid; at eliminating gender inequalities, gender biases and stereotypes; and at bringing about a shift towards co-responsibility for care, through:
- a) Reinforcing social protection and support measures for informal carers, for instance, by promoting the implementation of support measures and quality, flexible training programmes in informal care that include psychological support and training in digital skills.
 - b) Fostering mechanisms, according to national rules, that favour work-life balance for both women and men, for example through means such as more flexible working time, hybrid working models, and ensuring that carers have access to leave under equal conditions.
 - c) Offering adequate paid leave options, regardless of the source of the financial support, that do not have a negative impact on either women's employability or their return to work, while providing work-life balance services that facilitate the implementation of support services for informal carers.
 - d) Fostering social debate around the issue of care, for example through awareness raising campaigns, by championing the equal responsibility of women and men in formal and informal care, by eradicating the gender stereotypes and gender roles traditionally associated with care work, by increasing the attractiveness of care work, and by recognizing the value of care and the right of persons to a life project of their choice as well as to dignity.

21. Involve men and boys as agents and beneficiaries of change and as strategic partners and allies in the achievement of gender equality in relation to paid and unpaid care work.
22. Adopt, whenever they have not yet done so, levels and standards of quality of care in accordance with the principles included in the two recent Council Recommendations on long-term care and early childhood education and care, always considering the needs of those who receive support and of caregivers, as well as the existing gender inequalities, as well as aiming, as an inherent objective of care models, to eliminate gender gaps.
23. Promote proper and fair working conditions and wages in the care sector and early childhood education and care, and that they are duly trained. In particular, the Member States should promote the improvement of working conditions and wages by regulating working conditions and promoting social dialogue and, where applicable, sectoral collective bargaining, as well as by promoting minimum standards and corporate codes of conduct with regard to care throughout life, gender equality in working conditions and work-life balance.
24. While fully respecting their autonomy, encourage the social partners to include in collective agreements measures to close the gender pay gap in the care sector, in line with the principle of equal pay for work of equal value.
 - a) Promote proper and fair working conditions and wages for domestic care workers, in particular for live-in carers, and combat undeclared work in care services, paying particular attention to domestic care work, which is often carried out by female migrant workers.
 - b) Improve, as needed, the protection of care workers and take steps to protect them against the risk of harassment and sexual harassment and violence in the workplace.

- c) Ensure 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 for specialised, soft, and digital skills development.
 - d) Ensure the professional development of care workers through further training, thus helping them to advance in their professional careers and to provide good quality care that is people-centred and community-based.
 - e) Call on contracting authorities to make full use of the tools available under public procurement procedures to guarantee fair working conditions for care workers hired by companies awarded public contracts.
 - f) Promote collaboration with social economy entities to design and deliver quality person-centred, community-based care and support services.
 - g) Encourage both boys and girls, when making choices in secondary education, to consider professional careers related to quality care and to value and recognise care as an essential activity.
25. Adopt measures, as appropriate, in line with the European Care Strategy and the “Council Recommendation on Early Child Education and Care: the Barcelona targets for 2030”, to:
- a) Increase participation of children in accessible, affordable and high quality ECEC, including of children with special educational needs, also taking the necessary and reasonable steps to close the participation gap in ECEC between children at risk of poverty and of social exclusion and the overall child population¹¹ while taking into consideration differences of national systems.

¹¹ Also taking into consideration the Council Recommendation 2021/1004, establishing an EU Child Guarantee.

- b) Provide affordable, accessible and high-quality ECEC services that are also easily accessible in rural and disadvantaged areas, thus promoting the access to ECEC of all boys and girls.
- c) Effectively work to eliminate the time gap between the end of paid family leave and the access, or, where applicable, 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, thereby addressing gender stereotypes, in order to facilitate a more equitable distribution of caring and support responsibilities between parents regarding paid and unpaid work in line with Directive (EU) 2019/1158, thereby improving work-life balance and also contributing to the development of the relationship between the child and both parents. 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, as well as to ensure provisions in high quality ECEC for caregivers working outside standard working hours.

26. Pay due attention to territorial challenges related to the access to care services through measures that:

- a) Aim to ensure access to person-centered, community-based, quality and affordable care and support services, considering in particular disadvantaged areas, such as rural, insular, 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, while also making use of technology and digitalisation, thereby contributing to making those areas more attractive, and increasing economic activity and job creation.

- b) Identify and address economic disparities and income levels within urban areas, ensuring equal access to person-centred, community-based and quality care and support 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:**

- 27. Continue using the European Semester and the social Open Method of Coordination, particularly through the Social Protection Committee, to promote monitoring, improving data collection, coordination and the exchange of good practice on long-term care
- 28. Encourage the mobilization and effective use of EU resources and funds to support the implementation of the European Care Strategy and the Council Recommendations on long-term care and ECEC so as to advance in 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.
- 29. Promote social innovations that facilitate mutual learning and advancement towards better public policies through the deployment of evidence and research-based practices and innovative care and support delivery and by rolling out accessible innovative technologies and digital solutions in the provision of care services that facilitate autonomy and independent living, involving service users, the social partners and the social economy, the third sector, civil society and women's organizations and while utilizing essential tools such as European public funds and social clauses in public procurement procedures.

30. Carry out data collection (e.g. administrative and survey) and development of tools, standardized indicators and comparable data disaggregated by sex about persons receiving or in need of long-term care, and about informal carers – whenever possible – as well as about professional carers, with a view to the systematic monitoring of the progress made by the Member States in developing accessible, affordable and high-quality care, including in pursuit of the Barcelona targets for 2030.
31. Explore with Member States the feasibility of care and household satellite accounts, extending traditional accounting systems, so as to account for and value unpaid productive activities related to care (such as long-term care, childcare, household services, etc.) each of which is an important aspect of people’s lives, yet 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, using data disaggregated by sex whenever possible.

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