EURO CARERS
European Association Working for Carers

EUROPEAN INSTITUTE OF WOMEN'S HEALTH
EIWH

European Institute of Women's Health CLG

# A Lifetime of Caring - Who Cares?




European Institute of Women's Health,CLG

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# Contents

# Foreword

# FOREWORD

Dear reader,

If care is not a gender issue, I sincerely do not know what is. Gender is in the core of care, be it formal or informal, in our societies. The care sector is a strongly feminised one with women accounting for 76 percent of the 49 million care workers in the EU. In other words, women conduct majority of the care work in the European Union.

In addition, majority of the persons needing care, especially older people, are in fact women. One could say - a little bit provokingly - that in the care sector, unpaid, underpaid and under-resourced women care for other women. Due to bad conditions, care often becomes bad and of low quality - and it is not the fault of the caregivers but our systems.

Specifically 93 percent of all childcare workers and teachers' aides are women, 86 percent of personal care workers in health services and 95 percent of domestic cleaners are women. But, even a bigger issue than this is informal care. 80 percent of care in Europe is provided by family, friends or neighbours. Without this unpaid contribution by the informal carers of the EU, our healthcare and long-term care systems would most likely collapse.

Most of the time this care responsibility of informal care falls on women - mothers, sisters, daughters, granddaughters. All the while male members of the family keep on working in their paid job, and not only earning a better salary but also accumulating a considerably higher pension than their female family members do. In the worst-case scenario, women work two jobs: their paid day job after which they go home to their unpaid job of taking care of family members.

These professions - and let us say it again, mostly female - are some of the most underpaid and undervalued in the EU labour market. The way these professions and sectors are segregated right now in our societies contributes to the gender pay gap, both in earnings and pensions, between men and women.

This is why this report, entitled "A life time of caring - Who cares?" by the European Institute of Women's Health is long overdue and necessary. We need to understand better how the care sector works, why it is so segregated and what the core reasons behind the feminisation of care are. We also have to understand how women work in the care sector. Without knowledge, we cannot change the state of things.

Throughout my time as a Member of the European Parliament, I have worked for better care systems in Europe, both in legislation and with different stakeholders and organisations. To me it has been essential to bring forward and underline how acute the care crisis is and how close it actually is - we already see it, and year by year, it becomes more visible. Horrible conditions in nursing homes, staff shortages, poor working conditions and undignified life for the last years of a person's life.

It is also silly that we have let the situation slide so far, for care is also an immense economic opportunity: we need a huge amount of new workers in the care sector, and by offering them better working conditions and better pay, we could also generate more tax revenue and improve our employment rate.

I was the rapporteur of the first care related report of the European Parliament's FEMM committee in 2018 when we drew up a report on care services in the EU for improved gender equality. The report called especially for stronger funding and better work-life balance for workers in the care sector. I was therefore very glad when I got the opportunity to work on care again as a Parliament rapporteur in 2022 when FEMM and EMPL committees of the Parliament drafted a joint report on the European care systems, ahead of the European Commission's launch of its Care Strategy in September 2022.

I am very proud of the ambitious report the European Parliament sent to the Commission's way. We were extremely determined on strongly supporting informal carers. We asked for the deinstitutionalisation of care and a shift towards community-based and personalised care. We highlighted personalised budgeting and personalised solutions for people in need of care. We underlined the right to self-determination of these people, especially of those needing long-term care. The Parliament also stayed strong on the need of common EU-wide data to measure the quality of care.

Like I am proud of the report the European Parliament produced in 2022, EIWH should be very proud of this one. It necessarily highlights women's invaluable role in the care sector. I wish you informative and enlightening moments with this report.

SIRPA PIETIKÄINEN
Member of the European Parliament (Finland)
https://www.europarl.europa.eu/meps/en/40599/SIRPA_PIETIKAINEN/home

# CHAPTER 1 **Introduction**

## 1.1 Background

This study has been undertaken by the European Institute for Women's health at a time when the significance of caring activities was highlighted over the course of the COVID-19 pandemic and the care economy is increasingly on the agenda of both national and international organisations. The *European Care Strategy,* proposed by the European Commission and adopted by the Council of the EU in December 2022, has the potential to be highly effective if National Action Plans on care bring about a new era of social investment in care together with public management of a quality care system based on public accountability. EU guidelines on care need to take account differences in people's care needs, improve the poor conditions of both formal and informal care workers, respect individual autonomy and household preferences and autonomy and broadens the types of care available to meet them. But it must also look beyond those who seek care now, to those who will need care in the decades to come, to minimise unacceptably high levels of unmet care needs, and to strengthen preventative measures that reduce care needs in the first instance.

Gender equality and gender equality policies have been stated priorities of the EU as well as many different international organisations, such as the UN, ILO, WHO and the Council of Europe, for a number of decades. National governments across the EU have adopted gender equality legislation and policies, some under the direction and guidance of the European Commission and others under the development of national governments, civil society and social partners. However, these stated policy priorities have only partially delivered in practice the kind of gender equality outcomes anticipated. A key reason for this is that the care economy has not been placed centrally - and has often times been marginal - within the legislative and policy strategies of both national and international agencies, including the EU. There are hopeful signs that this is set to change.[1]

The EU has increasingly come to an understanding of the critical importance of policies to enforce greater gender equality by introducing Directives (for example on equal pay, parental leave and work-life balance) and setting specific targets and timelines (such as the Barcelona targets on early childhood education and care). There is a growing momentum on the need for policies on social investment in the care economy, which is viewed more and more as of central importance to the functioning of global economies and societies. Different civil society organisations both within Member States and cross-nationally have developed a complex analysis of care and the care economy, caring activities and the care sector including the significant work of Eurocarers, European Institute of Women's Health, European Public Sector Union, Age Platform Europe and others.

However, progress has been slow and gradual, reflected in the persistence of the gender pay gap within the care workforce, which stands at around 20% globally.[2] Both the financial crisis of 2008-2013 and the pandemic health crisis of 2019-2022 have contributed to the stalling of gender equality policies and an exacerbation of pre-existing structural gender inequalities

[1] European Commission (2022) *EU Strategy on Care: A European care strategy for care givers and care receivers*. https://ec.europa.eu/commission/presscorner/detail/en/IP_22_5169EU Strategy on Care

[2] ILO (2022) *International Equal Pay Day 2022: Can pay transparency measures help reduce the gender pay gap?* https://www.ilo.org/global/topics/equality-and-discrimination/WCMS_856125/lang--en/index.htm

and social injustice. A key factor has been the lack of recognition of care, and the inequalities in care which are at the root of gender inequalities in all spheres of economic and social life. Gendered inequalities in representation in decision-making it is argued, reinforces the male centred economic framework that has historically marginalised care. Without effective policies to value, recognise, support and invest in care, enhanced gender equality will remain elusive, discrimination and inequalities will persist.

## EU policy context

Gender equality policy has been at the heart of EU social policy since its inception. Initially the emphasis was on gender equality in the formal labour market but that has broadened very substantially to encompass a wider concept of gender equality in the context of social justice. A key strength of EU gender equality policy has been the implementation of strong Directives, for example on equal pay, anti-discrimination and equal treatment in social protection policies that generated a body of case law that shaped policies at national level. Current EU *Gender Equality Strategy 2020-2025* reflects the broader remit[3] and is framed around five themes: ending gender-based violence; challenging gender stereotypes; closing gender gaps in the labour market; achieving equal participation across different sectors of the economy; addressing the gender pay and pension gaps; closing the gender care gap and achieving gender balance in decision-making and in politics. As the scope of gender equality policy has widened *closing the care gap* has become an explicit part of its more recent strategic approach. Implementation is envisaged through a dual approach of gender mainstreaming and targeted actions at both EU and Member State levels and has increasing been linked to wider issues of social justice and the horizontal principle of intersectionality.

In this context, an important change at EU level has been the development of the European Pillar of Social Rights (EPSR) in 2017 which acts as a reference point for policies to attain progressive social change. One key reference point of the EPSR is on long-term care - of particular importance to women as both providers and recipients - and the stated right of access to home- and community-based care systems. Principle 18 of the EPSR states: *Long-term care - Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.* The emphasis on different forms of provision of care, particularly in home- and community settings, is reflected in the new *European Care Strategy*, and shows a recognition that new approaches to health and social care are needed for a growing *and* ageing population with stated preferences of care provision close to home or home-based.

Another key principle, principle of the EPSR states that *regardless of the type and duration of their employment relationship, workers, and, under comparable conditions, the self-employed, have the right to adequate social protection.* That principle has the potential to have a positive impact - if effectively implemented - on the situation of care workers (as well as many others) in access to social protection as part of the growing area of non-standard and self-employment. Social protection is hugely important to long-term care workers, particularly in the context of increased emphasis on home- and community-based care. While the EPSR consists more

[3] European Commission (2021) *The Gender Equality Strategy 2020-2025*. https://ec.europa.eu/ newsroom/just/ items/682425/en

aspirational guidelines and are not enforceable measures, they do serve as a reference point for advocators, policy-makers and legislators. As part of the response to COVID-19 pandemic, the European Commission launched An *Action Plan for implementation of the European Pillar of Social Rights*[4] with a focus on social protection and combating poverty as well as increased employment rates by the year 2030. This new focus on implementation has the potential to improve the situation of carers, particularly informal carers.

The introduction of the *European Commission Work-Life Balance Directive* in 2019 was the final stage of a process across the EU aimed at achieving greater gender equality through greater sharing of caring responsibilities, enhanced systems of leave entitlements and greater participation of women in paid employment. In light of the Gender Equality Index 2019 Report which highlighted the importance of more equal sharing of paid work and caring responsibilities for reducing gender inequalities, this Directive was negotiated. The Report highlighted that women were much more likely to take parental leave and women aged 50-64 were significantly more likely to care for older people.[5] The combined EU Directive brought together paternity leave and carers' leave, as well as consolidating parental leave rights for parents and carers. Specifically, the Directive included the right to a minimum of 10 working days of paternity leave compensated at least at the level of sick pay; an individual right to four months of parental leave, of which 2 months are paid; 5 days carers' leave for those caring for relatives due to serious medical reasons; flexible working arrangements not just for parents but also for working carers. The Directive also increased the length of the period of parental leave that cannot be transferred between parents (from 1 to 2 months) and introduces the obligation of payment for an (unspecified) amount of parental leave. Rights of parents and carers to request flexible working arrangements are enhanced and certain flexible working arrangements are included such as reduction of working hours, change in the time and place of work and change in patterns of work. These are important changes as it enables parents and carers to change their work organisation in periods of high levels of care responsibilities.

This Directive, if fully implemented, has the potential to reduce the existing high levels of involuntary part-time work among women, and to change the pattern of women leaving paid employment to provide care, especially middle- and older women who are often responsible for both child and elder care. By implementing this Directive in full, the European Commission aims to reduce the gender employment rate gap of 11.5%, stimulating higher rates of women's employment and generating an increase of GDP. The European Trade Union Confederation and the European Public Services Union were critical of *gaps and missed opportunities* in the Directive such as the proposal to have paternity, parental and carer's leave compensated at the rate that sick pay is paid, a measure that was opposed by some Member States. In the final text, only paternity leave is specified for that level of cover,[6] in contrast to the two months of parental leave that are only specified to be compensated *adequately*. But even that vague level of coverage was not applied to carers' leave - no compensation is mandatory for carers'

4 European Commission (2020) *The European Pillar on Social Rights Action Plan*. https://ec.europa.eu/ info/strategy/ priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-act

5 EIGE (2019) *Gender Equality Index 2019. Work-life balance*. https://eige.europa.eu/ publications/ gender-equality-index-2019-report.

6 ETUC (2019) REBALANCE: *ETUC Toolkit on the implementation and transposition of the Work Life Balance Directive*. https://www. etuc.org/sites/default/files/publication/file/2019-12/744-Etuc-Short-EN-web.pdf and EPSU

leave under this Directive. This reveals a hierarchy of compensation for leave at EU level, in which carers occupy the lowest level. Low levels of compensations are likely to have a negative impact, particularly on low income households generating further inequalities. Member States had three years (until 2022) to transpose the directive into national law and two further years to meet the obligation in relation to parental leave.

Another policy framework at EU level has been the *Europe 2020 Strategy*[7] with its stated aim of smart, sustainable and inclusive growth which set down a target to lift at least 20 million people out of poverty and social exclusion and to increase employment of the population aged 20-64 to 75% through its *Employment Package.*[8] The EC takes a traditional approach to investment which centres employment growth in its *Social Investment Package,*[9] focusing on the vulnerability of young people to unemployment in it *Youth Employment Initiative*[10] and meanwhile also recognising the ageing of the population by emphasising also pension coverage in its *White Paper on Pensions.*[11] Only the latter initiative has addressed issues specifically relevant to care and the care economy, but its approach is employment-led and, as such, limited. However, COVID-19 has caused disruption to policies that emphasise employment routes out of poverty as evidence indicates that in-work poverty has grown and overall poverty levels have increased with one-in-five of the population at risk of poverty or social exclusion.[12] In response to the COVID-19 pandemic the EU put forward its largest and strongest funding system, based on the first time on European Commission borrowings to establish an extensive EU *COVID Recovery Fund.*[13] Unfortunately, while the Recovery Fund ringfenced 30% of its funding to the green economy and 30% to the digital economy, there was no specific funding allocation to the care economy or to the implementation of gender equality policies.[14]

A recent *European Commission 2021 Report on Long-term Care* examined long-term care systems for older people (aged 65 or above) in the 27 EU Member States, mapping current and future demand as well as response measures taken during the pandemic. Long-term care has become a more definite challenge to policy-makers - and within the political system - over recent decades in all Member States concludes this report. This is due primarily, it concludes, to a growing share of the older population, changes in household structure and patterns on the labour market. It highlights gaps in social protection coverage for long-term care and the consequences for the living standards of the older population, and of older women in particular. Long-term care policies and systems have suffered from under-investment compared to other areas of social protection and despite job opportunities in this care sector, poor working conditions mean that there is frequently a shortage of workers. There are multiple issues arising in long-term care, including: the level of care needs; providing affordable high-quality care; the extent to which systems rely on informal carers; supports for informal carers; increased

7 European Commission (2020) *Europe 20200 – a European strategy for smart, sustainable and inclusive growth*. https://ec.europa.eu/eu2020/pdf/COMPLET%20EN%20BARROSO%20%20%20007%20-% 20Europe%202020%20-%20EN%20version.pdf
8 European Commission (2022) *Social Protection and Social Inclusion*. https://ec.europa.eu/social/main. jsp?catId=750
9 European Commission (2022) *Social Protection and Social Inclusion*. https://ec.europa.eu/social/main. jsp?catId=750.
10 European Commission (2020) *Youth Employment Initiative*. https://ec.europa.eu/social/main.jsp? catId=1176.
11 European Commission (2020) *White Paper – an agenda for adequate, safe and sustainable Pensions.* https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0055:FIN:EN:PDF.
12 Eurostat (2022) *Living Conditions in Europe – poverty and social exclusion*. eurostat/statistics -explained/index.php?title=Living_conditions_in_Europe_-_poverty_and_social_ exclusion.
13 European Commission (2021) *Recovery Plan for Europe.* https://ec.europa.eu/info/strategy/recovery-plan-europe_en.
14 European Parliament (2021) *Gender Equality: economic value of care from the perspective of applicable EU Funds*. https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2021)694784

investment in a context of public expenditure constraints. Tackling these key issues through investment and reform of long-term care across the EU is essential to the well-being of those needing care, and to generating a *vibrant care economy and society*.[15]

### Debate on the critical principles and key elements of a European care strategy

Debates on an EU care strategy have intensified over recent years and particularly during the COVID-19 pandemic involving EU institutions, national governments, social partners, civil society organisations, social researchers and others. The European Parliament have argued that key elements of an *EU right to care* Strategy should include greater public investment in care, more generous work-life balance policies and a strong emphasis on the quality of care.[16] The European Public Services Union (EPSU) have argued that the quality of care provided by individual and organisations is closely interlinked with the quality of the conditions of work under which carers operate.[17] From the perspective of the International Labour Organisation (ILO), policies to combat precarious work practices in care need to be implemented through a *strong regulatory, financial and collective bargaining frameworks* to ensure that care work is valued and carried out under decent working conditions.[18] Debates on a strategy of quality care is increasingly linked with a wider policy framework on gender equality. Policies to facilitate the combining of care, work and family responsibilities have been strengthened at EU level and the new Eu Care Strategy builds on those policies.

The importance of placing the work of both formal and informal care workers centre stage in policy debates on care - and on working conditions in care - has been highlighted over many years by Eurocarers,[19] and in recent public debates in the European Parliament and the Council of Europe.[20] A strong policy towards care is clearly envisaged under the *European Pillar of Social Rights* which specifies *the need for high quality, accessible and affordable care services for children and people who need long-term care* which also makes a direct link between quality care and a wider framework of gender equality and social justice. The Council of the European Union has committed to *promoting accessibility, affordability and quality of childcare and long-term care, including through enhancing support for formal and informal carers*. Age Platform Europe have outlined key principles for the provision of long-term care to include: affordability; accessibility; moving towards community-based models of care; preparing for changing demographics; building capacity in the care workforce; addressing gender gaps in both formal and informal care; ensuring quality of care. Access to, and provision for quality care across the life cycle, is part of a strong *social Europe* as envisaged in the *European Pillar of Social Rights Action Plan*[21] and also a requirement for meeting the *EU Charter of Fundamental Rights.*[22]

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15 European Commission (2021) *Long Term Care Report Trends, challenges and opportunities in an ageing society*. https:// op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1

16 European Parliament (2022) *Report: towards a common European action on care.* https://www.europarl. europa. eu/doceo/ document/A-9-2022-0189_EN.html

17 European Public Services Union (2021) *Transforming Care Work.* https://www.epsu.org/article/transforming-care-work

18 International Labour Organisation (2010) *Decent Work for Domestic Workers.* https://ilo.primo. Exlibrisgroup.com/ discovery/fulldisplay/alma994556483402676/41ILO_INST:41ILO_V2

19 Eurocarers (2022) *The EU strategy on care – a new paradigm for Carers across Europe.* https:// eurocarers.org/publications/ the-eu-strategy-on-care-a-new-paradigm-for-carers-across-europe-consultation/

20 Council of Europe (2019) *Recommendation on High-Quality Early Childhood Education and Care Systems*. https:// www. right-to-education.org/es/node/1291

21 European Pillar of Social Rights (2019) https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/ jobs-growth-and-investment/european-pillar-social-rights_en

22 European Charter of Fundamental Rights (2000) https://ec.europa.eu/info/aid-development-cooperation-fundamental-rights/your-rights-eu/eu-charter-fundamental-rights_en

Highlighting research that shows that care in Europe is mainly provided by family members, friends and neighbours, Eurocarers argue that an *over-reliance* on informal carers disadvantages those without social networks to rely on. They also point out that education and training are often not available to informal carers who, as a result, may face *poverty, social exclusion as well as physical and mental health issues*. In this context, Eurocarers argue for investment in *high-quality professional care services,* that include *community and home-based care* while recognising that informal care will continue to play an indispensable role in European Care systems due to demographic changes and constraints on public funding systems.

> Professional and informal care are ultimately two sides of the same coin. Redistributing caregiving responsibilities between individuals and the collective primarily means that our care systems must be modernised and that care professions must be revitalised. But given their vital role in the provision of care, informal carers must also be provided with good-quality support in order to alleviate the negative impact of their caregiving. Informal care should complement professional care, not replace it. Stecy Yghemonos 2022, Eurocarers Director.[23]

In an extremely important recommendation, Eurocarers calls for the establishment of a *legal status* to protect informal carers, specify their entitlements in relation to for example, social protection, pensions, respite care, training and education and define their responsibilities in relation to quality of care. The *European Care Strategy* currently provides a framework for legal recognition in relation to childcare services, by proposing that a new and significant legal entitlement be implemented in each Member State. Under the Eurocarers proposal, legislative reform would be broadened to include protection of informal care workers, which from their perspective would contribute to valuing carers' contribution to society and underpin their entitlements.

As well as addressing the needs of informal and formal care workers and the decent working conditions in the care sector, another key aspect to debates around the *European Care Strategy* is the need for a strategic perspective on long-term care. Age Platform EU makes a strong case for core elements of the *European Care Strategy* needs to be adopted in order to make a substantial difference to Europe's care systems in practice. These include, in their view, the importance of a life-course approach to care *demonstrating the link between investments in people's health throughout their lives and the levels of long-term care needs in older age.* Making a link with the *European Disability Rights Strategy 2021-2030*[24] they place the emphasis on people's experiences of care and on the quality of life of care recipients. Negative consequences due to lack of access to quality professional care and support is also highlighted as well as the evidence of increased mental and physical health issues among informal carers. The introduction of *EU-wide access indicators and access targets* has been proposed, on a similar basis to the Barcelona targets for childcare. Such indicators would need to be *disaggregated by care setting* (home-, community-based, as well as institutional care)

[23] Yghemonos, Stecy (2022) *Eurocarers welcome the European Care Strategy.* https://eurocarers.org/ eurocarers-warmly-welcomes-the-ec-call-to-identify-and-better-support-informal-carers-in-its-newly-adopted-eu-care-strategy/

[24] European Disability Rights Strategy (2021) https://ec.europa.eu/social/main.jsp?catId=738&langId=en &pubId=8376&furtherPubshttps://ec.europa.eu/commission/presscorner/detail/en/ip_21_810

and implemented alongside guidelines for the implementation of *integrated care*, across health and social care services.[25]

Alzheimer's Europe brings another dimension to the discussion of care systems and care needs at EU level, with particular significance for serious illness and long-term care. Complex care needs are emphasised that recognise high-intensity care needs, that bring together the skills and understandings of multidisciplinary teams, specifically in the context of a progressive illness. Alzheimer's Europe make a strong case for those complex changing care needs - encompassing both deteriorating cognitive and physical symptoms - to be considered in the planning and development of workforce skills in the *European Care Strategy*. They also argue for investment in care coordination, particularly between primary and secondary health care services, as *disjointed and fragmented care services* have frequently been reported by their national member associations. Such care coordination has the potential to create greater clarity in the appropriateness of proposed care pathways, for the individual, households and communities in the context of long-term progressive conditions.[26] *Age Platform EU* make the important argument that an EU strategy has the potential for a transformative change moving from a perspective on care as a problem to one of care as a solution:

> The European Care Strategy can be a turning point in the way the EU talks about care - it can generate a shift in thinking (and in policies) from care as a problem to care as a solution that enables people of all ages to participate, contribute and remain included. The EU must take up the challenge: we need it to put forward a positive vision of care that can trigger more ambitious action across the continent. In our vision, care services are not the goal, but the means to preserve or achieve a good quality of life.[27]

### Launch of the first European Strategy on Care

There is evidence of change and, significantly, change at EU level on policies towards care. In a policy context, competency on care operates mainly at national rather than EU level. This is reflected in the endorsement of the *Joint Report* of the *Social Protection Committee (2022) and the European Commission* on long-term care by all EU Member State ministries with responsibility for care.[28] Such endorsements by national ministries legitimise the development of a strong EU policy on care. The report itself recognises shortages in care reflected in insufficient access highlighting, for example, that just one in three older people across the EU with severe difficulties in carrying out everyday activities have access to homecare services. The main reasons for this are the high cost of accessing professional care, lack of guarantees of the quality of care and an over-reliance on informal carers who are subjected to difficult working conditions. Estimates presented in this report, of the work of informal carers puts an economic value of between 2.4 and 2.7% of EU's GDP, higher than the expenditure on professional care

[25] Age Platform Europe (2022) *European Care Strategy – the EU as a driving force for better care for all*. https://www.age-platform.eu/special-briefing/european-care-strategy-eu-driving-force-better-care-all

[26] Alzheimer's Europe (2022) *European Commission European Care Strategy* https://www.alzheimer-europe.org/policy/positions/european-commission-european-care-strategy-proposals

[27] Age Platform Europe (2022) *European Care Strategy – the EU as a driving force for better care for all*. https://www.age-platform.eu/special-briefing/european-care-strategy-eu-driving-force-better-care-all

[28] European Commission and Social Protection Committee (2022) Joint Report. *Long-term care report – trends, challenges and opportunities in an ageing society.* https://ec.europa.eu/social/main.jsp?langId=en&catId=750

in many EU countries.[29] What makes this such a significant development is that this new *EU Care Strategy* encompasses both formal and informal care and carers, something very much welcomed by Eurocarers that have advocated for such policy development for many years:

> Eurocarers warmly welcomes the EC call to identify and better support informal carers in its newly-adopted EU Care Strategy, and urges for a swift and full implementation across the EU. *Our organisation especially commends the Commission's recognition that finding an adequate balance between professional and informal/unpaid care is essential to meet the growing care demand facing member states.*[30]

The publication of the *European Care Strategy* 2022 marked a critical milestone in the recognition of the care economy at EU level, together with its significant identification of both care givers and care recipients. While the care economy has yet to occupy a central position within EU policy, and importantly to be centrally located within EU funding systems, the shift towards a stated emphasis on care (and on long-term care, in particular) represents a new and higher level of understanding of the urgent needs and entitlements of carers and the aims of care systems. A clear link is made in the strategy between investing in care, the attainment of quality care and attaining greater gender equality. These interlinkages represent a formal understanding by key European institutions that gender inequalities and inequalities in care are directly connected. The strategy confirms that 90% of the formal workforce of carers are women and that 7.7 million women are outside of paid employment across the EU due to carrying a highly unequal share of caring responsibilities. In this context, the stated objective of the Strategy has been defined as follows:

> The European Commission has presented the European Care Strategy to ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally.[31]

The call for all Member States to establish a legal entitlement to early childhood education and care is set down by the strategy with the aim of ensuring that the entitlement would be activated when paid family leave comes to an end. Together with that aim, there is also an emphasis on targeted measures to facilitate increased participation of children from disadvantaged backgrounds, with disabilities or with special needs. Two specific recommendations for Member States are included in the strategy: firstly, a revision of the Barcelona targets on *early childhood education and care* and secondly, new targets on *access to and affordable high-quality long-term care* with a specific reference to *work-life balance for carers.* Benefits of high quality early child care and education and of quality long-term care for recipients are identified in the strategy. There is also a recognition of the need to implement policies that improve the conditions of carers and consequently, generate higher retention rates in the care sector. Revised targets for the proportion of children accessing early childhood care and education are set at participation rates of 50% of children below the age of 3 and 96% of children aged 3 until compulsory primary education. These new targets were already set down in the *European*

[29] European Commission and Social Protection Committee (2022) Joint Report. *Long-term care report – trends, challenges and opportunities in an ageing society.* https://ec.europa.eu/social/main.jsp?langId=en&catId=750

[30] Euorcarers (2022) *Eurocarers welcome the European Care Strategy.* https://eurocarers.org/eurocarers-warmly-welcomes-the-ec-call-to-identify-and-better-support-informal-carers-in-its-newly-adopted-eu-care-strategy/

[31] European Commission (2022) *European Care Strategy* ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382

*Education Area framework*.[32] With this *European Care Strategy*, the stated aim is to make EU policy towards long-term care more of a material reality and to deliver on its commitments of the *Action Plan* of the *European Pillar of Social Rights.*

Policy priorities under the strategy emphasise: measures to strengthen the inclusion of children from disadvantaged backgrounds in childcare services; closing the gap between paid leave and legal entitlements; access to services for sufficient duration of hours to complement meaningful paid employment opportunities; and policies to encourage more equal sharing of childcare between parents. On long-term care, the European Commission recommends each Member State to prepare national plans emphasising affordability, accessibility, but also comprehensive quality care with a greater mix of professional long-term care services and home-, community-based and residential care - accessible to people with disabilities as well as older people. Support for informal carers is also specified and Member States are recommended to establish fair working conditions and training for care providers and carers (with an emphasis on continuous training, collective bargaining, high standards of occupational health staff and tackling gender stereotypes to encourage more men into the care economy.

An important aspect of the European Care Strategy is a new focus on migrant domestic workers. Ratification of the *ILO 189 Convention on Domestic Workers*[33] is recommended to take place in each Member State and the European Commission commits itself to encourage social dialogue, promote long-term care skills and training, a review of EU standards governing working conditions and the rights of long-term care workers from non-EU countries. However, while EFFAT (European Federation of Food, Agriculture and Tourism Trade Unions) welcomed the *European Care Strategy,* it also puts forward a strong critique that the strategy does not go far enough to encompass the needs of domestic workers. Describing the nature of domestic work as providing a spectrum of services often in an *intertwined* manner (for example, including childcare, carrying out domestic tasks as well as providing long-term care). EFFAT argues for the EU framework directive on health and safety at work to be revised to include domestic workers. From their perspective, what is needed is a recognition that domestic workers are engaged in both direct and indirect care and that without that recognition, the *terrible reality* of millions of workers in Europe will be overlooked.

> EFFAT regrets that the EU care strategy does not fully reflect and address the realities of domestic workers who, moreover, are employed both formally and informally and lack regulatory frameworks in most Member States. While we appreciate the Commission's commitment to call on Member States to ratify and implement ILO Convention 189, we regret that no concrete measures are envisaged to implement its principles to encourage Member States to develop effective pathways for recognition and professionalization.[34]

Defining the *European Care Strategy* as the *Right Diagnosis – Wrong Treatment*, Global UNI Europe (a federation of trade unions representing 7 million service workers across the EU) argues that the focus on poor working conditions as core to the lethal failures of care systems across

[32] *European Education Area framework (2022) European Education Area Strategic Framework - quality education and training for all.* https://education.ec.europa.eu/about-eea/strategic-framework

[33] ILO (2011) *ILO 189 Convention on Domestic Workers. https://www.ilo.org/dyn/normlex /en/f?p = NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189*

[34] European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT) (2022) *EU Care Strategy overlooks the reality of domestic workers*. https://effat.org/featured/eu-care-strategy-overlooks-the-reality-of-domestic workers.

Europe, is the correct one. However, UNI Europa argues that there is insufficient highlighting of quality in care and that minimum conditions should be applied to all care investment and that care workers should receive full training as well as employment protection, including representation in a social partnership process. These measures, in their view, would aim to achieve a higher retention rate of a skilled and qualified workforce, both in the private and public sectors. Specific changes are recommended, such as adequate sick pay including for periods of social isolation, such as enforced by COVID-19. But, in their view, the strategy fails to identify the primary means to achieve better working conditions i.e. through the collective bargaining process that is considered essential to transforming low retention levels in the care sector.

> In order to achieve safe staffing levels and the quality standard of care the public expect, jobs in the sector must be attractive. The first step is to ensure that the wages of the predominantly women and migrant workforce is sufficient to sustain a family in dignity. With the ongoing energy crisis and inflation above 9 per cent, the best way to retain the current workforce and attract new workers is to give workers a say at the workplace.....The strategy highlights the need for greater investment in care. However, investment for its own sake is not enough. The strategy does not put the bar high enough on what type of investment is needed.[35]

Investment in training and upskilling of care workers and the development of a clear career structure is evident in many responses to the European Care Strategy. The European People's Party *welcomes* what it characterised as the *EU's first ever Care Strategy*, together with its proposed planning and support for carers and argues for an EU investment programme to effectively implement the strategy:

> That is why Europe should invest in the reskilling and upskilling of workers, so we can make sure that everyone who is committed to working in care, has the right instruments to do so. The EU already has the funds to help workers make the transition to the care sector, such as the European Skills Agenda, the Pact for Skills, ESF+, the Youth Employment Initiative, the Just Transition Fund, and EU4Health, among others.[36]

There is clear evidence of the important links between diverse parts of the care sector that need to be reflected in policy-making. High levels of part-time employment are common across the care economy and are driven, at least in part, by the lack of access to childcare or to flexible home-based long-term care. Improved access by care workers to early childcare, educational and after-school programmes have the potential to increase the availability of care workers. Realising the potential of e-consultations that became evident during the pandemic and the important role that technology can play in establishing early-warning and safety systems for older people or people with disabilities highlights possible future trends in care. More access to preventative health strategies and enhanced primary care systems have the potential to facilitate extended lives in homes and communities and to offer a more integrated primary system of care that brings together different specialities. Effective implementation of the an *EU Care Strategy,* that is clearly linked to enhancing the working conditions of informal and formal carers as well as to respecting the rights and independence of care recipients, has the potential to enhance the quality of care based on greater gender equality and social justice.

[35] UNI Europa (2022) *Putting workers at the centre of the European Care Strategy.* https://www.uni-europa.org/news/putting-workers-at-the-centre-of-the-european-care-strategy/

[36] European People's Party

# Chapter 2 **Demographic and socio-economic trends**

**KEY TRENDS**

European society is undergoing a process of rapid social change, marked by improved health levels reflected in longer life expectancy and an ageing population - despite set-backs due to the COVID-19 pandemic.[1] There are more single person households, family size is decreasing, fertility rates are dropping and the proportion of one parent families is increasing as well as that of dual earner households. However, some things are very slow to change and underlying trends reflect deep structural gender inequalities. Gender inequalities are highly persistent mainly because of the uneven distribution of caring responsibilities. Women are the primary carers and continue to carry out most of the unpaid and low-paid care work. There is clear-cut evidence that this results in a significant care penalty. This penalty accrues over a lifetime of unpaid care responsibilities, the cost of which can be seen in reduced opportunities for participation and progression in the paid labour force, with consequent financial inequalities and vulnerabilities which persist into retirement. Despite progress towards gender equality reflected in some key socio-economic trends, such as higher rates of paid employment, women are disproportionately represented in occupations that are low paid and as a result significant gender pay and pension gaps persist.

EU households are diversifying as socio-cultural expectations and experiences change. There is evidence of an increasing number of co-habiting, multi-generational and same-sex couple households, as the traditional nuclear family numbers contract``. The percentage of lone parent households has risen dramatically and one-in-seven (14%) of households with dependent children are headed by lone parents, 90% of whom were women. Lone parents are one sector that are particularly vulnerable to higher risks of social isolation and poverty – households of older people are also vulnerable. In the EU in 2021, almost one quarter (23.6%) of women and 18.9% of men were living alone. The percentage of those living alone was highest in the older age group and included more women than men - mainly because women continue to live longer. In 2021, 39.8% of women over 65 were living alone compared to 20% of men.[2] Significant variation is evident across the EU27. While life expectancy is extending slowly in most countries and the gap between women and men is narrowing, the expected 'healthy years' of those in the 65+ age group shows huge divergences between poorer and wealthier countries across the EU.

1 Note: All statistics refer to EU27 and to 2020 data drawn from Eurostat 2022.
2 Eurostat (2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics

## 2.1 Introduction

This chapter details some of the main demographic and socioeconomic trends in the EU over the last ten years in relation to: household composition; life expectancy and expected healthy life years; marriage and divorce; fertility rates; lone parents; education; and the labour market. Key findings are analysed in the context of gender inequalities and care over the lifecycle. This suggests that a greater proportion of women do not have the support of a partner to navigate the financial, emotional, and paid and unpaid care responsibilities at various points in the life course. Other trends also reflect gender inequalities. Women continue to experience a wide range of inequalities and opportunity costs across the life course and experience lower levels of financial security and disadvantage, accumulated over a lifetime. Lone parents, households of older people, people with disabilities and ethnic minorities are particularly vulnerable to higher risks of social isolation and poverty.

## 2.2 Household composition

Households are changing across the EU in some quite fundamental ways. One highly significant change is the reduction in the average household size, because of a number of key trends. Family size is reducing with fewer children and single person households are increasing. A study of household composition between 2007 and 2017 cites an increasing diversification of household profiles. Nuclear families - two parents and their children - as a proportion of all households are on the decline, while household types which have risen in the last decade across Europe include:

- Multigenerational households
- Blended families
- Same-sex couples
- Cohabiting couples.[3]

There are both positive and negative outcomes associated with the diversification of household types; these structures relate to subjective well-being and vulnerabilities to poverty and social exclusion. The shifting household compositions have implications for demand for public services - such as long-term care, childcare, and housing.

The increase in multigenerational households has been connected to the financial crisis. Young people are leaving home later, and those who have no choice but to stay at home record lower levels of subjective well-being. Older generations who find themselves living with their adult children (who are often parents themselves) are part of the increase in multigenerational households due to care and/or financial needs. Overall, the data reveals that both parents and grandparents living in multigenerational households because of circumstances have lower levels of subjective well-being than their peers who live independently. Other groups with negative outcomes linked to their household type are those of one-person households (many of whom are older women) and lone parent households. Lone parent households also are on the increase and experience specific forms of disadvantage, with the additional hurdle

[3] Eurofound (2019) *Household composition and well-being*, Publications Office of the European Union, Luxembourg. https://www.eurofound.europa.eu/publications/report/2019/household-composition-and-well-being

of childcare costs acting as a significant barrier to paid employment. Despite the increasing number of people who choose to live alone, one-person households are cited to be on average more vulnerable to hardship, and access to informal care is less straightforward, often involving care provided over long distances. Older women in particular are at increased risks of material deprivation. However, the number of couples living into old age is projected to increase as life expectancy among men extends. In the diversifying landscape of household types, blended families are noted to have better overall outcomes than single parents.[4]

The proportion of households composed of cohabiting couples has risen. One quarter of EU households in 2019 were two people in a relationship. Many countries do not allow unmarried couples the same rights as married couples. However, in some EU member states (mostly in the North and West) policies have shifted towards give cohabiting couples some of the legal protection married couples receive, namely in relation to taxation, property rights, and tenancy and survivor rights. On average, levels of subjective well-being are higher for married couples than for those cohabiting. Same-sex couples on average have similar outcomes to heterosexual couples regarding well-being and vulnerability to material deprivation and poverty. However, same-sex couples in many countries do not fare quite as well regarding support from family and friends, leaving them at a higher risk of social isolation, and in countries where equal marriage rights are not recognised social integration is more challenging - and consequently levels of social exclusion and isolation may be higher. Nonetheless, the Eurostat report (2019) finds that being in a partnership (as opposed to living in a one-person household) is a stronger predictor of positive outcomes financially, socially and in terms of well-being than the sex of the partners.[5]

Between 2009 and 2021, the number of people per household in the EU decreased from 2.4 in 2010[6] and stood at 2.2 members in 2021.[7] While the total number of households increased by 9.5%, the household type which saw the most growth was that of single adult households – both with and without children at 27.4%. Growth in the percentage of lone parent households has been significant, but more importantly from a gender perspective, 90% of lone parents are women. Notable trends over this period regarding households with children, highlighted by Eurostat include:

- 14.5% increase in households without children
- 3.4% decrease in households with children
- Rising number of single adults with children as a proportion of total households with dependent children (2009-2019) from 12% to 14%[8]

Around one quarter of all households (24.4 %) included children. At one end of the scale, more than 30% of households in Ireland, Slovakia, Cyprus, Portugal and Romania were households

4 Eurofound (2019) *Household composition and well-being*, Publications Office of the European Union, Luxembourg. https://www.eurofound.europa.eu/publications/report/2019/household-composition-and-well-being
5 Eurofound (2019) *Household composition and well-being*, Publications Office of the European Union, Luxembourg
6 Eurostat Data Browser, *Average Household size – EU SILC survey* https://ec.europa.eu/eurostat/databrowser/view/ILC_LVPH01__custom_3253061/default/table?lang=en
7 Eurostat (May, 2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics
8 Eurostat (May, 2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics

with children. By contrast, children were found in less than 20% of households in Germany and Finland. Of households with children in 2021, 49% had just one child. The highest share of these households with one child (over 55%) were found in Bulgaria, Portugal, Romania and Lithuania, while in Ireland and Sweden only 40% of households had just one child. Across the EU, 39% of these households with children had 2 children, and 12% had three or more children.[9] A very strong trend is evident in the marked increase in households without children - recorded in 23 out of 26 states (for which data is available). Malta witnessed the greatest increase in households without children (+65.7%) followed by Luxembourg (+41.8%), Cyprus (+39.4%) and Sweden (+35.8%). Variations between countries are stark, highlighted by the exceptions to this trend (of increasing households without children) that are markedly evident in Slovakia (-1.6%), Bulgaria (-1.9%) and Greece (-7.4%) which had fewer households without children in 2021 than in 2009 (see figure 1).

In 2021, around two-thirds of the total number of households with children included two adults. Between countries, here again there was considerable variation in the proportion of households made up of two adults with children, from over 70% of the total number in Sweden, Finland, the Netherlands and Greece; while Bulgaria and Latvia recorded the lowest shares, with less than 50% of households made up of couples with children. Single parents accounted for 12.6% of households with children in the EU, with the highest levels in Estonia, Denmark, Lithuania and (where they accounted for more than 20%). In contrast, Slovakia, Croatia, Greece and Slovenia all recorded a percentage lower than 5%. Rates of both single men and women with children increased;[10] nonetheless, the data shows that single parenthood is strongly gendered (see section on Lone Parents). In 2019, 11% of women compared to 3% of men were single parents.[11]

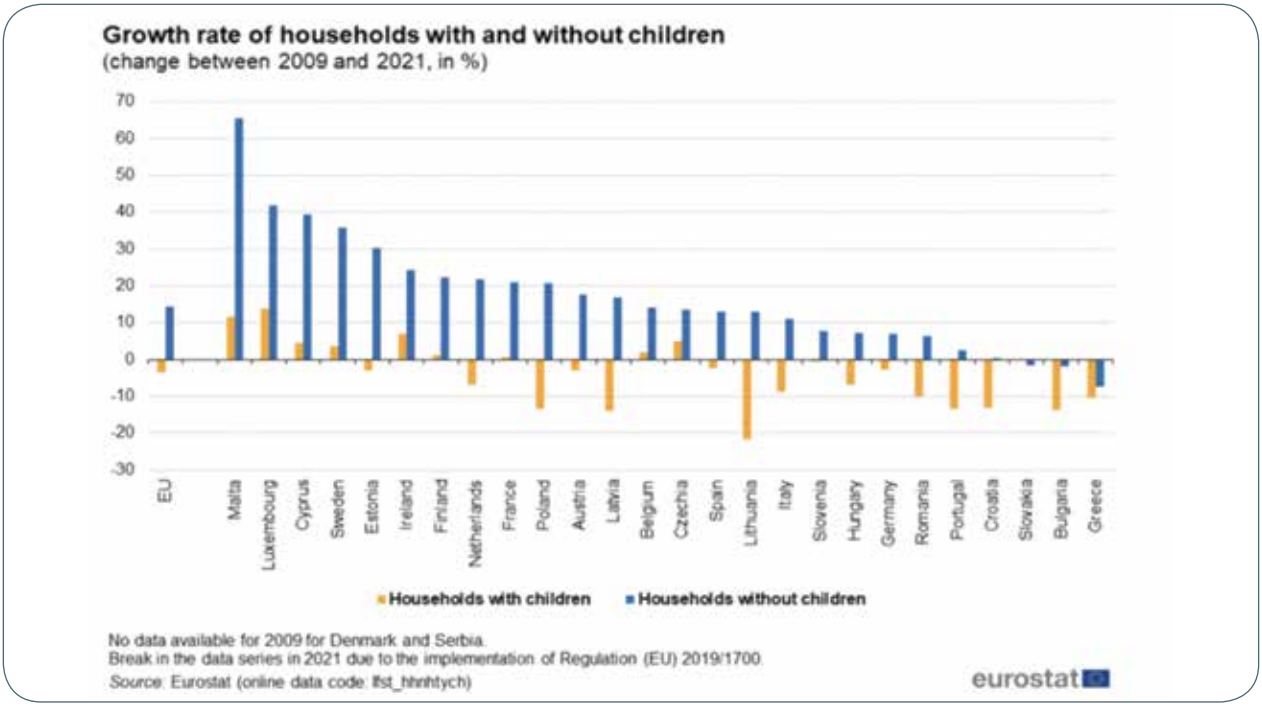
In the EU overall, there has been a strong downward trend in the number of households with children in the last decade (see Figure 2). 23 out of 26 member states have seen growth in the proportion of households without children. In the immediate context this trend suggests possible lower levels of childcare needs. However, looking to the future, the fall in the number of children today has implications for the long-term care needs of the present working-age generations. European society is now faced with the growing needs of an ageing population, whose mortality rates are decreasing. Increasingly fewer families with children means less opportunity for intergenerational care, which has been a common feature of the care system in many EU countries. A large proportion of long-term care needs have been met by intergenerational care provided mainly by women, linked to traditional norms but also due to the inability of state-run services to meet care needs. The ageing EU population is giving rise to increased long- and short-term care demands, which are likely to be exacerbated by fewer offspring to take on care responsibilities as their parents age.

9 Eurostat (May, 2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics

10 Eurostat (May, 2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics

11 FEMM Committee, European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

**Figure 1**




## 2.3 Ageing of the EU population and projections

The ageing of the EU populations together with population projections for future decades have implications for care needs and care provision. Trends in household composition over the period 2009-2021 reveal significant issues for the demand for care and the management of care responsibilities. Some key trends include:

- The majority of households made up of adults over 65 years living alone are women. More men are living to an older age, so they do make up an increasing proportion of older person households living alone, but the proportion of women over 65 living alone remains significantly higher.
- Women are also more prone than men to experiencing long-term limitations in their activities due to health problems.[12]
- As more men as well as women are living to an older age, there is a concurrent increase in women and men over 65 living as a couple.
- Projections indicate that the population over 65 years will increase more than any other age group by 2100. A shrinking working age population will feel the pressure of increased dependency ratios based on the proportion of the population which are children and older people.
- Researchers of the EU Joint Research Centre estimate that the number of people aged 50+ with long-term care needs will increase by approximately +24% by 2050 and +36% by 2070

[12] European Commission (2018) *Eurostat: Health variables of EU-SILC.* https://ec.europa.eu/ Eurostat cache/metadata/en/hlth_silc_01_esms.htm

- Both formal and informal care needs have increased and will continue to grow over the coming decades.

For EU society these trends are extremely positive as it means that our health systems and lifestyles have generated a longer life expectancy. But they are already posing serious challenges to an inadequate care system, evident in most countries. Those over 65 are likely to continue to be defined as 'economically active' for an additional five years and many may wish to have that option. Formal retirement ages have increased in many countries. However, those aged 65 years or over are entitled to expect a high quality of life and to have their care needs met based on a combination of home-based care, community-based care and a higher level of institutional care. Women are also more prone than men to experiencing long-term limitations in their activities due to health problems.[13] Increasing numbers of women and men over 65 living as a couple suggests increasing informal care responsibilities for ageing partners. With the trend towards longer lives this burden will more likely fall to older women. Women living alone are likely to develop additional care needs, particularly in light of the increased average life expectancy, and lower proportions of healthy years at 65 years compared to the average male life expectancy. This is compounded the by structural issues in long-term care (for example, staff shortages, poor working conditions, low skill levels) as well as by the challenges regarding access, quality and sustainability of the sector, creating a situation in which informal care becomes the default option (discussed in more detail in Chapter 4).

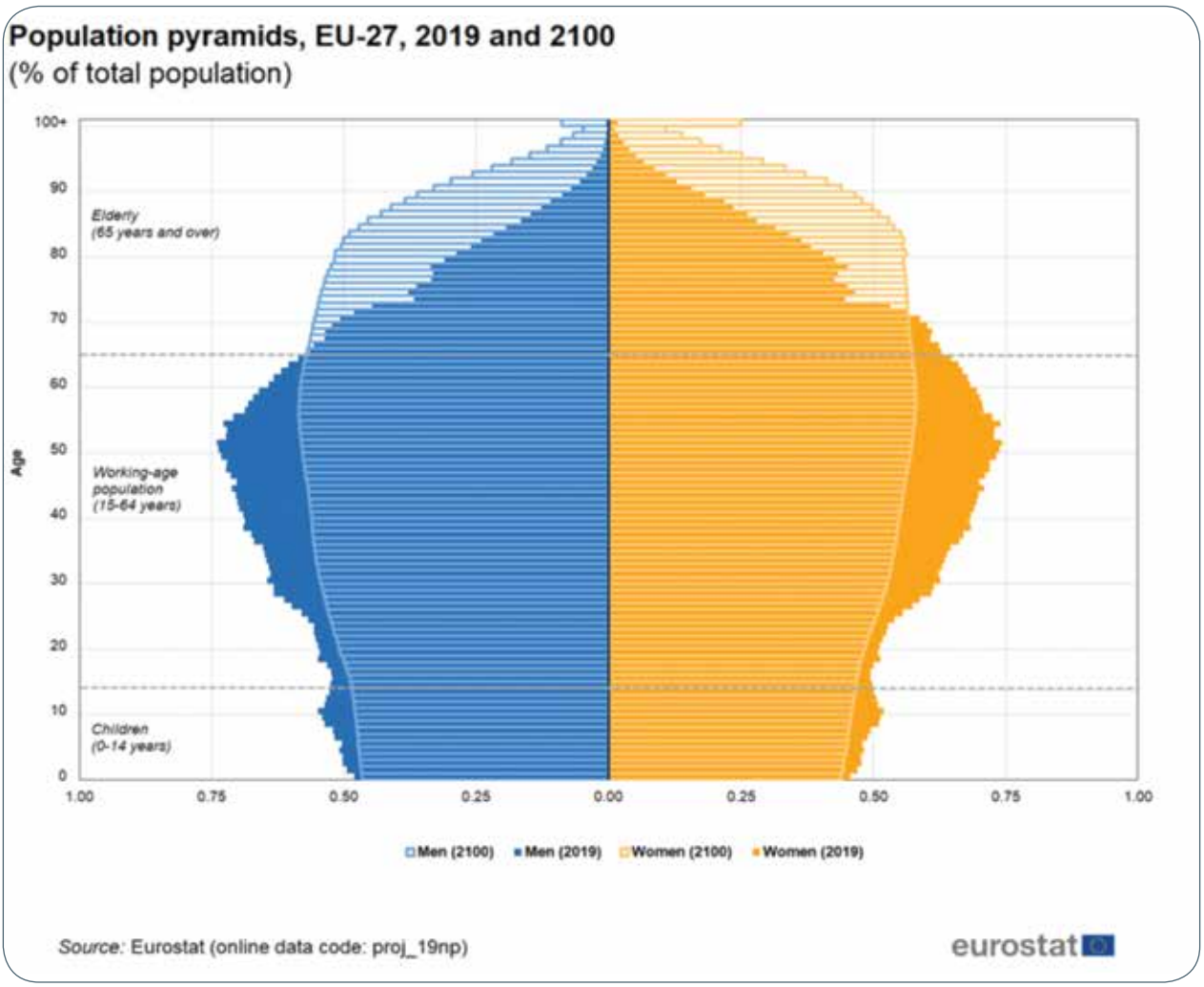
Population projections by Eurostat[14] suggest that the EU population will increase modestly until 2026, followed by a steady decline until the end of the century - with an overall decrease of 30.8 million between 2019 and 2100. The median age in the EU is projected to increase by 5.1 years between 2019 and 2100, to 48.8. The projected changes have significant implications for care; the working age population is projected to fall from nearly two thirds of the population in 2019 (64.6%) to 54.8% by 2100 (see figure 2). The proportion of the elderly population (over 65 years) is expected to see an average increase of 11 percentage points, which has been calculated as an increase of 39.7 million for this age group. Furthermore, the total EU27 population over 80 years is projected to more than double - with the number of centenarian women predicted to be higher than that of centenarian men. In 2060, the projections indicate that there will be fewer than two working-age persons for each elderly person in more than half of the EU-27 Member States.[15]

These projections are alarming for many reasons. In light of the current underinvestment in the long-term care infrastructure and professionals in the EU, the ageing population is unlikely to come close to receiving the care they need. Increasing mortality rates mean than women over 65 will not only struggle to receive the care they require but will suffer for longer from the stark pension gap with men. Women, in particular in the age group 45-64, are more likely to drop out of paid employment as a result of caring responsibilities (their employment rate is 54% compared to an overall rate of 59% in this age group). Women with caring responsibilities who dope out of the formal labour market face on average an annual wage loss of €18,000 net.

[13] Eurostat (2018) *Health variables of EU-SILC.* https://ec.europa.eu/eurostat/cache/metadata/en/ hlth_silc_01_esms.htm
[14] Eurostat (May 2020) *Population Projections in the EU* https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=497115#:~:text=Over%20the%20period%202019%20to,natural%20changes%20in%20the%20population
[15] Eurostat (May 2020) *Population Projections in the EU* https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=497115#:~:text=Over%20the%20period%202019%20to,natural%20changes%20in%20the%20population

This is then later translated into lower pensions, and more difficulties in affording the costs of long-term care, once the informal carers become themselves dependent on receiving care. In 2020, 6.3% of women aged 50-64 wanting to access paid employment did not do so due to caring responsibilities, compared to only 2.5% of men in this age group.[16] There is an increasing likelihood of further exacerbating the care penalties women and mothers of working ages face if the current policy landscape around care does not dramatically change.

**Figure 2. Eurostat – Statistics Explained. Population Projections in the EU**




## 2.4 Life Expectancy

Overall, the EU 27 has recorded gradual increases in life expectancy and the *expected healthy years* from 65 for both sexes. However, shocking disparities exist between healthy life years across the member states. Sweden recorded the highest number of healthy years for women at 65 years at 16.4, in contrast to a mere 4.4 years in Latvia - a difference of 12 years.[17] A similar disparity can be seen in the male data, which in 2020 recorded a difference of 11.3 years

[16] European Commission (2022) *SWD Accompanying the proposal for a Council Recommendation.* https://EC+SWD+Accompanying+the+proposal+for+a+Council+Recommendation+-+September+2022 &oq=EC+SWD+Accompanying+the+proposal

[17] EIGE Gender Statistics Database (2020) *Healthy Life Years from 65 by sex*. https://eige.europa.eu/ gender-statistics/dgs/indicator/ta_hlthmort_hlth_years__tsdph220_comp1/datatable

between Norway (15.5 years) and Latvia (4.2 years). Life expectancy for women sees a range of 7.8 years between EU 27 countries in 2020, and 10 years for men across the EU27.[18]

Some key trends between 2010 and 2020 in female and male life expectancy from birth and healthy life years from 65, from the EU 27 averages, include:

- Marginal increase in life expectancy from birth for both sexes
- Women continue to live longer than men

| **Life Expectancy from Birth** (EU 27 Averages from 2020) Eurostat | | |
|---|---|---|
| | **2010** | **2020** |
| **Women** | **82.2** | **83.2** |
| **Men** | **76.7** | **77.5** |

- Slow, gradual increase in expected healthy years can be seen for both women and men at 65 years
- Women's health (reflected in healthy years at 65), while improving slightly, has not kept pace with lifespan over the decade

| **Healthy Life Years at age 65** (EU 27 Averages from 2020) EIGE | | |
|---|---|---|
| | **2010** | **2020** |
| **Women** | **8.5** | **10.1** |
| **Men** | **8.4** | **9.5** |

Trends for the last decade show some major disparities in 'Healthy Life Year at 65' between EU states. In 2020, Sweden, Norway and Ireland recorded the highest number of healthy life years at 65 for women, to a level of 16.4, 14.9, and 12.5 respectively. Sweden's expected healthy years increased notably from 13.4 in 2010, while the years for Norway and Ireland remained consistent over the last decade. Data for Men's 'healthy life years at 65' reflected similar trends in those countries where the highest levels have been recorded for women, with Norway, Sweden and Malta showing the highest number of expected healthy years at 65, at 15.5, 15.4, and 12.6 respectively. Sweden saw a marked upward trend over the last decade, from 12.2 years for men in 2010 to 15.5 in 2020.[19] The data for healthy life years for women records only upward trends, with some notable increases over the last decade for Germany, Slovenia, and Sweden. Male data in this category also shows considerable upward trends for Germany, Sweden, and Spain, while the only notable downward trend is in Croatia.

As suggested by household composition trends, care needs are increasing as both women and men are living longer. Despite increasing healthy life years, women continue to live a greater number of years in poor health - spending on average 77% of their life years in good health.

[18] Eurostat Data Browser (2020) *Life Expectancy at Birth by Sex* https://ec.europa.eu/eurostat/databrowser /view/tps00205/default/table?lang=en

[19] EIGE gender Statistics Database (2020) *Healthy Life Years from 65 by sex* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_hlthmort_hlth_years__tsdph220_comp1/datatable

Men spend 81% of their lives in good health and die at an earlier age than women.[20] Naturally this leaves a higher proportion of elderly women than men with long term care needs. Longer life expectancies generate increased demands on the social care and health systems across the EU27, with particularly high levels of need among elderly women, because of ill health and disability and a danger of poorer quality of life. Health burdens on women, and on older women in particular, are increasing in later life resulting in significant and changing additional and often more complicated care needs.

## 2.5 Social and family changes

The rates of marriage and divorce have remained fairly stable over the last decade, except for a marked drop in 2020.[21] This fall in marriage rates is likely to be attributed to the lockdown periods and restrictions around public gatherings, including weddings, which were brought into effect during the first year of the Covid 19 pandemic.

Trends indicate that both women and men are getting married later. The data for the female mean age at first marriage shows a general but slow increase over the last decade; Sweden recorded the highest mean ages in 2010 and 2020, at 32.7 and 34.8 respectively. Male trends in relation to the age of first marriage show a clear incremental upward trend. In 2020 the highest mean ages of first marriage for men were in Sweden and Spain, at 37.5 and 37.2 respectively, where in both countries an increase can be seen since 2010. The lowest mean ages for men at first marriage in 2020 in the EU 27 were in Lithuania, Poland and Romania, where the mean age was 30. Divorce rates do not show much fluctuation over the decade, however there is a slight dip in 2020 which may also be related to the Covid 19 pandemic. The EU 27 average for divorce rates was 1.9 in 2010 and 1.6 in 2020, and the average marriage rate stood at 4.4 in 2010 and dropped to 4.3 in 2019 and fell further to 3.2 in 2020.[22]

Between 2010 and 2020, the average fertility rate (the total number of live births per 1,000 of a given population) dropped from 1.57 to 1.50, while the average mean age of women at the birth of their first child increased from 30 years to 31 years. Exploring the data by individual country, in 2010 fertility rates ranged between 2.05 (Ireland) and 1.25 (Hungary), while in 2020 the range was between 1.83 (France) and 1.13 (Malta).[23]

| **Averages for EU27 countries** (from 2020) | **2010** | **2020** |
|---|---|---|
| **Total Fertility Rate** | 1.57 | 1.50 |
| **Mean age of women at childbirth and at birth of first child** | 30.0 | 31.0 |

In 2020 the highest mean age of women at childbirth was in Ireland at 32.6 years (a small increase from 31.4 in 2010) while the lowest was in Bulgaria at 27.8 years (a slight increase from

20 European Institute of Women's Health (EIWH) (2020) *Women in Europe Healthy Ageing Midlife and Older Women's health*. www.EIWH+(2020)%2C+Women+in+Europe+Healthy+Ageing+Midlife+and+ Older+ Women's+health.&oq=EIWH+(2020)%2C+Women+in+Europe+H

21 Eurostat Data Browser, *Crude Marriage and Divorce Rates* https://ec.europa.eu/eurostat/databrowser/ view/TPS00206/ default/table?lang=en&category=demo.demo_nup

22 Divorce and marriage figures are expressed as the number per 1,000 persons. It is also important to note that data for all the EU 27 states were not available consistently over the last ten years, which may mean that the highs and lows may be underestimated.

23 Eurostat Data Browser, *Total Fertility Rate* https://ec.europa.eu/eurostat/databrowser/ view/TPS00199/default/ table?lang=en&category=demo.demo_fer

27.0 in 2010).[24] Over the last decade there has been a clear upward trend in proportions of births outside marriage. Data from Spain and Portugal show notable increases, while exceptions to this trend can be seen in Hungary, where there was a dramatic decrease between 2015 and 2020, and in Latvia where there has been a decrease in births outside marriage since 2013.[25]

Declining fertility rates and increasing age of first child are linked to a variety of factors affecting women's economic and social position such as, women's changing expectations linked to increased educational levels, investment in career development, expected earnings from paid employment and greater economic and cultural autonomy. There is also evidence that the lack of adequately supported leave entitlements around pregnancy, childbirth and childrearing are also important factors. Data reveals a continuing and significant care penalty for women in paid employment and that women anticipate reduced career development opportunities linked to pregnancy and childbirth. Gender equality policy needs the multiple factors contributing to gender gaps in employment, pay, promotion, career development, lifetime earnings and pensions, and also the intersection of gender inequalities with other inequalities connected to age, ethnicity, disability, family and legal status.[26]

These trends and their consequences for higher care needs reflect the changes in household composition, family size and age of first birth as well as life expectancy and healthy life years. An overall downward trend in fertility rates indicates an impact on long-term intergenerational care within families with potential negative impacts for their ageing relatives. Those needing more years of care are more likely to be female and likely to have increased care needs themselves as life expectancy increases. Additionally, a rising proportion of births outside marriage, together with a rising number of single parent households, indicate increased pressures on households and higher care needs. Eurocarers argue that the severe lack of investment in professional care systems means a reduced pool of informal carers forced to provide more care, responding to more complex and intense care needs.[27] It is also likely to mean that many EU countries will continue to rely on migrant women to fill gaps in care provision in relation to child and elder care, and care for those with disabilities. This requires a much more developed support system for migrant workers in the care economy, with an emphasis on both social protection and human rights.

## 2.6 Rising lone parent levels and disadvantages

Single parents accounted for approximately 4% of a total of 195.4 million households (of which 7.8million had children).[28] Some of the key trends and findings which impact gender and socio-economic, inequalities, and care responsibilities and needs, from an exploration of existing data and literature on lone parents in the EU in the last ten years, are outlined below:

[24] Eurostat Data Browser (2020) *Mean Age of Women at Birth of First Child* https://ec.europa.eu/eurostat/ databrowser/view/TPS00017/default/table?lang=en&category=demo.demo_fer

[25] Eurostat Data Browser (2020) *Births Outside Marriage.* https://ec.europa.eu/eurostat/ databrowser/ view/TPS00017/default/table?lang=en&category=demo.demo_fer

[26] European Commission (2022) *Gender Equality Strategy*. https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

[27] Eurocarers (2020) *The Gender Dimension of Informal Care*. https://eurocarers.org/publications/the-gender-dimension-of-informal-care/

[28] Eurostat (2020) *How Many Single-Parent Households are there in the EU?* https://ec.europa.eu /eurostat/web/products-eurostat-news/-/edn-20210601-2

- The proportion of single parent households has risen steadily (from 12% of households with dependent children in 2009 to 14% in 2019)
- Single parenthood remains strongly gendered. It is female-dominated in spite of a rise in the proportion of male single parent, starting from a very low base
- Levels of education and likelihood of employment among single parents have both increased
- Rates of in-work poverty remain far greater for single parents than for couples with children
- At risk of poverty rates (AROP) have not declined, despite decreases in rates of severe material deprivation
- Single parent households remain at high risk of poverty or social isolation
- A larger share of single parents' household income is spent on childcare than in two parent households in many of the EU 27 member states
- Early Childhood Education and Care (ECEC) is vital for single parents but often less accessible

Examining the findings in more detail, lone parent headed households accounted for 12% percent of the total number of households with dependent children in the EU in 2009 and this figure rose to 14% in 2019.[29] Although the proportion of single fathers rose slightly between 2009 and 2019, a large majority of lone parent households are still headed by women. In 2019 lone mothers headed 11% of households with dependent children, while the figure for men stood at 3%.[30] It is reported that mothers account for approximately nine out of ten lone parents in the EU.[31]

A recent report from the European Parliament cites that lone parents have become better resourced.[32] Improvements in the situations of lone parents encompass falling levels of single parents with low levels of education; higher likelihood of employment for single parents; decreasing rates of material deprivation across the EU. Nonetheless, it remains more likely that those with low levels of educational attainment will become single parents, that single parents are more likely to have part-time and temporary work, and that lone parent households face higher risks of material deprivation and poor living conditions than two parent households.

Despite falling rates of very low work intensity among single parent households, and increasing levels of education, in-work poverty for single parents has not fallen and remain significantly higher than for dual parent households[33]. It has been observed that:

> Overall, in-work poverty among single parents is less common in countries that had more strict employment protection regarding the use of fixed-term contracts and temporary work

[29] Eurostat (May, 2022) *Household composition statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Household_composition_statistics

[30] European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

[31] EIGE (2020), *Gender Equality Index 2020. Digitalisation and The Future of Work.*

[32] FEMM Committee, European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

[33] Low work intensity household is defined as living in a household where the members of working age worked less than 20% of their total potential during the previous 12 months.

agencies, better paid leave, higher expenditure on childcare, and higher expenditure on active labour market policies.[34]

| **Severe Material Deprivation Rate** (total of all income quintiles)[35] (Unit = % of total household type) | | |
|---|---|---|
| | **2010** EU27 Average (from 2020) | **2020** EU27 Average (from 2020) |
| **Lone Parent with Dependents** | **17.5%** | **12.1%** |
| **2 Adults with 2 Dependents** | **6.2%** | **4%** |

The likelihood of a single parent facing the risk of poverty or social exclusion is one in two.[36] In spite of progress in certain areas, lone parents remain vulnerable to poorer standards of living and overall well-being for themselves and their children. Employment does not guarantee an escape from poverty. These vulnerabilities stem from disadvantages such as in accessing education, but some recent research suggests that the position of single parents is also impacted by contextual factors such as labour market and social policies. This may partially explain the variation between EU states in the conditions and disadvantages faced by lone parents.[37]

| **Risk of Poverty or Social Exclusion** (all income quintiles)[38] (Unit = % of total household type) | | |
|---|---|---|
| | **2015** EU27 Average (from 2020) | **2020** EU27 Average (from 2020) |
| **Lone Parent with Dependents** | **46.1%** | **42.4%** |
| **2 Adults with 2 Dependents** | **18.9%** | **16.6%** |

The trends show notable drops in rates of both severe material deprivation (2010 -2020) and the risk of poverty or exclusion (2015-2020) when looking at single and 2 adult households both with dependents.[39] What is immediately clear from the EU averages over the last decade, is that single parent households with dependents are at far greater risk of severe material deprivation, poverty, or social isolation than households with two adults and dependent children.

Trends across the EU27 vary significantly regarding rates of severe material deprivation, ranging from 1% in Greece to 32.9% Luxembourg in 2020. Greece was also the exception to the

[34] European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

[35] EIGE Gender Statistics Database, *Severe material deprivation rate by income quintile and household type* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_matdepr_inter_hhtype__ilc_mddd13/datatable

[36] European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

[37] European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa.eu/thinktank/en/document/IPOL_STU(2020) 659870

[38] EIGE (2020) Gender Statistics Database, *People at risk of poverty or social exclusion by income quintile and household type - new (Europe 2030) definition,* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_povsocex_inter_hhtype__ilc_peps03n/datatable

[39] Here it must be noted that there is a limitation in the precision of comparison as there is only available data for 'single parent with dependents', and no options for the number of dependents - unlike for households with two adults and dependents (for which various options are given regarding the number of dependents). However, the comparison of single parents with dependents against adults with two dependents should provide a roughly accurate measure of the trends and disparities between the two household types. Each figure is representative of the average of all income quintiles for the household type.

downward trend here, as the rate of severe material deprivation increased from 22.6% in 2010, whereas Luxembourg was representative of the overall downward trend as it recorded a drop from 3.6% for lone parent households with dependents since 2010.[40] Many EU27 member states saw rates drop significantly, while an additional exception to the trend was seen in Ireland, where rates of severe material deprivation increased for lone parents with dependents, from 12.8% to 20.6% over the ten year period. The Irish trend here reflects severe and deepening inequalities for lone parents, as the same period recorded a contrasting notable decrease in severe deprivation rates for households with two adults and two dependent children (from 4.5% to 1.4%).

Early childhood education and care is essential to enable the vital participation of single parents in the labour force. ECEC is cited to be *used to a lesser extent by parents who have a weaker position in - or greater distance from - the labour market*[41] and single parents for various intersecting reasons are often less engaged in the labour market. ECEC is recognised as one of the most important types of policy for supporting female labour force participation. For ECEC policy to be effective, however, it must be available, affordable and of good quality.[42] Before the Covid 19 pandemic 42% of lone parents had difficulty in affording childcare services.[43] In a majority of EU member states, despite of some means testing, a larger share of single parents' household income is spent on childcare than in two parent households resulting in a larger financial burden than households with two couples.[44]

Access to affordable childcare allows single parents to work longer hours, and also to work in better paid occupations. A 2020 report by the European Parliament on lone parents in the EU cites that '*among working single parents, ECEC and other dual- earner/dual-carer policies were found to be associated with better work-life balance and self-reported health.'*[45] This same report lists the following factors as conducive to more equal enrolment (with respect to parental background):

- Public or subsidised supply of ECEC services
- Guaranteed parents/children a place in an ECEC centre
- Lower out-of-pocket fees
- Countries in which parents perceived the quality of ECEC as higher.

## 2.7 Education – New Developments

Significant trends in education over the last decade relating to levels of educational attainment and those who leave school early were positive overall, with increases in these areas seen in most countries. Some key findings include:

40 EIGE (2020) Gender Statistics Database, *Severe material deprivation rate by income quintile and household type* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_matdepr_inter_hhtype__ ilc_mddd13/datatable

41 European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa. eu/thinktank/en/document/IPOL_STU(2020) 659870

42 European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa. eu/thinktank/en/document/IPOL_STU(2020) 659870

43 EIGE (2021) *Gender Equality & the Socioeconomic Impacts of the Covid-19 Pandemic. https://eige.europa. eu/publications/gender-equality-and-socio-economic-impact-covid-19-pandemic*

44 European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa. eu/thinktank/en/document/IPOL_STU(2020) 659870

45 European Parliament (2020) *The Situation of Single Parents in the EU*. https://www. europarl.europa. eu/thinktank/en/document/IPOL_STU(2020) 659870

- Women have gradually outpaced men in educational attainment
- Overall shares of the population graduating from university have increased
- In most EU27 member states women are more likely to graduate from university than men
- The overall share of early leavers from education and training fell in the EU by 3.5 percentage points (pp.) between 2011 and 2021.

Women have become more highly educated on average than men, as measured by tertiary education completion rates.[46] In 2020, 35% of women and 30% of men in the EU had completed tertiary education,[47] whereas in 2010 these numbers stood at 20% and 21% respectively.[48] Only in Germany, Luxembourg, Netherlands, and Austria are men more likely to graduate from tertiary education than women - where gender gaps are all under 4.5 p.p. The largest gender gaps in favour of female tertiary education graduates were registered in Estonia (17 p.p.), Latvia (14 p.p.) and Sweden (11 p.p.).[49]

In 2021, an average of 9.7 % of young people aged 18-24 in the EU were early leavers from education and training.[50] The percentages of women and men early leavers[51] fell between 2010 and 2020. The percentage of women dropped from 11.6 to 8, and that of men from 15.9 to 11.8. Notable disparities are recorded between EU member states, for example in 2010 33.6% of Spanish men were early leavers in contrast to 3.8% in Croatia. For women the states which saw the greatest decreases over the ten-year period was by far Portugal, where the percentage of early leavers decreased by 18.9 percent[52] followed by 4.6% in Ireland and 4.3% in Latvia. For men, the largest decrease over the decade was 12% in Greece.

Although more women than men aged 15-49 have gained tertiary education, the opposite is true for women in the 50+ age group. The current older generation of workers and pensioners experience significant gender pay and pension gaps, which may in part be connected to education levels and the corresponding labour market opportunities which were available in their younger years. The 65 years and over age group is vulnerable to poverty and social isolation, and these vulnerabilities may be in part due to opportunity costs over their life course. Nonetheless, while the younger generations of women have higher levels of education than men, the current data on their positions in the labour market continue to exhibit gender-based inequalities (see following section).

46 EIGE (2020) *Gender Equality Index 2020. Digitalisation and The Future of Work. https://eige.europa.eu /publications/gender-equality-index-2020-digitalisation-and-future-work#:~:text=This%20year's%20thematic%20focus%20of,work%20brough*

47 Eurostat (2021) *The Life of Women and Men in Europe*. https://ec.europa.eu/eurostat/cache/infographs /womenmen/img/pdf/WomenMenEurope-DigitalPublication-2021_en.pdf?lang=en

48 EIGE (2020), *Gender Equality Index 2020. Digitalisation and The Future of Work. https://eige.europa.eu /publications/gender-equality-index-2020-digitalisation-and-future-work#:*

49 EIGE (2020), *Gender Equality Index 2020. Digitalisation and The Future of Work. https://eige.europa.eu /publications/gender-equality-index-2020-digitalisation-and-future-work#:*

50 Eurostat (May, 2022), *Early leavers from education and training*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_leavers_from_education_and_training#Does_it_matter_where_you_live.3F_Analysis_by_degree_of_urbanisation

51 Those with at most lower secondary education, while not being in further education and training

52 This strikingly high decrease within the space of a decade is a result of a successful National Plan for Prevention of early leaving in 2004 – enacted through initiatives and measures framed in other national plans, operational programmes or public policies. Thanks to this the percentage of young people between 18 and 24 who left school without completing secondary education fell to the lowest in Portugal's records (around two decades). 2009 a particular set of measures is noted as a highlight in the plan - 'the promulgation of compulsory education to 18 years.'

## 2.8 Trends in paid employment

Women continue to face many barriers to equal labour force participation. Prevalent gender inequalities can be seen in the data relating to the employment gap, the pay and earnings gaps, and the pension gap. Care responsibilities, the inequalities experienced by women in the labour market, gender roles and societal expectations all impact a woman's financial independence and security at various points throughout the life course. Some important trends and findings from the existing data on women's activity in the labour market in the last decade are:

- Persistent gender employment gap
- Significantly higher rates of women than men in part-time, temporary or contract work
- Pervasive and significant gender pay and earnings gaps[53]
- Widespread high gender pension gaps, with increases seen in some EU Member States in the last decade

The gender employment gap measures the difference between the hourly rates paid to women and men aged 20 to 64 in employment. It does not however differentiate between full and part-time employment. Employment rates have increased for women and men since 2010, by 5.5 and 3.8 percentage points respectively.[54] Despite women having outpaced men in tertiary levels of education, the gender employment and pay gaps persist.

| **Employment rate age group 20-64 (% of total population)** | | | |
|---|---|---|---|
| **2010** EU27 Average (from 2020) | | **2020** EU27 Average (from 2020) | |
| **Women** | **Men** | **Women** | **Men** |
| 60.7% | 73.4% | 66.2% | 77.2% |

The average employment rate for women in the EU in 2020 was 66.2% (compared to 77.2% for men). However, across countries this average varies notably; Greece recorded the lowest level of women in employment at 51.8% in 2020, in contrast Sweden where the rate 78.5% in Sweden (the male employment rates were 68.1% and 82.8% respectively).[55]

| **Part-time employment (% of total employment from 15-64 years)**[56] | | | |
|---|---|---|---|
| **2010** EU27 Average (from 2020) | | **2020** EU27 Average (from 2020) | |
| **Women** | **Men** | **Women** | **Men** |
| 31% | 7.7% | 29.1% | 8% |

It is vital to look at a breakdown of employment rates by full- and part-time work to obtain an accurate representation of labour force inequalities. While an employment gap of 10% may

[53] This must be examined alongside one another in addition to employment rates, as a low gender pay gap can be indicative of a high gender earnings gap due to low female employment rates

[54] EIGE (2020) Gender Statistics Database, *Employment Rate age group 20 to 64 years.* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_bs_lmpp__t2020_10/datatable

[55] EIGE (2020) Gender Statistics Database, *Employment Rate age group 20 to 64 years.* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_bs_lmpp__t2020_10/datatable

[56] Eurostat (2020) Data Browser, *Part-time employment and temporary contracts - annual data Eurostat* https://ec.europa.eu/eurostat/databrowser/view/LFSI_PT_A__custom_3130434/default/table?lang=en

not look stark, when the proportions of women and men in part-time, temporary or contract work are compared and contrasted, the inequalities become far more evident. With an average gender gap of 20.7 percentage points in part-time employment in 2020 (a decrease from 23.4 pp in 2010), women are more likely to work part-time and/or in temporary or contract employment than men, in many cases this is due to unpaid care responsibilities.

Some of the highest rates of part-time employment for women can be found in the Netherlands (61.7%), Austria (48.6%) and Germany (48.6%), which also see some of the highest gender gaps in part-time employment (16% of men in the Netherlands and 9.8% of men have part-time or temporary contract employment).[57] Furthermore, although these EU states record some of the highest levels of employment, data shows that they have some of the most significant pension gaps (see below). For this reason, it is essential to examine the data beyond the employment gap - which, as in these cases, be misleading as to the income and financial standing of women compared to men in a given country.

The overall unadjusted pay gap does not correct for national differences in the individual characteristics of employed men and women.[58] Between 2010 and 2020 there was a decrease of 2.8 percentage points in the gender pay gap in the EU27 average, however this gap varied by 21.6 percentage points between EU states in 2020 - from 0.7% in Luxembourg to 22.3% in Latvia.[59] Although some pay gaps appear low, for example Romania (2.4%) and Italy (4.2%), this can be partly attributed to very low full-time employment rates - which then becomes visible when examining the gender overall earnings gap (26.8% and 43.7% respectively),[60] which takes into account the average hourly earnings, the monthly average of the number of hours paid and the employment rate, for men and women[61] (and not simply the average hourly gross rate).

| **Gender Pay Gap** (unadjusted)[62]<br>(Unit = difference between average gross hourly earnings as % of male earnings) | |
|---|---|
| **2010** | **2020** |
| 15.8% | 13.0% |

While pay gaps can be analysed from the perspective of full or part-time employment, this level of detail is not available for all EU27 member states. Similarly, adjusted versions of pay gaps exist (but are not widely available across the EU), it has been noted that at this stage, there is neither consensus nor scientific evidence on which adjustment method should be used.[63] A 2020 Eurostat report cites the 2018 overall gender earnings gap - the average earnings of all

57 Eurostat (2020) Data Browser, P*art-time employment and temporary contracts - annual data Eurostat* https://ec.europa.eu/eurostat/databrowser/view/LFSI_PT_A__custom_3130434/default/table?lang=en

58 The unadjusted gender pay gap is defined as the difference between the average gross hourly earnings of men and women expressed as a percentage of the average gross hourly earnings of men. It is calculated for enterprises with 10 or more employees.

59 EIGE (2020) Gender Statistics Database, *Gender Pay gap in Unadjusted Form* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_eoalm_gelm__tesem180/datatable

60 EIGE (2020) *Gender Inequalities in care and pay in the EU. https://eige.europa.eu/publications /gender-inequalities-care-and-pay-eu#*

61 Eurostat (2021), *Gender Pay Gaps in the European Union - A Statistical Analysis. https://ec.europa .eu/eurostat/web/products-statistical-working-papers/-/ks-tc-21-004*

62 EIGE (2020) Gender Statistics Database, *Gender Pay gap in Unadjusted Form* https://eige.europa. eu/gender-statistics/dgs/indicator/eustrat_epsr_eoalm_gelm__tesem180/datatable

63 Eurostat (2021) *Gender pay gap statistics* https://ec.europa.eu/eurostat/statistics-explained/index .php?title=Gender_pay_gap_statistics#Gender_pay_gap_levels_vary_significantly_across_EU

women of working age, whether they are employed or not - as 37%. This varied considerably across the EU27, from 20% in Lithuania to 40% in Austria.[64]

The last decade has seen a drop in the EU27 average pension gap of just over ten percentage points. However, higher life expectancies, proportionally fewer healthy life years, lower incomes and, in many cases, significantly lower pensions, continue to leave women over the age of 65 with an increased vulnerability to experiencing poverty and social exclusion.

| **Gender Pension Gap[65]** (Unit = Average) | |
|---|---|
| **2010** | **2020** |
| 36.2 | 26.9 |

In 2020, the pension gap was highest in Malta at 41.5%; where in fact the pension gap soared over a ten-year period, from 19.1% in 2010. Malta has also seen an increase in the female employment rates during this time (from 41.6% to 67.8%), which may have had an impact on the pension gap. Although many decreases in the pay gap were recorded over the period, some EU member states show increases - in addition to Malta, namely Slovakia, Lithuania, and Hungary by less than 5 percentage points.[66]

This data demonstrates the various ways in which, over their life course, women are impacted by labour force inequalities and disparities in earnings. Data from 2020 show that for newer market entrants the gap is much lower, and even negative in Spain (-3.0%). However, this gap tends to widen with age - but with notably different patterns across the EU 27).[67] This gap may increase with age because of career interruptions - parenthood or care responsibilities, for example. It should be noted that this level of detail is not available for all member states.

Although gradual progress has been recorded in female labour market participation in the last decade, with decreases recorded in rates of employment: rates of part-time and contract work (for women and men); involuntary part-time and contract work; gender pay and pension gaps. The EU27 averages do not always reflect the vast discrepancies in inequalities across states. EIGE identified that 'most countries with a more equal sharing of unpaid care between women and men tend to have higher employment rates for women and lower gender gaps in earnings'[68] and these in turn often tend to be wealthier North-western EU countries. Parenthood and caring responsibilities, in addition to limited access to quality childcare, monetary disincentives and social and cultural expectations around a woman's role can all negatively impact women's participation in employment.[69] The accumulation of financial inequalities and unequal opportunity for full labour force participation over a life course negatively affects the quality of

64 Eurostat (2020) *Gender Pay Gap Statistics.* https://ec.europa.eu/eurostat/statistics-explained/index. php?title=Gender_pay_gap_statistics#:~:text=For%20the%20economy%20as%20a,area%20(EA%2D19).
65 Eurostat (2020) *Gender Pension Gap age 65-74 years* https://appsso.eurostat.ec.europa.eu/nui/ submitViewTableAction.do
66 Eurostat (2020) *Gender Pension Gap age 65-74 years* https://appsso.eurostat.ec.europa.eu/nui /submitViewTableAction.do
67 Eurostat (November, 2021) *Gender Pay Gap Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Gender_pay_gap_statistics#Gender_pay_gap_levels_vary_significantly_across_EU
68 EIGE (2020) *More equal sharing of care would reduce workplace inequality* https://eige.europa.eu/ news/ more-equal-sharing-care-would-reduce-workplace-gender-inequality
69 Eurostat (2022) *Gender Equality in the EU: overview and key trends*. https://ec.europa. eu/eurostat/ statistics-explained/index.php?title=SDG_5

retirement for women in the EU, who are now living longer, and that leaves them vulnerable to poverty and social exclusion at much higher rates than men.

## 2.10 Conclusion

The demographic profile of the EU27 has shifted considerably over the last ten years, and projections up to 2100 suggest that the population profile will continue to age at a considerable pace. This process of significant social change will in turn place increasing care demands upon member states. Furthermore, intergenerational care will be less available as fertility rates decrease. Household composition data reveals fast changing societies across the EU with sharp rise in older person and one-person households, an increase in lone parents and a significant fall in fertility rates all contributing to a decreasing household size. At the same time, there is evidence of increased diversity some of it enforced, as financial constraints have created a momentum towards multigenerational households. others are a result of cultural change, reflected in the increase in co-habiting couples and same sex households.

Socio-economic changes in the context of gender equality have progressed overall, change has been slow and incremental. Despite higher levels of educational achievement than men in 2020, women continue to earn less, have fewer opportunities to work full-time due to care responsibilities, and bear a heavy penalty in old age, demonstrated by the gaping gender pensions gap. Among women, lone parents, women with disabilities and women over 65 have remained more vulnerable to social exclusion and poverty over the last decade. There are significant minorities that include women also highly vulnerable but less likely to appear in the data, for example homeless people, refugees, asylum seekers and undocumented migrants.

Urgent action is required to manage the changing socioeconomic and demographic landscape in the EU27 so that women are supported and able to thrive at economic and social levels at all points throughout their life course. Data from the last ten years highlight that the opportunity cost incurred by women, because of unpaid care responsibilities, is high. There is a high care penalty in most countries for having children, resulting in significant financial penalties throughout the life course. Policies are needed which enable women who want to, to participate and progress in the formal labour market, to be compensated fairly, protected, and provided with opportunities to avail of quality and affordable childcare. In equal measure, policies which support quality, varied and accessible long-term care infrastructure are clearly needed in societies which already under-invest in long-term care, over-rely on women's unpaid or low-paid work and are faced with a rapidly ageing population and an increasingly over-burdened working age population.

CHAPTER 2 **RECOMMENDATIONS**

### 2.11.1 Development of an EU profile of care and care systems

New understandings of care systems are urgently needed to feed into the policy-making system. Data collection systems should be based on collecting comprehensive appropriate and adequate data on the care sector as a whole, on care workers (paid and unpaid), care activities and care recipients. This should involve profiling to include its gender, age, socio-economic status, ethnic and disability composition, migration and legal status of care workers, highlighting inequalities across the life course. Such profiling should also document the balance between public provision, private sector services and not-for-profit care activities.

### 2.11.2 Addressing the causes of health situations that increase the need for care

A long-term care strategy should aim to reduce care needs through improved health, reduced poverty and improved living and working conditions over the life course. The COVID-19 pandemic has generated negative health patterns, for example postponed medical interventions, restrictions on screening processes and increased mental health issues, including mental health pressures in the social and health care systems themselves. This means an integrated approach to health which recognises the socio-economic contexts in which health deteriorates and a focus on the gendered needs across the lifecycle.

### 2.11.3 Specific measures to be established for long-term care

There is a crisis in access to quality care services for older people and those with disabilities provided in a range of care contexts from home to community, to residential and institutional settings. New targets need to be agreed at EU level. In a similar approach that was taken to early childcare and education that set down targets for provision and access – known as the Barcelona targets - need to be put in place for the provision of, and access to, long-term care across the EU. This process should enable a mix of home, community, residential and institution care that aims to meet the preferences and choices of care recipients.

### 2.11.4 Recognition of the complex care needs in an ageing population

Specific training and education programmes are needed to reflect demographic changes across the EU that are generating new forms of age-related conditions. Increasing complexities of care needs are linked to extended life expectancy and in this context the question of the sustainability of care provision systems needs to be addressed. Specific training and education programmes are needed to prepare both paid and unpaid carers for managing progressive diseases, as argued Alzheimer's Europe, that include training for ageing and loss of physical and cognitive capacities.

### 2.11.5 Recognition of dementia as a disability

Develop a rights-based and ethical approach to dementia, based on its recognition as a disability that is covered by the UN Convention on the Rights of Persons with Disabilities. Policies need

to be developed in particular to address the stigma and structural discrimination experienced by people living with dementia and their informal carers.[70]

## STATISTICAL DATABASE – TABLES REFERRED TO CHAPTER 2.

EIGE Gender Statistics Database, *Employment Rate age group 20 to 64 years.* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_bs_lmpp__t2020_10/datatable

EIGE Gender Statistics Database, *Gender Pay gap in Unadjusted Form* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_eoalm_gelm__tesem180/datatable

EIGE Gender Statistics Database, *Healthy Life Years from 65 by sex*

https://eige.europa.eu/gender-statistics/dgs/indicator/ta_hlthmort_hlth_years__tsdph220_comp1/datatable

EIGE Gender Statistics Database, *People at risk of poverty or social exclusion by income quintile and household type - new (Europe 2030) definition* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_povsocex_inter_hhtype__ilc_peps03n/datatable

EIGE Gender Statistics Database, *Severe material deprivation rate by income quintile and household type* https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_matdepr_inter_hhtype__ilc_mddd13/datatable

Eurostat Data Browser, Average *Household size – EU SILC survey* https://ec.europa.eu/eurostat/databrowser/view/ILC_LVPH01__custom_3253061/default/table?lang=en

Eurostat (May, 2022), *Early leavers from education and training*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_leavers_from_education_and_training#Does_it_matter_where_you_live.3F_Analysis_by_degree_of_urbanisation

Eurostat Data Browser, *Life Expectancy at Birth by Sex* https://ec.europa.eu/eurostat/databrowser/view/tps00205/default/table?lang=en

Eurostat Data Browser, *Mean Age of Women at Birth of First Child* https://ec.europa.eu/eurostat/databrowser/view/TPS00017/default/table?lang=en&category=demo.demo_fer

Eurostat Data Browser, *Part-time employment and temporary contracts - annual data Eurostat* https://ec.europa.eu/eurostat/databrowser/view/LFSI_PT_A__custom_3130434/default/table?lang=en

Eurostat Data Browser, *Total Fertility Rate* https://ec.europa.eu/eurostat/databrowser/view/TPS00199/default/table?lang=en&category=demo.demo_fer

[70] Alzheimer Europe (2021) *Alzheimer Europe Strategic Plan 2021-2025*. https://www.alzheimer-europe. org/sites/default/files/2021-10/Strategic%20Plan%202021-2025.pdf

# Chapter 3 **Care and gender inequality**

**KEY TRENDS**

Care is a fundamental part of every society and caring activity provide essential services without which our economies and societies would not survive. Everyone has care needs or provides care at some time over the course of their lives. Historically, care has been strongly gendered and this continues to be the case to the present day. Care has been seen as a natural part of the female role, as women's work and consequently has been consistently undervalued, mostly carried out in homes or institutions, outside of the public eye and marginal to public policy-making systems. Analysis of caring activities - paid and unpaid care work - reveals that it is highly gendered, whether in the formal, informal economy or underground economy, whether carried out in homes, communities or in institutional settings.[1] Care work is increasingly carried out by migrant women particularly in homes and residential settings in wealthier countries, workers whose legal status make them vulnerable to exploitation and, in some situations, to abuse. Shifting the narrative from a negative image of dependency towards a realisation that societies are built on interdependencies, and that those who are carers are oftentimes also care recipients.

From a socio-economic perspective a focus on the care economy is critical to framing the argument for care as a social investment that brings both material benefits and also contributes to economic and social well-being. In contemporary society, measuring and valuing unpaid and paid care is central to grounding the care economy firmly in the economic-political part-time paid employment evident in most countries across the EU. Access and affordability have emerged as key issues in research on care and unmet care needs are significant in most countries and are growing at least partly due to the impact of COVID-19. Privatisation has spread to every corner of the EU care economy, as restructuring has increasingly involved the transfer of public ownership and public responsibility of care services to the private for-profit marketplace where regulation of the quality of care is scarce with negative consequences for both carers and care recipients. Developing a strong care economy is crucial to ensuring the quality of care for a population that is ageing and includes a significant proportion of people with disabilities. It is also essential to closing gender gaps in pay, lifetime earnings and pensions.[2] Adopting a life course perspective on care means understanding the ways in which social and cultural change impacts on care, care needs and care provision and the ways in which inter-dependence works in an inter-generational context.

## 3.1 Introduction

Care is central to the reproduction of society and part of the fundamental human and social infrastructure which holds society together. Care may be defined at a global level as the provision for the health, welfare and social well-being of societies.[3] Caring for others and/or having care needs provided by others is something in which everyone is engaged, at different stages of the life course - a perspective reflected in the recently published European Commission EU Care Strategy:

1 UN Women (2020) *From Insights to Action: Gender equality in the wake of COVID-19.* UN.
2 Branicki, L. (2020) *COVID-19, ethics of care and feminist crisis management.* Feminist Frontiers. Wiley Online Library.
3 Dowling, Emma (2021) *The Care Crisis. What caused it and how can we end it?* Verso.

> 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.[4]

In different regions of the world economy, systems of formal and informal provision of care services are shaped by the historical evolution of care and care supports in each specific society. However, gendered structures of care are a common feature of diverse socio-cultural systems and of the policy frameworks pursued towards care at societal levels. Historically, care relationships have evolved within the context of family and community responsibilities but with the separation of paid work from the home in the economies of the West, care was largely confined to the domestic sphere. As a consequence, care has been undervalued and linked to dominant ideological-cultural systems that view care work as *women's work*. Moreover, such perspectives assumed that care emanated from a woman's *natural biological* role, and further assumed that its confinement mainly to the domestic domain and mostly unpaid is part of the *natural order.*

The gendered nature of care work has created the conditions in which care as a socio-economic role receives little recognition, is undervalued and often marginalised.[5] By locating care primarily in the home within the sphere of reproduction and not production, *The Care Collective*[6] argues that '*this makes it easier for caring labour to be routinely exploited by the market, whether in the form of underpaid care workers or in its continuing reliance upon women's unpaid labour in the home*.' Women are increasingly challenging structural inequalities in the distribution of care, and both women and carers are challenging the gendered undervaluing of care. The response has been a slow but gradual recognition of the need for new models and systems of care provision at EU level as well as the highlighting of a global crisis in care, exacerbated by the pandemic.[7]

## 3.2 Nature of care and spectrum of care needs

Care work can be viewed as work that meets the most fundamental needs of societies and encompasses looking after the physical, social, psychological, emotional, and developmental needs of one or more people. The majority of care work is carried out by women, either as unpaid family carers or as paid care providers in a range of jobs such as childcare and after-school care, providing for the immediate and long-term needs of older people, caring for people with disabilities as well as the work of professional health and social care workers. Data reveal that 81% of workers in the formal long-term care sector are women[8] and 59% of informal carers are women.[9] Himmelweit (2007) has defined care as '*the provision of personal services to meet those basic physical and mental needs that allow a person to function at a socially determined*

4 European Commission (2022) *Communication on the EU Care Strategy*. https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13298-European-care-strategy_en
5 Centre for Women and Work (2021) *The Care Work Network.* https://www.eml.edu/Research/CWW/ carework. March 21st 2021.
6 The Care Collective (2020) *The Care Manifesto – the politics of inter-dependence*. Verso. London- New-York.
7 European Commission (2022) https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13298-European-care-strategy_en
8 Eurofound (2020) *Long term care workforce: Employment and working conditions.* https://www. eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions
9 European Commission (2022) *SWD Accompanying the proposal for a Council Recommendation.* https://EC+SWD+Accompanying+the+proposal+for+a+Council+Recommendation+-+September+2022 &oq=EC+SWD+Accompanying+the+proposal

*acceptable level of capability, comfort and safety.'*[10] In this sense, care work includes all the activities and occupations that are directly or indirectly connected to the reproduction of human society. This work of caring is the lifeblood of our social and economic systems.

Economic relations influence in a fundamental way the quantity and quality of care provided in society and the care systems through which it is organised. At a micro-level, decisions that individuals and households make about caring and employment are closely intertwined. At a macro level, care is an important - if largely unrecognised - contributor to economic and social well-being. However, recently there have been estimates published of the economic and social value of informal care at EU level. The European Commission calculates that informal carers provide 33 to 39 billion hours of informal care annually or and the likely value of these hours is approximately 2.7% of GDP (significantly higher that current public expenditure on long-term care at 1,7% of GDP in the EU.[11] Absence of care can - and does - impose limitations on economic activity, something highlighted during the pandemic.[12] But while care came quickly to the forefront of the policy agenda in the West, it has also been just as quick to fall off that agenda. The moment that there was any hint of the pandemic and acute crisis in care receding, it seems that this priority focus also has also retracted. As with financial and environmental crises, the health pandemic affects different sectors of society in different ways and to different extents.

While there has been some change there has also been continuity in the way paid care systems are shaped within complex gender, ethnic and social class hierarchies. In this sense, as Duffy[13] argues, the current care crisis is not new but has emerged over decades, particularly as the role of women and the structure and organisation of households have changed. Research indicates that social and economic factors influence gendered health patterns among women and men and that ethnic minorities, low-income households, lone parents, refugees and asylum seekers are particularly vulnerable. As the demographic profile of societies change and the complex needs of an ageing society are becoming clearer, the interlinking of the economy and care has become more and more evident.

Feminist economists and social policy analysts have brought the care economy into the centre of gender equality, socio-economic and cultural change. Addressing the concept of care, understanding of the relationships that underlie care provision and the factors that account for its undervaluation are all central to this process of change. Distinctions are often made between the relationships that are linked to the provision of care on the one hand and the practical and physical aspects of care work on the other. Folbre (2022)[14] and Hochschild (2000)[15] both argue for the distinction between emotional labour and physical labour linking these historically to the private and public spheres of the economy, respectively. Within these perspectives there

[10] Himmelweit (2007) *The Prospects For Caring: Economic Theory And Policy Analysis* In Cambridge Journal of Economics, Vol 31, Issue 4, Pp. 581-599.

[11] European Commission (2022) *SWD Accompanying the proposal for a Council Recommendation.* https://EC+SWD+Accompanying+the+proposal+for+a+Council+Recommendation+-+September+2022 &oq=EC+SWD+Accompanying+the+proposal

[12] Barry, Ursula (2021) *Gender equality: Economic value of care from the perspective of the applicable EU funds Gender equality.* IPOL_STU(2021)694784_EN EIGE (2021) *Covid-19 and Gender Equality* https://eige.europa.eu/topics/health/covid-19-and-gender-equality.

[13] Duffy, Mignon (2011) *Making Care Count: a Century of Gender, Race and Paid Care Work.* Rutgers University Press.

[14] Folbre, Nancy (2000) *The Invisible Heart: Economics and Family Values.* New York. New Press.

[15] Hochschild, Arlie (2000): 'Global Care Chains and Emotional Surplus Value', in Will. Hutton and Anthony Giddens (eds) *On the Edge: Living with Global Capitalism*. Vintage, London.

is a recognition of a spectrum of different forms of care work some involving strong emotional interactions, others more mundane physical chores and many areas in-between. The specific focus of this Report is on the way in which the gendered organisation of caring interacts with the different stages during the life course, particularly of women across the EU. To understand the implications of how care is organised across the life course, care needs to be understood as incorporating both paid and unpaid work, and to include informal unpaid care provided by family and communities as well as paid employment in the formal economy. In a global context, gendered inequalities in the care economy are stark.

Using concepts of care work and interdependency that encompass a spectrum of different activities occurring across the lifecycle, it is possible to envisage that those who are *carers* may simultaneously also be *care recipients*. For example, women who are the primary carers of children may also be central to the care of older persons, particularly during their mid-life years. Those in the older generation are often also the carers of young children but may need some care services themselves. Many of those with disabilities are also involved in giving birth, child rearing and supporting older family members or neighbours and may often also require services for their own physical care. Need for care and supports by virtue of age, illness, or disability can happen at any point or multiple points in a person's lifetime or in different periods of a household's history.

Drawing from an ethical perspective means coming to an understanding of the situations of both care recipients and care providers - the importance of respecting the dignity and autonomy of the former as well as the importance of recognising and valuing the latter. There is mounting evidence of a substantial *care penalty* carried by women that is reflected in gender pay, earnings and pensions' gaps, reduced career development opportunities and restrictions on opportunities to participate in political and cultural activities.[16] Research shows that women are much more likely to provide care than men across each different phase of the life course and that gender care gaps are most likely to occur in young adulthood, in mid-life and in older age.[17] Data reveals that women provide more informal care hours per week than men (17 hours a week for women compared to 14 hours for men). There is also evidence that women provide more demanding and intensive forms of daily caring (such as bathing and dressing, continence care and walking) and complex tasks including dressing changes, assistance with medical equipment and the administration of multiple prescription medication. Men's contribution tends to be more concentrated on care management or household maintenance, shopping or transportation.[18] When emotional caregiving towards a partner, sibling or friend is included in the spectrum of care, gender gaps become even wider and intergenerational disparities become evident:

> The gender gap in the life course pattern of caregiving have implications for aging, intergenerational inequality, and human capital accumulation across the life course.[19]

[16] EIGE (2020) *Gender Inequalities in care and consequences for the labour market*. https://eige.europa.eu/ publications/gender-inequalities-care-and-consequences-labour-market

[17] *Patterson, Sarah and Margolis, Rachel (2018) Gender Difference in Multigenerational Caregiving across the Life Cycle. SocArxiv. MultigenEurope_2018.06.28.pdf*

[18] EIGE (2020) *Gender Equality Index.* https://eige.europa.eu/gender-equality-index/2020

[19] *Patterson, Sarah and Margolis, Rachel (2018) Gender Difference in Multigenerational Caregiving across the Life Cycle. SocArxiv. MultigenEurope_2018.06.28.* pdf.

Across the EU, 80% of care is provided by informal carers and they are mostly women – as wives, daughters or daughters-in-law aged forty-five to seventy-five.[20] A redistribution of care responsibilities between men and women, as well as between the family and the State has become more critical since the onset of the pandemic and more urgent than ever before. To better understand how caregiving varies across the life course, there is a need to explore the organisation of intergenerational care, encompassing care within and between generations. Analysing the care needs of people across the life cycle is essential to defining levels of care needs, types of care, appropriate care providers and the quality of care settings.

Public policy which shapes the organisation of care work has profound implications for social and economic well-being at individual, household and societal level. Understanding care and care provision in a globalised society is critical to an understanding of the ways in which different inequalities interact with gender inequality, such as ethnicity, social class, citizenship and disability. Neglect of care and care work by mainstream policymakers and public representatives is linked to the chronic under-representation of women in decision-making systems. Despite the lack of focus on care, significant evidence has identified the extent of the *care penalty*[201] based on research on women's care-related disadvantage in the workplace, the economic costs of motherhood and its associated income inequalities. These economic inequalities exist both in the short and long-term where care demands interrupt women's work-life trajectories and diminish their cumulative work benefits into older age. The gender pay and pension gaps for women are the material result of societies' default historic and ongoing conflation of care with women's work.[22]

## 3.3 Taking a life-course perspective

Elgar (1994)[23] developed a theoretical framework based on defining what constitutes a life course perspective. From his standpoint a life course viewpoint is based on different conceptions of time: chronological time; generational time and historical time. In this sense, age is seen as a marker of time in relation to health and care, but an individual also operates within a generational time context which may both provide for care needs or generate care responsibilities. From a historical perspective, socio-cultural and economic change takes place over time creating new material realities. More recently, life course perspectives have been adopted within a sociological standpoint and in the context of care, this standpoint refers to the different phases across the lifespans of women and men in the context of structural, socio-economic and health factors that shape intergenerational care needs and systems of care provision.

> The term life course refers to the life stages, transitions and trajectories in care across the lifespan from birth until death. A life course perspective necessitates attention to the passage of time and temporal phenomenon.... At a societal level, time might be represented in terms of family and historical generations (i.e. intergenerationality).[24]

[20] Eurocarers (2021) Position Paper. *The Gender Dimension of Informal Care.* https://eurocarers.org/ publications/the-gender-dimension-of-informal-care/

[21] Folbre, Nancy (2018) *The Care Penalty and Gender Inequality*. The Oxford Handbook of Women and the Economy. Oxford Handbooks on-line.

[22] Barry, U and Feeley, M (2016) 'Gender and economic Inequality' in *Cherishing all Equally* Dublin: TASC. 4

[23] Elder, G.H. (1994) *Time, human agency, and social change: Perspectives on the life course*. Social Psychology Quarterly, 57 (1) (1994), pp. 4-15

[24] Greene, L (2016) *Understanding the Life Course: Psychological and Sociological Perspectives. 2nd Edition.* Wiley.

In this sense, a life-course perspective takes into account structural, cultural, social, health and temporal factors that affect care.[25] The emphasis is on social structure, human agency, as well as the interdependencies that operate across multiple levels of analysis including domains of education, household, work, education and interrelationships between family, friends, colleagues and neighbours.[26] Taking a life course perspective on care means paying attention to the historical socio-cultural changes which impact on care, care needs and care provision and the ways in which inter-dependence works in an inter-generational context. The *care network* then is associated with the set of relationships and support mechanisms surrounding individuals, their families and friends, linked to social and familial bonds as well as cultural, generational and other ties. *Care packages* are increasingly referred to as the full '*complement of care'* required to meet the care needs of an individual ranging from self-care to the work of informal, formal or professional carers. Fundamental care needs can be mental or physical, social or relational, and often a combination care needs occurring at any point in the life course.[27] Age Platform EU (2022) emphasises the importance of a life-course approach to equality and solidarity across generations:

> As we call for in our response to the Green Paper on Ageing and in our proposal for an Age Equality Strategy, a life-course approach in public policies is a must to ensure equality and solidarity between generations.[28]

This way of conceptualising care takes into account the context in which care is delivered and allows for the possibility of community-based care for people with complex and changing care needs – '*bridging the gap'* between health and wider social care.[29] Whether it be in one's own home, the community or in a more formal care setting, a person's care needs vary across the life course. More importantly, a person's care needs do not diminish their intrinsic worth or ability to lead a fulfilled life. Rather, the lack of appropriate care impacts their lived experience. An ethical perspective on care views people as inherently social beings and therefore health, economic and social well-being, as well as care needs and provision, should also be understood as inherently social activities and defined as arenas of social investment. Across the globe, women and men differ in their formal labour market participation, particularly in aspects such as working time, experience (linked to age), occupation and economic sector (for example, public and private sectors). These differences are not the result of random processes but are the outcome of historical and cultural differences in gendered parental and wider care responsibilities.

According to the latest available data, employed women spend on average 90 minutes more than employed men on housework and direct care activities every day. When paid and unpaid working hours are combined women work even longer hours: women work 55 hours per week compared to men who work 49 hours per week. These inequalities vary according to

25 Elder, G. H. (1994). *Time, human agency, and social change: Perspectives on the life course. Social Psychology Quarterly, 57*(1), 4–15. https://doi.org/10.2307/2786971

26 Kitson, A et al (2021) *Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper.* Leading Global Nursing Research. Wiley Library Online.

27 Kitson, A. (2018) *The Fundamentals of Care Framework as a Point-of-Care Nursing Theory.* National Library of Medicine. https://pubmed.ncbi.nlm.nih.gov/29489631/

28 Age Platform EU (2022) *Age Strategy 2022-2025.* https://www.age-platform.eu/publications/age-strategy-2022-2025

29 Kuluski, K. et al (2017) *Community Care for People with Complex Needs – bridging the gap between health and social care.* Int J Integr Care. 2017 Jul-Sep; 17(4): 2. doi: 10.5334/ijic.2944

family circumstances, reflected in the data which reveal women living in couples with children spending more than double the daily time on care work compared to those living in couples without children (5.3 hours per day compared to 2.4 hours). 32% of women who are not in paid employment cite family and/or care responsibilities compared to just 5% of men who are not in paid work.[30] Job characteristics also matter in the analysis of unpaid care, with evidence that women in temporary jobs or with no formal contract spend twice as long engaged in unpaid care every day than women employed in permanent jobs. The care burden on middle to older aged women is often intensified by taking on the care of grandchildren, particularly in countries with low level of provision of formal childcare.

Data show that certain characteristics increase the likelihood that care will be divided equally between the man and the woman in a cohabiting couple, such as a dual earning model and gender egalitarian values. In their review of policies to close the gender pay gap, the International Labour Organisation concludes that paid leave needs to be paid at a high rate to ensure adequate take-up rates by higher earners, affordable care provision, flexible work options and care credits within social protection systems[31]. Nevertheless, research evidence also shows that most cohabiting couples in the EU follow a pattern where the woman is the main caregiver in the household, and only about one third of families share care activities equally. Despite progress, care is still considered a woman's responsibility in the family and this conviction persists even when women enter the labour market.[32]

While gender inequalities are severe when gender and motherhood are taken together, age and gender also indicate significant levels of disadvantage experienced by older women, mainly in relation to informal care. Women in the 50-64 age group are more likely to care for an older person and/or a person with disabilities. Across the EU 21% of women compared to 11% of men in this age group provide LTC at least several days a week. This compares to 13% of women and 9% of men in the age group 25-94. Differences across countries are also evident with over 30% of women of 50-64 years are carers in Belgium, France and Latvia compared to under 10% in Germany and Sweden. Early retirement rates are also significantly higher among women (5.4%) in this age group compared to men (1.5%).[33]

## 3.4 Economics of care work

Mainstream economics operates under an international system of measuring economic activity, which primarily values only market-based economic activities, activities that are paid for or that generate an income. Because most of the care work globally is unpaid, it is not measured and remains hidden or unseen within mainstream economic systems. Consequently, it is absent from, or marginal to, the concerns of economic policymaking. This renders a significant proportion of work carried out by women on a global level uncounted, invisible and undervalued. By using

30 Eurocarers (2021) *Position Paper. The gender dimension of informal care*. Eurocarers. https://eurocarers. org/publications/the-gender-dimension-of-informal-care/

31 ILO (2015) *Closing the gender pay gap: A review of the issues, policy mechanisms and international evidence.* https://www.ilo.org/gender/Informationresources/Publications/WCMS_540889/lang--en/index.htm

32 EIGE (2020) *Unpaid Care and housework.* https://eige.europa.eu/covid-19-and-gender-equality/unpaid-care-and-housework

33 EIGE (2020) *Gender inequalities in care and consequence for the labour market.* EIGE December 2020. https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market

time use surveys, the UN has estimated that unpaid work accounts for between 20 and 40% of GNP at global levels, and unpaid care accounts for most of this unpaid work.[34]

Making an extremely convincing case for the economic benefits of an investment strategy focused on the care economy, De Hanau and Himmelweit (2021) argue that the coronavirus pandemic has intensified the gender-equality case for investing in affordable, high-quality care and is simultaneously '*a route to recovery from the employment crisis*.' By investing in jobs in care, (and those industries supplying the care sector) it is argued, this would create more quality employment opportunities, further stimulating the economy through the spending of an expanded and high-quality care workforce. De Hanau and Himmelweit's research argues that a set of positive employment effects would be generated by investment in the labour-intensive care sector - a sector that has historically suffered from under-investment. These include: *direct* employment effect by additional numbers employed in better quality jobs in care; *indirect* employment effects within companies that supply the care sector (including construction companies); and *induced* employment effects resulting from the increased spending by the expanded care workforce.[35]

Taking also into account the positive impact on tax revenue, De Hanau and Himmelweit's calculations reveal that 1.6% of GDP in net investment would be needed to generate 8.5% increase in women's employment growth in the care sector (linked to a 6% increase in overall employment levels). In contrast, they argue, 5.3% of GDP investment in construction would be needed to generate an equivalent positive employment result. By carrying out this comparative analysis of the construction and care sectors across nine selected countries (including the UK and US), they demonstrate that addressing low levels of wages in the care sector has the potential to generate a high level of investment return. This would result in increasing the value and recognition of care, improving conditions in the care sector and moving towards greater gender equality.[36]

Demand for care work has increased rapidly in the EU over recent decades linked to a clear pattern of an ageing population and longer life expectancy generating complex care needs. Higher paid employment rates among women have created a care crisis in wealthier economies and increased demand for migrant women's care labour. In the contemporary economies of the EU, the nature of care is changing and increasingly encompasses a diverse range of activities. The care spectrum includes physical and emotional labour carried out in homes, communities and long-term residential settings, mainly by women. Because care work is unpaid and low paid, it is both directly and indirectly linked to gender inequalities. A care penalty is experienced by many women and one that accumulates across the life cycle, generating low incomes and poverty among women with young children, lone parents and older women as well as women from specific minorities such as migrant women, Traveller and Roma women and refugees. Care is a spectrum of activities that reveals the critical, although largely unrecognised, interdependence and interconnectedness of society.

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[34] UN Statistical Division (2021) *Handbook of Systems of National Accounts.* https://unstats.un.org/unsd/ nationalaccount/pub.asp.

[35] De Hanau, J and Himmilweit, S (2021) *A Care-Led Recovery from COVID-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy*. Feminist Economics 2021. Nos 1-2. P 553-569.

[36] De Hanau, J and Himmilweit, S (2021) *A Care-Led Recovery from COVID-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy*. Feminist Economics 2021. Nos 1-2. P 553-569.

Research data indicates that two-thirds of the gender pay gap in the EU remains unexplained due to a number of different factors, including poor data on pay, qualifications and experience as well as discrimination in pay and working conditions. It is also likely that inequalities in the distribution of unpaid work have negative effects inside the workplace. The *EU Gender Equality Strategy 2020-2025*[37] highlights the importance of MS adopting the 2012 Directive aimed at improving the gender balance on corporate boards (which establishes a minimum of 40% of the underrepresented sex on company boards). New EU measures on pay transparency have been adopted in ten MS (Austria, Belgium, Denmark, Germany, Spain, Finland, France, Italy, Portugal and Sweden) which aim to address the lack of information on gendered pay hierarchies in private companies. Ireland and the Netherlands are both in the process of bringing in such legislation.[38]

Gender inequalities in care have far-reaching effects. Women's disproportional burden of unpaid care work affects and hinders their participation in the labour market in several ways.

Progress has been made in policies supporting more gender equality in the sharing of care. However, policies tend to be restricted to those who are in paid employment and not those who by choice or lack of accessible alternatives are detached from the formal labour market. While policies that support women's employment are critical, they rarely achieve a structural change in persistent gendered inequalities in care. Women access external care services in order to reclaim economic independence and autonomy, but this is often accompanied by continuing to carry the burden and responsibility at household level of the planning and management of care.[39] Womens' caregiving roles limit their paid employment opportunities and, while their engagement in care may often be by choice, penalising care responsibilities is not a choice. Data on unmet care needs (see below) also reveals that often the extent of care responsibilities has become a burden not chosen by women. While reduced fertility rates and deferred childbirth may be the result of economic constraints in many instances, they may also be the outcome of a desire for stronger attachment to paid employment.

Care work is devalued in both the household and on the labour market. Skills related to these jobs tend to be undervalued and less formalised, there is little investment in the care sector, care jobs are poorly paid and with few career development opportunities.[40] These are direct consequences of the traditional perception that care has little or no economic value and is not *real work*. There is an urgent need for a structural revaluation of care work, in both society and the economy. More investment in care infrastructure, more recognition of the skills that are connected to care work, better pay levels and decent working conditions for care workers are needed not just because of demographic changes but also because they represent social investments with a potential for a high rate of return. It also means that the economic potential of women of different ages on the formal labour market would be more fully realised.

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37 European Commission (2020) *EU Gender Equality Strategy 2020-25 – Achievement and Key Areas for Action.* https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

38 ICAEW Insights (2021) *European Commission Tables Binding Pay Transparency Measures*. https://www.icaew.com/ insights/viewpoints-on-the-news/2021/mar-2021/european-commission-tables-binding-pay-transparency-measures.

39 EIGE (2021) *Gender inequalities in care and consequences for the labour market.* https://eige.europa.eu/ publications/gender-inequalities-care-and-consequences-labour-market

40 Cedefop (2019) *Care Workers: skills opportunities and challenges.* https://www.cedefop.europa.eu /en/data-insights/care-workers-skills-opportunities-and-challenges-2019-update

## 3.5 Different systems of health and social care provision

Systems of care provision vary greatly across the EU and countries are characterised by different care regimes and different relationships between the State, marketplace, family and communities in the provision of care and in the balance between formal and informal care. Globally, a significant proportion of workers are designated as engaged in informal work, often as unregistered workers and that may include work that is unpaid or paid in cash. More recently the analysis of forms of work has emphasised the existence of a spectrum of employment situations. At one end of the spectrum is registered work based on legal contracts covered by employment legislation providing specified working hours, access to leave and often pension entitlements. At the other end of the spectrum is unpaid or cash payments for unregistered or underground work, often illegal and sometimes involving hazardous working conditions. Within the spectrum there are a wide range of different forms of work, and the care sector is one with a high concentration of informal employment.[41]

Systems of care provision differ in specific regions of the global economy. Current systems of care provision vary across countries and have evolved into different models of care. Some rely more on public provision at local, regional and national levels while others rely more on families and informal care networks particularly in rural societies where family economies, and yet others rely predominantly on the private marketplace. But, while systems of care provision differ, undervaluation of care is evident in every region of the global economy and is mainly characterised by unpaid or low paid work. Unpaid work is more likely to take place in family or community settings, whereas paid care work takes place on the marketplace, in private companies and public institutions as well as in households. Undervaluation of care work happens both when this work is paid or unpaid.

Care involves both physical and emotional labour and encompasses the paid work of childcare, education and healthcare workers, those employed in institutional long-term care (LTC) settings, informal or unpaid work in the community as well as domestic work in the home. Both global and EU analyses highlight the gendered nature of care, the reliance on women's paid and unpaid work and the poor conditions in the care sector - low-pay or unpaid work characterises care work across the EU.[42] The newly published *EU Care Strategy* recognises the value and the potential of the care economy, both in terms of job creation and in the building of stronger communities.[43]

High levels of involuntary part-time work because of caring responsibilities are evident in most EU countries but in particular, the Netherlands at 38.4%, Germany at 31.3% and Ireland 29.2% - all above the EU average for 2019 of 28.4%. Lower levels are evident in Greece 7.4%, Finland at 12.9% and Spain at 14.2%. Provision for different forms of leave also varies hugely across MS, with high levels evident in northern Europe for example, while much lower levels are evident elsewhere. The extent to which childcare costs are supported also varies enormously, from

[41] EU Platform Tackling Undeclared Work (2018) *Counteracting Undeclared Work and Labour Exploitation of Third Country Nationals.* Project/Counteracting%20undeclared%20work%20and%20labour% 20exploitation %20of%20third-country%20 national%20workers.pdf

[42] Barry, Ursula (2021) *Gender Equality: The economic value of care from the perspective of the applicable EU Funds.* European Parliament. https://www.europarl.europa.eu/thinktank /en/ document/IPOL_STU (2021) 694784

[43] European Commission (2022) *European Care Strategy.* https://ec.europa.eu/info/law/better-regulation/have-your-say/ initiatives/13298-European-care-strategy_en

close to full publicly supported provision (for example, in Finland and Germany), to systems that operate to a maximum percentage of household's income (in Estonia) and reliance on high-cost provision on the private marketplace (in Ireland). In some countries, the majority of care is provided for by families or communities within the informal sector and in others there is an increasing reliance on migrant workers, both in the eldercare and domestic work sectors (for example, Germany, Ireland and Spain).[44]

Research indicates that investing in the labour-intensive care economy generates a high level of return through growth in women's employment and an increased level of social and economic well-being.[45] By funding quality diverse care services, women's time spent on unpaid work would reduce and new opportunities would open up for in education and paid employment -particularly significant for those in low-income, migrant and lone parent households. New ways of thinking about care activities and potential for enactment of different policies respecting the diverse needs of care recipients and care providers are vital.[46] A new model of care could be generated based on more equal sharing of care work and a greater involvement by men with care activities. Societies based on enhanced gender equality and stronger social justice, in the interests of both men and women, would become possible.

Formal care services play an increasingly key role across the EU, but significant care in many societies continues to be provided by family members or relatives. As people are living longer, those needing access to healthcare and long-term care (LTC) is increasing (see Chapter 4). Women are living longer than men and make up most of the population in the over 80 age group and those in long-term residential care. At the same time, families with dependent children have been seeking to achieve a better balance between work and caring responsibilities. More people are seeking more flexible ways to combine employment with responsibilities of care, to have access to quality and affordable childcare services, and to address the care needs of older people and people with disabilities in need of care. This has become more of a challenge as women are increasingly in paid employment and many continue to shoulder most of the responsibility of caring for family members and carrying out domestic work while juggling paid employment. Difficulties in reconciling work and domestic responsibilities, and dominant cultural norms that continue to assume women as carers, influence choices women make in their working lives[47].

## 3.6 Unmet care needs

Unmet healthcare needs have increased across the EU affecting almost one in five respondents (18%). The backlog in care is highest for hospital and specialist care with unmet mental healthcare, especially for women (24%), having increased since spring 2021, causing particular concern.

[44] Barry, Ursula (2021) *Gender Equality: The economic value of care from the perspective of the applicable EU Funds.* European Parliament. https://www.europarl.europa.eu/thinktank /en/ document/IPOL_STU (2021) 694784

[45] EASPD (2018) *Investing in Social Care and Support – a European imperative*. https://www.socialinvestment. eu/templateEditor/kcfinder/upload/files/report-investing-in-social-services-76-1.pdf

[46] European Commission (2020) *Gender Equality Strategy 2020-2025*. https://ec.europa.eu/info /policies /justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

[47] ESRI (2019) *Access to Childcare and Home Care Services in Europe: an analysis of EU SILC data, 2016*. https://www.esri.ie/pubs/BKMNEXT383.pdf

> ....Mental well-being in the EU remains below the level recorded at the start of the pandemic, despite the phasing out of restrictions. 18- to 29-year-olds still report the lowest levels of mental well-being and although older age groups have improved, the over 60s report a marked deterioration in mental health. This can probably be attributed to the war in Ukraine for which 76% of respondents expressed high or very high concern (Eurofound 2022).[48]

Access to health and social care needs varies very significantly between wealthier EU countries and low-income countries. EU and international surveys on unmet health needs highlight financial cost, geographical distance and waiting times as the key factors in profiling the reasons for unmet care needs. *EU-SILC data* and the *European Health Interview Survey* (EHIS) are the main sources of data on EU unmet needs. Pre-Covid-19 EU data reveals that 8% of the population in Estonia and Greece reported unmet needs for health care, with low-income households reporting the highest levels of unmet health care needs. For example, it is estimated that one-in-five or 20% of low-income households in Greece have unmet health care needs, and the central issue was one of cost and affordability. In Estonia, the main issue that was identified in health surveys was the waiting times to access specialist care.[49] Access to dental care was shown to be higher and more pervasive with Portugal, Latvia and Greece all reporting unmet dental needs affecting 8% of the population or one in twelve households. Increased strain on health and social care provision across the EU has been evident during the pandemic (as detailed in Chapter 5).

Across the EU those in the lowest income quintile are four times more likely to report unmet care needs than those in the highest quintile[50]. Unmet health needs increase with age – a pattern very evident in Finland, Ireland and Estonia. The age and socio-class differences in unmet health needs is lowest in countries with the lowest levels of unmet need, such as Spain. Too expensive or too far to travel or waiting times). A 2014 detailed survey of unmet health care needs carried out in 2014 and reported in the OECD Report in 2020 focusing on unmet needs for health care[51] showed the highest levels in Latvia (42%), Ireland (41%), Portugal (40%) Estonia (39%) – a mixture of countries and not all low-income countries. In all of these countries, financial reasons was the primary issue that acted as a barrier to health care.[52]

An important research study carried out by the Economic and Social Research Institute (ESRI) in Ireland analysed EU-SILC data from eleven different EU countries in 2016.[53] Access to childcare is examined for families with children up to age 12 and access to home care is examined for households with a member who needs help because of long-term physical or mental ill-health, infirmity or because of old age. Out of the 11 European countries examined this new ESRI study research found that the highest level of unmet need for childcare was in Spain, the UK, Greece and Ireland. The highest level of unmet need for home care was in Greece, followed equally by

48 Eurofound (2022) *Fifth Round of the Living, Working and COVID-19 e-survey – living in a new era of uncertainty.* https://www.eurofound.europa.eu/publications/report/2022/fifth-round-of-the-living-working-and-covid-19-e-survey-living-in-a-new-era-of-uncertainty. Eurofound.

49 OECD (2021) *State of Heath in the EU. Estonia. Country Health Profile.* https://EU%20Women%20&%20 Health%20Project/Estonia-CountryHealthProfile2021.pdf

50 Eurostat (2021) EU SILC (2021) *Statistics on Income and Living Standards*. Eurostat.

51 OECD (2020) *Focus on Unmet Needs for Health Care*. https://www.oecd-ilibrary.org/sites/667fed97-en/index.html?itemId=/content/component/667fed97-en

52 European Commission (2021) *EU Health at a Glance.* https://health.ec.europa.eu/state-health-eu/health-glance-europe_en

53 ESRI (2019) *Access to Childcare and Home Care Services in Europe: an analysis of EU SILC data, 2016*. https://www.esri.ie/pubs/BKMNEXT383.pdf

Italy and Ireland. In general, access to care services was greater in the more generous welfare states, such as Scandinavian countries. This was true even for more vulnerable families and individuals.

Unmet childcare need is more common in countries with less generous welfare states, particularly for vulnerable families. For example, 25% of lone-parent families in Ireland reported unmet need for such care compared to 8% of lone-parent families in Denmark report. The cost of childcare is the most cited reason for unmet need in most European countries, with the exception of Scandinavian countries. In Finland, 20% of families said cost was the reason for their unmet need compared to Ireland, where 78% of families with an unmet need for childcare reported that cost was the biggest obstacle. In the case of all 11 countries, mothers are more than twice as likely to not be in paid employment in families with an unmet need for childcare and more than twice as likely to experience material deprivation and there is a high risk of poverty.[54]

Countries with universal access to services and strong welfare states are more likely to meet the home care needs of their households. In Denmark, 54% of families receive home care for someone. In Southern states like Greece, the rate is much lower with just 10% of families receiving home care services where someone needs help. In Ireland, this picture is more mixed with 24% of families receiving home care. Divergences between countries are stark in terms of both affordability and availability of home care. This study highlights that many of the female respondents who care for someone in their home are balancing care and employment. In some countries, lack of availability of services was the main reason for unmet care needs, whereas in other countries the issue was affordability. For example, in Ireland cost was more likely to be an obstacle to accessing childcare services than in some other countries, but in terms of home care services, availability was reported as the key problem in Ireland - differently than in some other European countries.

> Compared to people in Sweden, people needing help in Ireland are four times more likely to have an unmet need for home care. People in Greece are 18 times more likely than people in Sweden to have an unmet need for home care. Working-age households are more than twice as likely as those over 65 years old to have an unmet need for this service. Overall, people aged 65 and over have greater access to home care services. However, there are large variations across countries. In Denmark, 80% of older people who need help receive home care services, compared to 42% in Ireland and 12% in Greece.[55]

## 3.7 Privatisation and commodification of care and education

A definite trend is evident, as policies to privatise social care, healthcare, childcare, eldercare and education have taken hold across the EU, even in the Nordic countries which have had historically solid reputations for high-quality public care. Restructuring of care processes increasingly involves the loss of public ownership of care services. Delivery of care on the private marketplace and the loss of public protection has implications for both the care workforce and

[54] ESRI (2019) *Access to Childcare and Home Care Services in Europe: an analysis of EU SILC data, 2016*. https://www.esri.ie/pubs/BKMNEXT383.pdf

[55] Economic and Social Research Institute (2019) *Access to Childcare and Home Care Services across Europe - an analysis of European Union Statistics on Income and Living Conditions* (EU-SILC), 2016.

for care recipients. Privatisation, most of the time, means that services are delivered for-profit. There are multiple examples across the EU in many service areas (from education, to prisons, to transport, to utility services - and also to child- and elder-care) that have been developed or converted into private ownership services delivered on a for-profit basis. Privatisation may be understood as a process of moving away not only from public ownership, governance and delivery, as well as public payment for care and health services, but also a moving away from *social or public responsibility for care* or a commitment to *shared responsibility*. It also means a lack of democratic accountability for the provision for care needs and for the quality of care services. Privatisation is the *transfer* of publicly owned or publicly operated services into private ownership or operation it can also refer to the *development* of new private services which were traditionally public services. Mercille (2017) refers to ownership (transfer of public assets); financing (public funding (or part-funding) of private services or development of private funding systems; management (private management of public assets and service provision); production (of goods or services that have been outsourced by the public sector).[56]

Others have put forward an understanding of different aspects of privatisation, such as deregulation, commodification, marketisation and corporatisation that in some instances are happening simultaneously. Firstly, legislative and policy changes are introduced to limit the public regulation of education and care. Secondly, education and care services are monetised and commodified as products or services to be priced, and therefore to be bought and sold on the marketplace.

> What is interesting about these new attempts to commodify intimacy, care and love is that they are wide-ranging in scope and reach. The ways of loving and caring that women mostly, and men, have crafted to provision for their relational lives outside the market are deemed to be replaceable in the same way as new furniture or shoes can be replaced; 'touch' on screens is assumed to be a good replacement for physical touching and caressing.[57]

Thirdly, there is the growth of small, medium and increasingly large-scale private companies providing services for-profit and controlling a significant share of service provision. Finally, there is the application of corporate management systems. Public and private care and education providers are subjected to the language and framing of systems of performance assessments and measurements drawn from the corporate marketplace.[58] Exploring what is seen as a relatively new phenomenon, the European Economic and Social Committee (EESC) produced a report in 2020 that explored the extent to which *platform work* is becoming increasingly evident in the long-term home care sector, and its implications for the rights and protection of care workers. *Platform work* is a term that encompasses different forms of *on-demand work* - often referred to as the *gig economy* - and is facilitated by digital technology. There has been a huge proliferation of digital platforms involving everything from food delivery and transport to professional services. While this form of work was evident in areas of once-off care service demands, such as transportation, it has become more prevalent in the broader areas of health and social care. In some instances, this may mean higher income levels in the

[56] Mercille (2017) *What is Privitisation? A political economy framework.* Economy and Environment and Planning A: Economy and Space. Volume 49 Issue 5. Sage Journals. https://doi.org/10.1177/0308518X166890

[57] Lynch, Kathleen (2022) *Care and Capitalism* Polity Books. p.62.

[58] Doveman, M. et al (2018) *Deregulation, privatisation and marketisation of Nordic comprehensive education: social changes reflected in schooling.* Education Inquiry. Volume 9 Issue I. https://doi.org.10.1080/20004508.2018.1429768

short-term, but this is linked to lower levels or an absence of social protection with long-term negative consequences for long-term care workforce.[59] There are some examples of co-operative or not-for-profit services and, while they may incorporate imaginative and creative perspectives on care, in practice they are rare. Some argue that this new wave is characterised by the *commodification of care,* spreading the logic of the market and profitmaking into the domestic arena and into socialised care services.[60]

The ideology supporting privatisation, or the rationale for the removal of or reduction in public ownership, is the argument frequently put forward that competition on the marketplace will generate more efficiently run services. The argument is that privately run enterprises, subject to the discipline of the market, will be more efficient and provide more for individual choice. But there is mounting evidence to the contrary. A new study by Oxford Social Policy in the U.K. has put forward an evidence-based study that directly links higher mortality rates with privatisation. Detailed analysis of expenditure data of the National Health Service (NHS) commissioning groups was tracked with rates of local mortality and they conclude that '*privatisation of healthcare is not associated with improvements in service provision, but instead associated with increased deaths among patients.'*[61] Privatisation has implications also for the way in which care services are organised and delivered and for-profit motivations are frequently linked to cost cutting exercises which may undermine the quality of care delivered. The process of privatisation, it may be argued, has resulted in exploitation of a vulnerable workforce in order to extract higher levels of profit.[62]

Care services have developed into complex systems of different providers and increased costs have been the focus of policy-making process rather than the needs of the recipients. Pre-existing health and social welfare systems have partially shaped the ways in which care provision has evolved. Care services tend to be unevenly distributed across geographical regions with significant urban concentrations that attract more care providers and in many countries. Decentralisation is common in some countries with responsibilities transferred from central to local government. Privatisation, particularly linked to multinational companies which have become increasingly involved in care services, has accelerated the concentration of care services in dominant urban centres.

Roles of public, for-profit and not-for-profit sectors have developed differently in each country, but there has been a noticeable increase in the private for-profit sector, a decline in public provision and a relatively static and low level of private not-for-profit sector across western and northern Europe. The Netherlands is unique in that there is a requirement that institutional care providers must be not-for-profit, however home-based care services have been opened up to private companies - as is the case elsewhere for both home-based and institutional care provision. In analysing the evolution of social services provision, the EPSU documents contrasting regimes:

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59 European Economic and Social Committee (2020) *Towards the "uber-isation" of care – platform work in the long-term care sector and its implications for workers' rights.* https://www. eesc.europa.eu/en/our-work/publications-other-work/publications/towards-uber-isation-care

60 Lynch, Kathleen (2022) *Care and Capitalism*. Polity Books.

61 Goodair, B and Reeves, A. (2022) *Health outsourcing linked to higher mortality rate.* Oxford Social Policy. https://www.ox.ac.uk/news/2022-06-30-health-outsourcing-linked-higher-mortality-rate-oxford-study

62 EPSU (2021) *Privatising our Future – an overview of privatisation, marketisation and commercialisation of social services in Europe.* https://www.epsu.org/sites/default/files/article/files/Social%20services% 20privatisation%20Europe%20FINAL.pdf

> In many countries, including Belgium, France, Germany, Greece, the Netherlands, Scotland, Ireland, Spain and Sweden, for-profit institutions qualify for public funding In Ireland, the for-profit sector received government funding which increased from €3 million in 2006 to €176 million in 2019.
>
> .....In Germany and the Netherlands, the for-profit and not-for-profit sector provide almost all long-term care services. In the Czech Republic, Finland, Greece, Norway, Romania, Slovenia and Sweden, less than 20% of residential care places are provided by the private, for-profit sector. Meanwhile, Norway, Sweden and Slovenia have less than 20% of their domiciliary care - care provided in the home - provided by the the private, for-profit sector.[63]

In Central and Eastern Europe, the trend has been different. Public care is negatively associated mainly with centralised large-scale institutionalised care, which has been the enforced norm over decades. De-institutionalisation to more community-based services is viewed as a means to establish greater control by recipients of the form of care provision they receive and a means to the establish a more scaled-down localised systems of care. For-profit provision is growing slowly and tends to be accessed mainly by higher income groups. In the countries of Southern Europe family care systems have been prevalent - public care services and community provision are relatively recent.

Removing the logic of social and public investment from care does not necessarily mean removing public payment or subsidisation of care – as frequently private care services rely on public monies. For example, in Sweden while schools are no longer in direct public ownership, households receive public funding to then choose their educational services. And in Ireland, early childcare services are predominantly delivered on the private marketplace but continue to be publicly funded. Evidence indicates that the private for-profit sector is expanding particularly in residential and nursing homes, while at the same time public funding and public provision is contracting.  A Eurofound report on care homes for older people revealed the for-profit sector accounted for 66% of the care home places in Greece, the Netherlands, Scotland, Ireland, Spain and Belgium. Countries which have seen the most dramatic expansion of the for-profit sector are Romania, Slovenia and Slovakia (of just less 25% in under a decade) – public provision has increased in just one country - Spain.[64]  There is little control over charges for care services delivered by the private for-profit sector and costs to parents and households have been seen to create an *affordability crisis* in some countries in accessing much-needed care. In this context, the *EU Care Strategy* emphasises the importance of the regulatory environment to ensure the care standards are ensured and care workers are protected:

> 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

[63] EPSU (2021) *Privatising our future: an overview of privatisation, marketisation and commercialisation of social services in Europe.* https://www.epsu.org/sites/default/files/article/files/Social%20services% 20privatisation%20Europe%20FINAL.pdf Mercille, J & O' Neill, N (2020) *The growth of private home care providers in Europe: The case of Ireland*. Social Policy Administration. Wiley Online Library;
Spasova, S et al (Ð2018)Ð. *Challenges in long-term care in Europe. Eurohealth, 24* (Ð4)Ð, 7 - 12. World Health Organization. Regional Office for Europe. https://apps.who.int/iris/handle/10665/332533;

[64] Eurofound (2017) *Care Homes for Older Europeans – public, for-profit and non-profit providers.* www.eurofound.europa.eu/publications /report/2017/care-homes-for-older-europeans-public-for-profit-and-non-profit-providers.

> working conditions and wages for care staff. Stronger support for regional and local care providers can create jobs and empower communities.[65]

Privatisation of social services was a focus of new research by the EPSU assessing evidence of the impact of privatisation 'on the quality, accessibility and affordability as well as on pay and conditions of workers.'[66] Both the EPSU and the Corporate Europe Observatory (CEO)[67] argue strongly that cut-backs in health and social service funding in the aftermath of the financial crisis of 2008-2013 meant that EU countries were in a weakened position to fight COVID-19. Pressure to contract public expenditure, which inevitably meant cut-backs in health and education expenditure, resulted in health systems with less capacity in a time of acute crisis. CEO make the case that pressure within the EU (through the EU Semester[68] process) contributed towards pressure to contract key public services, for example in health, cuts have meant understaffing and reduced bed capacity:

> The marketisation of health and long-term care, the push for Public Private Partnerships, and the public spending cuts encouraged by EU economic governance processes like the European Semester, have all contributed to the increased commercialisation, privatisation and reduction of health and long-term care services.[69]

In practice, contracting out health and care services means that care recipients are transformed into the clients of private companies, companies that are not accountable and whose aim is to maximise profits through a process of expanding markets and cutting costs. At a global level, Fraha et al (2021) argue that commodification of vital public services '*affects the core of our democracies, contributes to exploding inequalities and generates unsustainable social segregation*.'[70] Another twist in the story of commodification of care is the evidence of the growth of a few large multinationals in Europe that are reportedly dominating this new private marketplace - mostly originating in France, Germany, Spain and Italy - prompting the Swedish government to in 2009 to introduce an *Act on Free Choice.*[71]

> From hospitals to nursing homes, the privatised care sector is on the rise in Europe. A slow process of and liberalisation, along with the ageing of the European population and the growing demand for elderly care, have opened up a new multi-billion euro market which is increasingly dominated by a handful of increasingly larger corporate groups.[72]

Privatisation has spread to every corner of Europe, including the traditionally strong social-democratic Nordic countries (Sweden, Finland, Denmark and Norway) that have traditionally been seen as a model of high-quality public provision of education, health and social care

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65 European Commission (2022) *European Care Strategy.* https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13298-European-care-strategy_en

66 *European Public Services Union (EPSU) (2021) Privatising out future – an overview of privatisation, marketisation and commercialisation of social services in Europe.* EPSU.

67 Corporate Europe Observatory (CEO) is research and campaign group whose stated aim is *working to expose and challenge the privileged access and influence enjoyed by corporations and their lobby groups in EU policy making.*

68 The European Commission defines the EU Semester process, introduced in 2011 at the height of the financial crisis as *'the framework for integrated surveillance and coordination of economic and employment policies across the EU.'*

69 CEO (2022) *When the market becomes deadly – how pressures toward of health and long-term care put Europe on a poor footing for a pandemic.* https://corporateeurope.org /sites/default/files/2021-01/healthcare--final.pdf

70 Fraha, L. et al (2020) *Enough is enough: Covid-19 has exposed the catastrophic impact of privatising vital services.* https://www.gi-escr.org/latest-news/enough-is-enough-un-experts-open-editorial-sparks-worldwide-media-interest. The Global Initiative for Economic, Social and Cultural Rights.

71 Brennan. D et al (2012) *The marketisation of care: Rationales and consequences in Nordic and liberal care regimes.* Research article. Journal of European Social Policy. https://doi.org/10.1177/0958928712449772

72 European Network of Corporate Observatories (ENCO) (2022) *Caring for profit* ENCO.

services. As far back as the 1990s, a significant shift in public policy towards education took place in Sweden with the shift from central to local/municipal management, together with the introduction of a voucher system for primary and secondary schools whereby households were allocated publicly-funded vouchers and could then choose between a range of schools, both public and private on the basis of *'money follows the student'*. While the policy of no tuition charges was maintained, and a common national curriculum had to be followed in all schools, a growing private for-profit sector emerged. While public schools were obliged to accommodate all children, in remote areas or with special needs, no such obligation applied to private schools.

The voucher system was extended to early childhood education and care in 2009 and by the following Autumn 28% of Swedish preschools were privately run, but also eligible for public subsidies, despite the fact that private childcare facilities (unlike private schools) could set their own charges.[73] A similar system was introduced for eldercare and within a short period of time private for-profit providers accounted for 17% of Swedish eldercare - with huge regional variations reflected in evidence that over 50% of eldercare in the Stockholm region is accounted for by private service providers[74]. The new ideology of consumer choice displaced concepts of universal access and public accountability, while the stated aim of improving educational outcomes failed, as the OECD recorded a steep decline in standards in the Swedish educational system over two decades to 2019.[75] In contrast with Finland who have maintained a predominantly public system and where there has been no loss of standards. Andreas Schleicher, Head of the Directorate for Education and skills at the OECD who states that:

> ..... they used to look to Sweden as the gold standard for education. Now, the Swedish school system seems to have lost its soul. No other country has experienced such a rapid fall in performance in the OECD's Programme for International Assessment (PISA) league table as Sweden, paired with increasing knowledge gaps between schools. And all the while school segregation is increasing, not only in big cities, but in mid-sized towns as well. (quoted by Pelling, Lisa 2022).[76]

One of the consequences of the 'free choice' systems is the creation of tiered hierarchies in access to services which may result in increased social class and ethic segregation within the educational and care systems. In a study on Sweden carried out by Andersson and Mahlberg (2012) they conclude that '*school choice is the driving force increasing school segregation.'*[77]

## 3.8 Provision of increasing care needs in the future?

> Progress on gender equality in the distribution of unpaid care mirrors the progress achieved in the EU on gender equality in general: steady but fragile and far too slow (EIGE 2021).

Over time, the gender gap in time spent on care has narrowed, decreasing by 1 hour a day since 2005. However, the movement towards a model where women and men share both earning and

[73] Swedish National Agency for Education Sloverket (2018) *Official Statistics of Sweden.* https://www.skolverket.se.
[74] Brennan. D et al (2012) *The marketisation of care: Rationales and consequences in Nordic and liberal care regimes.* Research article. Journal of European Social Policy. https://doi.org/10.1177/0958928712449772
[75] Pareliussen, J et al (2019) *Improving School Results and Equity in Compulsory Education in Sweden*. Economic Working Papers No 1587. OECD. www.oecd.org/eco/workingpapers.
[76] Pelling, Lisa (2022) *Sweden's Schools: Milton Friedman's wet dream.* Social Europe and IPS. https://socialeurope.eu/swedens-schools-milton-friedmans-wet-dream
[77] Osth, J., Andersson, E. & Malmberg, B (2012) *School Choice and Increasing Performance Difference: A Counterfactual Approach*. https://doi.org/10.1177/0042098012452322.

caring roles, often referred to as *dual earner/dual carer model,* is far from complete. Women have moved onto the labour market to a significant degree while men have not taken on work in the home in equal measure. The dual earner/dual carer model requires that care from parents is complemented by high-quality childcare and long-term care (LTC) services provided by well-qualified and well-compensated non-parental caregivers (Wright et al., 2009), which is no close to a reality across the EU.[78]

Demand is already escalating for long-term care services, as the rise in the long-term care workforce by over 30% in ten years demonstrates[79] It is estimated that the numbers needing LTC will increase from 30.8 to 31.7 million people by 2050 made up of 33% of women in the over 65 age group. As men's life expectancy is lower, it includes a lower percentage (19%) of men aged 65 years and over. The LTC workforce is estimated at 6.4 million and 90% female. It is an ageing workforce with a rising proportion over 50 years of age. An additional 7 million care workers will be needed in the EU by 2030.[80] Across the EU it is estimated that GDP expenditure on LTC will increase from 1.7% of GDP in 2019 to 2.5% in 2050. According to a recent study by Eurocarers (2021) the EU will need 11 million newly trained or migrant health and long-term care workers by 2030 to meet rising demand.[81] This data reveal serious issues of the sustainability at the heart of EU care systems, compounded by the impact of the pandemic. Eurocarers also take the view that training of personal care workers is inadequate and highlight that 67% of the EU long-term care workforce are not trained even though many are participants in the preparation and implementation of care plans. According to the OECD, personal care workers constitute the bulk of the long-term care workforce (70%) and have very low entry requirements into the job. Less than half of OECD countries require that personal care workers hold a minimum education level or provide certificates, and few guarantee that personal care workers receive access to sufficient training.[82]

While the care economy generally is clearly gendered, specific sectors of the care economy have also particular gender profiles. LTC has a definite gender profile as the rapidly changing demographic data on the ageing of the EU population reveal. The share of the older population of the EU is expected to increase from 20% to 29% between 2019 and 2080, and the percentage of those in the over 80 year age cohort is expected to double to 13% over that same time period. As the proportion of the population in those older age groups increase, the demand for both informal and formal LTC also rises. In 2017, 25% of the EU population had a long-term disability – a higher proportion among women (27%) than among men (22%). Approximately 5% of families with children had a child or children with disabilities in 2017. Given this situation, LTC needs are growing all the time and need to be met with an increased supply of quality

78 EIGE (2021) Gender Inequalities in Care and Consequences for the Labour Market. https://eige.europa.eu /publications/gender-inequalities-care-and-consequences-labour-market

79 Eurofound (2020) Long-term care workforce: Employment and working conditions. https://www. eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions

80 European Commission (2021) *Long-term Care – trends, challenges and opportunities in an ageing society.* https://European+Commission+(2021)+Long+Term+Care&oq=European+Commission+(2021)+Long+Term+Care&aqs=chrome.69i57j0i22i30.1497j0j7

81 Eurocarers (2021) *Healthcare and long-term care workforce: demographic challenges and potential contribution of migration and digital technology*. Eurocarers.

82 OECD (2020) *Who Cares? Attracting and Retaining Care Workers for the Elderly*. https://www.oecd. org/publications/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm

flexible care services that respect the needs of care recipients as well as care givers, both of whom are mainly women.[83]

> Challenges related to long-term care are highly gendered. Due to their longer life expectancy, more women than men are in need of long-term care services and are therefore more affected by the availability and quality of services. In the EU, an absolute majority of professional employees in the care sector are women. Women are also more likely to provide informal care to their family members when formal services are insufficient. Informal care is one of the main reasons behind women's lower employment rate and higher rate of inactivity in the labour market. It has also been proven to have negative effects on informal carers' quality of life and their work–life balance.[84]

There is an urgent need at EU and MS levels to review provision of care for people with disabilities and older people, both in residential care facilities, community-based care and home-based settings with the objective of making greater resources available and increased funding for transitions to home- and community LTC. Funding for investing in de-congregation and creation of individualised spaces in LTC residential settings needs to be increased. Investment in forms of housing that creates independent living and supported housing spaces based on the principle of autonomy for people with disabilities and older people needs to be enhanced (EIGE 2020). Within the informal care sector, numbers of carers are reducing while demand is rising. Transfer of resources from institutional systems to effective community support systems is needed to enable quality and sustainable care (EIGE 2020). This means ensuring that the development of comprehensive social infrastructure encompassing core services such as healthcare, childcare, transport and housing as well as employment, education and training are accessible and available to everyone - a process defined as *deinstitutionalistion* (European Expert Group 2020).

Different dimensions of care need to be supported to ensure that longevity is linked to the highest attainable standards of health - not merely the absence of disease or infirmity - but also quality care that supports physical, mental and social well-being. Deinstitutionalisation of care for older people and people with disabilities has been shown to be a preferred option, preventing isolation and improving quality of life. Investment in more high-quality models of care would generate more options that promote independence and autonomy as well as care quality. These could include for example, community-based complexes of supported housing with individualised spaces, communal facilities and access to support services (European Platform for Rehabilitation 2020).

Increased training and educational qualifications need to be linked to the establishment of a career structure for each different cohort of carers, within a system of reciprocal recognition of qualifications at EU and global levels. Increased funding needs to be made available for training and educational programmes for care workers in paid care, but also for the majority of care workers that are based in informal systems of care. Provision of inclusive social protection for formal and informal, paid and unpaid caregivers needs to be resourced. An enhanced system

[83] European Commission (2018) *Challenges in Long-term Care in Europe – a Study of National Policies 2018*. EC. KE-01-18-637-EN-N.pdf

[84] EIGE (2020) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home. EIGE.

of leave entitlements for parents and carers needs to be supported in a manner that has a significant impact on increased sharing of care responsibilities. Protections for migrant workers in home-based and institutional care need to be developed and clear lines established for access to residency rights and citizenship at MS level.

In their joint submission by *Social Services Europe* (a network of eight European umbrella organisations) to the *EU Care Strategy,* the argument is strongly made for an integrated social care programme and an end to poor and unfair working conditions with an emphasis on the provision and support for independent services in order to tackle the crisis of underfunding across most EU countries:

> Currently, much of social care is in crisis due to underfunding, staff shortages and an overreliance on EU mobile and migrant care workers, underinvestment in the training and qualifications of care workers, unfair working conditions, limited social innovation, a lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment into home and community-based solutions. All combined create a social care sector that needs targeted attention and support. This situation was building prior to the COVID-19 outbreak but the pandemic and its impact on the social care sector made the crisis more visible. The pandemic further highlighted the detrimental impact on gender equality, care drain and ensuring affordable, accessible, quality care for everyone in the EU.[85]

In her timely book *The Care Crisis* Emma Dowling[86] explores the complex interconnectedness of care relations that have evolved in the recent past from an emphasis on 'self-care' and 'self-help' to a growing sense of a crisis of the social care system, exacerbated by the pandemic. Dowling examines the power structures shaped by the increased scale and level of private profit-making services, the globalised context of care and the growing needs that have shifted the agenda and established an urgent need for a new or changing model of care. She explores the economic and political forces that have been brought to bear on what she calls *'the uncaring State'* marked by the extent to which care operates at the margins of the labour market, substantially unpaid and low paid with a global workforce which is vulnerable, often underground and lacking in regulation and protection by employment protection systems. Dowling poses the need for a transformational change in our understanding and prioritising of care and asks the question: what would it mean to seriously value care? There are tensions between the argument, on the one hand, that valuing care should be linked to a process of commodification of care i.e. making it visible and a service provided for and paid for on the marketplace. And on other hand, a resistance to care becoming commodified and losing its core values, its distinctness and whether nurturant care is antithetical to market values.

[85] Social Services Europe (2022) *COVID-19 and Social Services: What role for the EU?* https://www. socialserviceseurope.eu/position-papers

[86] Dowling, Emma (2021) *The Care Crisis – what caused it and how can we end it?* Verso books. London.

## 3.8 Conclusions

Research indicates that investing in the labour-intensive care economy generates a high level of return through growth in women's employment and an increased level of social and economic well- being. By funding quality diverse care services, women's time spent on unpaid work is reduced and new opportunities are opened up for women in education and paid employment, particularly those in low-income, migrant and lone parent households. Through new ways of thinking about care activities and enactment of different policies respecting the diverse needs of care recipients and care providers, a new model of care would be generated based on a more equal sharing of care work and greater involvement of men with care activities - societies based on enhanced gender equality and stronger social justice, in the interests of both men and women.

A more gender just and equal society needs a twofold approach that tackles the inequalities in the sharing of care work and the resourcing and development of a valued care workforce in conditions of decent work. Migrant workers need to have their legal status confirmed and their right to work respected. In the first instance, changes at household level come into effect, a cultural shift so that equal sharing of care tasks and care activities between women and men becomes the norm. Secondly, we need accessible and affordable professional care services that can help tackle the rising care needs expected in the EU as the population ages and society changes.[87]

To achieve a care model grounded in greater gender equality, means treating care as a social investment and re-establishing public responsibility for care across diverse care systems. This involves counteracting the strong trends to privatisation and creating an ethical care system with public accountability. It means creating systems of formal care based on respect for the autonomy and rights of both care givers and care recipients. In a dual earner/dual carer publicly-supported socio-economic model, supports for parental care and universal access to quality care services need to be simultaneously established.

# CHAPTER 3 **RECOMMENDATIONS**

### 3.9.1 Greater gender equality in the sharing of care responsibilities

Addressing gender inequalities in the carrying of care responsibilities is fundamental in order to address persistent gender inequalities. This means creating conditions that foster the more equal sharing of care in the home and in wider society. Placing the care economy at the centre of public policy-making means generating more equal representation of women and men in decision-making structures and systems. This may be partially achieved by more gender-aware provisions for paid leave entitlement and access to flexible work options but it also means a comprehensive and publicly supported care system available for childcare, eldercare and care for people with disabilities.

[87] EIGE (2020) *Gender inequalities in care and consequence for the labour market.* EIGE December 2020.

### 3.9.2 Establish an EU framework for long-term care

There is a need to establish a system of targets and timelines for the development of long-term care systems at EU level, building on the Barcelona targets for childcare. Long-term care needs to attain a mix of home- and community-based care as well as residential and institutional care, with an emphasis in the latter on de-congregated settings and greater autonomy for care recipients.

### 3.9.3 Prioritising National Action Plans on care

Following the production of the European Care Strategy, each Member State should place a policy priority on the preparation of a *National Action Plan on Care* based on the principles of reducing gender inequalities, improving the conditions of both formal and informal care workers, addressing the over-reliance on informal care and respecting the autonomy of care recipients in all care settings. Advocacy and civil society organisations can play a significant role in this process.

### 3.9.4 Develop a coordinated EU strategy on monitoring the care economy

Develop a co-ordinated EU strategy aimed at regular monitoring and reporting on care by Member States based on definite targets and timelines. It should document the balance between public, private and non-for-profit care provision in different Member States. While recognising that informal care will continue to play a valuable role in providing inter-active care relationships, there is need to tackle the overreliance on informal care.

### 3.9.5 Reinforcement of public responsibility for care

Measures are needed to strengthen public accountability across the care system and to establish public ownership of core care services. Ensuring the quality of care services should be established through the setting down of statutory guidelines for care providers. Such guidelines should recognise different care needs and care settings, protecting the autonomy of care recipients while ensuring the protection of carers.

# Chapter 4 The care sector and gendered inequalities

**KEY TRENDS**

Gender inequalities are at the heart of the care economy and are directly linked to women's position on the frontline of unpaid and low-paid work in the globalised care economy. Care work encompasses the paid work of childcare, education, health and social care workers, those employed in institutional long-term care (LTC) settings, informal or unpaid work in the community as well as domestic work in the home.[1] Women are penalised in economic, political and social terms because they carry the majority of care responsibilities and that care work is underpaid and undervalued. It is estimated that in the EU nearly 8 million women are outside of paid employment compared with just 450,000 men. The care penalty results from the crowding of women into low paid sectors of paid employment and the scale of unpaid work carried out by women with consequences in terms of job opportunities and career development, as well as financial penalties in relation to wages and salaries as well as social protection and pensions. Gendered patterns are marked among those in paid employment who carry care responsibilities - 90% of men work full-time, whereas only 50% of women work full-time.[2] New research has revealed a 20% gender pay gap in the health and care sector, a higher gender pay gap than in other, less feminised sectors. Despite the fact the only a minority of health and care workers are men, they are over-represented in higher paid occupations and women are concentrated in low paid occupations.

Women are estimated to make up 37 million of the 49 million care workers in the EU, many are in low paid and/or temporary work with little chance of career development.[3] Women (including those in paid employment) spend on average 90 minutes more per day on unpaid care than men. Of the long-term care workforce, the overwhelming majority are women, and increasingly migrant women with very poor working conditions.[4] Older women across the EU frequently carry a particularly high care penalty, sometimes because of dual responsibilities involving the care of young children, as well as care for elderly people and those with disabilities. While demand for long-term carers is rising particularly fast, more younger are accessing and remaining in paid work, so the availability of informal care workers is contracting as well also the traditional access to inter-generational care.

## 4.1 Introduction

This chapter focuses on the unique and diverse character of the care sector, the spectrum of activities encompassed in the care economy and the gender inequalities that characterise the sector, including recent evidence of the gender pay gap in health and social care. By using the concept of the care sector, the different and diverse set of providers and recipients that constitute

1 EIGE (2020a) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.

2 Eurofound (2015) *Working and Caring: Reconciliation measures in times of demographic change. https://www. eurofound.europa.eu/publications/report/2015/working-conditions-social-policies/working-and-caring-reconciliation-measures-in-times-of-demograph*

3 EIGE (2021) Gender inequalities in care and consequences for the labour market. https://eige.europa.eu /publications/gender-inequalities-care-and-consequences-labour-market

4 European Commission & Social Protection Committee Report (2021) Long-term Care Report. https://op. europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1

this unique sector can be more readily understood. Some age cohorts, especially women in the 40-59 age group experience the more severe care penalty, reflected in inequalities in both pay and income levels as well as pension entitlements. The current pandemic has demonstrated the essential nature of care work and its central role in the functioning of economies and societies. Despite the critical role caring activities play in EU economies by contributing directly to economic and social well-being, care is undervalued and receives little recognition. Care has an invisibility that operates also at the level of public policy. At a global level, care work is often part of a hidden or underground economy, shaped by historical and persistent gendered inequalities. In practice, care is a spectrum of activities that reveals the critical, although largely unrecognised, interdependence and interconnectedness of society.

Research furthermore points to the way in which men have traditionally been more vulnerable to negative health effects from their experiences of workplace hierarchies, unemployment, and the strain of being the main breadwinner. Women, on the other hand, have to deal with the strain of managing inadequate household budgets, isolation in the home or struggling with the dual burden of employment and caring. Both men and women therefore are likely to experience differently physical and mental health issues.[5] Data reveals that certain kinds of households, those with both adults earning and with strong gender equality values, are more likely to have more equal sharing of care. It is estimated that around one-third of households share care on a close to equal basis. Equal sharing of care is therefore not the case in most households. In practice women are primary carers, regardless of whether they are in paid employment or not.[6]

By highlighting the concept of the care economy, Folbre (2018)[7] argues that '*the question of measuring, valuing and investing in paid and unpaid work that occurs within professional settings and across families and communities'* would be more effectively addressed. In Folbre's view macroeconomic theory needs to be transformed to measure living standards on a broader basis, incorporating both the costs and benefits of unpaid work. Linked to this, she argues, is a need for the acknowledgement and measurement of the value of unpaid work and to bring an understanding of unpaid work into traditional concepts of output, investment and consumption. It would also mean that public policy would have a greater focus on '*private and public intergenerational transfers'*.

## 4.2 Gendered nature of unpaid care

> Women's unpaid care for their families and communities shapes both gender inequality and the larger process of economic development.[8]

Gender inequalities in unpaid care are pervasive and persistent and create conditions for gender gaps in access to paid employment. Evidence of movement towards a more equal sharing of unpaid work and unpaid care is weak and uneven, as inequalities persist at global

5 Borgman L. et al (2019) *Health-Related Consequences of Work-Family Conflict from a European Perspective: Results of a Scoping Review.* National Library of medicine, PubMed Central (PMC).
6 EIGE (2020a) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.
7 Folbre (2018) Developing Care - recent research on the care economy and economic development. IDRC-CRDI http://hdl.handle.net/10625/57142
8 Folbre (2018) Developing Care - recent research on the care economy and economic development. IDRC-CRDI http://hdl.handle.net/10625/57142

levels. Recent research has shown that there is a clear link between gender inequality on the labour market and gender inequalities inherent in the unequal sharing of domestic and care work. A recent study by the European Institute for Gender Equality[9] has reinforced this by revealing that the bulk of unpaid care work is carried out by women (including those in paid employment) who spend on average 90 minutes more per day on unpaid care than men and that 92% of women provide unpaid care many days a week compared to 68% of men. Of the long-term care workforce, 90% are estimated to be women. Women are estimated to make up 37 million of the 49 million care workers in the EU – many in low paid and/or temporary work with little chance of career development.[10]

Women carrying the burden of care work has a direct impact on their access and participation in paid employment. EIGE estimates that 7.7 million women are detached from the formal labour market, compared with just 450 000 men. 60% of women who are in paid employment report experiencing changes in employment as a result of childcare responsibilities, compared with 17% of men, while 18% of women with children have reduced working hours but only 3% of men have reduced their working hours.[11] The significance of occupational segregation on the labour market is clearly evident in the patterns revealed by the EU Gender Equality Index demonstrating the crowding of women into lower paid occupations and consequently the perpetuation of women's work as underpaid and undervalued.

Because different definitions of the care sector are employed in different EU countries, the job of estimating the total number carers and the proportion who are women, across different ages, and within different ethnic and migrant groups is complex and difficult. In particular, definitions of informal care are diverse. Eurocarers' definition is widely used in EU policymaking and defines informal care as those who provide care (usually unpaid) to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal employment framework. This definition has been used to estimate the scale of informal care:

> According to recent EU-funded research, informal carers provide over 80% of care, with women providing approximately two thirds of care mainly as daughters (in law) and wives/ partners.....according to data collected through the European Quality of Life Survey, it is estimated that there are more than 100 million carers in Europe today – about a fifth of the total European population.[12]

The scale of informal care has been reinforced by studies at EU level drawn on by the European Commission when making its recommendation for an *EU Care Strategy*:

> On average around 52 million Europeans (14.4% of the population aged 18 to 74) provide informal long-term care to family members or friends on a weekly basis. When using full-time equivalents, informal carers account for close to 80% of care providers at EU level.[13]

9 EIGE (2020) Gender inequalities in care and consequence for the labour market. https://eige.europa.eu /publications/gender-inequalities-care-and-consequences-labour-market

10 European Commission & Social Protection Committee Report (2021) Long-term Care Report. https://op. europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1

11 Eurocarers (2022) *Why addressing the needs of informal carers is a crucial issue for Europe*. https:// eurocarers.org/publications/why-addressing-the-needs-of-informal-carers-is-a-crucial-issue-for-europe/

12 Folbre (2018) Developing Care - recent research on the care economy and economic development. IDRC-CRDI http://hdl.handle.net/10625/57142

13 European Commission (2019) *Study of exploration of the incidence and costs of long-term informal care in the EU* drawn on by European Commission (2022) *SWD Accompanying the proposal for a Council Recommendation.* https://EC+SWD+Accompanying+the+proposal+for+a+Council+Recommend https://www. infocop.es/pdf/long-term.pdf

The combination of an ageing population with new developments in medical science means that more people are living longer with diverse circumstances and increasingly complex health needs. Growing demand for long-term care heightens pressure on more informal carers to provide more care hours, to combine paid work and care and to respond to more intense care needs. At the same time, numbers of informal care workers are contracting as more women are in paid employment, working lives are extending, family size is smaller, geographical distances between family relatives (partially due to the rising prices of accommodation) are widening and there is a shortage of care professionals. Different caring situations involve different kinds of skills and experiential knowledge. For example, caring for a child is different than caring for an older or disabled person and depends on the nature of care needs and access to supports. Eldercare, for example, requires a long-term commitment and while the care burden is likely to increase over time, there are fewer support services and a low level of access to respite services.

Research reveals that the gender dimension is a fundamental to this process – it is mainly women that reduce working hours or leave paid employment altogether to meet their care responsibilities. Such gendered patterns are marked among those in paid employment who have care responsibilities: 90% of men work full-time, whereas only 50% of women work full-time.[14] Feminist economists and many social policy analysts argue that the care model continues to be shaped by the traditional male breadwinner/female family carer model which defines men as involved in productive work and the sole earner in the household and women confined to the domestic sphere and engaged in undervalued reproductive work and caring activities.[15] Eurocarers' analysis reaffirms the continued dominance of this traditional model arguing that it is a *deeply engrained cultural perception of caring roles in our societies* which assumes caregiving tasks as mainly a woman's responsibility which at least partially explains why unpaid work continues to be primarily seen as a female responsibility.[16] There is also a gendered assumption that a women giving up paid employment is less significant than a man making such a decision as women are likely to earn less and consequently the *opportunity cost* is less. The clear implication is that, under current circumstances, providing long-term care exacerbates the gender pay and pensions gap.

A review carried out by the European Social Network (ESN 2017) of social services in Europe revealed that a lack of coordination between social, employment and healthcare services is impacting on the demand for social services in several countries. Significant findings of their study highlighted *difficulties in recruiting social services workers with a high turnover of workers, low pay and poor working conditions.*[17] Reports of high turnover of employees, low pay, poor working conditions and undervalued skills characterise the *formal* health and social care systems across the EU. Poor working conditions, lack of recognition, absence of adequate

[14] Eurofound (2015) *Working and Caring: Reconciliation measures in times of demographic change. https://www. eurofound. europa.eu/publications/report/2015/working-conditions-social-policies/working-and-caring-reconciliation-measures-in-times-of-demograph*

[15] Folbre, N (2021) *The Rise and Decline of Patriarchal Systems – an intersectional political economy.* Verso Books. https://www. versobooks.com/books/2884-the-rise-and-decline-of-patriarchal-systems
Dowling, Emma (2021) *The Care Crisis – what caused it and how we can end it.* Verso Books. https://www.versobooks.com/books/4031-the-care-crisis

[16] Eurocarers (2016) *Reconciling work and care – the need to support informal carers.* https://eurocarers. org/publications/reconciling-work-and-care-the-need-to-support-informal-carers.

[17] European Social Network (2017) *Investing in the social services workforce.* https://www.esn-eu.org/sites/default/files/publications/Investing_in_the_social_service_workforce_WEB.pdf

respite care and penalties for carers under social protection and welfare systems are common in *informal* care systems across the EU. The growing demand for home- and community-based services has implication for long-term residential care as those entering residential care are more likely to have high and complex care needs.

Care services as vehicles for private investments have become increasingly evident across the EU. Private for-profit services are likely to mean more private control over a vulnerable workforce, often isolated in domestic settings or private residential settings. Individualised care workers have little negotiating power, have only a weak connection to collective bargaining systems and are amongst the lowest paid in the EU. Low pay in care is frequently combined with poor employment conditions, lack of contractual agreements, little regulation or social protection and include the most vulnerable migrant domestic workers and those without legal status. Although the health and social care sector is a growth sector across the EU, it is a sector that has an aging workforce and also has significant problems of both recruitment and retention. Care services are labour intensive and the argument is well-supported that the quality of care provision is directly related to having well paid, and trained workforce on the one hand, and a recognised, valued and supported workforce on the other.[18]

Scarce data availability on unpaid care makes it difficult to show the direct and indirect consequences of unpaid work on the position of women on the formal labour market. Disparities in earnings and inequality in unpaid care activities interact together in multiple and complex ways. Creating conditions for a fairer distribution of unpaid care work within households has the potential to strengthen policies to address the gender pay gap and other gender inequalities. Demands of unpaid care work and the level of provision of affordable and quality of formal LTC services are key factors in determining whether women enter into and stay in employment as well as the quality of the care services.[19] Evidence from Germany is that men are most often cared for by their wives while women – very often widows – live alone and need a wider social network and more frequent professional care (Dorin et al., 2016).[20] Children too are involved in caring for family members who are elderly and/or have disabilities, girls more often than boys. Estimates of the scale of involuntary absence from the labour market due to women's care responsibilities reinforces the highly gendered nature of unpaid care work, the invisibility of much of women's care work and the growing crisis in care provision:

> In the EU in 2018, care responsibilities were preventing 7.8 million women (aged 20–64) from entering the labour market, compared to 460,000 men. The contribution of unpaid care work – carried out mostly by women – to economic growth remains largely invisible. Not all people in need of care have families living close enough to provide them with regular care. This means that a shortage of formal care services may lead to a situation where the recipient's care and support falls below the minimum standard.[21]

[18] Eurocarers (2022) *The EU Strategy on Care – a new paradigm for carers across Europe.* https://eurocarers. org/publications/the-eu-strategy-on-care-a-new-paradigm-for-carers-across-europe-consultation/

[19] EIGE (2020) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.

[20] Dorin, L et al (2016) *'Gender disparities in German homecare arrangements'* in Scandinavian Journal of Caring Sciences. Wiley Online Library

[21] EIGE (2020) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.

## 4.3 Gender inequalities and conditions in paid care sector

Working conditions in the formal care sector are poor, and work is frequently carried out by those from marginalised low-income households, including many migrant women in vulnerable situations.[22] Paid care workers including nurses, childcare providers, social workers, doctors, domestic workers and home care aides are workers who perform the essential labour of taking care of people's most fundamental needs. In this context, it is important to understand the complex intersections between households, paid employment and care workers. Care workers are located in a unique position on the labour market and in occupational structures, often blurring the lines between public and private domains; paid and unpaid spheres of the economy; caring and care work; and work carried within and outside family structures. Undervaluing of care work is common - over 80% of social care professionals continue to be undervalued and underpaid.[23]

A particularly interesting finding of the EIGE study is that countries with a more equal sharing of unpaid work between women tend to also have a higher proportion of women in paid employment and a lower gender pay gap. In this context, the gendered unequal sharing of care curtails women's employment prospects on the formal labour market and is a significant factor in the gender pay gap. However, data also shows that in most cohabiting couples within the EU, women continue to be the primary carers and only about one-third of families share caring responsibilities equally, whether or not women are in paid employment, and this inequality intensifies with the arrival of children:

> ....Over time, the gender gap in time spent on care has narrowed, decreasing by 1 hour a day since 2005. However, the movement towards a model where women and men share earning and caring roles, often referred to as 'dual earner / dual carer model', is incomplete, as women have moved into the labour market to a significant degree while men have not taken on work in the home in equal measure[24].

At the same time that women are identified with care, boys and men experience a parallel exclusion from identification with their affective natures.[25] They are for the most part, socialised into a denial of a central role in caring.[26] The unequal relationship between gender and care has a lifelong and global gendered significance. In an environment where demographic trends indicate a growing gap between ageing populations and available carers. A migrant and feminised care workforce had been shown to pick up the task of caring for older people in both the private and public domains in wealthier countries, but the pandemic has interrupted that pattern leading to a crisis in long-term care. There remains an assumption that formal carers will be predominantly low paid women, interlinking exploitation, racism and gender[27] and a danger of vulnerability to severe exploitation.[28]

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22 Grubanov-Boskovic, S. et al (2021) *Health and long-term care workforce: demographic challenges and the potential contribution of migration and digital technology*, EUR 30593 EN, Publications Office of the European Union, Luxembourg.

23 Social Services Europe (2020) *Position Paper: Covid-19 and Social Services: what role for the EU?* https://www.socialserviceseurope.eu/position-papers

24 European Pillar of Social Rights (2020) https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf

25 hooks, Bell (2004) hooks, b. (2004) *The Will to Change: Men, Masculinity and Love*. Washington: Washington Square Press.

26 Connell and Messerschmidt (2005) '*Hegemonic Masculinity: rethinking the concept'* in Gender and Society, *19*, 829-859.

27 International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward.* https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang--en/index.htm

28 MRCI (2015) *Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland,* Dublin: MRCI.

Paid employment across a range of sectors, even female-dominated care sectors, continue to reveal the perpetuation of gendered hierarchies. Women continue to be underrepresented in decision-making positions at all levels in healthcare and education:

> Women make up 72 per cent of workers in the education sector and 89 per cent of domestic workers, compared to 46 per cent of workers in total employment. In terms of job prospects, career breaks due to caring often constrain women to part-time, irregular, temporary and low-paid jobs, as they are assumed to provide greater flexibility than standard jobs and allow women to juggle their paid work and unpaid care. 29 per cent of part-time employed women cite care duties as their main reason for working parttime. Characteristics of women's employment produced by unpaid care responsibilities – sectoral segregation, high part-time employment, underrepresentation in big firms and in supervisory positions (vertical segregation) - determine a notable part of the gender pay gap. Currently in the EU, women's average gross hourly earnings are 16 per cent lower than those of men.[29]

Women migrants frequently find themselves in situations in which their formal qualifications are not recognised and, as a result, are trapped in low pay and low-status precarious employment.[30] It is estimated that 80% of care provision in Europe is informal and 75% of informal care workers are women creating a gender imbalance in both the home and on the labour market where over 80% of social care professionals continue to be undervalued and underpaid[31] There is increasing that the crisis in care is having a particular impact on long-term care (LTC). As an increasing proportion of the population of EU is in the older age groups, demand for all kinds of care has been increasing. At the same time, the proportion of women in paid employment is growing and that heightens the need for more paid care and paid care workers, both in the home and in institutional settings. Unmet care needs are a feature of many EU countries, as traditional systems of extended family care are no longer available to meet household needs, and public investment has failed to fill the care gap. Underlying lack of investment, linked to often low-quality privatised care services, characterise LTC facilities in many countries.

## 4.4. Gender pay gap in social care and healthcare

Important new research carried out by the World Health Organisation (WHO 2022) with the International Labour Organisation (ILO 2022) provides for the first time a comprehensive global and sector-wide picture of the gender pay gap in formal social and health care based on data from 54 countries.

> The health and care sector is a major source of employment globally, in particular for women. The health and care workforce accounts for approximately 3.4% of total global employment, including approximately 10% of overall employment in high-income countries (HIC) and a little over 1% in low- and middle-income countries (LMIC). One feature that characterizes

[29] EIGE (2020) *Gender inequalities in care and consequence for the labour market.* https://eige.europa.eu /publications/gender-inequalities-care-and-consequences-labour-market.
[30] International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward.* https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang--en/index.htm
[31] Social Services Europe (2020) *Position Paper: Covid-19 and Social Services: what role for the EU?* https://www.socialserviceseurope.eu/position-papers

> employment in this sector across the world is that it is a highly feminized sector – women make up about 67% of global employment in the sector – with a significant degree of gender segregation.[32]

The Report identified a gender pay gap of 20% across the health and care sector based on an estimate of 15% (using mean hourly wages) and of 24% (using mean monthly earnings). It is also important to note that the report revealed that gender pay gap in health and care is higher than in other, maybe less feminised, sectors. Despite the fact the only a minority of health and care workers are men, they are over-represented in higher paid occupations and women are concentrated in low paid occupations. Attempting to account for the gendered profile of the sector, the report shows that age, education and gender segregation are key factors across the different occupational categories. But it also emerges that those difference in labour market characteristics between women and men only account for a small part of the gender pay gap. And there are also important underlying questions such as are how those occupations have come to be historically valued, and why that level of vertical gender segregation occurs, crowding women into low paid positions. The report confirms the structural and persistent under-valuation of sectors that are female-dominated and of jobs that are predominantly carried out by women, such as nursing and other low-paid jobs in care and health. A gender care penalty was also reinforced in this report revealing a 'motherhood gap' in pay levels. While the gender pay gap increased slightly in some countries and reduced in others, it has been relatively stable, despite some marginal increase in the proportions of male employment. The impact of the pandemic was felt more on deteriorating working conditions than on pay, except for those in the lowest paid jobs, with low educational levels and those within the informal care sector.

> However, working conditions for the sector's workers have dramatically deteriorated, in particular for those at the forefront in the fight against the pandemic (most of whom are women); furthermore, their risk of infection is disproportionately high. The COVID-19 crisis disproportionately affected workers at the low end of the pay scale, most of whom are women.[33]

Gender inequalities characterise the social and health care sector, marked in particular by gender pay gaps that are seen in every country, have persisted over many decades and are most evident in the technical and professional occupations. A unique aspect of the health and social care sector is that it is so highly feminised, displaying high levels of vertical gender segregation marked by women crowded into the lowest pay levels on the occupational hierarchy. Gender segregation is likely the *outcome of specific norms and culturally rooted stereotypes, that accumulate over time* shaped by gendered ideological systems, discriminatory assumptions of employers and policy-makers, as well as to increasingly contested traditional attitudes of women and men towards paid employment. A consequence of the cultural attitudes is that there has been low levels of investment historically in social care and health care and its vulnerability to contractions of employment in times of crisis.

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[32] World Health Organisation with the ILO (2022) *The Gender Pay Gap in the health and care sector – a global analysis in the time of COVID-19.* https://www.who.int/publications/i/item/978924005289

[33] World Health Organisation with the ILO (2022) *The Gender Pay Gap in the health and care sector – a global analysis in the time of COVID-19.* https://www.who.int/publications/i/item/9789240052895

Research indicates that it is impossible to separate gendered inequalities in the distribution of care responsibilities and gendered inequalities in the care sector on the formal labour market, particularly impacting on women through the child-rearing years with consequences for career development and gender gaps in pensions. Because the care sector continues to grow at a fast pace, this is a pattern that is unlikely to change, so addressing gender inequalities is particularly important. This new study estimates that 41.6% of *'inactive'* women are outside the labour force due to unpaid care work responsibilities, compared with just 5.8% of men. Another aspect of the gender pay gap is the proportion of women working part-time in this sector: 20% of women and 14% of men. There is also evidence that, at a global level, there is less paid part-time employment overall in the care sector compared to other economic sectors. This is reflected in the narrowing of the gender pay gap when the measure of mean monthly earnings are used (as opposed to mean hourly rates).

What is of particular interest is the impact that different care policies have on women's access to paid employment and the kind of paid employment women are likely to access. For example, countries that have higher levels of expenditure on care show higher participation rates of women in paid work. Policies towards care are also seen to shape gendered patterns of paid work, for example the proportion of women with part-time jobs, the proportion of women working in the public sector where there is more flexibility work arrangements available or the amount of time women take outside of paid employment.[34] The conclusions to the WHO/ ILO report identify two key factors to understand the unexplained[35] part of the gender pay gap: the penalty for what they define as the *motherhood gap* and the low pay associated with *undervalued highly-feminised occupations and sectors* of the economy.

> The motherhood effect has an impact on women's careers, earnings and workforce participation. And the effects are not just short term – it can have relatively long-term consequences for a significant proportion of women....
>
> ....The fact that the health and care sector is a highly feminized sector implies that on average, workers are getting earnings lower than their counterfactuals (in terms of occupational categories) in other sectors of the economy. This reflects the discrimination that women face in the labour market and is possibly one part of the explanation of the wide unexplained gender wage gaps observed in the health sector.[36]

## 4.5 Informal long-term care work

> Without informal carers, care systems would collapse. The EU Care Strategy should bring carers out of the shadows and recognise their contribution to care systems.[37]

The large majority of care across the EU continues to be provided by informal carers. Critical care supports are provided mainly by women in families, as neighbours, within friendship networks and in community and voluntary organisations. This kind of care receives little recognition, is

[34] ILO (2018) *World Employment Social Outlook – Trends for Women 2018. Global Snapshot*. https://www.ilo.org /wcmsp5/ groups/public/---dgreports/---dcomm/---publ/documents/publication/ wcms_619577.pdf

[35] The unexplained part of the gender pay gap refers to the majority of the gender pay gap which cannot be accounted for by differences in the attributes women and men bring to the labour market such as qualifications or levels of experience. This then refers to the part of the gap arising from discriminatory practices that disadvantage women working in the paid care sector.

[36] World Health Organisation with the ILO (2022) *The Gender Pay Gap in the health and care sector – a global analysis in the time of COVID-19.* https://www.who.int/publications/i/item/9789240052895

[37] Yghemonos, Stecy (2022) Contribution to AEIP Conference on Sustainable Long-term Care. September 6 2022.

mostly unpaid or low paid, takes place largely outside of any regulatory system and received very little State support. There is a care penalty experienced by those providing informal care in the consequent reduced opportunities to access paid work, participation in educational and cultural opportunities and remaining unrepresented in the political and decision-making systems. There are also direct costs incurred in providing care such as the cost of petrol highlighted by the current high inflation levels experienced in the price of retail petrol. Informal carers who are combining paid work and care often have to restrict their hours of availability and as a result may have limited access to career development opportunities. Physical and mental stress is also associated with the isolation and lack of supports experienced by informal carers:

> Research has shown that the pressure associated with informal caregiving presents all the features of a chronic stress experience: it creates a physical and psychological strain over extended periods of time, it is accompanied by high levels of unpredictability and uncontrollability, it frequently requires high levels of vigilance, and it has the capacity to create secondary stress in multiple life domains.[38]

Women are more likely than men to take on informal long-term care responsibilities at least several days a week, and in some cases every day, representing 62% of all people providing informal long-term care to older people or people with disabilities in the EU. Women aged 50–64 are the main providers of informal LTC. In the EU in 2016, 21% of women and 11% of men of aged 50-64 were providing informal long-term care every day or several days a week. These carers often have interrupted patterns of paid employment with consequences for many forms of social protection and income in old age.[39] Younger informal carers may be subject to considerable stress as they try to balance work and family duties, especially when most have received no training in caring for people with disabilities or the elderly.[40] Where recipients have high-level care needs, informal carers need both training and external support to ensure the quality of care and well-being of care recipients.[41]

Domestic care work was increasing before the pandemic but was thrown into upheaval during successive periods of lockdown. Informal care workers were generally restricted from home visits and there is evidence that many domestic care workers lost paid work. Care workers employed as domestic workers are frequently undeclared workers, without the coverage of social protection systems in cases of illness for example, and vulnerable to exploitation in many different ways. There is also evidence that access to affordable high-quality home- and community services reduces the demand for live-in care.[42]

> Informal carers play a significant role in long-term care provision in all countries: a staggering 44 million people (12% of the adult population) provide such care to family or friends regularly i.e at least twice a week. This compares to 6.3 million people working in the long-term care sector.

[38] Eurocarers (2022) *The EU Strategy on Care – a new paradigm for Carers across Europe*. https://eurocarers. org/publications/the-eu-strategy-on-care/

[39] EIGE (2020a) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.

[40] European Commission (2013) *Informal Care in Europe – exploring formalisation availability and affordability and quality*. KE-04-18-543-EN-N%20(2).pdf

[41] Dorin, L et al (2016) '*Gender disparities in German homecare arrangements'* in *Scandinavian Journal of Caring Sciences.* Wiley Online Library.

[42] Eurofound (2020) *Living Conditions and Quality of Life* https://www.eurofound.europa.eu/topic/living-conditions-quality-life. https://www.eurofound.europa.eu/publications/blog/shaping-the-future-of-long-term-care-a-good-outcome-will-benefit-all

> [Care policy]...must ensure that care receivers get quality support while enabling their carers to continue in work and avoid social exclusion. Flexible respite care services that respond to the needs and preferences of care users and informal carers are part of the answer.[43]

This estimate from Eurofound has been updated under the European Care Strategy which calculates that 52 million Europeans 14% of the population aged 17 to 84 provide informal long-term care to family members or friends on a weekly basis.[44] Gender inequalities characterise the informal care sector. Women account for the large majority of long-term care workers and informal carers, as well as most of the people with long-term care needs. Improved access to long-term care will have a positive impact on gender equality by reducing the burden that women carry for unpaid work, for informal care as well as creating a better situation for those receiving care. More than 80% of long-term care workers are women and this figure has hardly changed over the past ten years. There is evidence that long term informal carers experience emotional and physical strain risking detrimental effects on their mental health effects (Eurofound 2020).[45]

In most EU countries, more than 50% of carers under 65 combine care with employment which often puts particular pressures on informal carers.[46] The European Commission estimates that between 7% and 21% of informal carers reduce their working hours and between 3% and 18% withdraw from paid employment and that fewer women (36%) than men (51%) providing informal long-term care avail of support from formal care services.[47] The majority of informal carers are in paid employment, but labour market participation is seen to decrease with the intensity of care provided. For example, 64% of informal carers are in paid employment, compared to 67% of the overall population in the age group18-64 years. It is estimated that 71% of informal carers providing less than 10 hours per week of care are in paid employment, while the paid employment rate of informal carers providing more than 40 hours per week is only 35%. Women, in particular in the age group 45-64, are more likely to withdraw from paid employment as a result of caring responsibilities (their employment rate is 54% compared to 59% across this age group, generally). Women with caring responsibilities who drop out of the labour market face on average an annual wage loss of Đ18,000 net. This is likely to translate into lower pensions, together with increased difficulties in affording the costs of long-term care, once the informal carers become themselves dependent on receiving care.[48]

Eurocarers explore the very specific kinds of pressures on those carers who are often referred to as *sandwich carers*, those caring for both children and older people:

> Many working carers have to perform a difficult balancing act – even more so in the case of "sandwich" carers (i.e. people having to care for both children and older relatives). Working carers can face practical challenges such as finding and securing support for their "caree"

43 Eurofound (2020) *Living Conditions and Quality of Life* https://www.eurofound.europa.eu/topic/living-conditions-quality-life. https://www.eurofound.europa.eu/publications/blog/shaping-the-future-of-long-term-care-a-good-outcome-will-benefit-all

44 European Commission (2022) *European Care Strategy.* https://ec.europa.eu/social/main.jsp?langId =en&catId=89&furtherNews=yes&newsId=10382

45 Eurocarers (2018) *The Impact of Caregiving on Informal Carers' Mental Health*. https://eurocarers.org /publications/the-impact-of-caregiving-on-informal-carers-mental-and-physical-health/

46 Eurofound (2020) *EurWORK European Observatory of Working Life.* https://www.eurofound.europa. eu/observatories/eurwork

47 European Commission (2022) *European Care Strategy.* https://ec.europa.eu/social/main.jsp?langId =en&catId=89&furtherNews=yes&newsId=10382

48 European Commission (2022) *European Care Strategy.* https://ec.europa.eu/social/main.jsp?langId =en&catId=89&furtherNews=yes&newsId=10382

> and themselves or having to interrupt working days to cope with care needs. They can also experience mental problems given the added stress of juggling caregiving with professional duties: they can feel guilty for "abandoning" their caree, isolated and anxious due to the perception that they may be viewed differently, less ambitious and motivated perhaps than other employees. As a result, when not adequately supported, carers may be compelled to reduce their working hours (involuntary part-timers) or eventually give up paid employment, thereby reducing their income and pension entitlements (Eurocarers 2021).[49]

Most countries rely heavily on informal care, but particularly countries of central, eastern and southern Europe. Support for informal carers is low and uneven across countries, as highlighted by the EPSU Report:

> A lot of long-term care is provided by informal carers, often because of the lack of formal services. In Poland, all long-term care is provided by unpaid carers, with families receiving no support. There is also a notable lack of support for informal carers in Belgium and Austria, and there has been a recent increase in, mainly women, informal carers in Ireland (ESN 2019). While support for informal carers varies from country to country, with some providing carers allowances, local carers centres, carer's leave and other measures that allow carers to continue with employment or other interests in order to secure a life of their own (EPSU 2021).[50]

Regulatory systems have been established in some countries (France, the Netherlands and Sweden) based on protection of care users and care providers which may have the effect of blurring the lines between formal and informal care.[51] Juggling the demands of caregiving responsibilities with paid work may bring with it pressures on s mental health linked to fatigue and stress impacting on the quality of care. Financial and emotional pressures in situation of social isolation have different but often more significant mental health consequences. Those that leave paid employment for care reasons may find re-entry to the formal labour market very difficult, particularly if the absence from paid employment was for an extended period of time. Results from the European Quality of Life Survey reveal that 14% of non-working carers say they are depressed 'all or most of the time', more than twice as high as the proportion for working carers. Research evidence indicates that 'the *worst situation for a carer is not in fact being forced to combine work and care, but not being able to work*.'[52]

*T*he *European Trade Union Federation,* representing care workers in the public, private and non-profit sector, welcomed the European Commission's recent report that identifies the need for adequate staffing levels and investment in care staff, including social recognition, decent working conditions, fair remuneration and adequate working hours.[53] Those households that have the greatest difficulty in accessing formal home-based LTC are those on low incomes, with lower educational levels, migrant households and women of ethnic minorities.[54] In these

[49] Eurocarers (2016) *Reconciling work and care – the need to support informal carers.* https://eurocarers. org/publications/reconciling-work-and-care-the-need-to-support-informal-carers/

[50] European Public Services Union (EPSU) (2021) *Privatising our future: an overview of privatisation, marketisation and commercialisation of social services in Europe.* https://www.epsu.org/sites/default/files/article/files/Social%20services%20privatisation% 20Europe%20FINAL.pdf

[51] European Commission (2018) *Informal Care in Europe – Exploring Formalisation, Availability and Quality.* Office of Publications of European Union, Luxembourg.

[52] Eurofound (2022) *Fifth round of the Living, working and COVID-19 e-survey: Living in a new era of uncertainty*. Eurofound.

[53] European Commission (2014) Long-Term Care – the problem of sustainable financing. SI-2014_synthesis%20report_EN.pdf.

[54] Crepaldi, C. et al (2010) *Access to care and long-term care: equal for men and women? A final synthesis Report.* EGGSIE. Luxembourg Publication Office of the European Union.

circumstances households have no choice but to provide whatever care they can themselves, go without adequate care or, in some instances, employ domestic care workers (usually migrant women) in the underground economy. In all situations it is mainly women that bear the consequences of lack of resources to home- and community-based care.[55] *Eurocarers* have made a strong case for an EU Carers' Strategy that seeks recognition and support for informal carers across Europe. The strategy is built on the key principles that:

> People should have the right to choose freely whether they want to be a carer, and to what extent they want to be involved in caring; people needing care should have the right to choose who they wish to be their carers.[56]

## 4.5 Challenges in long-term care sector (LTC)

> Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.
>
> Principle 18 of the *European Pillar of Social Rights* (EPSR)[57]

The EU is experiencing a growing demand for carers and care services in all sectors of the care economy, but particularly in LTC. Expanding the LTC workforce is essential if the commitment under the *Pillar of Social Rights Action Plan* 2022 is to be m. This includes the stated objective *'to set a framework for policy reforms to guide the development of sustainable long-term care that ensures better access to quality services for those in need'*.[58] In her *State of the Union Address* in September 2021, President of the European Commission, Ursula von der Leyen, announced that the Commission *'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'*. This care Strategy was published in September 2022 and is analysed in Chapter 6 of this Report.[59] These commitments reflect an increasing recognition at EU level of the growing level of demand for diverse care services, the unacceptable scale of unmet care needs and the lack of adequate quality care services in many countries. Although there are commitments in many individual EU countries towards more home-based and community-based LTC services, formal home care receives only a low level of material public supports.

*Formal* LTC comprises institutional care (for example, nursing or residential homes) or care provided by professionals while family or community members provide *informal* home- or community-based LTC. Home-based LTC includes a range of activities such as shopping, dressing, personal care, meal preparation and housekeeping and is often combined with professional supports when needed, such as nursing. Home- and community-based LTC is often facilitated by the physical environment for care, for example, adapted housing, access to appropriate transport and communication, as well as technical aids.[60] Informal care work

55 Spasovea, Slavina et al (2018) *Challenges in long-term care in Europe. A study of national policies.* DOI:10.2767/84573

56 Eurocarers (2022) *The EU Strategy on Care – a new paradigm for Carers across Europe*. https://eurocarers.org/publications/the-eu-strategy-on-care/

57 European Commission (2020) *European Pillar of Social Rights* (EPSR). ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en .

58 European Commission (2022) *Pillar of Social Rights Action Plan.* https://ec.europa.eu/info/strategy/ priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-right

59 European Commission (2021) *State of the Union Address 2021* by Ursula von der Leyen. European Commission. European Commission (2022) *European Care Strategy.* https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13298-European-care-strategy_en

60 Rostgaard, T. (2011) 'Tensions Related to Care in European Welfare States' in Birgit Pfau-Effinger (ed) *Care Between Work and Welfare in European Welfare States*. Palgrave MacMillan. DOI:10.1057/9780230307612

currently makes up a significant majority of LTC in most EU countries. The LTC workforce constitutes 3.2% of the entire EU workforce, some 6.3 million people are estimated to work in the formal LTC sector in the EU (an increase of 33% over the decade to 2019) and an estimated 44 million people provide frequent informal LTC to relatives or friends. This average share of the formal LTC workers of the wider workforce hides large differences between countries: only 0.3% of the workforce in Greece are accounted for by the LTC workforce, in contrast to 7% in Sweden. It is estimated that 80% of LTC workers are women. The proportion of LTC workers in the middle to older age groups (over 50 years) is high and this proportion is increasing at a fast rate: from 28% in 2009 to 38% in 2019. It is estimated that around 8% of the LTC workforce are migrants and of these 3.5% are EU migrants and 4.5% are from non-EU countries. Nearly half of LTC workers work part-time, although 16% would like to work full-time. Temporary contracts are common, and LTC workers tend to work in shifts. Earnings are below average and nurses in the LTC sector tend to earn less than those working in the health sector. High LTC staff turnover is significant issue (Eurofound 2020).[61]

LTC continues to be heavily reliant on informal care, with evidence indicating that the number of informal carers is twice that of formal carers. Informal care is central to EU care systems and informal carers are particularly critical to the provision of LTC. Informal care is mostly provided by women, many of whom leave paid work or reduce working hours in order to deliver long-term care. Informal care - paid and unpaid - is often seen as a cost-effective way of providing care on a home or community basis, enabling care recipients to realise their preferences for home- or community-based care. In some countries, policies towards LTC involve cash payments to care recipients or care providers. Carer's cash payments have often been aimed at incentivising and supporting care provided by family or friends but also motivated by a desire to offer care users more choice in their care package. This, however, means that distinctions between formal and informal care, paid and unpaid care are becoming increasingly blurred, which carries important implications for the role of informal carers and the quality of the care provided.[62] Data on the scale of undeclared work in the LTC sector is scarce but it is likely to primarily occur in private households. Working conditions in the LTC are generally poor whether in home-based or institutional-based settings, and often involves physical and emotionally demanding work.

Quality community- and home-based LTC make it possible for older people to live independently for longer in their preferred living situation and, together with the support of family carers, facilitate a better quality of life, rather than the experience of isolation frequently expressed by residents of formal institutionalised LTC.[63] Lack of control and autonomy over decisions affecting their lives has been a persistent criticism of formal institutional LTC settings from care recipients.[64] Recognition of the need for more formal home- and community-based LTC services has increased in many EU countries, but supply has been very slow to materialise. Institutional LTC has come to be viewed as an expensive way to provide for ongoing care needs of older

[61] Eurofound (2020) *Long-term Care Work Force: Employment and working conditions.* https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions

[62] Eurocarers (2022) *The EU Strategy on Care - A new paradigm for carers across Europe*. https:// eurocarers. org/publications/the-eu-strategy-on-care-a-new-paradigm-for-carers-across-europe/

[63] Eurofound (2020) *Living Conditions and Quality of Life* https://www.eurofound.europa.eu/topic/living-conditions-quality-life

[64] European Platform for Rehabilitation (2020) *Strategy for the Rights of persons with disabilities* https://www.epr.eu/the-strategy-for-the-rights-of-persons-with-disabilities-2021-2030/

people and people with disabilities.[65] The importance of independent or more autonomous living has increasingly been highlighted by organisations of people with disabilities and older people with the aim of attaining a living situation respectful of individual choices and decisions around care.[66] This has begun to receive important recognition at EU level:

> To improve quality of life and the efficiency of social care systems, the EU is moving towards the deinstitutionalisation of long-term care and supporting independent living at home through formal home-based or community-based care instead.... It is regarded as a more cost-effective solution that provides better care outcomes for the recipients compared to institutionalised care and, most importantly, reflects people's preference for home-based care.[67]

There is a wide variation in the way in which policies towards LTC are implemented. While the issue of the principle of autonomy is strongly argued by many from the disability advocacy sector, the question of the employment status and employment conditions of the carer is also critical. Policies of employment protection of the carer with the aim of attaining quality jobs need to be linked to independence and autonomy of the care recipient with the aim of establishing quality care services. Challenges of to the sustainability of LTC systems in the EU was recognised by the EC back in 2014 and several countries are currently facing acute shortages in LTC workers which threatens to worsen as demand for LTC increases.[68] Unmet care needs are unacceptably high in many EU countries, as traditional systems of extended family care are no longer available to meet household needs, and public investment has failed to fill the care gap. Underlying lack of investment, linked to often low-quality privatised care services, characterise long-term care (LTC) facilities in many countries.[69]

## 4.6 Global care chains – situation of migrant women

Globalised economic and social systems have transformed care structures and created what have become known as *global care chains* as systems of care provision have become internationalised. Care services are exported from poorer countries and imported by wealthier countries creating new levels of global inequalities which have enormous impacts on families and communities in low income regions of the global economy. Women predominantly make up this new globalised care workforce crossing the globe to provide low paid care. Economic transfers generated by migrants are a vital source of income to grandparents, children and family networks in poorer regions of the world economy from migrant care workers based in wealthier economies. Historically, migration from rural areas and income transfers from urban areas was a common practice, currently migration and income transfers operate at global levels, generating a system of cross-national family support systems and a break-up or dislocation of countless families. One of the consequences is what has become known as a *care drain* from low income to higher income countries and regions.

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65 Eurocarers (2020) *Enabling Carers to Care - An EU Strategy to support and empower informal Carers*. www.Eurocarers-Strategy_final-1.pdf

66 Genet, N et al (2011) *Home Care in Europe – a systematic literature review*. BMC Health Services Research. Article 207.

67 EIGE (2020) *Gender Equality and Long-Term Care at Home*. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home.

68 European Commission (2014) *Long-Term Care – the problem of sustainable financing*. SI-2014_synthesis%20report_EN.pdf

69 Eurocarers (2020) *Impact of the Covid-19 outbreak among informal care workers in the EU*. https://eurocarers.org/publications/impact-of-the-covid-19-outbreak-on-informal-carers-across-europe/

> This becomes apparent with the establishment of 'global care chains': chains of interdependency (and power relations) between those women – often native-born – who can afford to give up some of their unpaid care labour by relying on external services, and other women – often foreign-born and from a migrant background – who work in the paid care sector and experience low pay and dire and precarious working conditions.[70]

These new global divisions of care labour generating a new globalised care market has changed the gender profile of migration patterns on a global scale and generated new global gendered inequalities. Increasing movement from south to north and from west to east are a result of deepening global inequality, collapse of regional economies linked often to areas of recurrent and devastating conflict or environmental degradation[71]. These patterns have been intensified over the past fifteen years by the financial crisis, restrictive immigration policies and practices, crisis of care services in wealthier economies and more recently, the global COVID-19 pandemic. As the demand for childcare and care for older people is continually increasing in wealthy regions, these global care chains have become a permanent feature of the global economy. EU populations are ageing as life expectancy is increasing and care needs - both long-term and short-term - are increasing. Women migrants frequently find themselves in situations in which their formal qualifications are not recognised and, as a result, are trapped in low pay and low-status precarious employment.[72]

> Care work across the world is characterised by a lack of benefits and protections, low wages, and exposure to physical, mental and, in some cases, sexual harm. It is clear that new solutions to care are needed on two fronts: in regards to the nature and provision of care policies and services, and the terms and conditions of care work. At the same time, the world's population is living longer than at any other time in history.[73]

For some women from low-income countries, migration into employment in the care economies of the West may mean access to income earning opportunities, greater economic independence and a chance to improve the material lives of children. For others, their illegal status makes them vulnerable to super-exploitation in terms of pay, hours worked, mobility and sexual exploitation. For many, it means separation from their families, children, homes and communities and for some, taking on the economic role of domestic service involving largely low-status, low paid, unprotected and often hidden employment - cast-off roles of middle- and higher-income women in wealthier economies. In the words of Rachel Parrenas (2015) *'Domestic workers are the servants of globalisation'*.[74]

At a global level, care systems are under enormous pressure as it is unpaid care and domestic work that sustains household and communities on a day-to-day basis, something that became

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70 EIGE (2021) *Gender inequalities in care and consequences for the labour market. Gender inequalities in care and consequence for the labour market.* https://eige.europa.eu /publications/gender-inequalities-care-and-consequences-labour-market

70 Oxfam (2022) *Inequality Kills*. https://oxfamilibrary.openrepository.com/bitstream/handle /10546/ 621341/bp-inequality-kills-170122-summ-en.pdf

71 ILO (2016) *Decent Work for Migrant Domestic Workers – moving the agenda forwards*. http://www.oit.org/ wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_535596.pdf

72 ILO (2020) Care at Work: Investing in care leave and services for a more gender equal world of work. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/ wcms_ 838653.pdf www.ilo.org/global/topics/care-economy/lang--en/index.htm

73 Parrenas, Rhacel Salazar (20215 *Servants of Globalisation – migration and domestic work*. 2nd Edition. Stanford University Press.

74 ILO (2016) *Decent Work for Migrant Domestic Workers – moving the agenda forwards*. http://www.oit.org/ wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_535596.pdf

very evident during the recent pandemic. The International Labour Organisation (ILO) highlights the particular vulnerability of domestic workers and the way in which migrants are often concentrated in certain care jobs:

> Domestic work remains one of the least protected sectors under national labour laws and it suffers from particularly poor monitoring and implementation of existing laws. Migrant domestic workers (MDWs) are even less protected by the law. Migrant domestic workers are vulnerable to human rights abuses, due to inequalities determined by gender, race, ethnicity, national origin and social status[75].
>
> Worldwide an estimated 67 million over the age of 15 years are domestic workers. Of those 83% are women. Among the world's domestic workers many millions have migrated from their homes to another country for work. At least 11 million of the world's 67 million domestic workers are migrants and that accounts for 17% of all domestic workers and 8% of all migrants.[76]

Migrant domestic workers face particular barriers including: lack of recognition of qualifications; difficulty in accessing adequate paid work; degrading treatment and violence; restricted travel possibilities undermining contact with country of origin; passport retention; lack of a system of regulation of hours of work; vulnerable residency and legal status; withholding of wages; forced labour; limited coverage under social protection; reduced access to public services. Migrant workers share of the LTC workforce has been stable over the last ten years but in some countries, for example, Poland and Romania have seen an increase in emigration of LTC workers to other Member States – a drain in care work that creates pressures within their own care systems. Migrant LTC workers are often overqualified and are more likely to be in undeclared LTC work. Live-in care, largely provided by EU migrant and non-migrant workers is common in Member States such as Austria, Cyprus, Germany, Greece, Italy, Malta and Spain and is on the increase.

In Germany, it is estimated that more than 10% of LTC recipients of home care employ live-in carers, mostly women from Poland.[77] With underdeveloped LTC systems, more households are likely to start employing domestic care workers. The Ukrainian refugee crisis increases the urgency of this concern. Ukrainians are already providing domestic care, for instance, in Hungary and Poland, and usually undeclared. Many adult refugees may end up working in this precarious LTC subsector.[78] There is some evidence of new forms of labour flexibility in systems of provision of migrant care work, for example domestic care workers establishing a rotating system care provision. This means facilitating a dual system of care by for example, carers moving to a wealthier country such as Germany or Austria who draw care labour from poorer countries, such as Moldavia or Bulgaria. New arrangements are appearing under which carers rotate - one carer moves into the position of care for two weeks and then alternates with a second carer for a second set of

[75] ILO (2016) *Decent Work for Migrant Domestic Workers – moving the agenda forwards*. http://www.oit.org/ wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_535596.pdf

[76] ILO (2016) *Protecting Migrant Domestic Workers: The international legal framework at a glance.* ILO, Geneva.

[77] European Commission (2009) *Care and Immigration: Migrant care workers in private households*. https://ec.europa.eu/migrant-integration/library-document/care-and-immigration-migrant-care-workers-private-households_en
European Economic and Social Committee (2020) *The future of live-in care work in Europe.* https://www.eesc.europa.eu/sites/default/files/files/report_on_the_eesc_country_visits_to_uk_germany_italy_poland_0.pdf

[78] European Commission (*2020) Who will care for the (Ukrainian) carers? (COVID-19)* https://ec.europa.eu/migrant-integration/library-document/who-will-care-ukrainian-carers-covid-19_en

two weeks. These alternate caring arrangements have the advantage of creating the opportunity for care workers to maintain close ties to their families and communities in their countries of origin.

Global studies track the detrimental impact of gendered care inequalities for nation states and the global economy and suggest that as a result, all global citizens lose out.[79] Tracking care chains and care drains reveal how important it is to understand how these changes are impacting on the gendered order of care in sender and receiver countries, with a particular focus on the changing experiences of elder care. Now, increasingly 'care chain' and 'care drain' research projects have shown the global nature of the movement between the homeplace of the carer and the care recipient. This has introduced ethnicity, belief systems and skin colour into the traditional gender/class identity factors associated with caring work. Those who are undocumented or with irregular status are hugely vulnerable to all kinds of exploitation. As the ILO argues:

> Domestic work is one of the oldest and most important occupations for many women in many countries. It is linked to the global history of slavery, colonialism and other forms of servitude. In its contemporary manifestations, domestic work is a global phenomenon that perpetuates hierarchies based on race, ethnicity, indigenous status, caste and nationality. Care work in the household [...] is quite simply indispensable for the economy outside the household to function. The growing participation of women in the labour force, changes in the organization of work and the intensification of work, as well as the lack of policies reconciling work and family life, the decline of state provision of care services, the feminization of international migration and the ageing of societies have all increased the demand for care work in recent years.[80]

As Nakano Glenn[81] argues a racial divide is evident in patterns of privilege and disadvantage in the care sector, with white women more likely to care in positions of authority, providing professional care services (e.g. teaching, nursing, social work). Women of colour on the other hand, are concentrated in heavy, back-room chores of cooking and serving canteen food, cleaning and laundry work in hospitals, office blocks and hotels, and taking physical care of the elderly and seriously ill in residential nursing homes. EU populations are ageing as life expectancy is increasing and care needs, both - long-term and short-term needs – are growing. These shifting patterns of gender, care and migration have impacts on the nature of older persons' care relationships and on the needs of care providers. As the demand for childcare and care for the older people is continually increasing in wealthy regions, global care chains have become a permanent feature of the global economy.

## 4.7 Social Protection

Everyone needs social protection at some point in their lives. However, in practice not all members of the society can access it with equal ease. The rules that govern entitlement to social protection have been traditionally tailored to workers in full-time, permanent

[79] McKinsey (2016) *Global Research on the Gender Gap and the Case for Greater Diversity in the Workplace.* https://www.mckinsey.com/featured-insights/gender-equality#

[80] International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward.* https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang--en/index.htm

[81] Nakano Glenn, Evelyn (2011) '*Constructing citizenship: exclusion, subordination and resistance'* in American Journal of Sociology, Sage Journals. https://doi.org/10.1177/0003122411398443.

employment for a recognised employer. As a result, the self-employed or people in non-standard employment relationship can find themselves without adequate social protection coverage.[82]

Social protection systems are rarely designed to take account of the uniqueness and diversity of care, caring activities, the diverse roles of care providers, carers and care recipients. Historically, social protection systems were linked to workers in formal, paid and permanent employment and linked to social insurance systems that workers and employers paid into, and then would draw down on in periods of illness, unemployment or old age. Long-term paid employment occupations are far less available in contemporary EU economies, outside of the public sector. Non-standard, self-employment and informal work are increasingly part of the norm. At the same time, changing and more gender equal socio-cultural systems have put new demands on social protection systems to provide for entitlements to leave for maternity, childbirth, childrearing, parental and care responsibilities. In practice, social protection systems have been slow to change and reflect that social and cultural change, and in particular to recognise and establish credit systems for care - with negative consequences for women's economic situation.

Under the *European Pillar of Social Rights, Principal 12*[83] states that the self-employed and non-standard workers have a right to comparable social protection as traditional workers, regardless of the type and duration of their employment situation. As part of the implementation of the *European Pillar of Social Rights*, the EU Council in 2019 adopted a recommendation on access to social protection. The Council Recommendation asks Member States to allow non-standard workers and the self-employed access to social protection cover and to enable such workers to build up entitlements and access to benefits, including unemployment, sickness, maternity and paternity leave, accidents at work and occupation diseases, disability and old age benefits. The EC is due to report on the implementation of the Council Recommendation in November 2022.

Under its *Social Investment Package*[84], the EC put forward a framework for Member States to reform their welfare systems linked to its implementation of the *White Paper on Pensions*[85]. The EC White Paper on Pensions had been published in 2012 with the aim of transforming pension systems to create *a better balance between time in work and time in retirement*, to encourage higher rates of saving and importantly to ensure the pensions were *portable* i.e. rights and entitlements would be recognised in situations in which workers crossed EU borders and to encourage higher rates of savings. However, the EC White Paper did not establish a recognition of care and caring activities or propose access to universal pension systems on an equal basis for all. Critically, pensions that are the main source of income for many households over longer periods of time, have been slow to change. Breaking the link from a narrow understanding of paid employment to embrace a wider concept of universal pension rights and entitlements remains an aspiration. Such a policy change would have the effect of equalising upwards

82 European Commission (2019) *Council Recommendation on Access to Social Protection – making social protection systems fit for the future.* https://ec.europa.eu/social/main.jsp?langId =en&catId =89 & furtherNews=yes&newsId=9478

83 European Pillar of Social Rights (2020) https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf

84 European Commission (2022) *Social Investment Package*. EU%20Women% 20&%20 Health%20Project/SIP_facts-and-figures2_en.pdf

85 European Commission (2014) *Implementation of the EU White Paper on Pensions.* EU%20Women% 20&%20Health%20Project/WP%20implementation%2020%2003%2014.pdf

the economic situations of older women and go an important way towards more economic independence and greater gender equality. Access to universal pension systems that recognise unpaid economic activity and care work equally with paid employment and other income generating activities would go a long way towards greater gender equality and recognition of the value of care activities.

It is essential that care credits under social protection systems are sufficient to counteract the penalties associated with undertaking unpaid care work. Existing rights tend to favour those who occupy the same household as the person in need of care and consequently often exclude the self-employed or atypical worker. Access to carer's leave is often established in such a way as to limit the entitlement of those providing care for an older person and exclude other care situations. Increasing life expectancy means that more people with care needs are living longer and with often complex health and social care needs. Long-term care expenditure needs to rise to meet these new and changing demands together with health and pension entitlements. Currently households, mainly women, provide most of the long-term care needs across the EU. Research evidence shows that as households have fewer children that are often are geographically separated, hence the pool of informal carers is likely to contract. Comprehensive social protection to cover the need for care in old age is available only in a small minority of EU countries. Social protection systems will inevitably need to provide more effectively for those who need of long-term care, and within flexible systems of care provision.[86]

## 4.8 Conclusions

Across the globe the gender pay gap in health and care services is evident in every country. New and important research has focused on gender pay inequalities that shape health and care systems in different countries. While jobs in the health and care sector are marked by lower wage and salary levels compared to other sectors, they are also characterised by work overload and long hours in often emotionally and physically stressful occupations. The COVID-19 pandemic exposed structural problems across the health sectors in many countries due to an extended period of underinvestment in health and public services. Shortages in the health workforce has been evident in many countries, linked frequently with poor working conditions as well as low pay.[87] It is important to highlight that the gender pay penalty in care is severe, particularly in female dominated jobs such as nursing.[88]

The pandemic has highlighted how both the formal and informal, paid and unpaid care workforce have been badly hit by their situation on the frontline of this crisis. This is a sector in which women predominate and where the care penalty is persistently high and evidence of discrimination in gendered pay systems is prevalent.[89] There are those that are particularly vulnerable in the care sector. On the one hand, there are migrant mainly women workers, many of whom are not protected by employment regulation or social protection systems and some

[86] European Social Policy Network (2022) *Long-term care social protection models in the EU*. https://ec. Europa.eu/social/main.jsp?catId=738&langId=en&pubId=8503&furtherPubs=no

[87] ILO (2020) *Global Wage Report 2020/21 – COVID-19 drives wages*. https://www.ilo.org/Beirut /media-centre/news/WCMS_762547/lang--en/index.htm

[88] ILO (2018) *Care Work and Care Jobs – for the future of decent work*. https://www.ilo.org/wcmsp5 /groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633166.pdf

[89] ILO and WHO (2022) *The Gender Pay Gap in the Health and Care Sector – A global analysis in the time of COVID-19.* https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents /publication/wcms_850909.pdf

are at risk of super-exploitation. Regularising the legal position of migrant care workers where needed and the establishment and enforcing of stronger employment protections, particularly in domestic settings, is urgently needed. Recipients of care are also vulnerable, and this has been highlighted particularly in long-term residential and institutional settings which can only be effectively addressed through investment in the care infrastructure and the care workforce.

## CHAPTER 4 **RECOMMENDATIONS**

### 4.9.1 Establish legal frameworks for vulnerable care workers at EU level

There is an urgent need for a legal framework for both informal care and undeclared migrant care workers under guiding parameters to be set down at EU level. Because of the lack of access to affordable long-term care services, informal and undeclared work have become increasingly common solutions for the provision of care - despite some interruptions brought about by the pandemic. Lack of legal status leaves both unpaid carers and undeclared migrant care workers extremely vulnerable to different forms and in some instances, severe levels of exploitation.

### 4.9.2 Set down rights of informal care workers at EU level

The EU level legal framework should aim to protect informal carers from vulnerability both in the home and in wider social settings. This would establish rights of informal workers in law, as has already happened in some EU countries, although only to a limited extent. Such a framework should encompass a choice in whether, and to what extent, a person wants to be involved in the provision of informal long-term care; access to systems of social protection; set down minimum employment conditions including remuneration, hours of work and leave entitlements; entitlement to adequate pensions; entitlement to adequate levels of carer's leave; access to improved levels of education and training; recognition of existing skills and qualifications; establishment of a career development structure; address issues of accommodation.

### 4.9.3 Address high turnover rates through improved conditions of informal care workers

Significant improvement in the working conditions of informal carers are urgently required with the aim of establishing decent terms of employment. Long-term care services are increasingly reliant on migrant (mainly women) workers or vulnerable workers at the margins of employment systems and labour markets. Protection of the employment terms and establishment of decent and fair working conditions of all care workers are critical to the whole care sector. Such improvements should encompass: regular hours of work; access to flexible respite care services providing occasional and regular care relief; access to support facilities at local or community levels; access to appropriate training and qualification opportunities. More options need to be established to create structures that provide for specific recognised qualifications for informal carers that may be accessed in a flexible manner that recognises constraints that may affect informal carers.

### 4.9.4 Regularise domestic care work, including undeclared migrant workers

Domestic work is largely unregulated and underground in the economies of the EU. Domestic care workers who are mainly migrant workers and often undeclared, are frequently in live-in situations within care-receiving households. In this context, it is critical that each Member State ratify the ILO 179 Protection of Domestic Workers and its implementation be closely monitored. These are workers who are highly vulnerable to unfair and discriminatory working conditions. This sub-sector of the care economy is in urgent need of a policy framework that would put in place systems for: the formalisation of domestic work and care through the establishment of its legal status; regularising undeclared workers based on establishing a right to work; greater recognition of professional qualifications and skills; set down remuneration and hours of work and leave; establish minimum standards of social protection; improve supports for training and other actions to enable improvement of living and working conditions; address issues of accommodation.

### 4.9.5 Specific changes are needed at EU level to provide for the formal care workforce

Improved working conditions need to be established across the care economy of the EU, building on the 2019 EU Work-Life Balance Directive. Under this Directive, the EU has improved leave entitlements and greater access to flexible work organisation for those of working age in paid employment. Career and pay structures need to be established for the formal care workforce at EU level in such a way as to reflect different pay structures and entitlements at national levels.

## 4.6 Gender pay gaps that characterise the formal care workforce needs to be combated

Leave entitlements within paid employment need to be developed in order to foster more equal sharing of care activities within the home and the wider community. To effectively combat gender inequalities there needs to be systems for valuing and recognising qualifications linked to career development and pay structures in care. Similarly, care credits for social protection should be introduced to reduce the penalties of undertaking unpaid care work (or alternatively disconnecting social protection from employment status and record though not from employer funding of social protection[90]. There is also a need to challenge gendered care stereotypes and to create more gender balance in the composition of the care forecasts.

## 4.7 Improve access by care workers to care services

High levels of part-time employment are common across the care economy and are driven, at least in part, by the lack of access to childcare or to flexible home-based long-term care. Improved access by care workers to early childcare, educational and after-school programmes have the potential to increase the availability of care workers.

[90] ILO (2015) *Closing the gender pay gap: A review of the issues, policy mechanisms and international evidence.* https://www.ilo.org/gender/Informationresources/Publications/WCMS_540889/lang--en/index.htm

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