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30.11.22

EU care strategy – Shannon Pfohman

Caritas Europa’s contribution to the COMECE-FAFCE Conference on “*The European Care Strategy: Responding to challenges faced by women in times of (post-) pandemic?*”, 30.11.22, COMECE Secretariat, roundtable on “*Women as care and essential workers during the time of pandemic. How does the European Care Strategy support women?*”

1. Facts (perhaps the EC speaker will already do that)
 - a. Almost 90% of formal care workers are women.
 - b. Around 80% of care provided in Europe is provided informally (i.e. not by professional care providers, often a family or community member). This puts informal care workers at risk of indecent working conditions, wages, and even possible abuse.
 - c. The fact that 75% of informal carers are women highlights significant gender inequalities that are produced by unbalanced gender distribution in care. This also puts a higher burden on them as compared to men and keeps women (partly or fully) out of the labour market and an income.
 - d. This situation is further aggravated given the unequal access, the high costs, and the growing waiting lists for professional social care services. There are simply not enough available or affordable formal care services. There is also a distinct lack of respite-type services.
 - e. This imbalance and low wages in the care sector are major contributing factors to the phenomenon of the feminisation of poverty in Europe, with women more likely to experience poverty in later life than men, and thus are more likely unable to afford long-term care.
 - f. Additionally, over 80% of social care workers are women, many of whom are underpaid and have unattractive working conditions due to historical misrecognition of the role of carers and their essential contribution to the running of the welfare state.
 - g. Also, this is largely down to the lack of recognition given to social care services, contributing to a social care crisis. It is likewise important to acknowledge that whilst most of the front-line workers are women, most of the managers are men, highlighting the remaining glass ceiling and gender equality challenges within the social care sector itself.
 - h. Furthermore, there is a lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than on social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment into home and community-based solutions. All combined together creates a social care sector that needs targeted attention and support.
 - i. In addition, this is no longer just a regional concern. The issues of inequalities in the care sector are more rampant and thus require a European solution.

2. The EU Care strategy (what Caritas Europa appreciates in relation to supporting women)

The European Care Strategy, launched on 7 September 2022, aims to ensure quality, affordable, and accessible long-term care services across the European Union to improve the situation for both care receivers and the people caring for them, professionally or informally.

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Caritas Europa welcomes this initiative and encourages EU Member States to adopt the Council Recommendation on long-term care proposed as part of the EU Care Strategy. (See our analysis: <https://www.caritas.eu/the-eu-challenge-of-long-term-care/> as well as our earlier [position paper](#)).

Knowing the EU Care Strategy does not require Member States to adhere to the various action steps described in the Council Recommendation on long-term care, it is important for stakeholders like Caritas to remain vigilant, to encourage their governments to adopt this Recommendation, and once this is achieved, to partner with their national governments and support them in its implementation. While the Strategy is not perfect, it does address a set of challenges on which Caritas Europa has been raising alarm bells for years and it attempts to provide a European proposal to a European challenge.

There are various elements we appreciate it in relation to supporting women:

- a. It seeks to address the gender care gap by ensuring fair and dignified working conditions and wages in long-term care.
 - b. It also aims to increase the availability of childcare and complementarity of various types of formal care services and informal care.
 - c. CE welcomes the reference to the social economy and the recognition that social economy organisations (SEOs) are important partners and has partnered with others to try and ensure women engage more in this arena.
 - d. The Care Strategy draws links to the EU Gender Equality Strategy, as both continue to be important for increasing women's engagement in the labour market, addressing occupational segregation broken down by gender, and overcoming the earnings gap between men and women. Further action to foster the 'equal earner – equal carer model' could support women in transitioning from unemployment to employment, and from part-time to full-time employment.
 - e. The Care Strategy also has to be considered together with the work-life balance [directive](#), which encourages equality between women and men, through measures such as parental leave, care leave and flexible working arrangements. The legislation should help working parents and working informal carers to keep their jobs and an adequate income level.
3. We miss in the EU Care Strategy a stronger focus on need to address upward social convergence to address Europe's social care crisis

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Since the fall of the Iron Curtain, European countries have not enjoyed the same basis, the same starting point in ensuring the delivery of social (and even medical) care provision. There have been vastly different levels of spending and investments in the care sector from one country to the next. As a result, there have been wide inequalities across the care sector in Europe, with direct impacts on care receivers, care providers, as well as on care workers, bearing in mind, the latter of which are mainly women.

At the same time, there has not been enough upward social convergence across European countries, which has resulted in central/eastern European countries being poorer than their western counterparts. This fact has contributed to the current crisis in the social care sector in Europe with an overreliance on cheap labour, **typically mobile and migrant women care workers coming from poorer countries to deliver care in richer countries**, where they manage to earn more. At the same time, there is evidence of an unsustainable underfunding of the care sector across Europe, but with some major differences between countries, which limits innovation and the implementation of more effective types of services.

- Detrimental Impact of Care Drain

The phenomenon of care drain is so dire that some countries, like Romania, are struggling to have enough qualified care personnel to provide care within the country, as so many care workers have moved to wealthier neighbouring countries, where they can earn a higher salary.

The emigration of a significant part of the population, commonly from Eastern European to Western European countries, is also proving detrimental to the children and families left behind as a result of people migrating to perform care work duties elsewhere. The impact of emigration on family structures remains problematic, sometimes even dramatic, considering the negative effects of ‘care drain’, labour force depletion and rural exodus (IOM). The loss of human capital not only affects local development, but it contributes to aggravating an already poor situation for children due to the emigration of adults in many countries as (typically) mothers leave their children to work abroad. While the intention is positive, to earn money to provide for the family, the result can often be painful for the children (or even elderly parents) left behind, with lasting impacts on their social and emotional development.

Such emigration can also impact negatively in terms of economic development, working and pay conditions and social cohesion on the country of origin where there is already a skills gap and shortage of qualified care workers. In countries where the social care sector is already under-

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resourced with limited educational infrastructure and funding, there tends to only be a small pool of skilled candidates. This in turn makes it extremely difficult to replace those qualified care workers. Outflow of social care personnel to other countries has the potential of further undermining the capacity to ensure quality care provision in these states, negatively impacting the costs, quality, and availability of care services (IOM *ibid*) and also investments to improve the pay, working and staffing conditions. The benefit of remittances being sent home to sending countries does not compensate for the loss of talent and skills, the important loss of tax contributions, and the detrimental impact of care drain on the workforce in the sector and on abandoned children. As a result, those Caritas staff working in the care sector are increasingly recognising the negative consequences of migration and mobility for those countries being left behind.

- Fair Care Standard

Caritas organisations in Europe have long been committed to improving the framework conditions under which workers from eastern EU Member States and Eastern European countries migrate to Central and Southern European countries. As part of the European Caritas network, cooperation is maintained between the countries of origin and destination for the preparation and deployment of migrants who work as live ins to care for elderly people in private households. Relative to this, Caritas member organisations are developing a Fair Care Migration and Mobility Standard,¹ which they hope to upscale and spread across Europe.

The Standard is meant to serve as the basis for ensuring legal and fair terms and conditions of employment for migrant care workers, who are working as live ins, as home-based care workers. It also provides standards for ensuring quality-oriented provision of care services to those in need of care in private households. As such, it touches on existing staff shortages and the lack of attractiveness of the social care sector, and the fact that many care workers have not benefitted from the re- or up-skilling needed to deliver on quality care and new, innovative ways of delivering social care. The issue of ensuring dignified working conditions and qualifications is without a doubt one of the biggest barriers to ensuring quality social care services across Europe today.

For this reason, Caritas urges compliance with labour rights in home care work and guaranteed fair and dignified care. It is vital to ensure high-value care jobs, fostering good working conditions such as occupational health and safety and regulated working hours. Decent training and career progression opportunities are needed, with upskilling and reskilling opportunities to improve

¹ Fair Care Mobility and Migration Standard in Europe (Last draft: June 2022)

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qualifications and to have those acquired abroad be recognised. Written employment contracts and respect for employees’ rights, all of which are preconditions to ensuring the quality of service, treatment and respect of the dignity for users of care services. These preconditions should be guaranteed according to national procedures and promoted through collective bargaining. Stronger protection against exploitation should be enforced through labour inspections and sanctions. Caritas also calls for harmonised standards for working conditions in care, for placement agencies, and for the training of care workers, all of which will be further discussed in the webinar today.

4. Caritas recommendations to policy makers

- a. EU Member States must increase their efforts to fight the informal care economy and ensure a transition of informal care workers to formal employment.
- b. EU Member States must implement the work-life balance directive and ensure paid care leave for informal carers, both men and women.
- c. EU Member States must make more efforts to improve wages and working conditions in the care sector, and to attract more male care workers to address labour shortages and the gender imbalance in the sector.
- d. Better recognition of the not-for-profit care providers in the long-term care sector would benefit local communities and society as a whole.
- e. EU Member States should prioritise deinstitutionalisation and transition into more not-for-profit community-based and home-based care (no commodification of care).
- f. A funding model of partnership and collaboration between not-for-profit service providers and public authorities, as well as alternative models to public procurement for the provision of social services, is a necessary step to reduce costs and ensure quality care delivery.