



TEXTS ADOPTED

Provisional edition

P8_TA-PROV(2018)0464

Care services in the EU for improved gender equality

European Parliament resolution of 15 November 2018 on care services in the EU for improved gender equality (2018/2077(INI))

The European Parliament,

- having regard to the Commission communication of 26 April 2017 entitled ‘An initiative to support work-life balance for working parents and carers’ (COM(2017)0252),
- having regard to the Commission proposal for a directive of the European Parliament and of the Council of 26 April 2017 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU (COM(2017)0253),
- having regard to Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation¹,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 5, 27, 31, 32, 33 and 47 thereof,
- having regard to the UN Convention on the Elimination of All Forms of Discrimination against Women, adopted in New York on 18 December 1979,
- having regard to the UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by the European Union and all its Member States,
- having regard to Sustainable Development Goal (SDG) 5: to achieve gender equality and empower all women and girls, and in particular to SDG Target 5.4: to recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate,
- having regard to the report of the UN Secretary-General of 10 May 2018 entitled ‘Progress towards the Sustainable Development Goals’,

¹ OJ L 204, 26.7.2006, p. 23.

- having regard to the Council conclusions of 7 December 2017 on Enhancing Community-Based Support and Care for Independent Living,
- having regard to the Council conclusions on early childhood education and care: providing all our children with the best start for the world of tomorrow¹,
- having regard to the Presidency conclusions of the Barcelona European Council of 15 and 16 March 2002,
- having regard to the Commission communication of 20 November 2017 entitled ‘EU Action Plan 2017-2019 – Tackling the gender pay gap (COM(2017)0678),
- having regard to the Commission staff working document of 3 December 2015 entitled ‘Strategic engagement for gender equality 2016-2019’, and in particular Chapter 3.1 thereof: Increasing female labour-market participation and the equal economic independence of women and men (SWD(2015)0278),
- having regard to the Commission report of 8 May 2018 on the development of childcare facilities for young children with a view to increase female labour participation, strike a work-life balance for working parents and bring about sustainable and inclusive growth in Europe (the ‘Barcelona objectives’) (COM(2018)0273),
- having regard to the Commission report of 29 May 2013 on the Barcelona objectives: ‘The development of childcare facilities for young children in Europe with a view to sustainable and inclusive growth’ (COM(2013)0322),
- having regard to the Commission communication of 17 February 2011 entitled ‘Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow’ (COM(2011)0066),
- having regard to the Commission’s roadmap on Quality in Early Childhood Education and Care (Ares(2018)1505951),
- having regard to the Commission recommendation of 20 February 2013 entitled ‘Investing in children: breaking the cycle of disadvantage²’,
- having regard to the Commission communications of 3 March 2010 entitled ‘Europe 2020: A strategy for smart, sustainable and inclusive growth’ (COM(2010)2020), of 20 February 2013 entitled ‘Towards Social Investment for Growth and Cohesion, including implementing the European Social Fund 2014-2020’ (COM(2013)0083) and of 26 April 2017 entitled ‘Establishing a European Pillar of Social Rights’ (COM(2017)0250),
- having regard to the Commission communication of 6 June 2014 on an EU Strategic Framework on Health and Safety at Work 2014-2020 (COM(2014)0332),
- having regard to its resolution of 3 October 2017 on women’s economic empowerment

¹ OJ C 175, 15.6.2011, p. 8.

² OJ L 59, 2.3.2013, p. 59.

in the private and public sectors in the EU¹,

- having regard to its resolution of 14 June 2017 on the need for an EU strategy to end and prevent the gender pension gap²,
- having regard to its resolution of 13 September 2016 on creating labour market conditions favourable for work-life balance³,
- having regard to its resolution of 26 May 2016 on poverty: a gender perspective⁴,
- having regard to its resolution of 28 April 2016 on women domestic workers and carers in the EU⁵,
- having regard to its resolution of 8 March 2016 on Gender Mainstreaming in the work of the European Parliament⁶,
- having regard to its resolution of 7 September 2010 on the role of women in an ageing society⁷,
- having regard to its resolution of 6 July 2010 on atypical contracts, secured professional paths, flexicurity and new forms of social dialogue⁸,
- having regard to the European Pact for Gender Equality (2011-2020),
- having regard to the Commission proposal for a Council Recommendation of 22 May 2018 on High Quality Early Childhood Education and Care Systems (COM(2018)0271) and its accompanying staff working document of the same date (SWD(2018)0173),
- having regard to the European Institute for Gender Equality’s 2015 Gender Equality Index and 2015 report entitled ‘Reconciliation of work, family and private life in the European Union: Policy review’,
- having regard to the Eurofound report of 7 December 2011 entitled ‘Company initiatives for workers with care responsibilities for disabled children or adults’,
- having regard to the Eurofound background paper of 14 July 2013 entitled ‘Caring for children and dependants: effect on careers of young workers’,
- having regard to the Eurofound report of 17 June 2014 entitled ‘Residential care sector: Working conditions and job quality’,
- having regard to the Eurofound report of 22 October 2015 entitled ‘Working and caring: Reconciliation measures in times of demographic change’,

¹ OJ C 346, 27.9.2018, p. 6.

² OJ C 331, 18.9.2018, p. 60.

³ OJ C 204, 13.6.2018, p. 76.

⁴ OJ C 76, 28.2.2018, p. 93.

⁵ OJ C 66, 21.2.2018, p. 30.

⁶ OJ C 50, 9.2.2018, p. 15.

⁷ OJ C 308 E, 20.10.2011, p. 49.

⁸ OJ C 351 E, 2.12.2011, p. 39.

- having regard to the Eurofound overview report of 17 November 2016 on the Sixth European Working Conditions Survey,
 - having regard to the Eurofound study of 28 November 2017 entitled ‘Care homes for older Europeans: Public, for-profit and non-profit providers’,
 - having regard to the Eurofound survey of 23 January 2018 entitled ‘European Quality of Life Survey 2016: Quality of life, quality of public services and quality of society’,
 - having regard to the joint report of 10 October 2014 by the Social Protection Committee and the Commission entitled ‘Adequate social protection for long-term care needs in an ageing society’,
 - having regard to the joint report of 7 October 2016 by the Economic Policy Committee and the Commission on healthcare and long-term care systems and fiscal sustainability,
 - having regard to the opinion of the European Economic and Social Committee of 21 September 2016 on the rights of live-in care workers¹,
 - having regard to the opinion of the European Economic and Social Committee of 16 October 2014 on developing services to the family to increase employment rates and promote gender equality at work²,
 - having regard to the opinion of the European Economic and Social Committee of 26 May 2010 on the professionalisation of domestic work³,
 - having regard to the European Institute for Gender Equality’s 2017 Gender Equality Index Report: Measuring gender equality in the European Union 2005-2015,
 - having regard to the studies by its Directorate-General for Internal Policies of March 2016 entitled ‘Differences in men’s and women’s work, care and leisure time’ and November 2016 entitled ‘The use of funds for gender equality in selected Member States’,
 - having regard to the publication of the WeDo project for the wellbeing and dignity of older people in 2012 entitled ‘European Quality Framework for long-term care services: Principles and guidelines for the wellbeing and dignity of older people in need of care and assistance’,
 - having regard to Rule 52 of its Rules of Procedure,
 - having regard to the report of the Committee on Women's Rights and Gender Equality (A8-0352/2018),
- A. whereas, according to Articles 2 and 3(3) of the Treaty on European Union and Article 21 of the Charter of Fundamental Rights, equality between women and men is one of the core values on which the EU is founded; whereas, moreover, pursuant to Article 8 of the Treaty on the Functioning of the European Union, in all its activities, the Union

¹ OJ C 487, 28.12.2016, p. 7.

² OJ C 12, 15.1.2015, p. 16.

³ OJ C 21, 21.1.2011, p. 39.

shall aim to eliminate inequalities and to promote gender equality; whereas the achievement of gender equality has nevertheless been slow;

- B. whereas the European Pillar of Social Rights, jointly proclaimed by Parliament, the Council and the Commission on 17 November 2017, asserts significant principles and aims to deliver new rights for citizens of the Union, including gender equality, equal opportunities, support for children and the inclusion of persons with disabilities, which have the unanimous support of the EU institutions and the Member States; whereas Principle 9 of the Pillar on Work-life Balance establishes that ‘parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services’;
- C. whereas across the European Union, the overall employment rate of women is almost 12 % lower than it is for men and 31,5 % of working women work part-time compared with 8,2 % of working men; whereas the EU gender employment gap still stands at 12 %; whereas the evidence suggests that one of the main causes of this are the disproportionate caring responsibilities of women; whereas the cumulative effect of the multiple career gaps affecting women as a result of care responsibilities contributes substantially to lower wages, shorter careers and respective gender pay and gender pension gaps of 16 % and 37 %; whereas this results in a greater risk of exposure to poverty and social exclusion for women, with negative repercussions that also extend to their children and families; whereas it is important to close the gender employment gap, the gender pay gap and the gender pension gap, given that the economic losses due to the gender employment gap amount to EUR 370 billion per year; whereas the provision of care services can be instrumental for an effective response to labour shortages;
- D. whereas ‘care’ should be understood as work carried out, in a personal capacity, in public or private institutions or in a private household or households, for children, the elderly, ill people or persons with disabilities; whereas care work should, in ideal circumstances, be performed by professional carers, be they employed by public or private entities or families, or be they self-employed, yet it is also informally carried out – and unpaid – by non-professional carers, usually family members;
- E. whereas the average amount of time spent on unpaid domestic and care work is more than three times higher for women than men, as is most noticeable in couples whose youngest child is under the age of seven, as women spend on average 32 hours per week on paid work but 39 hours on unpaid work, compared to men who do 41 hours paid and 19 hours of unpaid work per week;
- F. whereas according to figures from the International Labour Organisation, the domestic work and care sector employed some 52 million people around the world in 2010, and a further 7,4 million domestic workers under the age of 15, accounting for between 5 % and 9 % of all employment in industrialised countries;
- G. whereas care-related jobs are poorly paid in many Member States, often do not offer formal contracts or other basic labour rights and are not professionally attractive, owing to a high risk of physical and emotional stress, the threat of burnout, and a lack of career development opportunities; whereas the sector offers few training opportunities, and its employees are predominantly ageing people, women and migrant workers;
- H. whereas supporting measures, such as the Swedish tax deduction system for domestic

services, the French service employment voucher or the Belgian service voucher, have proven their effectiveness in reducing undeclared work, improving working conditions and granting regular labour rights to domestic and care workers;

- I. whereas evidence shows that 80 % of care in the EU is provided by unpaid informal carers, 75 % of whom are women; whereas 27,4 % of women work part-time to look after children or adults with care needs, compared with 4,6% of men¹; whereas the provision of care services should not force informal carers to make a trade-off between their care responsibilities and leisure time, since those who still remain in employment already have to balance different responsibilities and the use of their time;
- J. whereas certain national statistics show that approximately 6-7 % of carers in the Member States are young carers under the age of 17 and five times as many young women aged 15-24 are engaged in care work than young men in this age group; whereas young carers may bear major adult responsibilities in providing care, assistance and support to a parent, sibling, grandparent or other relative who is disabled, has a chronic illness or has a mental health problem; whereas young carers face particular barriers in accessing education and training and in reconciling education with caring responsibilities, which also has an impact on their health and their livelihood;
- K. whereas in a number of Member States there is a lack of quality professional care services available to all regardless of income;
- L. whereas many dependent family members in need of care live in areas affected by a persistent lack of services, while isolation or other circumstances make it difficult for them to get access to professional care services; whereas in many cases they are only looked after by non-professional carers, who are very often women family members;
- M. whereas Europe is having to contend with demographic changes that are leading to a growing incidence of age-related diseases and an ageing population, and thus greater care needs; whereas at a time of growing care demands, there is a disproportionate distribution of care responsibilities between genders, with women bearing the brunt of the burden on account of the stereotypical gender roles that still prevail in European society; whereas the growing number of elderly people, the fall in the number of working age people and austerity-driven budgetary restrictions are having a significant impact on social services, which will also have repercussions for people having to combine work and care responsibilities, often in challenging circumstances;
- N. whereas the EU population is projected to grow older, with the proportion of the population made up of those aged 65 and over set to rise from 17,1 % in 2008 to 30 % in 2060, and of those aged 80 and over from 4,4 % to 12,1 % over the same period;
- O. whereas elderly people are at greater risk of poverty than the general population, with around 19 % of those aged 65 and over at risk in 2008, while in 2000 it was 17 %; whereas this rate is 5 points higher for women than it is for men;
- P. whereas elderly people sometimes suffer from ageism and sexism, while elder abuse, which is found in a variety of care settings, is a social problem in all Member States;

¹ European Commission, 2018 report on equality between men and women.

- Q. whereas the majority of national policy models for care services are, at present, ill-suited to meet the needs of the Union's ageing society, and whereas most Member States have not addressed demographic challenges in their respective policy and social care initiatives and systems to date;
- R. whereas although the number of care homes for older people has increased over the last 10 years in nearly all Member States, the demand is still outstripping the availability of independent housing and care support services; whereas there is an urgent need for further investment in community- or home-based long-term care services, as everyone has the right to an independent life, support services and inclusion in the community; whereas, furthermore, a lack of disaggregated information at a national level, including on financial investments, and a lack of quality indicators makes this important part of care infrastructure difficult to monitor and assess, and produce recommendations for decision-making;
- S. whereas the Barcelona targets of providing childcare to at least 33 % of children under three years of age (target 1) and to at least 90 % of children between the age of three and the mandatory school age (target 2) have been met in just 12 Member States since 2002, with achievement rates in some Member States worryingly low;
- T. whereas women's growing participation in the labour market drives up the need for high-quality and affordable childcare, and the demand for places in early childhood education and care (ECEC) services across Europe is outstripping supply; whereas evidence shows that childcare for children from 0–3 years of age is mainly used on a part-time basis (fewer than 30 hours per week) in more than half of all Member States; whereas full labour market participation for women requires childcare to be available full-time and to meet the demands during parents working hours;
- U. whereas there is a lack of sufficient infrastructure offering quality and accessible childcare for all income levels, as evidenced by the fact that of the more than 32 million children below the age of compulsory education in the EU, only around 15 million have access to early childhood services provision¹ and most of Member States' public expenditure on childcare is for children aged between three and the mandatory school-going age; whereas investment from all sectors should be increased, as evidence in OECD countries shows that an increased investment of GDP in care services would lead to an increase in women's employment; whereas investment in childcare is a win-win strategy and would generate extra tax revenue from the increased participation of parents in the labour market; whereas while complementing the central role of the family, high-quality ECEC also provides many short- and long-term benefits for individuals and society as a whole, including for persons from socio-economically disadvantaged backgrounds or with special educational needs, and is effective in tackling inequality that affects children from an early age, and in preventing early school leaving;
- V. whereas the provision of high-quality early childhood education is an effective investment, providing the foundation for successful lifelong learning and addressing the inequalities and challenges faced by disadvantaged children;

¹ European Commission Roadmap 2018, European Political Strategy Centre (2017), '10 Trends Transforming Education as We Know It'.

- W. whereas there are over 80 million persons with disabilities in the EU and rising, and one in four Europeans has a family member with a disability; whereas by becoming a party to the CRPD in 2011, the EU committed itself to promoting and protecting the rights of persons with disabilities; whereas, in the light of these rights and the needs of persons with disabilities of all ages, there has been a shift, in recent times, from institutional to community-based care for persons with disabilities;
- X. whereas under Article 19 of the CRPD, everyone has the right to an independent life and inclusion in the community, which requires the provision not only of independent housing, but also of support services that reflect the needs of persons with a disability;
- Y. whereas children and adults with low-functioning autism are likely to find it hard completing daily activities alone, and generally require assistance with most activities;
- Z. whereas long-term care services and childcare are oftentimes devalued and in many Member States this profession has a rather low profile and status, which is reflected by low wage levels, unequal representation of women and men in the labour force, and poor working conditions;
- AA. whereas jobs in formal care, including home care, require qualified personnel, who must be adequately paid¹; whereas it is necessary to ensure an adequate supply of qualified carers since the development of quality formal care services for children, older persons and persons with disabilities is linked to quality employment relationships, decent pay and investment in the workers who provide these services, including investment in childcare workforce training; whereas professional employment relationships for carers have a beneficial effect on their ability to balance work and personal life;
- AB. whereas long-term care users may have difficulties in affording private care services, which are usually more expensive than the care services provided by the public sector; whereas women are always more affected than men because of gender pay and pension gaps, and have to spend a higher share of their income on long-term care;
- AC. whereas it has been reported that people from disadvantaged backgrounds are facing particular challenges when there is limited availability of high-quality care services, including those from low-income families, those living in rural areas, and children with ethnic minority or migrant backgrounds;

Context within work-life balance

1. Notes that the gender employment gap widens substantially once families have children, which reflects the difficulties that women face in reconciling child-raising and care responsibilities with their work, this being attributed to a lack of sufficient public care infrastructure and the persistent gender-based division of labour, which imposes an overwhelming amount of care, provided mainly by women, who spend two to ten times longer on unpaid care than men²;
2. Notes that a quarter of all women are still unpaid contributing family workers, for which they receive no direct pay, and there is a clear segregation of women in sectors

¹ Eurofound, 'Caring for children and dependants: effect on careers of young workers'.

² Eurostat data from 2010; the Commission's 2015 report on equality between women and men in the European Union (2016).

generally characterised by low pay, long hours and often informal working arrangements, which lead to fewer monetary, social and structural gains for women;

3. Stresses that the feminisation of poverty is the consequence of a number of factors, including the gender pay gap, the pension gap, care responsibilities and related breaks; emphasises that the multiple discrimination that women face on the grounds of their gender identity, gender expression, and sex characteristics, among others, all contributes to the feminisation of poverty;
4. Welcomes the inter-institutional proclamation of the European Pillar of Social Rights and recalls its principles, which include:
 - equality of treatment and opportunities between women and men, particularly as regards participation in the labour market;
 - the right to equal treatment and employment opportunities, regardless of age or disability;
 - the right to suitable leave, flexible working arrangements and access to care services for parents and people with caring responsibilities;
 - the right to affordable long-term care services of good quality;
5. Expresses its concern at the unfavourable developments in the field of parental leave and rights related to parenting, such as the withdrawal of the draft directive on the prolongation of maternity leave and the recent ruling by the Court of Justice which considers lawful the dismissal of a pregnant worker as part of collective redundancies; calls on the Commission to very swiftly fill the gaps appearing in EU legislation;
6. Welcomes the Commission's proposal for a directive on work-life balance for workers and carers and emphasises, in this context, the importance of the individual rights of leave and flexible working arrangements for helping working individuals to manage their private and professional lives; recalls that policies on work-life balance should encourage men to take up care responsibilities on an equal basis with women; believes that for the purposes of future development, the aim should be to progressively extend paternity and care leave¹ and its level of payment, which should be adequate, to ensure non-transferable parental leave, guarantees in relation to dismissal, return on the same or equivalent post and protection from discrimination carried out on the basis of leave-taking decisions, and the extension of rights to self-employed workers and those who need to take adequately paid leave in order to care for dependents other than children;
7. Calls on all Member States to encourage fathers to make the most of paternity leave, which is an effective way of encouraging them to accept responsibility for looking after their children and their families and a useful means of achieving genuine equality between women and men;

¹ As called for in its legislative resolution of 20 October 2010 on the proposal for a directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (OJ C 70 E, 8.3.2012, p. 162).

8. Believes that the provision of care services should not negatively impact carers' wage levels or social and pension benefits; calls, in this context to promote gender equality in implementation of work life balance policies;
9. Draws attention to the difficult situation of families looking after a child or relative with a disability, given that the care in these cases is life-long;
10. Draws attention to the lack of respite services for parents of children with a disability; points out that this lack of support very often makes it totally impossible for the parents to work; notes, in this connection, the alarming lack of facilities for people with severe autism;
11. Believes that every person with care needs should have the subjective right to choose quality care services that best meet their requirements for care and are suitable and accessible for both them and their carers; is of the opinion that regardless of the differences between the users and their needs, care services should be developed in a person-centred, individualised and comprehensive fashion; notes that families are not homogeneous and that policy and programming should be adapted to such variety;
12. Believes that care service choices should reflect the changing nature of work as they are further developed;
13. Believes that in line with the right to long-term care enshrined in the European Pillar of Social Rights, long-term care should be regarded as a branch of social protection, which should establish the right to quality and person-centred care for all; believes, moreover, that there is an urgent need for further investment in affordable long-term care services of good quality, not least home-care and community-based services, in line with the European Social Pillar of Social Rights and the UN CRPD; calls on the Member States, in this context, to ensure equal access to and fair treatment in care services for the elderly, children, and persons with disabilities and/or chronic illnesses in need of long-term care, devoting particular attention to persons from disadvantaged backgrounds;
14. Emphasises that the availability of diverse, quality, accessible and affordable public and private care infrastructure, services and support for children, older persons, persons with disabilities and persons who are chronically ill or in need of long-term care, either at home or in the community in home-type settings, has proven to be a crucial aspect of work-life balance policies and a major factor that promotes leave-taking among parents and informal carers, as part of efforts to help women make a swift return to and remain in the labour market; welcomes the transition towards community-based services, in line with the European Pillar of Social Rights and the UN CRPD, while noting the need to monitor these services to ensure their quality; considers that high quality of care stems from the high quality of services provided and from the extent to which they uphold the dignity and human rights of the recipients and how they ensure the inclusion of the recipients in the community;
15. Recalls that the lack of care services is a major factor behind the underrepresentation of women in the labour market, as it makes it more difficult to balance work and family responsibilities, leading to some women dropping out of the labour market entirely, working fewer hours in paid employment and spending more time fulfilling unpaid care responsibilities, with harmful repercussions for their social security entitlements, in particular pensions, and a greater risk of poverty and social exclusion, especially during

old age;

Types of care

16. Notes that there are a variety of care services, including early childhood care and education, care services for older persons and care or support for persons with disabilities and/or chronic diseases who have a long-lasting health and care need, and notes that differing policy approaches have been developed as a result; is of the opinion that care could be provided by formal and informal carers;
17. Believes that the approach to the development of care services should take into account all categories of users and their differences and diverse preferences for the types of care services they require, including people from disadvantaged backgrounds, such as ethnic minorities or migrant families, and people living in remote and rural areas and low-income families; recalls that the concept of the family used in legislation and policies should be understood in a broad sense;
18. Recognises that low socioeconomic status and low education levels are, for many people, barriers to care services, which only compound the challenges they face in achieving a work-life balance; considers that this requires explicit programming and policy;
19. Notes that the private sector plays an important role in the provision of long-term care services for persons with disabilities and older persons, and that issues surrounding the accessibility and quality of such services have been raised across the EU; calls on the Commission to assess the situation in the care services market and to take the necessary regulatory initiatives to control and monitor the quality of the services offered in such settings;

Quality, affordability and accessibility of care

20. Believes that care services should be designed in such a way as to provide genuine choices for all users, their family members and their carers, be they in full- or part-time employment, self-employed or unemployed;
21. Believes that those planning, programming and providing care services have a responsibility to take cognisance of users' needs and that care services for older persons and persons with disabilities must be planned and developed with the active and meaningful participation of the users and should be designed and implemented using a rights-based approach; notes the positive experiences of persons with mental and intellectual disabilities in taking part in the development of infrastructure and services which enhance their independent living and quality of life;
22. Points out that the provision of quality care in the EU varies greatly both within and between the Member States: between private and public settings, urban and rural areas, and different age groups; takes note of the fact that a large proportion of childcare and long-term care responsibilities are borne by families, especially grandparents in the case of the former, something particularly evident in southern and eastern Europe¹;

¹ Eurofound, European Quality of Life Survey 2016: overview report.

23. Calls on the Member States to ensure good coverage of care services, both in urban and rural areas, in order to improve the accessibility and availability of care for people from disadvantaged backgrounds, including those living in rural and remote areas;
24. Believes that accessibility derives from a combination of cost and flexibility and that there should therefore be a range of care service provisions, both public and private, and for care at home and in home-like settings; considers, furthermore, that family members should either be able to voluntarily provide care or be subsidised to procure care services;
25. Emphasises that the quality of care services should be understood in a whole variety of ways, including the quality of facilities and services, the quality of teaching programmes for children, the professionalism of carers, the quality of the premises and environment, the education levels of carers and their working conditions;
26. Notes that care services should be developed so as to enhance the continuity of care, preventive health and social care, rehabilitation and independent living; believes that direct home care arrangements should be encouraged, so that people with care needs can obtain the services of qualified care professionals in their own homes and can live independently, where possible; takes the view that care services should, where relevant, be geared towards comprehensive family support, such as help with the household, tutoring and childcare;
27. Stresses that information about available care services and service providers should be accessible for parents, the elderly, persons with disabilities and/or with chronic diseases who are in need of long-term care as well as to informal carers;
28. Underlines the fact that the unavailability of services and the prohibitive costs of childcare have a negative impact on children from low income families, putting them at a disadvantage from an early age; emphasises that every child has the right to good-quality care and to early childhood development, including a full range of social stimuli; notes that the excessive costs of care services also affect dependent people from low-income families, placing them at a disadvantage;
29. Is of the opinion that the lack of investment in high-quality childcare for children below three years of age would extend women's career breaks and create difficulties when they return to work;
30. Believes that national programmes should be strengthened to improve the quality of life for older women, particularly those with memory-disabling diseases, and their carers, who are often themselves elderly women; proposes that Alzheimer associations should be consulted to map and implement such measures;
31. Calls on the Commission to develop guidance for Member States, in line with the proposals made herein, on developing comprehensive employment-friendly, person-centred, community-based and accessible care services which include childcare, care services for older persons and care services for persons with disabilities and/or chronic illnesses, and which are based on the participation of and consultation with the intended users of the services to ensure that they are accessible and meet the needs of the intended users;

32. Takes note of the various practices in the Member States and emphasises that the cooperation and exchange of best practices at a European level can support peer learning and peer counselling among the Member States and contribute to the development of quality care services by supporting and complementing measures taken at regional and national levels, in addition to helping Member States to address common challenges; calls on the Commission to serve as a platform and facilitate this exchange of experiences and good practices on the quality, accessibility and affordability of care services, as well as the different models of provision for care services tailored to individual circumstances and financial capabilities to address care challenges;
33. Is concerned about the working conditions in many care services, such as long working hours, inadequate pay, a lack of training and poor occupational health and safety policies; is concerned that care work is seen as an unattractive sector for employment, attracting mainly women and migrant workers; highlights that these conditions also have an impact on the quality of care delivered; calls on the Member States, therefore, to revalue care as a career choice and calls on the Commission to establish a legal framework for minimum standards for workers in the sector, in collaboration with the social partners, and to launch an initiative on quality in long-term care, taking inspiration from the available civil society-led voluntary tools and initiatives, such as the European Quality Framework for long-term care services and the recent Commission proposal for a Council recommendation on High Quality Early Childhood Education and Care Systems;
34. Calls on the Member States to monitor and ensure that institutions and other places providing care are safe and motivating settings to work in and that there is adequate investment in the well-being and occupational health of care service providers; believes that it is essential to ensure the well-being of carers in order to prevent the abuse of those receiving care; supports, in this context, the legislative initiatives for the certification and recognition of professional carers and calls on the Member States to take measures to improve carers' working conditions, such as securing their rights to a formal employment contract and paid leave; further calls on the Commission and the Member States to raise public awareness about the value of care services in order to improve the status of the care profession and to promote men's involvement in care activities;
35. Urges the Commission to present to the Council for approval a European carers' programme, with a view to identifying and recognising the various types of care-giving in Europe, and guaranteeing financial support for carers, and progressively developing their work-life balance;
36. Recalls that its resolution of 4 July 2013 on the impact of the crisis on access to care for vulnerable groups¹ specifically calls for a directive on carers' leave; notes that informal carers who choose to provide informal care to their relatives should receive adequate compensation and access to social rights on a comparable basis with other care providers; therefore calls, furthermore, for a comprehensive approach to address the challenges of informal carers which goes beyond employment legislation, such as continuing income support, access to healthcare, the possibility of annual leave and the accumulation of pension rights so that they are sufficient, even when carers' income levels are temporarily lower owing to the provision of informal care, a situation which

¹ OJ C 75, 26.2.2016, p. 130.

mainly concerns women; believes that the provision of care services should not negatively impact the health and well-being of the informal carer; calls on Member States, in this context, to provide adequate services for respite and counselling, peer counselling, psychological support, day-care and respite care facilities for informal carers which would help to increase their participation in employment;

37. Calls on the Member States to introduce 'care credits' through labour and social security legislation for both women and men as equivalent periods for building up pension rights in order to protect those taking a break from employment to provide informal, unpaid care to a dependant or a family member, and to recognise the value of the work that these carers do for society as a whole;
38. Calls on the Commission and Member States to ensure that informal carers are recognised as equal actors in care service provision and to develop, moreover, as part of lifelong learning programmes, training on and recognition of the acquired skills of informal carers; calls on the Commission and the Member States, in cooperation with NGOs and educational establishments, to provide support for young carers; asks the Commission to propose an action plan containing these and other measures to ensure the quality of care, and the quality of life of carers;
39. Calls on the Commission and the Member States to undertake research on the numbers of young carers and on the impact of this role on their well-being and livelihoods and, on the basis of this research, to provide support and address the specific needs of young carers, in cooperation with NGOs and educational establishments;
40. Calls on the Commission to take better account of care services and carers when developing research and policies, particularly with respect to the European Social Fund (ESF), Disability Strategy and the Health Programme;

Care targets

41. Underlines the fact that the current challenge in reaching the Barcelona targets is to increase the provision of childcare for children between 3-4 years of age; welcomes the Commission's recommendation to extend the target of the Education and Training 2020 Strategy to offer childcare places to at least 95 % of children between the age of three and the mandatory school age; invites the Commission to revise upwards, in consultation with the relevant actors including the Member States, the Barcelona targets and targets on early childhood education; calls on the Member States to step up their efforts to meet the targets and to place the provision of care high on their political agendas; invites the Member States to improve national quality frameworks of ECEC services by taking into account the Commission proposal for a Council recommendation on High Quality Early Childhood Education and Care Systems and encourages the Member States to review five crucial areas of ECEC services referred to in the proposal: access, workforce, curriculum, evaluation and monitoring, and governance and funding; calls on the Member States, when providing pre-school childcare, to place emphasis not only on accessibility, but also on the quality of care, particularly for children from disadvantaged backgrounds and children with disabilities;
42. Calls on the Commission to set up indicators and corresponding quality targets on care services for older people and for persons with disabilities and/or chronic illnesses who are in need of care, similar to the Barcelona targets, with monitoring tools to measure

the quality, accessibility and affordability of these services;

43. Calls on the Commission to include care for the elderly and for persons with disabilities and/or chronic illnesses in its monitoring and review of data in the European Semester and in the annual report on gender equality; calls on Member States to consider including assessments of care services for the older persons and persons with disabilities and/or chronic illnesses in their country reports, taking into account feedback from carers and carer recipients; calls on the Commission to include data on this care in a set of social progress indicators, which should be monitored in the context of the European Semester; calls on the Commission and the Council to include these social indicators among the Semester rules; encourages the Member States to adopt and use corrective measures should progress prove to be slow;
44. Further calls on the Commission to improve the collection of gender-disaggregated data and to develop sector-specific statistics, comparable definitions and indicators, to assess gender dimensions of the accessibility, quality, availability and efficiency of care services for children, persons with disabilities and chronic diseases and older persons at EU level, while finding ways to prevent increasing the monitoring burden on care professionals; calls on the Commission to monitor the development of the care services and prepare recommendations for corrective action if needed;
45. Calls on the Member States to collect quality data on the provision of available care services through public and private financing for children, the elderly and persons with disabilities, in order to monitor the situation at large and improve care services by paying heed not only to users' needs, but also to the work-life balance and working conditions of the large numbers of carers; calls on the Member States to adopt effective policy instruments and corrective actions when needed;

Funding of care

46. Calls on the Member States, including with a view to tackling existing investment deficits, to increase public investment in care services and infrastructure for children, especially in early childhood, and for care for other dependants, to ensure the universal access to such services, to improve the quality of care, and to increase investment in special measures that enable carers to maintain an active professional life;
47. Notes the disproportionate impact that insufficient investment in care structures and services has on single parents, the vast majority of whom are women, and on families living in poverty and at risk of social exclusion;
48. Notes the importance of gender mainstreaming at all implementation stages of the various policies, and most crucially at the programming stage; calls on the Member States to ensure that the gender dimension is fully integrated into the National Reform Plans (NRPs) with the support not only of the ESF but also other EU funds that provide resources for general social infrastructure, which should be used by Member States for the development of care services;
49. Calls on the Commission to ensure that the European Semester process serves the attainment of the European Pillar of Social Rights, leaving effective room for Member States to fund and sustain their funding for care services;

50. Supports the inclusion in the Commission's Country Specific Recommendations (CSRs) of measures focusing on investment in childcare facilities and fiscal disincentives preventing second earners – mainly women – from working more or from working outright, and on other measures to address the gender pay gap;
51. Calls on the Commission to strengthen the provision of funding for all types of care services with particular regard, where appropriate, for the transition from institutional to community-based services through the ESF+ and other financial instruments whose purpose is to fund social infrastructure; calls on the Commission, in the same vein, to strengthen the endowment of the European Agricultural Fund for Rural Development (EAFRD) in order to support the provision of childcare facilities in rural areas, and to further utilise the European Fund for Strategic Investments (EFSI) in order to finance ECEC projects; calls on the Commission, furthermore, to rigorously monitor the spending of EU funding, especially under the European Structural and Investment (ESI) Funds in the area of social care services and long-term care and to ensure that investments are in line with the human rights obligations pursuant to the UN CRPD and the Charter of Fundamental Rights;
52. Calls on the Commission to consider making social security contributions applicable across borders, so that a person's Member State of origin could finance the placement of that citizen into a social service facility in another Member State (in cases where such a facility is not available in the Member State of origin);
53. Points out the need to undertake better analysis on the potential for public-private investment in the provision of care services with regard to existing company initiatives for workers with care responsibilities for persons with disabilities and adults;
54. Calls on the Member States to take a comprehensive approach towards all types of care services and to strengthen the provisions for the efficient and synergistic use of the relevant EU financial instruments in the fields of lifelong learning, research and infrastructural development; encourages the Member States to prioritise funding for childcare and long-term care using the financial instruments available within the next multiannual financial framework, not least the existing EFSI, ESI Funds, such as the ESF and the European Regional Development Fund, and the EAFRD; further encourages the Member States to distribute their resources more efficiently in such a way as to increase access to and the affordability of care services for disadvantaged and vulnerable groups, and to design efficient funding models, including targeted funding, which strike the right balance between public and private investment in line with national and local circumstances;
55. Calls on the Commission to ensure the European Institute for Gender Equality possesses adequate resources to monitor the development of care infrastructure and the implementation of work-life balance policies, and to analyse whether and how the policies are achieving the desired improvements in gender equality;
56. Welcomes the decision by some Member States to introduce fiscal incentives for companies that provide childcare for their employees in order to improve work-life balance;

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57. Instructs its President to forward this resolution to the Council and the Commission.