

**Amendment 1**

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on behalf of the ECR Group

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on behalf of the ID Group

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**Report**

A9-0189/2022

**Milan Brglez, Sirpa Pietikäinen**

Common European action on care  
(2021/2253(INI))

**Motion for a resolution (Rule 181(3) of the Rules of Procedure) replacing non-legislative motion for a resolution A9-0189/2022**

**European Parliament resolution on towards a common European action on care**

*The European Parliament,*

- having regard to Articles 157(4) and 168(7) of the Treaty on the Functioning of the European Union (TFEU),
- 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 Ministerial Declaration adopted at the fourth UN Economic Commission for Europe Ministerial Conference on Ageing in Lisbon on 22 September 2017 entitled ‘A Sustainable Society for all Ages: Realizing the potential of living longer’,
- having regard to Council Regulation (EU, Euratom) 2020/2093 of 17 December 2020 laying down the multiannual financial framework for the years 2021 to 2027<sup>1</sup>,
- having regard to its resolution of 7 July 2021 on an old continent growing older - possibilities and challenges related to ageing policy post-2020<sup>2</sup>,

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<sup>1</sup> OJ L 433, 22.12.2020, p. 11.

<sup>2</sup> OJ C 99, 1.3.2022, p. 122.

- having regard to Principles 9, 11, 16 and 18 of the European Pillar of Social Rights,
  - having regard to Rule 54 of its Rules of Procedure,
  - having regard to the report of the Committee on Employment and Social Affairs and the Committee on Women’s Rights and Gender Equality (A9-0189/2022),
- A. whereas Article 157(4) of the Treaty on the Functioning of the European Union (TFEU) addresses professional care in the context of the principle of equal pay for male and female workers for equal work or work of equal value;
  - B. whereas Article 168(7) TFEU addresses medical care in the context of public health;
  - C. whereas the natural environment for the development of care recipients throughout life is their own family, which is the setting for the expression of love and affection in a disinterested manner; whereas although such renunciation means giving up certain individual interests, it results in personal development and fulfilment that is even greater;
  - D. whereas women may be more involved in caring for children, older people, persons with disabilities and other dependants and fulfilling household duties;
  - E. whereas the presence of a child’s parents in the home in the early years of a child’s life is important in consolidating the emotional bonds that promote maturity and psychological development;
  - F. whereas the provision of care transcends physical actions and involves generosity in the commitment to taking care of all aspects of people’s lives, and requires mutual trust;
  - G. whereas there are various forms of employment of formal live-in carers such as via care companies or temporary employment agencies and intermediaries; whereas this leads to different levels of quality of care services;
  - H. whereas a significant share of the formal live-in care sector operates in a grey zone which negatively affects companies providing care services as well as the quality of home care of elderly persons; whereas there is a lack of data for identifying precisely how many carers are operating in such a grey zone;
  - I. whereas according to Eurofound, workers with a foreign background and first-generation migrant workers tend to be highly represented in sectors dominated by lower-skilled employment, including homecare and long-term care; whereas the Commission’s Fitness check on legal migration of March 2019 emphasised the substantial obstacles in legal migration pathways for low- and medium-skilled workers, despite increased labour demand;
  - J. whereas the number of people who are dependent on the assistance of others or who have health and long-term care needs increases with age; whereas the share of individuals in need of such services is higher in those aged 80 or over; whereas the needs for care and support are diverse and the appropriate means to ensure autonomy and independence differ;

- K. whereas the median age in the EU-28 rose from 38.3 years in 2001 to 43.1 years in 2018; whereas in 2018<sup>3</sup>, 19 % of EU citizens were aged 65 or older and whereas their needs should be taken into account in the political decision-making process at EU, national and regional level;
- L. whereas the demographic change and other societal and economic factors are gradually bringing about qualitative shortages on the labour market, making it hard to find suitably qualified workers, and as demographic trends become increasingly unfavourable with the old-age dependency ratio expected to increase from 29.6 % in 2016 to 51.2 % in 2070 there are also quantitative shortages, in particular in specific sectors such as the care sector;
- M. whereas particular attention should be paid to the very old in order, where necessary, to help people who have lost their independence and prevent them from becoming isolated;
- N. whereas most older people would like to live in their own homes at an advanced age, though it is not possible for all those who wish to do so and many of them therefore live in institutional care facilities;
- O. whereas during the lockdowns and the overcrowding of care facilities caused by the COVID-19 pandemic, older people suffered an inhuman lack of care and distress that must never be repeated;

### ***Definitions***

1. Underlines that for the purposes of this resolution, the following definitions will apply:
- (a) ‘care’ means the provision of what is necessary for the health, welfare and protection of someone;
  - (b) ‘family care’ means the provision of care to the care recipient by a member or by several members of his or her family as a carer or carers;
  - (c) ‘attachment care’ means the provision of care to the care recipient by someone with whom the care recipient has a bond of love or friendship, regardless of whether the carer belongs to the family of the care recipient;
  - (d) ‘domestic care’ means the provision of care in the home of the care recipient;
  - (e) ‘professional care’ means the provision of care by a carer needing special education and training and typically in exchange for payment but without excluding voluntary professional care;
  - (f) ‘medical care’ means the part of professional care performed by carers belonging to the medical profession, such as nurses, physicians, medical assistants, dietitians, medical technicians, optometrists, pharmacists, pharmacy technicians, physical therapists, occupational therapists, dentists, midwives, psychologists and other

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<sup>3</sup> European Parliamentary Research Service, Demographic outlook for the European Union, March 2020, p. 3.

health professions;

- (g) ‘voluntary care’ means the provision of care without retribution other than family care or attachment care;

### *Care*

2. Believes that every person should have the right to choose quality care services that are suitable for them and their family; urges the Member States, when they are planning care, to take into account the views and wishes of those receiving care in line with the principle of respect for life and human dignity; believes that the approach to the development of care services should take into account all categories of users and their differences and the wide range of preferences for the types of care services they require;
3. Recalls that care is not a competence of the European Union;
4. Calls on the Commission to recognise and value the contributions of carers in their spirit of service as an irreplaceable contribution to society, and therefore to look to the professional prestige of caring and avoid derogatory comparisons with other activities or disparaging evaluations; calls on the Commission to recognise and express the incalculable value of carers through campaigns and policies that emphasise the human benefit, professional prestige and social impact of carers;
5. Calls on the Member States to ensure that time spent on service to and care of third parties, including maternity, may be recognised as experience and training in the acquisition of a set of abilities and skills linked to social and humanitarian work; calls on the Member States to recognise that the competences acquired include empathy, solidarity, hospitality, warmth, admiration and compassion for those who suffer, communication skills, management of teams and tasks, living with emergencies and difficulties, improvisation, flexibility, resilience and emotional intelligence; considers that these aptitudes are of enormous importance for personal and professional success, and may also provide inspiration for a society aligned with the common good;
6. Notes that care services should be developed so as to enhance the continuity of care, preventive healthcare, rehabilitation and independent living;
7. Underlines the importance of fully protecting the right to care and support for older people enabling them to access affordable, quality and holistic care and support services adapted to individual needs, and promoting well-being, autonomy, independence and community inclusion, without any form of discrimination;
8. Emphasises the key role of adequately funded social protection schemes in making care affordable and truly accessible;
9. Calls on the Commission to make Member States aware of the enormous responsibility assumed by people who care for others and notes that a solution must be sought that ensures that respect for the life, dignity and health of individuals is always respected;
10. Calls for equal opportunities for men and women in all policies and procedures relating to social inclusion and to labour market integration of third-country nationals, bearing in

mind that in families women take responsibility more often than men do for the care of children, older persons or other dependent family members; recalls that the provision of quality and accessible childcare and care for dependants, as well as flexible working arrangements are key in order to improve access to labour markets for all parents and carers;

11. Calls on the Commission to support the Member States in the increasing use of the structural funds for investment in public childcare and care for older and dependent people;
12. Emphasises the need to improve the existing system of recognition of professional qualifications among the Member States, as difficulties in recognition of foreign qualifications remain a substantial obstacle for employment matching, which hampers mobility, and notes that this constitutes a precondition for facilitating labour mobility; calls, therefore, for the strengthening of the European Qualifications Framework with a view to achieving the adequate recognition of skills, competences and qualifications obtained outside European borders;

### *Family care*

13. Stresses that family care is and will continue to be the predominant form of care in society, as the family is the natural environment for the development of care recipients throughout life, as well as the setting for the expression of love and affection in a disinterested manner;
14. Calls on the Commission not to falter in the task of recognising the fundamental role of the family in our society as the natural context for the optimal development of care recipients at all stages of life, and to encourage the Member States to promote and support the family, in order to ensure that it constitutes that space of stability and trust that is of particular importance for those in need of help;
15. Highlights the fact that the fundamental role of family members wishing to fulfil their responsibility of caring for those closest to them should be promoted since the emotional ties that bind them together are key in carrying out their tasks, going beyond simple physical acts; considers that this care is invaluable, and cannot be expressed in financial terms; considers, therefore, that such carers should receive public support because they are meeting a social need, and that solutions should be found so that they are not disadvantaged because of their working activities being compromised; in the same way, believes that their access when re-entering the workforce should be facilitated and that they should not be adversely affected when they retire;
16. Calls on the Member States to introduce, in close cooperation with social partners, different forms of periodic relief for family members caring for older people, especially those needing respite care and day-care services, and support services including flexible working arrangements;
17. Recalls that family care is not a competence of the European Union;

### *Attachment care*

18. Calls on the Member States to acknowledge the value of attachment care and to improve their social protection; encourages the Member States to put forward targeted strategies to help attachment carers and recognise their contribution to care, particularly for older people, and to put forward proposals for adequate relief services;
19. Calls on the Member States to provide professional support, training and peer counselling for attachment carers;
20. Recalls that attachment care is not a competence of the European Union;

#### ***Domestic care***

21. Calls on the Member States to establish minimum standards for domestic care in areas such as working time, remuneration and accommodation of carers, in order to take into account the specificity of their work, particularly the fact of living and working in a common household with the care recipient, as well as an average working time to be calculated as carers work in shifts, the level of remuneration depending on the care needs as well as the skills of carers, and a separate room, access to a toilet, kitchen and, if possible, internet for domestic carers;
22. Calls on the Member States to identify the scope of domestic carers' duties limited to those activities that satisfy the immediate own need of the care recipient and that he or she cannot do on his or her own;
23. Recalls that domestic care is not a competence of the European Union, except in cases where it falls under the definition of medical care;

#### ***Professional care***

24. Emphasises that care models, services and facilities in the European Union must have the most advanced technological and scientific resources for the benefit of care recipients and should be adapted to the needs of each recipient;
25. Encourages the Member States to set up community care centres and volunteering and lifelong learning opportunities targeting older people close to schools and nurseries, and to work to foster intergenerational ties by encouraging exchanges between these services;
26. Underlines that the emerging silver economy could turn into one of the main economic drivers, particularly in rural areas, and could provide opportunities for the health and long-term care sectors to offer high-quality care in a more efficient way;
27. Calls on the Member States to ensure adequate working and employment conditions in medical and other professional care occupations and to invest in education and training as a means of guaranteeing the quality of care provided; calls for the creation of incentives to take up the profession of carer for older people;
28. Urges the Member States to address the irregular conditions seen in work allocated via platforms or through private employment agencies when they organise rotation of carers;

29. Calls on the Member States, should it be necessary, to make it possible to establish national registers of care service providers in order to monitor minimum standards and legal requirements; notes that such registers could be mutually recognised by the Member States;
30. Underlines that in order to reduce undeclared work in professional care it is important to provide public funding with genuine care service providers within social security systems or through tax expenditure which will make legal and fair care service provision affordable and less expensive than care services provided by undeclared carers;
31. Emphasises that most of the live-in care services are cross-border and calls on the Commission and the Member States to lift barriers in the free legal provision of care services;
32. Stresses that, in order to ensure social inclusion and market integration of third-country nationals when providing care and in order to ensure the recognition and value of care, it is important that Member States control at border level the entry of such third-country nationals in order to provide care and that they ensure that they are lawfully resident migrants;
33. Recalls that professional care is not a competence of the European Union, except in cases where it falls under the definition of medical care;

#### *Medical care*

34. Stresses that Union action must respect the responsibilities of the Member States for the organisation and delivery of medical care, including the management of medical care and the allocation of the resources assigned to it;
35. Underlines the importance of programmes for lifelong health promotion and education, disease prevention and regular examination and of undertaking new initiatives such as better disease prevention policies and more effective health care programmes to stimulate the process of healthy ageing; calls on the Commission and the Member States to actively engage in the WHO Decade of Healthy Ageing by drawing up healthy ageing plans in the EU that cover access to health and care services, as well as strategies for health promotion and prevention; calls on the Commission to set up an ambitious research agenda on physical and mental health as part of the Horizon Europe programme; encourages the Member States to consider using the funds provided by the multiannual financial framework and NextGenerationEU for this purpose;
36. Calls on the Member States to take action on the development of long-term, palliative and hospice care and care for people with brain disorders associated with memory problems and health support for carers; calls on the Commission and the Member States to highlight the need for everyone to receive the most appropriate multidisciplinary treatment to alleviate their suffering, taking into account the health, psychological, emotional and spiritual dimensions that are part of the human condition, and with absolute respect for life and human dignity
37. Underlines the importance of swift action in implementing the European Disability

Card; recalls that the European Disability Card will be a key instrument to help persons with disabilities to exercise their right to free movement in a barrier-free Europe; recalls that accessibility should go hand in hand with adequate infrastructure; encourages the Member States to increase spending from the European Social Fund Plus, the European Regional Development Fund and the Just Transition Fund for adapting public infrastructure, including transport, and public spaces for all;

### *Voluntary care*

38. Stresses that voluntary care is a relevant area within volunteering; calls on the Commission to consider that the noble activity of care encourages and develops the skills of those providing it, resulting in personal growth that is conducive to future personal, professional and social development; considers that individuals who have acquired this maturity may contribute these assets to social activities aimed at achieving the common good;
39. Recognises the value of the care provided in Europe by charitable and/or religious institutions, including the Catholic Church, as is being demonstrated at the moment in particular through its support during the Ukrainian crisis;
40. Recalls that voluntary care is not a competence of the European Union;
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41. Instructs its President to forward this resolution to the Council and the Commission.

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