



# European Care Strategy

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# Executive Summary

## Assessment of the European Care Strategy

The European Commission's communication and the proposal for Council recommendations show that care work – specifically childcare and long-term care – is now seen as positive for the economy and public budgets. That is a significant change compared to the previous cost-centred evaluation.

The Commission recognises and states that care work concerns us all and creates social coherence and cohesion between generations.

The documents of the European Care Strategy contain central principles for high-quality care services and name the improvement of working conditions and remuneration as key areas with potential for development to ensure care by sufficiently qualified staff.

Whilst EU funding instruments make it easier for Member States to develop and build infrastructure for care services, it remains unclear whether Member States will also receive support for the ongoing operation of such facilities.

The Commission's goals are ambitious however, the European Care Strategy presented lacks concrete, verifiable targets and specific measures under European law in order for them to be achieved. Limiting care work to childcare and long-term care leaves out large areas of care work.

## The Chamber of Labour calls for the following at European level:

- **Development and monitoring of minimum care goals** for people with care needs, comparable to the expanded Barcelona targets for childcare
- Introduction of **Europe-wide minimum standards for working conditions** in long-term care and healthcare by means of a new directive for healthcare professions. The content should be worked out by the European social partners
- Creation of an **EU-wide directive for the placement and employment of live-in carers**.
- Development of a set of **quality criteria for effective monitoring** of care provision in the Member States
- Creation of new **EU funding instruments for care tasks**, for example a care fund along the lines of the Recovery and Resilience Facility (RRF)
- **Extension of the European Care Strategy** to other areas of care work, such as social work

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# AK's position

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## Care work – an overview

Care work is vital for the functioning of a society. Care work is necessary to provide for the wellbeing of individuals or groups of individuals throughout their lifetime by meeting their needs. Care work includes both private, informal and unpaid work performed in the home (e.g. housework, child raising, support during illness and impairment) and formal, professionally performed and paid services in various service sectors, such as education and healthcare, social work institutions, long-term care and support for people with disabilities. This work is mainly performed by women in our society.

For a good life, both personal wellbeing at all stages of life and a conducive social environment must be developed and preserved. These tasks are performed by means of paid and unpaid care work and thus form the basis for our social coexistence. However, care work is in crisis in multiple respects. Despite its social relevance, the care sector is troubled with poor working conditions, low pay and a glaring shortage of staff. There is a massive shortage of professional care services to provide relief for families, high-quality support for people in need of care, economic value creation and social security.

Amongst other things, this undersupply contributes to many necessary care services being shifted to private households. Two-thirds of these services are provided by women. They take care of children, care for relatives and keep things running on a daily basis by performing housework. The gender care gap, i.e. the difference in the amount of time women and men spend on unpaid work, is 55% in Austria. It would be important to be able to calculate this gap for the EU as well. That requires regular, coordinated and harmonised time use surveys in all Member States. In the EU, 81% of all women perform such unpaid activities on a daily basis, compared to just 48% of men. As a result, many women are unable to pursue gainful employment or are only employed for a small number of hours. In the EU, for example, 7.7 million women are currently not in paid employment due to their unpaid care responsibilities. This deprives women of both social security and life opportunities, and leads to financial dependence, risk of poverty and

poverty in old age.

At the same time, professional care work in education, healthcare, social work, long-term care and support for people with disabilities is starved of funding and plagued by poor working conditions. The majority of employees are women (in Austria, for example, the proportion of women in the [health professions](#) is 85%, and 96% in [early years teaching](#)). Work with people is less well paid than work with technical equipment. The average gross hourly wage in care occupations in Austria is € 13.70, whereas the average gross hourly wage for technicians is € 20.10. All in all, this contributes to the shortage of staff in all care sectors (for example, there will be a shortage of around 76,000 skilled workers in the care field by 2030). This in turn directly increases work pressure, results in poorer quality and fuels a downward spiral of professional care work. The recent protests by kindergarteners, pre-school teachers and health workers in Austria, as well as in other EU countries such as Germany, highlight the urgency of the situation. However, it is precisely in these fields that asymmetry in negotiations is discernible: people who perform care work are often very reluctant to resort to customary means of industrial action, such as work stoppages or strikes to improve working conditions and wages, because a work stoppage would involve withdrawing support from those in their care. In studies this is often referred to as the „[Care Penalty](#)“.

The unresolved care crisis is detrimentally affecting the lives of those who need support. Above all, however, it also impairs women's life chances and equal participation. Women step in when the public sector fails or services become too expensive, and they bear the consequences of poor working conditions in the care professions. The burden on women must be reduced and the care crisis must be addressed.

The effects of inaction are devastating, whilst the benefits of resolving the issue can form the basis for a good life. Care ensures future opportunities, since early years education has a positive impact on children's development and also reduces the risk of poverty and social exclusion later in life. Care work enables people who are dependent on help to maintain their independence,

participate in society and live in dignity. Expanding the public care sector not only relieves the burden on women, but also benefits society financially. Care services strengthen regional economic activity and social security systems. For Austrian long-term care, for example, the Austrian Institute of Economic Research (WIFO) has calculated that 70 cents out of every euro invested by the public sector flows back into public budgets. In early years education, increasing the childcare rate to the Barcelona target would require € 241 million and generate returns of **€ 373 million** through public levies and increased consumer spending. Moreover, meaningful and largely carbon neutral jobs can be created in this field.

### Assessment of the European Care Strategy documents

The European Commission's communication and the proposal for Council recommendations show that care work – specifically childcare and long-term care – is now seen as positive for the economy and public finances. That is a significant change compared to the previous cost-centred evaluation.

The Commission recognises and states that care concerns us all and creates social coherence and cohesion, including between the generations. It notes that throughout our lives, all of us and our loved ones will be dependent, at least for a time, on care and/or provide care to others. Given the closure of nurseries, creches, and the impact of the pandemic, particularly on the elderly, the COVID-19 pandemic has highlighted the importance of robust formal care services to ensure continuity of education, care and support. However, it is clear from the European Semester country reports in particular that despite the clear benefits of high quality, affordable and formal care work, it is still not affordable, available or accessible for many people in the European Union.

Improving working conditions and pay is addressed, as are key principles for high-quality care services. After all, good working conditions in the care sector are crucial for the functioning, crisis resilience and attractiveness of the sector, as well as for gender equality. In the EU, 90% of care workers are women and they are often in low-paid, precarious jobs. Care work is systematically looked down on and undervalued. In addition, employees in the care sector in particular lack prospects for career advancement; the high part-time rates in this sector mean that many employees earn low incomes that do not secure their livelihood. The Commission states very clearly that working conditions are often exploitative as well, especially for some vulnerable groups of caregivers, such as live-in carers or domestic workers.

The Commission's goals are thus relatively comprehensive and ambitious, but the European Care Strategy presented lacks concrete, verifiable targets and specific measures under European law in order for them to be achieved. EU funding instruments facilitate the development and establishment of infrastructure for care services in the Member States. It remains unclear, however, how Member States will be able to receive assistance with the challenges of day-to-day operations. The country reports of the European Semester, for example, repeatedly criticise public spending in the care sector. This inconsistency poses difficulties, especially with respect to ongoing funding, and would need to be included in the Care Strategy to enable consistent action.

### Child education and care – revision of the Barcelona targets

With regards to early childhood education and care, the Commission bases its efforts on the European Pillar of Social Rights. Principle 11 establishes the right of children to affordable early years education and good quality care.

As part of the European Semester, the EU monitors progress in early childhood education and childcare, monitoring the link between childcare and female labour force participation, as well as progress in inclusion. In 2002, the European Council issued the Barcelona targets, which aimed to remove barriers to the labour market for women by significantly increasing the availability of childcare by 2010: the target was for the childcare rate for under-3s to be expanded to 33% and to 90% for over-3s. Significant progress has been made over the last 20 years and the original EU-level targets have been met. However, wide disparities amongst Member States persist, and some countries – including Austria – have still not reached the targets, especially for under-3s. The Commission therefore proposes revising the Barcelona targets to set new ambitious targets that are entirely realistic for some countries and to promote upward convergence across the EU to ensure real progress in all Member States and regions. The Barcelona target has also proved important for countries in particular because it has made it possible to develop common goals for the first time and to compare them with those of other Member States. For example, significant investments were made in expanding kindergartens, especially in the early 2000s.

Here, the childcare rates for children under the age of 3 are to be raised to 50% by 2030, whilst the childcare rates for children aged 3 up to primary school entry are to be raised to 96%.

The EU-SILC data from 2019, which the Commission uses to summarise the progress of individual Member States, clearly show that Austria falls short of the previous Barcelona target for both under-3s and over-3s. The latest data from the Austrian [Kindergarten Statistics](#) show that the childcare rates for under-3s in the 2021/22 kindergarten year will be 29.1% and the childcare rates for over-3s will be 93.8%. In this respect, Austria now meets the Barcelona target for children in the older age group, but clearly not for the youngest children. If we look at the speed of expansion in Austria, we can see that over the past 12 years (i.e. since it became clear that Austria had failed to meet the Barcelona targets), the childcare rate for 0-3 year olds has risen by between just under 1 percentage point to at most 2 percentage points per year. If this slow increase continues, 45% of under-3s in Austria would have a kindergarten place in 2030, assuming extremely optimistic increases of 2 percentage points per year. That would represent another failure to meet the targets. Without sanction mechanisms, countries like Austria will continue to shift responsibility for child education and care to mothers and will not be able to demonstrate a substantial expansion of early years education in 2030.

The proposed revision of the Barcelona targets also adds two new dimensions: First, the early years education participation of children in vulnerable situations is to be increased; this concerns children with disabilities, children at risk of poverty and social exclusion, children from minority groups and children with migration and refugee backgrounds. Second, the time intensity of participation in early years care and education, i.e. the number of hours attended per week, is to be increased.

Both targets are extremely important, but are set out without binding targets. Here too, there are no sanction mechanisms. Both dimensions are major problem areas that have emerged in Austria in recent years. Binding measures and sanctions could therefore have led to significant improvements here for children in vulnerable situations in particular.

### **In Austria, the following can be observed, especially over the last year:**

With regards to the dimension of time intensity, the new kindergarten statistics for kindergarten years 21/22 show that overall childcare rates are still on the increase compared to the previous year. The childcare rate is calculated as the proportion of children in institutional childcare facilities compared to the resident population of the same age. This increase can be seen in almost all Austrian federal states. By contrast, however, the rates of kindergartens that satisfy the indicator for compatibility with family life and working life (VIF) developed by the Chamber of Labour have fallen compared with

the previous year. Compatible kindergartens are those kindergartens that are open at least 47 weeks per year, 45 hours per week, weekdays Monday through Friday, on four days per week for 9.5 hours, with lunch provided. It is these kindergartens that would allow both parents to work full time. Thus, the compatibility rate is derived from how many children who are in institutional care are in compatible kindergartens. This rate has dropped significantly. The decline is primarily due to the glaring shortage of staff in Austria's kindergartens and nurseries. Especially in the wake of the energy and inflation crisis, that may mean families face critical cuts to their financial resources that jeopardise their livelihood. For women in particular, it means an increase in their unpaid care activities and a reduction in their hours of paid work – as we have already seen during the coronavirus pandemic.

Regarding the increase of care rates for children with disabilities, a massive exacerbation of the situation in Austria can unfortunately be observed: there is a fundamental shortage of places for children with disabilities or chronic illnesses. If children get a place in a kindergarten – which usually does not happen before the compulsory kindergarten year (at age 5) – the hours of care are often limited to just a few hours due to staff shortages. Most parents – the majority of them mothers – are left to cope with the problem entirely on their own and either stop working or significantly reduce the amount of work they do in order to care for their children.

Both problems result from the fact that trained professionals either do not enter early years teaching at all or leave the field very quickly. Whilst the Commission does set out to improve working conditions in early years education, again the targets and objectives are not sufficiently binding. It would take an immediate training drive, as well as innovative new entry paths, to attract more people to this occupational field. Lateral entry must be made easier and high-quality education must also be financially feasible for people in second-chance education.

However, the main reasons for trained professionals not wanting to work in the profession or wanting to leave the profession are the framework conditions; these urgently need to be improved: There is an urgent need for smaller groups and an improvement in the specialist staff-child ratio. Only then can kindergarten staff finally spend more time on each child.

### **Long-term care and support**

Long-term care and support have not been a central field of action at EU level until now. This is set to change with the European Care Strategy. This is evident from the documents at hand, which address improvements

in working conditions and pay, as well as key principles for high-quality long-term care services.

The proposal for Council recommendations on affordable, high-quality long-term care recognises and clearly identifies the need for EU-wide action. This concerns all areas of long-term care, from professional care and nursing through to care for people in need of care and household workers (personal caregivers or live-in carers) to informal care and nursing by family members or other close persons. The latter bear the brunt throughout the EU.

Working conditions are a key factor in the quality of care provided. Necessary improvements in this area are addressed in the European Care Strategy, but concrete measures on how effective progress can be made are lacking. For example, the European Commission is calling on Member States to recognise ILO Convention No. 189 concerning Decent Work for Domestic Workers, which is a welcome step towards the goal. However, the conditions for live-in carers are evidently problematic even in countries that have already ratified ILO Convention No. 189 (cf. [FORBA study on transnational caregivers](#)).

Improvements in working conditions could be fostered by means of directives, for example. The role of the European and national social partners is recognised in the European Care Strategy, but a concrete initiative is lacking for engagement of the European social partners in negotiations to define minimum criteria for good work in long-term care and support. Agreement at this level could form the basis for framework directives at the European level. The Chamber of Labour proposed such a measure in a [Policy Brief](#) back in 2020.

The intended monitoring of national developments in long-term care and support in the country reports of the European Semester is positive. However, clear targets that would allow assessment of activities in the Member States are lacking.

The definition of key terms, which can be found in the Annex to the Proposal for a Council Recommendation, is an important step. However, further clarification would be welcome.

The concept of person-centredness means that the people receiving care actively co-decide with respect to which interventions are to be performed and in what manner help is to be provided (shared decision-making). There is no clear indication that people in need of assistance are active partners, rather than passive subjects of assistance.

When assessing quality, the focus must not be on outcomes only. The way in which assistance is provided (process quality) is also crucial, such as the nature and extent of individual participation and individual adaptation of interventions. The viability of the relationship between the person being supported and the people providing the support is central to that. It forms the basis for trust, without which care and support are not accepted and thus remain ineffective.

### **The Chamber of Labour calls for the following with respect to the European Care Strategy**

High-quality working conditions, appropriate remuneration, training and professional development opportunities, as well as healthy and safe workplaces that are attractive to employees, can retain employees in the long term and increase interest in care professions.

It is also essential for the European Care Strategy to take a holistic view of the provision of care, support, education and upbringing. The coordination and interaction of all measures must be improved so that the funds and resources truly benefit people working in the care sector, as well as people who are in need of support and assistance. This requires long-term strategic investments, as well as the definition of concrete targets at EU level. Quality standards in terms of care ratios, working conditions and performance characteristics are essential. Ideally, failure to meet those targets would also be subject to sanctions. The development of effective tools for funding would also be crucial. We therefore recommend the following:

- Developing new ways of financing additional care spending based on the European Care Strategy. For example, this could be modelled on the Recovery and Resilience Facility (RRF), in the sense of a care fund.

Ensuring a defined level of provision in terms of services for both children's education and long-term care is one of the central European challenges. In order to strengthen the relevant developments, we propose the following:

- Development and monitoring of minimum care goals for people with care needs, comparable to the expanded Barcelona targets for childcare

Staff shortages in child education and care, as well as in long-term care and healthcare, are an EU-wide problem. In the Member States, a growing need for care can be observed in parallel with staff shortages and difficult working conditions, which have deteriorated further due to the pandemic. We therefore recommend the following:

- Introduction of Europe-wide minimum standards by means of a new directive for health professions. The aim should be to make care professions more attractive throughout the EU and thus make a key contribution to the security of care. The content should be worked out by the European social partners.

#### Experiences in Austria:

The role of the social partners is pivotal to improving working conditions. In the field of private providers of social services (including long-term care), for example, a reduction in working hours was set out in the collective agreement for the Austrian social economy.

In the case of care services provided in the home by live-in carers, the work of intermediary agencies is carried out across borders and through international cooperation. As a result, national legislation is not sufficient to ensure decent working conditions. We therefore recommend the following:

- Creation of an EU directive for the placement and employment of live-in carers. This directive should include at least the topics of arrival and departure of the carers, contractual relations between agencies and carers, minimum standards for quality assurance, as well as mandatory registration of agencies as a prerequisite for their activities.

#### Experiences in Austria:

There is a need for numerous improvements at national level, but many stratagems by which live-in carers are exploited involve international interaction and sufficient prevention is not possible at national level (such as in the case of collection of unauthorised fees, coercion to use certain means of transport and misleading information during recruitment and placement).

High-quality, affordable care work must be ensured in both long-term care and child education. We therefore recommend the following:

- Development of a set of quality criteria for effective monitoring of care provision in the Member States. Central criteria must be: comprehensive local and time-related availability, affordability for all social groups, level of alignment with the needs and requirements of the people supported, continuity of support and contribution of the support to the goal of women having sufficient time to pursue gainful employment and also satisfy personal needs. In addition, a survey should be conducted to identify the care services to which there is a legal entitlement in the Member States. The results of the monitoring must be publicly available.

Care work encompasses significantly more fields of work than childcare and long-term care. It also includes services provided by the education and healthcare system and by social work institutions. We therefore recommend the following:

- Extension of the European Care Strategy to other areas of care work, such as social work, so that security can be ensured for the population of the EU in all care areas.

#### Experiences in Austria:

Many of the issues and challenges addressed in the European Care Strategy also apply to other parts of the education, health and social systems.



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## Contact us!

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## About us

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The Austrian Federal Chamber of Labour (AK) is by law representing the interests of about 3.8 million employees and consumers in Austria. It acts for the interests of its members in fields of social-, educational-, economical-, and consumer issues both on the national and on the EU-level in Brussels. Furthermore, the Austrian Federal Chamber of Labour is a part of the Austrian social partnership. The Austrian Federal Chamber of Labour is registered at the EU Transparency Register under the number 23869471911-54.

The main objectives of the 1991 established AK EUROPA Office in Brussels are the representation of AK vis-à-vis the European Institutions and interest groups, the monitoring of EU policies and to transfer relevant information from Brussels to Austria, as well as to lobby the in Austria developed expertise and positions of the Austrian Federal Chamber of Labour in Brussels.