European Parliament

EP Plenary session

Common European action on care
Mental health in the digital world of work

Strasbourg (France), 05.07.2022

Common European action on care

Report and discussion document A9-0189/2022 (English enclosed, other languages online)

Report: Milan Brglez, Sirpa Pietikäinen,

Ms. Dubravka Šuica

Ms. Frances Fitzgerald

Mr. Dragoș Pîslaru

Ms. Dubravka Šuica (European Commissioner) concluded the debate by emphasizing interventions, such as infrastructure and Europe's desire for money, but no interference. Yes, for better wages, social dialogue. Better implementation of previous decisions.

The reporters insisted on public investment. Care is a human right.

The President of the European Commission, Mrs. Ursula von der Leyen, will vote on the promised "Care Strategy" on 07.09.2022.

European Parliamentarians active in that dossier include Ms. Frances Fitzgerald (EPP, Ireland), Mr. Dragoș Pîslaru (Romania), Mr. Dennis Radtke (EPP, Germany).

Mental health in the digital world of work

Report and discussion document A9-0184/2022 (English enclosed, other languages online)

Report: Maria Walsh

Ms. Maria Walsh

Mr. Nicolas Schmit (European Commissioner): It is our obligation to do something about this. Employers and employees had an agreement about stress. But deciding is one thing, but following up remains the problem.

There was the call from Maria Walsh to sign the petition on the EPP website.

There is a need for policy. 2023 should be the year of mental health. The problems are further exacerbated by the corona crisis. There is an agreement between the social partners to make a legislation. Right to private, right to be disconnected.

Maria Walsh was high praised for the excellent report.

European Parliament
2019-2024

Plenary sitting

A9-0184/2022

21.6.2022

REPORT

on mental health in the digital world of work
(2021/2098(INI))

Committee on Employment and Social Affairs

Rapporteur: Maria Walsh

PR_INI

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on mental health in the digital world of work
(2021/2098(INI))

The European Parliament,

– having regard to Article 3 of the Treaty on European Union,

– having regard to Articles 4, 6, 9, 114, 153, 169 and 191 and, in particular, to Article 168 of the Treaty on the Functioning of the European Union,

– having regard to Articles 2, 3, 14, 15, 21, 31, 32 and 35 of the Charter of Fundamental Rights of the European Union,

– having regard to the European Pillar of Social Rights, in particular principle 10 thereof,

– having regard to the UN Convention on the Rights of Persons with Disabilities,

– having regard to the UN mental health and well-being strategy of 2018,

– having regard to the World Health Organization (WHO) manifesto for a healthy recovery from COVID-19 of 18 May 2020,

– having regard to WHO World Mental Health Day 2021 – 'Mental healthcare for all: let's make it a reality',

– having regard to the WHO European framework for action on mental health for 2021-2025,

– having regard to the Organisation for Economic Co-operation and Development (OECD) health policy study of 8 June 2021 entitled 'A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Ill Health' and mental health and work review of 4 November 2021 entitled 'Fitter Minds, Fitter Jobs: from Awareness to Change in Integrated Mental Health, Skills and Work Policies',

– having regard to Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Facility[1],

– having regard to Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers[2],

– having regard to Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services[3],

– having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a

[1] OJ L 57, 18.2.2021, p. 17.
[2] OJ L 188, 12.7.2019, p. 79.
[3] OJ L 151, 7.6.2019, p. 70.

general framework for equal treatment in employment and occupation[4],

– having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time[5],

– having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work[6],

– having regard to Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace[7],

– having regard to Council Directive 90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment[8],

– having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences[9],

– having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19[10],

– having regard to its resolution on 21 January 2021 with recommendations to the Commission on the right to disconnect[11],

– having regard to its resolution of 17 February 2022 on empowering European youth: post-pandemic employment and social recovery[12],

– having regard to its resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development[13],

– having regard to the Council conclusions of 24 October 2019 on the economy of well-being[14], which call for a comprehensive EU mental health strategy,

– having regard to the Council conclusions of 8 June 2020 on enhancing well-being at work,

– having regard to the Commission communication of 28 June 2021 entitled 'EU strategic framework on health and safety at work 2021-2027 – Occupational safety and health in a changing world of work' (COM(2021)0323),

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[4] OJ L 303, 2.12.2000, p. 16.
[5] OJ L 299, 18.11.2003, p. 9.
[6] OJ L 183, 29.6.1989, p. 1.
[7] OJ L 393, 30.12.1989, p. 1.
[8] OJ L 156, 21.6.1990, p. 14.
[9] OJ C 316, 6.8.2021, p. 2.
[10] OJ C 371, 15.9.2021, p. 102.
[11] OJ C 456, 10.11.2021, p. 161.
[12] Texts adopted, P9_TA(2022)0045.
[13] OJ C 117, 11.3.2022, p. 53.
[14] OJ C 400, 26.11.2019, p. 9.

– having regard to the Commission Green Paper of 14 October 2005 entitled ‘Improving the mental health of the population – Towards a strategy on mental health for the European Union’ (COM(2005)0484),

– having regard to the Commission report of 14 July 2021 entitled ‘Employment and Social Developments in Europe – towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts’,

– having regard to the 2008 European Pact for Mental Health and Well-Being,

– having regard to the report from the European Youth Forum of 17 June 2021 entitled ‘Beyond Lockdown: the “pandemic scar” on young people’,

– having regard to the Eurofound reports of 9 November 2021 entitled ‘Impact of COVID-19 on young people in the EU’ and 10 May 2021 entitled ‘Living, working and COVID-19: Mental health and trust decline across EU as pandemic enters another year’,

– having regard to the report of the European Agency for Safety and Health at Work (EU-OSHA) of 7 December 2020 entitled ‘Preventing musculoskeletal disorders in a diverse workforce: risk factors for women, migrants and LGBTI workers’,

– having regard to the EU-OSHA report of 7 October 2011 entitled ‘Mental health promotion in the workplace – a good practice report’,

– having regard to the EU-OSHA report of 22 October 2021 entitled ‘Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications’,

– having regard to the opinion of the European Economic and Social Committee of 12 December 2012 entitled ‘The European Year of Mental Health – Better work, better quality of life’[15],

– having regard to the opinion of the Commission Expert Panel on Effective Ways of Investing in Health of 23 June 2021 on supporting the mental health of the health workforce and other essential workers’,

– having regard to the joint EU-OSHA and Eurofound report of 13 October 2014 entitled ‘Psychosocial risks in Europe: prevalence and strategies for prevention’,

– having regard to the Willis Towers Watson 2021 Employee Experience Survey,

– having regard to the petitions submitted to the Committee on Petitions, for instance Nos 0956/2018 and 1186/2018,

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs (A9-0184/2022),

[15] OJ C 44, 15.2.2013, p. 36.

A. whereas the right to physical and mental health is a fundamental human right and whereas every human being is entitled to the highest attainable standard of health; whereas the WHO defines mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community’[16]; whereas mental health is also linked to other fundamental rights such as the right to human dignity, as enshrined in Article 1 of the Charter of Fundamental Rights of the EU, and the right to the integrity of the person, including mental integrity, as enshrined in Article 3 of the Charter;

B. whereas research shows that the COVID-19 pandemic has shaped organisational and managerial practices and changed working conditions for many workers in Europe, with consequences for working time, well-being and the physical environment of the workplace; whereas extraordinary demands have been placed on healthcare and essential workers; whereas these workers have had to cope with a demanding work environment, a lack of protection and fears for their safety, which has had a negative psychological impact; whereas understanding mental health issues in the workplace not only means being cognisant of mental disorders in line with the diagnostic criteria of the International Classification of Diseases for Mortality and Morbidity Statistics (e.g. depression)[17], but also seeking to promote well-being, avoiding misunderstanding and stigmatisation and devising and implementing the right measures and treatment to manage those disorders[18];

C. whereas the pandemic unleashed a sharp increase in care responsibilities in combination with work, which disproportionately affected women and widened the gender disparity in unpaid care; whereas this had a negative impact on the mental health of people with care responsibilities, as many workers had to cope with much more stress by taking on the increased care responsibilities of home-schooling and childcare during lockdown or by providing informal care or performing any other kind of work for dependent relatives;

D. whereas research shows that the pandemic gave rise to teleworking on a large scale, which has had positive consequences such as more flexibility and autonomy and, in some cases, a better work-life balance; whereas, however, these gains do not always outweigh the negative consequences such as being overly connected, a blurring of the lines between one’s work and private life, a greater intensity of work and technology-related stress; whereas according to Eurofound’s COVID-19 surveys, the pandemic posed many challenges for workers working remotely; whereas while the considerable increase in teleworking may benefit workers and businesses, the right to physical and mental health must also be safeguarded and promoted in this context;

E. whereas psychosocial risks are the most prevalent health risks associated with teleworking; whereas a higher prevalence of teleworking is linked to long working hours and work-related stress; whereas according to the EU-OSHA, psychosocial risks may result in negative psychological, physical and social outcomes such as work-related anxiety, burnout or depression; whereas the working conditions that lead to

[16] WHO fact sheet, *Mental Health: strengthening our response*, 17 June 2022.
[17] International Classification of Diseases for Mortality and Morbidity Statistics, ‘Problems associated with employment or unemployment’.
[18] List of mental disorders as per WHO fact sheet on mental disorders, 8 June 2022.

psychosocial risks may include an excessive workload, conflicting demands, a lack of clarity about one's role, a lack of involvement in decisions affecting workers themselves, a lack of influence over the way one's job is done, poorly managed organisational change, a lack of job security, ineffective communication, a lack of support from management or one's colleagues, psychological and sexual harassment, and third-party violence; whereas Member States do not have the same legally binding common standards and principles for psychosocial risks, which leads to de facto unequal legal protections for workers;

F. whereas an increasing number of employers are using digital tools such as apps, software and artificial intelligence (AI) to manage their workers; whereas as such, algorithmic management presents new challenges for the future of work such as technology-enabled control and surveillance through prediction and flagging tools, remote real-time monitoring of progress and performance and time-tracking, and entail significant risks for workers' health and safety, notably their mental health and right to privacy and human dignity; whereas digitalisation and advanced new technologies such as AI and AI-based machinery are transforming the nature of work; whereas about 40 % of human resources departments in international companies now use AI applications and 70 % consider this a high priority for their organisation; whereas the new digital economy must be regulated to foster shared prosperity and ensure the well-being of society at large;

G. whereas this new situation requires us to adopt a fresh and broader definition of health and safety at the workplace, which can no longer be separated from mental health;

H. whereas the COVID-19 pandemic has disproportionately affected the mental well-being of healthcare and long-term care workers – the majority of whom are women – as well as vulnerable populations including ethnic minorities, the LGBTIQ+ community, older people, single parents, persons with disabilities and pre-existing mental health issues, people of a lower socio-economic status, the unemployed, and people living in the outermost regions and remote, poorly connected areas; whereas the mental health of young people has worsened significantly during the pandemic, with problems related to mental health having doubled in several Member States and a severe impact on the employment of young people and reduction in their incomes, including job losses; whereas 9 million adolescents in Europe (persons aged 10 to 19) are living with mental health disorders, with anxiety and depression accounting for more than half of those cases;

I. whereas too many people in the EU do not have access to public mental and occupational health services; whereas mental well-being has reached its lowest level across all age groups since the onset of the pandemic, with the deterioration in mental health being attributed to disruptions in access to mental health services, an increased workload and a labour market crisis that disproportionately affected young people; whereas public mental and occupational health services are notoriously underfunded; whereas work-related stress can be a consequence of several factors such as time-constraint pressures, long or irregular working hours and poor communication and cooperation within the organisation; whereas there is a strong correlation between migraines or severe headaches and depression and anxiety, among other comorbid psychiatric disorders, which has a knock-on effect on working performance and

employee absences; whereas clinical and applied research into the prevention, diagnosis and treatment of mental health conditions is also considerably underfunded; whereas mental health issues are currently the leading cause of global morbidity, with suicide the second-largest cause of death of young people in Europe; whereas prevention, awareness-raising, well-being activities and the promotion of mental health and a healthy culture at work can provide positive outcomes to improve the health of employees[19];

J. whereas workplace issues that affect mental health include job burnout, bore-out syndrome, stress, harassment, violence, stigma, discrimination and limited possibilities for growth or promotion, aspects which may be further exacerbated online; whereas last year the WHO revealed that more than 300 million people worldwide were suffering from work-related mental disorders such as burnout, anxiety, depression or post-traumatic stress, which correlates to the fact that one in four European workers feel that work has a negative impact on their health[20]; whereas a negative working environment may lead to physical and mental health problems, the harmful use of substances or alcohol, absenteeism and lost productivity;

K. whereas the costs of mental ill health were estimated at more than 4 % of GDP across all EU Member States in 2015; whereas the cost of work-related depression is one of the leading causes of disability and depression and has been estimated at EUR 620 billion a year, resulting in EUR 240 billion in lost economic output[21]; whereas the estimated cost of all headaches in the EU is over EUR 110 billion every year, around EUR 50 billion of which is attributed to migraines; whereas the prevention-related budgets across all EU Member States remain low at 3 % of total health expenditure;

L. whereas under EU occupational health and safety regulations[22], employers have a duty to protect workers' health and safety in all aspects of their work; whereas employers continue to have a responsibility for occupational health and safety in the context of teleworking; whereas trade unions and occupational health and safety bodies in the workplace play a critical role in defending workers' fundamental human right to a safe and secure workplace, including when teleworking;

M. whereas stable employment, health (including mental health), conditions for full development, and a sense of influence and involvement for young people are the basic preconditions for exiting the crisis, strengthening societies and rebuilding economies;

Mental health and digital work: lessons learned from the COVID-19 pandemic

1. Regrets the fact that during the COVID-19 pandemic, the mental health of employees and the self-employed was affected by disruptions to many services such as education, health, social support and increased stress factors such as financial insecurity, a fear of being unemployed, limited access to healthcare, isolation, technology-related stress,

[19] Before the pandemic it was estimated that 25 % of EU citizens would experience a mental health problem in their lifetime. Source: European Network for Workplace Health Promotion, *A guide for employers to promote mental health in the workplace*, March 2011.
[20] Eurofound, Sixth European Working Conditions Survey, 2017.
[21] Opinion of the Commission Expert Panel on Effective Ways of Investing in Health, *Supporting the mental health of the health workforce and other essential workers*, 23 June 2021.
[22] EU-OSHA summary on Council Directive 89/391/EEC, last updated on 3 May 2021.

changes to working hours, the inadequate organisation of work and teleworking; calls for mental health to urgently be tackled by cross-sectional and integrated policies as part of a comprehensive EU mental health strategy and European care strategy supplemented by national action plans; reminds the Commission, in particular, that the protection of workers' health should be an integral part of the EU-OSHA's preparedness plans to prevent future health crises;

2. Stresses that the COVID-19 pandemic and subsequent economic crisis have placed a huge strain on the mental health and well-being of all citizens, but above all employees, the self-employed, young people, students transitioning to the workforce and older people, with an increasing prevalence of work-related psychosocial risks and higher rates of stress, anxiety and depression;

3. Stresses that the COVID-19 pandemic has had a negative impact on the transition from education to work and can therefore cause high levels of stress, anxiety and uncertainty for young people at the beginning of their careers, which is also likely to exacerbate their employment prospects and feed into a vicious cycle of issues with their mental health and well-being; calls for greater support for mental health, including for public employment services, in order to address the well-being of unemployed people;

4. Regrets the fact that mental health has not been treated as a priority in the same way as physical health, has been deprived of funding and has been short of qualified staff across the Member States, despite the intrinsic benefits associated with improved health and well-being and the substantial economic productivity gains and higher levels of participation in work deriving from public investment in mental health; believes that swift action is needed to improve the current situation;

5. Calls on the EU institutions and the Member States to recognise the high levels of work-related mental health problems across the EU and to strongly commit to actions regulating and implementing a world of digital work which helps to prevent mental health problems, protect mental health and a healthy work-life balance, and reinforce social protection rights in the workplace; calls for dialogue to be undertaken and efforts to be made to that end in concert with employers and workers' representatives, including trade unions; stresses, in this regard, the essential need to adopt prevention plans for mental health risks in all workplaces; calls for a follow-up on the implementation of the WHO European framework for action on mental health for 2021-2025;

6. Regrets the disparity between the amount of EU action actually taken on health and the scope afforded by the Treaty on European Union and calls for more EU action to be taken within the scope of those competences; considers mental health to be the next health crisis and that the Commission should take action and tackle all potential risks through binding and non-binding measures, where relevant, and create a comprehensive EU mental health strategy in line with the Council conclusions of 24 October 2019 on the economy of well-being;

7. Notes that an EU mental health strategy should aim to require Member States to integrate mental healthcare with physical care in view of the close correlation between the two, to deliver effective care on the basis of evidence and human rights, to expand

the number of services on offer to enable more people to access treatment and to support people to help them find or stay in work, among other endeavours; insists that poor mental health affects workers' well-being and entails costs for welfare systems, with added expenditure for healthcare and social security; highlights the responsibility of the employer and the essential role of both the employer and social partners in devising and implementing such initiatives;

8. Recalls that the pandemic has shed light on the widespread mental health crisis across Europe and the various responses to it by the Member States and has demonstrated the importance of sharing best practices to respond to health emergencies, revealing gaps in foresight, including preparedness, response tools and adequate funding; calls on the Commission and the Member States to include mental health impacts in their health crisis and pandemic emergency response and preparedness plans; believes that the current mental health crisis should be considered a health emergency;

9. Welcomes the ongoing negotiations for a regulation repealing Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health[23] and the ongoing negotiations on reforming the European Centre for Disease Prevention and Control and strengthening the mandate of the European Medicines Agency;

10. Applauds the essential and frontline workers who sacrificed their own well-being to perform life-saving work during the pandemic; is concerned about the greater work-related mental health risks for health and long-term care workers; calls on the Commission to devote particular attention to essential and frontline workers in upcoming proposals on mental health at work; calls for Member States to improve their working conditions, address staff shortages and commit the necessary resources in order to ensure that such sacrifices are not required again, ensuring that workers have immediate access to adequate mental health resources and protection and psychosocial interventions, which should be extended beyond the acute crisis period; stresses that the vast majority of essential and frontline workers are women and are often on lower incomes, bearing greater work-related mental health risks;

The digital transition and mental health

11. Recognises that quality employment can help provide individuals with a purpose as well as financial security and independence; emphasises the positive relationship between good mental health, good working conditions, adequate salaries, work productivity, well-being and quality of life; notes that a sense of purpose and identity for workers can be challenged in a context of increasing digitalisation, which can lead to physical and mental health problems; affirms that prevention is therefore key; believes that adequate working conditions and active labour market programmes could help to combat psychosocial risks by providing opportunities for quality jobs and social protection; notes that depression and mental health disorders can be a barrier to staying in and obtaining employment and that additional support is necessary for jobseekers;

12. Recognises the opportunities that the digital transformation can create for the employment of persons with disabilities on the open labour market; stresses, in this

[23] OJ L 293, 5.11.2013, p. 1.

context, that the digital transformation should not lead to isolation and social exclusion; highlights, moreover, the difficulties faced by older people, who are at particular risk of digital exclusion due to changing working conditions and new digital tools; stresses the importance for all workers, and above all older people, to be able to access lifelong learning and professional development adapted to their individual needs; calls on the Member States to expand the provision of digital education aimed at older people; stresses the importance of intergenerational exchanges in the working environment;

13. Recalls that proactive approaches to digitalisation, such as improving digital skills in the workplace or allowing for flexible working hours, can help to mitigate work-related stress; points out that AI has the potential to improve working conditions and quality of life, including a better work-life balance and better accessibility for persons with disabilities, to predict labour market development and to support human resources management in preventing human bias; cautions, however, that AI also gives rise to concerns over privacy and occupational health and safety such as the right to disconnect, and can lead to the disproportionate and illegal surveillance and monitoring of workers, infringing on their dignity and privacy, as well as discriminatory treatment in recruitment processes and other areas due to biased algorithms, including on the grounds of gender, race and ethnicity; is concerned, furthermore, that AI can undermine the freedom and autonomy of people, such as through prediction and flagging tools, real-time monitoring and tracking and automated behavioural nudges, and contribute to workers' mental health problems such as burnout, technology-related stress, psychological overload and fatigue; stresses that AI solutions in the workplace must be transparent, fair and avoid any negative implications for workers and must be negotiated between employers and workers' representatives including trade unions; calls on the Commission and the Member States, in this regard, to devise a legislative proposal on AI in the workplace to ensure appropriate protection for workers' rights and well-being, including their mental health and fundamental rights such as non-discrimination, privacy and human dignity in an increasingly digitalised workplace; notes that online harassment tends to have a disproportionate impact on the most vulnerable groups including younger, female and LGBTQI+ workers; stresses that only 60 % of Member States have specific legislation in place to address bullying and violence at work, and calls on the Commission and the Member States, therefore, to propose targeted mandatory measures to reverse and tackle this increasing problem at work and protect the victims with all the necessary resources;

14. Calls on the Commission and the Member States to ensure that the preventive and protective measures aimed at eradicating violence, discrimination and harassment in the world of work, including third-party violence and harassment (i.e. by customers, clients, visitors or patients), where applicable, apply regardless of the reason or cause of harassment and are not limited to cases based on discriminatory grounds; calls on the Member States to ratify the International Labour Organization Convention (No 190) on Eliminating Violence and Harassment in the World of Work and Recommendation (No 206) on Violence and Harassment and to put in place the necessary laws and policy measures to prohibit, prevent and address violence and harassment in the world of work; calls on the Commission to ensure that the scope of the proposed directive on combating violence against women and domestic violence[24] fully covers violence and

[24] Proposal for a directive of the European Parliament and of the Council of 8 March 2022 on combating

harassment at work as a criminal offence and that workers receive appropriate protection with the involvement of trade unions;

15. Stresses the need to protect workers from exploitation by their employers in the use of AI and algorithmic management, including prediction and flagging tools to predict employee behaviour and identify or deter rule-breaking or fraud by workers, real-time monitoring of progress and performance, time-tracking software and automated behavioural nudges; calls for a ban on the surveillance of workers;

16. Considers it necessary to develop a new paradigm to factor in the complexity of the modern workplace in relation to mental health, as the regulatory instruments currently in force are not sufficient to guarantee the health and safety of workers and need to be updated and improved;

17. Emphasises that the use of technology and AI in the workplace should never be used to the detriment of workers' mental health and well-being; notes that the deployment of AI at work must not lead to excessive monitoring in the name of productivity or the surveillance of workers;

18. Notes that there is a wide digital gender gap in specialist skills and employment in the ICT sector, where only 18 % of workers are women and 82 % are men[25]; considers it vital that technological systems be designed in an inclusive manner in order to prevent discrimination, mental health issues or other harmful effects of non-inclusive design; urges the Commission and the Member States to work together to close the digital gender gap for women in science, technology, engineering and mathematics (STEM) and to look into providing incentives for ICT organisations to hire a diverse workforce;

19. Welcomes Directive (EU) 2019/1158 on work-life balance for parents and carers, as it provides flexibility and serves to alleviate work-related issues; stresses, however, that women continue to be disproportionately affected, as the pandemic has shown; believes that while teleworking offers many opportunities, it are also presents challenges in terms of the social, professional and digital divide; stresses that women continue to take on the bulk of family-related leave, which continues to have a negative impact on their career progression, personal development, pay and pension entitlements; invites the Member States to go beyond the requirements of the directive and to increase the number of days granted for carers' leave and provide remuneration for informal carers when taking leave; calls on the Member States to strongly commit to protecting workers' family time and work-life balance; calls on the Member States to encourage an equal share of caring responsibilities between women and men through non-transferable paid leave periods between parents, which would allow women to engage in full-time employment to a greater extent; highlights that women are at greater risk of stress, exhaustion, burnout and psychological violence due to new teleworking arrangements and the lack of regulation to control abusive labour practices;

20. Notes the shift to teleworking during the pandemic and the flexibility it provided for many employees and the self-employed; recognises, however, that teleworking has also proved especially challenging for the most disadvantaged individuals and single-parent

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violence against women and domestic violence (COM(2022)0105).
[25] European Commission, Women in Digital Scoreboard 2020.

households; acknowledges that the combination of teleworking and childcare, especially for children with special needs, could pose a threat to family life and the well-being of both parents and children; encourages employers to provide clear and transparent rules on teleworking arrangements to ensure that working hours are respected and prevent social and professional isolation and the blurring of working time with other time spent at home; notes that teleworking has been proven to have a major impact on the organisation of working time by increasing flexibility and making workers constantly available, which has frequently resulted in work-life conflict; recalls, nevertheless, that if it is properly regulated and implemented, teleworking could provide workers with the flexibility to adapt their working hours and schedules to meet their own personal and family needs; emphasises, in this connection, that a full or partial shift to teleworking should be the result of an agreement between the employer and employee representatives;

21. Notes with concern that teleworking is not yet available to all workers; stresses the impact of the shift to teleworking on the mental health of those in danger of digital exclusion; stresses the importance of fighting the digital divide in Europe and the necessity of retraining younger and older people in order to ensure a sufficient level of digital skills for all workers; calls for more targeted investments in the provision of digital skills, especially groups that are more digitally excluded such as people of a low socio-economic status and a limited educational background, older people and people in rural and remote areas; calls on the Commission to propose a legislative framework to establish minimum requirements for teleworking across the EU, without undermining the working conditions of teleworkers; stresses that such a legislative framework should clarify working conditions, ensure that such work is carried out on a voluntary basis and that the rights, work-life balance, workload and performance standards of teleworkers are equivalent to those of comparable on-site workers; calls on the Commission and the Member States to provide measures on accessibility and inclusive technology for persons with disabilities; notes that this framework should be developed in consultation with the Member States and European social partners, should fully respect national labour market models and should take into consideration the European Social Partners Framework Agreements on Telework and on Digitalisation; calls on the Commission and the Member States to pay particular attention to persons with mental or physical disabilities; stresses that the working conditions of teleworkers are equivalent to those working on-site and that specific measures need to be taken to follow up and support the well-being of remote workers;

22. Considers that the right to disconnect is essential to ensuring the mental well-being of employees and the self-employed, not least for female workers and workers in non-standard forms of work, and should be complemented by a preventive and collective approach to work-related psychosocial risks; calls on the Commission to propose, in consultation with the social partners, a directive on minimum standards and conditions to ensure that all workers are able to effectively exercise their right to disconnect, and to regulate the use of existing and new digital tools for work purposes in line with Parliament’s resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect, while taking into consideration the European Social Partners Framework Agreement on Digitalisation; calls on the Member States, furthermore, to better coordinate the exchange of best practices, as some of them are putting in place some very innovative policies and projects;

23. Notes that if they are revised and updated, Council Directives 89/654/EEC and 90/270/EEC laying down minimum safety and health requirements for the workplace and for work with display screen equipment can contribute to the protection of all workers, including platform workers and the self-employed, alongside the different projects developed by EU agencies and Member States;

24. Stresses that the provision of accessibility and reasonable accommodation is applicable to work-related digital environments and that, as such, employers should put in place measures to adapt and ensure fair and equal working conditions for persons with disabilities, including those with mental health issues, including compliance with relevant digital accessibility standards deriving from Directive (EU) 2019/882;

25. Welcomes the Commission's commitment to modernising the legislative framework for occupational health and safety by reviewing Council Directives 89/654/EEC and 90/270/EEC laying down minimum safety and health requirements for the workplace and for work with display screen equipment;

Workplace health and safety

26. Is concerned about the disconnect between current policy on mental health and attitudes in the workplace, which do not properly reflect the fact that protecting the employee is a key asset for EU leaders for the remainder of the decade; emphasises that due to stigma and discrimination, employees often feel unable to discuss issues; calls on the Member States to ensure that employers fulfil their obligations to provide support and clear information to all workers, and to ensure that the workers affected are reintegrated fairly into the workplace; calls for workplaces to facilitate access to services for mental health support and external services and to prevention, early recognition and treatment for employees who may have mental health disorders and to support their reintegration and help to prevent relapses, as well as putting in place company mental health prevention plans, including on the prevention of suicide; calls, in addition, for the adoption of clear and effective prevention strategies as well as support strategies for workers returning to work after a long absence;

27. Recalls that harassment and discrimination on multiple grounds exist in and are a frequent source of stress and disconnection from the workplace; recalls, in particular, that discrimination on the grounds of age, disability, sex, gender, sexual orientation, race, educational or socio-economic status and belonging to vulnerable groups is widespread and should be addressed by employers; stresses the importance of including an anti-harassment policy in health and safety measures in the digital world of work and of providing support for businesses, especially small and medium-sized enterprises (SMEs), to help them put in place policies to combat harassment and bullying; calls for an EU-wide information campaign on mental health awareness in order to address the stigma, misperceptions and social exclusion that are often associated with poor mental health;

28. Believes that the current measures to encourage improvements in the health and safety of workers are insufficient, especially as far as the assessment and management of psychosocial risks is concerned; calls on the Commission to establish mechanisms for the prevention of anxiety, depression and burnout and the reintegration into the

workplace of those affected by psychosocial problems; recalls that an individual and organisational approach to work[26] is crucial to this end; notes, however, that these health conditions may depend on a number of factors; calls on the Commission, in consultation with the social partners, to revise its recommendation of 19 September 2003 concerning the European schedule of occupational diseases[27] with additions such as work-related musculoskeletal disorders, work-related mental health disorders, in particular depression, burnout, anxiety and stress, all asbestos-related diseases and skin cancers and rheumatic and chronic inflammation; calls on the Commission, once it has consulted the social partners, to transform this recommendation into a directive establishing a minimum list of occupational diseases and setting out the minimum requirements for their recognition and adequate compensation for the individuals concerned;

29. Acknowledges that as part of efforts to tackle psychosocial risks, national labour inspectorates can have an important role to play by enforcing preventive and/or corrective interventions in the context of work; calls on the European Labour Authority to work on a common strategy for national labour inspectorates to tackle psychosocial risks, including devising a common framework covering the evaluation and management of psychosocial risks and catering for the different training needs of labour inspectors;

30. Points out that while the new EU strategic framework on health and safety at work for 2021-2027 rightly notes the need for changes to the working environment in order to tackle hazards to psychosocial well-being, it only focuses on individual interventions, which are a limited part of psychosocial risk mitigation; stresses the urgent need for a common basis to safeguard the mental health of all workers across the EU, as they are not uniformly protected across all Member States – not even under current EU legislation; calls on the Commission, in this regard, to propose a legislative initiative, in consultation with social partners, on the management of psychosocial risks and well-being at work in order to effectively prevent psychosocial risks in the workplace, including online, provide training for management and workers, periodically assess progress and improve the working environment; considers that preventive occupational health and safety policies should also involve social partners in the identification and prevention of psychosocial risks; notes that anonymous employee surveys such as questionnaires and other data collection exercises can provide useful information on the extent to which and reasons why employees are stressed, making it easier for management to identify issues and make adjustments where needed;

31. Calls on the Commission and the Member States to take into account the latest scientific evidence and research in mental health, especially regarding the potential of innovative approaches in mental health treatment; encourages the Commission to closely follow and monitor best practices that have been already successfully implemented in this area and to facilitate the exchange of those best practices among the Member States; calls on the Member States, in particular, to ensure that they have effective committees in place on health and safety at work in order to provide more frequent and accurate risk assessments and to strengthen the prerogatives of existing health and safety committees

[26] EU-OSHA, *Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications*, 22 October 2021.
[27] OJ L 238, 25.9.2003, p. 28.

by giving them the right to avail themselves of external expertise, including independent, third-party evaluations of exposure to work-related psychosocial risks;

32. Considers it essential that managers be given the psychosocial training required to adapt to work organisation practices and to foster a deep understanding of poor mental health in the workplace; deems it equally essential that workers also be provided with the relevant training on the prevention of work-related psychosocial risks; encourages employers to foster positive approaches, policies and practices to good occupational mental health and well-being; highlights, to this end, that companies could consider designating and training a reference employee for mental health or putting a dedicated section on the internal communication platform for their workplace with information to point employees in the direction of mental health services; believes that social partners could play a central role in devising and implementing such training and highlights the particular need to provide labour inspectorates with training to ensure they can adequately protect workers;

33. Calls on the Commission and the Member States to acknowledge and raise awareness of the impact on the mental health of workers of highly prevalent and debilitating neurological disorders such as migraines; notes the importance of raising awareness in the workplace on the importance of identifying and preventing migraines by avoiding their triggers;

34. Calls on labour inspectorates in the EU to target the psychosocial working environment in their inspections; invites the Commission's Senior Labour Inspectors' Committee to put forward a new campaign on psychosocial risks, building on the findings of the 2012 campaign and more recent developments;

A modern world of work for the well-being of workers

35. Underlines that given the lack of sufficient mental health support and preventive policies in the workplace, employees often have to rely on private services that are difficult to afford and the services of non-governmental organisations (NGOs) and national hospital facilities, which may have long waiting lists and lack support and resources themselves; calls for workplaces to ensure that employees have accessible, professional and impartial mental health support and remedies, with due respect for workers' privacy and confidentiality, and calls on the Member States to ensure that public healthcare includes easy access to remote counselling;

36. Encourages the Commission to launch education and awareness initiatives on mental health in the workplace and in educational curricula and calls on the Commission and the Member States to leverage EU funds to establish digital platforms and applications for mental health; calls on the Commission to examine the feasibility of establishing a common EU helpline for mental health support; calls on the Commission, in this connection, to provide an adequate budget for the relevant EU programmes; urges the Commission to designate 2023 as the EU Year of Good Mental Health in order to realise the aforementioned mental health education and awareness initiatives;

37. Calls on the Member States to ensure that local and other relevant public authorities have sufficient staff and public resources to provide mental health support and services to everyone who needs them;

38. Recognises that the lack of statistics on the prevalence of mental health issues in the workplace, especially for SMEs and their owners and for the self-employed, undermines the need for urgent intervention; calls on the Member States, Eurostat, public institutions, experts, social partners and the research community to collaborate and gather up-to-date data on work-related risks for mental ill health and the negative impacts thereof, disaggregated by gender and other relevant aspects, as well as data on the effectiveness of the different types of interventions in order to promote better mental health in the workplace in a harmonised manner;

39. Calls on the Member States to assess the possibility of creating local or regional mediation services for psychosocial risks, which should provide advice and technical support for the self-employed and employers, managers and workers in micro-enterprises and SMEs on psychosocial risk prevention and psychosocial conflicts in the workplace, as well as disseminate information on psychosocial risks and their prevention; is concerned that entrepreneurs and SMEs require particular support to manage the impact of everyday pressure and stress factors and promote mental health awareness in the workplace, and calls for EU initiatives to assist them with risk assessment, prevention and awareness-raising campaigns and putting good practices in place; highlights the role of the EU-OSHA in providing micro-enterprises and SMEs with the tools and standards they need to assess the risks to their workforce and implement adequate prevention measures; considers that the EU-OSHA should be strengthened in this regard in order to better promote healthy and safe workplaces across the EU and further develop initiatives to improve workplace prevention in all sectors of activity;

40. Points out that the mental health of young people has got considerably worse during the pandemic, with young women and young people in marginalised situations more severely affected; regrets the fact that young people are not the target of investment in mental health research despite the manifest long-term benefits of early intervention; points out that 64 % of young people between 18 and 34 were at risk of depression in 2021 due to a lack of employment and financial and educational prospects as well as loneliness and social isolation; stresses that one of the best tools to tackle mental health issues[28] among young people is to provide them with meaningful prospects for good-quality education and employment; calls on the Commission to address the disruption in access to the labour market, which has put young people at greater risk of mental health disorders, and to take action to support young people in accessing and retaining adequate employment;

41. Calls on the Commission and the Member States, in collaboration with Parliament and respecting the principle of subsidiarity, to propose a common legal framework to ensure fair remuneration for traineeships and apprenticeships in order to avoid exploitative practices; calls on the Commission to develop a recommendation to ensure that traineeships, apprenticeships and job placements count as work experience and consequently grant access to social benefits;

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[28] OECD, *Supporting young people's mental health through the COVID-19 crisis*, 12 May 2021, and European Youth Forum, *Beyond Lockdown: the 'pandemic scar' on young people*, 17 June 2021.

° °

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

EXPLANATORY STATEMENT

This report addresses the long-overdue political recognition of the crisis we face with citizens' mental health in the EU. Lack of efficient mental health services, supports and investments across Member States has resulted in pervasive mental health issues and alarming suicide rates over decades. Even before COVID-19 pandemic, the multitude of citizens affected by mental health were disturbing, due in large part to the disconnect between education, health, economics, employment, social inclusion and poverty. Therefore, there is a strong need for a comprehensive EU Mental Health Strategy, which takes a cross-sectional approach to mental health issues.

The pandemic had an incredibly dramatic impact on the lives of millions of Europeans, compounding the effects of mental health, resulting in higher rates of stress, anxiety and depression. With suicide being the second-highest cause of death of citizens under the age of nineteen, mental health is our current European health crisis. It is time to take these issues seriously and examine what EU action can be taken. Ignoring this call of action will jeopardize our younger generations, in particular, who are our future leaders and workforce.

The current EU-level legislation and policies in this area do not address the growing crisis of mental health amongst our workforce. With many citizens now spending an excessive portion of their lives due to the pandemic 'connected' to work - remotely, this has and will continue to contribute to negative mental health, through job burnout, harassment, violence, stigma and discrimination. It is of utmost importance that workers can expect a proper level of protection for both their physical and mental wellbeing.

What seemed impossible previously has resulted in different models of work, for employer and employee. Advantages of increased flexibility of teleworking and the Work-Life Balance Directive favour some, but there is a need to update the current legislation on occupational safety and health legislation to respond to the new realities of the digital age. It should not be left to *'some'* companies and countries facilitating good mental health practices, we need to ensure collective mental health work practices are put in place to signpost our workforce.

The economic costs for Member States of mental ill health cannot be ignored, not only financing reactive care but also the lost economic output when workers are unable to participate in driving an ambitious labour force. The principle of prevention at the workplace must be formally integrated in policies at EU, national and company level.

Ultimately, there is an increased momentum for strong actions to be taken to ensure better mental health at work. This requires appropriate education and awareness initiatives on mental health, training for employers and better research and data collection at the European level. To achieve these aims, an EU Year of Good Mental Health in 2023, would ensure that the EU focuses on the prevalent mental health issues our citizens face.

Finally, ensuring that all mental health supports and services available within the workplace are clearly signposted, will alleviate issues of stigma and discrimination. Fostering workplace environments that are supportive both before and after mental health issues are crucial to successfully preventing mental ill health. There is still far more we can do at both Member State and EU-level to protect our workers and promote the importance of positive mental health.

INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

Date adopted	14.6.2022
Result of final vote	+: 38 –: 2 0: 1
Members present for the final vote	Atidzhe Alieva-Veli, Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Jordi Cañas, David Casa, Leila Chaibi, Ilan De Basso, Margarita de la Pisa Carrión, Estrella Durá Ferrandis, Rosa Estaràs Ferragut, Loucas Fourlas, Cindy Franssen, Alicia Homs Ginel, Miriam Lexmann, Elena Lizzi, Sara Matthieu, Max Orville, Sandra Pereira, Kira Marie Peter-Hansen, Dennis Radtke, Elżbieta Rafalska, Guido Reil, Daniela Rondinelli, Mounir Satouri, Monica Semedo, Romana Tomc, Maria Walsh, Stefania Zambelli
Substitutes present for the final vote	Konstantinos Arvanitis, Simona Baldassarre, Ilana Cicurel, Rosa D'Amato, Gheorghe Falcă, Krzysztof Hetman, Pierfrancesco Majorino, Antonius Manders
Substitutes under Rule 209(7) present for the final vote	Mohammed Chahim, Carlo Fidanza, Martin Hojsík, Domènec Ruiz Devesa

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

38	+
ECR	Carlo Fidanza, Elżbieta Rafalska
ID	Simona Baldassarre, Elena Lizzi, Stefania Zambelli
NI	Daniela Rondinelli
PPE	David Casa, Rosa Estaràs Ferragut, Gheorghe Falcă, Loucas Fourlas, Cindy Franssen, Krzysztof Hetman, Miriam Lexmann, Antonius Manders, Dennis Radtke, Romana Tomc, Maria Walsh
RENEW	Atidzhe Alieva-Veli, Jordi Cañas, Ilana Cicurel, Martin Hojsík, Max Orville, Monica Semedo
S&D	Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Mohammed Chahim, Ilan De Basso, Estrella Durá Ferrandis, Alicia Homs Ginel, Pierfrancesco Majorino, Domènec Ruiz Devesa
THE LEFT	Konstantinos Arvanitis, Leila Chaibi
VERTS/ALE	Rosa D'Amato, Sara Matthieu, Kira Marie Peter-Hansen, Mounir Satouri

2	-
ECR	Margarita de la Pisa Carrión
ID	Guido Reil

1	0
THE LEFT	Sandra Pereira

Key to symbols:
+ : in favour
- : against
0 : abstention

European Parliament
2019-2024

Plenary sitting

A9-0189/2022

22.6.2022

REPORT

towards a common European action on care
(2021/2253(INI))

Committee on Employment and Social Affairs
Committee on Women's Rights and Gender Equality

Rapporteurs: Milan Brglez, Sirpa Pietikäinen

(Joint committee procedure – Rule 58 of the Rules of Procedure)

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

towards a common European action on care
(2021/2253(INI))

The European Parliament,

– having regard to Articles 2 and 3 of the Treaty on European Union (TEU),

– having regard to the objectives established under Article 3 TEU, in particular combating social exclusion and discrimination, promoting social justice, equality between women and men, solidarity between generations and the protection of the rights of the child, as well as economic, social and territorial cohesion,

— having regard to the Article 8 on gender mainstreaming, enshrining the EU's aim to eliminate inequalities and promote equality between women and men, and to the horizontal social clause in Article 9 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to the social policy objectives set out in Articles 151 and 153 TFEU,

— having regard to the revised European Social Charter, in particular its articles 15,on the right of persons with disabilities to independence, social integration, and participation, and 23 on the right of older persons to social protection,

— having regard to the Charter of Fundamental Rights of the European Union, in particular its articles 25 on the right of older persons to lead a life of independence and dignity and 26 on the integration of persons with disabilities, and the European Convention for the Protection of Human Rights and Fundamental Freedoms, as referred to in Article 6 TEU,

— having regard to the principles of the European Pillar of Social Rights (EPSR), in particular principle 17 on inclusion of persons with disabilities and principle 18 on the right to long-term care,

— having regard to the UN Decade on Healthy Ageing 2021-2030 and the WHO Framework for countries to achieve an integrated continuum of long-term care[1]

– having regard to the EPSR Action Plan and its 2030 headline targets,

— having regard to the UN Sustainable Development Goals (SDGs), in particular goals n.º3 on "Good Health and Well-being", n.º 5 on "Gender Equality", n.º 8 on "Decent Work and Economic Growth" and n.º10 on "Reduced Inequalities",

— having regard to the thematic report of the UN Independent Expert on the Enjoyment of All Human Rights by older Persons of 22 July 2020 on the impact of the coronavirus

[1] https://www.who.int/news/item/14-03-2022-who-launches-new-framework-to-support-countries-achieve-integrated-continuum-of-long-term-care

disease (COVID-19) on the enjoyment of all human rights by older persons A/75/2020[2],and her statement on Autonomy and care of older persons to the 30th Session of the UN Human Rights Council[3],

— having regard to the International Labour Organization (ILO) conventions and recommendations, and in particular C149 Nursing Personnel Convention of 1977 and its accompanying Recommendation No. 157, C183 Maternity Protection Convention of 2000 and its accompanying Recommendation No 191, C189 Domestic Workers Convention of 2011 and its accompanying Recommendation No 201, C190 Violence and Harassment Convention of 2019 and its accompanying Recommendation No 206, and Social Protection Floors Recommendation No 202,

— having regard to the 7 March 2022 ILO report entitled 'Care at work: Investing in care leave and services for a more gender equal world of work',

— having regard to the 19 December 2019 ILO report entitled 'The Employment Generation Impact of Meeting SDG Targets in Early Childhood Care, Education, Health and Long-Term Care in 45 Countries',

— having regard to the ILO Resolution concerning a global call to action for a human-centred approach from the COVID-19 crisis that is inclusive, sustainable and resilient, adopted at the 109th Session of the International Labour Conference in June 2021,

— having regard to the International Labour Organization report of 7 March 2022, entitled "Care at work: Investing in care leave and services for a more gender equal world of work",

– having regard to the UN Convention on the Rights of Persons with Disabilities (UN CRPD),

— having regard to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),

— having regard to the UN Convention on the Rights of the Child (UNCRC),

– having regard to Commission President Ursula von der Leyen's political guidelines,

– having regard to the Commission's work programme for 2022,

– having regard to Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+)[4],

– having regard to Regulation (EU) 2021/241 of the European Parliament and of the

[2] https://www.ohchr.org/en/documents/thematic-reports/impact-coronavirus-disease-covid-19-enjoyment-all-human-rights-older

[3] https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F30%2F43《uage=E&DeviceType=Desktop《Requested=False

[4] OJ L 231, 30.6.2021, p. 21.

Council of 12 February 2021 establishing the Recovery and Resilience Facility[5],

– having regard to Regulation (EU) 2020/2221 of the European Parliament and of the Council of 23 December 2020 amending Regulation (EU) No 1303/2013 as regards additional resources and implementing arrangements to provide assistance for fostering crisis repair in the context of the COVID-19 pandemic and its social consequences and for preparing a green, digital and resilient recovery of the economy (REACT-EU)[6],

— having regard to Regulation (EU) 2021/522 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027,

— having regard to the OECD and European Commission joint "State of health" initiative,

– having regard to Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU[7],

— having regard to Directive 2000/43/EC of the Council of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin,

– 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 occupation[8],

— having regard to Directive (EU) 2022/431 of the European Parliament and of the Council of 9 March 2022 amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work,

– having regard to Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee[9],

— having regard to the Commission's Communication A Union of Equality: Gender Equality Strategy 2020-2025 (COM(2020) 152 final), of 5 March 2020,

— having regard to the Commission's 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 Action Plan to boost the social economy and create jobs of 9 December 2021,

– having regard to the Commission's Green Paper on Ageing of 27 January 2021 (COM(2021)0050),

— having regard to the Commission's communication "A Long-Term Vision for Rural

[5] OJ L 57, 18.2.2021, p. 17.
[6] OJ L 437, 28.12.2020, p. 30.
[7] OJ L 188, 12.7.2019, p. 79.
[8] OJ L 204, 26.7.2006, p. 23.
[9] OJ L 223, 22.6.2021, p. 14.

Areas" of 2021,

— 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 the Commission proposal of 4 March 2021 for a directive of the European Parliament and of the Council to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (COM(2021)0093),

— having regard to the Commission proposal of 28 October 2020 for a directive of the European Parliament and of the Council on adequate minimum wages in the European Union (COM(2020)682),

– having regard to European Economic and Social Committee (EESC) Opinion SOC/687-EESC-2021 of 19 January 2022 entitled ‘Towards a New Care Model for the Elderly: learning from the Covid-19 pandemic’,

— having regard to European Economic and Social Committee (EESC) Opinion SOC/535-EESC-2016 of 21 September 2012 entitled "The rights of live-in care workers",

— having regard to the 2021 Long-term care report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) on “Trends, challenges and opportunities in an ageing society”,

— having regard to the opinion of the Expert Panel on effective ways of investing in health on supporting mental health of health workforce and other essential workers of 23 June 2021,

— having regard to the EPSCO Council conclusions ST/8884-21 of 14 June 2021 on the Socio-Economic Impact of Covid-19 on Gender Equality,

– having regard to its resolution of 15 November 2018 on care services in the EU for improved gender equality[10],

– having regard to its resolution of 21 January 2021 on the gender perspective in the COVID-19 crisis and post-crisis period[11],

– having regard to its resolution of 21 January 2021 on the EU Strategy for Gender Equality[12],

— having regard to its resolution of 10 March 2022 on the EU Gender Action Plan III,

– having regard to its resolution of 21 January 2021 on access to decent and affordable

[10] OJ C 363, 28.10.2020, p. 80.
[11] OJ C 456, 10.11.2021, p. 191.
[12] OJ C 456, 10.11.2021, p. 208.

housing for all[13],

– having regard to Council recommendation of 22 May 2019 on high-quality early childhood education and care systems[14],

– having regard to its resolution of 11 March 2021 on children's rights in view of the EU Strategy on the rights of the child[15],

— having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19[16],

— having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer - towards a comprehensive and coordinated strategy,

– having regard to its resolution of 17 December 2020 on a strong social Europe for Just Transitions[17],

— having regard to its resolution of 7 July 2021 on an old continent growing older – possibilities and challenges related to ageing policy post-2020,

– having regard to the Commission communication of 3 March 2021 entitled 'Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030' (COM(2021)0101),

– having regard to its resolution of 18 June 2020 on the European Disability Strategy post 2020[18],

— having regard to its resolution of 29 November 2018 on the situation of women with disabilities,

– having regard to the Commission communication of 28 June 2021 entitled 'EU strategic framework on health and safety at work 2021-2027 – Occupational safety and health in a changing world of work' (COM(2021)0323),

– having regard to its resolution of 10 March 2022 on a new EU strategic framework on health and safety at work post 2020 (including better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries)[19],

— having regard to the ETUI/EPSU report on Pay transparency and role of gender-neutral job evaluation and job classification in the public services,

– having regard to the Council recommendation of 8 November 2019 on access to social

[13] OJ C 456, 10.11.2021, p. 145.
[14] OJ C 189, 5.6.2019, p. 4.
[15] OJ C 474, 24.11.2021, p. 146.
[16] Texts adopted, P9_TA(2020)0205.
[17] OJ C 445, 29.10.2021, p. 75.
[18] OJ C 362, 8.9.2021, p. 8.
[19] Texts adopted, P9_TA(2022)0068.

protection for workers and the self-employed[20],

— having regard to the activities of the ELA and in particular its collaboration with Member States in tackling undeclared work,

– having regard to the European Institute for Gender Equality (EIGE) Gender Equality Index 2021 and its thematic focus on health,

– 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 social rights are part of human rights and constitutional rights, women's rights are fundamental human rights, and whereas the Venice Commission of the Council of Europe, the ECtHR and the EU Charter of Fundamental Rights underline that human rights are part of the rule of law; whereas the EPSR Action Plan sets out concrete initiatives for the implementation of principles that are essential for building a stronger social Europe for just transitions and recovery, such as gender equality, equal opportunities, work-life balance, childcare and support to children, inclusion of persons with disabilities and long-term care; whereas expanding and strengthening the value and the rights of the care workforce will be a prerequisite for the implementation of these initiatives, including those pertaining specifically to both principles 17 and 18; whereas the European Semester and the Social Scoreboard should be used to step up a fairer, equal, sustainable and resilient society; whereas the enjoyment of the highest attainable standard of health is a fundamental right and a high level of health protection is to be ensured and implemented through all Union policies and activities; whereas access to quality public services is a decisive factor in quality of life as a part of care strategy and increased investments in the sector;

B. whereas children represent 18.3% of the EU population[21]; whereas in 2020, there were 47.5 % of households in the EU that had at least one child and 14% of the households consisted of children and a single parent[22], the majority of which were women;

C. whereas the large majority of care givers and providers, both formal and informal, paid and unpaid, are women; whereas care responsibilities within the household shape the ability, duration and type of paid work women can undertake throughout their working life-cycle thus influencing their participation in the social, economic, cultural and political life; whereas stereotypes surrounding women being better care givers and the perception of unpaid care and domestic work being "women's work" reinforce the "male breadwinner - female carer" model, which continues to shape access to social rights hence impacting women`s economic independence; and contributing to the undervaluation and economic invisibility of care, especially contribution of family carers, as well as undervaluation of care workers in private and public institutions;

[20] OJ C 387, 15.11.2019, p. 1.
[21] European Commission (2021) EU Strategy on the Rights of the Child.
[22] Eurostat (2020) Household composition statistics.

D. whereas 80 % of all long-term care in Europe is provided by informal carers[23], overwhelmingly women, deprived of fair working conditions, mostly unpaid and/or without adequate social support, which makes care an extremely gendered issue; whereas informal care provision is associated with lack of rights such as sick leave and annual leave, as well as maternity, paternity and parental leaves reduction of employment rates, increase of poverty and social exclusion rates, reduced mental health and increased feelings of social isolation and loneliness, which negatively impacts on their physical and mental health, well-being and social inclusion; whereas women's contribution in unpaid care work adds an estimated US$11 trillion[24] to the global economy each year, which is equivalent to 9% of global GDP[25];

E. whereas 15,4% of young people not in employment, education or training (NEET) are in this situation because they are caring for children or incapacitated adults or have other family responsibilities; whereas 88% of those NEETs are women[26];

F. whereas it is necessary to recognise that all human beings rely on care to different degrees depending on, among others, age, socioeconomic status, physical endowment and personal background from childhood to old age; whereas care should be differentiated from support for persons with disability or health condition; whereas the societal and economic value of care work, both paid and unpaid, is not valued and recognized and needs to be reassessed and put into the heart of economic policies; whereas social, gender equality and economic impacts of those with caring responsibilities should be urgently addressed, particularly in view of demographic changes;

G. whereas all Member States and the EU are bound by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including its Article 19 on adopting effective and appropriate measures guaranteeing equal right of all persons with disabilities to live independently, to participate and be included in the community; whereas equal and effective access to affordable quality care and support services is an essential prerequisite for the independent living of persons with disabilities, their participation in the community life and social inclusion;

H. whereas care encompasses all services supporting autonomy and independence of persons in need of care, as well as the physical, psychological, emotional, social, personal and household needs of individuals and groups in vulnerable situations; whereas care should be recognised as a right that guarantees the equal exercise of the rights, dignity, autonomy, inclusion and well-being of people in need of care; whereas the European Union can complement and support Member State action in improving care services, for those who are cared for and those who provide care;

I. whereas care work means a variety of services carried out by individuals, families, communities, paid service providers, public organisations and state institutions in

[23] European Commission Study on Informal care in Europe Exploring Formalisation, Availability and Quality, 2018.
[24] https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf
[25] https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-the-care-economy-en.pdf
[26] https://www.eurofound.europa.eu/fr/topic/neets

different types of settings, ranging from institutions to private households;

J. whereas the Commission defines personal and household services (PHS) as “a broad range of activities that contribute to well-being at home of families and individuals, including childcare, long term care and for persons with disabilities, household chores, remedial classes, home repairs, gardening, ICT support”; whereas PHS include care and non-care, direct and indirect services; whereas at global level, PHS are usually described under the term domestic work; whereas the inclusion of domestic workers in the care workforce therefore recognises that care provision includes not only personal care, but also non-relational indirect care, which provides the necessary preconditions for the provision of personal care; whereas in personal and household services, care and non-care activities are highly intertwined with a vast proportion of workers performing both and thus belonging to the care workforce;

K. whereas access to quality care and creation of age-friendly environments are essential for a longer, healthy and active life; whereas the number of persons in the EU in need of the long-term care is projected to rise from 30.8 million in 2019 to 38.1 million in 2050[27]; whereas several Member States already face labour shortages in the long-term care sector that only risk increasing as demand for long-term care increases, and whereas this requires investments in the labour force and their decent employment and working conditions;

L. whereas the COVID-19 crisis highlighted the key role played by workers in personal and household services within our societies, demonstrating the urgent need to ensure full recognition for these workers in all Member States together with collective bargaining rights, social security and social protection; whereas due to the persisting lack of proper recognition of these workers in several Member States, many of them have lost their job during the COVID-19 pandemic without being able to benefit from state wage compensation and job retention schemes; whereas the pandemic resulted in the loss of accommodation for many workers in personal and household services, as well as exposed them to violence and harassment at work;

M. whereas despite the fact that throughout the life course, each individual at least once assumes the roles of a carer and of a care recipient, there is stigma and stereotypes surrounding interdependence, physical or mental disability, disease and frailty and the need for care and support that intersect with other grounds of discrimination, above all gender, sexual orientation, age, disability, nationality, colour, ethnic or social origin , genetic features, as well as socio-economic or immigrant and other disadvantaged backgrounds, aggravating the risk of poverty or social exclusion;

N. whereas the EU population is ageing with 19% of EU citizens being 65 or older in 2018[28]; whereas age discrimination and unmet, unseen and unrecognized care needs are still a persisting problem in care in Europe; whereas the number of people who are dependent on the assistance of others or have health and long-term care needs increases with age;

O. whereas rheumatic and musculoskeletal diseases (RMDs) are among the world’s most

[27] European Commission & Social Protection Committee (2021) 2021 Long-term care report.
[28] European Parliamentary Research Service, Demographic outlook for the European Union, March 2020, p. 3.

prevalent, disabling and burdensome non-communicable diseases, affecting over 100 million Europeans, and account for over 50 percent of Years Lived with Disabilities (YLDs) in Europe; whereas due to their prevalence, disabling consequences, and links to high incidence of co-morbidities, people with RMDs are a significant source of demand for long-term formal and informal care in Europe;

P. whereas many care and domestic workers have an ethnic minority background or are migrants[29] facing a highly precarious situation and experiencing intersectional discrimination due to their race or ethnicity, gender, socioeconomic status and nationality and provide live-in care work with often unlimited hours, violating working time legislation in the formal and informal economy; whereas these workers are mostly women who do not have an official job contract, are thus more vulnerable to exploitation and often lack access to their rights in particular to decent work and social protection;

Q. whereas there is a lack of high quality, accessible, available and affordable care services in all Member States, including in rural regions especially affected by ageing population; whereas the monitoring of formal and informal care and form and means of existing care services are hampered by the lack of data, including disaggregated data, the lack of quality indicators, such as the European Time Use Survey (ETUS) of evaluation and monitoring of services provided, implementation roadmaps, the lack of knowledge among healthcare providers about temporary disabling diseases;

R. whereas one of the most fundamental rights regarding care and support is the right to choose the type and location of service; whereas the right to choose one’s type of care is often undermined by the insufficient availability of in-home support and personal assistance; whereas personal assistance is too rarely sufficiently supported by the Member States and remains unaffordable for too many; whereas as much as 75 % of older persons in need of long-term care report that they would find themselves below the risk-of-poverty threshold if they were forced to purchase homecare services at the full market cost[30]; whereas even in the majority of the most economically developed countries, social protection systems cover less than 40% of the total costs of long-term care for people with moderate needs[31]; whereas Member States must ensure the provision of quality and adequately funded and functioning care services, social protection systems and better integration of quality long-term care in them which is of crucial importance for improving social fairness and will contribute to gender equality;

S. whereas the COVID-19 pandemic has exacerbated and made more visible the existing inequalities and challenges showcasing the many structural problems, entrenched in Europe's social care system, i.e. such as under-resourced care facilities and health care systems or lack of investment; in terms of access to formal care and domestic services, including to timely, affordable and high-quality medical treatment, and has highlighted pre-existing crises in the care sector due to heavily increased workload in the sector, care workforce shortages, underfinanced, strained health-care systems, overreliance on

[29] The social construction of migrant care work. At the intersection of care, migration and gender / Amelita King-Dejardin; International Labour Office – Geneva: ILO, 2019

[30] Social Protection Committee and the European Commission (2021) Long-term care report.

[31] OECD (2020) The effectiveness of social protection for long-term care in old age: Is social protection reducing the risk of poverty associated with care needs.

informal unpaid care or undeclared work; whereas these lead to increases in psychosocial risks faced by the care workers that remain in the sector, who are predominantly women; whereas the challenges of the pandemic resulted in loneliness and social isolation and increased the risk of abuses, neglect, deteriorated physical and mental health of people in need of care, and the general well-being of all generations across the EU, particularly where pre-pandemic levels of investment in care were lower[32]; whereas these long-term effects on individuals' health and well-being as well as social and economic consequences are yet to be fully assessed and mainstreamed in the relevant policy areas;

T. whereas the needs of informal carers are unmet in Europe and the COVID-19 pandemic shed light to the difficulties of informal carers and of people receiving informal care and revealed the disproportionate reliance on women and girls[33]; whereas the lack of recognition of personal and household services workers and/or the misclassification of their employment status has meant that many who lost employment during the COVID-19 pandemic were unable to access social protection measures;

U. whereas the COVID-19 pandemic has aggravated existing gender inequalities, especially in terms of an increase in unpaid care work and work-life imbalance and resulted in a double burden for many women, who had longer shifts at work and additional informal care at home; whereas before the COVID-19 pandemic[34], 37.5% of women in the EU cared for children, older persons, or people with disabilities every day, compared with 24.7% of men; whereas the pandemic added up to an average of some additional 13 hours of unpaid work per week for women[35]; whereas women who are working from home, part-time or are unemployed have faced vaster pressure, as they have continued to perform the majority of family caring responsibilities and domestic work[36]; whereas all effects of the COVID-19 pandemic are not yet fully known and its socio-economic impact on women will continue;

V. whereas according to the World Health Organization up to half of the COVID-19 deaths in Europe were of residents in long-term care facilities[37]; whereas more than 70% of the social and health workers fighting COVID-19 on the front line were women, many of whom have faced the effects and also long-lasting effects of the COVID-19 infection, were isolated, and experienced unprecedented levels of stress, anxiety, depression, suicides and even post-traumatic stress disorder; whereas, in 2021, 30% of nurses were leaving the profession in the EU[38]; whereas high incidence and mortality rates due to

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[32] European Parliament study (2021) Ageing policies - access to services in different Member States.
[33] World Economic Forum: COVID-19 highlights how caregiving fuels gender inequality - https://www.weforum.org/agenda/2020/04/covid-19-highlights-how-caregiving-fuels-gender-inequality/
[34] 2019
[35] https://eige.europa.eu/about-eige/director-speeches/beyond-beijing-declaration-assessment-and-main-challenges
[36] https://data.unwomen.org/features/covid-19-pandemic-has-increased-care-burden-how-much-0 https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women
[37] Preventing and managing COVID-19 across long-term care services: Policy brief, WHO, 24 July 2020 ; Surveillance data from public online national reports on COVID-19 in long-term care facilities, ECDC, 2022 (https://www.ecdc.europa.eu/en/all-topics-z/coronavirus/threats-and-outbreaks/covid-19/prevention-and-control/LTCF-data)
[38] http://www.efnweb.be/wp-content/uploads/EFN-MHE-Joint-Statement-October-2021.pdf

COVID-19 in long-term care facilities, including by lack of access to protective equipment, testing and medical treatment, highlighted the systemic weaknesses related to the too slow transition from institutional care to family- and community-based care services, staff shortages arising from difficulties in attracting and retaining the workers, poor employment and working conditions, lack of career development opportunities for workers in the care sector, difficulties for the cross-border carers, as well as the lack of support and access to social security for informal carers;

W. whereas in addition to the unmet medical needs, the COVID-19 pandemic has had a dramatically negative impact on the access to education, decent housing and services that are essential for the well-being and development of children, generating an additional burden in care and education duties for all parents, above all women and single parents[39]; whereas the empirical evidence confirms that the reduction of care services and increase in unpaid care work carried out by women during the COVID-19 pandemic has re-established and reinforced gender inequalities;

X. whereas the provision of quality care depends on the existence of a sufficiently large, well-trained, motivated and specialised workforce, the creation of attractive and decent working conditions through social dialogue and collective bargaining, adequate and fair wages, as well as integrated services and adequate public funding; whereas the care sector has long been facing workforce shortages and in the years 2019 to 2020, 421.000 workers left the residential care sector[40]; whereas quality care work is a skilled occupation, requiring training and experience and demand for skilled care workers will only increase in the coming years; whereas employment and ongoing training in the workplace through professionalization of the sector can contribute to an increased quality of provision of care services; whereas in a context of longer care pathways and evolution of practices and technologies, caregivers are accumulating expertise which has to be recognised; whereas the Acquired Rights Directive (2001/23/EC) must be applied whenever employee contracts are transferred to an acquiring care provider;

Y. whereas in the European Union at least 3,1 million personal and household service workers are employed undeclared, lacking recognition and fundamental workers' rights such as collective bargaining, social security and social protection[41]; whereas undeclared work leads to lower protection for workers, facilitating labour exploitation and abuse, while representing as well a loss of income for Member States; whereas the conditions of undocumented third country nationals working in the care sector, are particularly challenging, in terms of their social rights and access to decent work conditions;

Z. whereas the European Platform tackling undeclared work has become a permanent working group of the European Labour Authority (ELA), with the aim of increasing cooperation with Member State authorities in tackling undeclared work;

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[39] Eurofound brief (2021) Education, healthcare and housing: How access changed for children and families in 2020.

[40] https://www.epsu.org/sites/default/files/article/files/Resilience_of%20the%20LTC%20sector_V3.pdf

[41] https://effat.org/in-the-spotlight/european-alliance-calls-on-eu-governments-to-ratify-convention-on-domestic-workers/#:~:text=Among%20them%2C%206.3%20million%20are,workers%20in%20their%20respective%20country

AA. whereas studies show that more than 90% of older people would like to live in their own homes at an advanced age; however only 20% spends the last years of their life in their private accommodation and many of them live in institutional care facilities[42]; whereas there is a lack of care services that are tailored to individual's needs and preferences; whereas this requires[43] structures of care to be changed from centralised institutions to patient-centred, family and community-based care to better support the autonomy of persons in need of care and support, bringing tangible economic and social benefits and increasing the level of well-being of care recipients; whereas residential care often fails to meet the standards on supporting the independence of persons using these services, and is often associated with the end of one's life, rather than as a place to live with dignity, flourish, and further participate in social and cultural life; whereas that shift has been non-existent or too slow and lacking resources and needs to take into consideration different needs and vulnerabilities of communities, such as in terms of income and others inequalities; whereas Member States should invest towards this direction;

AB. whereas it is important to conduct further research on abuse in all care settings, to inform about the factors leading to these practices, promote awareness, training, detection, and fight against abuse for all professions involved in care, and create public platforms for reporting such practices;

AC. whereas the labour-market tends to be gender segregated and undervalues sectors in which women represent the majority of the workforce; whereas in 2020, women's gross hourly earnings in the EU were on average 13.0 % below those of men[44];

AD. whereas care often remains undervalued, receives little recognition, insufficient and often no financial compensation for informal carers; whereas the undervaluation in terms of pay and working conditions as well as the lack of visibility of care and domestic work are closely linked with prevailing gender roles and norms of women as caregiver and men as breadwinners and with a vicious circle of "double devaluation", where care is often relegated to the most disempowered groups of society because of its lack of value and, in turn, the activity of care becomes devalued because it is carried out by the most disempowered groups and due to the fact that homecare and other personal and household care services are provided behind closed doors;

AE. whereas feminisation of the care sector contributes to the gender employment, pay and pension gaps due to the proportion of women working in formal and informal care and can lead to an increased risk of poverty as well as reduced taxes paid to Member States, with a €370 billion annual loss of GDP for Europe[45];

AF. whereas women and migrants, in particular EU and non-EU mobile workers, dominate in the care sector, women representing 76 % of 49 million documented care workers in the EU[46] and more than 85% in unpaid care in all Member States when considering both

[42] European Labour Mobility Institute (https://www.mobilelabour.eu/)
[43] European Commission Study on Challenges in long-term care in Europe 2018
[44] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Gender_pay_gap_statistics
[45] https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/women-labour-market-work-life-balance/womens-situation-labour-market_en
[46] European Parliament study (2021) Gender equality: Economic value of care from the perspective of the applicable EU funds.

daily and weekly engagement[47];

AG. whereas 6.3 million professionals work in long-term care, among whom women (81 %) are overrepresented and there are increasing numbers of workers aged 50+, part-time, precarious and platform workers, as well as migrant, informal and mobile workers, including live-in carers, (8 % of workers in the care sector are non-natives); whereas in 2020 migrant and mobile workers represented 28 % of personal care workers[48]; whereas the care deficits in some regions of the EU are aggravated by this ”care drain” and the phenomenon of global care chains; whereas this makes it impossible to think of care along national borders only; whereas there are still obstacles that hamper the free provision of care services in the EU; whereas these workers are essential to our societies in terms of both public health and social inclusion for care recipients, who are sometimes isolated;

AH. whereas in all the Member States, pay in the care and domestic work sectors is well below the average pay and lower than the pay that workers get for the same job in other sectors, especially in healthcare[49]; whereas this is due to informal work, lower collective bargaining coverage in those sectors as well as the undervaluation of female-dominated sectors, such as care; whereas those employees working in the for-profit and non-profit sectors often do not have access to a workers representation and collective bargaining; whereas the difference in relation to the average pay is smallest in the Member States with collective agreements for parts of the sector[50]; whereas workers representation, including trade unions, and collective bargaining are critical in representing and defending workers’ rights and interests in all care settings, as well as raising and maintaining standards across the care sector;

AI. whereas the COVID-19 crisis has emphasised several challenges regarding the terms and conditions of employment of long-term care workers; whereas long-term care workers were at even greater risk of contracting COVID-19 than healthcare workers in hospitals due to lack of personal protective equipment and appropriate training to implement infection protocols and other prevention activities;

AJ. whereas despite being emotionally gratifying for a large majority of carers, care often generates negative effects on carers’ physical and mental health and difficulties in reconciling care with paid work, which is particularly significant in the case of female carers[51]; whereas formal and informal carers’ mental health have been disproportionately affected during the COVID-19 pandemics; whereas mental problems have increased during the pandemic increasing the care burden; whereas care work is often associated with working in shifts, at short notice and with long working hours; whereas health risks and poor working time quality are the main causes of relatively high absenteeism in the long-term care sector; whereas 38 % of care professionals believe that due to the adverse effects of their work they will not be able to continue

[47] EIGE, Beijing Platform for Action 2020 report, 2021
[48] Eurofound report (2020) Long-term care workforce: Employment and working conditions.
[49] Eurofound report (2020) Long-term care workforce: Employment and working conditions.
[50] Eurofound report (2020) Long-term care workforce: Employment and working conditions.
[51] European Commission & Social Protection Committee (2021) 2021 Long-term care report.

working until they are 60[52];

AK. whereas in Europe, 33% of long-term care workers have been exposed to some type of adverse social behaviour (including verbal abuse, threats and humiliating behaviour) and only 22% of long-term care workers feel very satisfied with their working conditions;[53]

AL. whereas there are various forms of employment of formal live-in carers such as via care companies or temporary employment agencies and intermediaries;

AM. whereas women represent the majority of the people receiving care and 44 million people in the EU provide informal long-term care to family members, neighbours or friends[54],most of them being women, and 12% of women and 7% of men providing informal long-term care do so for more than 40 hours per week[55]; whereas almost 30% of people over 65 are living with two or more non-communicable diseases (NCDs); whereas NCDs have a substantial and growing burden on patients, carers, societies and health systems;

AN. whereas the high numbers of care recipients who are in need of informal care are directly linked to the unavailability, inaccessibility and unaffordability of quality professional services adjusted to their needs as well as the default choice of many Member States of unpaid informal care as the major source of care provision[56]; whereas provision of informal care should be a choice and not a necessity due to lack the of available care services;

AO. whereas a significant share of the formal live-in care sector operates in grey zone which affects badly quality of home care; whereas there is lack of data that allows to identify precisely number of carers in grey zone;

AP. whereas women in the EU carry out 13 hours more of unpaid care and domestic work per week than men[57]; whereas access to affordable and quality formal long-term care services for the dependent family members and unequal distribution of unpaid care and household work between men and women present crucial factors in determining whether women enter into and stay in employment and the quality of the jobs they have; whereas 7.7 million women in the EU remain out of the labour market owing to their informal care responsibilities, compared to just 450.000 men, and 29 % of women employed part-time refer to care duties as the main reason for taking up part-time work[58]; whereas only 6% of men say that the main reason for working part-time is because of caring responsibilities, compared to 29 % of women and only 64 % of

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[52] European Parliament study (2021) Policies for long-term carers.
[53] Eurofound, Long-term Care Workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg, 2020b
[54] Eurofound report (2020) Long-term care workforce: Employment and working conditions.
[55] European Commission Long-term care report https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en
[56] European Commission Long-term care report https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en
[57] EIGE report 2020: Gender inequalities in care and consequences for the labour market: https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market
[58] EIGE report (20210) Gender inequalities in care and consequences for the labour market.

fathers in EU provide care on a daily basis[59];

AQ. whereas women also experience more career interruptions, tend to work shorter hours and are more likely to be in part-time, precarious or temporary employment; whereas sectoral segregation, unequal distribution of unpaid care and housework represent the key causes of the persisting employment, wage and pension gap, as well as greater risk of poverty and social exclusion of women; whereas the gender pension gap averages at 27 % in 2020[60]; whereas an equal distribution of unpaid care and household work, meaning an equal involvement of men, has a clear positive impact on the proportion of women in paid employment and reduction of the gender pay gap; whereas childcare responsibilities are a cause of change in employment for 60 % of women compared to 17 % of employed men and lead to reduction of working hours for 18 % of employed women and as little as 3 % of men[61]; whereas the availability, accessibility and affordability of high-quality childcare facilities are crucial for enabling people, especially women with caring responsibilities to participate in the labour market; whereas public health challenges such as migraine are more common among women[62] and a large share of affected women are still in the front line for childcare and household chores;

AR. whereas these discrepancies are confirmed at the global level with women dedicating on average 3.2 times more (201 working days per year) time than men (63 working days) to unpaid care work and are most pronounced in the case of girls and women living in middle-income countries, with lower educational achievements, living in rural areas and with children under school age[63];

AS. whereas women are overwhelmingly represented among the essential workers (4 out of the 16 other professional categories deemed essential have more than 50 % of women in their workforce in the EU)[64], such as care professionals, whose tasks largely cannot be performed in telework modalities, and in the sectors that have been most severely hit by the pandemic, and have thus been exposed to high risks of contagion, heavy workloads, disrupted work-life balance and loss of employment; whereas working and living conditions have been particularly undermined for women with young children in paid employment[65];

AT. whereas care remains one of the main fields of reproduction of gender archetypes, which are further reinforced by the lack of investment in quality services and gender bias in other policies that disproportionally affect women’s self-determination in social and professional life, such as tax benefit system;

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[59] European Foundation for the Improvement of Living and Working Conditions (Eurofound), European Quality of Life Survey 2016 – Quality of life, quality of public services, and quality of society, Publications Office of the European Union, Luxembourg, 2018

[60] https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_pnp13(=en

[61] EIGE report (2021) Gender inequalities in care and consequences for the labour market.

[62] The Global Burden of Disease Study 2019: https://www.thelancet.com/journals/lancet/issue/vol396no10258/PIIS0140-6736(20)X0042-0#

[63] ILO (2018) Care work and care jobs for the future of decent work.

[64] European Parliament study (2021) Policies for long-term carers.

[65] European Parliament study (2021) Gender equality: Economic value of care from the perspective of the applicable EU funds.

AU. whereas social economy enterprises can have a significant potential and contribution in facilitating the re-integration of caregivers in the labour market;

AV. whereas several Member States and regions in the EU are still failing to meet the goal of providing childcare for 90 % of children between the age of three and mandatory school age and for 33 % of children aged three and under; whereas a lack of sufficient infrastructure offering quality and accessible childcare for all, especially early childhood services, particularly affects children from disadvantaged families, reflecting in enrolment rates below the average of children with disabilities, children from the Roma and other minority communities, migrant children, children living in poverty and children rom other disadvantaged groups, who would have benefitted the most from early childcare[66];

AW. whereas in 2020, 24.2 % of children in the EU – almost 18 million were at risk of poverty or social exclusion; whereas children from low-income families, homeless children, children with a disability, children with a migrant background, children with a minority ethnic background, particularly Roma children, children in institutional care, children in precarious family situations, single-parent families, LGBTIQ+ families, and families where parents are away to work abroad face serious difficulties, such as severe housing deprivation or overcrowding, barriers in accessing fundamental and basic services; whereas children with disabilities in the EU are disproportionately more likely to be placed in institutional care than children without disabilities, and appear far less likely to benefit from efforts to enable a transition from institutional to community and family-based care[67]; whereas the European Child Guarantee is an EU instrument whose objective is to prevent and combat poverty and social exclusion by guaranteeing free and effective access for children in need to essential care services, such as early childhood education and care, educational and school-based activities, healthcare and at least one healthy meal per school day, and effective access for all children in need to healthy nutrition and adequate housing[68];whereas accessibility of affordable quality childcare and education is crucial for children’s personal development and well-being; whereas there is a unambiguous positive correlation between the access to childcare services on one hand and employment and income of men and particularly of women on the other[69];

AX. whereas access to quality care services, especially long-term care, is increasingly preconditioned on individual and family income, their place of residence, availability of services and delivery capacity and geographical availability as well as free capacities of the providers; whereas two in three persons in need of care are estimated to not have access to care services, mainly due to their unavailability and unaffordability[70]; whereas households with low incomes, lower educational levels, and migrant households experience the greatest difficulties in accessing formal home-based long-term care services; whereas across the EU, one third, and in five Member States even more than

[66] European Social Partners joint statement on childcare provisions in the EU. https://www.etuc.org/en/document/european-social-partners-joint-statement-childcare-provisions-eu
[67] European parliament Resolution of 29 April 2021 on European Child Guarantee.
[68] Council Recommendation (EU) 2021/1004 establishing a European Child Guarantee.
[69] EIGE report (2021) Gender inequalities in care and consequences for the labour market.
[70] European Commission Long-term care report https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en

half of the households, report that they are in need of professional long-term care services but cannot access them due to financial reasons[71]; whereas access to healthcare and care should be universal, effective, irrespective of economic conditions or their different residence or administrative situations and status; whereas persons with lower incomes are also a group in which care needs are more prevalent[72];

AY. whereas digital technologies have the potential to support both formal and informal carers and reduce the burden they face, for example, in transporting patients to consultations that could be held online; whereas a 2021 Eurocarers survey suggests that 78% of informal carers never used care-related technologies[73]; whereas digitalisation and the Internet of Things in the care sector need to be taken into account but should not substitute completely the irreplaceable human interaction related to care; whereas research and pilot projects should be encouraged, to test practicability and effectivity of digital services; whereas older people, including those receiving care, have difficulties in accessing digital services; whereas access to digital services, including access to digital literacy, should be seen as a right of care recipients; whereas the drastic shift to telework revealed the need to better enforce, review and update the legislation related to working conditions in the digital environment and the use of artificial intelligence in professional life;

AZ. whereas women facing intersectional discrimination face additional barriers in accessing healthcare and care services and special attention must be put to address the effects of implicit biases in accessing private and public services generated due to persisting stereotypes and the underrepresentation of certain groups in these institutions;

BA. 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;

BB. whereas the importance of prevention and geriatric rehabilitation for healthy and dignified aging should be taken duly in account;

BC. whereas there is a need to reshape nursing care by providing, where possible free, or affordable in-home nursing support;

BD. whereas the increased investment in the care economy in line with Sustainable Development Goals would result in almost 300 million additional jobs globally by 2035[74]; this would be made up of 96 million direct jobs in childcare, 136 million direct jobs in long-term care, and 67 million indirect jobs in non-care sectors; whereas this level of job creation would require an investment of 3.2% of global GDP, taking into account total costs minus tax revenue[75]; whereas the European Commission estimates that 8 million new jobs are expected to be created in the EU in the care sector by

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[71] Social Protection Committee and the European Commission (2021) Long-term care report.
[72] European Commission Long-term care report
https://ec.europa.eu/social/BlobServlet?docId=24079&langId=en
[73] Eurocarers 2021 Report on Impact of COVID-19 on outbreak on informal carers across Europe.
[74] ILO, 2022, ‘Care at work: Investing in care leave and services for a more gender equal world of work’,
[75] ILO, 2022, ‘Care at work: Investing in care leave and services for a more gender equal world of work’,

2030[76];

BE. whereas demographic change and accompanying ageing of the population will increase the demand for care services; whereas care jobs are not likely to be replaced or reduced by automation; whereas this should motivate the EU and Member States to invest into the care economy as a promising job creating sector, in the framework of the digital transition, in order to increase the number of qualified staff and attract more people to this sector;

BF. whereas quality standards for care, especially for social care services, remain absent or inadequate;

BG. whereas the care sector needs significant investment, resources and reform; whereas in 2018, the estimated annual investment gap in social infrastructure in Europe stood at 100-150 billion euro[77]; whereas the 2021 Ageing Report projects the increase of public expenditure needed to cover the costs of long-term care and support at up to 2.9% of GDP annually in 2070, compared to 1.7% in 2016, while a 'healthy ageing' scenario can significantly lower this cost and full coverage of long-term care needs significantly increases it;

BH. whereas it is crucial to understand the interaction between formal and informal care; whereas formal care services can provide support to informal carers, for example, by making it possible for them to take time off as well as by giving them training; whereas the lack of official recognition of informal carers and related lack of data about them and their needs is a barrier to this interaction;

BI. whereas the delivery of care depends on well financed and properly functioning public services and social protection systems;

BJ. whereas there is significant diversity in the population of informal carers; whereas their needs vary based on their socio-economic context, their labour market participation, the needs of their care receivers and the amount of time they spend caring for dependants;

BK. whereas neurodegenerative diseases, such as Alzheimer's disease and other forms of memory disabling diseases, remain underdiagnosed in most European countries; whereas there is a clear indication that the current number of 9 million confirmed cases of people with dementia is going to double by 2050; whereas women continue to be disproportionately affected by dementia[78];

BL. whereas in February 2021, the European Ombudsman opened an own-initiative inquiry into the role of the Commission in the process of deinstitutionalisation in the EU, focusing on the fulfilment of Commission's obligation to ensure that the Member States use the EU funds in a manner that promotes transitioning away from residential care institutions and towards independent living and participation in community life;

BM. whereas the mechanism provided for by the 2001 directive on temporary protection has

[76] European Commission, 2021, Green Paper on Ageing;
[77] https://ec.europa.eu/info/sites/default/files/economy-finance/dp074_en.pdf
[78] Alzheimer Europe, Dementia in Europe Yearbook 2019 (2020) Estimating the prevalence of dementia in Europe.

been activated for the first time as a response to the mass influx of refugees, above all women with children and other dependant persons, who are fleeing the war in Ukraine, guaranteeing the displaced persons equal access to the labour market and housing, medical assistance, and access to education for children; whereas activation of the aforementioned mechanism will have significant direct impact on the care sector, increasing the number of persons in the EU in need of comprehensive and personalised care services but also the numbers of both informal and formal carers;

BN. whereas the data on quality of care services is almost exclusively based on non-standard client satisfaction surveys;

BO. whereas difficulties associated with the provision of adequate, decent and affordable housing, especially for older people, single persons, persons with disability, persons at risk of poverty and social exclusion, families with young children and single parents, significantly hinder access to quality care services;

BP. whereas across 11 OECD countries, long-term care workers' median wages are just 9 euro per hour, while wages of hospital workers—a majority of whom are men—average 14 euro per hour[79];

BQ. whereas more than half of care workers say they do not earn enough to cover basic needs such as housing and food, and 31% do not have adequate access to personal protective equipment[80];

BR. whereas the majority of care workers do not earn enough to afford a decent standard of living for themselves and their families;

A Europe that cares

1. Notes that it is vital to ensure dignity, independence, autonomy, well-being and participation in social life through quality care across the life course from early childhood care and education, to care services for older people and support to persons with disabilities, bearing in mind that human beings are interdependent and that anyone may need care at some point in their lives;

2. Underlines the importance of accessibility and availability of public care and the quality, accessibility, availability, affordability and adequacy of care, and that all people in need of care and their carers should have the right to a genuine choice when it comes to care services suitable for them and their families and their form (family care, community-based care, patient-centred care, personalized care or other forms), the place of its provision and its intensity, with a special attention to the provision and access for those living in remote areas (433) such as rural areas or outermost regions; considers that investment in the provision of quality public and social services are essential levers for preventing the transfer of disadvantage from one generation to the next;

[79] https://www.oecd.org/fr/publications/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm

[80] https://www.finanzwende-recherche.de/wp-content/uploads/2021/10/Finanzwende_BourgeronMetzWolf_2021_Private-Equity-Investoren-in-der-Pflege_20211013.pdf

3. Notes that care and its differing policy approaches need to be developed and redesigned according to individuals' needs, recognises that models and patterns of organising care are diverse in the Member States and emphasizes every person's right to choose best suitable quality care services for their individual situation and the need to guarantee it by Member States and the EU throughout its policies; highlights that according to the principle 18 of the European Pillar of Social Rights (EPSR) 'Everyone has the right to affordable long-term care services of good quality, in particular family- and community-based care services', and stresses that in order to fulfil this principle, care provision should be expanded;

4. Notes that women represent the majority of the workforce (76%) in the formal care sector and perform the main part of informal care work while also representing the majority of care recipients, that care remains undervalued, unrecognized and guarantees insufficient or often no financial compensation for carers and that this undervaluation in terms of pay, working conditions and lack of visibility is closely linked with the feminisation of the sector due to the high proportion of women working in formal and informal care; highlights that this gender aspect has to be taken into account when designing care strategies and policies;

5. Expresses its concern on the impact of structural limitations and financial constraints in the type of care services available to individuals and recognises that integration of care across Europe is limited due to lack of appropriate incentives and structures;

6. Stresses the importance of an integrated and rights-based approach to common European action on care that pays equal attention to people's physical, mental, psychological and social, personal and household needs; highlights the importance of paving the way for a more coherent approach between health and social systems as well as between formal and informal care and coordination between local, regional and national care policies within the EU Member States, alongside horizontal and sectoral integration;

7. Underlines the necessity of developing an ambitious and inclusive European Care Strategy that ensures equal access to care for all with special attention to individuals in vulnerable situations,contributes to social justice;

8. Considers that prevention is key; calls for primary secondary and tertiary prevention[81] including adequate use of relevant education and information, screening, early detection, prevention and adequate follow-up for non-communicable diseases (NCDs) to be among the components of a holistic European Care Strategy; urges the Commission to adopt a comprehensive and holistic approach to care;

9. Urges the Commission to strengthen the EU's resilience and capacity-building in health crises; Urges the Commission to promote research and innovation, by establishing priority areas for future R&D based on current and future diseases as well as the further

[81] "Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation." Reference: WHO, Health promotion glossary, 1998

development of care sector related opportunities, including for private actors;

10. Stresses that promoting an equal-earner/equal carer model, where men and women engage equally in paid work in the labour market and unpaid work in domestic and care responsibilities, should be a goal of all EU actions in the field of care, labour markets and social services; reminds of the importance of applying gender mainstreaming to all policies;

11. Calls on the Commission and Member States to invest into the care sector, strengthen and ensure sustainable, increased and adequate investment and funding to guarantee equal access for persons in need of care to affordable and adequately staffed quality care and household services, as well as an active and fulfilling professional life for carers with adequate wages providing a decent living and career opportunities in the sector through skills certification and validation;

12. Calls on the Commission and Member States to improve the availability of funding for all types of care services and make the best use of the European structural and investment funds for investment in childcare and care for older people and others in need of care, through the ESF+, InvestEU and other financial instruments encouraging social investment as well as the Recovery and Resilience Facility, EU4Health Programme and the European Structural and Investment Funds for investing in publicly guaranteed care and facilitating accessible and affordable services for all; calls on the Commission to measure up to and create synergies with gender equality, inclusion of persons from vulnerable groups and the standards set for investment in digital and green transition, for example to support greening of care and of care projects and start an initiative on environmentally sustainable care, seeing that care infrastructures have significant negative environmental impacts that need to solved and mitigated, within the guiding principles; calls on the Commission to develop guidelines and a roadmap for common standards for Member States in this sense; calls on the European Investment Bank to consider including in its annual budget the development of the care sector and care economy as part of the implementation of its own Strategy on Gender Equality and Women’s Economic Empowerment;

13. Calls for a dedicated investment package to promote the EU care sector and care economy as well as to ensure coordination among the different programmes and initiatives towards an effective implementation of the Strategy; calls once again for the development of gender budgeting tools in the MMF and related programmes that allow to track down the specific funding allocated to promoting gender equality;

14. Recalls the obligations and commitments of the EU and the Member States for transition from segregated institutional settings to community and family based care and the promotion of different models of independent living and support; calls on the Member States to use the available European and national funds to accelerate this transition and to support individual autonomy and independent living by supporting ways to enhance independence, such as home adaptation or installation of digital detection systems and assistive technologies at home, with full adherence to the provisions and objectives of the UNCRPD; urges the Commission to take effective measures to make sure that EU funds are used to transition from institutionalized care to community and family-based care, while ensuring the family care in all its diversity;

15. Underlines that in order to reduce undeclared work in the formal care it is important to provide public funding for genuine care service providers within social security systems or through tax expenditure which will make legal and fair care service provision affordable;

16. Calls on Member States to ensure universal health coverage, increase investments in healthcare, and prioritise funding towards community and primary care; Calls on member states to urgently remove existing barriers to healthcare for all, including for undocumented migrant and with special attention to women facing intersectional discrimination; Calls to ensure higher and fair pay and decent working conditions for care workers, healthcare assistants and other support staff;

17. Emphasises that a substantial proportion of care models, services and facilities are based on an institutionalized, outdated model below modern quality criteria and do not meet the physical, social and psychological needs and wishes of care recipients; highlights that people in need of care should be placed at the centre of care plans throughout all stages of the design, implementation and evaluation of care policies and services, through exploring innovative solutions, new models and tools for care delivery, promoting social inclusion and multi-generation understanding for individual needs of people in need of care, having as an objective the transition from institutional to family and community-based care and promotion of different models of independent living and support;

18. Believes that person-centred and individualised care is necessary to ensure the dignity of care recipients and their carers, as well as their full participation and inclusion in the community; stresses that this move towards a person-centred approach requires increased integration of care to more holistic care pathways, to improve benefits to care recipients as well as quality of care;

19. Stresses the need to fully utilise digital solutions to support people in need of care to live independent and autonomous lives, the need to improve the respect of their right to self-determination, to develop autonomy both for care professional sand care recipients, through a personalised approach to the design and budgeting of care, including tailored health and person-centred care through suitable tools, while ensuring that there is quality human contact for persons in need of care and support;

20. Believes that the development of care should take into account all categories of users and their differences; states that those planning, programming and providing care services have the responsibility to be aware of those needs, of the empowerment of service users and of the importance of a user-based approach in developing services and that care services for older people and persons with disabilities must be planned and developed with the participation of users;

21. Calls on the Member States to exchange information and best practices with a view to developing a common European quality framework for formal and informal care, based on the rights to independence, autonomy and well-being, and inspired, amongst else, by the WHO framework to support countries achieving an integrated continuum of long-term care encompassing all care settings, encouraging upward social convergence, guaranteeing equal rights for all citizens and strengthening quality of life;

22. Calls for the Commission to support Member States in improving their data collection infrastructures in line with this quality framework;

23. Calls additionally to exchange best practices on the best way to support groups with particular care needs (such as single parents who are mainly women, parents with children with serious illnesses and older people);

24. Emphasises that the increase of care needs demands a joint EU approach and calls for a concrete European strategy on preventive healthcare as part of the solution to the growing pressure on the healthcare system; notes that care services should be developed so as to enhance the continuity of care,preventive healthcare, rehabilitation and independent living and underlines the importance of programmes for lifelong health promotion and education, disease prevention and regular examination, together with 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;

25. Calls on the Commission to take leadership in the realm of care by setting ambitious targets at EU level for funding, access, quality, efficiency and sustainability of care services in consultation with the Member States as well as with relevant stakeholders including social partners, and to develop harmonized definitions and indicators to assess those targets for children, older people or persons with disabilities;

26. Underlines the need for a scoreboard to monitor the implementation of right to quality care in public, private, formal and informal contexts;

27. Recalls that the EU should make use of the ILO's 5R framework for decent care work (recognise, reduce and redistribute unpaid care work, reward paid care work) together with guaranteeing care workers' representation, social dialogue and collective bargaining;

28. Recalls that progress should be made towards acare economy that takes an integrated, holistic, gender-sensitive and life-long approach to care; stresses that this should include legislative measures and investment at EU level in order to promote as well decent working conditions and attractiveness of work in the care sector;

29. Stresses the importance of highlighting the need for an European approach to care in the follow-up conclusions of the Conference on the Future of Europe, as care is a key sector for Europe's future;

30. Calls on the Commission to present an ambitious, robust and future-proof European care strategy that builds on everyone's right to affordable, accessible and high-quality care, as well as on other principles set out in the EPSR and EU strategic documents, and the individual rights and needs of both care recipients and carers, and that encompasses the entire life course, targeting and responding to the needs of people at critical periods throughout their lifetime, laying the ground for continuity of care services throughout the lifespan and fostering solidarity between generations;

31. Stresses that this strategy should be based on reliable, comprehensive and comparable

data, publicly accessible, on the situation and the categories of both carers and care recipients, disaggregated by gender, age, nationality,ethnic origin[82], disability, socio-economic status, availability and affordability, type of care provided or received and different care settings (private or public, institutional, family or community-based) and include concrete and progressive goals with a timetable and indicators to evaluate progress and tackle inequalities taking into account the care needs in European societies; Repeats the call on the Commission and the Member States to update the statistical framework for collection of reliable, comparable and disaggregated data, while ensuring full respect of privacy and fundamental rights standards; Calls on the Commission to develop centrally managed detailed time use surveys, disaggregated by aforementioned parameters, to assess the value of unpaid work across the Member States;

32. Emphasises the need to consult all relevant stakeholders at EU, national and local levels, including informal carers representatives and patients organisations, in the preparation of the European Care Strategy to take into account the diversity of their situations and needs and stresses that the strategy should identify its target groups;

33. Calls on the Commission to include comprehensive measures against violence and harassment, in particular the fight against all forms of abuse of older persons and abusive acts against carers in the European Care Strategy in order to combat worrying phenomena, such as non-assistance, neglect and the undue use of physical or chemical restraints, particularly in the field of long-term care and support; calls on the Member States to develop training for informal and formal carers to prevent, prohibit, and combat care related violence and harassment as well as to establish independent and effective mechanisms for reporting and redressing it;

34. Calls on the Member States to ensure that earmarked investments for the care economy are included in (revised) national Recovery and Resilience Plans, Cohesion Funds and all other relevant EU financial instruments;

35. 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;

36. Calls the EU Commission to establish an EU Equal Care Day, every leap day of 29 of February, in order to raise awareness about the undervaluation and invisibility of caring and carers in our societies;

37. Calls on the Commission and the Member States to, alongside responding to the immediate care needs, adopt the policies and measures to tackle their causes, such as poverty, social exclusion and other structural barriers that stand in the way of universal and equal access to quality care, above all the challenges related to employment, education and training, as well as decent and affordable housing;

Quality care for every child

[82] The data on ethnic origin should be collected on voluntary and anonymous basis solely for the purposes of identifying and combatting discriminatory acts.

38. Welcomes the Commission’s plans for the revision of the Barcelona objectives as part of the European care strategy package; calls for upward convergence to be encouraged and for more investment in high-quality public care for every child in the EU, inter alia by revising targets and significantly raising the level of ambition for accessibility of quality childcare for all children, including under 3 years of age and for those facing poverty, social exclusion and intersecting forms of discriminations, and setting specific refined indicators to monitor access to childcare for children aged below 1 year; calls on the Commission to integrate in the objectives a new target for provision of childcare after school hours; calls on the Member States that are lagging behind the 2002 Barcelona objectives to adopt all the necessary measures to reach the target of providing childcare to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age as soon as possible;

39. Reminds that EU funds (ESIF and notably the European Social Fund +, as well as the RRF) should be used to complement Member States’ investments in childcare; calls on the Commission to promote investments in child care services in Member States’ use of the EU’s financial instruments; underlines public investments and the quality employment and working conditions of the workers in the childcare sector are essential for the provision of quality childcare;

40. Calls on the Member States to design childcare, education, including after-school activities, and other policies and measures in support of all children and their families in an inclusive and integrated manner, using a child-centred approach with a particular attention to children in vulnerable situations, such as in or at the risk of poverty and social deprivation, as well as children with disabilities, migrant children and children from minorities, and one that upholds the swift and efficient implementation of the European Child Guarantee, including the commitment to guarantee effective and free high quality early childhood education and care for children in need[83];calls on the Member States to develop personal assistance services for children with disabilities and ensure decent and quality working conditions to those professionals working with children with disabilities;

41. Highlights that the COVID-19 crisis and the arrival of refugees following the war in Ukraine may further exacerbate the situation of children at risk of poverty and social exclusion or children who need access to quality care; therefore reiterates its calls[84] on the Member States and the Commission to increase the funding of the Child Guarantee with a dedicated budget of at least €20 billion, to combat poverty affecting children and their families and to contribute to the goal of reducing poverty by at least 15 million by 2030 - including at least 5 million children in all Member States;

42. Recalls that social protection and support to individuals and families, with the special focus on groups in vulnerable situations, such as big families, single parent families or families with a child with disabilities, are essential and calls on the competent national authorities to ensure universal, adequate and accessible social protection systems for all

[83] As stipulated in the Council Recommendation (EU) 2021/100 of 14 June 2021 establishing a European Child Guarantee.

[84] European Parliament resolution of 17 December 2020 on a strong social Europe for Just Transitions (2020/2084(INI)); European Parliament resolution of 7 April 2022 on the EU’s protection of children and young people fleeing the war in Ukraine (2022/2618(RSP))

and integrated child protection systems to leave no one behind, including effective prevention, early intervention and family support, in order to ensure safety and security for children without or at risk of losing parental care, as well as measures to support the transition from institutional to quality family and community-based care; calls on the Member States to scale up investment in child protection systems and social welfare services as an important part of implementing the Child Guarantee;

43. Calls on the Member States to provide continuous holistic and integrated support to parents, including maternity, paternity and parental paid entitlements and measures, also reflected in pension schemes, low-threshold social services, such as day care, counselling, mediation or psychosocial support, that encourage a more substantial role and thus ensure equal participation of men in unpaid care and domestic responsibilities, including care for very young children, as well as children with disabilities; underlines the importance of adequate, accessible and affordable care structures and services particularly for single parents, the vast majority of whom are women, and to families with low and unsteady incomes, at risk of poverty and social exclusion; calls on the Commission and Member States to collect standardized equality data, disaggregated by the grounds protected under Directive 2000/43, Directive 2000/78, Directive 2006/54, based on voluntary participation, confidentiality, self-identification and informed consent, while respecting the key principles and standards of EU data protection and fundamental rights;

44. Underlines the importance of ensuring accessible, available, affordable and inclusive quality childcare, using a rights- and child-centred approach, that meets the demands during the parents' working hours and school holidays, and facilitates equal opportunities for parents to return to work, strikes work-life balance, as it is one of the major factors of women's full participation in the labour market; underlines that it should at the same time respond to the specific needs of children and their parents, related to e. g. disability, illness and work in a specific sector; reminds that gender imbalances in care and employment have life-time negative consequences on many women's labour market participation and career progressions, resulting in an important gender gap in pensions and high differences in poverty rates in older age;

Equal access to quality care services

45. Calls on the Member States ***to recognise the right to care and*** to reform and integrate their social services and protection systems in such a way as to provide effective***,*** ***comprehensive*** equal ***and timely*** access to care services ***and treatments*** throughout the life course, ***incorporating in their social protection systems solutions ensuring*** a personalised approach ***and greater autonomy of users in choosing the services and the type of employment models that suit the needs and protect the rights of both care*** recipients and carers best, including personal household services, personal assistantship and other employment models for home care services, in order to enhance the continuity of care, preventive healthcare, rehabilitation, better prevention, diagnosis and treatment of occupational diseases, autonomy, independent living and inclusion in the community; draws attention to the necessity of access to care entitlements independent of eligibility for other social transfers and eliminating structural barriers, which lead to non-take-up or postponement of care and other support services; points furthermore to the needs of all carers, particularly the migrant workers with various statuses, who may face

particular barriers in accessing care, intersectional discrimination, marginalisation and in-work poverty;

46. Notes that accessibility of care derives from a combination of factors, such as availability of customised services of a diversified spectrum, cost and flexibility but also adequate care staffing, decent working conditions, waiting time, geographical distances to the closest care facility, adequate public infrastructure and transport; believes that in this respect different forms of care service provision should be available, promoted, valued and recognised, in particular that provision of in-family and community-based care settings should be upscaled and prioritized towards transition from institutional to family and community-based care; points to the demographic change as an important factor of increased care needs, which will require significant investments from the EU and Member States as well as identification and elimination of the administrative barriers that stand in the way of a timely and effective access of care recipients and their families to the adequate care and support solutions;

47. Stresses the impact of green environments, daily access to different forms of nature and outdoors in good quality living conditions of people needing care, notes that studies show that access to nature has substantial benefits for both physical and mental health of all people, especially those needing care, and highlights the need to facilitate access to nature and outdoors for people dependent on care as well as to support nature-based solutions in the care sector;

48. Notes that digital technologies are a promising development in supporting care provision but only if they are developed from a user-based starting point and are modular[85] and tailor-made; highlights in this respect the need for the Commission and Member States to address the digital skills gap amongst formal and informal carers as well as amongst care recipients by having specific programmes that target these groups; stresses that this should be complemented with improvement of internet access and especially user-friendly, customisable digital solutions accessible to all care recipients and carers, in order to support the development of digital health and online care services, as well as support the potential of technological developments in reducing the inequalities in access to health and care services and the barriers for their cross-border provision; calls on the Member States to make use of the EU4Health and Digital Europe funding to support and increase digital literacy of both care recipients and carers;

49. Stresses the need to ensure that care is not commodified;

50. Calls on the Commission and the Member States to develop the tools required for the regular assessment of the accessibility, availability and affordability of care services and treatments; underlines that the principle of accessibility equally applies and should be vigorously enforced in all care and support services, which ensure dignity and autonomy, both in physical and digital environment; calls on the Commission and the Member States to prioritize outcome-based indicators for access to care, such as reported unmet needs for care;

[85] Digital solutions, for example applications, which are composed of different modules and functions that can be combined with the application's basic form to have as a result an application fit for individual users' needs and wishes.

51. Stresses the importance of timely investment in care facilities, identification of skills gaps, evaluation of future staffing and training needs at the level of individual professions, sectors as well as regions, with special attention to the density and care needs of the population, as a means of ensuring adequate and sustainable staffing levels and tackling inequalities in access to services and care; calls on the Commission and the Member States to put forward comprehensive quality standards and indicators for both formal and informal care services, home-based, private and public settings, including carers' competences and training requirements, as well as the tools for effective monitoring of their implementation;

52. Emphasises that cross-border care services, including live-in care, provided by both intra-EU mobile workers and non-EU migrant workers, are often crucial for meeting the growing care needs; recalls that most of these migrant workers are women and that they are affected by global care chains; stresses that the free movement of persons and workers is one of the key pillars of the EU, but that challenges to cross-border care remain; calls for the protection of the social security rights of all care workers and care receivers as part of the right to free movement of persons in this sector as well as ensuring both decent working conditions and eradicating undeclared work; encourages the Member States to develop cross-border training, notably in cross-border regions, to facilitate cross-border care and to share best practices in the care sector, amongst else as a means of tackling the care drain and the lack of access to quality care in regions or countries where the care providers come from;

53. Repeats its call for a common definition of disability, as well as mutual recognition of disability status in the Member States in line with the concluding observations of the UNCPRD Committee on the initial report of the European Union adopted in 2015 with the aim of removing the fundamental obstacle for intra-EU mobility of persons with disabilities and enabling their access to health, care and other services that facilitate independent living, as well as equal education and employment opportunities; calls for the implementation and expansion of the European Disability Card to all Member States, paving the way to a European definition of disabilities and allowing the persons with disabilities to exercise their right to free movement in a barrier-free Europe;

54. Calls for the prioritisation and mainstreaming of mental health within public health and care policies at EU and Member States' level; calls on the Commission to put forward a European mental health strategy, with the aim of ensuring good mental health for all, identifying the challenges pertaining to mental health of all generations in all the relevant settings, as well as combating stereotypes and associated stigma in relation to mental health; stresses that this should be done in a gender-sensitive manner, with special attention to those invulnerable situations and the most deprived groups; underlines the importance of quality mental health and care across the life course, encompassing early age, education, the world of work, as well as strategies for prevention, detection and prompt access to effectively available, affordable and adequate quality treatment that contributes to quality of life of all adults, including persons in need of long-term care;

55. Emphasises the importance of emotional, psychological, social and spiritual care and support as well as mental health services beyond medication in improving the quality of life of persons receiving palliative care; calls therefore on the Commission and Member

States to advance access to integrated palliative care services to ease the pain and discomfort as well as maintain dignity and quality of life of persons suffering from terminal illness once all means of active care have been properly considered and found ineffective, and to ensure adequate support to their carers;

56. Calls for nurses to have easier access to services offering support for mental and physical health;

57. Calls on the Member States to guarantee immediate and full access of persons enjoying temporary protection to quality care services, without discrimination on any ground and with special attention to their physical and psychological needs generated by the circumstances of war and their displacement, and to secure, at the same time, equal and decent working and employment conditions and fair pay for the persons enjoying temporary protection who will seek employment in the care sector; underlines that additional capacities and investment in the care sector are essential to this end;

Quality long-term care for a long and quality life

58. Calls on the Commission to establish a comprehensive, ambitious, and rights-based set of targets and corresponding indicators for long-term care, reporting mechanism and tools for disaggregated data on and monitoring the accessibility, availability, affordability and quality of care treatments and services, as well as staffing levels, applicable to all types of facilities and providers, similar to the Barcelona objectives for childcare; highlights the need for targets and indicators on decent working conditions as well as women's continued participation in the labour market that would guide investment, funding and training to ensure better access to quality services for those in need as well as ensuring women's continued participation in the labour market facilitated by equal caring responsibilities;

59. Is convinced that the Commission should set as the main target equal and universal access for all to quality long-term care services based on the individual needs of people receiving care and support, paying special attention to the elimination of inequalities and to people in vulnerable situations, such as older persons, persons with disabilities and women undertaking informal and undeclared care work; notes that long-term care needs are not limited to older persons and that they instead extend to different groups in need of care throughout the lifecycle, such as people with rare diseases, majority of which have their onset during childhood; stresses that equal, effective and timely access to care services and support can be best achieved by involving care recipients and by integrating long-term care into national social protection systems, as recommended by the Social Protection Committee, which are for equity and efficiency reasons best placed to deliver[86];

60. Stresses the need for quality indicators for all social and health services that are based on the rights of the persons in need for care, the maintenance and enhancement of their independence and autonomy as well as social inclusion, and focusing on the aspirations of long-term care, such as the improvement of well-being and quality of life of people in need of long-term care and support services, the evolution of healthy life years and other indicators putting entire care experience in the centre of attention; calls on the

[86] https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7724

Commission and the Member States to recognise the benefits of integrated care approaches in prevention of physical and cognitive decline and prolongation of autonomy of the care recipients; stresses that older age, disability, severe illness or any other circumstances leading to long-term care needs shall not present an obstacle for active participation of individuals in the society and community life; reminds that social exclusion of persons in need of care and support is above all a product of widely spread negative perceptions, socially constructed self-images and the persisting structural discrimination;

61. Calls on the Commission to organise a Care Summit to feed into the work of the High-Level Group on the future of social protection and of the welfare state in the EU after the summit for a thorough and inclusive discussion with all relevant stakeholders, such as, social partners, interest groups, patient organisations, carers organisations, care recipients and their representatives, public authorities, civil society, non-profit organisations, service providers and other experts on the community-based care fit for 2030 with a view of creating a long-standing platform, to create innovative care solutions,ensure future-proof care systems, phase out institutionalized care and replace it with community-based or family-based care and/or use of personalized budgets and personalised design of care; calls on the Commission to guide public investments in long term care services in the use of the EU's financial instruments and to present a framework directive on long-term, formal and informal, care that would lay down fundamental principles and provide evidence-based criteria for accessible and integrated quality long-term care and support services across the EU;

62. Calls on the Member States to establish national, mutually recognised registers of care service providers, in order to monitor minimum compliance with the standards and legal requirements for care services provision; takes note of certification systems or mechanisms in some MS recognizing long-term care givers' qualifications and competences in specific fields of care provision; insists on the pivotal role of training for formal and informal carers as well as stronger quality controls and whistle-blower systems for non-profit and for-profit care chains for the delivery of quality long-term care;

63. Points out that the risk of having their long-term care needs unmet is particularly high for older women, who represent a majority of the population in need of long-term care; highlights that also women experience the greatest difficulties in covering the long-term care expenses due to persisting gender pay and pension gaps, female poverty, horizontal and vertical segregation of the labour market, having more career breaks and interruptions due to persistent traditional gender roles where women continue to take up most of the care obligations, labour market structures and stereotypes, as well as their overrepresentation in precarious or part-time work; is concerned about the fact that particularly the choice of the initial care provider by care recipients and their close ones tends to be made in a context of stress, financial constraints and limited availability of services[87];

Informal care

[87] Social Protection Committee and European Commission (2021), Long-term care report: Trends, challenges and opportunities in an ageing society, vol. 1.

64. Notes that throughout the EU, between 40 and 50 million people are providing informal care on a regular basis and 44 million long-term care at least once a week[88], the majority of whom are women including women with disabilities who make up around 60% of informal carers and provide informal care for more hours than men[89], notes that this acts as a brake on gender equality and may limit the possibility to work formally especially for younger carers;

65. Notes that informal care is often a consequence of the lack of availability and accessibility of professional services, among others, tends to continue for a long time and can have repercussions on the enjoyment of the informal carers' political, civil, economic, social and cultural rights, including fewer career opportunities or acceptance of jobs below their level of skills and hindering or ruling out formal labour market participation; is particularly concerned about the negative impact of care responsibilities on women's financial independence as well as the increased risk of poverty, social exclusion, mental and physical health issues;

66. Notes that performing informal care can lead to a loss of income, aggravation of gender-based discrimination, such as the gender pay and pension gaps, old-age poverty and the feminisation of poverty; stresses that these detrimental effects are closely associated with the intensity of care provided and highlights the need to better share unpaid domestic and care work mainly performed by women and strengthen the fight against gender stereotypes, as well as to introduce working arrangements respecting work-life balance;

67. Notes that in the EU, out of older persons aged 65 and above, more than 7 million people, 8%, receive informal care in the EU and for people aged 75 and above, the number of people relying on informal care amounts to 11%[90]; notes that the majority of older people in need of care are women;

68. Notes that to enable people to continue to be cared for in their own homes, mobile care and support need to be expanded and further developed to relieve the care tasks of family caregivers, especially women, not only through awareness-raising activities but also through adequate support including financial compensation, thus allowing relatives who provide care to carry on their employments and to work towards the compatibility of care and paid work; emphasizes the pivotal role of informal carers and the need of informal carers to be closely involved and supported by care professionals, and stresses that informal carers must have their needs assessed and addressed in their own right, without being conditional on the services or supports of the cared-for person;

69. Notes that at least 8% of all children in Europe are involved in the provision of informal long-term care, which has a negative impact on their mental and physical health, educational attainment, social inclusion and their future participation to labour market[91];

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[88] Eurofound (2020): Long-term care workforce: Employment and working conditions

[89] Policy Department for Economic, Scientific and Quality of Life Policies (2021), EP Study requested by EMPL: Policies for long-term carers.

[90] Policy Department for Economic, Scientific and Quality of Life Policies (2021), EP Study requested by EMPL: Policies for long-term carers.

[91] Santini, Socci et al. (2020): Positive and Negative Impacts of Caring among Adolescents Caring for Grandparents. Results from an Online Survey in Six European Countries and Implications for Future Research,

70. Highlights the need to develop a common European minimum definition for informal care, commitment by Member States, and Council Recommendations on informal care including national recommendations; stresses that this definition should emphasise that providing informal care must be a choice and not born out of the necessity and lack of available care services, and include the respect for the right to self-determination of persons receiving care in their choice of the form of care they want to receive;

71. Calls on the Commission to come up with common European guidelines and status of and support to informal carers as informal care is currently not adequately recognized and acknowledged in all its diversity; urges the Member States to promote active labour and employment policies aimed for unpaid informal carers to support their reintegration and progress in the labour market and to recognise the skills acquired in informal settings;

72. Urges the Commission to present to the Parliament and the Council a European Carers Programme and as a part of it a European Informal Carers programme with a package of actions at EU level on informal care, and, where the competences are at the national level, calls on the Member States to support this European strategy by ambitious and coordinated actions and national programmes to identify, recognise and acknowledge the different types of informal care provided in Europe, and identify different needs of different groups of carers including young carers and mobile carers to facilitate employment to be declared and ensure insurance and social protection coverage, regardless of their different residence or administrative situations and status;

73. Calls on the Member States to consider the formalisation of informal care and different financial support options based on their different needs and realities, with a view of guaranteeing carers good standards of rights, financial support and social protection;

74. Recalls that the above could be achieved through for example care or pension credits to protect those taking a break from employment to provide care to a family member or someone else in need of care, and through recognising the value of the work that these carers do for society as a whole by other additional support services (counselling or peer exchange), clearly stipulated time off for carers, a healthy work-life balance, leave, replacement services in case of illness, day-care services, job-reintegration services, psychological and rehabilitation services for carers and care recipients, and access to education, training and life-long learning and underlines the importance of non-transferrable parental leave; in this regard, calls on the Member States to consider and exchange as well on the best practices on how to reflect periods spent on care responsibilities in pension schemes and to swiftly and fully transpose Directive (EU) 2019/1158 of 20 June 2019 on work-life balance for parents and carers, which introduces leave for carers and the possibility to request flexible working time arrangements, minimum amount of days of carers' leave in order to provide personal care or support to a relative or to a person who lives in the same household as the worker;

75. Calls on Member States to examine how best to formalise provision of informal care and therefore revenue collection in this area[92], including tax deduction systems and the

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Policy and Practice (https://me-we.eu/wp-content/uploads/2020/10/Positive-and-Negative-Impacts-of-Caring.pdf).

use of service vouchers;

76. Underlines that this package of actions on informal care needs to include both legislative and non-legislative proposals and adequate investment to acknowledge informal carers' rights and obligations as part of their role, while respecting the right to self-determination of the persons receiving care and set a certain criteria for carers' access to social and other additional support services (including time-off and sick leave); reiterates the mental and physical health stress, associated with caregiving, and stresses the importance of ensuring carers' access to information and advice about care and care-life balance; underlines that the package of actions additionally needs to set out reporting responsibilities for Member States, create single points of contact where informal carers can access the support they need in all Member States and promote interoperability between health and social security systems in order to make use of existing data and reduce the administrative burden faced by informal carers;

77. Urges the Commission and the Member States to support civil society organisations and social partners to assure the representation of informal carers in order to take their contributions into account in the design, implementation and evaluation of policies concerning informal care, including in drafting the European Care Strategy;

78. Stresses the importance of addressing the over-reliance on informal care through formalisation and recognition of carers' skills via a certification process and promoting training and skills validation schemes, allowing for the advancement, of mutual recognition of skills, as well as implement targeted upskilling and reskilling activities; highlights that these efforts should make use of, among others, the European Skills Agenda, the Pact for Skills, ESF+, the Youth Employment Initiative, the Just Transition Fund, and EU4Health; Calls on the Member States to facilitate the labour market reintegration of workers who took a long career break to provide care to relatives;

79. Calls on the Commission to recognize challenges limiting access to appropriate care for persons with specific diseases that require increased level of care like rheumatic and musculoskeletal diseases (RMDs); Highlights that for persons with RMDs, the biggest obstacle in accessing appropriate care is the lack of rheumatologists and medical training in rheumatology in the Member States; Calls therefore on the Member States to make Rheumatology a standard element of the medical training curriculum and to increase the number of practicing rheumatologists;

Decent working conditions for all workers in the care sector

80. Urges the Member States to place adequate staffing levels and investment in care staff at the centre of their care policies; calls on Member States to increase the attractiveness of the care occupations (AM 902, 816) by ensuring social recognition, decent working conditions and fair remuneration, including adequate working hours, which would as a consequence help to tackle the existing labour shortages and diminish the need for short-notice work, rapid and severe workforce outflows, especially in the regions and Member States facing significant challenges due to the care drain, and increase

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[92] For public revenue purposes, Member States should examine the best way to formalise employment, and in that way the revenue collection deriving from this employment. In doing that, they should take into account in the calculations tax deduction systems and the use of service vouchers.

resilience of the care systems for the future while creating jobs in the sector;

81. Calls on the Commission and the Member States to support the creation of such quality jobs in the sector with among others clear, sustainable and attractive career paths and opportunities for training and the improvement of skills, that allow for permanent professional and personal development; calls on Commission and Member States to take concrete initiatives and provide incentives that make work in the care sector more appealing also to young people and encourage a gender balanced distribution of care professions;

82. Takes note of additional challenges related to the increasing share of platform work in the care sector; stresses that the European directive on platform work and national legislation regulating platform economy should duly take account of the specific nature of care work, which would provide minimum standards for the quality of services and decent working conditions for workers;

83. Recognises that care is often being provided undeclared or under-declared, in exploitative conditions, impacting the rights and well-being of workers and their families, and care recipients; is also concerned about the working conditions of live-in carers who are mainly women, including migrant women, many of whom face unclear remuneration conditions, risk of social isolation and the lack of mechanisms for proper enforcement of their rights; calls on the Commission and Member States to tackle the issue of undeclared work in the care sector and to create a clear legal framework to promote quality jobs with social protection coverage for all care workers;

84. Stresses that decent work should be an integral part when defining priorities around sustainable and quality care systems; highlights that recipients of public EU and national funding, loans and contracts should respect applicable labour law and strong standards;

85. Calls on those Member States, as members of the ILO, that have not yet done so to ratify and implement the relevant ILO conventions, particularly no. 189 concerning decent work for domestic workers, no. 190 on violence and harassment in the world of work and no. 149 on nursing personnel;

86. Is concerned about the high share of minimum wage and sub-minimum earners among the care professionals, majority of whom are women, and the subsequently persistent gender pay gap and discrepancies in the pay levels of specific care professions[93]; welcomes therefore the Commission proposals for a directive on adequate minimum wages, that would improve living and working conditions in the EU, including for the lowest paid workers in the care sector, and for a directive on pay transparency, tackling persistently inadequate enforcement of the fundamental right to equal pay for equal work or for work of equal value in the EU; stresses that in order to adjust the low pay in the highly female dominated care sector, the socio-economic value of care work must be re-assessed in comparison to the value of work in other often more male dominated sectors based on objective criteria through gender-neutral job evaluation or

[93] Eurofound (2021), Understanding the gender pay gap: What difference do sector and occupation make? Publications Office of the European Union, Luxembourg. Eurofound (2021), Minimum wages in 2021: Annual review, Minimum wages in the EU series, Publications Office of the European Union, Luxembourg.

classification tools such as educational, professional and training requirements, skills, effort, responsibility ,work undertaken and the nature of the tasks involved; highlights that a valid comparator is an important parameter in determining whether work can be considered of equal value; in the case where no real life comparator exists (as often the case in the highly female dominated sectors), a hypothetical comparator may be used; encourages both public and private care service providers to guarantee decent and adequate remuneration, beyond minimum wages; stresses that wage increases are associated with greater recruitment of long-term care workers, longer tenure and lower turnover according to OECD[94]; urges Members States to promote reforms to recognize the rights of caregivers and care receivers and implement actions to protect fundamental labour rights and improving working conditions of care workers addressing the often precarious situations they face such as informality, long working hours, inadequate pay, alack of training and poor occupational health and safety policies and instances of abuse, harassment and violence among others;

87. Highlights the central role of education and training as well as of programmes for inclusive reskilling and upskilling of workers for provision of quality care services and professionalization of care with regard to the continuous evolution of care professions and services; underlines the central role of paid educational and in-work training also in the process of transition from residential to community- and family-based care; strongly encourages the Member States, with the support of EU funds (ESIF and notably the European Social Fund +, as well as the RRF), to provide training to care staff on the rights of persons in need of care and support, particularly the rights enshrined in the UNCRPD and the United Nations Convention on the Rights of the Child; regrets that the EU Directive on the recognition of professional qualifications does not set out harmonised minimum training requirements for long-term care workers, hampering the automatic recognition of these workers throughout the Union;

88. Emphasises that care work is an essentially interpersonal service that requires a range of complex skills, some of which are not recognised and remunerated; stresses that the role of caregivers should be, above all, to provide care and support to the care recipients, and therefore considers necessary to cut unnecessary red tape and avoid assigning unnecessary administrative tasks to carers; stresses that certain medical tasks can be shared between health professionals and underlines the benefits of closer cooperation between care and health professionals, such as better distribution of workloads, more time for care recipients and continuity of care, as well as multidisciplinary practices and harmonization of career pathways;

89. Calls on the Commission to set up an EU Skills for Care Initiative to support Member States to improve up- and reskilling opportunities for professionals in the care sector, identifying skill gaps and needs, promising practices and successful initiatives, as well to provide a framework for the recognition and certification of expertise, skills and qualification acquired through experience such as through informal care work, to facilitate access to formal employment in the sector; calls on the Member States to draw on the EU Skills Agenda to ensure further skilling and upskilling of care workers, and support and provide public opportunities for all carers – including migrant informal

[94] https://www.oecd-ilibrary.org/docserver/92c0ef68-en.pdf?expires=1647941287&id=id∞cname=ocid194994✓sum=D863115B583D2A82CECF11D7D54A37B1

carers and care workers – to participate in vocational education and training and gain qualifications, paying special attention to women after care leave;

90. Calls on the Commission and the Member States to ensure and to enforce decent working conditions and the right for all workers to establish and join a representative trade union, and to engage in collective bargaining in the care sector, both formal and informal, and to adopt high standards of occupational health and safety, inline with and beyond the ambition of the recently adopted EU strategic framework on health and safety at work 2021-2027; highlights the need to pay special attention to the specific challenges of work in the care sector, which includes exposure of workers to hazardous substances or medicinal products, work in potentially infectious environments, as well as mental and psychosocial risks related to emotionally demanding work and encountering adverse social behaviour (AM 848), in order to prevent work-place accidents and illness, and with that absenteeism, turnover and poor workers health;

91. Calls on Member States to recognize COVID-19 as an occupational disease in the care sector; calls on the Member States to ensure that every care service provider prepares an Infection Prevention and Control programme and to guarantee annual infectious disease trainings for care workers, as well as providing workers with up-to-date information on infectious diseases;

92. Recalls that certain medicinal products that are regularly used by care workers contain one or several carcinogenic, mutagenic or reprotoxic substances falling under the scope of Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens, mutagens or reprotoxics at work; recalls, in this context, the fourth revision of this Directive and the inclusion of work involving exposure to hazardous medicinal products; looks forward to the foreseen publication in 2022 of the guidelines for handling those substances as well as for the development of a definition and an indicative list of such Hazardous Medicinal Products;

93. Calls on the Commission and the Member States to promote and support age-friendly working environments; repeats its call on the Commission to raise the level of ambition and to propose a broader and more comprehensive directive on prevention and management of work-related musculoskeletal disorders and rheumatic diseases, as well as mitigate psychosocial risks and negative effects of care work on well-being of workers that have been particularly pronounced during the pandemic;

94. Stresses that the European care strategy should, among others comprehensively address the impact of digitalisation on working conditions of workers and the effects of remote work and telework on mental health, as well as on the amount and unequal gender division of unpaid care and housework; repeats its call on the Commission to propose, in consultation with the social partners, a directive on psychosocial risks and well-being at work;

95. Calls on the Member States to establish minimum standards for live-in care work in the areas such as: working time, remuneration and accommodation of carers, in order to take into account specificity of their work; especially the fact of living and working in a common household with a person in need of care; an average working time should be calculated as carers work in shifts; remuneration level shall depend on the care needs as

well as skills of the carers; in-house carers who live together with dependants shall have access to separate room, access to toilet, kitchen and, if possible, internet;

96. Calls on the Member States to strengthen social dialogue and promote collective bargaining and collective agreements in the care sector, public and private, and profit and non-profit, institutional as well as family- and community-based settings as crucial mechanisms for the improvement of employment and working conditions and for tackling the gender pay gap, and as the most effective tools for securing an increase in the minimum wage and in wages in general;

97. Calls on the Member States to promote broader collective bargaining coverage and ensure the right and freedom of association in the care sector by providing greater access and information to workers representatives and trade unions seeking to represent and build membership amongst the care workforce, and by removing all obstacles to the creation of trade unions as well as unnecessary barriers in public sector workplaces, including private contractors working on public contracts, that impede unions' ability to organize public sector workers and increase their membership; stresses that especially mobile workers, who often work as live-in carers and have to be available 24 hours a day, are not sufficiently aware or informed of the terms and conditions of employment applicable to them; highlights that the collective agreements should amongst else secure the pension rights of workers who need to decrease paid employment or leave employment in order to care for others;

98. Recalls that mobile and migrant workers, including undocumented workers, play a significant role in the provision of residential, community- and family-based care in the EU; believes that this fact should be reflected and accordingly addressed in the forthcoming European Care Strategy; calls on the Commission and Member States to commit to and set concrete actions to address the issue of undeclared work and illegal forms of employment as well as to promote decent work for all care workers, regardless of their status; stresses that migrant workers face specific vulnerability and challenges, such as access to work permit or to formal employment, social protection coverage and the risk of undeclared work; calls for their protection through the application, enforcement and monitoring of the relevant legislation;

99. Calls on the Commission and the Member States to ensure fair mobility and recruitment of workers from the EU and from third countries by improving the reciprocal recognition of their qualifications and by closing the gaps in transnational social protection; repeats its call for proper monitoring and enforcement of rules pertaining to mobility and better informing workers of their rights; stresses the role of the ELA in assisting Member States and the Commission in the effective application and enforcement of EU law related to labour mobility and the coordination of social security systems within the EU; stresses the need to consider revising the ELA's mandate in the context of the evaluation due in 2024, to include occupational health and safety provisions; calls on EU-OSHA and the ELA to work together to support the Commission and the Member States in improving the occupational health and safety of mobile and migrant workers; stresses that live-in care workers are predominantly organised through a complex chain of agencies posting workers, who are thus covered

by the Posting of Workers Directive[95];

100. Recognises the role of personal and household services workers in guaranteeing that the EU citizens have a genuine choice of their preferred care model; calls on the Commission to address in the European care strategy the challenging working and employment conditions of all personal and domestic workers, including care and other personal and household services workers, and to lay foundation for recognition, regulation and professionalization of personal and household services; calls on the Commission and Member States to effectively tackle undeclared work in the care sector by guaranteeing social protection, safe and decent working conditions and creating new job opportunities in the domestic care sectors; calls for a targeted revision of Directive 89/391/EEC to ensure the inclusion of domestic workers within its scope; calls on the Member States to present an adequate framework for declaration of personal and household services, such as service voucher schemes, to develop mechanisms and tools for better monitoring of domestic care work and to invest in tailor-made quality professional services to halt precarisation of care and discourage use of care services that involve undeclared work;

101. Calls on the Member States to swiftly and fully transpose and implement the Work-Life Balance Directive and encourages them to go beyond the minimum standards laid down in the directive; stresses that only an equal share of unpaid care responsibilities between men and women by means of equal non-transferable and adequately paid leave periods would enable women to increasingly engage in full-time employment, achieve a work-life balance, as well as personal and societal development; highlights further the importance of promoting additional flexibility of work arrangements for groups of workers, such as parents with young children, single parents, parents with disabilities and parents of children with disabilities; calls on the Member States to respect a minimum duration for maternity and paternity leave, regardless of the status of the person concerned; recalls that policies on work-life balance should encourage men to take up care responsibilities on an equal basis with women and stresses the need to progressively advance towards fully paid and equal length maternity and paternity leaves; strongly urges all Member States to encourage and ensure that fathers are able to take up their paternity leave without fear of adverse or discriminatory conduct by their employers, which is an effective way of encouraging them to accept responsibility for looking after their children and their families and a useful mean to achieving genuine gender equality; highlights that this not only requires but also will cause changes in stereotypes and gender norms, leading to a fairer and more gender equal society; calls on the Commission and Members states to promote transformative actions such as awareness campaigns on the co-responsibility of care, eradicating the stereotyped idea of women as responsible for this work;

102. Calls on the Member States to develop a set of comprehensive measures and incentives to encourage and facilitate the labour market reintegration of workers, especially women, whose career and income are more often affected by unequal gender roles and care leaves, including their take up or longer career breaks and to ensure the right of

95 https://www.eesc.europa.eu/sites/default/files/files/report_on_the_eesc_country_visits_to_uk_germany_italy_poland_0.pdf.

workers to return to the same or equivalent position;

103. Calls on the Member States, in close cooperation with social partners, to support career pathways to facilitate work situations adaptations in particular via lifelong learning and vocational training, adequate unemployment benefits, transferability of social rights, and active, effective labour market policies; calls on the Commission and the Member States to promote and guarantee effective protection and equal pay for men and women, through a gender transformative legislation and policy responses that aims to tackle precarious employment, the undervaluation of work of certain feminised sectors such as care and guarantee career paths and proper social security coverage; reiterates that people in all employment relationships and the self-employed should be able to accumulate entitlements providing income security in circumstances such as unemployment, sickness, old age, career breaks for child-raising or other caring situations, or for reasons of training in line with the Council Recommendation on access to social protection of workers and self-employed;

104. Calls on the Commission to build on the European Care Strategy, namely the two Council recommendations, on childcare (revision of the Barcelona targets) and on long-term care and to present a Care Deal for Europe after the Care Strategy, which should include a set of policies, programmes, recommendations and investment at EU level, aiming at fostering a transition towards a gender-transformative care economy that recognizes care as a right and values it as the backbone of our society; highlights that it should take an integrated, holistic and life-long approach to care and promote decent working conditions and fair wages, increase the attractiveness of work in the care sector as well as tackle discrimination, gender inequalities and poverty in the sector;

Recognising and valuing the role of care in our societies and economies

105. Stresses the utmost importance of mainstreaming care and measures for the empowerment and professional development of women as carers, persons in need of care and support and vulnerable individuals in all relevant national and EU policies, together with encouraging increased investment in accessible, affordable and high quality care services;

106. Calls for these priorities to be reflected also in the external dimensions of the EU policies, including in pre-accession and official development assistance; emphasises that a rights-based approach to care, based on the principle of non-discrimination, would enable such a mainstreaming across all relevant policy fields; underlines the necessity of ensuring the systematic implementation of gender and equality mainstreaming in all the relevant stages of the budgeting process, both within Commission’s central budgets as well as policies and programmes supported by the EU; calls on the Members States and the European Commission to reverse the highly stigmatised image of formal and informal care occupations and Member States to adopt effective policies and programmes for tackling ableism, ageism, gender-based and other forms of discrimination that intersect with prejudice and stereotypes associated with care, paternalism and concept of dependency; notes that women are a valuable and untapped source of entrepreneurial potential in Europe also in the care sector, who can contribute to new innovations such as new technologies;

107. Notes that tackling entrenched gender norms and stereotypes is a first step in redistributing responsibilities for unpaid care and domestic work between men and women and calls on the Commission and the Member States to foster a positive public image and attractiveness of work in the care sector for both men and women by planning educational and public information campaigns and supporting pilot projects advancing this goal and aiming to bring more men into care and to promote equal participation and opportunities for women and men in the labour market in care services;

108. Calls on the Commission to monitor the implementation of the principles of the EPSR and the SDGs in the context of the European Semester; calls in particular for a regular reporting on the implementation of the EU Care Strategy as well as care-related indicators taken into account in the European Semester and in the Country-Specific Recommendations; considers that the care economy ought to be a pillar of the post-pandemic economies and calls on the Commission and the Member States to put care at the centre of post-pandemic recovery; firmly believes that the implementation of national recovery and resilience plans must include targeted actions for the improvement of gender equality in all spheres of life and of care, including measures for reduction and redistribution of unpaid care and household work;

109. Notes that there is a need to recognize and value care in European economies, budgeting and statistics; calls on the Commission and Member States to adopt approaches to measuring and valuing the social and economic contribution and outputs of care in particular unpaid care, housework and domestic work through adding informal care in the value chain, including by considering the introduction of specific indicators to the next revision of the Social Scoreboard; calls on Eurostat and EIGE to estimate the economic contribution of informal carers to Member States' economies and calls on the Commission and the Member States to include related alternative measures of economic and social well-being in the policy-making process;

110. Points to the clear benefits of minimum income and minimum pension schemes for timely and effective access to care and support services in the view of the upcoming Commission recommendation on adequate minimum income, as well as for ensuring decent living standard to carers, who are mainly women, especially those providing informal unpaid care, and calls on the Commission to stress the importance of considering and exchanging best practices on how to reflect caring responsibilities throughout the life-cycle on pension schemes;

111. Calls on the Commission to link the upcoming care strategy to the European action plan for the social economy, raising the awareness of the potential of social economy in improving the working conditions in the care sector as well as creating opportunities for better access of women to quality jobs, calls on the Member States for investments to develop the care economy taking due account of the human factor aspects of the sector;

112. Recognises and values care provided by civil society and non-profit organisations such as NGOs, patient organizations, charitable and religious or other institutions;

113. Calls on the Member States to formulate and revise their care policies in permanent social and civil dialogue with social partners, experts, civil society NGOs, public

authorities at national and EU level, representative organisations of care recipients and formal and informal carers to support the creation of effective social care policy solutions which fit the needs of the people on the ground; stresses the importance of actively consulting carers and care recipients and their representative organisations in the development, implementation and monitoring of the upcoming European Care Strategy; invites the Commission and the Member States to launch a discussion on the link between technology and quality of care;

114. Calls on the European Commission to undertake research to better understand the economic and societal impact of the inadequate provision of care to persons in need for care and support and to secure funding, namely in the framework of the future platform, for research projects on the social impact of rare diseases, from a patient-perspective, and to EU-wide networks and innovative projects that allow Member States to co-create and transfer good practices and innovative care models, also with a special focus on the most prevalent diseases and diseases causing disability, including rheumatic and musculoskeletal diseases (RMDs);

115. Calls on the Commission to ensure that the EIGE, Eurofound and other relevant agencies have adequate resources to monitor and analyse if and how policies are making the intended improvements in the care sector, including in terms of access, quality, gender equality, infrastructure and work-life balance;

116. Calls for an external scientific and ethical evaluation on the handling of the COVID-19 pandemic in the care sector, on the actions of the European Union as a whole as well as on the actions of the Member States, and for an evaluation on the level of preparedness that the EU now has for pandemics, and calls on the Member States and the Commission to investigate the causes of the large proportion of COVID-19 infections and deaths that have occurred in residential services for older people, persons with disabilities and other social service facilities, and whether human rights and patient rights have been neglected or violated, in order to draw the necessary lessons and prevent reoccurrence of such tragedies in the future crises;

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

EXPLANATORY STATEMENT

Two years into the Covid-19 pandemic, the President of the European Commission in her 2021 State of the Union address, announced a European Care Strategy to be put forward by the Commission in 2022 with the aim “to support men and women in finding the best care and the best life balance for them”. Prioritisation of care in European and national policies, including the necessary investment, is the only feasible and sustainable response to the long-standing challenges in the care sector that have been further exacerbated by the Covid-19 pandemic. The forthcoming European care strategy must lay the foundations for a long-overdue reform of the care and social security systems in the Member States, aligning capacities with the needs and the rights of citizens, as they are reflected in the principles of the European Pillar of Social Rights, and building the resilience to future crises.

Already today, the lack of available, accessible and affordable quality long-term care services and chronic underinvestment in care economy that employs 6.3 million professionals result in the need for a substantial share of informal care, provided by more than 44 million informal carers across the EU. Substantial part of long-term care services are outdated and not fit for the purpose. Transformation from institutional care to community-based care needs to be finally achieved. Demographic change, population ageing, as well as the necessary reforms related to the green and digital transition in Europe, will further amplify the demand for various care services, place additional pressure on understaffed and underfinanced care sector and, without appropriate policy responses resulting in creation of more quality jobs in the sector, generate new burdens for informal carers.

For all the reasons mentioned above, Member States should put care at the centre of their policies and take full advantage of the EU funding opportunities for recovery after the pandemic, guaranteeing timely and equal access to quality care services to people of all generations in line with a rights-based and life course approach. Quality early childhood care, care for older persons, prevention and rehabilitation services, long-term care and other forms of support to persons with disabilities and vulnerable groups mean care that is provided in a comprehensive and integrated manner, with high standards for services responding to both individuals’ physical and psychological needs and in better coordination between healthcare, social and other support services.

Europe that cares is a Europe that takes better care of both care recipients and their carers. The evidence namely confirms that care work is often associated with significant negative effects on carers’ physical and mental health and with difficulties in reconciling care with paid work. Inadequate pay that remains well below the average pay across the EU, difficult employment and working conditions, including high numbers of temporary contracts and part-time work, shift work and long working hours, alongside physically and psychologically demanding work in unsafe environment and exposure to hazardous products, are the root causes of absenteeism and rapid outflow of workers. The sector is facing additional challenges due to the new non-standard forms of employment and a large share of undeclared work. The complexity of issues is aggravated by the weak social dialogue and low coverage of the sector with collective agreements, which prove to have a direct negative effect on the pay levels and working conditions, as well as accessibility and quality of services. Informal carers, on the other hand, are likely to experience health declines and emotional strain, financial losses and disruption of their plans and lifestyles due to the lack of financial and

other support measures that would mitigate the negative impacts of their caregiving obligations.

The fact that women are overwhelmingly represented among care recipients, as well as among paid and unpaid carers, points to care as an economic and social domain where gender employment, pay and pension gaps and other manifestations of one of the biggest persistent gender inequalities are reproduced. The latter underscores the need for monumental change in how paid and especially unpaid and informal care responsibilities are recognised, valued, and divided among men and women in our societies. Of older persons aged more than 65, more than 7 million people receive informal care in the EU. Between 40 and 50 million people in the EU provide informal care on a regular basis. 80 % of all care provided across the EU is provided by unpaid and other informal carers. 75% of them are women, which makes care all the more a strongly gendered issue. Informal carers are an essential part of our societies and care structures, which is why there is a need for a common coherent package of actions at the European level on informal care.

European strategic framework for care should include a directly applicable set of strategies and examples of policy incentives to address the persistent and even growing discrepancies in the amount of time spent on care and housework by men and women. Even when in full-time employment, women spend 13 hours more of unpaid care and housework per week compared to men. Care responsibilities keep as many as 7.7 million women in the EU out of the labour market and make women prone to changing their employment, taking up part-time jobs, and reducing their working hours while the impact of childcare on men’s work patterns remains almost insignificant.

Tackling women’s overrepresentation in care, attracting a larger number of male and younger workers in the care sector and ensuring recognition, reduction and redistribution of care work thus inevitably involves combating gender discrimination, but also ageism, ableism and other intersecting forms of discrimination and ideologies of dependency.

INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

Date adopted	21.6.2022
Result of final vote	+: 59 –: 12 0: 0
Members present for the final vote	Isabella Adinolfi, Atidzhe Alieva-Veli, Christine Anderson, Marc Angel, Simona Baldassarre, Robert Biedroń, Vilija Blinkevičiūtė, Milan Brglez, Jordi Cañas, Maria da Graça Carvalho, David Casa, Leila Chaibi, Ilan De Basso, Margarita de la Pisa Carrión, Jarosław Duda, Estrella Durá Ferrandis, Lucia Ďuriš Nicholsonová, Loucas Fourlas, Cindy Franssen, Heléne Fritzon, Helmut Geuking, Alicia Homs Ginel, Lívia Járóka, Radan Kanev, Alice Kuhnke, Stelios Kympouropoulos, Katrin Langensiepen, Miriam Lexmann, Elżbieta Katarzyna Łukacijewska, Karen Melchior, Andżelika Anna Możdżanowska, Max Orville, Kira Marie Peter-Hansen, Pina Picierno, Sirpa Pietikäinen, Dragoş Pîslaru, Dennis Radtke, Samira Rafaela, Elżbieta Rafalska, Evelyn Regner, Guido Reil, Terry Reintke, Diana Riba i Giner, Eugenia Rodríguez Palop, Daniela Rondinelli, Monica Semedo, Jessica Stegrud, Eugen Tomac, Elissavet Vozemberg-Vrionidi, Maria Walsh, Stefania Zambelli
Substitutes present for the final vote	Carmen Avram, Romeo Franz, José Gusmão, Pierre Larrouturou, Maria-Manuel Leitão-Marques, Aušra Maldeikienė, Irène Tolleret, Anna Zalewska
Substitutes under Rule 209(7) present for the final vote	Clara Aguilera, Attila Ara-Kovács, Pietro Bartolo, Karolin Braunsberger-Reinhold, Clare Daly, Andor Deli, Claude Gruffat, Petra Kammerevert, Anne-Sophie Pelletier, René Repasi, Dorien Rookmaker, Sabine Verheyen

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

59	+
NI	Daniela Rondinelli
PPE	Isabella Adinolfi, Karolin Braunsberger-Reinhold, Maria da Graça Carvalho, David Casa, Jarosław Duda, Loucas Fourlas, Cindy Franssen, Helmut Geuking, Radan Kanev, Stelios Kympouropoulos, Miriam Lexmann, Elżbieta Katarzyna Łukacijewska, Aušra Maldeikienė, Sirpa Pietikäinen, Dennis Radtke, Eugen Tomac, Sabine Verheyen, Elissavet Vozemberg-Vrionidi, Maria Walsh
RENEW	Atidzhe Alieva-Veli, Jordi Cañas, Lucia Ďuriš Nicholsonová, Karen Melchior, Max Orville, Dragoş Pîslaru, Samira Rafaela, Monica Semedo, Irène Tolleret
S&D	Clara Aguilera, Marc Angel, Attila Ara-Kovács, Carmen Avram, Pietro Bartolo, Robert Biedroń, Vilija Blinkevičiūtė, Milan Brglez, Ilan De Basso, Estrella Durá Ferrandis, Heléne Fritzon, Alicia Homs Ginel, Petra Kammerevert, Pierre Larrouturou, Maria-Manuel Leitão-Marques, Pina Picierno, Evelyn Regner, René Repasi
THE LEFT	Leila Chaibi, Clare Daly, José Gusmão, Anne-Sophie Pelletier, Eugenia Rodríguez Palop
VERTS/ALE	Romeo Franz, Claude Gruffat, Alice Kuhnke, Katrin Langensiepen, Kira Marie Peter-Hansen, Terry Reintke, Diana Riba i Giner

12	-
ECR	Andżelika Anna Możdżanowska, Margarita de la Pisa Carrión, Elżbieta Rafalska, Dorien Rookmaker, Jessica Stegrud, Anna Zalewska
ID	Christine Anderson, Simona Baldassarre, Guido Reil, Stefania Zambelli
NI	Andor Deli, Lívia Járóka

0	0

Key to symbols:
+ : in favour
- : against
0 : abstention