

STUDY

Requested by the FEMM committee



Gender equality: Economic value of care from the perspective of the applicable EU funds

An exploration of an EU strategy towards valuing the care economy



Policy Department for Citizens' Rights and Constitutional Affairs
Directorate-General for Internal Policies
PE 694.784 - June 2021

EN

Gender equality: Economic value of care from the perspective of the applicable EU funds

An exploration of an EU strategy towards valuing the care economy

Abstract

This study was commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee.

It explores the impact of COVID-19 on the EU care economy, the gendered nature of care work and its continued reliance on unpaid or low-paid work of women. Issues of valuing and measuring care are examined in selected countries with different systems of care provision. Despite the recognition of the centrality of the care economy during the pandemic, the establishment of a new highly significant EU funding mechanism (the Recovery and Resilience Fund, RRF) is focused largely on digital and green investments, paying only marginal attention to gender equality and the care economy.

This document was requested by the European Parliament's Committee on Women's rights and Gender Equality.

AUTHORS

Ursula BARRY, Emeritus Associate Professor, University College Dublin

Ciara JENNINGS, Research Assistant, Dublin City University

ADMINISTRATOR RESPONSIBLE

Martina SCHONARD

EDITORIAL ASSISTANT

Ginka TSONEVA

LINGUISTIC VERSION

Original: EN

ABOUT THE EDITOR

Policy departments provide in-house and external expertise to support EP committees and other parliamentary bodies in shaping legislation and exercising democratic scrutiny over EU internal policies.

To contact the Policy Department or to subscribe for updates, please write to:

Policy Department for Citizens' Rights and Constitutional Affairs

European Parliament

B-1047 Brussels

Email: poldep-citizens@europarl.europa.eu

Manuscript completed in June 2021

© European Union, 2021

This document is available on the internet at:

<http://www.europarl.europa.eu/supporting-analyses>

DISCLAIMER AND COPYRIGHT

The opinions expressed in this document are the sole responsibility of the authors and do not necessarily represent the official position of the European Parliament.

Reproduction and translation for non-commercial purposes are authorised, provided the source is acknowledged and the European Parliament is given prior notice and sent a copy.

© Cover image used under licence from Adobe Stock.com

CONTENTS

LIST OF ABBREVIATIONS	8
LIST OF BOXES	9
LIST OF TABLES	9
EXECUTIVE SUMMARY	10
1. CONCEPTUALISING CARE	14
1.1. Introduction	14
1.2. Concept of care work	15
1.3. Invisibility and undervaluing of unpaid work	16
1.4. Changing patterns of care	17
1.5. Unpaid care responsibilities and inequalities on labour market	19
1.6. Challenges of gendered systems of Long-Term Care (LTC)	21
1.7. Gendered care chains - global context	24
1.8. Conclusion	26
2. COVID-19, CARE AND GENDER INEQUALITY	28
2.1. Introduction - global context	28
2.2. A gendered pandemic	29
2.3. Women on the frontline – in both paid and unpaid work	32
2.4. Care crisis - long-term care (LTC)	36
2.5. Sexual, domestic and gender-based violence	39
2.6. Conclusion	41
3. VALUING THE CARE ECONOMY	43
3.1. Introduction	43
3.2. Care and gender equality	44
3.3. Counting care work	46
3.4. Measuring care work	49

3.4.1. Valuing the care economy – ‘replacement wage’ approach	50
3.4.2. Valuing the care economy – ‘opportunity cost’ approach	51
3.4.3. Valuing the care economy – new approaches to measurement	52
3.5. Perspectives on change - care as a social investment	56
3.6. Conclusion	57
4. COUNTRY OVERVIEW	59
4.1. Introduction	59
4.2. Selection of Country Profiles	59
4.3. Gendered inequalities in diverse care systems	60
4.4. Poor conditions in the care sector	62
4.5. Unpaid work and involuntary part-time work	63
4.6. Leave issues and difficulty in accessing care services	66
4.7. Prevalence of gender-based sexual and domestic violence	67
4.8. Conclusion	67
5. RECOVERY PLAN FOR EUROPE & GENDER EQUALITY	69
5.1. Introduction	69
5.2. Gender Equality and EU Funding Systems	69
5.3. EU Recovery and Resilience Facility (RRF)	71
5.4. COVID-19, Gender Equality and EU Funding	73
5.5. Access to LTC and critical services	76
5.6. Shifting funding priorities toward the care economy	78
5.7. Conclusion - a transformative approach	80
6. CONCLUSIONS AND BEST PRACTICES	82
6.1. Introduction	82
6.2. Gendering the recovery	83
6.3. Re-imagining care	86
6.4. Best Practices and the Care Economy	90

6.5. Conclusion	95
7. CENTRALITY OF THE CARE ECONOMY	96
7.1. Introduction	96
7.2. Recommendations to European Commission	99
7.2.1. Gender and equality budgeting	99
7.2.2. Research on care and exchange of best practices	99
7.2.3. New data collection strategies	99
7.2.4. Social protection and minimum conditions of work	100
7.2.5. Long-term Care for older people, asylum seekers and people with disabilities	100
7.2.6. Gender-based domestic and sexual violence	100
7.2.7. Sexual and reproductive health	100
7.3. Recommendations to both European Commission and Member States	100
7.3.1. Emergency Covid-19 Structures	100
7.3.2. Revalue and redistribute unpaid work	100
7.3.3. Older people, asylum seekers & people with disabilities in need of care	101
7.3.4. New data collection strategies	101
7.3.5. Improved working conditions in the care sector	101
7.3.6. Childcare	102
7.3.7. Gender-based sexual and domestic violence	102
7.3.8. Sexual and reproductive health	102
7.3.9. Enhanced use of technology	102
7.3.10. Importance of NGOs and civil society organisations	102
7.4. Recommendations to Member States	103
7.4.1. Gender and equality budgeting and gender impact assessment	103
7.4.2. Social protection and minimum conditions in care sector	103
7.4.3. Older people, asylum seekers & people with disabilities in need of care	103
7.4.4. Improved working conditions in care sector	103
7.4.5. Gender-based, sexual and domestic violence	103
7.4.6. Sexual and reproductive health	104
PART 2 - COUNTRY PROFILES	105
8. COUNTRY PROFILES	106
8.1. Estonia	106
8.1.1. Public and private	107
8.1.2. Access and costs	108
8.1.3. Conditions of employment in care sector	110

8.1.4. Conclusions	111
8.2. Finland	112
8.2.1. Public and private	113
8.2.2. Access and costs	114
8.2.3. Conditions of employment in the care sector	116
8.2.4. Conclusions	116
8.3. Germany	117
8.3.1. Public and private	118
8.3.2. Access and costs	120
8.3.3. Conditions of employment in care sector	121
8.3.4. Conclusions	121
8.4. Greece	122
8.4.1. Public and private	123
8.4.2. Access and costs	124
8.4.3. Conditions of employment in care sector	125
8.4.4. Conclusions	126
8.5. Ireland	127
8.5.1. Public and private	129
8.5.2. Access and costs	130
8.5.3. Conditions of employment	133
8.5.4. Conclusions	133
8.6. The Netherlands	137
8.6.1. Public and private	137
8.6.2. Access and costs	139
8.6.3. Conditions of employment in care sector	140
8.6.4. Conclusions	141
8.7. Poland	142
8.7.1. Public and private	143
8.7.2. Access and costs	145
8.7.3. Conditions of employment in care sector	146
8.7.4. Conclusions	147
8.8. Spain	148
8.8.1. Public and private	149
8.8.2. Access and costs	150
8.8.3. Conditions of employment in care sector	151
8.8.4. Conclusions	152

9. REFERENCES	154
Websites consulted	165

LIST OF ABBREVIATIONS

BPfA	Beijing Platform for Action
EC	European Commission
ECEC	Early Childhood Education and Care
EIGE	European Institute for Gender Equality
EP	European Parliament
ESRI	Economic and Social Research Institute
EQLS	European Quality of Life Surveys
FWA	Flexible Working Arrangements
GDI	Gender Development Index
GDP	Gross Domestic Product
GCEI	Gender Care Empowerment Index
GEM	Gender Empowerment Measure
GNP	Gross National Product
ICT	Information and Computer Technologies
ILO	International Labour Organisation
LTC	Long-Term Care
MS	Member States
PPE	Personal Protective Equipment
OECD	Organisation of Economic Cooperation and Development
STEM	Scientific, Technology, Engineering and Maths
SDG	Sustainable Development Goals
UN	United Nations
WLB	Work Life Balance
WHO	World Health Organisation

LIST OF BOXES

Box 1: Women dominate the EU care sector	30
Box 2: Scale of gendered inequalities	48
Box 3: NextGenerationEU	72
Box 4: Principles to inform a more Gender Equal Recovery Plan for Europe	87
Box 5: Germany Best Practice Childcare Financing 2020-21	91
Box 6: Germany Best Practice. Tax measures for low income households	92
Box 7: Best practice Greece Transposing Work-Life Balance Directive	93
Box 8: Ireland Best Practice Citizens' Assembly on Gender Equality - focus on care	93
Box 9: Spain Best Practice Gender Equality one of four axes of SRRP	94
Box 10: Spain Best Practice Mainstreaming gender equality and social inclusion	95
Box 11: Recognising and valuing the care economy	97

LIST OF TABLES

Table 1: Percentage of women in paid employment in selected countries 2013-2019	61
Table 2: Gender Employment Gap for selected countries 2010-2019	62
Table 3: Very difficult to combine paid work with care responsibilities	63
Table 4: Average (mean) hours per week spent by women and men on cooking and/or housework	64
Table 5: Women's involuntary part-time work due to care responsibilities	65
Table 6: Very difficult to access LTC due to cost	66

EXECUTIVE SUMMARY

Background

Gender inequalities are at the heart of the care economy, directly linked to women's position on the frontline of unpaid and low-paid work in the globalised care economy. COVID-19 pandemic has demonstrated the essential nature of care work and its central role in the functioning of economies and societies. Despite the critical role caring activities play in EU economies, contributing directly to economic and social well-being, care is undervalued, receives little recognition, and is frequently low-paid or often unpaid. At a global level, care work is overwhelming carried out by women, often as part of a hidden or underground economy and shaped by historical and persistent gendered inequalities. Care involves both physical and emotional labour and encompasses the paid work of childcare, education and healthcare workers, those employed in institutional long-term care (LTC) settings, informal or unpaid work in the community as well as domestic work in the home. Care is a spectrum of activities that reveals the critical, although largely unrecognised, interdependence and interconnectedness of society.

Aim

This research study aims to examine the gendered nature of the EU care economy, the impact of COVID-19 on care and the care sector and the extent to which gender equality and care have been taken into account in the EU COVID-19 Recovery Plan. By exploring the potential for a new EU strategy on care and the potential for a new model of care, this study argues that the care economy should be seen as a social investment and have a central place in the funding of the post-crisis EU Recovery Plan. Research indicates that investing in the labour-intensive care economy generates a high level of return through growth in women's employment and an increased level of social and economic well-being. By funding quality diverse care services, women's time spent on unpaid work is reduced and new opportunities are opened up for women in education and paid employment, particularly those in low-income, migrant and lone parent households. Through new ways of thinking about care activities and enactment of different policies respecting the diverse needs of care recipients and care providers, a new model of care would be generated based on a more equal sharing of care work and greater involvement of men with care activities - societies based on enhanced gender equality and stronger social justice, in the interests of both men and women.

Core Recommendation:

Funding for the **care economy** should account for at least **30 per cent** of the expenditure under the *EC Recovery Plan for Europe* to create equal standing with the 37 per cent already allocated to green transformation investments and 30 per cent to digital transition investments.

Recommendation: EU should develop a clear policy framework that designates funding and supports to the care economy as *public investments in social infrastructure* that are defined as key priority areas in EC economic and budgetary policies.

Recommendation: Eurostat should collect disaggregated data on care, the provisions of different types of care and profiling the composition of both formal and informal carers, paid and unpaid care workers in relation to gender, age, nationality, disability and ethnicity in different care settings.

Recommendation: Data on care should be used in the development of an EU Care Strategy, with a focus on the care economy as social investment and encompassing a strategic approach towards care providers and care recipients.

Mainstream economics operates under an international system of measuring economic activity, which primarily values only market-based economic activities, that are paid for or that generate an income on the market. The majority of care work globally is unpaid, so therefore not measured and consequently is absent from, or marginal to, the concerns of economic policy-making. This renders a significant proportion of the work carried out by women on a global level uncounted, invisible and undervalued. By using time use surveys, the UN has estimated that unpaid work accounts for between 20 and 40 per cent of GNP at global levels, and unpaid care accounts for most unpaid work. Women's role in unpaid and low paid care work is directly connected to the persistence of gender inequality. Covid-19 pandemic has highlighted how women's invisible work in the care sector is propping up economies at global and national levels. Analysis of caring activities - paid and unpaid care work - reveals that it is highly gendered, whether in the formal or informal economy or whether carried out in homes, communities or in institutional settings.

Recommendation: Time use surveys should be centrally managed and produced by Eurostat, drawing on a data template completed at MS level, ensuring that complex time use data is available for MS on a gender, age, ethnicity and nationality and disability basis and that generates estimated values of unpaid work.

Working conditions in the care sector are poor, are frequently carried out by those in marginalised low-income households, including many migrant women in vulnerable situations. Many migrants find themselves in situations in which their formal qualifications are not recognised and, as a result, trapped in low pay and low-status precarious employment. Women continue to experience a significant care penalty that has been exacerbated during COVID-19, due to the sudden withdrawal of a range of educational and care services. Conditions during the pandemic meant that home-based working had to be combined with home-schooling and childcare, and those responsibilities are largely carried out by women, forcing many to reduce working hours or, in some instances, exit paid employment.

Recommendation: Training and educational qualifications should be linked to the establishment of a career structure for each different cohort of carers, within a system of reciprocal recognition of qualifications at EU and global levels, and this should be implemented at MS levels.

Recommendation: Increased funding should be made available for training and education programmes for care workers in paid care, and also in informal systems of care. Provision of inclusive social protection for formal and informal, paid and unpaid caregivers should be resourced.

Recommendation: An enhanced system of leave entitlements for parents and carers should also be resourced in a manner that has a significant impact on increased sharing of care responsibilities.

Recommendation: Protections for migrant workers in home-based and institutional care should be developed and clear lines established for access to residency rights and citizenship at MS level.

There is increasing evidence of a crisis in care. An increasing proportion of the populations of EU MS are in the older age groups and demand for all kinds of care has been increasing while simultaneously, the proportion of women in paid employment is growing. Unmet care needs are a feature of many EU countries, as traditional systems of extended family care are no longer available to meet household needs, and public investment has failed to fill the care gap. Underlying lack of investment, linked to often low-quality privatised care services, characterise long-term care (LTC) facilities in many countries. This generated a particular vulnerability to COVID-19 infection among both residents and staff of LTC facilities, and in many countries, enforced isolation of even those seriously ill and dying. It is estimated that 42% of deaths from COVID-19 occurred in these institutional congregated settings, providing often poor levels of care for older people, people with disabilities and particularly isolated and marginalised asylum-seekers and refugees in some countries.

Recommendation: EC should review MS provision of care for people with disabilities and older people, both in residential care facilities, community-based care and home-based settings with the objective of making greater resources available and increased funding for transitions to home- and community LTC.

Recommendation: Funding for investing in de-congregation and creation of individualised spaces in LTC residential settings should be increased.

Recommendation: Funding for investment in forms of housing that creates independent living and supported housing spaces based on the principle of autonomy for people with disabilities and older people should be increased.

COVID-19 brought with it an increase in reports of gender-based sexual and domestic violence across the EU, as family and community networks were dismantled and more homes became places of danger. At the same time, services provided by both statutory agencies and NGOs have been curtailed and emergency help has not been available or been restricted to on-line services. Full and partial lockdowns to deal with the spread of COVID-19 have been introduced in many countries, which has meant temporary unavailability of maternity, sexual and reproductive health services, of particular importance to women. In some countries, restricted access to contraception and abortion services, together with restrictions on travel has forced many women with crisis pregnancies into highly vulnerable situations.

Recommendation: MS should develop systems to link into new structures and policies at EC, based on the recognition of sexual and domestic violence as a *Eurocrime*, and the Istanbul Convention should be resourced and fully implemented at MS levels.

Recommendation: Training and education programmes for volunteers and staff should be funded on a multi-annual basis and investment in second stage housing to facilitate households exiting emergency systems.

Recommendation: Particularly vulnerable communities in emergency congregated settings, such as refugees, homeless, asylum seekers and those suffering from gender-based sexual and domestic violence should be housed in appropriate and safe community-based settings and, at a minimum, with private individualised and family spaces with autonomous cooking and catering facilities and specific supports to integrate adults and children with the wider communities.

Recommendation: Funding should be provided at EU and MS levels to address the restriction on sexual and reproductive care services (including maternity care services) during the pandemic. A policy framework should be developed by the EC to ensure that full access to comprehensive reproductive (including abortion services) and sexual health services is available in every region of the EU and is inclusive of LGBTQ+ care needs and services.

Responses to COVID-19 by EU countries has lacked a gender analysis of the impacts of COVID-19 on women and men, and those of non-binary gender, and consequently lack of a gender perspective to inform policy-making and strategies to combat the pandemic. Based on research evidence, the care economy should be designated a public investment in social infrastructure with a recognised capacity to generate enhanced economic activity, as well as economic and social well-being, which is in the interests of greater gender equality and social justice.

The EU has established an unprecedented new funding system to which Member States can apply and criteria for funding highlight two specific funding strands: digital transition and green transformation which together are expected to account for two-thirds of approved funding. While these two funding strands may benefit both women and men, there is no mention of the care economy as a priority for funding, despite the recognition of the role of care services during the pandemic. Unless a specific strand of funding, to the value of 30 per cent of total funding, is allocated to the care economy, the EU Recovery Plan for Europe will reinforce or exacerbate gender inequalities in the post-crisis period. Specifying the substantial and diverse investments needed in the care economy, is the only way that the digital and green economies can be put on an equal footing with the essential care economy.

Recommendation: Support for care economy should be ringfenced (at 30 per cent of total funding) and, together with gender equality, should be designated as criteria for funding of MS Recovery and Resilience Plans.

Recommendation: Gender and equality budgeting should be systematically implemented at central EC level, and at all stages of the budgetary process of the EC.

Recommendation: Gender impact assessments and gender mainstreaming need to be resourced and carried out by the EC on its own central EC budgets and within all EC funding systems, both ex ante and ex post assessments.

Recommendation: EC should apply gender equality indicators to the process of reviewing RRP submitted by MS, to each programme of funding included in RRP for EC funding (including proposals for matching funding).

Recommendation: The EC should play a central role in ensuring that Emergency Covid-19 Committees and Emergency Health Structures established in MS during the pandemic and post-pandemic are composed in a more gender equal manner, and particularly in the planning and implementation of RRP.

1. CONCEPTUALISING CARE

KEY FINDINGS

The concept of care encompasses a range of diverse activities including paid and unpaid, formal and informal work, physical and emotional labour carried out in homes, communities and long-term residential settings, mainly by women. Unpaid and low paid care work is directly and indirectly linked to gender inequalities. Demand for care work has increased rapidly over recent decades as the population ages and a higher proportion of women are in paid work, creating a care crisis in wealthier economies and generating increased demand for migrant women's care labour.

1.1. Introduction

The propensity to care and the work of caring are the lifeblood of our social and economic systems. Care is central to the reproduction of society and thus one of its bedrocks, part of a fundamental infrastructure which holds society together. Without care, life could not be sustained¹. Care may be globally defined as the provision for the health, welfare and social well-being and needs of societies. Systems of provision of care services are shaped by both the historical evolution of care and care supports in a specific society. Care occurs within gendered structures of cultural systems and the policies – or lack of policies – pursued towards care at a societal level. Care encompasses looking after the physical, social, psychological, emotional, and developmental needs of one or more people. To understand the implications of how care is organised in a specific society, it is important to recognise care as both paid and unpaid work, and to include informal unpaid care provided by family and communities. It is also critical to understand the situations of both care recipients and care providers and the often lack of recognition of the dignity, autonomy and needs of each.

Much is written across academic disciplines about the interconnections between gender inequalities and care. Care in the home,² in public institutions and the private arena of the marketplace are key feminist concerns. The ethics of care in the context of children and dependent older adults have been written about in philosophy³ and political theory⁴ in the law⁵ where care inequalities are seen to be core to other gendered injustices. Himmelweit (2007) has defined care as 'the provision of personal services to meet those basic physical and mental needs that allow a person to function at a socially determined acceptable level of capability, comfort and safety'⁶. In this sense, care work includes all activities and occupations that directly or indirectly involve care processes – care work involves both physical and emotional labour and constitutes activities that are fundamental to human society. Everyone, at different stages of life, cares for others and/or has care needs provided by others.

¹ Dowling, Emma (2021) *The Care Crisis – What caused it and how can we end it*. Verso. London-New York.

² Hochschild, Arlie (2000): 'Global Care Chains and Emotional Surplus Value', in Will. Hutton and Anthony Giddens (eds) *On the Edge: Living with Global Capitalism*. Vintage, London.

³ Engster (2004) 'Care ethics and natural law theory: Toward an institutional political theory of caring', *The Journal of Politics*, 66(1), 113-135.

⁴ Gheaus (2012) 'Gender Justice.' *Journal of Ethics and Social Philosophy* 6/1: 1-25.

⁵ Fineman (2004) *The autonomy myth: a theory of dependency*. New York: New Press.

⁶ Himmelweit (2007) 'The Prospects For Caring: Economic Theory And Policy Analysis' In *Cambridge Journal of Economics*, Vol 31, Issue 4, Pp. 581-599.

1.2. Concept of care work

The concept of care work encompasses a spectrum of different activities - work involved in taking care of those who are in need of care by virtue of age, illness, or disability. By using the concepts of care work and a care sector, this different and diverse set of workers can be seen as a group: some paid - mainly low paid - others unpaid, providing care within families and communities. Paid workers include those working in health care, social care, education and childcare, eldercare, care for people with disabilities as well as mental health services. Care work plays a critical role in society and provides the human and social infrastructure that is central to the functioning of different kinds of social groups, but it is a role that receives little recognition, is undervalued and often marginalised. As a consequence, care workers face specific challenges on the conditions of work.⁷

Care is constantly under pressure in contemporary societies that undervalue care work. Households, frequently trapped in long-hours' cultures and commuting crises, face heavy burdens that leave little time and energy for care. Discourses on care are often associated with stigmatised discourses on dependency. Concepts of care associated with ideologies of dependency are frequently couched in negative terms and contrasted with positive images of independence, individualism and self-sufficiency. Need for a new ethical perspective that values inter-dependency, based on mutual reciprocal relationships at household, community or societal levels, is increasingly recognised in the context of societal change and a crisis of care.

Care has historically been undervalued because it has been associated with the 'feminine' and with caretaking, which is understood to be women's work, tied in with the domestic sphere and women's centrality in reproduction. The conception of familial space and domesticity as a sphere of reproduction rather than production makes it easier for caring labour to be routinely exploited by the market, whether in the form of underpaid care workers or in its continuing reliance upon women's unpaid labour in the home.⁸

Care and the economy are closely intertwined and, as the demographic profile of societies change, care is increasingly recognised as a significant economic issue, a process reinforced by COVID-19 and the crisis of care the pandemic has revealed. Demographic change and economic crisis have put care more centrally on the current policy agenda linked to a number of key factors such as: the ageing population profile; smaller family size; later age of first birth; more women in paid work; dual income households; longer life expectancy; and dependence on migration. Economic relations influence, in a fundamental way, the quantity and quality of care provided in society and the care systems through which it is organised. At the micro-level, decisions that people /households make about caring and employment are closely intertwined. At a macro level, care is an important - if largely unrecognised - contributor to economic and social well-being. Absence of care can - and does - impose limitations on economic activity, something highlighted in the course of the current pandemic.

Focusing on paid care work in *Making Care Count* Mignon (2000) develops a historical and comparative approach to critically exploring the evolution of paid care work in the twentieth century (including health care, education and childcare, and social services.) Mignon argues that there is change, but more importantly continuity, in the ways in which care systems are constructed and the complexity of gender, ethnic and social class relationships that shape care. From this perspective the current crisis in paid care is not new, but rather has been evident over many decades as women and households have gone through economic and social transformations, in many regions of the world economy. Mignon

⁷ Centre for Women and Work (2021) The Care Work Network. <https://www.eml.edu/Research/CWW/carework>. March 21st 2021.

⁸ The Care Collective (2020) *The Care Manifesto – the politics of inter-dependence*. Verso. London- New-York.

emphasises the spectrum of paid care work, from routine tasks marked by drudgery and monotony to other tasks that carry reward and a sense of well-being:

There are fundamental tasks common to every society: children have to be raised, homes need to be cleaned, meals need to be prepared, and people who are elderly, ill, or disabled need care. Day in, day out, these responsibilities can involve both monotonous drudgery and untold rewards for those performing them, whether they are family members, friends, or paid workers. These are jobs that cannot be outsourced, because they involve the most intimate spaces of our everyday lives--our homes, our bodies, and our families.⁹

Arguing for a complex definitional framework that identifies four phases of care, Tronto¹⁰ suggests the following as key categories: caring about; taking care of; caregiving; care receiving. In this context, what is envisaged is a complex web of interdependence in each society and in all human relationships. Within such complex care systems are sets of hierarchical relations and, as Fineman¹¹ argues, a 'universality of dependencies [that] support the call for collective social responsibility' thereby creating an ethical responsibility to care at a societal level. Many care workers at the lower end of the wage spectrum experience continued economic dependency and, in this sense, ethical responsibility towards care may also be understood to include ethical responsibility towards caregivers.

1.3. Invisibility and undervaluing of unpaid work

Care work can be viewed as work that meets the most fundamental needs of societies. The majority of this work is carried out by women, either as unpaid family carers or as paid care providers in a range of jobs such as childcare and after-school care, immediate and long-term needs of older people, care for people with disabilities (where needed) as well as health and social care workers. Public policy which shapes the organisation of care work has profound implications for social and economic well-being at individual, household and societal level. Understanding care and care provision in a globalised society is critical to an understanding of the ways in which different inequalities interact with gender inequality, such as ethnicity, social class, citizenship and disability. Neglect of care and care work by mainstream policymakers and public representatives is linked to the chronic under-representation of women in decision-making systems. ***Despite the lack of focus on care, significant evidence has identified the existence of a care penalty¹²*** based on research on women's care-related disadvantage in the workplace, the economic costs of motherhood and its associated income inequalities. These economic inequalities exist both in the short and long-term where care demands interrupt women's work-life trajectories and diminish their cumulative work benefits into older age. The gender pay and pension gaps for women are the material result of societies' default historic and ongoing conflation of care with women's work (Barry and Feeley, 2016).¹³

⁹ Duffy, Mignon (2011) *Making Care Count: a Century of Gender, Race and Paid Care Work*. Rutgers University Press.

¹⁰ Joan C. Tronto (2010) 'Creating Caring Institutions: Politics, Plurality, and Purpose' in *Ethics and Social Welfare*, 4:2, 158-171, DOI: 10.1080/17496535.2010.484259

¹¹ Fineman (2004) *The autonomy myth: a theory of dependency*. New York: New Press.

¹² Folbre, Nancy (2018) *The Care Penalty and Gender Inequality*. The Oxford Handbook of Women and the Economy. Oxford Handbooks on-line.

¹³ Barry, U and Feeley, M (2016) 'Gender and economic Inequality' in *Cherishing all equally* Dublin: TASC. 4

The specific nature of care work has been analysed by different feminist economists and policy analysts with the aim of exploring the particular nature of care, the relationships that underlie care provision and the factors that account for its undervaluation. Concepts of caring, care work, domestic labour and reproductive labour are often used interchangeably, but they do tend to refer to different elements of care systems. On the one hand, is the sometimes intense relational nature of care labour and on the other, a more invisible non-relational form of care work. Folbre (2000)¹⁴ and Hochschild (2000)¹⁵ both argue for the distinction between emotional labour and physical labour linked to private and public spheres i.e. public male work and private female domestic, including care work. But they have also recognised that these boundaries are not always so clearly defined for example, in rural areas (e.g. family farms), in working class areas (e.g. women accessing low paid employment) and in a range of income-generating range activities (e.g. homeworking). In reality, the middle-class ideal of ‘stay-at-home’ wife with technology and services bought in off the private marketplace has always been accessed by a minority.

Duffy (2011)¹⁶ argues for a distinction between nurturant (face-to-face) and non-nurturant care (often hidden infrastructure of care) while Lynch & Lyons¹⁷ (2009) make a distinction between commanders and foot-soldiers reflective of the hierarchies within the care sector. Engels¹⁸ concepts of ‘productive’ and ‘reproductive’ have been the basis for a framework of analysis that places the concept of social reproduction at its centre as seen in the work of Bakker (2007)¹⁹ and Elson (2019)²⁰. Within these different perspectives, there is a recognition of different aspects within care work from strong emotional interaction to menial, tedious physical chores and many areas in-between. Hochschild defines emotional labour as involving ‘the management of feeling to create a publicly available facial and bodily display’²¹ stressing the particular demands on care providers to present a specific face-to-face presence on a daily basis. Hochschild’s work drew early attention to the ‘commercialisation of human emotion’ in a process she defines as the commercialisation of care.

1.4. Changing patterns of care

Care needs shift globally as the demographic profiles of societies change, with new patterns of need among older people, new challenges identified by disability movements, and global challenges of climate change and linked to regional conflicts and environmental crises. The care work spectrum includes the work of individuals, families, communities, paid caregivers, private service provider agencies, public organisations and state institutions. New questions are constantly thrown up about: the link between inequalities and care; how identities may determine the nature of care; measuring and recognising care work; incomes and working conditions of care providers; how state policies

¹⁴ Folbre, Nancy (2000) *The Invisible Heart: Economics and Family Values*. New York. New Press.

¹⁵ Hochschild, Arlie (2000): ‘Global Care Chains and Emotional Surplus Value’, in Will. Hutton and Anthony Giddens (eds) *On the Edge: Living with Global Capitalism*. Vintage, London.

¹⁶ Duffy, Mignon (2011) *Making Care Count: a Century of Gender, Race and Paid Care Work*. Rutgers University Press. Engels, Fridrich (2010) *The Origin of the Family, Private Property and the State*. Penguin Classics.

¹⁷ Lynch, K, Lyons, M And Cantillon, S (2009) *Time To Care, Care Commanders And Care Footsoldiers* In *Affective Equality – Love, Care And Injustice* Palgrave Macmillan..

¹⁸ Engels, Fridrich (2010) *The Origin of the Family, Private Property and the State*. Penguin Classics.

¹⁹ Bakker, I (2007) *Social Reproduction and the Constitution of a Gendered Political Economy*. New Political Economy Series.

²⁰ Elson, Diane (2019) ‘The Global Crisis and Transformative Change in Social Reproduction’ in *The Global Crisis Rapid Recovery or Gradual Depletion?* International Political Economy Series. Springer.

²¹ Hochschild, Arlie R. (2012) *The Managed Heart – the Commercialisation of Human Emotion*. 3rd Edition. University of California Press.

influence access to care; the link between public policies and the distribution of care; the extent to which there are established rights for citizens to provide and receive care.

A global transformation is taking place as the world's population is rapidly ageing. The proportion of women and men aged 65 or older is projected to rise from 8 per cent of the world's population to 16 per cent in 2050 (WHO, 2011)²². At the same time, new challenges are arising in care provision for older people reflected in the estimated 46.8 million people worldwide living with dementia in 2015 which rose to 50 million people in 2017. This number is projected to almost double every 20 years, reaching 75 million in 2030 and 131.5 million in 2050. These demographic shifts present significant health, social and economic challenges for policy and planning, with implications for the resourcing of services for older people and for targeted forward planning in order to meet future demands (Donnelly et al., 2016)²³.

Current systems of care provision vary across countries and have evolved into different models of care. Some rely more on public provision at local, regional and national levels while others rely more on families and informal care networks, and yet others rely increasingly on the private marketplace. But, while systems of care provision differ, undervaluation of care is evident in every region of the global economy and every individual country and EU Member State (MS) and is predominantly characterised by unpaid or low paid work. ***Undervaluation of care work happens whether this work is paid or unpaid – unpaid work is more likely to take place in family or community settings, whereas paid care work takes place on the marketplace, in private companies and public institutions, as well as in households.***

While formal care services play a key role, much care in many societies is also being provided by family members or relatives. As people are living longer, those needing access to healthcare and long-term care (LTC) is increasing. Women are living longer than men and make up the majority of the population in the over 80 age group and those in long-term residential care. At the same time, families with dependent children have been seeking to achieve a better balance between work and caring responsibilities. More people are seeking more flexible ways to combine employment with responsibilities of care, to have access to quality and affordable childcare services, and to address the care needs of elderly and people with disabilities in need of care. This has become more of a challenge as women are increasingly in paid employment and many continue to shoulder most of the responsibility of caring for family members and carrying out domestic work while juggling paid employment. Difficulties in reconciling work and domestic responsibilities, and dominant cultural norms that continue to assume women as carers, influence choices women make in their working lives.

Paid care workers - nurses, childcare providers, social workers, doctors, domestic workers, and home care aides are workers who perform the 'essential labour of taking care of people's most fundamental needs.'²⁴ In this context, it is important to understand the complex intersections between households, paid employment and care workers. Care workers are located in a unique position on the labour market and in the occupational structure, often blurring the lines between public and private domains; paid and unpaid spheres of the economy; caring and care work; inside and outside family structures. ***There are tensions between the argument, on the one hand, that valuing care should be linked to a process of commodification of care i.e. making it visible and a service provided for and paid for on the***

²² World Health Organisation (2011) World Health Statistics 2011. <https://www.who.int/whosis/whostat/>

²³ Donnelly, S., O'Brien, M., Begley, E. and Brennan, J. (2016) *I'd prefer to stay at home but I don't have a choice. Meeting Older People's Preference for Care: Policy, but what about practice?*. UCD,

²⁴ Centre for Women and Work (2021) *The Care Work Network*. <https://www.uml.edu/Research/CWW/carework/>. March 21 2021.

marketplace. And on other hand, resistance to care becoming commodified and losing its core values, its distinctness and whether nurturant care is antithetical to market values.

Paid employment across a range of sectors, even female-dominated care sectors, continue to show gendered hierarchies. Women continue to be underrepresented in decision-making positions at all levels in healthcare and education.

Women make up 72 per cent of workers in the education sector and 89 per cent of domestic workers, compared to 46 per cent of workers in total employment. In terms of job prospects, career breaks due to caring often constrain women to part-time, irregular, temporary and low-paid jobs, as they are assumed to provide greater flexibility than standard jobs and allow women to juggle their paid work and unpaid care. 29 per cent of part-time employed women cite care duties as their main reason for working parttime. Characteristics of women's employment produced by unpaid care responsibilities – sectoral segregation, high part-time employment, underrepresentation in big firms and in supervisory positions (vertical segregation) - determine a notable part of the gender pay gap. Currently in the EU, women's average gross hourly earnings are 16 per cent lower than those of men.²⁵

1.5. Unpaid care responsibilities and inequalities on labour market

Research data indicates that two-thirds of the gender pay gap in the EU remains unexplained due to a number of different factors, including poor data on pay, qualifications and experience as well as discrimination in pay and working conditions. It is also likely that inequalities in the distribution of unpaid work have negative effects inside the workplace. Current EU Gender Equality Strategy 2020-2025²⁶ highlights the importance of MS adopting the 2012 Directive aimed at improving the gender balance on corporate boards (which establishes a minimum of 40 per cent of the underrepresented sex on company boards). New EU measures on pay transparency have been adopted in ten MS (Austria, Belgium, Denmark, Germany, Spain, Finland, France, Italy, Portugal and Sweden) which aim to address the lack of information on gendered pay hierarchies in private companies. Ireland and the Netherlands are both in the process of bringing in such legislation.²⁷

According to the latest available data, employed women spend on average 90 minutes more than employed men on housework and direct care activities every day. These inequalities vary according to family circumstances, reflected in the data which reveal women living in couples with children spending more than double the daily time on care work compared to those living in couples without children (5.3 hours per day compared to 2.4 hours). Job characteristics also matter in the analysis of unpaid care, with evidence that women in temporary jobs or with no formal contract spend twice as long engaged in unpaid care every day than women employed in permanent jobs. Gender inequalities in care have far-reaching effects. Women's disproportional burden of unpaid care work affects and hinders their participation in the labour market in several ways.

²⁵ EIGE (2020) *Gender inequalities in care and consequence for the labour market*. EIGE December 2020.

²⁶ European Commission (2020) *EU Gender Equality Strategy (2020-25)* – *Achievement and Key Areas for Action*. https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

²⁷ ICAEW Insights (2021) *European Commission Tables Binding Pay Transparency Measures*. <https://www.icaew.com/insights/viewpoints-on-the-news/2021/mar-2021/european-commission-tables-binding-pay-transparency-measures>.

In her timely book *The Care Crisis* Emma Dowling²⁸ explores the complex interconnectedness of care relations that have evolved in the recent past from an emphasis on 'self-care' and 'self-help' to a growing sense of a crisis of the social care system, exacerbated by the pandemic. Dowling examines the power structures shaped by the increased scale and level of private profit-making services, the globalised context of care and the growing needs that have shifted the agenda and established an urgent need for a new or changing model of care. She explores the economic and political forces that have been brought to bear on what she calls 'the uncaring State' marked by the extent to which care operates at the margins of the labour market, substantially unpaid and low paid with a global workforce which is vulnerable, often underground and lacking in regulation and protection by employment protection systems. Dowling poses the need for a transformational change in our understanding and prioritising of care and asks the question: what would it mean to seriously value care?²⁹

Gender inequalities in unpaid care are pervasive and persistent and create conditions for gender gaps in access to paid employment. Evidence of movement towards a more equal sharing of unpaid work and unpaid care is weak and uneven, as inequalities persist at global levels. ***Recent research has shown that there is a clear link between gender inequality on the labour market and gender inequalities inherent in the unequal sharing of domestic and care work. The recent study by European Institute for Gender Equality (EIGE) has reinforced this by revealing that the bulk of unpaid care work is carried out by women (including those in paid employment) who spend on average 90 minutes more per day on unpaid care than men and that 92 per cent of women provide unpaid care many days a week compared to 68 per cent of men. Women are estimated to make up 37 million of the 49 million care workers in the EU – many are low paid and/or temporary workers with little chance of career development.***³⁰

Scarce data availability on unpaid care makes it difficult to show the direct and indirect consequences of unpaid work on the position of women on the formal labour market. Disparities in earnings, inequality in unpaid care activities interact together in multiple and complex ways. Creating conditions for a fairer distribution of unpaid care work within households has the potential to reinforce policies to reduce the gender pay gap and other gender inequalities in pay.

A particularly interesting finding of the EIGE study is that countries with a more equal sharing of unpaid work between women tend to also have a higher proportion of women in paid employment and a lower gender pay gap. In this context, the gendered unequal sharing of care curtails women's employment prospects on the formal labour market and is a significant factor in the gender pay gap. However, data also shows that in most cohabiting couples within the EU, women continue to be the primary carers and only about one-third of families share caring responsibilities equally, whether or not women are in paid employment, and this inequality intensifies with the arrival of children:

....Over time, the gender gap in time spent on care has narrowed, decreasing by 1 hour a day since 2005. However, the movement towards a model where women and men share earning and caring roles, often referred to as 'dual earner / dual carer model', is incomplete, as women

²⁸ Dowling, Emma (2021) *The Care Crisis – what caused it and how can we end it?* Verso books. London.

²⁹ EIGE (2020) *Gender inequalities in care and consequence for the labour market*. EIGE December 2020.

³⁰ EIGE (2020) *Gender inequalities in care and consequence for the labour market*. EIGE December 2020

have moved into the labour market to a significant degree while men have not taken on work in the home in equal measure³¹.

Within the EU, the right of everyone to affordable long-term care services of good quality has been re-established under the EU Pillar of Social Rights in 2019 and the particular role of home-care and community-based services is highlighted.³² Informal carers are particularly critical to the provision of long-term care – it is estimated that 80% of long-term care is provided by women carers. Women, many of whom leave paid work or reduce working hours, are mainly those who deliver on long-term care responsibilities, and as demand for informal carers grows, the supply is shrinking. Without an increase in informal carers, there is a seemingly inevitable shift towards institutional care, which brings with it both significant social and economic costs. Eurocarers have made a strong case for an EU Carers' Strategy that seeks recognition and support for informal carers across Europe. The strategy is built on the key principles that 'people should have the right to choose freely whether they want to be a carer, and to what extent they want to be involved in caring; people needing care should have the right to choose who they wish to be their carers.'³³

1.6. Challenges of gendered systems of Long-Term Care (LTC)

While the care economy generally is clearly gendered, specific sectors of the care economy have also particular gender profiles. LTC has a definite gender profile as the rapidly changing demographic data on the ageing of the EU population reveal. The share of the older population of the EU is expected to increase from 20 per cent to 29 per cent between 2019 and 2080, and the percentage of those in the over 80 year age cohort is expected to double to 13 per cent over that same time period. As the proportion of the population in those older age groups increase, the demand for both informal and formal LTC also rises. In 2017, 25 per cent of the EU population had a long-term disability – a higher proportion among women (27 per cent) than among men (22 per cent). Approximately 5 per cent of families with children had a child or children with disabilities in 2017. Given this situation, LTC needs are growing all the time and need to be met with an increased supply of quality flexible care services that respect the needs of care recipients as well as care givers, both of whom are mainly women.³⁴

Challenges related to long-term care are highly gendered. Due to their longer life expectancy, more women than men are in need of long-term care services and are therefore more affected by the availability and quality of services. In the EU, an absolute majority of professional employees in the care sector are women. Women are also more likely to provide informal care to their family members when formal services are insufficient. Informal care is one of the main reasons behind women's lower employment rate and higher rate of inactivity in the labour

³¹ European Pillar of Social Rights (2020) https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf

³² Eurocarers (2020) *Enabling Carers to Care - An EU Strategy to support and empower informal Carers*. www.Eurocarers-Strategy_final-1.pdf

³⁴ European Commission (2018) *Challenges in Long-term Care in Europe – a Study of National Policies 2018*. EC. KE-01-18-637-EN-N.pdf

market. It has also been proven to have negative effects on informal carers' quality of life and their work-life balance.³⁵

LTC was defined by the EC in 2014 as 'a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities.'³⁶ Institutional care (e.g. nursing or residential homes) or care provided by professionals constitute formal LTC while family or community members provide informal home-based LTC - which currently makes up the significant majority of LTC in most OECD countries. Home-based LTC includes a range of activities such as shopping, dressing, personal care, meal preparation and housekeeping and is often combined with professional supports such as nursing when needed. Home-based LTC also needs to be linked to the physical environment, for example, adapted housing, access to appropriate transport and communication, as well as technical aids.³⁷

Recognition of the need for more formal home- and community-based LTC services has been growing, but supply has been very slow to materialise. Lack of control and autonomy over decisions affecting their lives has been a persistent criticism of formal LTC settings.³⁸ LTC has also been viewed as an expensive way to provide for ongoing care needs and particularly LTC of older people and people with disabilities as well as children. The importance of independent or more autonomous living has increasingly been highlighted by organisations of people with disabilities and older people with the aim of attaining a living situation respectful of individual choices and decisions around care.³⁹ This has begun to receive important recognition at EU level:

To improve quality of life and the efficiency of social care systems, the EU is moving towards the deinstitutionalisation of long-term care and supporting independent living at home through formal home-based or community-based care instead.... It is regarded as a more cost-effective solution that provides better care outcomes for the recipients compared to institutionalised care and, most importantly, reflects people's preference for home-based care.⁴⁰

Home-based LTC make it possible for older people to live independently for longer in their preferred living situation and, together with the support of family carers, facilitate a better quality of life, rather than the experience of isolation frequently expressed by residents of formal institutionalised LTC.⁴¹ The European Pillar of Social Rights (EPSR) endorses everyone's right to accessible, good-quality and affordable formal long-term care services and, in particular, to home care and community-based services. Although there are commitments in many EU MS towards more home-based and community-based LTC services, formal home care receives only a low level of public supports. The need for deinstitutionalisation and de-congregated settings have been highlighted under the COVID-19 pandemic, but home care services continue to be underdeveloped in most countries. According to the

³⁵ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>. EIGE.

³⁶ European Commission (2014) *Long-Term Care – the problem of sustainable financing*. SI-2014_synthesis%20report_EN.pdf

³⁷ Rostgaard, T. (2011) 'Tensions Related to Care in European Welfare States' in Birgit Pfau-Effinger (ed) *Care Between Work and Welfare in European Welfare States*. Palgrave MacMillan. DOI:[10.1057/9780230307612](https://doi.org/10.1057/9780230307612)

³⁸ European Platform for Rehabilitation (2020) *Strategy for the Rights of persons with disabilities* <https://www.epr.eu/the-strategy-for-the-rights-of-persons-with-disabilities-2021-2030/>

³⁹ Genet, N et al (2011) *Home Care in Europe – a systematic literature review*. BMC Health Services Research. Article 207.

⁴⁰ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

⁴¹ Eurofound (2020) *Living Conditions and Quality of Life* <https://www.eurofound.europa.eu/topic/living-conditions-quality-life>

recent Report by EIGE on gender and LTC ‘across the EU, nearly every third household lives without adequate professional home care services’.

LTC continues to be heavily reliant on informal care, with evidence indicating that the number of informal carers is twice that of formal carers.⁴² Those households that have the greatest difficulty in accessing formal home-based LTC are those on low incomes, with lower educational levels, migrant households and women of ethnic minorities.⁴³ In these circumstances households have no choice but to provide whatever care they can themselves, go without adequate care or, in some instances, employ domestic care workers (usually migrant women) in the underground economy – in all situations it is mainly women that bear the consequences.⁴⁴

Gendered patterns in the unequal distribution of informal care are linked to unequal access to the formal labour market and reduced access to good quality employment opportunities, especially in 40-59 age group, generating further inequalities in pay and pension entitlements. Women are more likely than men to take on informal LTC responsibilities at least several days a week, and in some cases every day - women represent 62 % of all people providing informal long-term care to older people or people with disabilities in the EU.⁴⁵ Women aged 50–64 are the main providers of informal LTC - in the EU in 2016, 21 per cent of women and 11 per cent of men of aged 50-64 were providing informal long-term care every day or several days a week. They have often interrupted patterns of paid employment with consequences for many forms of social protection and income in old age.⁴⁶ Younger informal carers may be subjected to considerable stress as they try to balance work and family duties, especially when most have received no training in caring for people with disabilities or the elderly (European Commission, 2013b).⁴⁷ Where recipients have high-level care needs, informal carers need training and often external support to ensure the quality of care and well-being of care recipients (Dorin et al., 2016).⁴⁸

Demands of unpaid care work and the level of provision of affordable and quality of formal LTC services are key factors in determining whether women enter into and stay in employment and the quality of the jobs they perform.⁴⁹ Men are most often cared for by their wives while women – very often widows – live alone and need a wider social network and more frequent professional care (Dorin et al., 2016).⁵⁰ Children too are involved in caring for family members who are elderly and/or have disabilities, girls more often than boys.

⁴² European Commission (2014) Long-Term Care – the problem of sustainable financing. SI-2014_synthesis%20report_EN.pdf.

⁴³ Crepaldi, C. et al (2010) *Access to care and long-term care: equal for men and women? A final synthesis Report*. EGGSlE. Luxembourg Publication Office of the European Union.

⁴⁴ Spasovea, Slavina et al (2018) *Challenges in long-term care in Europe. A study of national policies*.

DOI:10.2767/84573

⁴⁵ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

⁴⁶ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

⁴⁷ European Commission (2013) *Informal Care in Europe – exploring formalisation availability and affordability and quality*. KE-04-18-543-EN-N%20(2).pdf

⁴⁸ Dorin, L et al (2016) ‘Gender disparities in German homecare arrangements’ in *Scandinavian Journal of Caring Sciences*. Wiley Online Library

⁴⁹ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

⁵⁰ Dorin, L et al (2016) ‘Gender disparities in German homecare arrangements’ in *Scandinavian Journal of Caring Sciences*. Wiley Online Library

In the EU in 2018, care responsibilities were preventing 7.8 million women (aged 20–64) from entering the labour market, compared to 460 000 men. The contribution of unpaid care work – carried out mostly by women – to economic growth remains largely invisible. Not all people in need of care have families living close enough to provide them with regular care. This means that a shortage of formal care services may lead to a situation where the recipient's care and support falls below the minimum standard.⁵¹

1.7. Gendered care chains - global context

Globalised economic and social systems have transformed care structures and created what have become known as *global care chains*. A growing care economy is a feature across the global system as the demand for childcare and care for the elderly is increasing in particularly wealthy regions. Populations are ageing everywhere and systems of care, including for those with long-term and short-term needs, are increasing. Care services are imported from poorer countries to wealthier countries creating new levels of global inequalities which have enormous impacts on families and communities. Primarily women make up the new globalised care workforce crossing the globe to access low paid care work in order to transfer some income to support children and grandparents in a new version of extended family support systems. At a global level, care systems are under enormous pressure as it is unpaid care and domestic work that sustains household and communities on a day-to-day basis and makes significant contributions to economic well-being and development. In all regions of the global economy, women work longer hours than men when both unpaid care and paid work are combined. To compensate for the curtailment of funded care services in times of crisis, it is often women who fill the gaps in services for families by increasing their time spent on unpaid care and domestic work but without much-needed support systems and with long-term consequences for women's health and well-being.

New global divisions of care labour have generated a new globalised care market changing the gender profile of migration patterns on a global scale and generating new global gendered inequalities. Increasing movement from south to north and from west to east are a result of deepening global inequality, collapse of regional economies linked often to areas of recurrent and devastating conflict. These patterns have been intensified over the past fifteen years by the financial crisis, restrictive immigration policies and practices, crisis of care services in wealthier economies and more recently the global COVID-19 pandemic. For some majority world women, migration into employment in the care economies of the West can mean access to income earning opportunities, greater economic independence and a chance to improve material lives of children. For others, their illegal status makes them vulnerable to super-exploitation in terms of pay, hours worked, mobility and sexual exploitation. For many, it means separation from their families, children, homes and communities taking on the economic role of domestic service involving largely low-status, low paid, unprotected, often hidden employment – the cast-off roles of middle- and higher-income women. In the words of Rachel Parrena "Domestic workers are the servants of globalisation." The International Labour Organisation (ILO) highlights the particular vulnerability of domestic workers:

⁵¹ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

Care work across the world is characterised by a lack of benefits and protections, low wages, and exposure to physical, mental and, in some cases, sexual harm. It is clear that new solutions to care are needed on two fronts: in regards to the nature and provision of care policies and services, and the terms and conditions of care work. At the same time, the world's population is living longer than at any other time in history.⁵²

Key to any analysis of the impact of COVID-19 on the care economy is an understanding of the global care chains that shape care systems at national and local levels. For example, domestic workers are a specific group of workers that provide care for children or vulnerable older persons, but are often located in the underground or informal economy. **At a global level, care work has become a sector marked by ethnic hierarchies and white privilege, shaped by the intersectionality of gender and race.** The shifting patterns of gender, care and migration have impacts on the nature of older persons' care relationships. Care work has traditionally been carried out by less advantaged women who leave their own families to care for the children and dependent adults of wealthier families within a specific economy. Now, increasingly 'care chain' and 'care drain' research projects have shown the global nature of the movement between the homeplace of the caregiver and the care recipient. This has introduced ethnicity, belief systems and skin colour into the traditional gender/class identity factors associated with caring work. **As Nakano Glenn⁵³ argues a racial divide is evident in patterns of privilege and disadvantage in the care sector, with white women more likely to care in a public relational context, linked to a position of 'moral authority' (e.g. teaching, nursing, social work). Women of colour on the other hand, are concentrated in heavy, back-room chores of cooking and serving canteen food, cleaning and laundry work in hospitals, office blocks and hotels, and taking physical care of the elderly and seriously ill in nursing homes and hospitals.**

At least 11 million of the world's 67 million domestic workers are migrants, who face particular barriers including: lack of recognition of qualifications; difficulty in accessing adequate paid work; restricted travel possibilities undermining contact with country of origin; lack of a system of regulation of hours of work; vulnerable residency and legal status; limited coverage under social protection; reduced access to public services.

Domestic work is one of the oldest and most important occupations for many women in many countries. It is linked to the global history of slavery, colonialism and other forms of servitude. In its contemporary manifestations, domestic work is a global phenomenon that perpetuates hierarchies based on race, ethnicity, indigenous status, caste and nationality. Care work in the household [...] is quite simply indispensable for the economy outside the household to function. The growing participation of women in the labour force, changes in the organization of work and the intensification of work, as well as the lack of policies reconciling work and family life, the decline of state provision of care services, the feminization of international migration and the ageing of societies have all increased the demand for care work in recent years.⁵⁴

⁵² www.ilo.org/global/topics/care-economy/lang--en/index.htm

⁵³ Nakano Glenn, Evelyn (2011) 'Constructing citizenship: exclusion, subordination and resistance' in *American Journal of Sociology*, Sage Journals. <https://doi.org/10.1177/0003122411398443>.

⁵⁴ International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward*. <https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang--en/index.htm>

Global studies track the detrimental impact of gendered care inequalities for nation states and the global economy (McKinsey, 2016)⁵⁵ and suggest that as a result, all global citizens lose out. Tracking care chains and care drains reveal how important it is to understand how these changes are impacting on the gendered order of care in sender and receiver countries, with a particular focus on the changing experiences of elder care.

At the same time that women are identified with care, boys and men experience a parallel exclusion from identification with their affective natures.⁵⁶ They are for the most part, socialised into a denial of a central role in caring.⁵⁷ The unequal relationship between gender and care has a lifelong and global gendered significance. In an environment where demographics indicate a growing gap between ageing populations and available caregivers, a migrant and feminised care workforce has been shown to pick up the task of caring for older people in both the private and public domains in wealthier countries. There remains an assumption that carers will be predominantly women interlinking exploitation, racism and gender⁵⁸ with a danger of vulnerability to severe exploitation.⁵⁹ With COVID-19, many vulnerable domestic workers lost access to their jobs without warning, and without any compensation or access to social support system.

1.8. Conclusion

To achieve a care model conducive to greater gender equality, means treating care as a social investment and establishing public responsibility for care across diverse care systems that place varying levels of reliance on home, community and/or socialised and institutional care. It involves addressing issues of informal care as well as formal care, based on respect for the autonomy and rights of both care givers and care recipients. In a dual earner/dual carer model supports for parental care and quality care services need to be simultaneously established, alongside the support and development of new systems of long-term care, staffed by properly paid and fully-trained employees.

More equal sharing of domestic and care work at the level of the household is needed together with improved access to high-quality and affordable childcare. This kind of dual approach is needed so that increasing care needs can be met in the long-run, in a sustainable manner which respects both care recipients and care givers, based on principles of gender equality and social justice. ***To have a system based on high quality care provision means that the existing patterns of poor working conditions marked by understaffing, low pay, lack of security and uncertain legal status all need to be addressed. Occupations that offer little opportunity for advancement and difficult working conditions are inevitably subject to high levels of job dissatisfaction and consequently, high staff turnover.***⁶⁰

Provision of care, care systems and models of care are under pressure globally and across the EU. Gender and racial inequalities characterise our increasingly globalised care systems and new

⁵⁵ McKinsey (2016) *Global Research on the Gender Gap and the Case for Greater Diversity in the Workplace*.

<https://www.mckinsey.com/featured-insights/gender-equality#>

⁵⁶ hooks, Bell (2004) hooks, b. (2004) *The Will to Change: Men, Masculinity and Love*. Washington: Washington Square Press.

⁵⁷ Connell and Messerschmidt (2005) 'Hegemonic Masculinity: rethinking the concept' in *Gender and Society*, 19, 829-859.

⁵⁸ International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward*. <https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang-en/index.htm>

⁵⁹ MRCI (2015) *Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland*, Dublin: MRCI.

⁶⁰ Duffy, Mignon (2011) *Making Care Count – a Century of Gender, Race and Paid Care Work*. Rutgers University Press.

hierarchies are evident in private profit-oriented systems of care. Care is central to our social and economic systems but is marginalised in our economic and social policy systems. Lack of priority given to care and caring over many decades has exposed the weakness and frailty of our gender unequal care systems, that have become reliant on global inequalities and is now convulsed in the crisis of a global pandemic. Informal carers play a vital role in providing LTC right across the EU. They are often seen to lose out in both their own health and well-being and inhabit an economic position out of focus of policy analyses and policy priorities. COVID-19 pandemic has dramatically enhanced the challenges faced by informal workers in terms of loss of back-up services, isolation and having to manage complex care situations without supports. Informal carers have received only very limited attention during this crisis.

COVID-19 has shed light on the weaknesses and inadequacies of our care systems, the over-reliance on women to take on hugely increased childcare and home schooling, and in particular severe issues in the quality of many LTC services, both institutional and home-based. Our care systems are in crisis and in need of significant transformative change which will only be achieved if the EC and MS commit to social investment in care and the implementation of long overdue reforms, based on an inclusive dialogue with carers and care recipient organisations. It is critical that we reconfigure how we value and organise our care systems, including informal care. A sustainable care economy needs a rethinking of care, based on gender equality and social justice - a rights-based perspective, respecting the dignity and autonomy of carers and care recipients, with particular attention to vulnerable groups.

2. COVID-19, CARE AND GENDER INEQUALITY

KEY FINDINGS

COVID-19 has seriously impacted a diverse range of care services, from formal health, education and social care to child and elder-care and care for people with disabilities but it has also hit hard traditional employment in services such as, tourism, retail and hospitality. In all these sectors gender inequalities are rife and women are to the forefront, subjected to paid, low-paid and unpaid, visible and invisible jobs. In LTC, the underlying crisis spilled into the open and private-for-profit companies as well as public authorities that have had their, too frequently, poor quality care in LTC homes brought out into the light. These include residential settings for the elderly, for people with disabilities, camps for travellers and refugees, centres for asylum seekers, tents for the homeless, refuges for victims of gender-based domestic and sexual violence, all spaces where gender and other structural inequalities intersect.

2.1. Introduction - global context

At a global level the impact of COVID-19 on gender equality has been documented by different international organisations. The UN highlighted 2020 as the twenty-fifth anniversary of the Beijing Platform for Action (BPfA) which continues to be regarded as a major breakthrough in the global understanding of gender equality within international institutional systems that succeeded in establishing agreement across multiple countries. Because of limited progress in implementing the BPfA, the UN Sustainable Development Goals (SDG) adopted in 2015 renewed a focus on gender equality and inequalities setting new goals for 2030. SDG highlight the consequences of unpaid work for poverty levels among women and children, the importance of supporting women in education and employment in the attainment of human development goals and the challenges of sexual, domestic and gender-based violence on a worldwide basis, with a particular focus on regions of conflict. There is recognition at UN level that COVID 19 pandemic threatens positive gains on gender equality:

The year 2020, marking the twenty-fifth anniversary of the Beijing Platform for Action, was intended to be ground-breaking for gender equality. Instead, with the spread of the COVID-19 pandemic even the limited gains made in the past decades are at risk of being rolled back. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.⁶¹

While at the early stage of the pandemic, reports revealed that more men were dying as a result of COVID-19, as the pandemic has spread and tightened its grip on world economies, women's physical and mental health has become increasingly vulnerable. Compromised by high infection rates as frontline workers and as residents of LTC facilities, through restrictions on access to sexual, reproductive, maternity and preventative screening health services, as sufferers of long-COVID and rare vaccine risks, women's health experiences of COVID-19 are very specific. A case study developed by the European Commission's H2020 Expert Group that examined the impact of sex and gender in the COVID-19 pandemic, concluded in May 2020 that 'while current worldwide statistics show more men

⁶¹ UN Women (2020) *From Insights to Action: Gender Equality in the Wake of COVID-19*. <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-COVID-19>.

than women dying of acute infection, women are projected to suffer more than men from the health, economic and social consequences of the pandemic in the long term⁶² Despite research and policy analyses which have clearly shown that women and men have been differently affected by COVID-19, research has revealed that emergency task forces established in 87 UN Member States are heavily gendered. These emergency responses with the aim 'to prevent, monitor and mitigate COVID-19 are predominantly composed by men: in 85.2 per cent of cases, the majority of members are men'.⁶³

Women accounted for 72 per cent of healthcare workers infected with COVID-19 while men account for 76 per cent of deaths from COVID-19 among healthcare workers.⁶⁴ Global health inequalities, together with social and structural inequalities, create different outcomes among different sections of the population. Ethnicity and nationality are key factors that reflect deep inequalities at a global level and are playing a role in driving COVID-19. A systematic review of COVID-19 and ethnicity published towards the end of 2020 revealed that those of Black and Asian ethnicity are at increased risk of COVID-19 infection compared to White people, and that Asians may be at higher risk of admission to intensive care and death. These findings highlight that there is an urgent need for more data that takes fully into account gender and age together with other inequalities such as ethnicity, geography, nationality, disability, and socioeconomic status as such data are of critical public health importance in informing interventions to reduce morbidity, mortality and serious illness amongst minority groups.⁶⁵

In this context, this Report highlights the importance of taking into account 'broader social and systemic impacts' such as limited healthcare and unequal access to economic and social resources. Emerging evidence also indicates that higher rates of long-COVID among women (and among younger women) are linked to possible different sex and gender related immune responses.⁶⁶ Interestingly, the COVID-19 Sex Aggregated Data Tracker reveals that sex disaggregated data is quite limited at a global level, with many countries not in position to, or not prioritising gender in its data strategy.⁶⁷ All of these impacts are further intensified in situations of conflict, and environmental emergencies, where institutional responses and services capacities are limited and social cohesion may already be undermined.⁶⁸

2.2. A gendered pandemic

Women are disproportionately affected by the pandemic's economic fallout and there is mounting evidence that COVID-19 is exacerbating gender inequality. Research work, academic papers, advocacy and activist organisations, as well as EU and other international and national agencies have detailed a range of different gendered impacts of COVID-19, as well as effects of measures taken by governments to address the pandemic. Very specific impacts of COVID-19 that negatively affect mainly women may be summarised as follows:

⁶² Oertelt-Prigione, Sabine (2020) *The impact of sex and gender in the COVID-19 pandemic*. Independent Expert Report for European Commission. EC Brussels.

⁶³ An Daalen et al (2020) 'Symptoms of a Broken System: the Gender Gaps in COVID-19 Decision-Making'. *British Medical Journal*. Global Health. <https://gh.bmj.com/content/5/10/e003549>

⁶⁴ EIGE (2021) *Essential Workers*. <https://eige.europa.eu/COVID-19-and-gender-equality/essential-workers>.

⁶⁵ Shirley Szea, Daniel Panb , Clareece R. Nevilld, Laura J. Gray , Christopher A. Martin, Joshua Nazareth , Jatinder S. Minhasa , Pip (2020) 'Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis' Research Paper in *Journal of EClinicalMedicine*. Elsevier Press. <https://doi.org/10.1016/j.eclinm.2020.100630>

⁶⁶ National Health Service UK (2021) *Long-term effects of Coronavirus (long COVID)* Downloaded 30 April 2021. <https://www.nhs.uk/conditions/coronavirus-COVID-19/long-term-effects-of-coronavirus-long-COVID/>

⁶⁷ World Health Organisation (2021) *Coronavirus Disease (COVID-19): COVID-19 Sex Aggregated Data Tracker*. <https://www.who.int/emergencies/diseases/novel-coronavirus->

⁶⁸ UN Women (2020) *From Insights to Action: Gender Equality in the Wake of COVID-19*. <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-COVID-19>.

- loss of employment in badly affected sectors
- managing unpaid care in constrained/restricted circumstances
- increase in level and scale of sexual and domestic violence
- loss of opportunities within employment - promotion & career development
- loss of services into the home and community
- gender divide in digital literacy and access to technology
- increased stress and mental health issues
- lack of access to reproductive and sexual health services

A high share of women's employment is evident in many of the hardest hit sectors during the pandemic such as accommodation and food services, domestic and personal care services, retail, hospitality and tourism, and specific workers within these sectors (temporary, part-time and seasonal workers) are less covered by social protection and other support measures. The temporary employment recovery in the summer of 2020 was stronger for men than for women. Women who remained in employment over the course of the pandemic are concentrated in frontline essential occupations which have been particularly exposed to increased health risks, heavy workloads, and difficulty in maintaining work-life balance.⁶⁹ Frontline paid care workers are overwhelmingly female and there are also many undeclared women working in care. These women carry out a wide range of diverse care activities in homes, communities, institutions and private companies for children, elderly people, people with disabilities, from the very sick to those accessing early care and education. In a significant segment of the care sector, these are women that are among the lowest paid workers in the economy, often the most vulnerable to exploitation and even abuse. Domestic workers, for example, are mainly part-time (69 per cent) and are often irregularly employed, accounting for around 20 per cent of the lowest paid workers with the poorest of conditions.⁷⁰

Box 1: Women dominate the EU care sector⁷¹

Women account for:

- 76 per cent of 49 million documented care workers
- 93 per cent of childcare workers
- 86 per cent of personal care assistants
- 76 per cent of healthcare and social workers
- 82 per cent of cashiers in essential retail services
- 93 per cent of domestic workers (over 50 per cent of these women have migrant backgrounds)
- 83 per cent of the 1.8 million providing professional care service to people with disabilities
- 4.5 out of 5.5 million workers in the LTC home-based care

COVID-19 lockdowns increased the unpaid care burden for women resulting in undermining both living and working conditions, particularly for mothers of young children in paid employment. Attachment to paid employment has been severed for many women as a result of increased demands of home-schooling, child- eldercare - likely to have long term effects for social protection entitlements and income over coming years. Some policies to address the pandemic penalised women as they have been linked to employment history and employment attachment. The pandemic has increased gender gaps in terms of financial vulnerability and poverty risks especially for lone parents, as well as the isolation effects of lockdowns. Women are facing increased risks of gender-based sexual and domestic violence, sexual harassment and controlling behaviour.

⁶⁹ EIGE (2021) *Essential Workers*. <https://eige.europa.eu/COVID-19-and-gender-equality/essential-workers>.

⁷⁰ EIGE (2021) *Essential Workers*. <https://eige.europa.eu/COVID-19-and-gender-equality/essential-workers>.

⁷¹ EIGE (2020) *Essential Workers*. <https://eige.europa.eu/COVID-19-and-gender-equality/essential-workers>.

EIGE⁷² estimates (2017) that improvements in gender equality have the potential to create up to 10.5 million new jobs by 2050, of which 70 per cent would be filled by women and that would lead to an increase in EU GDP per capita by 6.1 to 9.6 per cent, women and children poverty risks among women and children. Care responsibilities keep 7.7 million women out of the labour market, compared to just 450,000 men. Women spend 13 hours more than men per week on unpaid care and housework. This leads to an estimated loss of €370 billion per year for Europe, half the value of the total amount of *NewGeneration EU* investment funding of €750 billion (see Chapter 4).

At EU level, the EC,⁷³ and particularly the EP,⁷⁴ have been to the forefront in highlighting the gendered nature of this pandemic. The EP has recognised that the economic crisis generated by the pandemic disproportionately affects women, and will lead to even greater inequalities between men and women.⁷⁵ A recent UN study has also warned that COVID-19 risks reversing decades of progress on gender equality in the workplace.⁷⁶ Lockdowns or partial shutdown of MS, together with funding systems of supports put in place to address the loss of employment, earnings opportunities and businesses across significant sectors of the economies, has created a new kind of economic crisis. Not an economic crisis caused by the decline of individual economic sectors, globalisation, technological change or austerity, but on the contrary brought about by a global health crisis, resulting in intense pressure on formal health and diverse care systems, highlighting major deficits in care provision. This has been accompanied by a deliberate shut down of economic activity, instituted in different ways by each State, in order to protect against the global spread of a particularly virulent infectious disease.

The care crisis which has marked this pandemic, has failed to be addressed in the measures taken to protect public health. It has had significant impacts on women especially those carrying high levels of care responsibilities. Cutting across this process has been the grim reality of the increased level and scale of gender-based sexual and domestic violence, with little if any support systems or policies to counteract the destructive impacts on mainly women and children. The recent UN report details what it calls this 'shadow pandemic' and argues 'that while more men will die from COVID-19, the social and economic toll will be paid, disproportionately, by women'⁷⁷ COVID-19 has created a 'profound shock' with specific implications for women, as the OECD reports:

The COVID-19 pandemic is creating a profound shock worldwide, with different implications for men and women. Women are serving on the frontlines against COVID-19, and the impact of the crisis on women is stark. Women face compounding burdens: they are over-represented working in health systems, continue to do the majority of unpaid care work in households, face high risks of economic insecurity (both today and tomorrow), and face increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine. The pandemic

⁷² EIGE (2020) *Gender Inequalities in Care and Pay in the EU*. <https://eige.europa.eu/publications/gender-inequalities-care-and-pay-eu>

⁷³ European Commission, 'Webinar Series on Gender Sensitive Responses to the COVID-19 Crisis' (10 June 2020) <https://ec.europa.eu/info/publications/webinar-series-gender-sensitive-responses-COVID-19-crisis_en> accessed 16 February 2021.

⁷⁴ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

⁷⁵ European Parliament, Liaison Office in Ireland (2021) *Report on COVID & Gender Adopted by the European Parliament* (21 January 2021) <<https://www.europarl.europa.eu/ireland/en/news-press/report-on-COVID-gender-adopted-by-the-european-parliament>> accessed 15 February 2021.

⁷⁶ Ginette Azcona et al (2020) *From Insights to Action: Gender Equality in the Wake of COVID-19*. UN. <<https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-COVID-19>> accessed 16 February 2021

⁷⁷ UN Women (2020). <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence->

has had and will continue to have a major impact on the health and well-being of many vulnerable groups.⁷⁸

Women are overrepresented in low-paid, insecure and casualised jobs in the EU and in sectors of the economy in which COVID-19 has had a hugely negative impact for example tourism, hospitality and retail. Women account for 61 per cent of jobs in these sectors across the EU, according to Eurofound and, as a result, are experiencing high levels of unemployment. Consequently, women are facing higher unemployment rates and according to Eurofound, 4 per cent of women who worked before the outbreak and then lost their job did not subsequently actively seek employment, compared to 1 per cent of men.⁷⁹

COVID-19 has seen the withdrawal of a range of care support needs provided at community and household levels which has returned those care needs to households and families, where women are carrying the major responsibility for care management and care delivery. Burdens on households have increased significantly as schools, colleges, social services, childcare facilities and disability services have closed. This has been combined with the need for additional supports and protections for isolated elderly populations, in a context in which healthcare services of all kinds have been seriously cut-back and preventative health strategies have been put on hold, creating additional burdens on households. Before COVID-19 women accounted for the majority of unpaid work in households and communities, but the pandemic has dramatically increased the level of unpaid care in households and it is women that now take on multiple responsibilities in these changed times. For women in paid employment, working from home as well as managing multiple caring responsibilities is likely to have long-term effects on promotional possibilities as women may have to look for greater flexibility to manage care or alternatively not apply for promotional or seniority opportunities. As the EP Report⁸⁰ highlighted, working from home is not a substitute for the provision of properly funded childcare, but there is the added danger that the pandemic will have reduced the pressure for improved childcare in countries where under-provision is high and/or those where costs are high.

2.3. Women on the frontline – in both paid and unpaid work

Women are on the frontline in the healthcare system accounting for 70 per cent of the paid global healthcare workforce and have been particularly vulnerable to COVID-19 infection. As the gendered nature of the pandemic experiences are analysed, it is clear that the vast majority of frontline workers globally and in the EU are women, both those who are unpaid and those who are (mostly) low paid. And, in a broader analysis of the gendered effects of the pandemic, the private services sector (including the retail, hospitality and personal services sectors) have been decimated in many countries, sectors in which employment is female-dominated, and also largely low paid. In those countries where care is largely carried out in families or on the private marketplace, cost is another important discriminating factor, as these services are frequently beyond the reach of many lower-income households.

⁷⁸ OECD (2020) *Women at the Core of the Fight against COVID-19*. Tackling Coronavirus (COVID-19) Contributing to a Global Effort. OECD.

⁷⁹ Eurofound Labour Market Change (2020) *Women and Labour Market Equality: Has COVID-19 Rolled back Recent Gains?* https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20068en.pdf.

⁸⁰ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

For care work to take up its central place in economic and social systems it needs to be revalued, fully recognised in economic policy-making and based on a fundamentally improved set of working conditions:

COVID-19 has shown how essential carers are to the well-functioning of society and the economy. During the pandemic, people showed their appreciation for care workers by clapping nightly across the EU. But we must also recognise the value of care work by increasing wages and improving working conditions. These measures could also attract more men to work in the sector – making it more gender-balanced.⁸¹

Women have traditionally carried out the majority of unpaid work and a shift towards a more equal sharing of unpaid domestic and care labour has been extremely slow. Closures of first and second level schools created a new and demanding system of large-scale home-schooling - the majority of which has also been carried by women. Significant impacts on women have begun to emerge, in reduced employment access, limited career development possibilities and promotional opportunities both of which have impacts on women's long-term economic independence. COVID-19 crisis has drawn increased attention to the gendered patterns of paid and unpaid work in both the health and social care systems, where women make up the large proportion of those employed in these sectors. Traditionally much of that work carried out by women has been unpaid, responsibility for the health and well-being of children, older persons and other family members had become increasingly paid services both in the lower and higher income countries of the EU and globally.

Emerging research indicates that measures adopted in different MS to deal with the pandemic, such as shutdowns of significant economic activities has resulted in a marked increase in women's unpaid work. As increasing proportions of people are confined to their homes, there is mounting evidence at global, EU and national levels that gendered inequalities within the home are extremely persistent, exacerbated by the lack of home-based services as well as care, educational and health services. Time spent on household labour, childcare, care for people with disabilities and eldercare, as well as home schooling has increased throughout 2020-21 and it is women that are carrying the majority of those additional responsibilities under very highly restricted circumstances. In low-income households, there are particular pressures in crowded housing situations combined with a lack of digital interconnections due to the poor availability of appropriate technology. Cut-backs in formal health system and in community-based health services have been particularly vulnerable in low-income economies as COVID-19 has put increasing pressure on general health care capacities, bed-occupancy levels, intensive care provision, supplies of protective and supportive equipment, cost and availability of appropriate treatments and most importantly, access to vaccines.

COVID-19 has brought with it a dramatic fall in economic activity, a reorganisation of work and a withdrawal of a wide range of care, educational and health services. Each of these changes has had significant implications for gender equality. In contrast with the economic recession of 2008-2013, which affected firstly construction and manufacturing followed by services, this crisis has brought a steep decline in both private and public services employment, both areas of the economy in which women workers are concentrated. In the private sphere of retail, hospitality, tourism and personal services, women's employment - including part-time, temporary and casual jobs were badly hit. In the public sphere, in some areas employment was sustained but services were curtailed, and in other areas

⁸¹ Carlien Scheele, Director of EIGE. *Press Release 24 June 2020 Europe Needs to Care more about Care* on launch of EIGE Report on *Gender Equality and Long-term Care*. <https://eige.europa.eu/news/europe-needs-care-more-about-care>.

mostly of care work and care services, both high job losses and curtailment of services took place simultaneously. Closure of childcare services, schools, colleges, daycare centres as well as many kinds of home care services have impacted a large proportion of households, disadvantaging most women, both inside and outside of paid employment.

In the wider economy, length of experience as well as requirements for fulltime availability continue to be rewarded on the paid labour market. While increased flexibility may be in the general interest of women workers, coupled with gender unequal sharing of rising levels of home-based unpaid care work, there is evidence that women's position on the paid labour market is suffering, particularly in terms of reduced working hours, less access to promotional opportunities and career development.

It is likely that the negative impacts for women and families will last for years without proactive interventions. What we commonly refer to as "the economy" would not function without the (often unrecognized) foundation of work provided by the "care economy": the reproduction of everyday life through cooking, raising children, and so forth. The paid economy has slowed not only because people are physically not allowed into workplaces, but also because many families currently need to raise and educate their children without institutional support, which is reducing remunerated working hours and increasing stress.⁸²

At a global level, data reveal that women's jobs are 1.8 per cent more vulnerable than men's jobs (5.7 per cent compared to 3.1 per cent) during the COVID-19 pandemic. Women's paid employment accounts for 39 per cent of employment in a global context but makes up 54 per cent of job losses. While a key factor is the burden of unpaid care work carried out by women, it is also the different sectors into which women are clustered that mean women's jobs and livelihoods are particularly at risk. It is estimated that women account for above average share of employment (54 per cent) in accommodation and food services sector; 43 per cent of jobs in retail and wholesale trade; and 46 per cent in other services, including arts, recreation and public administration. In another sector where women are concentrated - education and healthcare - the data show that job levels have remained stable. Men's paid employment in certain manufacturing sectors and in parts of the construction industry have been badly affected. Overall, the global picture shows women's paid employment falling at a faster rate than men's rate, even taking into account the different sectors in which women and men are concentrated.⁸³

At an EU level, the picture of the gendered change in employment is similar. Eurofound estimates the cost of the gender employment gap (stagnant at just under 12 per centage points since 2014) at 2.4 per cent of EU GDP. This is estimated by calculating the potential extra earnings across the EU economy of additional employment, the rise in the cost of social protection and the savings in public finances.

Gender inequality in the labour market is also reflected in the jobs women do: they are, for instance, overrepresented in low-paying jobs such as care assistant, cleaner and retail salesperson. While they constitute 48% of employees, women make up 58% of minimum wage earners and 62% of workers earning substantially less than the minimum wage. One upshot of gender segregation in the labour market is the higher toll that the COVID-19 pandemic has taken on women than men. The sectors that have been most affected by social distancing and

⁸² Power, Kate (2020) 'The COVID-19 pandemic has increased the care burden of women and families, Sustainability' in *Science, Practice and Policy*, 16:1, 67-73, DOI: 10.1080/15487733.2020.1776561.

⁸³ McKinsey Report (2020) *Gender Equality: Global Research on Gender Gap and the Case for greater to diversity in the Workplace*. McKinsey and Company.

restrictive measures are those that involve ‘interactive service work’, with physical interaction between workers and clients – tourism, retail, hospitality and aviation – and women account for 61% of workers doing this type of work.⁸⁴

Eurofound also highlights the consequences for women themselves, and for different groups of women. Young women were more likely to lose their job (11 per cent) in the context of COVID-19 compared to young men (9 per cent) and 17.1 per cent of older women pensioners were at risk of poverty (compared to 13.1 per cent of older men) largely linked to women’s interrupted attachment to paid employment. Women are also more vulnerable to exiting the paid labour force – affecting 4 per cent of women and just 1 per cent of men.

The concentration of activity in the home during the lockdowns across Europe led to a general deterioration of work–life balance, but especially for women. For instance, family responsibilities prevented more women (24%) than men (13%) from giving the time they wanted to their job.⁸⁵

The limited nature of current working time arrangements and the persistent socio-economic and gendered inequalities that underlie assumptions around paid work have become clearer, as echoed in the pre-pandemic Crowley and Sansonetti (2019) *New Visions for Gender Equality*:

Deep-seated assumptions suggest ‘ideal workers’ are always visible in the workplace, employee-led flexibility is undervalued or stigmatised, and social justice challenges emerge as employers develop time and place flexibility for highly skilled workers, but only employer-led flexibility for workers regarded as replaceable.⁸⁶

There is an opportunity in a post-COVID-19 era to rethink some deep-seated attitudes towards flexible working-time, to fully implement the EU Work Life Balance Directive, to further develop workplace hubs at community level and to recognise and effectively challenge the increase in the inequalities of unpaid work that women have experienced during this pandemic. COVID-19 has different socioeconomic implications for men and women. Women’s situations both inside and outside the formal workforce are at risk of deepening inequalities not only due to their presence in particularly vulnerable sectors but also to the structural gendered inequalities that are historically embedded in private households, on the labour market itself and in representation within decision-making structures. Policy responses to the pandemic must be based on a gender perspective and recognise the specific needs of women. This is not just to defend the gains of recent decades in terms of gender equality or to rectify long-standing inequalities, but also to build a fairer and more resilient world for the benefit of both men and women.

⁸⁴ Eurofound Labour Market Change (2020) *Women and Labour Market Equality: Has COVID-19 Rolled back Recent Gains?* https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20068en.pdf

⁸⁵ Eurofound Labour Market Change (2020) *Women and Labour Market Equality: Has COVID-19 Rolled back Recent Gains?* https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20068en.pdf

⁸⁶ Crowley, N and Sansonetti, S eds (2019) ‘Introduction’ in *New Visions for Gender Equality* European Commission. <http://hdl.handle.net/10197/11825>

2.4. Care crisis - long-term care (LTC)

Women live longer than men and longer life expectancy means that experiencing difficulties in managing everyday activities due to health issues is a more common experience towards the end of women's longer lifetimes. In this context, the nature of long-term care is particularly important for women as they are more likely to avail of it than men: 52 per cent of women and 45 per cent of men aged 65 and over experience limitations in their daily life activities. Lack of availability and funding for home-based and community-based long-term care services mean that it is women who frequently take on unpaid long-term care responsibilities. Research has revealed that cost is a major reason why many people cannot access long-term care services affecting over half (52 per cent) of the EU households who need long-term care services. Low-income households, people with low levels of educational attainment and migrant and ethnic minority women experience the greatest difficulties in accessing these kinds of services.⁸⁷

An underlying crisis in long-term care has been shown to be particularly acute during the pandemic. Unregulated or partially regulated care services, poor quality facilities, congregated settings and undervalued staff (subject to high rates of turnover) characterise this sector, much of which operates on the private marketplace in many countries. A significant majority of long-term care facilities are private for-profit organisations in which staffing ratios are too low and the conditions of workers extremely poor. As a result, residents and staff in long-term care have been particularly vulnerable to infection and high COVID-19 transmission rates, as well as high rates of mortality. This has been highlighted by EIGE's recent report on **gender equality and long-term care, which came to the strong conclusion that 'Europe needs to care more about care.'**⁸⁸ The crisis in care during the pandemic has actually been a crisis of survival for residents in long-term care facilities, including older people and people with disabilities - it is estimated that over 40% of deaths from COVID-19 have occurred in long-term institutional care settings.⁸⁹

The European Public Services Union⁹⁰ (EPSU) has called for the European Parliament to establish a Committee of Inquiry to investigate the experiences of residents, workers and families of LTC during the pandemic and the possible violations of human rights that have occurred. LTC facilities are viewed primarily as social services and not as part of the healthcare sector and so have suffered from the lack of support services, under-provision of personal protective equipment (PPE) and lack of prioritisation when the virus hit disproportionately at this vulnerable sector of the population. Skilled care workers and skilled care givers are either not entering this sector or leaving the sector in significant numbers. Reports of exhaustion levels and mental health stress among staff in LTC are commonplace. The European Public Services Union (EPSU) argues that LTC staff have been 'extremely hard hit' primarily due to 'understaffing and a lack of preparedness' across the sector.

⁸⁷ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

⁸⁸EIGE (2019) *Gender Equality and Long-term Care at Home*. EIGE. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home> <https://eige.europa.eu/news/europe-needs-care-more-about-care>

⁸⁹ EIGE (2019) *Gender Equality and Long-term Care at Home*. EIGE. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>

⁹⁰ European Public Services Union (2017) *Report from Working Group Social Services*. <https://www.epsu.org/article/report-working-group-social-services>

In July 2020, the EPSU (together with European Disability Forum and Age Platform Europe) issued a formal call on the EP to launch an investigation into the ‘tragic impact of COVID-19’ on the care sector and to ‘assess the failures of authorities in addressing and managing the crisis in the long-term care sector during COVID-19’.⁹¹ High levels of death and serious levels of ill-health have been reported in LTC facilities across the EU. Some of the contributing factors that have been identified are the prevalence of congregated settings, lack of sufficient personal protective equipment, insufficient testing, and staff working in more than one facility, as documented by the European Centre for Prevention of Disease and Control:⁹²

The high COVID-19 morbidity and mortality observed among residents in long-term care facilities (LTCF) in EU/EEA countries poses a major challenge for disease prevention and control in such settings. Furthermore, the lack of special surveillance systems and the differences in testing strategies and capacities among countries may have led to a significant under-ascertainment and under-reporting of cases, contributing to a general underestimation of the disease burden and mortality in LTCFs.

However, in MS where vaccination roll outs have occurred, these effects have been seen to be reversed, although not before leaving behind a heavy death toll. Some workers are particularly vulnerable within this global healthcare workforce – those defined by the U.N as community health workers (CHW) – a vulnerable group that are seen and treated as marginal to the healthcare services, both in developing countries and wealthier economies. Consequently, accessing PPE for example is difficult and these workers can find themselves carrying out vital health services – such as home visits – at high risk to their own health but with little protection.⁹³ In some countries, health systems have been overwhelmed, such as India, Brazil and Peru, where elderly populations, may be seen crowded outside hospitals in desperate need of treatment, while those dead from the virus are crowded into mass burial sites. Global inequalities in accessing healthcare, and in vulnerability to high levels of COVID-19 infections and deaths, are extremely stark and intensifying as the struggle for access to treatments and vaccines continues.

One of the questions that has arisen during the pandemic is the level of vulnerability to a particularly enhanced negative discourse of *dependency* of older people. This has thrown up issues around the structure of care systems and of care policies towards the older population, but also the question of how older people are represented in the context of an ageing population. Some have argued that underlying negative attitudes towards age and ageing have been highlighted during the pandemic and an image of conflicting inter-generational interests has been generated. The crisis, however, has brought a new global focus on the increasing proportion of the population in older age groups, the resulting pressures on economic resources and the implications for the distribution of material resources in specific societies.

The elderly have come to occupy a central place in our news bulletins these days. Headlines were quick to inform the public that the highest mortality rate from COVID-19 is in people aged 70 and over. Experts have repeatedly announced that the pandemic is severe and the virus is especially dangerous for the elderly. This has frequently been delivered as a kind of reassuring

⁹¹ European Public Sector Union (2020) *EPSU calls on the European Parliament to investigate the tragic effects of COVID-19 on the care sector*. <https://www.epsu.org/article/epsu-calls-european-parliament-investigate-tragic-effects-covid-19-care-sector>.

⁹² European Centre for Prevention of Disease and Control (2020) *Surveillance of COVID-19 at long-term care facilities in the EU/EEA* (2020). ECPDC.

⁹³ UN Human Development Report (2015) “*Work for Human Development*” UN Human Development Organisation. Geneva.

message to the public - as long as they are under 70. This news coverage not only emphasises that the elderly are at much higher risk but also describes them as a passive and vulnerable minority.

This kind of portrayal ultimately strengthens the idea that old people impose an undue burden on society and more specifically on the health system, and that addressing their needs might endanger younger people. In times of public emergency, social truths are revealed. The coronavirus crisis is one such emergency, and it reveals that the lives of the elderly appear to matter less and, in some cases, are even deemed disposable.⁹⁴

A profile of the care system framework in different countries for the care of older people and for people with disabilities is needed, encompassing the extent to which home- and community-based care is supported together with an exploration policies and levels of investment in services provided to enable independent living, to the greatest extent possible. The structure of the sector also needs to be analysed across the EU including the mix of formal and informal care, paid and unpaid care, public, private and not-for profit structure as well as the role of community and voluntary services. A rights-based approach needs to underlie public policies to frame the care needs of different sectors, the care choices made by different households, linked to the spectrum of care provision available, as well as the resourcing of the care system. And of central importance is the potential for improved working conditions and enhanced quality of life among those working in the sector.

Qualitative and quantitative indicators are needed to contribute to the monitoring of safety, security and well-being of both the residents and workers in long-term care settings - recipients of long-term care and providers of long-term care.⁹⁵ The European Pillar of Social Rights 2019⁹⁶ has reaffirmed the right to affordable and good quality long-term care services, especially home care. Research consistently reveals a preference for home-based care among older people and there is also evidence that home-based care is less costly, and has the potential to offer better quality care, compared to traditional institutionalised care. Research shows that older people associate home-based care with a better quality of life, greater autonomy in the type of care and more equal relationships between care givers and care recipients.⁹⁷ However, examples of high-quality supported care systems are evident in different EU countries, such as the Netherlands,⁹⁸ with clusters of individualised spaces and adaptive housing linked to communal and shared health services, rather than individual homes or residential homes.⁹⁹

A particular feature of LTC in some MS, for example Ireland, is the use of congregated settings for those going through the *asylum process* and waiting, often for very many years, for an outcome to their application for International Protection. Called *Direct Provision Centres* in Ireland, these have been

⁹⁴ Shimoni, S. (2020, Mar 31). *How coronavirus exposes the way we regard ageing and old people*. Open Access. King's Research Portal. King's College London. P.3.

⁹⁵ EIGE (2019) *Gender Equality and Long-term Care at Home*. EIGE. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>

⁹⁶ European Pillar of Social Rights (2019) *The Role of Social Services in the Implementation of European Pillar of Social Rights*. <https://www.epr.eu/what-we-do/policy-analysis/european-pillar-of-social-rights/>

⁹⁷ EIGE (2019) *Gender Equality and Long-term Care at Home*. EIGE. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>

⁹⁸ ING Think Economic and Financial Analysis (2019) *Elderly Care and Housing Demand in the EU*. <https://think.ing.com/reports/elderly-care-and-housing-demand-in-the-eu/>

⁹⁹ Disability Authority of Ireland (2010) *Independent and Community Living*. <http://nda.ie/publications/health/independent-and-community-living/>

among the LTC facilities that have had high levels of COVID-19 infections, caused in part by conditions in the Centres which do not allow for adequate social distancing, individualised spaces and appropriate accommodation for families. Services to those forced to reside in these Centres have been severely restricted to highly vulnerable populations many of whom have emerged from highly traumatic situations. Those confined by COVID-19 are cut off from accessing communal and social activities of wider ethnic minority communities. Centres are often located in remote areas, where children have had limited access to communal, extra-curricular and sporting activities of any kind. Households in these centres, in many instances, lack privacy, independent cooking facilities, safe transport facilities, places to practice religious beliefs as well as safe socialised spaces. This combination of circumstances has resulted in significant mental health issues among both adult asylum seekers and children, and an absence of support services: mental health supports; sexual and reproductive health services; gender-based violence and other services.¹⁰⁰

Marginalised communities have experienced particular vulnerabilities during this pandemic. Refugees have been faced with worsening conditions in camps on the edge of Europe as anti-migrant and anti-refugee sentiments have intensified, often fuelled by right-wing ideologies. The fire that devastated the Moria camp in Greece left many tens of thousands homeless just as the weather worsened.¹⁰¹ Roma and Traveller communities in different countries have faced hostility and higher than average rates of COVID-19 infections, at least in part due to poor housing and living conditions, high levels of poverty and poor health. Discrimination against Roma and Traveller communities has increased as well as increased hostility from a fearful majority population.¹⁰² Mounting evidence of increased and widespread racism against black and ethnic minority communities, as different groups are targeted, accused of being the source of what is, in practice, a global pandemic.¹⁰³ At the same time, deserted city centres have become newly visible locations where homeless people have grouped in different cities in EU, vulnerable to abuse, hostility and violence.¹⁰⁴

2.5. Sexual, domestic and gender-based violence

Gender-based violence is both a cause and a consequence of gender inequality. **A critical development over the course of the pandemic has been the very alarming rise in violence against women, globally and across the EU.** Sexual abuse and domestic violence have a hugely serious effect on women and girls in all countries and in all social classes - women are subjected to abuse of their bodily integrity and human rights in systematic and pervasive ways. The proportion of women victims of physical intimate partner violence in the EU MS is estimated to range between 12 per cent and 35 per cent. Across EU MS, 9 out of 10 victims of intimate partner violence are women and, on average, 30 per cent of women (who have been in relationships) report that they have experienced some form of

¹⁰⁰ Department of Justice (2021) *Report of Advisory Group on Provision of Support including Accommodation to Persons in the International Protection Process*. Government publications Office, Ireland.

¹⁰¹ Mediciens sans Frontieres (2021) *Moria Fire: 12,000 on the Streets as Greek Island Camp Destroyed*. <https://www.msf.ie/article/moria-fire-12000-people-streets-greek-island-camp-destroyed>

¹⁰² Irish Centre for Human Rights (2020) *Implications of COVID-19 Pandemic and Roma and Travellers Communities*. University College Galway, Ireland. https://fra.europa.eu/sites/default/files/fra_uploads/ie_report_-_COVID-19_impact_on_roma_en.pdf

¹⁰³ United Nations Office of the High Commissioner (2021) *Racial Discrimination and COVID-19*. <https://www.ohchr.org/EN/NewsEvents/Pages/Racial-discrimination-COVID.aspx>

¹⁰⁴ Merchant's Quay Ireland (2021) *The effects of COVID-19 on People Experiencing Mental Ill-Health, Substance Use Disorder and Homelessness or Housing Insecurity in the Dublin Region: A Qualitative Exploration*. MQI, Ireland. <https://mqi.ie/content/uploads/2021/02/Mental-Health-Report.pdf>.

physical or sexual violence over the lifetime. In overall terms, 1 in 3 women in the EU have been subjected to physical and/or sexual violence by a partner or non-partner or both.¹⁰⁵ World Health Organisation's (WHO) global data across 161 countries reveal that 30 per cent of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime. At a global level, 38 per cent of murders of women are carried out by intimate partners.¹⁰⁶

Services to support women and girls affected by sexual and domestic violence have been curtailed through the pandemic and COVID-19 restrictions have generated new opportunities for perpetrators to target women and girls in their homes. Those who are vulnerable to violence have been exploited by the conditions imposed by COVID-19 restrictions and consequently reports to helplines and police forces have increased dramatically. Places of refuge have become even less available and supports that services offer, such as court-accompaniment through the criminal process, have also been impossible to sustain. COVID-19 pandemic has brought with it an imposition of unprecedented levels of imposed social isolation which has exposed high levels of stress and increased mental health issues.¹⁰⁷ Stereotypical gendered roles, together with inequalities within households in terms of earnings and care responsibilities, contribute to increasing levels of domestic violence and indicates very particular strains on women's mental health through these crisis times. Evidence shows that being female, under 45 years, working from home or being underemployed are all relevant risk factors for gender-based violence worsening mental ill-health.¹⁰⁸

Restrictive lockdowns in response to the pandemic have led to documented reports of a dramatic increase in gender-based, sexual and domestic violence. EU-wide data is not yet available, but some countries have published data. For example, France saw a 32 per cent jump in domestic violence reports in just over a week and Lithuania observed 20 per cent more domestic violence reports over a three-week lockdown period compared to the same period in 2019.¹⁰⁹ Getting help and support had been difficult before COVID-19 but the issue has become even more problematic since the pandemic. Isolation makes getting support from family, community, civil society and statutory agencies difficult. Research by EIGE revealed that many countries have introduced initiatives to protect women from intimate partner violence, but support for victims is still inadequate, and prevention not yet fully achieved in any country. Support service staff have faced new challenges, including: increased demand and heightened distress of victims; accessing personal protective equipment; concerns around victim confidentiality; assessing victim's level of risk and maintaining contact.

At European level, it has been acknowledged that public authorities' responses has been insufficient in addressing violence against women during the pandemic. As outlined above, reports of domestic violence in France have increased by 30 per cent and similar increases have been reported across Europe and North America. The UN cautions that while it is too early to have comprehensive global data, reporting of gender-based violence increased by 25% in countries with reporting systems in place. In some countries reported cases have doubled.¹¹⁰ Positive action taken by EU Member States include Ireland, Lithuania and Spain who have launched national action plans to respond to

¹⁰⁵ Fundamental Rights Agency (2014) Violence against Women – an EU-wide survey – Main results report. FRA. <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>.

¹⁰⁶ World Health Organisation (2018) *Data on Violence Against Women*. UN Interagency Report. Fundamental Rights Agency (2010) *Survey on violence against women*. FRA 2010.

¹⁰⁷ B.D. Kelly (2020) 'Impact of COVID-19 in Ireland: Impact to Date' in 113(10) *Irish Medical Journal* 214.

¹⁰⁸ Eleonara Fiorenzato et al (2021) 'Cognitive and Mental Health Changes and their Vulnerability Factors Related to COVID-19 Lockdown in Italy' in 16(1) *PLoS ONE*.

¹⁰⁹ EIGE (2021) *The COVID-19 pandemic and intimate partner violence against women in the EU*. <https://eige.europa.eu/publications/covid-19-pandemic-and-intimate-partner-violence-against-women-eu>

¹¹⁰ UN Women (2020) *COVID-19 and Ending Violence against Women and Girls* <<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>> accessed 16 February 2021.

victim's/survivor's needs during the pandemic involving strengthened coordination among health, police and justice services. Other countries have adopted new legislation to declare shelters and hotlines "essential services" to keep them accessible and in Estonia, Slovakia and France, legislation obliging governments to provide women facing violence at home with alternative accommodation has been introduced. Almost every EU country have developed awareness raising campaigns to highlight available supports.

While these examples are positive they do indicate the weakness of the formal support systems, need for significant increased resourcing of the NGO and voluntary sectors and more safe refuge and emergency places, in the face of the persistent and pervasive nature of gender-based, sexual and domestic violence. Situations of crisis are well known to exacerbate underlying systemic violence against women and highlight the need for comprehensive support systems, more appropriate data, as well as more fundamental systems to prevent gender-based violence in public and private spaces. Providing resources to put an end to violence against women is crucial, including resources for research, statistics and expertise to help understand the ways in which perpetrators can be deterred or brought through the criminal system in a coordinated strategic way across the EU. A more coordinated EU approach to making this gender-based sexual and domestic violence a *eurocrime* – as proposed by the EP – has the potential to create a more effective response at both national and EU levels.¹¹¹

2.6. Conclusion

What the COVID-19 pandemic has highlighted is not just how under-resourced the care economy is, but also how the economies of the EU and globally are heavily reliant on care and the essential role played by carers, despite the invisibility and vulnerability of their workforces. Consequences of the undervaluation and lack of recognition of care are that women carry out the largest proportion of unpaid work at a global, and EU level. Inadequate resourcing of care makes the care economy a burden disproportionately carried by women, and exacerbated by the pandemic in many different ways. Home-based care services have been seriously curtailed under COVID-19 restrictions while evidence shows a rapidly increasing demand for home-care workers. It is mainly women who have had to take on increased care responsibilities as a result.

Unless there are changes in gender inequality policies to address the pandemic, recent gains in gender equality are likely to be undermined. The pandemic has, and continues to, intensify and heighten existing inequalities of gender, as well as inequalities of ethnicity, age, disability and social class. Many women who before the pandemic were actively engaging in education, training and employment are now in situations where they are having to prioritise the care needs of their immediate and extended families, without the benefit of sharing care responsibilities equally across the gender care divide. Other women - older women, men and people with disabilities - have been experiencing high levels of isolation, a lack of access to care supports, as well as vulnerability to high rates of infection and high death rates from the infection.

For women in low-income households, social and physical distancing means less supports from within the community, the health and social care systems and from extended families. Lone parents have suffered particular isolation under COVID-19 restrictions. Across social classes and urban and rural

¹¹¹ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf).

settings, increased levels of isolation have seen an escalation in domestic and sexual violence and supports have been reduced to on-line systems, reducing traditional access to refuges and other forms of protection including ways of ensuring perpetrators are brought through the justice system – supports from civil society organisations as well as statutory agencies. All of these experiences have immediate and long-lasting implications for the recovery and post-pandemic EU society. A crisis of LTC is evident as demand for diverse service provision rises and expressed needs for more flexible and autonomous accommodation that supports independent living for people with disabilities and the elderly increases. Particularly vulnerable groups – asylum seekers, Roma and Traveller people, homeless, those with literacy issues, refugees, people caught in the commercial sex trade - face unique risks and require additional safety systems and resources to be urgently put in place

3. VALUING THE CARE ECONOMY

KEY FINDINGS

Traditional economics and international systems of measuring economic activity do not measure or attribute value to unpaid work mainly carried out by women, including a significant amount of care work. UN Beijing Platform for Action, ratified by most countries, was the first global institutional recognition of the link between unpaid work and gender inequality. Feminist economists have been to the fore in developing time use surveys and different perspectives on the centrality of care work and methods of measuring and valuing unpaid work. Establishing care as a social investment is central to placing the care economy at the very centre of society, addressing gender inequalities and social injustices.

3.1. Introduction

That unpaid care work contributes to economic and social well-being has become a less contested understanding over recent decades, at least in part because of the work of feminist economists. Unpaid work became part of a gender framework of analysis applied at a global level, dating from the adoption of the Beijing Platform for Action at the U.N in 1995 (BPfA). EU support for the BPfA was affirmed at the highest political level by heads of government at the European Council Summit in Madrid that same year, in December 1995. This statement of support has framed the implementation and follow-up of the BPfA and continues to provide the impetus for review and monitoring progress in its implementation at EU level. Since 1999, a number of quantitative and qualitative indicators have been developed by the Presidencies of the EU Council to monitor progress towards the achievement of the goals of the BPfA.¹¹² By 2013 the Council adopted conclusions, taking note of the proposed indicators in eleven out of twelve critical areas defined by the BPfA. Currently, indicators are being developed on the theme of the human rights of women. Central to the BPfA is a focus on and uncovering the hidden and invisible nature of unpaid care work:

Care work is the 'hidden engine' that keeps the wheels of our global economies, businesses and societies turning. It is driven by women and girls who have little or no time to earn a decent living or go to school, get involved in their communities or have a say in how their societies are run. Instead, they remain trapped at the bottom of the economy. Women and girls undertake more than three-quarters of unpaid care work in the world and make up two-thirds of the paid care workforce.¹¹³

The global care workforce is estimated at 381 million workers (249 million women and 132 million men). These figures represent 11.5 per cent of total global employment, or 19.3 per cent of global female employment and 6.6 per cent of global male employment.¹¹⁴ At a global level, care systems are under enormous pressure as it is unpaid care and domestic work that sustains household and

¹¹² EIGE (2020) *European Union Indicators adopted in relation to the Beijing Platform for Action*. For further details see [gender statistics](#) published by EIGE.

¹¹³ Oxfam International (2020) *Not all gaps are created equal: the true value of care work*. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>. Accessed May 13 May 2021.

¹¹⁴ International Labour Organisation (2018) *Care work and care jobs for the future of decent work*. ILO. Geneva. https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm.

communities on a day-to-day basis and makes a significant contribution to economic well-being and development. Globally, evidence clearly highlights that the less visible parts of the care economy are under particular strain because of COVID-19, but are heavily neglected, as UN Reports highlight:

The vast amount of unpaid and poorly paid care and domestic work that women have always done in homes and communities serves as the backbone of the COVID-19 response. Emerging evidence from UN Women's rapid assessment surveys... shows that unpaid care and domestic work has increased among both women and men, with women being responsible for fewer but more time-consuming tasks than men, such as cleaning, cooking and physical care for children.

Yet, it remains invisible, undervalued and neglected in economic and social policymaking, and its distribution is grossly imbalanced: Globally, women do three times as much unpaid care and domestic work as men. Rising demand for care in the context of the COVID-19 crisis and response will likely deepen already existing inequalities in the gender division of labour, placing a disproportionate burden on women and girls. So far, attention has rightly focused on the health system and women's over-representation among paid health-care workers.¹¹⁵

In all regions of the global economy women work longer over many hours than men, when both unpaid care and paid work are combined. To compensate for the curtailment of funded care services, as has happened with this pandemic, it is very often women who fill the gaps in services for families by increasing their time spent on unpaid care and domestic work but without much-needed support systems that may have long-term consequences for women's health and well-being.

3.2. Care and gender equality

Historically, there has been a movement from family care into a reliance on publicly-funded or market-based care in higher income households and a process of the increasing commercialisation or commodification of care. From family members and hired help, to public care and expert services, professionalisation of some care sectors has happened alongside the degradation of others. From a rights-based perspective, the professionalisation of care has been welcomed in many areas of childcare, eldercare and care for people with disabilities when it is associated with quality care services and more autonomy of care recipients. Household-based domestic services have traditionally been market-driven underpaid activities (often linked to live-in conditions) for example, services provided from poorer households to wealthier households or from rural households to urban households or from ethnic minority sectors to privileged sections of society. Complexity of care and caring is increasingly recognised as the process of social reproduction has been analysed by mainly gender and feminist researchers:

People produce goods and services to directly meet their own needs and those of their families and friends, as well as for exchange in markets. People also produce other people: not just bodies but also embodied physical, cognitive, emotional and social capabilities.

¹¹⁵ UN Human Development Report (2015) *Work for Human Development* UN Human Development Organisation. Geneva.

Feministeconomists sometimes use the term ‘social provisioning’ or ‘social reproduction’ to encompass all these processes.¹¹⁶

The process of social change in care provision has been paralleled by women’s increased entry to the paid labour market and resulted in a care deficit, not because of women’s choices but because of the lack of priority attached to the care economy and its marginalised position within the policy-making system. And that marketplace in care is a globalised one, within which some countries are exporters of care labour and others import significant proportions of their care labour, leaving a care deficit at a global level concentrated in majority world countries.

The care economy underlies, and is central to, every discussion on gender equality, both globally and in an EU context. At a fundamental level, this arises because there is a heavy care penalty, affecting mainly women and experienced at different points of their life cycles. Rigid gender roles serve to both limit women’s economic and social options but also to exclude many men from the sphere of care, a situation that is contested by increasing numbers of men. At the same time in a global context, the care economy is either not valued or is systematically undervalued. Applying a gender equality perspective to the economy and society means placing the care economy at its centre and challenging the traditional assumptions about economic activity and economic well-being. ***Paid care and unpaid care make up complex complementary parts of a web of care. The concept of human infrastructure is key as ‘care work is not just the cornerstone of our society but the rock bottom foundation of society.’¹¹⁷ Care work, when understood as human or social infrastructure needs to have supported structures and networks of care. To establish a sufficient level of good quality care demands public investment at a high level and a recognition that good quality care brings definite public benefits in economic and social well-being. There are consequences for women and for gender inequality in deeming care a non-productive activity, carried out mainly by women, traditionally in private or home-based settings, as Folbre (2020) argues:***

Caregivers require short-run support primarily because they provide long-run social benefits that are difficult to privately capture or capitalise. The notion that care does not represent a ‘productive’ contribution legitimates the view that women depend on men more than men depend on women and makes women’s relative lack of bargaining power in the home and in the labour market seem inevitable.¹¹⁸

Ideas of care that assume it carries intrinsic value for the caregiver are often connected to ideas that economic supports are unnecessary, or even that they would undermine that intrinsic value by attaching a monetary value to care. In practice, this kind of thinking reinforces the undervaluing of much of women’s economic activity at a global level, weakens women’s position in households and on the formal labour market.

¹¹⁶ Folbre, Nancy (2020) *The Rise and Decline of Patriarchal Systems – An Intersectional Political Economy*. London and New York. Verso.

¹¹⁷ Albelda, R (2009) *Counting on Care Work: Human Infrastructure in Massachusetts*. Scholarworks at Umass, Boston. https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1032&context=csp_pubs

¹¹⁸ Folbre, Nancy (2020) *The Rise and Decline of Patriarchal Systems – An Intersectional Political Economy*. London and New York. Verso. P 42.

3.3. Counting care work

To place a value on care in the contemporary economy means firstly, a recognition of the central role that care plays in our economic and social systems and secondly, the importance of valuing different forms of care, both emotional and physical at individual, household and community levels across local, regional and global levels. As Emma Dowling argues in *The Care Crisis* (2021):

Feminist scholars, activists and practitioners have long demanded the transformation of societal responsibilities for caring. Truly valuing care will mean allocating more time, money and societal capacities to it. It will also mean elevating care's undervalued political and ethical status in our everyday attitudes and practices and their underlying objectives. Because care is not regulated by one domain but is influenced by state and market policies and public and private motives, and because it entails paid and unpaid labour, creating change will require rethinking care in the household, the workplace and beyond – in relation to one another and as mediated by the state. Truly valuing care means having time for unpaid caring in our lives and publicly funding a care infrastructure with well-paid work. Taken together, the two strategies could form the basis for ending the care crisis.¹¹⁹

Consequences of the lack of ascribed value and measurement to unpaid care work have rarely been addressed within mainstream economic discourses. As a result, the issue of valuing care has been driven primarily by the attention of mainly feminist economists (Waring 1998; Himmelweit 2000; Hochschild 2012; Elson 2015; Folbre 2020).¹²⁰

Underlying this is the lack of value attached to the care economy, based on a traditional model of economics that only values market-based transactions that carry a price. These key assumptions are reflected in the UN system of measuring economic activity, the UN System of National Accounts, that determines how some economic activities are measured and valued and equally importantly, how others are not measured and not valued.¹²¹ Under this global system of measurement of GNP and GDP, what is measured is market-based economic activity, activities that pass through the market and therefore carry a price.

How to measure care is the subject of intense debates in research, academic and policy-making forums. Different tools are used, such as time-use studies, and traditional surveys of labour markets, both formal and informal. And, there are issues involved with measurement and what kind of measurement and quantification of impacts on care and the question of new and sustainable models of care. Traditional approaches to key concepts of levels of economic activity are based on estimates and projections of Gross Domestic Product (GDP) and Gross National Product (GNP). Countries collect economic data that measures levels of total expenditure or levels of total incomes earned at national levels. These measures

¹¹⁹ Dowling, Emma (2021) *The Care Crisis – What Caused It and How We Can End It?*. London. Verso publications.

¹²⁰ Folbre, Nancy (2020) *The Rise and Decline of Patriarchal System – An Intersectional Political Economy*. Verso Publications; Hochschild (2012) *The Second Shift – and the Revolution at Home*. 2nd Edition. Penguin Books. Himmelweit, Susan (2000) *Inside the Household – from labour to care*. New York St Martin's Press. Elson, D. (2015) *Value: the representation of labour in capitalism*. London. Verso Books.; Waring, Marilyn (1988) *If Women Counted*. Harper and Row.

¹²¹ UN Statistical Division (2021) *Handbook of System of National Accounts*. <https://unstats.un.org/unsd/nationalaccount/pubs.asp>.

are narrow gendered perspectives on national and global economic activity as, in the main, they only count activities that are priced or market transactions that involve money exchanges.

In particular, these measures do not take into account unpaid work, including unpaid care and domestic work. Economic growth then is measured by tracking increasing levels of GDP or GNP which excludes significant measures of economic and social well-being. For example, if a voluntary programme of addressing literacy levels is successful, unless incomes have been earned or wages have been paid as part of the literacy programme, then it is excluded from measurement and not attributed a value in mainstream economics. And women that are the primary providers of unpaid domestic and care work are for the most part excluded and invisible in the collection of economic data - data that is used to inform the policy-making process. This is a key reason why the care economy has traditionally been marginalised in economic analyses, and in the establishment of policy priorities, and why women's fundamental contribution to economic well-being and development are to a large extent hidden, unrecognised, not counted and undervalued.

International organisations have developed systems for estimating the value of unpaid care work. The U.N. has been at the forefront of research and analysis that have taken a more radical approach to the measurement of economic activities, such as the UN Human Development Index and the UN Gender Development Index.¹²² Both of these indices take a broader and more inclusive approach to human well-being, encompassing health and educational indicators rather than the more restricted traditional measure of market exchanges. By estimating levels of women's unpaid contributions to care work in a process defined as 'trying to value the invaluable', time use surveys have played a key role. The primary way over recent decades by which countries have taken a different perspective on economic activity is based on measuring time and time use as well as expenditure or income levels.

The rapid proliferation of nationally representative time-use surveys has revealed the quantitative dimensions of unpaid care and the disproportionate burden it places on women in countries at all levels of development. It is difficult to estimate the market value of non-market work, and it is important to remember that not all of its contributions *can* be measured in market terms. Estimates of its monetary value, however, like efforts to estimate the value of unpriced environmental assets and services, can provide important insights.¹²³

Making time use a central concept shifts the ground of economic and social analysis and is central to the incorporation of a more complex understanding of economic and social activity. Estimating and measuring the amount of time spent on unpaid activities - as well as paid activities - places the care economy more centrally into a complex understanding of economic and social systems and, as a result, also onto the policy agenda. On the contrary, using the mainstream model of economics, value is used to refer to anything which has a price on the marketplace.

Estimates of GNP and GDP, on which economic policies are substantially based, are calculated either on the basis of the accumulated prices of commodities and services bought and sold on the marketplace or on the basis of the accumulated incomes earned through wages, rents and profits over a specific time period in a specific economy. In this sense, price is conflated with value and consequently unpaid work (concentrated in the care economy) is not ascribed a value or is

¹²² United Nations Development Programme (2021) *Human Development Reports. Gender Development Index* <http://hdr.undp.org/en/content/gender-development-index-gdi>

¹²³ Folbre, Nancy (2016) *Thinkpiece. Valuing Non-market Work*. UNDP. [folbre_hdr_2015_final.pdf](#)

systematically undervalued. Fundamental to this traditional economic model is the historical and continuing gendering of economic data and consequently the gendering of the economic policies built on that data. And, because the care economy is significantly an unpaid or low paid sector, and women are under-represented in the decision-making system, it is way down the priority list of economic policy-makers.

So, our policy systems are informed by an extremely narrow definition of economic welfare and social well-being as a consequence of conflating value with price. In the process, a significant level of women's economic and social activities is devalued. In this economic model, so many activities are not counted – unpaid and excluded – and frequently, hidden. These include subsistence agriculture and (small scale) production for immediate consumption, unpaid household activity and unpaid community activities. Distorted economic statistics based on these exclusions, are used to inform policy making resulting in policy priorities that are both narrow and gendered. In practice, unpaid work is at the heart of the care economy and that work is heavily gendered.

Key global estimates carried out by the U.N. are detailed below, summary data that includes estimates for unpaid care and domestic work, health promotion and prevention activities, care for persons with disabilities and chronic diseases and assistance to older persons in activities of daily living. Putting a value on the different elements that make up unpaid care work, or unpaid work in general, is not a simple process. Important aspects of care do not lend themselves easily to a quantitative framework of measurement, because of the intrinsic nature of the care economy and care activities, encompassing both physical and emotional labour.¹²⁴ So, while time use data are estimates and values ascribed to time are proxy values, nonetheless they generate important and stark images of gender inequality. Not surprisingly, it emerges that women globally carry out nearly four times the amount of unpaid work than men.

Box 2: Scale of gendered inequalities

Women and girls undertake more than **three-quarters** of unpaid care work in the world and make up **two-thirds** of the paid care workforce.

They carry out **12.5 billion hours** of unpaid care work every day. When valued at minimum wage this would represent a contribution to the global economy of at least **\$10.8 trillion a year**, more than three times the size of the global tech industry.

In low-income countries, women in rural areas spend up to **14 hours** a day doing unpaid care work. Across the globe, **42 per cent** of women cannot get jobs because they are responsible for all the caregiving, compared to just six per cent of men.

80 per cent of the world's 67 million domestic workers are women — 90 per cent do not have access to social security, and more than half have no limits on their weekly working hours.

Source: Oxfam Report 2018¹²⁵

Women's contribution to all types of care is estimated at US\$11 trillion or 9 per cent of global GDP has been calculated by Oxfam, which attributes the monetary value of women's unpaid work on a global level over a fifteen year period at \$10.8 trillion - which they argue is more than three times the value of

¹²⁴ UN Department of Economic and Social Affairs (2005) *Guidelines on Producing Statistics on Time Use: measuring paid and unpaid work*. UN. https://unstats.un.org/unsd/publication/seriesf/seriesf_93e.pdf

¹²⁵ Oxfam (2021) *Not all gaps are created equal – the true value of care work*. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>. Downloaded 30 April 2021.

the tech industry. They also estimate that worldwide, men own 50 per cent more wealth than women.¹²⁶

3.4. Measuring care work

Different perspectives have been brought to bear on the question of valuing the care economy. Two main approaches to how the work of providing care for others or care labour has been valued or measured or quantified. Such measures need to encompass a spectrum of care provision only some of which are commodified, from motherhood and community-based care, to unpaid or informal care, to low paid care in community-based settings and to professional and institutional care provision. Policies and legislation are developed in specific political and socio-cultural contexts that shape how social and health care systems are structured in each country and also how that that country is located within globalised care systems. Frameworks of analysis are mainly focused on informal family, community, private market and publicly provided models of care, as well as evidence in many countries of mixed systems of care provision.

The contradiction at the heart of care work, and its dominant pattern of non-payment or low payment, is highlighted by the 2015 UN Human Development Report¹²⁷ which states that it is care work, mostly carried out by women, that makes possible much of the paid work that fundamentally drives market economies. And although this Report argues that ‘care work is essential for advancing human capabilities, because it tends to be unpaid, it is undervalued and often taken for granted’ there is some evidence that change is taking place. To an important extent, this is because of the pressures exerted by international and national women’s organisations, supported by the positions of specific governments, that UN resolutions have been adopted to focus and make visible the unpaid work of women. Time use surveys, a major contributing factor to the process of measuring unpaid work, have been carried out in well over a hundred different countries over the past twenty years.

By estimating time use at household, community and national levels, definitions of economic activity can be broadened to include paid and unpaid work, and no longer restricted to paid employment or income generating activities. Producing such data has generated important sources of gender disaggregated data that highlights time and time use, over price and markets. Folbre (2015), while identifying the difficulties involved, argues strongly for the importance of estimating the market value of care work so that critical contributions that care workers and caring make, may be recognised in the policy-making process:

Putting a monetary value on someone’s life is almost impossible of course....unpaid care work, such as meal preparation, house cleaning, laundry, the care of children and the elderly, clearly contributes to economic living standards, social well-being, and the development of human capabilities. At the same time it enables individuals to engage in paid work. Yet while paid work is assigned a monetary value and features in the national accounts, care work remains largely unmeasured and consequently invisible in economic policy discussions.¹²⁸

¹²⁶ Oxfam (2021) *The Inequality Virus*. <https://www.oxfamireland.org/blog/inequality-virus#www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>

¹²⁷ UN Human Development Report (2015) “*Work for Human Development*” UN Human Development Organisation. Geneva.

¹²⁸ Folbre, Nancy (2015) *Thinkpiece Valuing Non-market Work* for UN Human Development Report. UN Human Development Organisation. Geneva.

In *Making Care Count* Mignon (2000)¹²⁹ develops a historical and comparative approach to critically exploring the evolution of paid care work in the twentieth century (including health care, education, childcare and social services). Mignon argues that there is both change, and equally importantly, continuity in the ways in which care systems are constructed and the complexity of gender, ethnic and social class relationships that shape care. From this perspective, the paid care crisis is not new but rather has been evident over many decades as women's roles and households have gone through economic and social transformations in many regions of the world economy encompassing a spectrum of paid care work, from routine tasks marked by drudgery and monotony to other tasks that carry reward and a sense of well-being.

3.4.1. Valuing the care economy – 'replacement wage' approach

UN systems for measuring GDP and GNP have been, and continue to be, widely used as a measure of a country's economic well-being but it is a limited measure. Abraham and Mackie's¹³⁰ (2005) classic text critiquing the traditional system of measuring non-market economic activity for the U.S:

GDP, however, is focused on the production of goods and services sold in markets and reveals relatively little about important production in the home and other areas outside of markets. A set of satellite accounts - in areas such as health, education, volunteer and home production, and environmental improvement or pollution - would contribute to a better understanding of major issues related to economic growth and societal well-being.¹³¹

And although not specifically identified by Abraham and Mackie, that shift in the fundamentals of economic thinking has a significant knock-on effect on the revaluing of gendered economic and social activities. One approach to valuing unpaid work, including care work, is to calculate hours worked in carrying out a range of unpaid domestic and care work activities and to estimate what those domestic and care services would cost on the private marketplace, in a selected country. Firstly, a calculation is made of what it costs for hourly childcare, meal preparation and cleaner activities on the private marketplace in a specific country or region. Those hourly prices (or hourly rates for services) are then simply multiplied by the numbers of hours allocated for each activity, based on gender disaggregated time use data. This allows for an estimate to be arrived at for the total cost of unpaid activities carried out by women and men in a specific economy. Processes of estimation can take place at household, community, national, regional or global levels.

This method of valuation has come to be referred to as the 'replacement wage' and it is the most widely used method globally. But, there are problems with such an approach. Firstly, using market value or the price of services on a specific market can reproduce the historical gendered inequalities reflected in the hierarchies of prices on that private marketplace. Care activities and domestic work are already characterised by low pay and undervaluation, so using private market prices as a proxy for the price of unpaid work may simply reaffirm those inequalities. So, although this method does assign a minimum level of unpaid work in an economy or in a household, it does not mean that the social value of that work is adequately reflected in such a calculation. However, it is a useful exercise in drawing attention

¹²⁹ Duffy, Mignon (2011) *Making Care Count: a Century of Gender, Race and Paid Care Work*. Rutgers University Press.

¹³⁰ Abraham, K. and Mackie, C. (2005) *Beyond the Market: Designing Nonmarket Accounts for the United States*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/11181>.

¹³¹ Abraham, K. and Mackie, C. (2005) *Beyond the Market: Designing Nonmarket Accounts for the United States*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/11181>.

to the implications of the non-recognition of unpaid work and its role in sustaining economic and social development.

Recently some forms of unpaid household work in the global south have been included in estimates of GDP – such as the collection of firewood or water necessary for the household based on - sometimes contested - estimates of the approximate value of this work. However, the care sector continues to be excluded – time spent in caring for children, older family members or in the community is disregarded and/or rendered invisible which has significant implications for policy and decision-making. Time use surveys do have the definite advantage of highlighting the time devoted to care, even if not its full value:

Valuation efforts, have gradually been gaining ground in national income accounting and are illuminating. Estimates differ among countries that are attempting to measure the value of unpaid care work, from 20 per cent to 60 per cent of GDP. In 2008, the Organisation for Economic Cooperation and Development published estimates of household production in 27 countries and highlighted that the value of household production as a share of GDP varies considerably. It is above 35% in several countries generally considered affluent - Australia, New Zealand and Japan - and below 20% in Mexico and Korea.¹³²

By creating estimates of the level and value of unpaid domestic and care work, this process goes some way towards shifting economic and social policies towards these activities. However, to a significant extent, policies continue to be determined when values are attached to price and incomes and this is not the case for much of unpaid work. This has a fundamental impact on the allocation of resources:

Paying attention to these valuations can affect policy making. However, estimates of the return on public investments typically do not take the value of such non-market work into account. Doing so could change the way resources are allocated and projects prioritised for implementation.¹³³

3.4.2. Valuing the care economy – ‘opportunity cost’ approach

Another approach to the valuation of unpaid domestic and care work is to think in terms of ‘opportunity cost’ i.e. what is the value lost by having a significant amount of time of the household or household member (or the population of an economy) allocated to unpaid work. And this reveals an underlying question as to what would be the value of that time if it was freed from unpaid labour? How might that time be used in a way that would generate additional value for the household or the economy? For example, if unpaid childcare work was replaced by access to publicly-funded quality childcare services - or bought in from the private marketplace – then household member/s (mainly women) would be free to access paid work or generate earned income. Not only would that change the relationships of care within the household, but it would begin to appear in the income and expenditure data of the economy, as a price or economic value is placed on the service when it is a paid service.

¹³² Oxfam (2021) *Thinkpiece* by Nancy Folbre entitled *Valuing Non-market Work*. UNDR. <http://hdr.undp.org/en/content/valuing-care-work>

¹³³ Folbre, Nancy (2015) *Thinkpiece Valuing Non-market Work* for UN Human Development Report. UN Human Development Organisation. Geneva. <http://hdr.undp.org/en/content/valuing-care-work>.

However, there is also a danger associated with this approach, particularly if it operates on the basis of paying for private childcare services on the marketplace. In this context, payment for private care services may simply reinforce the low paid and undervalued status of domestic and care work. From the perspective of the household, this process operates on the assumption that care work may be bought in at a price substantially lower than would be earned by the household member that previously had responsibility for childcare. In a very real sense, this approach does not lend itself to a revaluing of care but rather may simply reinforce the current globalised and gendered unequal care model. In wealthier societies, in which care work is bought in from low-income countries and care workers have poor employment conditions and are often subject to other vulnerabilities in legal status and citizenship, it may simply reaffirm the gender, ethnic and national hierarchies characteristic of global care chains.

3.4.3. Valuing the care economy – new approaches to measurement

Feminist economists have criticised mainstream economics because of its narrow focus on market processes and the monetised economy, and challenge the underlying assumption of the very *concept of work*. In this context, a more complex understanding of economic activity to include both paid and unpaid work is evolving all the time. The traditional concept of work had a limited focus on waged work partly in the primary (agriculture) and mainly in the secondary (manufacturing) sector, viewed as the source of wealth and the means of payment for everything else in the private and public services sector (tertiary sector). Linked to this is an understanding of the 'family wage' based on (male) higher rates of paid employment that is assumed to fund the costs of reproduction, such as domestic and family needs.¹³⁴ But, as Gibson-Graham argues, valuing care is not about 'adding in' care to the existing model of economic activity and economic development but rather re-imagining a diversity of care work, care transactions and care enterprises.¹³⁵ A contrary perspective, encompassing time spent on both paid and unpaid work, provides insights into a broader understanding of prosperity and of the way in which resources are distributed in society.

Development of alternative measures of economic and social well-being, such as the Gender Development Index (GDI) and the Gender Empowerment Measure (GEM) present examples of a broader understanding of economic and social well-being. The GDI focuses on some of the benefits of the care economy and incorporates educational attainment and health indicators as measures of social and economic well-being. In this sense, GDI recognises *outputs* from the care economy. However, *inputs* to the care economy continue to be invisible - particularly women's unpaid work - and the care penalty continues to escape measurement. Folbre argues that the GEM, by focusing on representation in employment, political systems and decision-making 'embodies the universal breadwinner bias that feminist theories have often criticised.'¹³⁶ Taking the argument further, she questions the assumption (in both of these measures) of the positive impact of increases in the proportions of women in paid employment. In the absence of greater supports for care and new demands on women's time, Folbre

¹³⁴ Humphries, J. and Horrell, S. (2008) 'Women's labour force participation and the transition to the male-breadwinner family, 1790-1865.' in *The Economic History Review* 48. DOI:[10.1111/j.1468-0289.1995.tb01410.x](https://doi.org/10.1111/j.1468-0289.1995.tb01410.x)

¹³⁵ Gibson-Graham, J.K., Cameron, J. & Healy, S. (2013) *Take Back the Economy: An Ethical Guide for Transforming our Communities*. Minneapolis: University of Minnesota Press.

¹³⁶ **Folbre, N. (2020) *The Rise and Decline of Patriarchal Systems – An Intersectional Political Economy*. London and New York. Verso. P 42.**

makes the point that ‘increased participation in paid employment is often purchased at the expense of time once devoted to personal care, sleep and leisure.’¹³⁷

Taking into account such criticisms, the ILO developed the Gender Care Empowerment Index (GCEI) which incorporates care directly into the measure of economic development. GCEI is calculated by estimating men’s involvement in unpaid caring activities and in the care sector. Men’s involvement with the care economy is calculated by firstly, estimating men’s proportion of direct unpaid care hours relative to women’s direct unpaid care hours and secondly, men’s proportional representation in paid care work occupations relative to women’s representation. This represents the ‘mirror image’ in a sense, of the current GEM - instead of measuring women’s participation in the traditional *masculine* sphere, it measures men’s participation in the traditional *feminine* sphere. This measure can be applied at household level or at national level, drawing on time use survey and occupational data.¹³⁸ Lack of data on what happens within households is also highlighted by Folbre in asking key questions, for example, how are dual incomes distributed and redistributed within households and whether inequalities are alleviated or reinforced through this process?¹³⁹

From an economic point of view, time use surveys have been used to monetise or attribute value to domestic work by imputing a market value and showing the economic significance of domestic work. In Germany, in 2013 it was estimated that housework added more value (€987 billion) than the entire manufacturing sector (€769 billion).¹⁴⁰ By attributing a value to care and domestic work, it was hoped that a greater emphasis will be placed on supporting unpaid work and the care economy within the policy-making process. One important outcome of the greater attention paid by feminist economists to time use surveys at a global level has been the recognition of some categories of unpaid work (for example, growing food for household’s own consumption and collecting water and fuel) have now been included in a revised UN international System of National Accounts (SNA).¹⁴¹ However, unpaid work in the care economy remains unrecognised and continues to be rendered invisible.

A limitation of time use surveys has been highlighted recently in that such surveys estimate time spent on individual household activities, and does not capture the ‘multi-tasking’ that often characterises women’s economic activities, in particular. In practice, respondents tend to highlight primary activities and in this situation, a more complex picture of caring does not emerge, for example women are often looking after children and cooking or cleaning at the same time. Time use surveys then can often underestimate time spent on childcare in particular. Some surveys have attempted to address these issues, encouraged by the UN International Classification of Activities for Time-Use Statistics¹⁴² Use of concepts of primary and secondary activities and also new forms of questions have become more common. For example, a question about time spent when children ‘were in your care’, in addition to questions about time spent looking after children, was incorporated into the U.S. time use survey.¹⁴³

¹³⁷ Folbre, N. (2006) ‘Measuring Care: Gender, Empowerment and the Care Economy.’ in the *Journal of Human Development*. Vol 7, No 2.

¹³⁸ International Labour Organisation (2018) *Care Work and Care Jobs - for the Future of Decent Work*. ILO.

¹³⁹ Folbre, N. (2006) ‘Measuring Care: Gender, Empowerment and the Care Economy.’ in the *Journal of Human Development*. Vol 7, No 2.

¹⁴⁰ Bauhardt, C. and Harcourt, W. (2019) *Economics of Care – in search of economic alternatives*. Routledge.

¹⁴¹ UN Statistical Division (2021) *System of National Accounts 2008*. UN Geneva. <https://unstats.un.org/unsd/nationalaccount/sna2008.asp>. Accessed June 9 2021.

¹⁴² UN Statistical Division (2021) *International Classification of Activities for Time-Use Statistics 2016* (ICATUS 2016) <https://unstats.un.org/unsd/gender/timeuse/23012019%20ICATUS.pdf>. Accessed 9 June 2021.

¹⁴³ U.S Bureau of Labor Statistics (2021) *The American Time Use Study*. <https://www.bls.gov/tus/>. Accessed June 9th 2021.

In another development, a National Academy of Science report in the United States in 2006 emphasised the need to adjust for the quality of services that are assumed to replace women's unpaid work. This means that the method of valuation would produce a higher cost or price of care when it is associated with higher quality care replacement i.e. termed as *quality-adjusted replacement* (Abraham and Mackie, 2005).¹⁴⁴ In this sense, the quality of care accessed on the market would be built into the valuation process and the average valuation of time is assumed to provide a lower threshold estimate of the value of care i.e. the price of an acceptable level of a care service.

Globalised care chains intensified as dual-incomes households became more common, more women accessed higher paid jobs in wealthier economies and higher levels of personal services were bought in by middle- and higher-income households. Migrant women, in a global context, make up the care deficit in wealthy economies as global care chains enable the maintenance of gendered hierarchies between women and men, and generate new inequalities among women. A care drain is evident as countries of origin lose care givers and, at the same time, pressure to provide for better care services is reduced in host countries (Misra and Merz, 2006).¹⁴⁵ As argued by Parrenas (year), the work of social reproduction has been designated to women in socially and ethnically marginal positions.¹⁴⁶ COVID-19 pandemic has disrupted this process and women's unpaid labour has now moved back as a central concern within households, but not within national and global policy processes.

A better understanding of flows of money and time across the global care economy would help shed a stronger light on unpaid and low-paid care services in a global context. Currently, national income accounting and data collection systems are not designed to follow what Folbre has named as *circuits of care*¹⁴⁷. Reliance on estimates of the total value of marketed output, at national level, fails to capture important dimensions of women's economic activities. In order to measure gendered responsibility for care and inequalities, the value of care time is critical. Time use survey data need to be combined with household expenditure data to provide more comprehensive data on the value of unpaid time. Such data would make it possible to develop *time accounts* providing important understanding and insights into economic development over time. Unfortunately, time use comparisons across countries are frequently undermined by definitional differences, which means that harmonisation at EU levels could play an important role.

Debates over the composition of public spending are increasingly debates about care and the availability of care services. As well as new debates on measurement, there is a need to develop new concepts - to move beyond the term *unpaid care* to making distinctions between forms of unpaid care work with different levels of attachment to the marketplace, the kinds of care activities involved and different recipients. Inequalities in the position of care and the care economy have proven highly resistant to change. Conventional economic statistics continue to hide women's unpaid work, enabling a lack of priority to be attributed to the negative consequences of reduced access to public services. These negative impacts have been reinforced during the pandemic, reducing the provision of care to children, those with disabilities and the elderly.

¹⁴⁴ Abraham, K. and Mackie, C. (2005) *Beyond the Market: Designing Nonmarket Accounts for the United States*. The National Academies of Sciences Engineering and Medicine.

¹⁴⁵ Misra, J and Mehr, S (2006) 'The Globalization of Care Work: Neoliberal Economic Restructuring and Migration Policy' in *Globalisations* 3 (3). DOI:[10.1080/14747730600870035](https://doi.org/10.1080/14747730600870035)

¹⁴⁶ Parrenas, R. (2015) *Servants of Globalisation: Migration and Domestic Work*. Stanford University Press.

¹⁴⁷ Folbre, N. (2006) 'Measuring Care: Gender, Empowerment and the Care Economy.' in the *Journal of Human Development*. Vol 7, No 2.

Greater socialisation of care work together with improved conditions in care sector have been consistently put forward as key measures to enhance gender equality, and such measures do have a positive impact on women's economic position. Economies that have more public investment in care and increased implementation of policies to support carers have less inequalities in unpaid care. A greater understanding of unpaid work and the care economy is evident and this has shifted the debate on care to an extent, but transformative approaches to the care economy have yet to materialise. An approach shaped by gender equality and social justice can contribute to transforming the gender division of labour in households and generate greater recognition of care across the corporate and public systems. For policies to address structural gender inequalities, they need to address core principles:

Transformative care policies yield positive health, economic and gender equality outcomes. Inequalities in unpaid care work and in the labour force are deeply interrelated. No substantive progress can be made in achieving gender equality in the labour force until inequalities in unpaid care work are tackled through the effective *recognition, reduction and redistribution* of unpaid care work between women and men, as well as between families and the State.

Care policies are public policies that allocate resources to *recognize, reduce and redistribute* unpaid care in the form of money, services and time. They encompass the direct provision of childcare and eldercare services and care-related social protection transfers....They also include labour regulations, such as leave policies and other family-friendly working arrangements, which enable a better balance between paid employment and unpaid care work.¹⁴⁸ (Authors emphasis)

Recognition of care activities in the policy process, reduction of the level of unpaid care work and redistribution of care responsibilities between women and men are the three principles (3Rs) in the approach to care advocated by different international organisations.¹⁴⁹ Representation of care workers within social partnership processes has been added as a fourth principle more recently.¹⁵⁰ A potentially powerful link is increasingly being made between the sustainability of the care economy and environmental sustainability. Mellor's work, for example, takes an innovative approach to the valuing of care, defining 'care as wealth' and links unrecognised unpaid care activities to uncosted environmental damage – both of which are designated as *externalities* in mainstream economics and therefore, not counted within a framework based on the marketplace.¹⁵¹ In this context, when environment damage is not paid for, or when care activities is unpaid, they remain *external* - or outside the concern - of the marketplace. Policies such as 'the polluter pays,' carer's benefit and childcare vouchers are examples of policies that begin to address these gaps.

¹⁴⁸ International Labour Organisation (2018) *Care work and care jobs for the future of decent work*. ILO. Geneva. https://www.ilo.org/global/publications/books/WCMS_633135/lang-en/index.htm

¹⁴⁹ International Labour Organisation (2018) *Care work and care jobs for the future of decent work*. ILO. Geneva. https://www.ilo.org/global/publications/books/WCMS_633135/lang-en/index.htm

¹⁵⁰ International Labour Organisation (2018) *Care work and care jobs for the future of decent work*. ILO. Geneva. https://www.ilo.org/global/publications/books/WCMS_633135/lang-en/index.htm

¹⁵¹ Mellor, M. (2016) *Debt or Democracy: Public Money for Sustainability and Social Justice*. Pluto Press.

3.5. Perspectives on change - care as a social investment

The care economy is central to every discussion on gender equality. Applying a gender lens to care means generating care visibility, valuing care and tackling the care penalty. In essence, this perspective means developing policies and practices that treat *care as a social investment*. The core principle to establish greater gender equality is the more equal sharing of both paid and unpaid work at global, regional and national levels. Most current methods of valuing unpaid care, and unpaid work more generally, simply bring together measures of replacement and opportunity cost, detailed above. Newly developed means of measuring time have begun to address issues of primary and secondary care activities and most importantly, the value of care and its replacement costs. It is evident from the above exploration of the scale of unpaid care work, and the measurements systems that have been developed, that paid work is only a 'subset' of, as Folbre¹⁵² argues, the services on which each society relies. Measuring unpaid care work is difficult and no one system or even combined systems capture the complex value of care and caring. Not all care activities or dimensions of care provision can be measured, however measurement systems are useful for getting insights into the significance of care, care needs and the level of care supports. Global systems that have developed more complex perspectives on economic and social well-being have also been associated with the measurement of unpaid work, including unpaid care work.¹⁵³

Research has repeatedly shown that unless greater equality in unpaid work is achieved, there is little chance of attaining gender equality on the labour market. The complex economic lives of women are not captured by our rigid socio-economic welfare and social protection systems, as women move constantly between paid work, care work, part-time work, undeclared work, unemployment and underemployment. Women's lower earnings in employment, care breaks and shorter working lives result in: economic dependence; lower lifetime earnings; reduced pensions entitlements and other social protections; greater risk of poverty as lone parents and in old age; narrower range of employment, training and educational opportunities; little recognition of the value of economic activity; less control of time, particularly leisure time; restricted opportunities for political and cultural participation.

A caring economy simultaneously ensures achievement of gender equality, sustainability and wellbeing. While these three objectives can, to some extent, be achieved separately, a caring economy allows them to be achieved together. For example, investment in paid care services improves wellbeing through ensuring that people's care needs are met; it improves gender equality because it raises the overall employment rate and reduces the gender employment gap (which are particularly crucial as we seek to counter the looming jobs crisis), and it is sustainable because care jobs are green jobs. Care is a relatively green industry: investing in care is three times less polluting per job created overall than the equivalent investment in the construction industry.¹⁵⁴ Debates on public expenditure tend to favour economic and physical investment over social and human infrastructure, with consequences for gender inequality:

¹⁵² Folbre, N (2015) *Thinkpiece Valuing Non-market Work* for UN Human Development Report. UN Human Development Organisation. Geneva. <http://hdr.undp.org/en/content/valuing-care-work>.

¹⁵³ Folbre, N (2015) *Thinkpiece Valuing Non-market Work* for UN Human Development Report. UN Human Development Organisation. Geneva. <http://hdr.undp.org/en/content/valuing-care-work>.

¹⁵⁴ UK Women's Budget Group (2020) *Creating a Care Economy: A Call to Action*. <https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf>

The future of the welfare state is changing before our very eyes, making it all the more important to understand its past. Neoliberal rhetoric often blames social spending for economic slowdown, treating the production and maintenance of human capabilities as a private project rather than a joint enterprise. Cuts in public spending shifts costs from taxpayers onto women and families. Such cuts have been made easy to sell partly because a divided electorate has been persuaded to think of social spending as a luxury for others rather than an investment that benefits everyone.

3.6. Conclusion

There are some hopeful patterns of change taking place. There is some increase in men's involvement with care work, but the increases experienced during the recession years were short-lived and not sustained. Rigid gender roles are failing men also. While men in general may benefit from a patriarchal dividend - based on the unequal division of caring - rigid gender roles are linked for many men to imposed dis-engagement and marginalisation from care and caring. Following the financial crash of 2008-2013, evidence that men had increased their role in care work was reversed. Men's time spent on unpaid work time (care plus housework) increased significantly between 2007 and 2011 but returned to the 2007 levels in 2016. As concluded by the EU Gender Equality Network in 2014 'the time trends indicate a recessionary shock rather than a long-term change in men's unpaid work'.¹⁵⁵

The UK Women's Budget Group (2020) in their report documenting the gendered experiences of COVID-19 in Wales, Scotland, England and Northern Ireland concludes on the need for a caring economy representing the interconnections between gender equality, well-being and sustainability as seen below:



Source: UK Women's Budget Group (2020)¹⁵⁶

A caring economy encompasses gender equality, well-being and sustainability

¹⁵⁵ ENEGE (2014) The Impact of the Economic Crisis on the Situation of Women and Men and on Gender Equality Policies in EU. www.enege.eu.

¹⁵⁶ UK Women's Budget Group (2020) *Creating a Care Economy: A Call to Action*. <https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf>

Poor job quality for care workers is linked to poor quality care work. This is not in the interests of those who receive care, those who provide care, and particularly unpaid carers, who have fewer options available. Public provision of care services is more likely to lead to an improvement of the working conditions and pay of care workers, whereas unregulated private provision is linked to poor working conditions – no matter what the income level is in a specific country. Collective bargaining can also play an important role in determining working conditions of care workers.

Care work is severely undervalued and taken for granted by governments and the corporate sector. Frequently, care is treated as 'non-work', consequently spending on care is treated as a cost rather than an investment, resulting in care being rendered invisible in measures of economic activity and policy-making. ***Understanding care work as a foundational pillar of society and the economy is central to the perspective put forward in The Care Manifesto whose authors argue for the social responsibility and public investment in care and ask the question:***

What would a caring economy look like? First and foremost it involves reimagining the economy as everything that enables us to care for each other. It would foreground and embrace the diversity of our care needs and the ways in which these needs are provisioned, not just through market exchanges but also within our household, States, communities and the world.¹⁵⁷

The contemporary economy is structured by a high degree of inequality based on the levels of skills, qualifications and experience that are recognised and valued. To upgrade care occupations into higher value categories, they have to firstly, be associated more closely with enhanced skill levels or educational attainment and secondly, establish a reasonable level of income for those in the unskilled sector. Within the wider policy system, a low priority is attached to supporting men within our care economy. To move to a situation where caring and household work is both valued and more equally shared between men and women, there is need for in-depth social and cultural change. This would entail employment and employment policies to support carers, facilitation of the combining of care and employment, encouragement of greater male participation in care and protection of migrant workers in care services. Transformative change needs an integrated approach across key policy areas: care, public expenditure, taxation, social protection, employment and migration. Unless this kind of change happens at EU and national policy levels, then the pattern of gendered inequality is unlikely to change.

¹⁵⁷ The Care Collective (2020) *The Care Manifesto – the politics of interdependence*. Verso. London/New York.

4. COUNTRY OVERVIEW

KEY FINDINGS

EU countries in 2021 have diverse models of care developed in different historical and cultural settings with models that have strong publicly-funded care systems, to those relying more on family- and community-based care and others in which the marketplace dominates. Gendered unequal sharing of care activities is common across the EU, but those that have stronger gender equality frameworks have a narrower gender gap in care and women's access to paid employment. Evidence of a care crisis due to rising demand and high levels of unmet needs are prevalent, but the crisis is particularly acute in LTC. This was evident in the toll of spiralling COVID-19 infections in LTC facilities. Care needs and care interdependency has been highlighted during the pandemic but there is still little evidence of valuing care, improved conditions for care workers nor enhanced gender equality.

4.1. Introduction

This chapter presents a set of country profiles from selected EU Member States exploring ways in which the care economy operates within different socio-economic and cultural settings. There are some important key common characteristics of care and caring in contemporary European societies – that care is gendered and overwhelmingly carried out by women, that caring involves a significant amount of unpaid work and paid care employment is often low paid. There is also increasing evidence of reliance on migrant care workers, sometimes from one part of the EU to another but more likely from outside the EU.

Another common feature across the EU is that the population is ageing and this is linked to an acute crisis in formal and informal LTC which has suffered from lack of investment in all countries and a process of privatisation, at least in some countries. What is evident in different EU MS is that the care economy is vulnerable, under increasing pressure and in a crisis of provision. Unmet needs for all forms of care are evident across most countries, particularly in relation to home-based and community-based care for older people and people with disabilities. The crisis situation in LTC facilities has been heightened to a very significant extent by COVID-19, as infection and death rates among residents spiralled, and infections rates among mainly female staff rose dramatically.¹⁵⁸ The extent of the crisis and failure to protect residents in LTC facilities resulted in the call by the EP for an enquiry into the failings and chronic underinvestment in LTC institutions, where the lack of support and investment has rendered the quality of care highly questionable¹⁵⁹.

4.2. Selection of Country Profiles

EU MS have been selected to represent a broad geographical spread, to incorporate a range of different models of care encompassing a greater or lesser reliance on private and public sector services, paid and unpaid care and with different levels of engagement of women in paid employment across the lifecycle. A key focus is on the provisions for care workers and the different contexts in which care is offered: primarily home, community and institutional settings. The selected countries are: Estonia, Finland, Germany, Greece, Ireland, the Netherlands, Poland and Spain. This selection includes MS from

¹⁵⁸ EIGE (2020) *Gender Equality and Long-term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>

¹⁵⁹ European Parliament (2021) *The gendered perspective in the COVID-19 Crisis and Post-crisis period*. <https://www.europarl.europa.eu/ireland/en/news-press/report-on-COVID-gender-adopted-by-the-european-parliament>

central, eastern, northern, southern and western European countries and includes those that have been part of the initial six founding members of the European Economic Community; the enlargement to nine, to fifteen and to now to twenty-seven MS. Selected countries are characterised by different care regimes and different relationships between the State, marketplace, family and community in the provision of care. In some countries, the State is the main provider, in others family and community are central and in yet others, the private market system dominates. In this context, country profiles include those with:

- strong state/public responsibility
- reliance on private/market sector
- reliance on extended family and community involvement
- mixture of private and public sector care services
- mixture of formal and informal care

All care regimes are shaped, or partially shaped, by the changing global contexts in which care chains operate, designating primarily poorer countries as care providers and wealthier countries as care-recipients. Age, gender, family status, nationality, social class, ethnicity and sexuality are intertwined in complex changing profiles of carers and care-recipients. The study focuses on the gender order in paid and unpaid care work, provided at home or at community level in each country and on how care policies and practices have developed and the aim of this chapter is to present countries according to the specific features of their framework for care policies. Each profile contains an overview; balance of public and private provision; cost and conditions in the care sector; conclusions. Chapter 6 will present selected examples of best practice in the Recovery and Resilience Plans (RRPs) of selected MS, together with recommendations for shifting the balance in EU Recovery Plan for Europe towards a strong gender equality framework and a clear focus on the care economy.

4.3. Gendered inequalities in diverse care systems

There is evidence of the establishment of emergency committees or structures to address the COVID-19 pandemic in all MS. Emergency structures and teams tend to be headed up by men, drawn from senior levels of health authorities or central government who, in the main, have not prioritised a gender-informed analysis in their response to COVID-19 and their recovery plans. Gender and age disaggregated data on contraction of the disease and on mortality rates are collected across the EU, however there is less attention to other key variables, such as ethnicity and social class. While gender disaggregated data are collected, there is little to no evidence of a gender perspective on the pandemic or the recovery process, and only limited research and policy analysis of the specific ways in which COVID-19 has impacted on women and men. Research on COVID-19 cases in Ireland reports that of those infected with the virus, men are more likely to get severe illness and are at a higher risk of death, however there is no socioeconomic or ethnic profiling of these figures.¹⁶⁰ As a consequence, the care economy, and its gendered nature, are rarely a focus of analysis, despite the central role the care sector has played during the pandemic and the gender equality issues that have been thrown up by the restrictions and closure of care services during lockdown periods and beyond.

Data on women's employment levels across the selected countries show a significant level of difference with countries that pursue stronger policies towards gender equality revealing a higher level of paid employment. In the aftermath of the financial crisis of 2008-2013, the percentage of women in paid

¹⁶⁰ Society of Actuaries in Ireland (2021) *Higher Risk of Death among Male COVID-19 Cases*. <https://web.actuaries.ie/news/21/06/higher-risk-death-among-male-covid-19-cases>.

employment decreased in every one of the selected countries, but in some instances from a relatively low base. Women in Greece and Spain are at the lower end of the paid employment spectrum, with Poland and Ireland close to the EU27 average of 67.3 per cent and countries with the highest rates of women's paid employment are Finland, Germany, Estonia and the Netherlands. In the case of the latter, there rate is shaped by a particularly high level of part-time employment. High growth rates are evident in Ireland, Spain and Poland - close to eight per centage points. Table 4.3 demonstrates that combining paid employment with caring responsibilities is very difficult for women in Greece, in contrast to a much lower extent in Finland, which also illustrates how much access to care services and patterns of paid employment are inextricably linked in women's lives, and only marginally in men's lives.

Table 1: Percentage of women in paid employment in selected countries 2013-2019

Country/Year	2013	2014	2015	2016	2017	2018	2019
EU27	61.6	62.4	63.3	64.3	65.5	66.5	67.3
Germany	72.5	73.1	73.6	74.5	75.2	75.8	76.6
Estonia	70.1	70.6	72.6	72.6	75.1	75.6	76.3
Greece	43.3	44.3	46.0	46.8	48.0	49.1	51.3
Spain	53.8	54.8	56.4	58.1	59.6	61.0	62.1
Finland	71.9	72.1	71.8	71.7	72.4	74.5	75.8
Ireland	61.3	62.3	63.8	65.4	67.0	68.1	69.0
Netherlands	70.6	69.7	70.8	71.6	72.8	74.2	75.5
Poland	57.6	59.4	60.9	62.2	63.6	65.0	65.3

Source: EIGE data on women's employment rate 2013-2019 (2020)

Data on the gender employment gap reveals a more complex picture of patterns of paid employment among women across the selected countries and may be explained by differences in policies toward gender equality and in particular, the extent of reliance on informal care by women in countries such as Greece, and maybe also Poland. While the gender gap in employment rates in 2019 is by far highest in Greece (20.0 per centage points) this is followed by Poland (15.4 per centage points) and Ireland (12.4 per centage points). It is the lowest by far in Finland (2.7 per centage points) where the level of leave entitlements and provision of quality childcare services mean that paid employment is highly accessible for the large majority of women. Low levels of gender employment gaps are also evident in Germany, Estonia and the Netherlands, while figures for Spain (11.9 per centage points) are just about the EU27 average. It is also clear that although the gender gap is highest in Greece, it has fallen substantially. The shifting data between 2010 and 2015 reveal the impact of the financial crash of 2008-2013 - countries like Estonia and Ireland show recovering male employment rates, linked to a widening gender gap.

Table 2: Gender Employment Gap for selected countries 2010-2019

Country/Year	2010	2015	2016	2017	2018	2019
EU 27	13.3	11.6	11.7	11.7	11.8	11.7
EU 28	13.0	11.6	11.6	11.5	11.6	11.4
Germany	10.7	8.7	8.2	7.9	8.1	8.0
Estonia	1.9	7.9	8.2	7.3	7.8	7.7
Greece	24.2	18.0	19.0	19.7	21.0	20.0
Spain	12.9	11.2	11.5	11.9	12.1	11.9
Finland	3.0	2.1	3.3	3.5	3.7	2.7
Ireland	8.8	12.3	12.1	12.1	12.2	12.4
Netherlands	12.7	11.1	11.0	10.5	10.1	9.3
Poland	14.0	13.8	14.2	14.6	14.4	15.4

Source: Eurostat Gender Employment Gap 2010-2019 (2020)

Downloaded from Eurostat's online database: [eustrat_sege1619_econindp__sdg_05_30_pp]

4.4. Poor conditions in the care sector

Research indicates that conditions in the female-dominated care sector, both formal and informal sectors are poor, and extremely poor in some instances. Much of the work is unpaid and the vast majority of unpaid care work is carried out by women in all countries. Some progress has been made in enhancing the skills and qualifications levels within the care sector, benefitting mainly the provision of early childcare, policies which have been significantly supported by the EU. However, in many countries, paid childcare is low-paid work and in many instances, it is work that is casualised and lacks basic protections such as sick leave, maternity and parental leave and pension entitlements. Provision for different forms of leave varies hugely across MS, with high levels evident in Finland and Estonia, for example, while much lower levels are evident in Greece and Ireland. The extent to which childcare costs are supported also varies enormously, from close to full publicly supported provision (for example, in Finland, Germany), to systems that operate to a maximum per centage of household's income (in Estonia) and reliance on the high costs on the private marketplace (in Ireland). In some countries, the majority of care is provided for by families or communities within the informal sector (such as Greece) and in others there is an increasing reliance on migrant workers, both in the eldercare and domestic work sectors (for example, Spain and Ireland).

Getting children *back-to-school* has been treated with some urgency during the pandemic, yet the withdrawal or closure of other care services has only much less attention. Underlying gendered assumptions that *working from home* takes the pressure off childcare and other home care services seem to be pervasive. Costs of childcare emerged in the profiles as a significant reason for a lack of use by women particularly in Ireland (16.2 per cent) which is way above the EU average of 8.4 per cent and

far above the next highest figures for Spain (7.9 per cent) and Greece (6.8 per cent)¹⁶¹. Eurofound data for the selected countries revealed that significant percentages of women reported in 2016 that it would be 'very difficult' to combine 10 hours of paid work with care responsibilities. Women in Greece emerged with the highest figure (36.5 per cent) in contrast to women in Finland with a figure of just 7.5 per cent. Women in Germany and Ireland also experienced a relatively high level of difficulty (above 20.0 per cent with an EU28 average of 16.3 per cent.) Not surprisingly, figures for men are much lower with an EU28 average of 10.5 per cent and just Estonia (16.5 per cent) Ireland (13.7 per cent) and Germany (13.5 per cent) above the EU28 average of 10.5 per cent (see Table 4.3).

Table 3: Very difficult to combine paid work with care responsibilities

Sex	Women	Men
Country/Year	2016	2016
EU28	16.3	10.5
Germany	20.3	13.5
Estonia	17.4	16.5
Greece	36.5	10.7
Spain	11.0	4.3
Finland	7.5	8.4
Ireland	21.5	13.7
Netherlands	19.4	8.5
Poland	23.8	19.8

Source: Eurofound. Quality of Life Surveys (EQLS)

<http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys>

4.5. Unpaid work and involuntary part-time work

Comparative data on unpaid work reveal that women in the majority of selected countries carry out significantly more hours on cooking and housework than men (see Table 4.4). There is considerable variation between countries and some reduction in women's hours over the period 2007-2016 although men's hours have been largely static. EU average data for 2016 reveal women carrying out an average of 16.5 hours per week compared to 9.9 hours by men. At a global level data on the gendered

¹⁶¹ Eurostat (2020) Eurostat's online database as dataset lfso_18ceffed.

inequalities in unpaid care is closely linked to wider inequalities in the formal labour market but it is wider than the average of these selected EU countries, as women have greater access to paid work.

Table 4: Average (mean) hours per week spent by women and men on cooking and/or housework

Women

Country	2007	2011	2016
EU28	17.9	15.8	16.5
Germany	17.9	15.7	15.4
Estonia	16.7	15.9	14.3
Greece	22.0	19.3	19.2
Spain	21.2	19.2	20.1
Finland	13.3	11.6	12.8
Ireland	22.6	20.2	20.5
Netherlands	14.6	14.1	14.4
Poland	19.5	17.0	17.1

Men

Country	2007	2011	2016
EU28	9.6	9.6	9.9
Germany	9.5	9.5	9.2
Estonia	12.9	13.0	11.4
Greece	7.9	11.5	9.1
Spain	9.8	10.6	11.1
Finland	8.4	7.7	8.0
Ireland	12.7	11.2	11.3
Netherlands	8.0	8.4	8.5
Poland	11.0	10.6	12.5

Source: Eurofound. Quality of Life Survey (EQLS)
<http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys>

High levels of involuntary part-time work because of caring responsibilities have emerged as high among most of the selected countries, but in particular the Netherlands at 38.4 per cent, Germany at 31.3 per cent and Ireland 29.2 per cent - all above the EU average for 2019 of 28.4 per cent. Lower levels are evident in Greece 7.4 per cent, Finland at 12.9 per cent and Spain at 14.2 per cent. In a number of countries, such as Poland, Estonia, Greece and Spain levels of involuntary part-time work has been rising between 2015 and 2019 whereas in other countries such as Finland and the Netherlands levels have dropped (see Table 4.5).

Table 5: Women's involuntary part-time work due to care responsibilities

Age	20 to 64 years				
Country	2015	2016	2017	2018	2019
EU27	25.1	25.3	25.7	25.9	26
EU28	28.1	28.4	28.5	28.7	28.4
Germany	29.1	30.1	30.7	30.7	31.3
Estonia	12.8	14.2	15.3	15.4	15.1
Greece	4.7	4.3	5.6	5.9	7.4
Spain	12.9	13.2	13.1	16.3	14.2
Finland	15.1	14.1	13.7	13.7	12.9
Ireland	25.8	26.5	29.0	29.8	29.2
Netherlands	41.4	39.8	39.2	37.7	38.4
Poland	9.1	11.2	11.7	12.8	14.3

Source: Eurostat: EU Labour Force Survey (EU LFS)

[eustrat_sege1619_econindp_lfsa_epgar]

New evidence is emerging that women have had to reduce their working hours or take a break from paid employment during the pandemic due to their primary involvement in home-schooling, child- and eldercare. Loss of seniority, lack of access to promotional opportunities and reduced entitlements to social protection and pension are all likely to suffer, to a greater or lesser extent between different MS. Women in households with children report higher levels of stress and more significant increases in unpaid work according to recent Eurofound data, as well as intensified experiences of loneliness, isolation and depression. Work-life balance of women has been more negatively affected by the pandemic, highlighted by this new data which has shown that reduced working hours, loss of employment (in sectors such as retail, hospitality and tourism) and increased in care responsibilities are common since the onset of COVID-19.¹⁶²

¹⁶² Eurofound (2020) *Living and Working with COVID-19*. <https://www.eurofound.europa.eu/publications/report/2020/living-working-and-COVID-19>.

4.6. Leave issues and difficulty in accessing care services

Data on the link between leave entitlements and access to ECEC reveals clearly the differences and disparities between the selected countries. Finland, Estonia and Germany stand out as countries in which leave entitlements and access to ECEC dovetail together i.e. as leave entitlements come to an end, access to services kicks in. Other countries show a range of different time spans where a gap is evident – from around 18 months to approximately 50 months, if well paid leave is used as a reference point (see Annex I). These data are critical to an understanding of the interconnections between leave entitlements and access to care services for young children and accounts for the marked differences in paid employment levels of women across the selected countries (see Table 4.1 and Annex 1).

While attention has been given to LTC residential settings to high incidence rates among staff and residents of COVID-19 and high death rates among residents, gender issues have not been to the fore of the analysis and consequently not part of the considerations in developing policies and practices. Pre-pandemic transitions to home- and community-based care have been slow or very gradual and the reliance on informal and family-based care (mainly by women) is very significant in some countries. Fragmentation of care systems is common, as models of care cross areas of healthcare and social services, and the involvement of a number of statutory agencies, regional and local authorities is evident in different country settings whereby healthcare and social services systems are responsible for different elements of formal care provision. Data from Eurofound reveal a very interesting picture for the selected countries in accessing LTC with 'very difficult to access due to cost' figures for Greece enormously high for men (70.1 per cent) and women (43.5 per cent), followed by Estonia for men (at 35.5 per cent) and for women (at 30.2 per cent). Just two of the other selected countries (Ireland and Spain) reveal figures for women of over 13 per cent higher than the EU28 average of 9.0 per cent. Among men, the EU average is shown as 11.7 per cent with Spain, Finland, the Netherlands at less than 2.0 per cent.

Table 6: Very difficult to access LTC due to cost

Women		Men	
Country	2016	Country	2016
EU28	9.0	EU28	7.3
Germany	6.1	Germany	3.4
Estonia	30.2	Estonia	35.5
Greece	43.5	Greece	70.1
Spain	13.3	Spain	1.3
Finland	4.2	Finland	1.5
Ireland	13.8	Ireland	5.7
Netherlands	4.4	Netherlands	1.1
Poland	6.2	Poland	11.7

Source: Eurofound. European Quality of Life Surveys. Computed at EIGE.

4.7. Prevalence of gender-based sexual and domestic violence

Loss of access to sexual and reproductive health services has been a common experience across the EU, as face-to-face health services have been restricted and preventative health measures have been seriously reduced. Intensified levels of violence against women have been revealed at global, EU and national levels since the onset of COVID-19 pandemic. Vulnerability of women restricted to homes, families and domestic settings have created circumstances in which gender-based sexual and domestic violence has systematically increased and service and supports systems have been seriously curtailed or withdrawn. Calls to helplines, demand for refuge spaces, reports to police – all have seen a marked rise over the past 12 months and more. Less is known of the individual situations across EU countries but similar patterns are evident where research is available, for example in Ireland, Finland and Spain. Domestic violence levels have increased by 14 per cent in Finland and by 20 per cent in Spain.¹⁶³ Calls to the Women’s Aid Helpline in Ireland increased by 41 per cent by December 2020, nine months into the pandemic.¹⁶⁴ At a global level, UN data has highlighted reports on increased level of abuse in confined home settings, as well as vulnerable street, transport and other public spaces, in the particular conditions generated by the pandemic. As documented by the U.N. Report on *The Shadow Pandemic* which focuses on domestic violence against women during the pandemic:

While some countries are beginning to reopen, billions of people are estimated to still be sheltering at home. When households are placed under the increased strains that come from security, health and money worries, and cramped and confined living conditions, levels of domestic violence spike. Government authorities, women’s rights activists and civil society partners across the world are reporting significantly increased calls for help to domestic violence helplines and heightened demand for emergency shelter.¹⁶⁵

4.8. Conclusion

While levels of violence within the home have been revealed by this U.N. report, other forms of violence are also recorded, such as against female health workers, as well as against women migrant and domestic workers. Both public spaces and on-line abuse has intensified as ‘xenophobic- related violence and harassment’ has increased. Specific groups of women, including women journalists, politicians, human rights defenders, LGBTQ+ women, ethnic minority, indigenous women and women with disabilities have been particularly targeted in on-line abuse. At the same time, the limited investments in systems of support towards women victims/survivors of violence have become even

¹⁶³ UN Western Europe Regional Information Centre (2020) *A Perfect Storm for Violence behind Closed Doors*. <https://unic.org/en/COVID-19-a-perfect-storm-for-violence-behind-closed-doors/>

¹⁶⁴ <https://www.irishtimes.com/news/social-affairs/calls-to-women-s-aid-increase-by-41-per-cent-during-pandemic-1.4442150>.

¹⁶⁵ UN (2020) *The Shadow Pandemic: Violence against Women during COVID-19*. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-COVID-19>

³ UN (2020) *The Shadow Pandemic: Violence against Women during COVID-19*. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-COVID-19>

more restricted, as the demands on health, social and NGO resources have been stretched - at times to their limits.¹⁶⁶

While cultural settings have shaped different care system, common characteristics emerge particularly in relation to the gendered nature of care, the reliance on women's unpaid care. Difficulties in accessing care services vary markedly between countries, with those MS which have strong publicly-funded systems revealing much lower levels of unmet need while those relying on family care systems or marketplace care services showing high rate of unmet needs. Under-provision of LTC together with poor quality of institutional care is evident in most countries, and progress towards more home- and community-based care is slow.

5. RECOVERY PLAN FOR EUROPE & GENDER EQUALITY

KEY FINDINGS

In a very significant move, the EC has established an unprecedented major funding system, based on collective borrowing, to support economies coming out of COVID-19 and in the post-crisis period. The main areas of funding specified under the EU Recovery Plan for Europe are: green transformation (37 per cent) and digital transition (30 per cent). Despite the evidence of the importance of care activities to the functioning of the economy and wider society during the pandemic, and the crisis in care provision particularly LTC, there is no ringfencing of expenditure on the care economy. Research evidence demonstrates that funding the labour-intensive care sector would generate significant growth in economic activity and enhance gender equality, consequently at least 30 per cent of this new funding should be allocated to the care economy, to place it on an equal footing with the green and digital economies.

5.1. Introduction

This chapter explores new funding systems set up by the EU in order to accelerate recovery from COVID-19 pandemic and how the care sector could be supported by EU funding systems in different specific contexts. Described as ‘the largest stimulus package ever financed through the EU budget’, the *NextGenerationEU* funding system of €750 billion was established by the EU Council of Ministers in December 2020 and defined as a ‘temporary instrument designed to boost the recovery’ in the post-COVID-19 crisis period¹⁶⁷. The *EU Recovery and Resilience Facility* (RRF) core funding under *NextGenerationEU* has as its stated aim ‘to mitigate the economic and social impact of the coronavirus pandemic and make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions’¹⁶⁸. The EC will issue a significant amount of common debt (backed by MS) an important new development for the EU based on collective borrowing which is envisaged to be repaid through European taxes and ‘plastic levies or tariffs on high polluting products’. There are two themes that are highlighted consistently under *NextGenerationEU* and the RRF and these are: digital transformation and the green economy.

Despite the extent to which COVID-19 placed the care economy central to the crisis, it has not been a priority, or even a definite focus, in the process of setting up of these new funding mechanisms. It is possible, in some instances, that the care economy can be implied as included in some central concerns of EU recovery planning, for example the focus on ‘health and resilience’ and ‘sustainability’ as well as some of the specific themes that are referenced, such as ‘gender equality and ‘inclusion.’ As well as analysing the ways in which this EU Recovery Plan is being interpreted at MS level (see Chapter 8) it is important to locate this new funding system in the context, more generally, of gender equality and EU funding systems.

5.2. Gender Equality and EU Funding Systems

In the context of EU funding systems, gender equality is deemed part of social policy and located in the social domain, rather than in the more prioritised arena of economic policy and the domain of economic thinking and decision-making. This is largely due to assumptions that underlie care and care

¹⁶⁷ European Commission (2021) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en.

¹⁶⁸ European Commission (2021) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en.

policies, in that they are rarely seen as part of the *productive economy* but rather located in the more marginalised so-called *unproductive* or *reproductive* sphere. This is reflected directly in policy prioritisation. Legal standing of the different country recommendations issued by the EC (under the European Semester) to MS differ depending on whether they are deemed economic or social. The European Pillar of Social Rights has no legal standing, in contrast to EC economic measures, which incorporate potentially stiff sanctions in the form of financial penalties, for example, for breach of the EU Stability and Growth Pact. This places social policy at a lower level in the policy hierarchical structure and consequently undermines the achievement of gender equality. Experience shows that non-binding social policy measures do not produce reliable results¹⁶⁹ as demonstrated by the difficulty in achieving childcare objectives agreed in 2002.

Consequently, a major shift in thinking is required if gender equality policies and gender mainstreaming are to be viewed as drivers of economic activity and economic well-being. This requires a new understanding of the interconnections and interdependence between the economy and gender equality. Gender budgeting needs to become systematically integrated into mainstream budgeting processes of the EC and not treated as an *add-on* to central budget considerations. As argued by Masselot (2019):

Gender mainstreaming needs to drive a value-based economy, it should evolve in a way that: includes enhanced knowledge relating to the interdependence between gender equality and the economy; substantially reduces male dominance in key decision-making positions; and embraces an intersectional approach. A value-based economy requires gender mainstreaming to include gender budgeting more effectively.¹⁷⁰

Positive changes have taken place, for example, gender mainstreaming has been made compulsory in some aspects of EU funding systems, such as European Structural and Investment Funds programming, as well as the European Social and Cohesion Funds. However, European integration has been developed based mostly on a model of a *common economic space* i.e. the single market. The primacy of the market has been seen firstly, as a market for goods and services and secondly, a more unified labour market and a common area of movement of people within the EU. Consequently, because European integration has developed on a market-basis, gender equality and equal opportunities between women and men at EU level have to be driven primarily by the market, largely the formal labour market. This, in itself, tends to marginalise the care economy, as much of the economic and social activity of the care sector lie outside the private marketplace in homes, communities and institutions, and in the informal and often unpaid sector. The lack of a feminist economics perspective or a gender equality lens means that the economic space of EU policy-making is 'constructed through the pursuit of gender-blind and gender-biased economic goals promoted by the EU.'¹⁷¹ Only when gender and gender equality are understood as integral, structural parts of the economy, and the

¹⁶⁹ Masselot, A (2019) 'How to improve the interaction between legal instruments (EU acquis) and policymaking (communication, funding programme, European semester)' in (Eds) Crowley, N and Sansonetti, S. *New Visions for Gender Equality* 2019. European Commission.

¹⁷⁰ Masselot, A (2019) 'How to improve the interaction between legal instruments (EU acquis) and policymaking (communication, funding programme, European semester)' in (Eds) Crowley, N and Sansonetti, S. *New Visions for Gender Equality* 2019. European Commission.

¹⁷¹ Hoskyns, Catherine (2008) 'Governing the EU: Gender and Macroeconomics' in *Global Governance – Feminist Perspectives* (eds) Rai, Shirin M and Waylen, Georgina. SpringerLink.

economy itself is seen as serving basic human needs, will gender equality, gender mainstreaming and gender budgeting be fully integrated into EU and national strategies¹⁷².

5.3. EU Recovery and Resilience Facility (RRF)

In its key statement on gender equality and social inclusion in relation to submissions for funding under the RRF, MS are asked to demonstrate how projects and programmes of expenditure will address issues of gender equality and tackle gender discrimination and, in particular, to indicate how the specific impacts of COVID-19 on women - including measures aimed at combatting gender-based violence - will be addressed.

Member States should explain how the reforms and investments supported by the plan will be instrumental in overcoming the equality challenges identified, by replying to the following questions: How does the plan ensure and foster equality between women and men? When doing so, Member States are in particular invited to explain how the plan mitigates the social and economic impact of the crisis on women, including in relation to gender-based and domestic violence, and how it contributes to the UN Sustainable Development Goal 5 on gender equality and its targets.

MS are also asked to provide evidence of how the plan promotes equal opportunities regardless of gender, racial or ethnic origin, religion or belief, disability, age, and sexual orientation? When doing so Member States are for example invited to explain how the plan ensures the mainstreaming of those objectives across relevant policies, including to ensure respect for the rights of people with disabilities in conformity with the UN Convention on the Rights of Persons with Disabilities and the rights of other disadvantaged and marginalised populations?¹⁷³ (*author's underlining*)

These commitments reflect the kind of statements made in many EU policy documents, but in practice implementation has been weak, with the exception of their application to formal labour market policies and programmes. However, they do represent a definite opportunity to put pressure on the EC and on MS to make gender equality central to their recovery plans submitted, and in the responses by the EC to those plans. It is hugely important that the impact of the crisis on women, as detailed in the EC statement above, is addressed in every element of the plan of each MS and under each of the themes. At the same time, the new and exacerbated inequalities associated with this pandemic need also to be critically addressed under each measure including, for example, contraction and loss of care and educational services, reduced employment and income levels (for many in female dominated services sectors) new forms of social exclusion and gender-based violence. However, in the elaboration of *Recovery Plan for Europe* (see below) there is no evidence of priority ascribed to gender and gender equality, and in practice, this represents a failure to deliver on the promise of these declarations.

The stated aim of the RRF funds is to assist MS members to address the 'economic and social impact of the COVID-19 pandemic' by ensuring that their economies take up opportunities for 'environmental and digital investment' to become 'more **sustainable and resilient**'. Following the setting up of *NextGenerationEU* programme in February 2021, the Council of Ministers established an associated regulatory system (RRF) making **€672.5 in grants and loans available to be drawn down by EU**

¹⁷² Cavaghan, R and O' Dwyer, M (2018) 'European Economic Governance in 2017: A Recovery for Whom?' *Journal of Common Market Studies*. Wiley On-line Library.

¹⁷³ European Commission (2021) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en.

MS. This is linked to a new EU multi-annual funding system, under which there are two main elements to the *Recovery Plan for Europe*; firstly, an overdue joint EU budget of €1.1 trillion (EU budgets must be agreed every seven years) and secondly, the specific funding for the recovery programme. The EC has set up funding of €500 billion in grants and €250 billion in loans for member states. Additional funds are allocated under other EU programmes such as REACT-EU and Horizon2020. Pre-financing of up to 13% of the grants and loans is provided for where plans are approved – the rest of the funds to be paid, based on the achievement of agreed milestones and targets.¹⁷⁴

Within the €750 billion funding under *NextGenerationEU*, there are three main categories of funding:

- €10.6 billion allocated to single market, innovation and digital transformation
- €721.9 billion allocated to cohesion, resilience and values
- €17.5 billion allocated to natural resources and environment

It is estimated that there will be close to €2 trillion of investment, encompassing the *Recovery Fund for Europe* together with other EU initiatives, to respond to the economic and social crisis generated by COVID-19. Funding is allocated on the basis of selected economic indicators at MS level: change in GDP in 2020 and 2021; GDP per capital; and population. 70% of the fund is to be distributed though 2021-22.¹⁷⁵

The breakdown across funding programmes is as follows, the largest portion comes under the RRF, to be drawn down by MS to support 'reforms and investment':

Box 3: NextGenerationEU¹⁷⁶

Recovery and Resilience Facility (RRF)	€672.5 billion
<i>of which, loans</i>	- €360.0 billion
<i>of which, grants</i>	- €312.5 billion
ReactEU	€57.5 billion
Horizon Europe	€5.0 billion
InvestEU	€5.6 billion
Rural Development	€7.5 billion
Just Transition Funds (JTF)	€10.0 billion
RescEU	€1.9 billion

¹⁷⁴ European Council, Council of Ministers of the EU (2021) *Recovery Plan for Europe*. <https://www.consilium.europa.eu/en/policies/eu-recovery-plan/>

¹⁷⁵ European Commission (2020) *Recovery Plan for Europe*. . https://ec.europa.eu/info/strategy/recovery-plan-europe_en

¹⁷⁶ European Commission (2021) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en

TOTAL**€750 billion**

It is estimated that the largest amounts will be allocated to those countries needing the most support, such as Italy and Spain, due to the severity of their experience of the pandemic. Among the MS selected for this study highest allocations are €77.3 billion for Spain and €37.6 billion for Poland and lowest allocations of €1.91 billion for Ireland and Estonia of €1.85 billion.¹⁷⁷ In order to receive support from the RRF, EU countries were given a deadline to submit national recovery and resilience plans by 30 April 2021 to cover the period to 2021-2026, setting out 'a coherent package of projects, reforms and investments' in the following six policy areas:

- green transition
- digital transformation
- smart, sustainable and inclusive growth and jobs
- social and territorial cohesion
- health and resilience
- policies for the next generation, including education and skills¹⁷⁸

There is no reference to care, the care economy or the care sector in any of these six policy themes. In contrast at least 37 per cent of each MS plan's allocation has to support the *green transition* and at least 20 per cent the *digital transformation*. There is a specific but limited reference to gender equality under the theme of 'social and territorial cohesion.' Gender mainstreaming is stated should apply across all six themes. But without references to gender and gender equality issues under each specific theme, they are unlikely to be prioritised in MS submissions under the RRF. It is possible that under the considerations of 'sustainability' and particularly 'health and resilience' that the care economy would receive some much-needed attention. In practice, there seems to be a disconnect between widespread analysis at global, EU, EP and MS levels of the negative impact of COVID-19 on gender equality, and the lack of a focus on the care economy and little attention to gender quality in this 2021 recovery strategy.

EP pressure for a more gender inclusive and gender equality approach to be taken across the EU recovery process is of critical importance. At a fundamental level, recognition of the centrality and the core value of the care economy is the most immediate priority and this needs to be accompanied by a strategy for ensuring that systems of funding and supports for the recovery target the much under-resourced care sector across the EU. Recognition of the importance of the care economy has not penetrated into core areas of EU economic policy-making and the important post-crisis EU funding framework.

5.4. COVID-19, Gender Equality and EU Funding

While the *digital economy* and the *green economy* are already highlighted in the *EU Recovery Plan for Europe* and in the RRF, the *care economy* gets little or no attention. This lack of focus on care and the care sector persists despite its proven centrality to the functioning of both the public and private

¹⁷⁷ Bloomberg (2021) *Here's how much EU members get*. <https://www.bloomberg.com/news/articles/2020-05-28/here-s-how-much-eu-members-get-in-the-827-billi>

¹⁷⁸ European Commission (2020) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en

economies and the way in which the care sector has been seriously impacted by the pandemic. The care economy and the care sector need to have at least an equal standing alongside the green and digital economies in the recovery plan. Questions of sustainability are rightly located as central to the economic recovery from post-COVID-19 crisis, but a broader definition of *social sustainability* with a basis in care is vital. Sustainability of the care sector should encompass: formal and informal care; paid and unpaid work; private and public services; home- and community-based care; and care in institutional settings. Key practical issues in the care sector that have emerged across the EU during this pandemic, including the costs of lack of recognition of diverse care activities, poor working conditions in the sector linked to high staff turnover rates (reflecting lack of adequate satisfaction levels for workers), questionable quality and vulnerability of LTC and a marginalisation of care in economic policy-making. As the population ageing process intensifies, crisis in care systems will intensify, with the potential to undermine the sustainability of the social and economic recovery.

Wide ranging impacts of COVID-19 have highlighted the vulnerability and crisis of the care economy and the urgent need for a gender-sensitive and gender-informed approaches in responses to the pandemic and a clear and definite focus on the care economy. The recent EP Report,¹⁷⁹ adopted by a strong majority vote in EP in January 2021, called for targeted actions to improve gender equality to be incorporated into national recovery and resilience plans. Supporting independence and a rights-based approach within the care system means increased investment in childcare, eldercare and disability services that support independence, places children's needs at the centre of quality childcare services, older people at the centre of quality eldercare, those with disabilities at the centre of diverse disability services. Principles of de-congregated settings, enhanced individual autonomy, use of assisted technologies and support for quality levels in training and career development for carers should all be integrated into an effective gender-informed strategy towards the care economy.

This EP Report concluded that gender inequalities have intensified over the course of the pandemic, largely due to the crisis in the care economy at the level of the household¹⁸⁰. COVID-19 has cut across some of the positive elements that had become evident over recent decades in the process of social change, marked by the ways in which a significant section of households had begun to reorganise their care, domestic work and paid employment. By curtailing care services and increasing the amount of unpaid care, education and housework carried out by women in the confines of the home, mounting evidence strongly suggests that gender inequalities in unpaid care work have been re-established or exacerbated. At the same time, the pandemic has highlighted the build-up of time pressures on dual-earner households, a result of long-hours cultures and heavy commuting burdens. But initial confidence in the benefits of a newly enforced working-from-home model, made possible by digitalisation, have gradually been eroded as the consequences of the withdrawal of care services, lack of investment in suitable home spaces, absence of support systems and the perpetuation and even exacerbation of gender inequalities in time use become more and more evident. To mitigate the negative impacts of COVID-19 on gender inequalities, substantial investment in child- and eldercare services is needed, as argued by De Henau and Himmelweit (2021):

In order to rebuild in a better, more gender-equal way, a feminist COVID-19 recovery program should include substantial investment in child- and eldercare services. This investment is necessary to reduce the many gender inequalities that turn on the unequal division of unpaid

¹⁷⁹ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf).

¹⁸⁰ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf).

care responsibilities between women and men. Care systems that relieve some of that unpaid care would help tackle gender inequality, but only if the care provided is of good quality and its workers are well treated; otherwise, that same gender inequality is likely simply to be transferred from the unpaid into the paid economy.¹⁸¹

De Henau and Himmelweit (2021)¹⁸² make a powerful argument that while investing in physical infrastructure has traditionally been seen as a way out of economic crisis, in the post-COVID-19 period it is investment in social infrastructure - the care economy - which has the potential to have the strongest impact on the speed and sustainability of the recovery, and in a way that addresses the core issues of gender inequality. In their analysis, failings of the care economy were evident pre-pandemic, for example, high costs of childcare and low levels of provision had driven many households in different EU countries to rely on the informal and migrant sector, in which working conditions are poor. This situation has have been exacerbated during the pandemic and, combined with a severe crisis in LTC, has been to the detriment of women's economic and social situation.

Making an extremely convincing case for the economic benefits of an investment strategy focused on the care economy, De Hanau and Himmelweit (2021) argue that the coronavirus pandemic has intensified the gender-equality case for investing in affordable, high-quality care and is simultaneously 'a route to recovery from the employment crisis.' By generating jobs in care, (and those industries supplying the care sector) it is argued, this would create more quality employment opportunities, further stimulating the economy through the spending of an expanded and high quality care workforce. By carrying out a comparative analysis of the construction and care sectors across nine selected countries (including the UK and US), they demonstrate that low levels of wages across countries is a consistent pattern, even with very different systems of care provision from publicly-funded to private market-based provision. Their data showed below average wages are a common feature of the existing EU care sectors, but within a wide range between approximately 50 per cent (UK and US) and over 80 per cent (Sweden and Denmark). Not surprisingly, highest average wage levels were evident in publicly-funded systems.

This research argues that a set of positive employment effects will be generated by investment in the labour-intensive care sector - a sector that has historically suffered from under-investment. These include: *direct* employment effect by additional numbers employed in better quality jobs in care; *indirect* employment effects within companies that supply the care sector (including construction companies); and *induced* employment effects resulting from the increased spending by the expanded care workforce. Taking also into account the positive impact on tax revenue, their calculations reveal that 1.6 per cent of GDP in net investment would be needed to generate 8.5 per cent increase in women's employment growth in the care sector (linked to a 6 per cent increase in overall employment levels). In contrast, they argue, 5.3 per cent of GDP investment in construction would be needed to generate an equivalent positive employment result. At the same time, gender employment and gender pay gaps would be narrowed, more access to quality care services would be ensured, enhanced conditions in the care sector would be achieved and a higher level of gender equality would result.

¹⁸¹ De Henau, Jerome and Himmelweit, Susan (2021) 'A Care-Led Recovery from COVID-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy.' *Feminist Economics* 2021. Nos 1-2.p 553-569.

¹⁸² De Henau, Jerome and Himmelweit, Susan (2021) 'A Care-Led Recovery from COVID-19: Investing in High-quality Care to Stimulate and Rebalance the Economy.' *Feminist Economics* 2021. Nos 1-2.p 553-569.

5.5. Access to LTC and critical services

Drawing on a similar perspective, the EP Report¹⁸³ argues for the development of a EU Carer's Strategy that would recognise and value carers, care providers and care recipients and develop a *new model of care*. This Study argues for a significant proportion of EU RRF funding to be used to strengthen the care workforce through a programme of education and training, supports for the building of a more de-congregated LTC sector, contribute substantially to the use of technology-assisted care services for older people and people with disabilities and the development of more effective policies on gender-based violence. Recognising different care needs of different households, and supporting different choices of different households, should form key principles in funding strategies towards the care economy. Under a long-term perspective, State responsibility for provision of publicly-funded, quality care services is essential, supported by an EU care strategy and framework of supports. In the short to medium term, this would mean a decreased reliance on the private marketplace, increased public provision, more subsidisation of costs and investment in existing and new social infrastructure.

Improved access to formal home-based care LTC would have a significant positive impact on women, both as care recipients and as informal care-givers. More women than men assume informal LTC responsibilities at least several days a week, and in some cases every day. Overall, women represent 62 per cent of all people providing informal long-term care to older people or people with disabilities in the EU (EIGE, 2019)¹⁸⁴. Women of pre-retirement age (50–65) are most likely to be providing LTC - 21 per cent of women and 11 per cent of men in this age group were providing informal long-term care every day or several day a weeks. If individuals in need of formal home-based LTC can access adequate quality services, this will play a crucial role in sustaining the well-being of older people and people with disabilities:

In light of demographic changes across EU Member States, addressing the challenges posed by an ageing population has become a necessity for the European Union. The increasing need for long-term care also poses a significant challenge to achieving gender equality, given that women continue to be the main providers of informal and formal care and that long-term care services remain insufficient across many Member States. In the broader context of EU policies geared towards building a strong social Europe, gender equality features among the key principles of the European Pillar of Social Rights, and work–life balance has become a key priority in EU policy, most recently marked by the directive on work–life balance for parents and carers¹⁸⁵.

Accessibility of formal home-based LTC depends on the level of availability of different kinds of services, their cost or affordability and quality. The EC recognises three main objectives for LTC services: universal access - access to affordable services based on need; high quality services that includes issues such as patients' rights; and long-term sustainability¹⁸⁶. Preventative approach to services should be

¹⁸³ European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

¹⁸⁴ EIGE (2020) *Gender Inequalities in Care and Consequence for the Labour Market*. EIGE December 2020.

¹⁸⁵ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

¹⁸⁶ European Commission (2020) *Health and Long-term Care Workforce: demographic challenges and the potential contribution of migration and digital technologies*. https://ec.europa.eu/jrc/sites/jrcsh/files/23-02-2021_health_and_longterm_care_workforce_online.pdf

used, drawing on technological innovation to create stronger technology-assisted systems of care supports. EU policies on LTC should be aimed at ensuring access to adequate and affordable LTC provided in both congregated and home-based settings supported by qualified professionals. Development of appropriate sustainable models of LTC provision are crucial in removing the barriers keeping informal carers, especially women, out of the formal labour market. The current pandemic generates a new urgency to provide support for the provision of more adequate and sustainable LTC services in ageing societies, by investing, for instance, in 'preventive care, rehabilitation and age-friendly environments'.¹⁸⁷

The EC has long recognised the importance of active and healthy ageing as a major societal challenge facing all EU countries, which should provide opportunities to explore and implement transformative strategies. Active ageing is defined by the EC as 'helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society.'¹⁸⁸ Regular ageing reports are published by the EC, which looks at the long-term economic and social implications of Europe's ageing population and also the issues arising in the context of public expenditure, particularly in relation to LTC. However, the EC approach to LTC does not include a gender analysis of the specific experiences of women and men, nor an analysis of the gender care cost of inequalities in informal care in an ageing society¹⁸⁹.

Deinstitutionalisation and prioritisation of formal home-based long-term care appears high on the political agenda across the EU. For example, the European disability strategy 2010–2020 encourages MS to adopt strategies for the transition from institutional to formal home-based services, but does not analyse the LTC care needs of women and men with disabilities and how they will be supported or funded.¹⁹⁰ There is a lack of a specific gender focus in the 2017 progress report on the European disability strategy¹⁹¹ nor is there any indication that a gender mainstreaming approach was used when documenting the gendered nature of experiences and issues when collecting evidence across the EU¹⁹². The need for deinstitutionalisation reforms has been recognised at EU level in successive reports and analyses¹⁹³, but the COVID-19 pandemic illustrates just how far the EU is from making this a reality for older people or for people living with disabilities.

Back in 2015, the EC convened the *European Expert Group* (EEG), a coalition of a wide range of stakeholders representing people with care or support needs, as well as care providers and carers. The EEG published a toolkit and common European Guidelines for the use of EU funds for the transition from institutional to community-based care (EEG, 2015).¹⁹⁴ Using a human rights and gender equality perspective, the aim of the toolkit is to facilitate public authorities in the EU that have responsibility for

¹⁸⁷ World Health Organisation (2019) *Country Assessment Framework for the Delivery of Integrated Long-term Care*. <https://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2019/country-assessment-framework-for-the-integrated-delivery-of-long-term-care-2019>

¹⁸⁸ European Commission (2015) *European Year of Active Ageing and Solidarity between Generations 2012 – Evaluation Report*. European Commission.

¹⁸⁹ EIGE (2019) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

¹⁹⁰ European Commission (2021) *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030*. <https://ec.europa.eu/social/main.jsp?catId=1585&langId=en>

¹⁹¹ European Commission (2017) *Combatting Disability Discrimination and Realising Equality. Network of Legal Experts on Gender Equality and Non-Discrimination*. European Commission.

¹⁹² EIGE (2020) *Gender inequalities in care and consequence for the labour market*. EIGE December 2020.

¹⁹³ EIGE (2018) *Research Note: Home-based formal long-term care for adults and children with disabilities and older persons*. EIGE.

¹⁹⁴ European Expert Group (2015) *Toolkit on the use of European Union funds for the transition from institutional to community-based care*. European Commission.

implementation of EU Structural Funds (and other relevant funds). The objective of the EEG is to support an estimated one million people living in institutional care across the EU and to ensure that funds are allocated to improve the lives of those in institutional care by contributing to modernising care systems. In the context of COVID-19, the EC also published an EEG report revealing a diverse situation across the EU27, but with only limited attainment of a transition to community-based care (EEG, 2020).¹⁹⁵

Other critical care issues have arisen through this time of pandemic. Access to sexual and reproductive health services have been seriously curtailed during COVID-19, which means that women's access to emergency services, as well as access to long-term screening and preventative health services for both men and women have been heavily restricted. Restrictions have included the enforced absence of supportive partners during pregnancy, birth, crisis pregnancy counselling, miscarriages and abortions. On another front, gender-based, sexual and domestic violence have all increased during this pandemic, at global, EU and national levels as vulnerable women and children are confined to homes in which they are not safe and are open to abuse. Support services of all kinds, both public and private and, very importantly provided by non-governmental, voluntary and charitable agencies, have been forced to cut-back to on-line supports or to seriously curtail their services. Emergency refuge accommodation has also been restricted at a time when help-lines, police services and wider health and social services are facing increased urgent demands and need for supports.

Investments to prevent and respond to violence against women have long been at crisis point. With already limited capacities and investment to address violence against women, this increase in violence is happening at a time of further reduced capacity of service providers (health, police, social care, charities) to cope with the demand. Women are locked in with their abusers and are isolated from the people and resources that can best help them.¹⁹⁶ Designating emergency accommodation and refuges as essential services and increasing resources to them, and to critical NGOs that act as front lines of response needs to be built into the recovery strategy at EU and national levels.

5.6. Shifting funding priorities toward the care economy

The challenge now is to shift the EU recovery plan towards a more care-centred perspective, based on the principle of gender equality. This involves putting the care economy on an equal footing with green and digital investments, the latter are already highlighted in the *EU Recovery Plan*, reinforced by a definite ring-fencing of resources. This is not the case for the care economy - which benefits from only passing references. What is needed is an immediate change of focus, the development of a more complex strategy for recovery, one which places the care economy and gender equality at its centre:

The funding of care systems needs to be a priority when it comes to COVID-19 recovery measures. We need to support our care systems by investing more into them. The working

¹⁹⁵ European Expert Group (2020) *Report on the Transition from Institutional to Community-based Care in 27 EU Countries*. European Commission.

¹⁹⁶ UN Women (2020) *The Shadow Pandemic – violence against women during COVID-19*. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-COVID-19>

conditions and pay of carers, who are mostly women, also need to be improved. Higher investments would lead to new jobs in care and related professions, such as medical technology, cleaning and hospitality services. Better working conditions in care could also attract more men to the profession, helping to address the shortage in carers.

If we want a more gender-equal society, we need a two-fold approach that tackles the uneven sharing of care work. Firstly, we need changes at the household level, where the sharing of care tasks between women and men becomes the norm and secondly, we need accessible and affordable professional care services that can help tackle the rising care needs expected in the EU, as the population ages¹⁹⁷.

Traditionally policies to address care inequalities have been developed in two ways. Firstly, there are policy measures to encourage greater sharing of unpaid care work at household level (such as non-transferable parental leave) and secondly, there are those policies which fund services in place of unpaid work. These initiatives are becoming more important in the context of rising LTC needs, a high proportion of which are unmet care needs. The adoption of the EU Work-Life Balance Directive in 2019 was a new development which showed a greater commitment to parents, particularly reflected in clauses that: seek to enshrine the right of parents with young children to request flexible work and employers' responsibility to respond with reasonable accommodation; carer's leave; stronger parental leave and increased job protection. EIGE's research demonstrates that countries with higher levels of access to parental leave have narrower gender gaps in unpaid care¹⁹⁸. However, the Directive leaves much to MS' discretion and the implementation of this Directive and may result in further divergencies across the EU. Policies towards flexible working arrangements, access to paid and unpaid leave and levels of service provision vary enormously in relation to eligibility, duration, cost, income supports and availability - often reflecting different gender norms in different MS.

Increased investment in LTC will inevitably take place over the coming decades as the population of the EU is ageing. Public expenditure on long-term care is expected to increase strongly over the next few decades. The Work Life Balance Directive encompasses wider policy issues such as investment in infrastructure for care, particularly LTC. At present, according to EIGE data, only a tiny portion of EU funds are currently used for LTC infrastructure or for active ageing programmes, implying there is scope for a significant increase in such funding.¹⁹⁹ The extent of financing for active ageing programmes is similarly limited. The effects of policy provisions, such as flexible working arrangements (FWA), statutory leave policies, service provision and cash/tax towards a fairer division of unpaid care depends on how they are designed (i.e. eligibility criteria, duration, costs and level of income support, availability and quality, etc.), how they can be combined, and the presence of supportive gender norms in a given society. For example, despite greater access to FWAs, men's uptake of those entitlements is hindered by gender norms that attribute efforts to reconcile home and work life to women. Research shows that men often use FWAs to increase their engagement in paid work, while women resort to FWAs to better meet their family responsibilities. This demonstrates that integrated, well-communicated policies are essential to achieving positive social change.

¹⁹⁷ EIGE (2021) *Gender Inequalities in Care and Consequences for the Labour Market*. <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>

¹⁹⁸ EIGE (2021) *Gender Inequalities in Care and Consequences for the Labour Market*. <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>

¹⁹⁹ EIGE (2020) *Gender Equality and Long-term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>

5.7. Conclusion - a transformative approach

The EU Barcelona targets for childcare adopted in 2002²⁰⁰ created the basis for an important movement towards an EU framework for ECEC and while there are significant gaps in quality, affordability and access, it represented an important development. Despite some important progress, EU policies supporting equal sharing of care have been limited in effect, partly because there are limitations in the policies themselves that are in need of revisiting:

Firstly, they are limited to people already in employment, leaving behind those families that experience the most acute tensions between care responsibilities and paid work. Secondly, and most importantly, they focus on supporting women's employment but lack the transformative goal likely to significantly affect gender relations and the ways families share care over time. These two policy limitations translate into persistent gaps in coverage for care services, gaps that women fill with unpaid work. More specifically, no targets for long term care service provision have been adopted at EU level²⁰¹.

It is important to highlight that specific EU targets and timeframes (such as the Barcelona childcare targets) are now needed, towards elder care and care for people with disabilities, to advance from the current situation, which was thrown into crisis as a result of COVID-19. At the same time, while access to care services is fundamental it will not, of itself, bring about a structural re-evaluation of care work. Evidence shows that while greater access to childcare services has been critical, particularly for women in accessing education and paid employment, responsibility for organising, planning, managing and budgeting for care continues to fall to women. This lack of structural change is also evidenced by the central importance of global care chains in economies with a high-proportion of dual-income households, perpetuating patterns of lack of recognition, often precarious working conditions and low-value placed on care. The COVID-19 pandemic revealed the lack of prioritising and severe underfunding of care, resulting in a crisis at the heart of LTC systems across the EU.

There is a real opportunity that the increased recognition of care work as 'essential work' during the pandemic could create a momentum towards prioritising care in the long-term policy-making and decision-making agendas of the EU, and a new approach to LTC:

Developing a European strategy on social care and social protection could guide the implementation of the European Pillar of Social Rights and complement the WLB [Work Life Balance] Directive for parents and carers. To meet the caring needs of an ageing population, it would be useful to establish a framework to regulate minimum levels of care for older people, similar to the Barcelona targets set by the European Council in 2002 to regulate the provision of formal childcare²⁰².

²⁰⁰ European Commission (2018) *Barcelona Objectives*. https://ec.europa.eu/info/sites/default/files/bcn_objectives-report2018_web_en.pdf

²⁰¹ European Commission (2020) *Tackling the Gender Pay Gap: Valuation and Distribution of Paid Work and Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10515-2020-ADD-1/en/pdf>

²⁰² *Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10515-2020-ADD-1/en/pdf>

From an optimistic perspective, the global pandemic 'seems to have catalysed a revaluation of care work at societal level by sparking conversations on the essential role of care, both paid and unpaid.'²⁰³ It is incontestable that investments in care would create new jobs in care and related sectors, as well as providing much-needed additional quality services.. A transformative approach needs to go further, by shaping policies that embed value in care, re-evaluate the care sector, build on qualitative care services and generate a restructuring of care activities within and between households - based on an ethical, gender equality and social justice perspective.

Some welcome initiatives that break the link between social protection and paid employment, such as the unconditional *Universal Basic Income*²⁰⁴ and *Universal Basic Services*²⁰⁵ have the potential to reframe economic activities to fully encompass the care economy and bring to an end the marginalisation of care and the care sector. There is a danger that income and services thresholds may be set too low, which may reinforce gender and other inequalities. As the structure of paid work changes, casualisation is pervasive, lines are blurred between home and paid work, social protection and employment systems are changing and need further change.

There is an urgent need to rethink the lack of focus on the care economy and to place it centrally on the agenda of EU policies and funding strategies, with the specific objective of enhancing gender equality. The importance and essential nature of care and the care sector have been highlighted during the pandemic, but recovery plans of the EU and MS are failing to reflect this recognition. On the contrary, while digital and green investments are ringfenced under the *Recovery Plan for Europe*, the care economy receives scant attention.

²⁰³ European Commission (2020) *Tackling the Gender Pay Gap: Valuation and Distribution of Paid Work and Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10515-2020-ADD-1/en/pdf>

²⁰⁴ European Citizens (2021) *Initiative for Unconditional Basic Income*. <https://eci-ubi.eu/>

²⁰⁵ New Economics Foundation (2021) *Universal Basic Service – public services to meet the needs we all share*. <https://neweconomics.org/campaigns/universal-basic-services>

6. CONCLUSIONS AND BEST PRACTICES

KEY FINDINGS

Despite the greater recognition of care during the pandemic this has not translated into a focus on the care economy either at EU or MS levels. A greater understanding of the impact of COVID-19 on women is evident in the discussion on LTC, on women on the frontline and other services that were badly hit. There is only a partial recognition of the movement of key services from the public sphere and the private marketplace back into the home, placing a heavy burden on women both those in paid employment and those engaged in unpaid work. The reality of increased gender-based sexual and domestic violence was evident but there has been an absence of a targeted policy response. Unless the care economy is moved into a central place in the EU and MS strategic thinking, gender inequalities will persist.

6.1. Introduction

The care economy needs to be made an urgent priority at global, EU and MS levels and no longer treated as deserving of only marginal or residual attention within EU economic and social strategies. A fundamental rethinking of care activities and the care sector is urgently needed:

Care is not a luxury good. Everyone needs to be cared for and everyone needs access to care, although not everyone has the same needs. An effective care infrastructure cannot be built on personal responsibility – not everyone is able to care for themselves. No one should be left without care because they have no one to care for them.... So, there needs to be universal guarantees in place that all people will be entitled to care. This calls for a capacious understanding of care that recognises diversity and is sensitive to different needs in enabling and empowering ways. Effective and inclusive care requires a collective social infrastructure based on risk-pooling.²⁰⁶

A recent Report by EIGE²⁰⁷ has demonstrated that in most cohabiting heterosexual couples in the EU women continue to be primary carers and only about one-third of couple households share care on an equal basis. Moving towards a model of dual earner/dual carer, that has the potential to free up more female workers onto the paid labour force, has only been happening at a very gradual pace, because while more women are entering paid work, care systems have been very slow to respond. What is needed are systems in which parental care needs are complemented by 'high quality childcare services and LTC services provided by well-qualified and well-compensated non-parental caregivers'.²⁰⁸ While the effects of the pandemic are still unfolding, it is clearly evident that the way in which care is distributed (both paid and unpaid) continues to be linked directly to gender inequalities and, unless

²⁰⁶ Dowling, Emma (2021) *The Care Crisis – What Caused It and How We Can End It?*. London. Verso publications.

²⁰⁷ EIGE (2021) *Gender Inequalities in Care and Consequences for the Labour Market*. <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>

²⁰⁸ Wright, J and Meyers, M (2010) *Gender Equality Transforming Family Divisions of Labour*. Online. Cambridge University Press.

resources for the organisation and support for systems of care are put in place, gender equality will fail to be realised.

COVID-19 pandemic has shown the multiple ways in which both paid and unpaid care work are essential to sustaining both society and the economy. The pandemic has brought with it some greater recognition of the care economy while the care sector is increasingly seen as composed of essential workers. Essential care workers account for a significant amount of unpaid work globally. It is estimated that millions of women are outside of paid employment across the EU because of unpaid work responsibilities. While care responsibilities keep these 7.7 million women out of the labour market, this contrasts to just 450,000 men. It has been estimated that this involuntary underemployment accounts for €400 billion in lost additional GDP, based on a potential for 10 million additional paid jobs in the care economy (70 per cent of which would be taken up by women). It is further estimated that by 2050, if greater gender equality were to be attained, this could lead to an increase in EU (GDP) per capita by between 6.1 to 9.6 per cent which corresponds to €1.95 to €3.15 trillion.²⁰⁹

6.2. Gendering the recovery

The EP has called for the EC and MS to fully assess the gender-specific impacts of the COVID-19 crisis, its socio-economic consequences, the new needs arising, and to allocate extra and targeted budgetary resources to ensure that women - as well as men - are supported through the recovery. Implementation of the recovery package should be particularly in the areas of funding care and the care sector. This will involve in fact supporting hardest hit female-dominated sectors of service-based employment (for example, retail, hospitality and tourism), addressing gender-based violence and improving social and reproductive health measures. All measures should have specific in-built gender equality targets, goals and timeframes.²¹⁰

Fiscal stimulus packages and emergency measures to address public health gaps have been put in place in many countries to mitigate the impact of COVID-19. But there has been little to no focus on the more broadly-based care economy, both paid and unpaid, that is urgently in need of transformative change to bring about greater gender equality and social justice. It is crucial that national responses place gender equality at the core of social and economic change, based on inclusion, representation, rights and protection. This is about addressing long-term systemic gender discrimination, but is also about a new model of care and making social well-being an objective for all of society, and a recognition of the close interconnection with economic well-being. Women are the hardest hit by this pandemic but they will also be the 'backbone of recovery'²¹¹ in every country and policies that recognise this reality will be more effective.²¹²

²⁰⁹ European Commission (2020) *Tackling the Gender Pay Gap: Valuation and Distribution of Paid Work and Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10514-2020-ADD-EIGE>

²¹⁰ European Parliament (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

²¹¹ UN (2020) Policy Brief. *The Impact of COVID-19 on Women*. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-COVID-19-on-women/policy-brief-the-impact-of-COVID-19-on-women>

²¹² UN (2020) Policy Brief: *The Impact of COVID-19 on Women*. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-COVID-19-on-women/policy-brief-the-impact-of-COVID-19-on-women-en-1.pdf>

Transformative change is change that significantly moves the EU and MS toward a caring economy that recognises and values inter-dependence:

The pandemic, in short, has dramatically and tragically highlighted many of the essential functions that are crucial for our web of life to be sustained: the labour of nurses and doctors, delivery drivers and garbage collectors, But it has also exposed how vital transnational alliances and cooperation are.Caring capacities are shaped by nation states, but also transgress and extend beyond them. This means building new transnational institutions and intergovernmental organisations, agencies and policies whose organising principles are based on care and caretaking and which can be reshaped according to care logic, not neoliberal capitalist logic.²¹³

At UN level, it is argued that women's unpaid care work needs to be recognised as a 'driver of inequality' and linked to 'wage inequality, lower income, poorer education outcomes, and physical and mental health stressors'.²¹⁴ The unpaid and invisible labour of this sector has been significantly intensified by the COVID-19 pandemic. But the pandemic has also made starkly clear the way in which the daily functioning of families, communities, and the formal economy are dependent on this invisible work. Given that gender equality is a stated central objective of the EU, the long-term costs of persistently relying on women's unpaid work to cover the failings of social protection systems and public services provision, are unacceptable. Urgent policies are needed to ensure continuity of care for those in need, that respect the choices of recipients and 'recognise unpaid family and community caregivers as essential workers in this crisis.'²¹⁵

At EU level, if current policy priorities are sustained into the future, the current crisis and forthcoming recovery are in danger of entrenching further gender inequalities. Structural Funds have already been identified as having the 'potential to support the development of quality family-based and community-based alternatives to institutional care, and to ensure that these services are available to all those who need them.'²¹⁶ Institutional care for persons with disabilities, mental health issues, children and older people (the majority of whom are women) are living in LTC facilities that create serious issues of isolation and exclusion, as well as poverty and ill-health.²¹⁷ Different levels of support are needed in order that children can grow up within their families, older people and people with disabilities can receive the support they need to live independently and participate in the wider community. LTC affects a range of different policy areas and requires an integrated approach. In practice, in different countries LTC crosses areas of health and social care, informal and paid care, institutional and home- and community-based care. Consequently, there are significant gender equality and social inclusion policy issues involved across the care sector.²¹⁸

²¹³ The Care Collective (2020) *The Care Manifesto – the Politics of Interdependence*. London-New York. Verso.

²¹⁴ UN (2020) *Policy Brief: The Impact of COVID-19 on Women*. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-COVID-19-on-women/policy-brief-the-impact-of-COVID-19-on-women-en-1.pdf>

²¹⁵ U.N. (2020) *Policy Brief: The Impact of COVID-19 on Women*. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-COVID-19-on-women/policy-brief-the-impact-of-COVID-19-on-women-en-1.pdf>.

²¹⁶ European Commission (2016) *European Structural and Investment Funds and People with Disabilities in the European Union*. <https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571386/>. IPOL_STU(2016)571386_EN.pdf.

²¹⁷ AARP Public Policy Institute (2007) *Women and Long-Term Care*. https://assets.aarp.org/rgcenter/il/fs77r_ltc.pdf.

²¹⁸ EIGE (2020) *Gender Inequalities in Care and Consequences for the Labour Market*. <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>.

Within the informal care sector, numbers of carers are reducing while demand is rising. A recent EU report estimated that the financial impact of a shift from informal to formal care by 2070 would mean an increase in the share of GDP dedicated to LTC by 130 per cent on average across EU.²¹⁹ In practice, the economic value of informal care is rarely recognised, despite the growing needs of an ageing population. While investments in formal care remain the central priority, it is clear that strong measures are needed to support and retain informal carers, under much improved conditions. For countries to move away from institutional structures towards a system of family- and community-based care is a complex process requiring an interlocking system of quality care, networks and supports. Transfer of resources from institutional systems to effective community support systems is needed to enable quality and sustainable care.²²⁰ This means ensuring that the development of comprehensive social infrastructure encompassing core services such as healthcare, childcare, transport and housing as well as employment, education and training are accessible and available to everyone – a process defined as *deinstitutionalisation*. Strategies towards deinstitutionalisation have been developed by the EU Fundamental Rights Agency (FRA) at national, regional and local structures through which significant levels of EU funding are processed:

In 2017, two thirds of EU Member States either adopted a dedicated strategy on deinstitutionalisation or included measures for deinstitutionalisation in a broader disability strategy (European Union Agency for Fundamental Rights (FRA), 2018). Although not explicitly mentioned, the deinstitutionalisation process, along with the push for independent living, has its cornerstone in the Convention on the Rights of Persons with Disabilities (CRPD) ratified by the EU and its Member States. Article 19 of the CRPD enshrines the right of people with disabilities to ‘live in the community, with choices equal to others’, and requires states to ‘take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community’ by ensuring that ‘[p]ersons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance’ (FRA, 2017; UN, 2006).²²¹

The EC recognised the importance of supporting families and promoting diverse care strategies in its 2013 EU recommendation ‘investing in children’, followed by a social investment package in 2017.²²² In an important development, the recommendation makes explicit reference to the fact that gender mainstreaming is critical to fighting child poverty and combating social exclusion. Gender mainstreaming, although it is based on an understanding of the need for a comprehensive approach to establishing priorities in policy-making, its implementation in practice has been fragmented and lacking in a strategic approach.

Even where gender equality objectives are included, a cross-cutting gender mainstreaming approach is often missing. For instance, while the European Pillar of Social Rights includes a

²¹⁹ EU DG ECFIN (2018) *The Ageing Report*. https://ec.europa.eu/info/sites/default/files/economy-finance/ip079_en.pdf.

²²⁰ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

²²¹ Fundamental Rights Agency (2017) *From Institutions to Community Living. Part I Commitments and Structures* https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-independent-living-part-i-commitments-structures_en.pdf and UN 2006: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

²²² European Commission (2013a) *Investing in children: Breaking the cycle of disadvantage*. European Commission.

gender-specific principle, it lacks a gender dimension across some of its key principles, such as long-term care.²²³

By enhancing care services rather than curtailing paid care, improving conditions in the care sector and by making the care economy a core priority – such investment decisions taken now, and in the short-term future, will shape the EU economy in the post-COVID-19, post-crisis era. A more gender equal recovery plan would recognise the interconnections between gender inequality and undervaluing care, the interdependent nature of society and the central role that the care economy can play in a post-crisis Europe.

The EU RFF is central to the EU response to the COVID-19 pandemic and marks a significant departure by the EU in creating a collective borrowing instrument to fund the EU Recovery Plan. Its aim is to mitigate the economic and social impact of COVID-19 and to make EU economies and societies 'more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions'. The emphasis is clearly on green and digital investments (with ringfenced funding) and it lacks a strategy towards the care economy. While individual MS have in some instances highlighted care services and care activities, the absence of the care economy within the EU framework, weakens a focus on care and the care sector at national level. In its current form, the EU Recovery Plan will not significantly address gender inequalities that have been exacerbated during this pandemic and are directly linked to the undervaluing and marginalisation of care: unequal sharing of care activities; gender-based violence; poor conditions in the care sector; and the crisis in LTC. Some core principles for a more gender equal recovery plan and the extent to which RRFs address the care economy of the selected countries for this study is examined below.

6.3. Re-imagining care

Investment in care is critical to gender equality and women's economic independence, by creating diverse social infrastructures of care and addressing inequalities in the care sector in relation to employment, social protection and pensions. COVID-19 highlighted the negative impacts of the pandemic on care, the need for a new model of care based on diverse systems of care provision. Measures in response to COVID-19 need to go beyond those who have jobs in the formal sector and include informal, part-time, casual and seasonal workers and to also encompass unpaid work and unpaid care activities.

Research and policy analyses have made a strong case for gender-specific responses to the COVID-19 pandemic. McKinsey Global Institute Report (2020)²²⁴ has calculated that the value of unpaid care work carried out by women is \$10 trillion annually, or 13 per cent of global GDP. They argue that 'the importance of reducing the gender imbalance in responsibility for care cannot be overstated' and make the case for specific interventions including recognition of unpaid work, reducing its amount of unpaid care and a greater sharing between men and women. The strong message emerging from this report is that the stronger policy makers push for greater gender equality and resourcing of the care economy,

²²³ EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

²²⁴ McKinsey Global Institute (2020) *Global Research on the Gender Gap and the Case for Greater Diversity in the Workplace*. <https://www.mckinsey.com/featured-insights/gender-equality>. McKinsey Global Institute.

even as the COVID-19 crisis continues, the more positive change will happen, not just for gender equality but also for social and economic well-being.

Ageing increases demands on care systems, reflected in longer lifespans that are attributed a range of factors, including better healthcare. Care services addressing the specific needs of older persons should be developed alongside and complement family and community care networks. Longer life expectancy among women poses a risk of experiencing health problems. Older women already account for the majority of those in LTC facilities where COVID-19 infections rates were often rampant. Of concern are the social and economic pressures and the changing profile of households that impact on care needs and provision of care. Key principles are outlined below:

Box 4: Principles to inform a more Gender Equal Recovery Plan for Europe

A twin track approach is needed that on the one hand targets the care economy and on the other, builds gender equality criteria horizontally across RRF funding systems, including digital and green investments:

Firstly, 30% of RRF funds need to be ring-fenced and allocated to supporting the care economy, just as the digital and green economies are already ringfenced at between 20 and 30 per cent..

Secondly, gender equality budgeting should be applied to all the stages and levels of the budgetary process in the EU - and in the future to ex-ante and ex-post funding strategies.

Gender impact assessment should be carried out in advance on all expenditure and investment proposals and actual spending should be monitored. Gender mainstreaming approaches should be applied to social investments in care, as well as digital and green investments (linked to climate change policies and strategies).

Different dimensions of care need to be supported to ensure that longevity is linked to the highest attainable standards of health - not merely the absence of disease or infirmity - but also quality care that supports physical, mental and social well-being. Deinstitutionalisation of care for older people and people with disabilities has been shown to be a preferred option, promoting social inclusion of older people, preventing isolation and improving quality of life. Investment in more high quality models of care would generate more options that promote independence and autonomy. These could include for example, community-based complexes of supported housing with individualised spaces, communal facilities and access to support services.

It is critical that post-COVID 19 gender equality policies recognise that inequalities are experienced differently and to a greater extent by specific groups of women. For instance, research has revealed that unpaid care work is disproportionately carried out by non-EU born women and young women.²²⁵ As women's employment rates have increased, demand for cheap domestic and care labour was a pattern in pre-COVID-19 and is likely to re-emerge in post-COVID-19. An intersectional policy framework that takes into account experiences of racism, as differences in ethnicity and social class needs to be put in place:

Caring, from this perspective, is a doing that most often involves asymmetry: someone is paid for doing the care that others can pay off to forget how much they need it; someone is in measure of caring for somebody who needs care.²²⁶

²²⁵ EIGE (2017) *Economic Benefits of Gender Equality in the European Union* <http://eige.europa.eu/gender-mainstreaming/sectoral-areas/economic-and-financial-affairs/economic-benefits-gender-equality>.

²²⁶ Puig de la Bellacasa, Maria (2017) *Matters of Care – Speculative Ethics in More Than Human Worlds*. University of Minnesota Press. p 56.

Other sectors have faced particular needs and challenges during the pandemic. Lone parents have faced particular stresses with the restriction and closures of early childcare and education programmes, leaving many, mostly women lone parents to face tasks of continuously providing education and care in times of complete isolation. Many homecare and domestic workers carried out care responsibilities through the pandemic without adequate protective equipment and supports while others lost paid work without warning and without a safety net in social protection. Many of those with disabilities, including those who have daily care or high support needs, often living in closed settings, have been unable to access their usual support networks or had difficulties accessing services because of physical distancing restrictions.

Migrant women, who make up significant proportions of care workers in both formal and informal settings, experienced crises in maintaining paid work, accommodation and establishing residency rights through the pandemic. Women and men experiencing homelessness found day centres and other services closed or restricted during the pandemic with increased risks on the streets of assault, racist abuse and gender-based violence. In some countries, the LGBTQ+ communities have seen critical supports systems, such as NGOs and mental health services severely restricted or closed for stretches of time. Women in precarious situations, including homeless women and women in prostitution, lacked access to health and hygiene facilities during COVID-19, as well as safety and protection systems. Traveller and Roma people and ethnic minorities have also been particularly vulnerable to abuse as the pandemic saw fear and hostility expressed more openly and dangerously towards specific minorities. COVID-19 has seen a rise in gender-based sexual and domestic violence and little emphasis on policies to address the rise in gender, ethnic and racial violence or to strengthen support systems that have experienced funding crises as well as COVID-19 restrictions impacting negatively on service provision.

On the other hand, one of the exciting developments during the pandemic was the re-emergence of care networks or care communities grounded at local level. Traditions of mutual aid and support were strengthened during the pandemic and provided opportunities for new thinking and new strategies. A convincing argument is put forward in *The Care Manifesto* (2020) for the establishment of a counter-culture of collaborative actions and 'networks of belonging' during the pandemic, in contrast to the hyper-individualist, competitive, consumerist, self-help pre-COVID-19 culture. These appeared in local communities, neighbourhoods, libraries, parks, restaurants and diverse on-line groups. But the sustainability of these newly established interconnections and networks need support from within the caring system, not to disrupt their organic development but to provide forms of structural support, so these new developments are not expected to fill gaps in social protection and care, but to develop alongside high quality services and income supports:

Communities based on caregiving and caretaking provide each other with mutual support...The development of local mutual aid groups in Europe and elsewhere during the COVID-19 pandemic has been an excellent example of how such neighbourly support networks can expand to provide what we term 'promiscuous care'. Caring for a wide range of people by offering support beyond immediate kinship networks is one hallmark of a caring community.²²⁷

Interventions are needed to enable better recognition of unpaid work, reduce the amount of unpaid work, and rebalancing it between men and women. Responsibilities of employers are recognised by McKinsey in relation to the funding of childcare, making available more employee-led flexible work practices, review of gendered promotional processes, closing the gender gap in digital inclusion and

²²⁷ The Care Collective (2020) *The Care Manifesto. – the politics of interdependence*. London-New York. Verso

more support for women entrepreneurs. In the coming period, it is critical that the EC implements close monitoring and review of the Work Life Balance Directive in order to ensure that it is meeting gender equality objectives. Enhanced leave systems that have emerged through the pandemic need to be maintained. With so many corporations at a global level shifting to more flexible working, this new model of working has the potential to enhance gender equality by more sharing of unpaid care work. But an alternative scenario is one in which gendered inequalities in care become further entrenched, unless home-based working is linked always to increased access and affordability of quality diverse services.

A vision of gender equality post-2020 requires a critical shift in thinking about care, caring activities and the care sector and the interconnections between care and gender inequalities. Breaking the link between gendered inequalities and care would create the opportunity for a new model of care, that values inter-dependence, respecting quality of life of carers and care recipients. Re-establishing gender equality as a fundamental value of the EU needs a framework that encompasses paid and unpaid work and guides the development of law and policies towards a more ethical economy. Mainstreaming gender equality means that the care economy is brought into the centre of economic and social policy together with ethics of care should drive policies that aim to enhance gender equality.

The focus of the EU *Recovery Plan for Europe* is predominantly about the transformation towards a digital and green economy, and this is envisaged to take place without centrally addressing gender issues related to this transformation. Social and health investment have no set targets nor ring-fencing of funding, while funding targets are set for green (37 per cent of total funding) and digital transition (20 per cent of total funding). References are made to gender mainstreaming and gender equality, but against this there are no targets or ringfenced funding, neither is there a commitment to ensuring gender expertise has, or will be, built into the planning and monitoring process. While the need for a gender equality perspective on the COVID-19 pandemic and gender mainstreaming in responses to the crisis is well recognised in EU documents (see below) this is only very partially reflected in the EU *Recovery Plan for Europe*.

Gender-sensitive COVID-19 crisis management requires the EU to mainstream gender in the design and implementation of emergency and recovery policy responses, including gender analysis, gender impact assessment, collection of sex-disaggregated data and developing gender indicators in all sectors. At the same time, it is essential to promote gender skills and expertise. Ensuring gender balance in decision-making processes on prevention and strategic responses to COVID-19 in all countries can significantly strengthen governments' responses (OECD, 2020v). Unless gender mainstreaming is implemented, policy responses to the COVID-19 outbreak will likely fail to address, or even possibly exacerbate existing systemic gender inequalities and/or contribute to gender equality 'pushback movements'.²²⁸

The critical question is how gender equality is to be resourced and promoted at EU and MS levels, and how to ensure it is a central goal of all forms of institutional action, in the post-COVID era. The evidence from research is clear: what is good for greater gender equality is also good for the economy and society as a whole. The COVID-19 pandemic has created a new urgency to re-vision the care economy based on the principle of gender equality and social justice. Removing barriers to paid employment for women and enhanced participation in socio-economic and cultural life, generates social and economic benefits for everyone. Alternatively, increased gender inequalities in care that have been highlighted

²²⁸ EIGE (202e) *Gender Equality and the socio-economic impact of COVID-19*. <https://data.consilium.europa.eu/doc/document/ST-5955-2021-ADD-1/en/pdf>

in the pandemic will be allowed to remain, leaving many diverse economic opportunities unexplored and negatively affecting the lives of women.

6.4. Best Practices and the Care Economy

An initial assessment of the national recovery plans submitted by MS to EC is that, for the most part, the social and human infrastructure encompassed by diverse care activities and a diverse care sector are not supported by this major funding of investment for recovery. Mentions of gender and gender equality are sparse, there are no references to unpaid work. References to care are mainly in the context of early childcare, and references to LTC are extremely thin on the ground. So, the task of shifting the perspective of the EU *Recovery Plan for Europe* is enormous, as a gender lens is hardly evident and the themes of green and digital investments hugely outweigh concerns with care and care services. Interconnections between digital and green investments and gender equality are rarely made and intersectionality between gender and other inequalities are also limited, mainly to the consideration of formal labour market programmes. It is as if gendered inequalities and the impact of COVID-19 has been rendered invisible, and despite the availability of considerable research and policy analysis, the reality of women's lives are hardly ever prioritised. The scale and gendered nature of unpaid work, exacerbated by the pandemic, continues to be left outside the door of the policy framework applied by the EU and MS.

Examining the preliminary recovery plans of the eight countries selected for this study, there is only one recovery plan that includes a clear reference to the care economy: the Spain's Recovery, Transformation and Resilience Plan (SRTRP).²²⁹ The strongest recognition and prioritising of the care economy is evident in the Spanish recovery plan and reflected in best practice – other examples across the selected countries are weaker.

Estonia: Healthcare and social protection expenditure at €446 million constitute a significant portion of funding under the RRP for Estonia (ERRP). The *Estonia 2035* strategy which underlies the ERRP has a stated focus on 'an intelligent, active, and health-conscious person; an open, caring and cooperative society; a strong, innovative, and responsible economy; a safe and high-quality living environment that considers everybody's needs; and trustworthy and human-centred governance'. However, these objectives are not reflected in the composition of funding under the approximately €1 billion ERRP which are allocated to five areas: healthcare and social protection (EUR 446 million), business (EUR 337 million), e-governance (EUR 135 million), energy and energy efficiency (EUR 92 million) and transportation (EUR 96 million). While the largest share is attributed to healthcare and social protection, expenditure is primarily allocated to a significant healthcare physical infrastructure, including €380 million for a new hospital in Tallin, funding for two emergency service helicopters €56 million with the remaining allocation of €10 million to training of staff in healthcare facilities and care homes. 20 per cent of ERRP investment is allocated to supporting digital transition and 37 per cent to supporting the green transition. There is no mention of the care economy and there no apparent funding to training and education outside of the formal healthcare setting.²³⁰ There is a reference to LTC and whether staff in these facilities may benefit from staff training.

²²⁹ Spain's Recovery, Transformation and Resilience Plan (SRTRP) (2021)

²³⁰ Estonia Recovery and Resilience Plan (ERRP) (2021)
<https://www.rahandusministeerium.ee/sites/default/files/Valistoetused/uk...>
 See also the principles of Estonian financing priorities: <https://www.rahandusministeerium.ee/sites/default/files/Valistoetused/uk...> (PDF)

Finland: Finland's Recovery and Resilience Plan (FRRP 2021)²³¹ *Plan for Finland* focuses heavily on green and digital transitions as well as competitiveness, which make up three of the Plan's pillars and consequently has limited focus on the care economy. The fourth pillar is designated as: 'Strengthening access to social and health care services and increasing cost-effectiveness' which highlights faster access to healthcare and more flexible delivery of healthcare, but does not address a broader definition of care.

While Finland already has high levels of public support for childcare, and a strong system of leave entitlements, reliance on informal care and institutional systems for LTC continues to be significant. Some examples are included for enhanced community-based care supports with quicker and more immediate access to primary health care and mental health services. Investment in social infrastructure to improve LTC in Finland is clearly needed as research evidence has revealed, but this has not been highlighted to date. The large majority of funding under the Finish Plan is focused on digital and green investments, reflecting existing priorities at EU level. This emphasises the importance of adjusting the central EU framework RRF as MS will likely follow priorities determined by that framework and consequently marginalise the care economy.

Germany: Germany's Development and Resilience Plan (DARP 2021) puts a clear emphasis on moving towards a more 'resilient economy and society' in the post-COVID-19 scenario and also the importance of a 'strong welfare state'.

Box 5: Germany Best Practice Childcare Financing 2020-21

A new investment programme *Childcare Financing 2020-21* to the value of €500 million that aims to increase the level of day care for children from birth to school entry is incorporated into the Plan. Investment is envisaged to take place through local authorities in new buildings, conversions, renovations and refurbishments with the objective of providing additional childcare place

Being able to attend a day-care centre particularly benefits socially disadvantaged children and strengthens their skill levels. The availability of childcare facilities is considered essential to create the conditions to enable parents, especially single mothers, to participate in the labour market and/or increase their working hours (DARP 2021).²³²

This measure therefore is linked to country-specific recommendations by the EC to Germany on investment in education. It will improve wage levels and secure pension income for the early education sector, an important initiative for the care sector. Another initiative detailed in the DRRP is the *Digital Pension Overview* to the value of over €30 million which aims to provide access to a digital portal, bringing together details of each person's pension situation with recommendations for new measures to be taken to improve coverage. There are also other measures specified that have the potential to enhance gender equality, such as more inclusive systems of training and education and increased investment in the health system.

However, while approximately €1.4 billion on social inclusion measures (with a specific commitment to gender equality) are only a minor part, 4.7 per cent of the total expenditure of €29.3 billion under the DRRP. Here again, it is clear the because the EU have specified a high proportion of RRF to be

²³¹ Finland's Recovery and Resilience Plan (2021)

²³² *Germany Development and Resilience Plan (DARP) (2021)* [bundesfinanzministerium.de/Content/EN/ Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf](https://www.bundesfinanzministerium.de/Content/EN/Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf)

allocated to digital and green investments, this is reflected in the DRRP. So, unless the care economy is specified as a priority area of expenditure at central EU level, it is unlikely to be prioritised at MS level. German Plan.²³³ A further example of best practice is included below:

Box 6: Germany Best Practice. Tax measures for low income households

Some supports for households with children have also been included in the Plan, including a one-off payment of €300 per child. Tax credit for single parents are also to be substantially increased and more generally, conditions for access to basic income supports were relaxed on a temporary basis through suspension of means testing and granting of accommodation costs made easier for the duration of the pandemic.

“An effective community is the hallmark of a resilient economy and society. COVID-19 has made crystal clear how important a strong social welfare state is. The hardest-hit and the most vulnerable groups need our support. For this reason, a particular focus is on measures to promote social inclusion and participation in the labour market, which take gender equality into account. Social resilience also includes strengthening the public health system and fostering a pandemic protection scheme. Against that background, highly effective social infrastructure elements that protect the health of the population constitute an integral component of the DRRP”.

Greece: The Resilience and Recovery Plan (GRRP) for Greece²³⁴ shows significant amounts of funding allocated to care, to closing the gender gap in employment. The plan also addresses very high levels of unemployment among young people and women, particularly those without strong attachment to the formal labour market. Key measures to be implemented under the (GRRP) include: improved social benefits, enhanced childcare, measures to increase reintegration into paid employment for particularly vulnerable groups and importantly ‘diversity training in both the public and the private sector to fight discrimination based on gender, sexual orientation, age, disability, nationality and other characteristics’. Linked to the Country-Specific Recommendations from the EC, measures to enhance social services provision are included with the aim of greater social inclusion and reduced poverty through access to training and education and early childhood interventions. Reskilling and upskilling receive much attention in the GRRP with objectives of reducing economic and social marginalisation and of improving gender equality through access to paid employment. A best practice example for Greece is outlined below:

²³³ *Germany Development and Resilience Plan (DARP) (2021)* [bundesfinanzministerium.de/Content/EN/ Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf](https://www.bundesfinanzministerium.de/Content/EN/Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf)

²³⁴ *Greece Recovery and Sustainability Plan (GRSP)* [http://www.opengov.gr/minfin/wp-content/uploads/ downloads/2020/11/Greece-RRP-EN-1.pdf](http://www.opengov.gr/minfin/wp-content/uploads/downloads/2020/11/Greece-RRP-EN-1.pdf)

Box 7: Best practice Greece Transposing Work-Life Balance Directive

In an important initiative in a post-COVID-19 context, Greece is transposing the EU Directive on Work-Life Balance (following consultation with the social partners) and bringing in additional measures to enhance leave entitlements, for example leave for childcare, for single parents, for parents of sick and disabled children and leave for engaging with educational systems with the aim of ‘promoting gender equality.’

The Plan states that: ‘Increased access to effective and inclusive social policies includes reforms and investments targeted towards some of the most vulnerable population groups of the country, with the overarching aim of providing equal opportunities for all, irrespective of gender, ethnicity, sexual orientation, age, disability, and other characteristics.’²³⁵ Enhanced labour market activation, diversity training, pension reform as well as wider access to education and training programmes are centrally part of this Plan, with the aim to ‘reduce inequalities, poverty and the risk of social exclusion’.

A specific measure *Women in Digital* to improve the very low proportion of women specialists in the ICT sector (0.5 per cent) is to be implemented with greater gender equality to be attained in the composition of boards and of interview panels. Due to upgrading of skills of public sector workers, and ‘a targeted programme of buildings refurbishment’ a positive impact on the mainly female public sector is expected.

Ireland: Ireland is expected to receive €853 million in grants under the EU RRF in 2021 and 2022 and to date the Irish RRP (IRRP) is a reflection on the impact of COVID-19 and the establishment of a public consultation process on the IRRP. Strategic planning and submission to EU under the RRF has not yet happened. Country-specific recommendations received by Ireland from the EC in 2019 and 2020 included: investment in affordable and quality childcare; increased social and affordable housing provision; improved accessibility of the health system, especially primary care; address situation of ‘low work-intensity and vulnerable households’; upskill and address the digital divide.

Box 8: Ireland Best Practice Citizens’ Assembly on Gender Equality - focus on care

A key focus of the Citizens’ Assembly (CA) on Gender Equality in Ireland in 2020-21 which was set up just before COVID-19 by a resolution of the (Oireachtas) Parliament on care. The CA brought together a representative sample of 99 citizens (on the basis of gender, age and region) and a Chairperson (Dr Catherine Day, former Secretary General of the EC) supported by a full-time Secretariat and an Expert Advisory Group and went on-line during the pandemic. Under a model of ‘deliberative democracy,’ recommendations from the CA published in 2021 include: putting a new clause on gender equality and non-discrimination into the Irish Constitution; insertion of a new clause on the value of care, and a stated obligation on the State to support care and caring. Legislative and policy recommended measures included enhanced working conditions for carers in relation to pay, leave entitlements and a career structure; statutory right to long-term home care; universal pension; and a living wage. Recommendations also covered measures to address gender-based violence, the gender pay gap and gender quotas for gender representation in publicly-funded bodies in media, sports, arts and culture²³⁶.

Netherlands: The NRRP is focused on the three most important 2020 emergency measures aimed at preserving employment. Additional support is foreseen for healthcare, culture and education. The

²³⁵ Greece Recovery and Sustainability Plan (GRSP) <http://www.opengov.gr/minfin/wp-content/uploads/downloads/2020/11/Greece-RRP-EN-1.pdf>

²³⁶ Ireland (2021) *Report of the Citizens’ Assembly on Gender Equality*. Citizens’ Assembly.

recovery measures include additional spending on training and retraining and supporting transition to other work, the establishment of a national scale-up facility, and support to start-ups and scale-ups.

Private investment, especially housing construction, is supported and public investment projects are brought forward. A National Growth Fund is to be set up for public investments in the areas of infrastructure, research and innovation and skills (EUR 20 billion over the next five years, 2.5% of GDP). Revenue measures include a permanent reduction of the lower income tax rate, an increase in the labour tax deductibility, a reduction in the lower corporate tax rate, and an increase in health care premium.

Poland: The Polish RRP addresses five main themes which are addressed under the Plan. Three of these address green and digital investments, one addresses competitiveness of the economy and the third one is focused on increasing effectiveness, accessibility and quality of the healthcare system. Poland is set to receive a total of €58.1 billion from the EU RRF, of which €23.9 billion in grants. In addition, it can access loans worth € 34.2 billion on a voluntary basis. Of €23.9 billion in grants, €4.3 billion (18 per cent) is going to the health systems under which funding for the care economy can be implied but is not specified at this point. Right-wing opposition to the EU RRF (and more generally to the EU) has been significant with a Minister in the Prime Minister's office calling it a 'bad deal for Poland'.

Spain: Spain is one of the EU countries that has been most severely affected by the pandemic, with high levels of confirmed cases and deaths (second only to Italy) and severe contraction of the formal economy. This is not the case in any other preliminary versions of plans that have been examined for this Report. Allocation towards ecological transition, transport infrastructure and digital transformation make up 58 per cent of the funding under the Spanish plan and there is 42 per cent allocated for social spending (health, education, employment, culture and social policies). Despite the fact that the allocation to gender equality accounts for a small share of the overall funding under Spain's Resilience, Transformation and Recovery Plan (SRTRP)²³⁷ at 5.7 per cent of a total estimated expenditure of €140 billion, it is nonetheless notable for its specific inclusion of the care economy.

Box 9: Spain Best Practice Gender Equality one of four axes of SRRP

Spain is the only one of the selected MS for this Report to have specified funding for 'the new care economy and employment policies.' Gender equality is treated as one of *four* horizontal principles in the Plan (as well as ecological transition, digital transformations and social and territorial cohesion).

In financial terms the Plan includes 22 Emergency Plans for the care economy in particular 'to develop new networks of tele-assistance, modernise dependency care systems and develop new residential infrastructure that facilitates the autonomy of elderly people and dependents, and the reorientation of the long-term caregiving system toward a less institutionalised, more customer-centric model which is better connected with the primary healthcare network'. The commitment to gender mainstreaming in the SRTRP is outline below:

²³⁷ Spain's Recovery, Transformation and Resilience Plan (SRTRP) (2021)

Box 10: Spain Best Practice Mainstreaming gender equality and social inclusion

High rates of unemployment are common among women and young people and the plan states: “In particular, the COVID-19 crisis, given its three-fold - health, social and economic dimension, has had a particular impact on women’. The vulnerability of sectors where women are mainly employed and the disproportionate burden of unpaid work carried out by women is recognised in the SRTRP as well as the increase in gender-based violence. And the Plan concludes: ‘All of this proves the need to mainstream the gender perspective into the design of actions to tackle the economic and social crisis, thus preventing the deepening of gender inequalities’.

Alongside these are proposals to address precarious temporary employment and involuntary part-time employment, to establish a National Minimum Income as well as plans for better protection against gender-based violence and more humane asylum-seeking process. Details of the SRTRP are not yet available but it has the makings of an exciting plan.

6.5. Conclusion

Without the detailed content of the Recovery Plans submitted by selected MS, it is only possible to draw preliminary conclusions on the content of the strategic planning taking place. Unsurprisingly, it is very evident is the weighting by the EU *Recovery Plan for Europe* on the green transformation and digital transition is directly reflected in the plan of MS. Because the EU has not placed any priority on the care economy, MS have not placed the care economy central to their strategic planning – with one notable exception, the Spanish Plan for the recovery. However, it remains to be seen in the case of each MS how the gender impact assessment, committed to by the EC will be carried out in practice and whether gender indicators will be applied in assessing recovery plans. The role of the EP, MS and NGOs will be vital in attempting to shift the centre of gravity, at EU and MS levels, towards the care economy.

7. CENTRALITY OF THE CARE ECONOMY

KEY FINDINGS

Gender and social justice should be the key principles underpinning a range of different recommendations for a sustainable recovery, placing the care economic and social infrastructure at its centre. Investing in the care economy should be designated as public investment in social infrastructure. Recommendations should encompass paid and unpaid work, care and social protection, supports for the care sector and robust measures to combat gender-based sexual and domestic violence. The care economy should be placed centrally within the strategic planning process by EC and MS – gender budgeting should be built into the central budgetary process of the EU and Gender Impact Assessment should be applied systematically to MS Recovery and Resilience Plans.

7.1. Introduction

There is mounting evidence that COVID-19 has, and continues to, exacerbate gender inequalities. Enhanced gender equality should be a core principle of the EU Recovery Plan for Europe and investment in the care economy should be deemed *public investment in social infrastructure*. It is critical that MS Recovery and Resilience Plans (RRPs) detail existing gender equality issues at a national level and the strategies that are reflected in each RRP to address these issues. In this context, *gender equality recovery plans* should be developed at national levels, including policies and practices to address gender equality issues that have emerged during COVID-19. Gender equality goals and specific indicators should be specified in all funding programmes. EU institutions have recognised the gendered impacts of COVID-19 but there is a lack of focus on gender equality and the care economy in the recovery planning. The EC has called on MS to implement gender-aware and gender-sensitive responses to COVID-19 and to ensure that, in the recovery period, gender equality is taken into account. The EC needs to follow-through on this call by making *gender equality a core principle* in their central budgetary processes and in all aspects of the plan for funding the recovery at EC and MS levels. Early in 2021, the EP adopted by a substantial majority its major Report on COVID-19 emphasising the consequences of the pandemic for increased levels of gender inequalities, the importance of *gender equality recovery plans* at national levels that incorporate specific *targeted measures* to address gender equality.

Consequences of the pandemic on gender inequalities are now widely recognised, at both international and national levels: dramatically higher levels of unpaid care, loss of critical services in child-, elder- and disability care services; a crisis in LTC; increased gender-based sexual and domestic violence; higher female unemployment levels and limited access to sexual, reproductive, maternity and mental health services. These inter-connected impacts on gender equality of the pandemic create an urgent need for resources and policies to prioritise the care economy, and at the same time to address the ways in which disadvantage and discrimination intersect with gender inequalities; including social class, ethnicity, age, disability and racialised structures. Over-representation of women in precarious, low-paid jobs in retail, hospitality and personal services is evident across the EU - sectors significantly affected by the

pandemic. Eurofound estimated that women make up 61 per cent of those employed in these vulnerable sectors, hit hard during lockdowns and restrictions on a specific economic activities.²³⁸

EC should encourage and resource MS to put in place specific measures to support sectors critical to women's employment (such as hospitality, food, accommodation, tourism, retail and personal services) and boost women's employment by addressing the gender pay and earnings gaps, reducing vertical, horizontal and educational segregation and supporting women's employment in the green and digital economies. Funding care and the care economy should be seen as a *public or social investment* and *indicators* developed to highlight enhanced economic and social well-being, associated with an improved care infrastructure. Priorities to generate a gender-specific sustainable recovery from Covid-19 include reducing women's unpaid care work through the provision of good quality, affordable and accessible, diverse care services, and measures to support a more equal division of care responsibilities in households:

Investing in care, social, and education infrastructures and services is an essential and more effective path to recovery and employment creation than investment in physical infrastructure with the job creating potential of care investments being at least twice as large.²³⁹

Box 11: Recognising and valuing the care economy

The care economy and gender equality must be fully recognised, resourced and supported under the EC Recovery Plan for Europe.

Prioritising of the care economy and gender equality must be reflected in Recovery and Resilience Plans developed by MS.

Funding for the care economy should account for at least 30 per cent of the EC Recovery Plan for Europe expenditure to ensure equal standing with digital and green investments.

Note: In its current format, at least 37% of each MS plan has to be allocated to the green transition and at least 20% the digital transformation.

Access to care infrastructure affects how care recipients and carers for older people, people with disabilities and children manage their time. It also affects how carers take care of their own physical and mental health and their access to employment, participation in education and training and in political, cultural, sporting or social activities.

The challenge of the post-Covid era is to develop and establish a *new model of care*, a model based on care as a social investment critical, to economic and social well-being. Based on the dual principles of greater gender equality and increased social justice, the post-Covid EU Recovery Plan should have at its centre: recognition and valuing of caring activities; building a strategic response to gendered care work; the need for greater sharing of care; addressing diverse care needs carried out in different kinds of care settings; and protection of the most vulnerable and isolated, especially those subjected to

²³⁸ Bisello, M. et al (2020) *Women and Labour Market Equality: Has COVID-19 Rolled Back Recent Gains?* <<https://www.eurofound.europa.eu/publications/policy-brief/2020/women-and-labour-market-equality-has-covid-19-rolled-back-recent-gains>> accessed 17 May 2021.

²³⁹ De Henau, J. and Himmelweit, S. (2021) 'A Care-Led Recovery from Covid-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy' in *Feminist Economics* 2021. Nos 1-2, p 553-569.

violence and racialised abuse. New strategic thinking and recognition of the centrality of the care economy, has been the conclusion of much research and policy analysis:

Given the longer-term impacts of COVID-19 on gendered and multidimensional poverty, social protection responses that do not address the fundamental drivers of gender inequality, including unpaid care and responsibilities, will entrench already existing gender inequalities. As COVID-19 amplifies these inequalities, now is a critical window of opportunity to build more effective social protection to endure through future pandemics²⁴⁰.

A new model of care means reassessing our economic priorities and redressing neglected areas of public service investment, from elder to child care and care for those with disabilities. The intersection between gender, socio-economic and racialised inequalities have become a stark reality during the pandemic, and the 'new' normal cannot be allowed simply to re-establish and deepen these inequalities. Social protection systems that have failed to protect the most vulnerable, creating new marginalised communities of refugees, asylum seekers, new ethnic minorities pushed to the margins and borders of our societies have been exposed and need to be radically transformed.

Will the laying bare of those realities bring an ethical, social and gender justice response in the post-COVID-19 period? Or will we simply continue and fortify inequalities, thus reinforcing fragile democracies without a framework for social solidarity. A transformative measure of a new reality would be a focus on care - the redistribution and more equal sharing of care work, changing the way the care economy is valued, the care sector is supported and enhancing the conditions of care workers:

Our society cannot survive without the labour that these workers provide, this is surely the definition of an 'essential worker'. Given this definition, one would expect that a society which recognises the indispensability of these workers would seek to ensure that we have an economy which rewards these workers commensurate with the value that we place on their labour. This is not the case. Instead, we have an economy where essential workers are among the lowest paid people in employment. In many instances, some of these workers also face the most precarious forms of employment so that the inadequate reward they receive for their labour is also highly uncertain. In many cases, these low paid but essential workers are women and this is the driving force behind the persistent gender inequalities in our labour market²⁴¹.

Sustainability needs to encompass the care economy, together with environmental justice and technological change, to create a new vision for change that places care at its centre.

²⁴⁰ Nesbitt-Ahmed, Zarah and Subrahmanian, Ramya (2020) *Caring in the time of COVID-19: Gender, unpaid care work and social protection*. UNICEF. <https://blogs.unicef.org/evidence-for-action/caring-in-the-time-of-covid-19-gender-unpaid-care-workand-social-protection/> [accessed 2405.2021].

²⁴¹ Women's Policy Group Northern Ireland (2020) *COVID-19 Feminist Recovery Plan*. <https://wrda.net/wp-content/uploads/2020/07/WPG-NI-Feminist-Recovery-Plan-2020.pdf>.

Specific recommendations

7.2. Recommendations to European Commission

Core Recommendation:

Funding for the **care economy** should account for at least **30 per cent** of the expenditure under the EC *Recovery Plan for Europe* to create equal standing with the 37 per cent already allocated to green transformation investments and 30 per cent to digital transition investments.

7.2.1. Gender and equality budgeting

- EC to develop a clear policy framework that designates funding and supports to the care economy as social investments that are defined as key priority areas in EC economic and budgetary policies.
- Gender and equality budgeting should be systematically implemented at central EC level and at all stages of the budgetary process of the EC.
- Gender impact assessments and gender mainstreaming need to be resourced and carried out by the EC on its own central EC budgets and within all EC funding systems, both ex ante and ex post assessments.
- EC should apply gender equality indicators to the process of reviewing RRP submitted by MS, to each programme of funding included in RRP for EC funding including matching funding.

7.2.2. Research on care and exchange of best practices

- As recommended by the EP,²⁴² the EC should play an important role in facilitating the exchange of best practices on the quality, accessibility and affordability of care services.
- Exchanges of best practices should be facilitated by the EC, to enable sharing of experiences, knowledge and technical expertise of different models of care services, with the aim of enhancing the economic situation and protection of paid and unpaid carers.
- Research on models of care, caring, the care sector and the care economy should be prioritised across EC research and innovation programmes.

7.2.3. New data collection strategies

- Eurostat should collect disaggregated data on care, the provisions of different types of care and profiling the composition of both formal and informal carers, paid and unpaid care workers in relation to gender, age, nationality, disability and ethnicity.
- Data on care should be used in the development of an EU Care Strategy, encompassing a strategic approach towards carer providers and care recipients.
- Time use surveys should be centrally managed, produced by Eurostat, drawing on a data template completed at MS level, ensuring that complex time use data is available on a gender, age, ethnicity, nationality and disability basis, generating estimated values of unpaid work.

²⁴² European Parliament (2021) *The Gendered Impact of the COVID-19 Crisis and the Post-Crisis*. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf).

7.2.4. Social protection and minimum conditions of work

- EC should develop and resource an enhanced system of leave entitlements for parents and carers, including respite leave for full-time carers, formal and informal, paid and unpaid to address some of the gender inequalities inherent to these economic activities.
- EC should develop a stronger protection framework for migrant workers both inside and outside the EC and a policy framework to enhance the situation of low-paid work, in terms of pay and security.

7.2.5. Long-term Care for older people, asylum seekers and people with disabilities

- Legal entitlement to home- and community-based care should be established, under an EC Directive, following on from the principle already established under the European Pillar of Social Rights.
- EC should establish targets and timeframes for the provision of accessible, affordable and quality long-term care (similar to the process that established Barcelona targets for childcare).
- EC should review MS provision of care for people with disabilities and older people, both in residential care facilities, community-based care and household settings with the objective of making greater resources available and increased funding for transitions to home- and community LTC.
- Particularly vulnerable communities, such as asylum seekers, should be housed in community-based settings and with private individualised and family spaces with autonomous cooking and catering facilities and specific supports to integrate children with the wider communities.

7.2.6. Gender-based domestic and sexual violence

- Sexual and domestic gender-based violence should be defined and recognised as a *Eurocrime*, as proposed by FEMM Committee of the EP and the Istanbul Convention should be resourced at EC level and fully implemented across MS.

7.2.7. Sexual and reproductive health

- Funding should be provided at EU and MS levels to address the restriction on sexual and reproductive care services (including maternity care services) during the pandemic and a policy framework developed by the EC to ensure that full access to comprehensive reproductive (including abortion services) and sexual health services is available in every region of the EU and is inclusive of LGBTQ+ care needs and services.

7.3. Recommendations to both European Commission and Member States

7.3.1. Emergency Covid-19 Structures

- MS should ensure that emergency committees established by MS during the pandemic and post-pandemic are composed in a more gender equal manner, and particularly in the planning and development of RRP.

7.3.2. Revalue and redistribute unpaid work

- Women's unpaid work is a key factor in determining the persistence of gender inequality. Covid-19 pandemic has highlighted how the invisible work of the care sector is propping up

economies at global and national levels. Time use studies should be used at EC and MS levels to estimate the level of nature of unpaid work carried out by women and men in each MS.

- Economic structures and economic and social policies should be transformed in order to recognise, reduce and redistribute informal unpaid work, through greater investment in home- and community-based support services supported by EC funds and implemented at MS levels.
- EC and MS policies should support diverse kinds of households: the dual-earner-dual carer model, lone parent households; one person households or other forms of group households.
- Paid parental leave entitlements should be improved and established in each MS (wholly or least 50 per cent) on a non-transferable basis.

7.3.3. Older people, asylum seekers & people with disabilities in need of care

- Investment in de-congregated settings needs to be prioritised by allocating EC RRF renovation funding to develop more purpose-built high-quality individualised spaces for LTC settings.
- Policies towards moving from cost-intensive institutional settings to community- and home-based settings, should be implemented support by EC and implemented by MS in order to respond to evidence of stated preferences of care recipients.
- Autonomous and independent living policies should be supported for people with disabilities by EC and implemented at MS levels
- Provision for 24-hour home care or live-in care has an important role to play in facilitating the transition to home- and community-based care and should be supported and resourced through the pandemic and post-crisis, supported by EC and implemented at MS level.

7.3.4. New data collection strategies

- Time use surveys should be centrally managed, produced by Eurostat, drawing on a data template completed at MS level, ensuring that complex time use data is available for MS on a gender, age, ethnicity, nationality and disability basis.
- Indicators should be used to monitor and review recovery plans of MS, gender equality should be established as a core principle with specific key indicators to monitor enhancement of care provision, improvement of conditions of care workers and improved gender equality.

7.3.5. Improved working conditions in the care sector

- Substantive investment programmes should be developed at EC level to enhance the skills and qualifications of workers in the paid care sector, and implemented by MS linked to improved wages, leave entitlements, sick pay and pensions.
- EC should fund, in partnership with MS, the upskilling of the care workforce, to include both formal and informal care workers, paid and unpaid workers, provided in families, communities and institutions.
- A more comprehensive systems of after-school services should be developed funded by the EC, in partnership with MS. This could be partly facilitated by adapting existing school buildings and other facilities including respite leave for full-time carers, formal and informal, paid and unpaid.
- EC and MS should replace Minimum Wage with a Living Wage and move towards a system of Basic Universal Income and Basic Universal Services to establish a more comprehensive system of social protection.
- Training and educational qualifications should be linked to the establishment of a career structure for each different cohort of carers within a system of reciprocal recognition of qualifications at EC and global levels, and this should be implemented at MS levels.

7.3.6. **Childcare**

- EC in partnership with MS should invest in comprehensive training and education programmes for childcare workers, including early care and education workers and after-school care workers.
- Reskilling and upskilling of the existing childcare workforce should be carried out at EC level in partnership with MS, linked to a definite career structure.

7.3.7. **Gender-based sexual and domestic violence**

- Increased investment in emergency accommodation and refuge space should be urgently provided funded by EC in partnership with MS, with more individualised spaces or family spaces.
- Investment in the use of technology in safety and alert systems should be provided, funded by EC in partnership with MS.
- Funding should be allocated to enhance safety in urban settings, using increased monitoring and policing of transport systems.

7.3.8. **Sexual and reproductive health**

A policy framework developed should be developed by the EC, in partnership with MS, to ensure full access to comprehensive reproductive (including abortion services) and sexual health services is available in every region of the EU and is inclusive of LGBTQ+ care needs and services.

7.3.9. **Enhanced use of technology**

- Residential care facilities should be resourced and funded by EC, in partnership with MS, to have less reliance on congregated settings, create more individual spaces, enhance the use of creative technology in different care settings and facilitate greater autonomy of care recipients.
- Investment in digital technology should be increased by EC, in partnership with MS, and its contribution to home- and community-based care recognised, for example the use of monitoring and support systems and other forms of assisted technology. This should be combined with adaptive housing supports.

7.3.10. **Importance of NGOs and civil society organisations**

- **EC and the MS should maintain a supportive environment for civil society organisations connected to the care economy and the care sector, particularly through political and social support and a sufficient level of funding.**
- **The importance of the NGO sector to the care sector should be recognised and resources to NGOs that are critical to care provision must be maintained and enhanced at EC and MS levels.**
- **Civil society organisations with gender equality expertise should be consulted by EC and MS on strategies to enhance gender equality.**

7.4. Recommendations to Member States

7.4.1. Gender and equality budgeting and gender impact assessment

- MS should implement funding programmes to build capacity for gender and equality budgeting as well as tools for gender impact assessment and gender mainstreaming in their RRP.
- Strategies for Gender Impact Assessment and Gender Budgeting should be resourced and supported at MS levels.
- EC should develop a policy framework for the structures established for the implementation of the RRF should be gender balanced, and draw on specific expertise on gender equality policy, gender impact assessment and gender budgeting.
- Gender equality criteria should be built into the ex-ante and ex post-assessment of RRP submitted for approval by MS.
- MS should improve working conditions by full implementation of the Work Life Balance, the Gender Pay Transparency and the Anti-Discrimination Directives as well as the EC Strategic Framework on Health and Safety at Work 2021-27.

7.4.2. Social protection and minimum conditions in care sector

- MS should resource and fund the provision of inclusive social protection for formal and informal, paid and unpaid caregivers.
- MS should resource and fund an enhanced system of leave entitlements for parents and carers,
- Protections for migrant workers in home-based and institutional care should be developed and clear lines established for access to residency rights and citizenship at MS level.

7.4.3. Older people, asylum seekers & people with disabilities in need of care

- MS should invest in reforming, renovating and providing for new de-congregated residential LTC settings, with more individualised spaces in residential care.
- MS should move towards a system of increased community- and home-based care settings for older people and people with disabilities.
- MS should implement policies of dismantling of congregated setting for asylum seekers and provision of more appropriate individualised and family settings by MS.

7.4.4. Improved working conditions in care sector

- Unpaid care workers and community health workers should be provided by MS with adequate equipment and training to carry out care activities safely, protecting care workers and care recipients.
- MS should resource and fund the provision of inclusive social protection for formal and informal, paid and unpaid caregivers.

7.4.5. Gender-based, sexual and domestic violence

- MS should develop systems to link into new structures and policies at EC, based on the recognition of sexual and domestic violence as a *Eurocrime*, and the Istanbul Convention should be resourced at fully implemented at MS levels.
- Training and education programmes for volunteers and staff in gender-based, sexual and domestic violence services should be resourced on a multi-annual funding basis.

- Investment in second stage housing to facilitate households exiting the emergency systems should take place.

7.4.6. Sexual and reproductive health

- MS should ensure the re-establishment of access to reproductive and sexual health services, including preventative screening programmes that were restricted due to the pandemic, and ensure full access to comprehensive reproductive (including abortion services) and sexual health services in all districts and regions, and inclusive of LGBTQ+ care needs and services.

PART 2

COUNTRY PROFILES

8. COUNTRY PROFILES

8.1. Estonia

The level of female participation in the labour force in Estonia is above the EU average, at 76.3 and 67.5 per cent respectively in 2019. However, the gender pay gap of 22.7 per cent (2018) is also above the EU average of 14.4 per cent. In 2019, 38.5 per cent of women in the labour force were working part time, in comparison to 28.92 per cent of men.²⁴³ Nonetheless, affordable, high quality and accessible provision of childcare is likely connected to the high levels of women in paid employment, in addition to the absence of a care gap between childbirth and returning to work, which is only present in 7 EU member states. The Estonian childcare system guarantees a place for children from 6-18 months, which is also seen in Finland.²⁴⁴ Childcare costs must never surpass 20 per cent of the minimum wage, and in 2020 net childcare costs amounted to 8 per cent of the average income in a two parent household.²⁴⁵ The rate of child poverty is amongst the lowest in the OECD, slightly below Finland and Norway, and levels of literacy are some of the highest. Women are having children later and increasingly progressing to tertiary education before having children.²⁴⁶

In Estonia the number of children aged 0-18 has exceeded the number of adults aged 65-79 for more than ten consecutive years, unlike in countries such as Spain where the fertility rate in 2016 was substantially below the OECD average (1.3 compared to 1.7), the Estonian fertility rate is at the EU average (1.6).²⁴⁷ The difference in life expectancy between women and men is significant when compared to Western Europe, with women living longer and both sexes are seeing an increase in life expectancy. The shares of the population over 65 and over 85 are projected to increase by 2050, in turn heightening the level of dependency.²⁴⁸ Some demographic forecasts show that by 2030 a quarter of the population will be aged 65 and over.

In contrast to vastly comprehensive childcare coverage, the long term care (LTC) system is still relatively underdeveloped, with one of the lowest care worker to service user ratios at 0.19, while Germany has one of the highest at 1.1 (2017).²⁴⁹ The main challenges related to LTC in Estonia relate to access, adequacy and quality; working conditions; and financial sustainability.²⁵⁰ Growing disability rates, in line with the demographic trends, have been posing a strain for formal and informal care in the LTC system. The LTC system in Estonia is noted to have one of the lowest levels of coverage in the EU, estimated at one third of the care-dependent population. The system is characterised by remarkably strong family responsibility, which is expected to remain the backbone of the LTC system; and in turn, increasing pressure will fall upon informal carers as the aging population grows - with consequent negative social and economic impacts disproportionately affecting women.²⁵¹

²⁴³ <https://eige.europa.eu/gender-statistics/dgs> accessed 12.08.21

²⁴⁴ Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe* P.10 . Eurydice.

²⁴⁵ Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe* P.10 . Eurydice.

²⁴⁶ OECD (2020) *Early Learning and Child Well-being in Estonia*. <https://www.oecd-ilibrary.org/sites/28d65b83-en/index.html?itemId=/content/component/28d65b83-en> accessed 19.08.21

²⁴⁷ OECD (2020) *Early Learning and Child Well-being in Estonia*.

²⁴⁸ <https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

²⁴⁹ <http://ennhri.org/news-and-blog/overview-long-term-care-in-europe/> accessed 29.03.21

²⁵⁰ <https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

²⁵¹ I. Mozhaeva (2019) 'Who Cares? Evidence on formal and informal homecare use in Estonia' p.137. *Baltic Journal of Economics*.19.1.

8.1.1. Public and private

Since 2018, Estonian local governments are obliged to provide all children aged 1.5 to 7 years old, including those with special educational needs relating to physical or intellectual disability, with an opportunity to attend a local preschool childcare institution. Local governments are responsible for meeting the needs of families in their municipality and must consider opening times in addition to provision. Attendance is not mandatory but the 2020 Lifelong Learning Strategy in Estonia aims to provide all children with at least one year of preschool education. Preschool institutions are divided into crèche for children up to three years of age, preschool for children up to 7 years of age, and preschool for children with special educational needs up to 7 years of age. Parents are free to choose the preschool institution or childcare provider they prefer, and local governments allocate places based on the preferences of parents and proximity to their home or work.²⁵² Efforts are made to allow children from the same families to attend the same pre-schools. Municipal preschool institutions represented 90 per cent of the total number of childcare institutions in the 2018/19 academic year, with 96 per cent of children attending public preschool childcare institutions.²⁵³

Responsibilities for long-term care (LTC) provision are divided between: the healthcare system which provides nursing care, geriatric assessment services and nursing care at home; and the welfare system which provides LTC in welfare institutions, day-care services, homecare and housing services, as well as other social services. The organisational and professional fragmentation between healthcare and social care, working in two different systems with their own modes of operation, results in inefficiencies in the provision of LTC. The fragmentation is multidimensional, existing at financial, organisational, professional and policy levels, and occurring across care episodes, providers, settings and services. Better coordination between health and social care is critical for ensuring effective provision of LTC. Expenditure in both public and private sectors has increased on inpatient care, highlighting the needs for a more integrated system of LTC between the health and social sectors.²⁵⁴

Formal LTC is provided in both public and private sectors.²⁵⁵ LTC is provided as an in-kind social service and organised at the municipal level. Local governments carry out needs assessment, from which the individual care plan and service package is decided upon. However, due to strict budgets the provision of formal homecare is limited, with only those who are most in need receiving care. An estimated ten per cent of all patients using homecare are completely dependent and 82.5 per cent of those using home nursing care are elderly and chronically ill.²⁵⁶ The provision of formal homecare is not expanding rapidly enough to meet the growing needs of the population, in turn placing greater burden not only on families but also on institutional care - which demands higher public and private expenditure.²⁵⁷

The 65-85 age group constitute the majority of those using home nursing in Estonia, followed by those over 85. Women tend to outlive their partners and, at older ages, are more likely to have severe physical

²⁵² OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

²⁵³ OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

²⁵⁴ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁵⁵ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁵⁶ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁵⁷ I. Mozhaeva (2019) 'Who Cares? Evidence on formal and informal homecare use in Estonia' p.137. *Baltic Journal of Economics*.19.1

limitations.²⁵⁸ In 2015, there were around 90 home nursing centres plus a few self-employed home nurses in Estonia.²⁵⁹

8.1.2. Access and costs

In Estonia childcare and ECEC services are subsidised but not free. However, the cost to parents cannot exceed 20 per cent of the minimum wage. Government spending in Estonia on ECEC as a share of GDP was 1.17 per cent in 2015 and 1.16% in 2016, which is above the OECD average of 0.8%. Parental donations, in addition to the state and local budgets, finance public preschool institutions. Private services also received contributions from the local governments. Recent reports show that the socio-economic background of a child does not strongly influence access to formal care and educational services, unlike in countries such as Ireland. Attendance fees may differ based on household earnings. Estonian national policies have a strong emphasis on providing access to early education in rural areas, a provision which heavily relies on local governments to provide quality access to all children within the catchment area. In Estonia a significant proportion of the population are Russian speaking and this is catered for in terms of preschool institutions which are both mixed language (Estonian and Russian) and those which use either Estonian or Russian as the language of instruction. Potential economic and societal disadvantages have been identified which highlights the importance of children who are Russian speakers learning Estonian from an early age.²⁶⁰

Estonia is one of seven EU Member States, including Germany and Finland, which guarantees a place in publicly funded provision for each child from an early age (6 to 18 months).²⁶¹ It is additionally one of three countries with very low fees and enough supply to meet demand.²⁶² As a result, this means there is no gap in care provision from when the child is born until the mother returns to work. There is even some overlap when parents are still entitled to some weeks of childcare leave, particularly when both parents take leave, but a place in publicly subsidised ECEC provision is already guaranteed. Although attendance is not compulsory, the majority (nearly 98 per cent) of the children aged 8 to 7 participate to some degree in ECEC. Preschool attendance among children aged 1.5 to 3 years is 81 per cent, and 10 per cent of the same age group are in childcare (2020). For a child under 3 years of age, a parent may apply for daycare services instead of a place in a preschool.²⁶³ In both preschools and childcare services, parents cover the enrolment fee and the cost of meals, which differs by the age of the child and depends on factors including the administration costs of the institution, but it may not amount to more than 20 per cent of minimum wage.²⁶⁴

The length of time children spend on average per week is high in Estonia. In 2017 children aged two and under spent on average 30 hours a week in ECEC, and more than 80 per cent of children aged three to six spent 30 hours or more in formal ECEC, compared to only around 80-50 per cent of children in

²⁵⁸ . Mozhaeva (2019) 'Who Cares? Evidence on formal and informal home care use in Estonia' p.185. *Baltic Journal of Economics*. 19.1

²⁵⁹ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.9 . EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁶⁰ OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

²⁶¹ Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. P.9 . Eurydice.

²⁶² Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. P.51. Eurydice.

²⁶³ https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-28_en accessed 13.08.21

²⁶⁴ https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-28_en accessed 13.08.21

the EU. These numbers vary according to the needs of the parents in each area, as opening times are based on the needs of local families, which means in some cases the number of hours children spend in ECEC might be more than 80 hours a week.²⁶⁵ This service is only available in a few EU member states. The proportion of children over 3 in full time childcare is one of the highest in the EU, while the rates of those under three are lower in terms of average EU enrolment numbers, likely due to the generous parental leave benefit system that provides three years of parental leave with guaranteed employment in the previous workplace upon returning from leave.²⁶⁶ The proportions of two and three year olds in ECEC settings were above the EU average in 2016.

Public funding for LTC is low and formal LTC services are failing to meet the needs of the population, particularly in relation to homecare services. Only 1 per cent of the population use formal LTC home based services, in comparison to 10 per cent in Belgium,²⁶⁷ and 31.3 per cent of those who do have access to formal homecare services in Estonia report having to pay (2016).²⁶⁸ The services are unevenly distributed and access depends not only on the severity of need but also the capacity for funding of the local government, in spite of legal obligations to provide LTC. The lack of home based care has resulted in increased demand for general care home services, the use of which has seen increases in recent years. The cost is more than the monthly pension and consequently places increased financial burden upon the user and their family.²⁶⁹ 2.2 per cent of the population over 65 are in care institutions, and 2 per cent of those over 65 receiving home help.²⁷⁰ Access to inpatient nursing care services is uneven across the country, and the coverage of home-based services for the elderly has barely expanded despite relatively low unit costs of home-based services.²⁷¹ Most elderly people finance social services from their state-provided pension, which is often not sufficient to cover the costs of even the least expensive general care home. By expanding the less costly home care services the LTC system would benefit from a shift away from more expensive and more limiting institutionalisation. Nonetheless, in the absence of adequate publicly financed coverage, the burden of care falls disproportionately on informal caregivers, giving rise to significant economic and social costs.

A 2018 EU Commission report highlighted that most informal carers in Estonia are elderly and have their own health problems, and often lack the means and knowledge to provide a high enough quality of care. Others who are of working age may decide on part-time work, or to drop out of the labour market due to the high care burdens.²⁷² The reliance on informal care is underpinned by the Constitution of the Republic of Estonia, which stipulates that the family is required to provide care for its members in need. Informal carers receive cash benefits from their local municipality, however, this support is very limited.

²⁶⁵ OECD (2020) Early Learning and Child Well-being in Estonia. OECD.

²⁶⁶ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.88 ESRI.

²⁶⁷ EIGE (2020) *Gender equality and long-term care at home* p.18. EIGE.

²⁶⁸ EIGE (2020) *Gender equality and long-term care at home* p.18. EIGE.

²⁶⁹ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁷⁰ <https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

²⁷¹ <https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

²⁷² Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

8.1.3. Conditions of employment in care sector

Estonian parents are eligible for three years of parental leave with guaranteed employment in the previous workplace upon returning from leave, which includes 835 days of paid leave. A new system of leave was gradually implemented between 2018 and 2020, granting longer paternity leave with a view to improving gender equality around flexibility in the return to work and combining parental leave with part time work. The previous parental leave system was rigid and drove parents (mostly mothers) away from the labour market for a period of 1.5 to 3 years, making it difficult to combine part-time work with care responsibilities. The highest shares of women in the EU reporting work interruptions (career breaks) had been reported in Estonia (68 per cent).²⁷³ This rigidity was also suggested to be one of the reasons for fathers' low take-up of parental leave and benefit. Under the new system, paid maternity leave is 180 days and paternity leave was increased from 10 days to one month of paid leave, the 'daddy month', to be taken 30 days prior to the due date or up until the child reaches three years of age. Parental leave cannot be taken by both parents at the same time and the benefit is granted until the day the child attains 18 months of age, and it may be taken 30-70 days before the date of birth.²⁷⁴ The plan is that this leave will be covered by a parental benefit which will be non-transferable. In 2017 paternity leave uptake stood at 53 per cent, but it may be higher since the introduction of the new leave system. However, the changes in terms of financial benefit are not significant and it was suggested that take up may be modest.²⁷⁵

In ECEC in Estonia the vast majority of teachers are women at 99.8 per cent, one of the highest rates in the OECD, and 69 per cent of whom have higher education (2019). Increased spending on ECE has led to improved salaries for preschool teachers which in 2018 constituted 79 per cent of the full time average salary of an adult with similar education.²⁷⁶

Formal care is provided in either the public or private sector, by care assistants who are under some form of employment contract, and who are mainly lower-skilled caregivers or nurses. However, as most LTC providers are informal there is little training and skills development or actual planning of human resources. In 2018 just 0.8 per cent of the workforce were social workers involved in providing services without accommodation (i.e. at home or in the community), in contrast to countries such as Finland and Denmark where they represent 5.2 and 6.7 per cent of the workforce respectively.²⁷⁷

The majority of LTC care is provided informally by the family – largely, although not exclusively, by older women.²⁷⁸ Informal care responsibilities curtail family members' ability to participate actively in the labour market which leaves them under extreme financial pressure as the average monthly allowance for caregivers of working-age adults and elderly people with official severe disability status is about €21, while for profoundly disabled status this is increased by €11-12.²⁷⁹ Some municipalities allow carers to work while others do not. The allowance is a very limited cash contribution which is provided by local authorities to carers. The conditions of access as well as the amount of the allowance

²⁷³ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.89 EIGE.

²⁷⁴ OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

²⁷⁵ European Commission (2017) *Estonia: Reform of the parental leave and benefit system to better reconcile work and family life*. European Commission.

²⁷⁶ OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

²⁷⁷ EIGE (2020) *Gender equality and long-term care at home* p.21 EIGE.

²⁷⁸ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

²⁷⁹ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

are regulated by local authorities and may therefore vary. According to the Ministry of Social Affairs, In 2019, the average annual carer's benefit per beneficiary was €510 (ranging from 16 to 212 euros per month), average payment per month for carer providing care for an adult was €85 and for child €70.²⁸⁰ A short term carer's leave is available for up to 18 calendar days for people who's employment is disrupted due to urgent caring responsibilities. A parent of a disabled child has the right to have one day of leave per month, remunerated according to the parent's average earnings, until the child reaches the age of 18. In addition, every parent who raises a child under 18 years or a disabled child under 18 has a right to receive 10 days of unpaid vacation each year.

8.1.4. Conclusions

Estonia and Ireland have a greater concentration of single mothers at risk of poverty (88 per cent) than other EU member states, which has been highlighted as a significant vulnerability in the face of the COVID-19 pandemic,²⁸¹ as mothers are required to work from home, or are at risk of unemployment, while caring for children due to school and childcare closures.

There are some stark contrasts between the quality, cost and accessibility of childcare and LTC in Estonia. Overall, childcare provision meets needs particularly in relation to children between the age of 3 and 7, providing in many cases full time care to accommodate parents' working hours. 2017 data shows that Estonia had the highest proportion of children over 3 in full time childcare (over 30 hours per week).²⁸² Lower provision of care for children under three may be attributed to the extensive parental leave granted, which is up to three years. The job security which is guaranteed to both mothers and fathers is a significant positive. However, there are indications that this could be prohibitive to women accessing full time or part time work in the labour force, in part due to the fact that throughout the last decade 90 per cent of parental leave had been taken by mothers. An effort to redress the imbalance in the care burden caused by traditional gender roles have been seen in recent years with the addition of the 'daddy month' of paternity leave, however, the impact of this remains to be seen.

Considering future needs and expenditure demands, Estonia needs to explore new financing models for LTC,²⁸³ given its low levels of public spending which have resulted in a wholly inadequate system which places undue burden upon families to act as carers with negligible support. Greater levels of financial and emotional support are crucial, in addition to respite provision and training for informal carers. The existing fragmented LTC system, divided between the healthcare and social care systems, results in inadequate provision, quality and consistency of care and leaves many patients in need - and a great deal more in the future when considering the projections regarding aging population, disability rates and life expectancy. Not only would effective coordination improve outcomes and quality for people with varying care requirements, but it would also contribute towards a more affordable system for users and local governments suffering from budget constraints. A lack of data relating to LTC has been identified and in order to improve the health and welfare systems of the state it is vital that high quality is collected to support future planning.

²⁸⁰ <https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

²⁸¹ European Parliament (2021) *The gendered perspective in the COVID-19 Crisis and Post-crisis period.* <https://www.europarl.europa.eu/ireland/en/news-press/report-on-COVID-gender-adopted-by-the-european-parliament>

²⁸² Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe.* p.88. ESRI.

²⁸³ Paat-Ahi, G and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia.* P.8 EE_ESPN_thematic%20report%20on%20LTC.pdf

8.2. Finland

The right to affordable and accessible social care services is enshrined in the Nordic social care regime, and it is the obligation of regional governing bodies to provide these public services. This is linked to the high level of female participation in the labour force in Finland, at 75.8 per cent compared to the EU average of 67.3 per cent (2019). Finland is a country with a tradition of high representation of women in representative politics and in decision-making. Currently, key ministerial roles including the Prime Minister, Ministers for Finance, Justice and Education are all women - linked to a strong tradition of accessible childcare services and leave entitlements. Traditional gender roles and social obligations do not place heavy responsibility on women to provide informal care at the cost of their own career opportunities. 18.2 per cent of the total labour force are in part-time employment (male part-time rate is at 7.7 per cent). 12.9 per cent of women working part time do so on an 'involuntary' basis due to care responsibilities for children or incapacitated adults. 7.5 per cent of Finnish women, and 8.8 per cent of men, report finding it very difficult to combine 10 hrs paid work per week with care responsibilities, suggesting that in spite of universal access to care provision there is still scope for improvement. These statistics, however, are more favourable than the female and male EU averages of 16.3 and 10.5 respectively.²⁸⁴

In the last decade both public and private care services, sourced and organised by the individual municipalities, have been central to provision of childcare and long-term care (LTC) for older people and those with disabilities. Universal access to services is particularly evident in the case of Finnish childcare. Finland rates highly in terms of the accessibility and affordability of its childcare system. Obligations fulfilled by regional municipalities to provide care, even round-the-clock 28-hour care if necessary, stands out as its major strength. A mere 0.8 per cent of the population cite lack of service as a reason for not using formal childcare services, in comparison to the EU average of 2.6 per cent. Parents in Finland are accustomed to a well-developed, reliable and comprehensive childcare system. Universal access to day care has been the right of each child since 1990.

Looking at the Finnish LTC system, the slowness of the transition away from a heavy reliance on institutional care - particularly after the 'care crisis' experienced in 2019 - has been subject of some criticism. Overall, the social democratic model of provision recognises the importance of care and shows an understanding of the value of quality care provision. Unmet needs appear relatively low in a European context, but unmet LTC needs when compared to other Nordic countries are somewhat higher, particularly in the context of home care provision and accessibility. In keeping with European demographic trends, Finland has a rapidly ageing population. In 2000, 15 per cent of the population was 65 years and over, by 2019 it had increased to 22 per cent. This demographic is predicted to further increase to 28 per cent by 2050; a shift progressing so quickly that Finland ranks among the five fastest ageing populations worldwide.²⁸⁵ In addition, life expectancy is increasing, with women continuing to live longer, and the number of women in the paid workforce (78 per cent) is the highest in a decade.²⁸⁶

²⁸⁴ EIGE (2021) <https://eige.europa.eu/gender-statistics/dgs> accessed 20.03.21

²⁸⁵ <https://www.sttk.fi/en/2020/02/23/population-ageing-mismatches-lives-and-finnish-society/> accessed 07.08.21

²⁸⁶ <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 01.08.21

8.2.1. Public and private

Childcare in Finland is mainly formal. The main types of services are: day care centres open full-day, all-year round, family day care homes/places which are also full time throughout the full year and include round-the-clock care, if needed. Most children are enrolled in full-time care and pre-school classes for children aged 6-7 years are half-days during term time and are supplemented with day care.²⁸⁷ The system of provision is a combination of public and private services, for which operating hours and annual duration of services vary. In Finland, 80 per cent of early childhood education is publicly funded and operated. Private entities — mostly family-run day care — make up the remainder.²⁸⁸ Fully privatised childcare accounts for 7 per cent of services; parents can access private childcare allowances for both fully private and services outsourced by the municipalities to selected private providers.²⁸⁹ In 2019, 76 per cent of child care was provided by municipal centres, 6 per cent in municipal family day care and 18 per cent in private ECEC centres or family day care.²⁹⁰ The national core curriculum governing pre-primary education is the same regardless of the setting.

The basic principle of the Finnish LTC system is that it is a publicly funded, universal system that is open to every citizen²⁹¹. Since the 1950s the public sector has assumed responsibility for the majority of care service provision for adults and children. However, since the privatisation of care in Finland, in which market-like mechanisms have gained increasing importance within the public sector, there has been an increased mixed market of providers.²⁹² A move away from state-provided care towards integrating private services, in order to create a mixed governance model, has meant that the for-profit market has grown considerably.²⁹³ Half of sheltered housing is provided by the private sector,²⁹⁴ but mostly outsourced by the individual municipalities who provide subsidies thus ensuring care to those who need it.

The Finnish LTC system covers the whole spectrum of LTC services. The LTC systems operate in a decentralised manner and residence determines entitlement to LTC. Once applicants make contact with the municipality, a decision is made on the provision of a suitable care service.²⁹⁵ There is no particular rule for deciding who is eligible for which service, so whether an older person is to receive home care or institutional care is up to the municipality. Criticisms have been voiced in relation to disparities in the amount and quality of care people receive in different municipalities²⁹⁶. Options from basic to full-time provision of care encompass both home care and home nursing care which have a personal or social focus. Sheltered housing services - a relatively new addition to the list of LTC provisions - can be divided into two categories, ordinary sheltered housing and sheltered housing with a 28-hour service for care and medical facilities. Traditional institutional care in nursing homes is also

²⁸⁷ OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

²⁸⁸ <https://upshotstories.com/stories/educating-finnish-preschoolers-remotely-amid-the-COVID-pandemic> accessed 15.03.21

²⁸⁹ OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

²⁹⁰ Eurydice <https://eacea.ec.europa.eu/national-policies/eurydice> accessed 16.03.21

²⁹¹ Anttonen, A., & Häikiö, L. (2011) 'Care 'going market': Finnish elderly-care policies in transition in *Nordic Journal of Social Research*, 2. <https://doi.org/10.7577/njsr.2050>

²⁹² NOSOCO, 2017. *Social Protection in the Nordic Countries Scope, Expenditure and Financing*.

²⁹³ Anttonen, A., Haikio, L. (2011) 'Care 'going market': Finnish elderly-care policies in transition', p.86.

²⁹⁴ LTC COVID webinar 8th March 2021

²⁹⁵ Johansson, E. (2010) ENEPRI. *The Long-Term Care System for the Elderly in Finland*. P.2. <http://www.ancien-longtermcare.eu/node/27>

²⁹⁶ Anttonen, A., & Häikiö, L. (2011) 'Care 'going market': Finnish elderly-care policies in transition' in *Nordic Journal of Social Research*, 2. <https://doi.org/10.7577/njsr.2050>

provided together with inpatient departments within health care centres.²⁹⁷ Different but intersecting processes (such as contracting out, the use of vouchers, tax credits) have been part of the 'marketisation of care', through which social care as a public good has become increasingly a 'commodity' purchased in (social care) markets.²⁹⁸ Considerable variation between services is evident. Housing (sheltered and extra-care housing) is one of the social care related services in which the role of private non-profit and for-profit service provision is most widespread. Care homes, however, are mainly provided by the public sector. In 2008, 12 per cent of care homes were provided privately. Currently, approximately 56 per cent of non-public home-help service provision was for-profit and the rest non-profit provision.²⁹⁹

8.2.2. Access and costs

Local authorities have an obligation to provide each child under compulsory school age with day care, according to local need once parental leave has expired. After-school care is not an obligation, however, the state provides considerable subsidies which allow each child a minimum of 570 hours annually. Participation in pre-primary education or corresponding activities has been mandatory since August 2015.³⁰⁰ At 0-1 years almost all children are cared for by parents. Nonetheless, relatively close to half of those aged 2-3 are in ECEC services (83.9 per cent) and 96 per cent of children enrol in pre-school classes, 70 per cent of whom also attend day care.³⁰¹

In Finland, mainstream childcare services are inclusive of children with diverse needs. 7 per cent of children in ECEC have special needs; 85 per cent of children who receive special support are in mainstream programmes, the remaining 15 per cent in special groups representing about 1 per cent of children in ECEC. The child poverty rate in Finland is 2.8 per cent, which in 2016 was the lowest in the OECD. Unlike in countries like Ireland, income does not determine access to childcare. The inclusive approach extends to migrant children, and the small indigenous Sami population in Lapland, for whom supportive policies exist.³⁰² Spending in relation to GDP and per capita on ECEC is high, as in all Nordic countries. In terms of affordability, the cost of childcare for an average couple in 2020 was 18 per cent of their salary. However, cost is not a barrier as fees vary according to income level. In 2018, 0.6 per cent of Finnish parents cited cost as the main reason for not using childcare services, an extremely low level when compared to the EU average was 7.5 per cent. Parents pay 11 months of heavily subsidised fees per year and pre-school hours for those of 6 year are free.³⁰³ A flat-rate flexible care allowance is available to parents with children under age 3 who work no more than 30 hours per week. The allowance may take the form of a supplement towards childcare costs in the home, or a supplement towards the costs of private childcare.³⁰⁴ The allowance can be paid to both parents at the same time, if they make work arrangements that allow them to care for their child at different times. This is also available (at a lower rate) to parents with 7- and 8-year-olds during the first two years of compulsory school. However, it has been noted that due to the conditional nature of the allowances (that childcare

²⁹⁷Forma et al. (2020) *COVID-19 and clients of long-term care in Finland – impact and measures to control the virus*. LTCCOVID, International Long-Term Care Policy Network.

²⁹⁸Anttonen, A., Haikio, L. (2011) 'Care 'going market': Finnish elderly-care policies in transition'. p.73 <https://doi.org/10.7577/njsr.2050>

²⁹⁹ Anttonen, A., & Häikiö, L. (2011) 'Care 'going market': Finnish elderly-care policies in transition' in *Nordic Journal of Social Research*, 2. <https://doi.org/10.7577/njsr.2050>

³⁰⁰ Eurydice <https://eacea.ec.europa.eu/national-policies/eurydice>

³⁰¹ Eurydice <https://eacea.ec.europa.eu/national-policies/eurydice>

³⁰² OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

³⁰³ OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

³⁰⁴ NOSOCO (2017) *Social Protection in the Nordic Countries Scope, Expenditure and Financing*. P.67.

is being provided by only one of the parents) they may weaken parents' financial incentives to work, disproportionately impacting on women.³⁰⁵ In 2019, 12.9 per cent of Finnish women cited working part time involuntarily due to care responsibilities for children or incapacitated adults, yet this is still very significantly below the European average of 28.8.³⁰⁶

In terms of access to LTC, the model for universal provision of care still leaves a small percentage of citizens reporting difficulties in availing of services due to cost. The latest EIGE statistics (2016)³⁰⁷ report 8.2 per cent of women and 1.5 per cent of men citing cost as making access to services very difficult. Nonetheless, against the European average of 9 per cent, it is the lowest rating country in this category of the eight chosen for this report. A lack of obligation for municipalities to provide data makes it difficult to ascertain the extent to which access to LTC services is limited.³⁰⁸ Further, issues around the quality of the provision of institutional care have been highlighted by critics, with reports of overcapacity/overcrowding and many institutionalised when only 'light care' is required. As the care systems operate in a decentralised manner, there are differences between municipalities; in certain areas less than five per cent of people aged 75 and over are in institutional care, while others have triple that figure.³⁰⁹

Public expenditure on LTC services varies considerably in EU countries, with Finland amongst those showing the highest expenditure (above 3 per cent of gross domestic product (GDP) in 2015.³¹⁰ The OECD figures for Finland's expenditure on disability cash benefits stand at 2.1 per cent of GDP (2017), above the OECD average of 1.6 per cent. For institutional care, fees depend on ability to pay. The maximum user fee is 82 per cent of the patient's monthly earnings. Although the Finnish LTC system is largely based on benefits-in-kind, there are also some state-provided cash benefits. A modest care allowance for pensioners of about €100 per month is intended to support those with an illness or disability to live at home, and to promote home care.³¹¹ Due to the tradition of formal care in Finland, there is considerably less infrastructure/support around informal care. However, a home care allowance is available to carers who stay at home to take care of a relative, provided by the municipality and which constitutes taxable income.³¹² Care for people with severe disabilities is provided free of charge and is organised by local authorities. A 2017 report by The Nordic Social Statistical Committee (NOSOSCO) notes the following ways in which personal assistance may be granted: compensation can be given to the person with a severe disability for the cost of employing an assistant; a local authority can give a voucher to the individual to purchase the assistance service; or the service is organised and purchased by the local authority.³¹³

A lack of specific data on needs and informal care makes it difficult to determine the level of unmet needs around LTC in Finnish society. NOSOCO cites a lack of available data on care needs in Finland, but produces a rough estimate from the number of people unable to perform heavy household chores

³⁰⁵ OECD, (2000) *Early Childhood Education and Care Policy in Finland Background report prepared for the OECD Thematic Review of Early Childhood Education and Care Policy*. OECD.

³⁰⁶ EIGE <https://eige.europa.eu/gender-statistics/dqs> accessed 27.01.21

³⁰⁷ EIGE <https://eige.europa.eu/gender-statistics/dqs> accessed 27.01.21

³⁰⁸ Johansson, E. (2010) ENEPRI. *The Long-Term Care System for the Elderly in Finland*. p.8

³⁰⁹ <https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-need> Accessed 27.03.21

³¹⁰ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*.

³¹¹ Johansson, E. (2010) ENEPRI. *The Long-Term Care System for the Elderly in Finland*. P.2. <http://www.ancien-longtermcare.eu/node/27>

³¹² Johansson, E. (2010) ENEPRI. *The Long-Term Care System for the Elderly in Finland*. P.2. <http://www.ancien-longtermcare.eu/node/27>

³¹³ NOSOCO (2017) *Social Protection in the Nordic Countries Scope, Expenditure and Financing*.p.200

without help as a measure of need, concluding that 18 per cent of persons over the age of 65 would be in need of help.³¹⁴

8.2.3. Conditions of employment in the care sector

Maternity leave in Finland at 18 weeks is slightly higher than the EU average of 17.5 weeks, plus 26 weeks of paid parental leave, which is approximately 66 per cent of an employee's pay and significantly above the EU average. Finnish mothers receive the EU Commission's recommended 66 per cent of earned income (gross), and uptake on leave is almost 100 per cent.³¹⁵ Paternity leave of 3 weeks is granted. If the father takes at least two weeks of parental leave he receives two extra weeks of paternity leave, which he can have after the end of the parental leave period. Parental leave must be taken by either parent before the child turns two.³¹⁶ An allowance for partial leave is also available when the youngest child is under 3 or in the first or second grades in primary school.³¹⁷ Paternity leave uptake is high and made easier through incentives such as the possibility to take part-time parental leave (80-60 per cent of full time hours) if part time leave is taken by both parents.³¹⁸ Finland is one of few EU MS to have publicly subsidised childcare that begins as paid parental leave ends.³¹⁹

A high quality of formal childcare is central to Finland's system, which operates with recognition that the working conditions of staff is vital in order to uphold it and provide stability for both the children and the ECEC workforce. Equitable pay, non-financial benefits, and controlled ratios of children to staff are integrated into working conditions.³²⁰ However, remuneration of formal carers is the fourth lowest in the comparison group compared to the average salary.³²¹ Women constitute the majority of carers - in 2017, 39 per cent of carers were over 65 and 83 per cent of carers were spouses of the dependent person.³²²

8.2.4. Conclusions

National level guidelines have been reported to be more detailed and clearer for care homes than for home care.³²³ As the pandemic progresses, isolated informal caregivers and their disabled and older family members face increased mental, physical and social challenges. Unpaid caregivers in Finland are usually entitled to 2-3 days per month of respite care which has not been possible to maintain during the pandemic. Some support services have been provided. In care homes, due to anxieties around lack of visitation, attempts have been made to prevent a possible deterioration in mental well-being by, for example, providing video calls and photographs to the residents.³²⁴ Institutional care is still a mainstay

³¹⁴ NOSOCO (2017) *Social Protection in the Nordic Countries Scope, Expenditure and Financing*. p.200

³¹⁵ OECD <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 28.03.21

³¹⁶ NOSOCO, (2017) *Social Protection in the Nordic Countries Scope, Expenditure and Financing*.

³¹⁷ OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

³¹⁸ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.93

³¹⁹ Ibid. P.56

³²⁰ OECD (2012) *Quality Matters in Early Childhood Education and Care FINLAND*. OECD.

³²¹ <https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-needs%E2%80%9D.rkuBAEWmrv.html> accessed 29.03.21

³²² Johansson, E, (2010) ENEPRI. *The Long-Term Care System for the Elderly in Finland*. <http://www.ancien-longtermcare.eu/node/27>

³²³ Forma et al. (2020) COVID-19 and clients of long-term care in Finland – impact and measures to control *the virus*. LTCCOVID, International Long-Term Care Policy Network.

³²⁴ Forma et al. (2020) COVID-19 and clients of long-term care in Finland – impact and measures to control *the virus*. LTCCOVID, International Long-Term Care Policy Network.

of the Finnish long term care system, in spite of ideals, and as of March 2021 most older people over 80 living in care homes have been vaccinated which relieves pressure on formal carers.³²⁵

Universal access to childcare, which characterises Nordic policies, promotes gender equality through well-developed services and generous leave schemes, more inclusive of fathers.³²⁶ A high level of paternity leave uptake (second highest length of leave in the EU) at 69 per cent in 2019,³²⁷ more balanced unpaid care, and policies which enable women to return to paid employment provide a high degree of flexibility and options for formal provision. These policies speak to a system which is among the strongest in the EU in promoting gender equality and reflects the strength of the representation of women in representative political systems and in decision-making. Further noteworthy commitments to creating a system which supports the reduction of women's care burden include above average public spending on childcare and the value and security placed on formal carer's careers, as it is a disproportionately female-led industry. Below average spending on cash benefits is striking, but in keeping with the traditional social democratic perspective, a quality care in-kind system is prioritised.

Finland has one of the most balanced rates of unpaid care engagement between men and women, although limited data on unpaid care and unmet childcare needs results in a somewhat incomplete picture of informal and unpaid childcare. However, COVID-19 has placed undue pressures on unpaid and paid carers, in institutions and in private households, as it has across the EU and globally. The increased pressure on co-habitant informal carers is likely to remain for the duration of the pandemic. A lack of data on the numbers of informal carers and the weaknesses of the care system overall for informal carers (the large majority of whom are usually women) limits the conclusions which can be drawn as to the detailed impact of COVID-19.

Recent suggestions for improvements to the LTC system include favouring service blocks, which are already being planned, a comprehensive regional network of rehabilitation units, and a focus on amending the current fragmented system - where inequalities between regions have been highlighted. In light of the rapidly ageing population, it is clear that capacity for LTC provision for older people will need to develop in order to meet needs, in particular LTC provisions which facilitate independent living.³²⁸

8.3. Germany

76.6 per cent of women are in employment in Germany, well above the EU average of 67.3 per cent.³²⁹ While the high proportion of women in employment is a positive, the pay gap is a major hindrance to gender equality - cited to be one of the widest in Europe at 21 per cent.³³⁰ High incidences of part-time work among women (86.7 per cent) are recorded³³¹, in contrast to 12 per cent of men; the gender gap in part-time employment stands at 37.6 per cent.³³² The figure, although significant, is not as high as

³²⁵LTC.org, (2021) Webinar: COVID19 and Long Term Care in Nordic Countries.

³²⁶ Russel et al. (2019) *Caring and Unpaid Work in Ireland*.p.9.. ESRI.

³²⁷EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. EIGE.

³²⁸<https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-needs%E2%80%9D.rkuBAEWmrv.html>

³²⁹ EIGE <https://eige.europa.eu/gender-statistics/dgs> accessed 28.03.21

³³⁰<https://www.europeanceo.com/finance/why-germanys-gender-pay-gap-is-one-of-the-widest-in-europe/> / accessed 12.08.21

³³¹EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.22 . EIGE.

³³² EIGE <https://eige.europa.eu/gender-statistics/dgs> accessed 28.03.21

that of the Netherlands (50.1 per cent), which has a similarly high rate of women in employment, but is significant when compared to the EU average of 22.7 per cent. In 2019, 31.3 per cent of women cited working part-time involuntarily due to care responsibilities for children or incapacitated adults (above the EU average of 28.8 per cent), in stark comparison to 6.3 per cent of men (EU average 6.3 per cent). Motherhood has been cited as one of the main factors underpinning the gender pay gap, as mothers stay at home for a relatively long period once the child is born, many taking part-time employment when returning to the labour market. There is an overrepresentation of women in low-paid sectors in which they can access part-time work, such as retail, hospitality, and elderly care.³³³

Childcare costs are strikingly low; the net childcare cost is among the lowest in the OECD at 1 per cent of the average wage.³³⁴ This affordability, alongside a legal entitlement to childcare, is conducive to supporting women's participation in the labour market, however, insufficient provision of childcare services results in a dearth in access,³³⁵ potentially depriving women of full-time employment opportunities and earning potential. 2016 data shows that 20.3 per cent of German women found it very difficult to combine paid work and care responsibilities, higher than the EU average of 16.3 per cent, in comparison to 13.5 per cent of German men (EU average 10.5).³³⁶

The proportion of over 85 year olds is projected to increase from 2.7 per cent to 6.6 per cent of the population by 2050, which is slightly higher than the EU average, at 6.6 per cent and 6.1 per cent respectively.³³⁷ A rising old age dependency ratio will put pressure on an LTC system for which informal carers are the backbone. In 2017, 63 per cent of Germans with LTC needs were women.³³⁸ The system emphasises the widespread provision of informal care alongside formal homecare services, with institutional care reserved for those who most need it. A focus on maintaining older people's independence and reducing dependency on in-patient care is central to the German LTC objectives. This is in addition to controlling costs - an aim which is often at odds with other policy objectives of the German LTC system, such as improving social security for carers who are otherwise not employed, in recognition of their work.³³⁹

8.3.1. Public and private

Children up to the age of 3 are cared for in crèches, after which they attend Kindergarten facilities until school age, which is 6 in Germany. However, many children attend mixed age centres. There are both public and private-run services. 2013 legislation established the legal right to early childhood education and care in a day-care centre or child-minding service from the ages of 1 until 6 which led to a steady rise in day care uptake, supporting parents in reconciling employment and childcare. Germany and Finland are two of the few countries which have implemented such significant legislation. The number of kindergarten facilities is reported to have decreased in recent years, while day care for other ages has increased.³⁴⁰ Funding responsibilities are shared between state, regional

³³³<https://www.europeanceo.com/finance/why-germanys-gender-pay-gap-is-one-of-the-widest-in-europe/> accessed 12.08.21

³³⁴ OECD <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 20.03.21

³³⁵ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.36. EIGE.

³³⁶ <https://eige.europa.eu/gender-statistics/dgs> accessed 28.03.21

³³⁷ <https://eurocarers.org/country-profiles/germany/> accessed 29.03.21

³³⁸ <https://eurocarers.org/country-profiles/germany/> accessed 29.03.21

³³⁹ <https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

³⁴⁰ https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-31_en accessed 06.08.21

(Länder) and local level (municipalities), whereas almost all other responsibilities are at the regional or local level.³⁴¹

Despite the uptake following the 2013 legislation, the participation of 0-2 year olds in formal care is below the OECD average (29 per cent and 33 per cent respectively), but has increased notably in recent years. The majority of pre-primary pupils are enrolled in government-dependent private institutions, often run by not-for-profit providers; just over a third of pre-primary pupils attend a public setting. Similarly, in early childhood educational development programmes, more German children are enrolled in non-profit and for-profit government-dependent private settings (73 per cent) than in public ones. The share of German children attending government-dependent private settings in pre-primary programmes and in early childhood educational development programmes are both above the OECD average.³⁴²

The German LTC system focuses on maximising informal care provision. The majority of people with LTC needs receive support in their own homes (76 per cent). Germany has one of the highest ratios of formal care workers to service users, (a rate of 1.1 compared to Estonia with 0.19 which is one of the lowest).³⁴³ Of those receiving support at home, 68 per cent do so from unpaid family carers and 32 per cent receive additional support through one of the 18,100 ambulatory care providers.³⁴⁴ 75.1 per cent of formal home carers are women.³⁴⁵ The European Quality of Life Survey data (2016) shows that Germany has one of the highest rates of self-reported informal care provision, at around 22 per cent of the total population.³⁴⁶

Support for LTC needs is organised through care providers and financed largely through the LTC insurance that every working German, irrespective of whether they are insured through a sickness fund or through a private provider, has to pay.³⁴⁷ Generally, there are three different arrangements through which a recipient may receive long-term care: a care allowance providing the recipient with financial support when typically being cared for at home by relatives; (in kind) home care services involving regular visits from a care provider who is paid by government social and private long-term care insurance; and residential care - either short-term or long-term stay in a nursing home. In 2011, 81 per cent of nursing homes were private and for-profit, 58 per cent were private and non-profit and 6 per cent were public. 63 per cent of homecare providers were private and for-profit, 36 per cent were private and non-profit and 1 per cent were public. There are 3 levels of assessed care needs which determine the intensity of care provision. People with intellectual disabilities, dementia, or comparable mental health problems are entitled to additional support irrespective of the assessed care level.³⁴⁸

³⁴¹ OECD (2016) *Starting Strong IV. Early Childhood Education and Care Data Note. Germany*. P.3

³⁴² OECD (2016) *Starting Strong IV. Early Childhood Education and Care Data Note. Germany*. P.3

³⁴³ Lorenz-Dant, K. (2020) *Germany and the COVID-19 long-term care situation*. LTCCOVID, International Long Term Care Policy Network, CPEC-LSE.

³⁴⁴ Lorenz-Dant, K. (2020) *Germany and the COVID-19 long-term care situation*. LTCCOVID, International Long Term Care Policy Network, CPEC-LSE, 26 May 2020.

³⁴⁵ EIGE (2020) *Gender equality and Long Term Care at Home*. p.53.. EIGE.

³⁴⁶ <https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

³⁴⁷ Lorenz-Dant, K. (2020) *Germany and the COVID-19 long-term care situation*. LTCCOVID, International Long Term Care Policy Network, CPEC-LSE, 26 May 2020. p.2

³⁴⁸ <https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

8.3.2. Access and costs

Spending on early childhood education per capita in Germany is above the OECD EU countries average (12,817 USD compared to the average of 9,519 USD respectively). As previously highlighted, with net childcare costs standing at 1 per cent of the average salary affordability is not a significant barrier to receiving childcare, unlike in countries such as Ireland. Nonetheless, in 2018, 8 per cent of women and 3.9 per cent of men cited cost as the main reason for not using childcare services, significantly lower than the EU averages of 8.8 and 6.8 respectively, but not eliminating cost completely from the reasons it is inaccessible.

The participation of 3-5 year olds in pre-primary education is significantly above the OECD average (97 per cent compared to the average of 88 per cent respectively).³⁴⁹ Notwithstanding the notable low net cost of childcare in public centres, and in some cases free for disadvantaged groups provided there is sufficient supply, there is still not adequate provision of childcare services. In 2018, 8.7 per cent of women and 8.2 per cent of men cited inaccessibility or lack of vacancies as the principal reason for not using childcare services, higher than the EU averages of 2.8 and 2.8 respectively. In 2017, unmet demand for ECEC for children under the age of 3 was 12 per cent and the unmet demand for ECEC places for children aged 3 years and over in 2017 was just 3 per cent. The demand is generally met for the last year of pre-primary ECEC.³⁵⁰ A 2020 OECD report highlights frequent shortages in the supply of public places, especially in public crèche facilities for children under age three and shortages in care services for very young children.³⁵¹

Data from 2016 showed that 6.1 of women, and 3.8 per cent of men (against EU averages of 9 and 7.3 respectively), cited cost as the greatest barrier to LTC access. Most people receiving care at home are registered as having moderate care levels, with 28 per cent of people with long-term care needs in institutional care settings. People with LTC needs can decide whether they prefer financial and/or in-kind support. The level of support varies according to level of need. However, the LTC insurance usually does not cover all care related costs, and those in need of care must cover remaining costs - of those whose homecare needs went unmet, over 80 per cent reported it was due to inability to afford the services.³⁵² Many low income LTC users in Germany also receive social assistance payments to supplement the payments through the main LTC system.³⁵³ In addition to the support package announced on 27th March 2020 by the German health ministry, the care insurance providers will additionally support providers to avoid gaps in supply of paid home care.³⁵⁴ Overall, unmet professional homecare needs in Germany highlighted a gender gap of 5.2 per cent, with women's and men's unmet needs at 17.8 per cent and 12.6 per cent respectively.³⁵⁵

Paid maternity leave in Germany is 18 weeks, below the OECD average of 19.7 weeks. Paid paternity leave is 8.7 weeks, slightly above the OECD average of 8.5 weeks.³⁵⁶ Germany has no arrangements for

³⁴⁹ OECD (2016) *Starting Strong IV. Early Childhood Education and Care Data Note. Germany*. P.2. OECD.

³⁵⁰ European Commission/EACEA/Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. P.68. European Commission.

³⁵¹ OECD (2020) *Is Childcare Affordable?* P.3. OECD.

³⁵² EIGE (2020) *Gender equality and Long Term Care at Home*. p.25. EIGE.

³⁵³ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.26. EIGE.

³⁵⁴ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.26. EIGE.

³⁵⁵ EIGE (2020) *Gender equality and Long Term Care at Home*. P.88. EIGE.

³⁵⁶ OECD (2018) <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 12.08.21. OECD.

statutory paternity leave, so as an incentive to fathers to take up parental leave, parents are granted a bonus of 2 extra months of paid leave when they both use parental leave for 2 months.³⁵⁷

8.3.3. Conditions of employment in care sector

The German LTC system demonstrates a significant acknowledgement of informal carers' contributions; providing training, support services such as counselling and advice hotlines, and provided they give at least 18 hours of care per week to a care dependent person they are eligible to be insured in the social pension insurance. The cash-for-care system through which informal carers are paid is one of the schemes with the highest take-up rate in Europe.³⁵⁸ Respite care is available after providing care for six months. Carer's leave is available from employment for up to 6 months with continued social insurance coverage. 2015 legislation has provided significant legal entitlement to carers for support, including wage compensation (up to 90 per cent) for up to 10 days of acute care leave, and leave of up to three months is available for people supporting family members at the end of life (e.g. those in hospices). In addition to provisions on work-life balance for carers, German law also provides access to vocational training for carers who wish to return to working life once their LTC responsibilities have been fulfilled.³⁵⁹

For many years Germany has suffered from widespread shortages of LTC professionals in residential homes. Poor working conditions - low wages, demanding work and unsociable hours - mean that in recent years the numbers of workers retiring was greater than those entering the profession after completing vocational training. 2018 legislation aimed to improve the career prospects in the profession, however, increased funding is needed in order to provide the care that is still needed.³⁶⁰

8.3.4. Conclusions

As a result of the COVID-19 pandemic and requirements to work remotely, German parents have received extra parental leave at full pay, a benefit seen in few other countries. 10 days per parent was given, with 20 days for single parents.³⁶¹ For those in family carer roles the duration of carer's leave doubled to 20 days and unpaid family leave care was made more flexible, as families had reported difficulties in finding care workers.³⁶² Those receiving in-kind services prior to the COVID-19 pandemic (such as day care) can be reimbursed to finance replacement care for services which are unavailable.³⁶³ Research carried out to assess the impact of COVID-19 on informal carers in Germany has shown that for almost 60 per cent care has become more strenuous, in part due to reduced professional homecare support, in turn increasing the sense of burden and isolation. More than half the respondents in the study reported that their subjective health and quality of life have worsened since the beginning of the pandemic and they do not feel recognized properly as a group that is affected by the consequences of the pandemic.³⁶⁴ The German government announced an increase in formal LTC workers' wages, in addition to a once-off bonus. Alzheimer's Societies in Germany have developed material (documents,

³⁵⁷ OECD (2018) *Gender Equality Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

³⁵⁸ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.18.EIGE.

³⁵⁹ <https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

³⁶⁰ EU Commission (2018) *Flash Report: Germany: Improving staffing and workforce availability in healthcare and long-term care*. European Commission.

³⁶¹ <https://employeebenefits.co.uk/german-government-child-sickness-benefit/> accessed 12.08.21

³⁶² <https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

³⁶³ WHO (2020) Policy Brief. *Preventing and managing COVID-19 across long-term care services*. WHO.

³⁶⁴ <https://ltcCOVID.org/2020/09/20/how-COVID-19-has-affected-informal-caregivers-and-their-lives-in-germany/> accessed 22.03.21

podcasts and videos) to support people with dementia and their family carers during the pandemic. The organisations also provide telephone helplines.³⁶⁵

Overall, German legislation recognises the central role of care to the functioning of society, providing universal access to childcare, and providing access to LTC through a statutory insurance system. In practice, there are still shortages of childcare services and a proportion of the population (at least 6.1 per cent of women and 3.8 per cent of men) struggle to afford the remaining LTC costs after receiving benefits. Without increased provision of quality full-time childcare, women will struggle to work full time and fulfil care responsibilities, preventing the proportion of women in high-paid and managerial roles from growing, and amending the significant gender pay gap.

German carers were generally satisfied with COVID-19 related measures, many of which have not been seen in other European states. However, more than 10% of carers would like to spend less time on caregiving activities. Looking to the future, the projected care-gap in Germany is particularly large, with a roughly predicted deficit of 800,000 caregivers in Germany by 2060, a symptom of an LTC system heavily reliant on informal care. It's likely that tension may follow between the increasing proportion of paid employment and the cash-for-care policy which depends on informal carers rather than formal care services.³⁶⁶

8.4. Greece

The proportion of women in the formal labour force in Greece is notably lower than in many EU member states, at 51.3 per cent compared to the average of 67.3 per cent respectively (2019).³⁶⁷ Greece has one of the highest levels of non-working mothers.³⁶⁸ Although a part-time employment gender gap of 7.6 per cent reflects favourably, and 7.8 per cent of women are recorded as involuntarily working part-time due to care responsibilities (compared to an EU average of 28.8 per cent), the impact of lower employment rates among women has a significant influence on this data. The few women in formal employment in countries with a low pay gap and low female employment usually have better working conditions than those countries with higher employment rates for women, such as Germany, and therefore the unadjusted gender pay gap is narrow.³⁶⁹ When looking at the European participation rates of employed women and men in unpaid care work, Greece has one of the highest levels of gender inequalities in the EU.³⁷⁰

36.5 per cent of women cite that it is very difficult to combine work and care activities, more than double the EU average of 16.3 per cent. Childcare and LTC in Greece is characterised by minimal welfare provision and relies strongly on family³⁷¹; over 38 per cent of the population work as an informal

³⁶⁵ Lorenz-Dant, K. (2020) *Germany and the COVID-19 long-term care situation. LTCCOVID, International Long Term Care Policy Network*, CPEC-LSE. p.20

³⁶⁶ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. Pp.21-23. EIGE.

³⁶⁷ <https://eige.europa.eu/gender-statistics/dgs> accessed 12.08.21

³⁶⁸ Privalko et al., (2019) *Access to Childcare and Home Care Services across Europe*. ESRI.

³⁶⁹ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.21 EIGE.

³⁷⁰ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.16 EIGE.

³⁷¹ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*.P.18. ESRI.

carer.³⁷² A shortage of public formal LTC has hindered female labour market participation, with many women who do work opting for early retirement in order to fulfil caring responsibilities.³⁷³

Life expectancy in Greece is projected to rise alongside the proportion of those aged 65+ and 85+; the latter age group is projected to more than double from 3.3 per cent in 2019 to 7 per cent in 2050.³⁷⁴ From 2005 to 2011 the proportions of older people experiencing severe limitations in daily activities increased, and there is currently a shortage of LTC services. A rapidly growing number of citizens are living without access to health care, which, in view of the aforementioned factors, presents a LTC system under significant pressure.³⁷⁵

8.4.1. Public and private

Formal childcare services are frequently used in Greece, but are supplemented with both parental and non-parental family childcare. 80 per cent of childcare is provided by family, other than the parent in Greece, while in other European countries this is generally uncommon.³⁷⁶ Other options include babysitters, many of them are unskilled, low-paid migrant women hired to combine informal children's care with the performance of domestic chores.³⁷⁷

In Greece, there are two phases of Early Childhood Education and Care (ECEC). ECEC services for children under age 8 include municipal infant and childcare centres, and private pre-school education and care settings (profit or non-profit making), as well as part-time childcare settings for infants and/or children, and integrated care infant/childcare centres. Depending on the financial means of a family there may be monthly fees for these services. For children aged 8-5 years, it is compulsory to attend pre-primary school for 25 hours per week, and it is free of charge. Each form of childcare provision is under the jurisdiction of a different ministry. For pre-primary school there is an optional full-day programme with an extended timetable until 16:00, providing 20 additional weekly hours. Moreover, classes for children arriving before the start of regular activities are available.³⁷⁸

Unlike in Germany, there is no universal statutory scheme for LTC in Greece. LTC is an underdeveloped policy area, and there is a pressing need for comprehensive formal services guaranteeing universal coverage. The state has limited involvement and services provided are of limited coverage. Informal care by families is estimated to cover a large part of LTC demands.³⁷⁹ Social insurance funds provide disability pensions and allowances, and other cash and in-kind disability benefits are provided by social welfare institutions to persons who are in need of care due to a specific chronic illness or incapacity. In 2010 12 per cent of people aged 15 years and over in need of LTC were in institutional care, 28 per cent in homecare, and 60 per cent either had no access to care or were looked after by informal carers.³⁸⁰

LTC is based on formal services provided by public and private organisations and informal care. Public care services are limited and do not meet demand. Only recently have considerable public care services

³⁷²EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. EIGE.

³⁷³Ziomas D., et al., (2018) *ESPN Thematic Report on Challenges in long-term care Greece*

³⁷⁴ <https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

³⁷⁵ <https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

³⁷⁶Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.19 ESRI.

³⁷⁷Petrogiannis, K. (2013) *Early childhood education and care in Greece: In search of an identity*. P.3 Nordisk Barnahageforskning.

³⁷⁸Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. p.51. Eurydice.

³⁷⁹Ziomas D. et al. (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. European Commission.

³⁸⁰<https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

for dementia and Alzheimer's disease been provided.³⁸¹ 25 public nursing homes provide LTC to those with chronic care needs, only 3 of which have a geriatric department. According to recent legislation, 80 to 80 per cent of the user's pension income is withheld by social insurance organisations for funding care expenses. There are also a number of private clinics, for-profit residential care homes, and about 100 not-for-profit residential care homes partly subsidised by the State and partly funded by donations. A drop in occupancy in private for-profit residential homes following the crisis has been ascribed to the source of income pension benefits provide in economic hardship, particularly in households with unemployed members. There are 68 day care centres funded principally by EU resources which care for those whose family members cannot care for them and are experiencing serious economic and health issues.³⁸² By 2060 it is projected that a little over 50 per cent of the population 15+ will have no access to formal home care or institutional care.³⁸³

8.4.2. Access and costs

In 2020 the NET cost of childcare stood at 9 per cent of the average wage in Greece, below the OECD average of 18 per cent. 6.8 per cent of households cite cost as the main reason for not using childcare, which is also lower than the EU average of 8.8 per cent. Additional financial support is available for disadvantaged, large, and lone parent families; it is worth noting, however, that there are very few lone parent households in Greece. In contrast, the proportion of households citing lack of vacancies or inaccessibility as principal reasons for not using childcare services is far above the EU average, at 8.7 and 2.8 per cent respectively. Greece has one of the lowest participation rates in the EU among children aged 8 and over, at 81.5 per cent.³⁸⁴ Pre-primary education has now been made compulsory and there is universal access provided. Past estimations of participation levels of the under 3 age group in formal childcare have been very low, at no more than 10 per cent in 2006.³⁸⁵

A number of socio-cultural elements have been highlighted in relation to the connection between family structure and levels of childcare coverage, participation rates, and childcare arrangements - namely the central role that the presence of the mother and family play in a child's life in early years. Since 1998, significant efforts have been made to provide publicly funded childcare infrastructure and increase coverage rates of formal childcare services. However, public childcare services, especially for children under 3 years, are still not considered enough to fulfil the demand.³⁸⁶ 2016 data estimates unmet need for childcare to be 17 per cent, which is relatively high in an EU context but still lower than Spain (22 per cent). The strong role of familial care may be attributed to the lower recorded levels of unmet need, despite the lack of provision in a country.

Access to limited public residential care (care centres for the chronically ill and nursing homes for the elderly) is means-tested, Admission to state-operated care centres for the chronically ill and to contracted non-profit and for-profit clinics are subject to referral by social services of local authorities, while criteria for access to home care are more flexible. Nonetheless, existing services are addressed to

³⁸¹ Ziomas D. et al. (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. European Commission.

³⁸² <https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

³⁸³ <https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

³⁸⁴ Eurydice, (2019). *Key Data on Early Childhood Education and Care in Europe*. P67. Eurydice.

³⁸⁵ Petrogiannis, K. (2013) *Early childhood education and care in Greece: In search of an identity*. p.8. Nordisk Barnahageforskning.

³⁸⁶ Petrogiannis, K. (2013) *Early childhood education and care in Greece: In search of an identity*. p.8. Nordisk Barnahageforskning. Petrogiannis, K., (2013). *Early childhood education and care in Greece: In search of an identity*. p.8. Nordisk Barnahageforskning.

those who are most in need and struggling financially; although no specific income threshold is given. 63.5 per cent of women and 58.8 per cent of men report unmet needs for professional home care services, contrasting with EU averages for women and men of 29.9 and 27.5 respectively, demonstrating the serious deficit in Greek LTC.

2010 data show considerably higher public spending on homecare and benefits as a per centage of GDP (1.27 per cent compared to an EU average of 1 per cent) in comparison to just 0.13 per cent on institutional care (EU average 0.80 per cent). The prohibitive cost of LTC in Greece, in addition to lack of available formal services, is striking. 83.5 per cent of Greek households in 2016 cited that cost made it very difficult to access LTC.³⁸⁷ A 2021 report showed that 68.6 per cent of those receiving formal home-based long-term care services faced difficulties in paying for them.³⁸⁸ Besides affordability issues, the level of homecare offered to individuals is below average in the EU; with older individuals most likely to face unmet homecare needs (68 per cent.)³⁸⁹ Public spending on formal LTC is low, whereas annual public spending on homecare is significantly higher. In spite of this, in Greece just over 10 per cent of respondents who are in need receive formal home care services.³⁹⁰ 12 per cent of people over 65 use homecare services; this is one of the lowest proportions in Europe.³⁹¹ A home help programme, running over 800 schemes and servicing about 76,000 beneficiaries, provides access to social workers, nurses, physiotherapists and home carers. As with the day care centres this initiative runs mainly due to EU funding. Low rates of home care users can be attributed to the high level of informal family-provided LTC. Greece has the highest prevalence of self-reported informal carers at 38 per cent.³⁹²

Cash benefits are far more common than in-kind benefits and vary according to the severity of needs in relation to disability and care for the elderly. Non-residential care benefit is granted to affiliates (working or retired) and their dependents, the monthly amount granted to the beneficiaries is significant at 20 times the daily wage of an unskilled worker. A second benefit is granted to pensioners suffering from certain serious illnesses resulting in a high level of limitation to complete daily tasks. A housing allowance is paid to the uninsured and those with low-income over 65 years, as well as to older couples who are uninsured and non-homeowners.³⁹³

8.4.3. Conditions of employment in care sector

Women are disproportionately overrepresented formal care work in Greece; 83.8 per cent of formal home-based carers are female.³⁹⁴ A 2018 report indicated that the job of professional carer (formal carer or formal carer of the elderly) has not yet been accorded recognition. There is a lack of specific regulation and legislation that would ensure that appropriate standards of provision, quality assurance arrangements, staff ratios and staff training. Consequently, carers struggle to find work and there is little opportunity to receive professional development or training.³⁹⁵ In turn, there are neither specific working conditions nor specific types of employment contracts for those employed in the formal care sector. The only support services for formal carers are a small number of NGOs, mainly operating in

³⁸⁷ <https://eige.europa.eu/gender-statistics/dgs> accessed 19.03.21

³⁸⁸ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.51. EIGE.

³⁸⁹ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.101. ESRI.

³⁹⁰ European Commission (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. P.95. European Commission.

³⁹¹ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.23. ESRI.

³⁹² Zigante. V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*. P.17. European Commission.

³⁹³ OECD (2011) *Help Wanted? Providing and Paying for Long-Term Care*. OECD.

³⁹⁴ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. P.53. EIGE.

³⁹⁵ Ziomas D. et al. (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. p.10. European Commission.

larger urban centres and offering information, practical advice, psychological/emotional support and training.³⁹⁶

Informal carers are mainly family members, and due to financial hardship and the lack of supporting private provision, families are increasingly resorting to the use of migrant carers who are typically hired to look-after the elderly and often live with them, providing 28-hour care, and entirely financed by the patient or his network (undeclared work). Similarly for informal carers, Greece continues to lack a clearly formulated policy and policies for the regulation of informal (paid) carers and for the support of informal family carers. Indeed, there are no provisions with regard to in-kind benefits and in-cash support for family carers.³⁹⁷

The length of maternity leave in Greece is 83 weeks, including parental leave, which is much higher than the OECD average of 19.7 per cent (2018), however the length of parental leave with job protection is 17.3 weeks, far lower than the OECD average of 63.2 per cent.³⁹⁸ Prior to the EU Work Life Balance Directive there was no minimum standard for paternity leave, and paid paternity leave was remarkably low at 0.8, compared to the OECD average of 8.5 weeks. Greece is noted to currently fall short of the minimum 8 months (around 17 weeks) set for paid parental leave by the Work Life Balance directive.³⁹⁹

8.4.4. Conclusions

The Greek government has announced that working parents of children in ECEC will be entitled to take a special leave from work due to the closure of childcare facilities during the COVID-19 crisis. For parents who are employed in the private sector, the government will cover one third of their wages, while the rest must be paid by employers.⁴⁰⁰ Due to strong traditional gender roles in Greece, women's burden of unpaid care work is likely to be exacerbated by the COVID-19 pandemic; 2017 data on perceptions of men and women's respective roles in the family revealed that two-thirds of the adult population in Greece believed that the most important role for a woman is to take care of her home and family.⁴⁰¹ Prior to the pandemic, poverty rates in single parent households in Greece and Ireland were over 50 per cent, and this is at risk of being compounded by COVID-19.⁴⁰²

The coverage, quality, and governance of the LTC system in Greece need urgent reform. A small number of those in need receive the required amount of care, and others are left struggling with expenses or with inadequate services, putting families at the centre of the majority of care provision. In some cases where a household is experiencing financial hardship it is more profitable to receive the care benefits than to avail of public care - which is subject to strict eligibility criteria and consequently excludes many in need. Universal coverage is imperative to ensure that the growing ageing population, driven by low fertility rates and increasing life expectancy, overcomes current LTC challenges. In

³⁹⁶ <https://eurocarers.org/country-profiles/greece/> accessed 09.03.21

³⁹⁷ Ziomas D. et al. (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. p.10. European Commission.

³⁹⁸ <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 21.03.21

³⁹⁹ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. EIGE.

⁴⁰⁰ <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9698&furtherNews=yes>

⁴⁰¹ European Parliament (2021) *The gendered perspective in the COVID-19 Crisis and Post-crisis period*. <https://www.europarl.europa.eu/ireland/en/news-press/report-on-COVID-gender-adopted-by-the-european-parliament>.

⁴⁰² European Parliament (2021) *The gendered perspective in the COVID-19 Crisis and Post-crisis period*. <https://www.europarl.europa.eu/ireland/en/news-press/report-on-COVID-gender-adopted-by-the-european-parliament>.

addition to increased capacity, the establishment of adequate, well-coordinated and regulated governance arrangements to ensure quality and an adequate and recognised workforce of skilled professional carers is vital. Informal carers should receive greater supports in terms of training and respite care, in addition to financial benefits. LTC in Greece is not underpinned by an integrated approach and lacks the basic components of a wide-reaching system. There is a clear imbalance between formal and informal care provision.⁴⁰³

The vastly inadequate LTC provision is detrimental to women's participation in paid employment. A need for an adequate care system is central to facilitating and improving levels of women's participation in the workforce and reconciling caring responsibilities with working life. Childcare costs are not as prohibitive as countries such as Ireland, but a lack of provision and dominant socio-cultural norms placing the women as the primary carer act as barriers to high levels of take-up, and in turn restricts women's entry into the full-time paid workforce. Encouraging take-up of shared parental leave and a significant increase in paid paternity leave are essential to creating a greater gender balance around childcare and unpaid work in Greek society as in Germany where incentives are offered to parents who take shared parental leave. The strong influence of traditional gender roles in relation to employment and care require policy support - increased paternity leave, greater job security when taking parental and maternity leave, would give women greater flexibility and choices around paid employment.

8.5. Ireland

Irish care models are characterised by high levels of dependence on the private marketplace and significant levels of unpaid care, carried out mainly by women. Women continue to carry the heavier care burden in all aspects of care: childcare, informal and long term care of older people or those with disabilities. The gender gap in unpaid care work, at 15 hours per week, places Ireland at the third highest (following Portugal and Italy) within EU28.⁴⁰⁴ High levels of privatisation across all sectors of care facilities and state underinvestment prevail, consequently placing the ever growing female labour force under increasing pressure. Ireland relies heavily on informal care with fewer options for formal care.⁴⁰⁵ State support for those who wish to receive care in their own home is limited, and a wider and more freely available range of state provided support options are required to assist older people and people with disabilities to live autonomous lives, and to cater to the needs and wishes of each household. The current system frequently leaves the elderly and people with a disability in a position of over-dependence on family members.⁴⁰⁶

Irish social policy has been characterised in a recent report as a 'liberal modified breadwinner regime' marked by low levels of state-provided care services which leave households to source services from the private marketplace, if they can afford to, or to otherwise provide the care themselves - unpaid.⁴⁰⁷

⁴⁰³ Ziomas D., et al. (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. European Commission.

⁴⁰⁴ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. Irish Human Rights and Equality Commission.

⁴⁰⁵ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC), 2016*. ESRI.

⁴⁰⁶ <https://www.irishtimes.com/opinion/state-relying-on-unpaid-care-work-by-women-for-far-too-long-1.8850795> 6 January 2021)

⁴⁰⁷ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. Irish Human Rights and Equality Commission.

Provisions to support combining secure paid work and unpaid care work is lacking in Ireland, which is linked to rising care demand but also precarious working conditions, particularly for migrants women in part-time or casualised employment. Irish women are overrepresented among the low-paid, part-time workers and those employees who avail of reduced hours in order to facilitate care and unpaid work.⁴⁰⁸ Together with the rising cost of housing, this places significant pressure on households to provide dual incomes (in the case of couples) and work longer hours, leaving women continuing to juggle increased care demands.

In spite of women's continued high levels of unpaid care, their participation in the paid workforce over the last two decades has increased significantly. The latest data from EIGE record Irish female employment at 69 per cent; slightly higher than the EU average of 67.3 per cent.⁴⁰⁹ The positive growth of female participation in paid employment has impacted the availability of unpaid care provision in the home. Nonetheless, the division of paid and unpaid work in Irish homes remains strongly gendered.⁴¹⁰ Ireland is no exception to the EU pattern of increase in the aging populations. People aged 65 years and over in Ireland make up 13.8 per cent of the population.⁴¹¹ Eurostat figures show a 2.7 per centage point increase in Ireland in the share of the population aged over 65, slightly higher than the overall EU28 increase of 2.8 per centage points.⁴¹² 8.5 per cent of the population over the age of 65 are in long-term or intermediate residential care. Older men are more likely to be cared for in the home than older women, confirming the higher levels of women involved in informal care.⁴¹³ In addition to the demand for long term care increasing due to aging and longer life expectancy, labour market changes are placing further pressures on the demands around care and women.

The recent conclusion and recommendations by the Citizens' Assembly (CA) on Gender Equality in Ireland highlighted the central importance of care and the link between unpaid care and gender inequalities. This CA made a number of key recommendations on care: referenda to make gender equality and non-discrimination a principle of the Constitution and to designate the importance of care and State's obligations to support diverse forms of caring; legislative and policy changes to move towards a publicly-funded and regulated system of child, elder and disability care; statutory right to home care; measures to significantly improve conditions of care workers; an individualised universal pension with full eligibility for carers; a move from minimum to a living wage. Other recommendations concerned representation with use of quotas in education, politics, media, sport and cultural organisations, addressing the gender pay gap and measures to combat gender-based violence.⁴¹⁴

⁴⁰⁸Russel et al. (2019) *Caring and Unpaid Work in Ireland*. Irish Human Rights and Equality Commission.

⁴⁰⁹ EIGE (2021) *Gender Statistics Database*. Accessed 31.03.21. https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_fw_c_lfs__t2020_10/bar

⁴¹⁰ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. ESRI.

⁴¹¹ Pierce M et al. (2020) *The impact of COVID-19 on people who use and provide long-term care in Ireland and mitigating measures*. International. Long-Term Care Policy Network.p.6.

⁴¹² Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.128. ESRI.

⁴¹³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.128. ESRI.

⁴¹⁴ Citizens' Assembly (2021) *Recommendations of the Citizens' Assembly on Gender Equality*. <https://www.citizensassembly.ie/en/news-publications/press-releases/recommendations-of-the-citizen>

8.5.1. Public and private

The vast majority of childcare in Ireland is informal and it has one of the highest rates of exclusively parental care in Europe⁴¹⁵ alongside a high level of unmet childcare needs. This connects to high levels of women's involuntary unemployment and reduced working hours. Ireland has the fourth highest unmet need for childcare in the EU, for which cost was cited as the most likely obstacle.⁴¹⁶ 61 per cent of respondents in a study published by the ESRI in 2019 use exclusively parental childcare, while 19 per cent use non-parental family care and 17 per cent use formal childcare. 16 per cent of respondents made use of family care other than parents, while 12 per cent paid for private childminders. A large proportion of childcare providers in Ireland are child-minders, often sole operators,⁴¹⁷ and only 1 per cent are voluntarily registered with the state agency for children and family services (Tusla).⁴¹⁸ An absence of formal working conditions and social protection leaves childminders in precarious employment situations. The same report cites that just 18 per cent of Irish households use formal childcare services, one of the lowest rates in the European sample, with 30 per cent of those in formal centre-based childcare.⁴¹⁹ OECD reports an extremely high enrolment rate of pre-primary pupils in private institutions (98 per cent compared with 32 per cent across the OECD), demonstrating the heavy reliance on almost exclusively private sector providers of early childhood education and care,⁴²⁰ but also indicating the impact of the 2010 Early Childhood Care and Education (ECCE) Scheme.

Care provided to older people in Ireland is based primarily on informal care from family and supplemented by formal home care services. 88 per cent of the 355,000 family carers in Ireland are women.⁴²¹ Long term residential care for older people in Ireland is provided by a combination of public, private, and not-for-profit providers.⁴²² A shift away from institutionalisation and hospital care towards community based primary care has been emphasised by Ireland's Primary Care Strategy since 2001.⁴²³ This shift aligns with the majority of care recipients' wishes to stay in a family/home environment. However, a 2016 study found that 22 per cent of individuals over 65 were in receipt of informal care in Ireland, but just 9 per cent received formal care.⁴²⁴ Home-based care, supported housing, and residential care are limited options for formal care for older people, a considerable proportion of which are provided by private for-profit organisations. State-run care provision is severely lacking. In September 2019, 7,386 older people in Ireland were assessed and waiting for homecare.⁴²⁵ Eurofound note that diminishing access to long term care for part of the population can be attributed to the aftermath of the global financial crisis and reduced public expenditure⁴²⁶ In light of the limited state

⁴¹⁵ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.72. ESRI.

⁴¹⁶ Economic and Social Research Institute (2019) *Technical Report on Social Inclusion and Access to Care Services in Ireland*. ESRI.

⁴¹⁷ Economic and Social Research Institute (2019) *Technical Report on Social Inclusion and Access to Care Services in Ireland*. ESRI.

⁴¹⁸ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016. ESRI.

⁴¹⁹ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016. ESRI.

⁴²⁰ OECD, *Ireland Country Data Note*. OECD 2017. <https://www.oecd.org/education/educationataglance2017-countrynotes.htm>

⁴²¹ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. ESRI.

⁴²² Pierce M et al. (2020) *The impact of COVID-19 on people who use and provide long-term care in Ireland and mitigating measures*. Country report available at LTCCOVID.org, International Long-Term Care Policy Network, CPEC-LSE.

⁴²³ Russel et al. (2019) *Caring and Unpaid Work in Ireland*.p.15. ESRI.

⁴²⁴ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.95. ESRI.

⁴²⁵ Age Action for All Older People (2020) *Submission to the Citizens' Assembly on Gender Equality*. Age Action Ireland.

⁴²⁶ Eurofound (2020) *Access to care services: Early childhood education and care, healthcare and long-term care*, Publications Office of the European Union, Luxembourg. p.55

support for formal home care, the responsibility falls broadly on the families and communities to provide care in an informal capacity - a responsibility which sustains the disproportionate impact of unpaid care work on the lives of women.

Care options for people with disabilities in Ireland comprise: adapted housing, independent living, home-based care, and residential care. Historically, if an adult or child's mental or physical condition was too severe for family care the only option was residential care. A Report by the Ombudsman in 2021 revealed that 1,300 people under 65 years described as 'wasted lives' were confined in inappropriate nursing homes, LTC residential centres.⁴²⁷ In Ireland the majority of people in need of home care are those on lowest incomes.⁴²⁸ Ireland and Austria stand out as anomalies in Europe when examining social class and access to care. In Ireland, individuals of a higher income group social demonstrate greater access to care than lower or middle social class citizens, which correlates with the high level of private care and easier access to the market for those with financial means.⁴²⁹ Means testing in Ireland is central to the provision of state care services. Ireland invests more in cash payments to informal carers, who are often family members, than in residential and formal home care services.⁴³⁰

8.5.2. Access and costs

Historical long-term underinvestment and the consequent absence of a well-developed public system of ECEC is striking in Ireland. Without traditional or widespread formal childcare provided or supported by the State, there is a legacy of family-provided care and situations in which parents piece together the best possible arrangements for an individual circumstance.⁴³¹ Childcare is largely still provided informally, mostly by parents, with just 30 per cent of families using formal care facilities. In the last decade, Ireland has had some of the highest childcare costs in Europe, coupled with low state investment in the sector. According to the OECD, in 2020 net childcare costs for parents using childcare facilities amounted to 28 per cent of the average salary. This stands at one of the highest rates in OECD countries. However, this is a significant reduction since 2008 when it stood at 37 per cent of the average Irish salary.⁴³² Ireland's 2020 expenditure on early childhood education comes in among the lowest reported figures in the OECD countries, at 8,568 USD per child; while Germany cites 12,817 USD in annual expenditure per child.⁴³³ In 2020, the Children's Rights Alliance detailed rising child poverty rates in Ireland.⁴³⁴ Insufficient provision of accessible, affordable and quality childcare is a barrier to Irish women entering or returning to the paid workforce. 86 per cent of lone parents in Ireland are women,⁴³⁵ a sector at significant risk of poverty and social exclusion. In the last 5 years, there has been some

⁴²⁷ Tyndall, Peter (2021) *Wasted Lives: Time for a Better Future for Younger People in Nursing Homes*. Ombudsman and Commissioner for Information

⁴²⁸ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. p98. ESRI.

⁴²⁹ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. p97. ESRI.

⁴³⁰ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.37. ESRI.

⁴³¹ Daly, M. (2017). *Ireland finally addresses the costs of childcare*. European Commission Flash Report.

⁴³² <https://stats.oecd.org/Index.aspx?ThemeTreeId=9>

⁴³³ OECD (2020) Educational finance indicators - EAG 2020 <https://stats.oecd.org/Index.aspx?ThemeTreeId=9#>

⁴³⁴ Children's rights Alliance (2020) *Budget 2021 What does it mean for children and young people?* https://www.childrensrights.ie/sites/default/files/submissions_reports/files/Budget%202021%20Analysis.pdf

⁴³⁵ National Women's Council <https://www.nwci.ie/learn/article/childcare-is-missing-piece-of-our-COVID-19-response-in-budget-2021>

increased recognition of unmet childcare needs at policy level and there have been important changes in policies, regulations and monitoring in the early learning and care sector⁴³⁶.

The country rates poorly among OECD countries for high quality, accessible and affordable ECEC, but is nonetheless improving. Its spending in the sector of care as a per centage of national GDP (0.37%) is still one of the lowest in the OECD. Childhood education and care are almost exclusively provided by private settings, although it is mainly financed by public sources.⁴³⁷ Improvements in formal childcare provision have been seen however; the registered provision of early learning and care has increased by 82% between 2013 and 2019.⁴³⁸ Ireland offers integrated early childcare and educational programs, for which pre-school age children are eligible for 2 years free care for 3 hours per day, 5 days per week under the 2010 ECCE Scheme. State issued child care subsidies have been historically linked with eligibility for social welfare benefits, but the introduction of a universal and means-tested subsidy in 2017, *National Childcare Scheme*, is intended to encourage labour market activation by not excluding stay-at-home parents. It is available to families with an income of up to €87,500 with a single child, and cut-off rates increase with the number of children. Current schemes that were disrupted by the pandemic will likely resume in 2021; these include important initiatives including the two years of ECCE and the Access and Inclusion Model (AIM).⁴³⁹ AIM is a model of supports designed to ensure that children with disabilities can access the ECCE.⁴⁴⁰ Irish not-for-profit organisations and alliances assert that the government still needs to prioritise investment in a new public model of childcare that guarantees quality for children and affordability for parents.

Low-income households, single-parents, and families living with disability all have lower access to formal childcare in Ireland. Most surveys indicate that Ireland has one of the highest costs as a proportion of household income across the OECD.⁴⁴¹ The 2016 report by the ESRI identified that the lowest paid households have childcare coverage of approximately 20 per cent, whereas the highest paid households cite coverage of up to 60 per cent.⁴⁴² There is a definite link between access to care and income groups - with 23 per cent of the higher income groups, compared to 18 per cent of the lower income groups, availing of formal childcare. In recent years women's rates of participation in the paid labour market in Ireland has been connected to unmet childcare needs has been made. Such barriers to women's paid employment and lack of access to childcare bear consequences for social exclusion and poverty⁴⁴³. The prohibitive cost of formal care is the main reason for unmet needs in the country and in recent years has been central to national discussion. In 2018, 16.2 per cent of Irish women cited 'cost' as the main reason for not using childcare services, in contrast to 2.3 per cent of women in the Netherlands.⁴⁴⁴ A 2017 European Commission flash report⁴⁴⁵ highlighted the added

⁴³⁶ Keilthy, P (2019) *Working, Parenting and Struggling*. VDP.

⁴³⁷ <https://www.socialjustice.ie/content/policy-issues/importance-public-investment-early-years>

⁴³⁸ Department of Taoiseach (2021) *Report on childcare priorities submitted by the government to the Citizens' Assembly on Gender Equality*. Dept of Taoiseach.

⁴³⁹ Children's Rights Alliance (2020) *Budget 2021 What does it mean for children and young people?* https://www.childrensrightrights.ie/sites/default/files/submissions_reports/files/Budget%202021%20Analysis.pdf

⁴⁴⁰ AIM <https://aim.gov.ie/>

⁴⁴¹ Burke-Kennedy, E. (2018) *High childcare costs keeping women out of the workplace - study*. The Irish Times. <https://www.irishtimes.com/business/economy/high-childcare-costs-keeping-women-out-of-workplace-study-1.3617000>

⁴⁴² Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.38. ESRI.

⁴⁴³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016. p.87. ESRI.

⁴⁴⁴ EIGE (2018) Gender Statistics Database. 2018. https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_care_childcare_genindc_ifso_18cobs/datatable

⁴⁴⁵ Daly, M. (2017) *Ireland finally addresses the costs of childcare*. European Commission Flash Report.

challenge of low supply - in addition to high costs. The gap between demand for services and supply poses a significant problem for parents, in order for any subsidy schemes to have significant effect. The report also highlights that a majority of childcare services operate on a break even basis which further demonstrates sustainability concerns, similar to the crisis facing the Irish LTC sector.

Ireland's met formal care needs stand at 10 per cent.⁴⁴⁶ It is anticipated that the homecare packages offered by the public Health Service Executive (HSE), which provide 'home-help hours, nursing services, and therapeutic services', will face an increase in demand of 66 per cent up to 2030.⁴⁴⁷ Without investment in significant expansion of home-care and community services additional informal care will be required to close the gap in care provision - in which case many women will find themselves in full-time carer positions. Research suggests that providing ten hours of care per week increases a carer's likelihood of leaving work⁴⁴⁸. In Ireland's 2016 census 98 per cent of those listed as not in the labour market cited it was due to looking after family and the home.⁴⁴⁹ This unmet need highlights not only the requirement for investment in formal care, but the urgent need for increased support for women in Ireland wishing to combine adult-care and part-time work in a way which guarantees them well-paid and secure employment. A significant level of unmet need for long term care in Ireland has been

identified. A 2019 ERSI publication cites that only 28 per cent of those in need receive formal care.⁴⁵⁰ These unmet homecare needs have been reported to be one of the highest in Europe, coming in under Greece (56 per cent) and level with Italy (33 per cent). In the EU, cost of care is the prevailing reason (89%) for unmet needs. In spite of high costs in Ireland, the second highest reason cited for lack of care (29%) was 'no care available', with 32 per cent citing 'other' reasons and cost was cited by 15 per cent as the main reason for unmet care needs.⁴⁵¹

Paid parental leave in Ireland will increase from 2 to 5 weeks in April 2021.⁴⁵² Unpaid parental leave stands at 26 weeks. Mothers may claim 26 weeks maternity benefit. 16 additional weeks of unpaid maternity leave without any financial benefits are also available. 2 weeks of paid paternity leave was introduced in 2019 and increased to 8 weeks in 2021. The length of maternity and parental leave is relatively generous but rates of payment are relatively low. The structure of leave entitlement is also very gendered. Paternity leave has only very recently been introduced which recognised, for the first time, men's role as active parents. Non-transferable parents leave is also important but only 5 weeks are paid out of 26 weeks. There are calls to increase the length of paid parental leave to 26 weeks.⁴⁵³

⁴⁴⁶ Privalko et al., (2019). *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016. p.100. ESRI.

⁴⁴⁷ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. p.15. ESRI.

⁴⁴⁸ Russel et al. (2019) *Caring and Unpaid Work in Ireland*. p.15. ESRI.

⁴⁴⁹ Central Statistics Office (2020) *Women and Men in Ireland*. <https://www.cso.ie/en/statistics/womenandmeninireland>.

⁴⁵⁰ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.95.

⁴⁵¹ Eurofound (2020) *Access to care services: Early childhood education and care, healthcare and long-term care*. Publications Office of the European Union, Luxembourg. p.58

⁴⁵² https://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/leave_and_holidays/leave_for_parents.html Accessed 20 May 2021.

⁴⁵³ National Women's Council (2021) https://www.nwci.ie/learn/article/childcare_is_missing_piece_of_our_COVID_19_response_in_budget_2021 NWCI.

8.5.3. Conditions of employment

The requirements for levels of qualification and training in the Irish childcare sector are significantly lower than other European countries; consequently issues have been highlighted around the regulation of quality and the need for improved conditions of carers.⁴⁵⁴ Considerable effort has been put into improving quality, monitoring and regulation, but early years childcare workers continue to suffer from low pay and poor conditions with a high percentage on the minimum wage. A 2020 report cites that almost one third of employees plan to leave the sector, and a later survey during the COVID-19 pandemic cites 32 per cent.⁴⁵⁵ It also notes that between 2011 and 2016 the number of employees in the pre-primary education labour force with some form of higher education more than doubled. Upskilling of the early years childcare workforce has been achieved to an extent, but it has not received the state investment needed to provide the secure working conditions and better pay needed to sustain and nurture a stable labour force in the sector. As a result, a largely female workforce finds itself in precarious working conditions, receiving unsustainably low pay.

8.5.4. Conclusions

Ireland is a country that has revealed one of the highest proportion of COVID-19 related deaths in care homes accounting for 62 per cent of all COVID-related deaths.⁴⁵⁶ Age is a significant risk factor for COVID-19, 93.8% of all Irish deaths have occurred in people over the age of 65, and 79.82% have occurred in people over the age of 75, with those over 85 years of age having a case fatality ratio of 26.32%. 72% of those in LTC facilities in Ireland suffer from dementia and the temporary cessation of usual services such as support groups, Alzheimer cafés, day care services and cognitive stimulation therapy has had a serious impact. 80 per cent of LTC residential homes are run by private-for-profit organisations, in which quality of care is poor and regulation is extremely weak. Increased isolation of residents in home LTC facilities has caused residents and families and care networks huge stress, visits were limited or ruled out altogether for long stretches of times or forced to take place in a distanced manner, such as through glass or on-line.

LTC situations are not restricted to the elderly in Ireland but also include many people with disabilities and also those in *Direct Provision* and other refuges. Direct Provision is the term used to describe so-called emergency collective accommodation provided by the State for asylum seekers in Ireland, but organised through private, for-profit services. Many individual and families have been forced to remain in these collective settings (often in remote places) over many years, with little privacy, autonomy or individualised spaces, and became vulnerable sites for COVID-19 infection.⁴⁵⁷ Even those who have won residency rights have been unable to access other housing due to probative costs on the private marketplace. Successive reports highlight the mental and physical health issues experienced by both

⁴⁵⁴ Daly, M. (2017) *Ireland finally addresses the costs of childcare*. European Commission Flash Report.

⁴⁵⁵ <https://www.irishtimes.com/news/ireland/irish-news/almost-a-third-of-early-years-childcare-workers-intend-to-leave-sector-within-year-1.8828731>

⁴⁵⁶ International Long Term Care Policy Network (2021) *Report 2021*. <https://www.irishtimes.com/news/health/ireland-has-one-of-the-highest-rates-of-COVID-19-deaths-in-care-homes-in-world-1.8260180>

⁴⁵⁷ Gusclute, E (2020) 'Leaving the most vulnerable behind: Reflection on the COVID-19 pandemic and direct provision in Ireland' in *Irish Journal of Sociology*. Sage Journals.

adults and children in these confined settings.⁴⁵⁸ Emergency refuge accommodation has also been severely restricted to those seeking access from situations of gender-based violence or homelessness.

The pandemic has also magnified the inequalities experienced by many vulnerable and disadvantaged communities such as the Irish Traveller community, the Roma community, migrants, those who are homeless, those living in Direct Provision and those struggling with addiction. While less affected by the virus itself, the impact of measures to protect society have had an enormous impact on children and young people, especially those that are vulnerable.⁴⁵⁹

The COVID-19 pandemic has seen the suspension and even closure of many social support services. In Ireland early learning and childcare services have stayed open but the current ECCE scheme, which entitles all children of pre-school age to two full academic years of care and education was suspended. Workers who cannot attend work due to childcare responsibilities throughout the highest levels of lockdown in the pandemic are entitled to claim the Pandemic Unemployment Payment, which is up to €350 per week. This employment wage subsidy scheme will benefit women, in particular, as they are overrepresented in sectors such as hospitality and retail, which have been the worst affected. Registered formal childcare providers can claim the Emergency Wage Subsidy Scheme (EWSS) and can claim other supports such as a sustainability fund. If providers are accessing financial supports employee payments should remain at pre-COVID rates. Migrants, regardless of immigration status, are entitled to the payment if they become unemployed or laid off as a result of the pandemic. However, due to the informal economy of childminding in Ireland, the unregistered majority who find themselves out of work will be left without financial support from the government.

The 'mixed market' of public and private sector care facilities in Ireland has caused difficulties in the implementation of consistent protective measures throughout the COVID-19 pandemic, demonstrating the need for a more integrated national care model.⁴⁶⁰ COVID-19 has placed both paid carers in long term care institutions and unpaid carers in family settings under increased strain. Many community workers caring for low dependency clients are being deployed to residential nursing homes as of April 2020, reducing the levels of community care and placing increased pressure on family members.⁴⁶¹ Family carers of older people have received no specific new supports in response to the COVID-19 pandemic. Those family carers who qualify for the means tested allowance to support low-income informal carers will continue to receive payment for care, amounting to 18.5 hours of weekly paid market work, during the crisis. In the case that an informal carer becomes due to COVID 19 they will receive the government unemployment payment, in addition to the allowance for care provision.⁴⁶² Before the COVID-19 outbreak, informal carers in Ireland faced numerous issues jeopardising their mental, physical and financial well-being: not being able to make ends meet, debt, declining physical health, high levels of stress, and little access to essential supports.⁴⁶³ The COVID-19 pandemic has served to intensify adversity faced by home carers. One important positive response to

⁴⁵⁸ Day, Catherine (2021) *Report of the Advisory Group on Provision of Support and Accommodation to Persons in the International Protective System*. Dept of Justice, Ireland.

⁴⁵⁹ Government of Ireland (2021) *COVID-19 Resilience and Recovery: The Path Ahead*. 128880_a3fa7c2b-9ee8-892a-b0c0-ed3378fb1729.pdf

⁴⁶⁰ Pierce M et al. (2020) *The impact of COVID-19 on people who use and provide long-term care in Ireland and mitigating measures*. International Long-Term Care Policy Network

⁴⁶¹ <https://hcci.ie/news/> Accessed May 20 2021.

⁴⁶² Pierce M et al. (2020) *The impact of COVID-19 on people who use and provide long-term care in Ireland and mitigating measures*. International Long-Term Care Policy Network.

⁴⁶³ Family Carers Ireland (2020) *The National State of caring*. <https://familycarers.ie/news-press-releases/2020/october/family-carers-ireland-launch-first-national-state-of-caring-survey>

the COVID-19 pandemic is the very significant increase in formal home care hours and, as restrictions ease, those increased hours will make home care a positive reality for more households.

It is estimated that one third of all eldercare workers in Ireland are migrants, with the largest portion employed in the rapidly expanding private home care and long stay care settings.⁴⁶⁴ Ireland has one of the highest shares of foreign workers in the long term care sector (19%), mostly working in private residential care while the majority of homecare workers are Irish nationals.⁴⁶⁵ Carers in Ireland receive relatively low end pay, which in November 2020 was 58 per cent of the average wage.⁴⁶⁶ In various member states, including Ireland, wages in the public sector were higher than in the private sector.

Potential negative impacts from COVID-19 on women in paid employment in Ireland was recognised from early on in the pandemic by the Department of Employment Affairs and Social Protection (DEAP). In particular, women employed in vulnerable and precarious sectors of employment in retail, hospitality and personal services, the DEAP predicted that the recent enhanced access by women to paid work may be reversed, with a particular negative effect on young, migrant women.⁴⁶⁷ While care services have been seriously curtailed placing heavy additional burdens on families, the need for diverse care services, particularly for the elderly population, has increased in Ireland. The Central Statistics Office of Ireland (CSO) found that more women (21%) than men (15%) are caring for a dependent adult during the pandemic.⁴⁶⁸ Women in Ireland are finding it more difficult to work from home with the responsibility for home-schooling and lack of childcare supports.

A report from National Women's Council of Ireland (NWCi) revealed that 71% of women during the pandemic were providing care for children, adults, or both, in their own home with potential negative impacts attachment to paid employment and on career development.⁴⁶⁹ In the pre-COVID-19 period, extended family members or neighbours in the community were very much involved in childcare in Ireland but this kind of support system collapsed during COVID-19, highlighting the lack of public investment in childcare over decades. In 2019, Ireland emerged as the country with the fourth highest level of unmet needs for childcare in the EU.⁴⁷⁰ This is directly linked to the high cost of childcare - which takes up an extremely high proportion of household income in Ireland - creating a situation of particular disadvantage and acting as a barrier to accessing paid employment - for those in low income households, and deemed the second worst country for affordability of childcare for lone parent households.

The introduction of the *National Childcare Scheme* in 2019, which consists of universal and targeted subsidies to parents and providers, was a significant measure. Payments for child allowance, maternity

⁴⁶⁴ Migrants Rights Centre of Ireland (2018) *Migrant Workers in the Home Care Sector: preparing for the elder boom in Ireland*. MRCI.

⁴⁶⁵ Eurofound (2020) *Long-term care workforce: Employment and working conditions*, Publications Office of the European Union, Luxembourg. p.11

⁴⁶⁶ Eurofound (2020) *Long-term care workforce: Employment and working conditions*, Publications Office of the European Union, Luxembourg. p.36.

⁴⁶⁷ Department of Employment Affairs and Social Protection (2020) *The Initial Impacts of the COVID-19 Pandemic on Ireland's Labour Market' Working Paper, 2020*. <<https://publicpolicy.ie/register/the-initial-impacts-of-the-covid-19-pandemic-on-irelands-labour-market/>> accessed 20 May 2021.

⁴⁶⁸ Central Statistics Office (2020) *Employment and Life Effects of COVID-19* <<https://www.cso.ie/en/releasesandpublications/er/elec19/employmentandlifeeffectsofcovid-19/>> accessed 15 February 2021.

⁴⁶⁹ National Women's Council (2020) *Women's Experiences of Caring During COVID-19* <https://www.nwci.ie/images/uploads/FINAL_Womens_Experience_of_Caring_During_COVID19_Survey_Report.pdf>.

⁴⁷⁰ Ivan Privalko, et al (2019) *Access to childcare and home care services across Europe: an analysis of the Survey on Income and Living Conditions*. (SILC), 2016. ESRI (n 14) and DEASP (n 11).

benefit, lone parents and people with disabilities have increased marginally⁴⁷¹. The OECD notes the vital nature of investments in early childhood and educational care and how national expenditure reflects the state's political prioritisation of the care and education of young children.⁴⁷² The National Women's Council of Ireland highlighted that the 2021 budget made no additional investment into delivering a public model of childcare, in spite of the pandemic clearly exposing how central childcare is to running of society and economy. It reports that the current market approach to childcare is unsustainable.⁴⁷³ A focus on continued long-term investment to meet demand, improve working conditions and quality is needed to allow a higher number of women to depend on formal childcare, relieving the burden of unpaid care undertaken by parents, family members. The pervasive unregulated informal economy of childminding arrangements continues to leave many women in precarious working conditions, invisible and unable to depend on the state for social protection benefits.

Ageing demographics and long-term increase in female paid employment are increasing the demand for long term care in Ireland, both formal and informal. In all sectors of care women are taking on more care work than men in both paid formal roles and unpaid informal care - nature of caring and unpaid work in Ireland is heavily gendered. Increased investment in home care in the context of COVID-19 is important but needs to be sustained and improved in the long-term. Research has found that European countries with care systems in which the primary source of care is family members, such as Greece and Poland, have a greater gender gap in unpaid care time.⁴⁷⁴ Establishing a gender balance in unpaid work is central to a more equal labour market, which in Ireland is increasingly more female - EIGE 2019 statistics show 69 per cent of women and 81.8 per cent of men are in paid employment, against an EU average of 67.3 and 79 respectively.⁴⁷⁵

Particular vulnerabilities to unmet care needs are clear: lone parents and households with one or more adults with a disability are consistently noted as having some of the highest poverty levels in the state, with a 2019 report citing that the levels of persistent deprivation among these two groups is higher in Ireland (and the UK) compared to elsewhere in Europe.⁴⁷⁶ Impacts of COVID-19 in increasing women's unpaid care work, lack of care and educational supports and reducing women's access to sustainable employment are severe and need a specifically gendered equality focus in policy. The Irish government has committed to considering each recommendation of the Citizens' Assembly on Gender Equality – their important implementation recommendations on care and gender equality would address many care issues in the Irish context.

⁴⁷¹ <https://www.gov.ie/en/press-release/f6302-budget-2021-payment-increases-set-to-take-effect-in-january-2021-over-177-million-in-improvements-to-weekly-welfare-payments/#:~:text=A%20number%20of%20Social%20Welfare,measures%20introduced%20in%20Budget%202021.&text=It%20is%20expected%20that%20this,%E2%82%AC59.2%20million%20in%202021.>

⁴⁷² OECD. (2017) *Early Childhood Education and Care Data Country Note. Ireland*. OECD.

⁴⁷³ National Women's Council (2021) <https://www.nwci.ie/learn/article/childcare-is-missing-piece-of-our-COVID-19-response-in-budget-2021>. NWCI.

⁴⁷⁴ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016. ESRI.

⁴⁷⁵ EIGE (2018) *Gender Statistics Databases* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_fw_c_ifs_t2020_10/datatable Accessed 01.0

⁴⁷⁶ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.75. EIGE.

8.6. The Netherlands

The employment rate for women in the Netherlands is high. However, 76 per cent of employed women are in paid employment for fewer than 30 hours per week. The gender gap in part time employment at 50.1 per cent (2019) is strikingly high when the EU average stands at 22.7 per cent, and it results in a 88 per cent gap in overall earnings.⁴⁷⁷ In the Netherlands part time work is not confined to low-skilled jobs and there is a higher proportion of good-quality part-time jobs compared to OECD counterparts. 25 per cent of workers in highly skilled managerial, professional, and technical roles work part time.⁴⁷⁸ In recent decades both women and men have become more likely to work part time.⁴⁷⁹ 2019 data shows 38.8 per cent of women in involuntary part time work due to care responsibilities for children or incapacitated adults, compared to 12.8 per cent of men.⁴⁸⁰ The gender gap in worked hours is consequently detrimental to the gender gap in earnings, pensions, women's progression into management roles, and the level of women's unpaid domestic work. Dutch women spend more time on unpaid caregiving and chores than women in many other northern European countries.⁴⁸¹

The proportion of pre-school age children in childcare in the Netherlands is one of the highest in Europe. However, the majority are in part time care. Early childhood education is subsidised by the government according to family income, number of working hours, and number of children. The reimbursement can be substantial; a measure existing to prevent or reduce educational disadvantages in children between two and six. From 2.5 years old to 8 years old children attend a playgroup or childcare service, after which they enter publicly funded pre-primary education. Overall responsibility is held by the municipal authorities to organise care.

By 2050 the share of the Dutch population over 65 is expected to grow from 19.2 per cent in 2019 to 26.6 per cent, with the EU-28 projected increase being from 20 per cent to 28.5 per cent. In the last 15 years, LTC care has relied on increased individual responsibility, a shift away from what was seen as over dependence on publicly funded services in the past. A system of care which is moving away from residential care settings towards non-residential settings, and emphasising individual and societal responsibility, is currently provided by public and private services, often depending on the intensity of care required.⁴⁸²

8.6.1. Public and private

Childcare is available for children from six weeks old until they leave primary school and operates largely on a market-based system. For children under 6 options include private daycare services for children from 0 - 8 years old, public pre-kindergarten facilities, private childminders, or playgroups which offer a more formal type of ECEC for 2-3 year olds. Children aged from 2.5 to 8 years from disadvantaged backgrounds may participate in targeted ECEC programmes that are provided in

⁴⁷⁷EIGE (2021) *Gender inequalities and care and consequences for the labour market*. p.21. EIGE.

<https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>.

⁴⁷⁸OECD (2018) *Gender Equality Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

⁴⁷⁹OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*. OECD.

⁴⁸⁰EIGE <https://eige.europa.eu/gender-statistics/dgs> accessed 28.03.21.

⁴⁸¹OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*. OECD.

⁴⁸²International LTC Policy Network (2020) *International examples of measures to support unpaid carers during the COVID-19 pandemic*.p.9. International LTC Policy Network.

regular ECEC facilities (day-care centres and pre-kindergartens).⁴⁸³ Out-of-school care for 8-12 year olds and childminder services are available for children aged 0 - 12.⁴⁸⁴ From the age of 5 education is mandatory and most children go to a primary school from the age of 8. The Netherlands has the highest proportion of children in part time childcare in Europe, less than 10 per cent are in full-time childcare. 2017 data shows that just 50 per cent of children under 3 are in part time (1-29 hours) formal care, with the next highest proportion in the UK at just over 30 per cent.⁴⁸⁵ The average number of hours that childcare is used is significantly shorter than in other countries, at 18 hours in the Netherlands versus 30 hours on average in the OECD.⁴⁸⁶

The Dutch LTC system is divided between three pieces of legislation. Firstly, The LTC Act which covers the most vulnerable in need of permanent supervision or 28-hour care nearby, providing a wide set of services including residential care. The other two acts are The Social Support Act, and The Health Insurance Act. Municipalities receive a budget from the state and care is both needs- and means-tested by a public independent governmental body. Regional care offices then purchase LTC for the clients in their region from nursing homes and LTC organisations. The LTC act is financed through a compulsory health insurance policy in combination with co-payments based on income and wealth.⁴⁸⁷ Residential care is reserved for those who need 28/7 supervision permanently; the ownership structure of nursing homes is 87.8 per cent non-profit and 12.2 per cent for-profit (2019). In 2019, a dramatic increase in the numbers of people seeking LTC, up 7 per cent from 2018, caused major concern as the waiting lists to access nursing homes grew.⁴⁸⁸ Those in need of care which is not urgent or does not require permanent 28-hour care due to severe physical or intellectual disability, are expected to arrange and pay for homecare services and to remain living in their own homes for longer. The care they need is provided by a combination of formal care, informal care by social networks (family, friends, neighbours and other close relatives), and general public services provided by The Social Support Act.

The municipalities are responsible for organising the implementation of The Social Support Act which underscores individual and social responsibility and is designed for those that need additional help and assistance in living independently. The Act encompasses required provision of universally accessible general services, and customised services which cater for specific needs, in order to assist the client in societal participation.⁴⁸⁹ Municipalities carry out needs assessments known as 'kitchen table conversations', which take into account the social position of care-seekers and their access to informal carers. Assistance programs include: meal services, funding to adapt houses or transport services, in addition to the organisation of community programs, such as day care. Generally, there is no great difference in provision across municipalities, but disparities in the access, amount, and speed with which care and support are realised have been noted.⁴⁹⁰ In the Netherlands, where the largest gender

⁴⁸³ OECD, (2015) *Starting Strong, Early Childhood Education and Care Data Country Note*. OECD.

⁴⁸⁴ Eurydice (2021) https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-53_en accessed 29.03.21

⁴⁸⁵ EIGE (2021) *Gender inequalities and Care*. p.87. EIGE.

⁴⁸⁶ OECD, (2018) *Policy Brief: Gender Equality. Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

⁴⁸⁷ International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. p.8. International LTC Policy Network.

⁴⁸⁸ International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. p.8. International LTC Policy Network.

⁴⁸⁹ Eurocarers <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

⁴⁹⁰ Eurocarers <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

gap (5 p.p.) is found by EIGE, 10 per cent of women versus 8 per cent of men report that they have received home care.⁴⁹¹

8.6.2. Access and costs

Spending on early childhood education per capita in the Netherlands is below the EU and OECD averages (6,958 USD and 9,519 USD respectively).⁴⁹² The cost of childcare for a two-parent family was 17 per cent of the average salary in 2020, higher than the OECD average of 18 per cent. In recent decades, the level of cost has fluctuated, from the lowest point in 2008 (10 per cent), to 26 per cent of the average salary in 2015.⁴⁹³ Since 2005 the cost of childcare has been split between parents, governments, and employers. The government pays a subsidy adjusted to each individual circumstance, and employers are obliged to pay a percentage of employee's salaries to the government to cover childcare costs. Additionally, employees possess the right to claim one third of their childcare costs (for children under 12) from their employer, reduced to one sixth each if two parents are working.⁴⁹⁴

A 2020 OECD report examining the affordability of childcare cited evidence from the Netherlands and the UK which suggests that low-income families suffer from the workings of market-based childcare systems, where coverage is lower in less profitable areas. In the Netherlands one in five low-income households struggle with affordability, reporting that they would like to use childcare, or purchase additional childcare hours, but cannot afford to do so.⁴⁹⁵ Participation in childcare and pre-primary education is notably lowest among children from low-income families.⁴⁹⁶ Parents have an option to receive a cash allowance (the Personal Care Budget) with which they can purchase care privately, instead of obtaining benefit in-kind care services. The payment is conditional on obtaining the services of a formal carer and the amount received depends on the care required.⁴⁹⁷

Public expenditure on LTC is comparatively high at over 3 per cent of GDP⁴⁹⁸, which is 27 per cent of total Dutch healthcare spending. LTC costs are more than double the EU average, and a reform in 2015 was introduced to control rising costs by moving away from residential care in addition to supporting independent living.⁴⁹⁹ In 2017 the OECD data shows spending on disability in the Netherlands at 2.1 per cent of GDP, which is above the OECD average of 1.6.⁵⁰⁰ Informal carers do not receive cash benefits. The personal care budget is the only exception, which must be used to finance care services and is counted as taxable income.⁵⁰¹ Just over 60 per cent of women and approximately 65 per cent of men who are limited in everyday activities use home care services.⁵⁰² In 2020 EIGE reported that in the

⁴⁹¹ EIGE (2020) *Access to long-term care services and gender impact*. p.20. EIGE.

⁴⁹² OECD (2021) https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR accessed 28.03.21. OECD.

⁴⁹³ OECD (2021) https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR accessed 28.03.21. OECD.

⁴⁹⁴ <https://www.government.nl/documents/leaflets/2011/10/13/fact-sheetchildcare-and-childcare-allowance>).

⁴⁹⁵ OECD (2020) *Is Childcare Affordable?* p.8. OECD.

⁴⁹⁶ OECD (2018) *Gender Equality Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

⁴⁹⁷ EIGE (2021) *Gender inequalities and Care*. EIGE

⁴⁹⁸ EIGE (2021) *Gender inequalities and Care*. P.51 EIGE

⁴⁹⁹ International LTC Policy Network, (2020). *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. p.8. International LTC Policy Network.

⁵⁰⁰ OECD (2021) https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR accessed 01.08.21. OECD.

⁵⁰¹ Eurocarers (2021) <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

⁵⁰² EIGE (2020) *Access to long-term care services and gender impact*. p.20. EIGE.

Netherlands receiving the services free of charge is unusual, with over 80 per cent of households needing to pay for them.⁵⁰³

Paid maternity leave in the Netherlands is 16 weeks⁵⁰⁴ and paternity leave is less than 10 working days. Paid parental leave in the Netherlands does not meet the minimum of 8 months set by the 2019 EU Commission Work Life balance Directive; Ireland, Greece and Spain also fall short of the minimum paid leave.⁵⁰⁵ The Netherlands is behind the EU average in terms of parental leave taken by fathers but new legislation aims to extend fathers' paid leave entitlements to 6 weeks from 2020 onwards.⁵⁰⁶ A 2021 report by EIGE notes that the Netherlands is among the few EU countries where career breaks are more prevalent among men than women.⁵⁰⁷ However, men in the Netherlands are more likely to work full time once becoming fathers, which typically widens the gender gap in worked hours and unpaid caregiving responsibilities.⁵⁰⁸ The Dutch gender gap in part time work in 2019 was 50.1 per cent, far higher than the EU average of 21.6.

8.6.3. Conditions of employment in care sector

The vast majority of ECEC workforce are female, with roughly 10 per cent estimated to be migrant workers.⁵⁰⁹ The mean age of ECEC staff in 2012 was 33.2 with an average of 8.9 years of experience. Childcare workers work the equivalent of 3.5 days per week given the short hours of part time playgroup care services, but childcare centres run full-day programmes. The ratio of children to teaching staff, which impacts significantly on staff working conditions (alongside other factors such as reasonable hours or workload and salary levels) is slightly higher than the OECD average at 16 and 18 respectively.⁵¹⁰ A 2017 report maintained that it is possible to live on a childcare salary as a full-time professional child caregiver; however, pay is significantly lower than that of a primary school teacher. A gradual trend towards increased professionalisation of the ECEC workforce was noted in 2017.⁵¹¹

Female workers predominate in LTC jobs and hours are noted to be short. Over 90 per cent of the long-term care workforce in the Netherlands works part-time, a much higher rate than most other European countries. Although part-time work is much more part of the Dutch culture than in other EU countries, the nature of LTC work particularly in home care services requires short shifts at the beginning and end of the day, resulting in the need for multiple part-time jobs to reach over 30 hours work per week.⁵¹²

Organisations have been established to support informal and volunteer carers which highlight the importance of carers' well-being as there are no regulations around the respite care received; the government wants to work with municipalities to recognise the importance of carers well-being and has a budget of €100 million annually to support carers. Supports include: counselling; courses on aspects of care; diseases and network formation; necessary information and advice; practical domestic

⁵⁰³ EIGE (2020) *Access to long-term care services and gender impact*. p.20. EIGE.

⁵⁰⁴ EIGE (2021) *Gender inequalities and Care*. p.32. EIGE.

⁵⁰⁵ EIGE (2021) *Gender inequalities and Care*. p.32. EIGE.

⁵⁰⁶ OECD (2018) *Gender Equality Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

⁵⁰⁷ OECD (2018) *Gender Equality Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

⁵⁰⁸ OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*. OECD..

⁵⁰⁹ Fukkink, R. (2017) *The Netherlands ECEC Workforce Profile*.p.5. University of Amsterdam.

⁵¹⁰ OECD (2015) *Starting Strong, Early Childhood Education and Care Data Country Note*.p.7. OECD.

⁵¹¹ Fukkink, R. (2017) *The Netherlands ECEC Workforce Profile*.p.18. University of Amsterdam.

⁵¹² OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*. OECD.

help and meal services; administrative help; material help such as home adjustments or parking permits; and different lengths of respite support. However, a uniform effort and range of provision is not ensured and may differ between municipalities due to decentralization. No data is available on individual municipalities.⁵¹³

Paid short term leave is available in order to care for family members under a system in which 70 per cent of the wage is maintained - 10 days annually are permitted to full time workers. LTC leave is unpaid and permits six times the weekly working hours. The self-employed do not have access to short-term or long-term care leave.⁵¹⁴ Informal carers in the Netherlands have been experiencing mounting burdens in recent years due to budget cuts in formal LTC service, and a move away from institutional care due to the Dutch government encouraging informal care. 1 in 10 informal carers are overburdened and in January 2017, the Central Court of Appeal stated that expectations on informal carers must be limited. It ruled that informal caregiving must not be seen as compulsory for the family and friends of the recipient; municipalities should provide the necessary support, whether through compensation by a personal budget or through care-in-kind. 5 out of 6 informal carers between 18 and 65 have a paid job, 11 per cent of whom must interrupt their work on a daily or weekly basis to meet caregiving responsibilities.⁵¹⁵ A need for more homecare care services is evident to relieve the burden of family members giving informal care. Data from the EU-SILC, 2016, shows just over 80 per cent of women and approximately 85 per cent of men over the age of 16 reporting unmet needs for home based professional care services.⁵¹⁶

As previously noted, low-income and some middle-income families cited a need for access to more childcare services but were unable to avail of them due to cost. Suggested policy measures include encouraging fathers to take a higher proportion of parental leave and do more caregiving to shift societal expectations that mothers will be the parent to reduce working hours; improve access to affordable, high-quality childcare is important as low income families are noted to have reduced access; and improve the reliability of school schedules and provide more social supports in relation to care before and after school hours.⁵¹⁷

8.6.4. Conclusions

A November 2020 report on the impact of COVID-19 in LTC identified significantly greater stress on professionals in the sector since the pandemic. 78 per cent of surveyed individuals reported increased pressure on their mental health and 26 per cent indicated an absence of psychological support from their employer. Staffing shortages, amplified by the COVID-19 crisis, and inadequate PPE were factors in levels of stress experienced.⁵¹⁸ Similar experiences in deteriorating psychological well-being were reported by unpaid carers. The Netherlands Institute for Social Research argues that this crisis and the lockdown has highlighted cracks in the Dutch healthcare system, leaving vulnerable people without

⁵¹³ Eurocarers (2021) <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

⁵¹⁴ Eurocarers (2021) <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

⁵¹⁵ Eurocarers (2021) <https://eurocarers.org/country-profiles/netherlands/> accessed 0.08.21. Eurocarers.

⁵¹⁶ EIGE (2020) *Access to long-term care services and gender impact*. p.20.EIGE.

⁵¹⁷ OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*.OECD.

⁵¹⁸International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. p.12. International LTC Policy Network.

social support and informal caregivers overburdened.⁵¹⁹ In an effort to provide support to informal caregivers, guidelines have been given to GPs to monitor those who are homebound and frail, acting as a case manager should COVID-19 symptoms develop.⁵²⁰

Since the first wave of COVID-19 the Dutch government has lifted the national ban on visiting nursing homes and decided to implement a more regional approach, allowing nursing homes to make visiting policies according to their situation. Policies to tackle staff shortages, working pressure and staff wellbeing have been created to tackle this ongoing issue.⁵²¹ Primary schools and childcare centres have remained open for children of key workers. If only one of the parents in a two-parent family is a key worker, the family is requested to arrange childcare themselves wherever possible. If this is not an option, these parents may make use of the emergency care provided by primary schools and childcare centres.⁵²² Primary, secondary and third level education is remote, placing a considerable burden of care upon parents who are working remotely during the COVID-19 pandemic.

The significant gender gap in full-time and part-time work is reflected in the remarkably high rates of part-time childcare. Although there are a higher proportion of people working part-time in high level positions than in most other EU states, a high proportion of women working part-time are doing so involuntarily. In order for women in the Netherlands to have a wider option of employment possibilities childcare services must expand to accommodate a higher level of affordable full-time care provision, such as the systems operating in Estonia and Finland.

Although formal LTC coverage (the ratio between recipients of institutional and home care services and the population in need of care) is comparatively high when looking at countries such as Poland 1(0 per cent) are low at 10 per cent, evidence shows 1 in 7 formal carers are overburdened and there are significant levels of unmet need for home based professional care services, which are exacerbated in the restricted conditions of the COVID-19 pandemic. Thus, a greater level of homecare provision is necessary in order to relieve the burden of family members who are providing informal care and to assist in promoting independent living.

8.7. Poland

Women's participation in the paid labour force in Poland is below the EU average, 65.3 per cent compared to 67.3 per cent, however, the proportion of active men in the paid labour force (80.7 per cent) is slightly above the respective EU average (79 per cent). A significant factor in women's lower than average participation can be attributed to the disproportionate burden of care they experience, as Poland has the fourth highest share of inactive women due to care responsibilities in the EU,⁵²³ and

⁵¹⁹ International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. P. 5. International LTC Policy Network.

⁵²⁰ International LTC Policy Network (2020) *International examples of measures to support unpaid carers during the COVID-19 pandemic*. International LTC Policy Network.

⁵²¹ International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. International LTC Policy Network.

⁵²² <https://www.government.nl/documents/publications/2020/12/15/childcare-for-children-of-people-working-in-crucial-sectors> accessed 12.08.21

⁵²³ EIGE, (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.22 IGE.

almost a quarter of women (23.8 per cent) in 2016 cited that it was very difficult to combine paid work and care responsibilities, in comparison to the EU average of 16.3 per cent.

Poland has one of the youngest populations in the EU. Nonetheless, with declining fertility rates and rising life expectancy the population ageing - to the extent that by 2060 Poland is forecast to have one of the oldest populations in Europe.⁵²⁴ The long-term care (LTC) system is highly dependent on the family as the main provider of care to elderly people who experience limitations in daily living activities. Overall, 20 per cent of the population are informal carers - which accounts for 21 per cent of the total female population and 18 per cent of the male population.⁵²⁵ Some recent estimates suggest that about two thirds of carers are not active in the labour market.⁵²⁶ Women's low retirement age of 60, and with many taking early retirement options, a tradition which is partially driven by the normative role of women as carers - not only for the elderly and those with disabilities, but also for their grandparents and parents and in-laws. More affluent households may employ migrant women but done so without official employment conditions and therefore this demographic of carers is not reflected in statistics.⁵²⁷

Formal LTC coverage rates (the ratio between recipients of institutional and home care services and the population in need of care) are low at 10 per cent, in contrast to the Netherlands where coverage is at 60 per cent.⁵²⁸ The very low level of coverage is reflected in the strikingly high level of those with disabilities over the age of 15 receiving either no formal care or just informal care which stood at 92.9 per cent in 2010. Additionally, inequalities in access to services and long waiting times across regions for residential care services are reported.⁵²⁹ Although improvements are projected (89.7 per cent by 2060) they are marginal, and dependence on informal care will still be extremely high. With changes in women's roles, and with nuclear families becoming more common, the provision of unpaid family care often becomes difficult. Informal, paid care provided in the underground sector of the economy becomes an alternative. A private market of care develops, with services often provided by migrants; but the size and quality of privately provided care remains unknown.⁵³⁰

8.7.1. Public and private

Early childhood education and care (ECEC) is split into two sectors - childcare (20 weeks - 3 years) and Education (2-7 years), each governed by a different ministry. Provision of ECEC is divided into two stages: 0-3 years, where childcare is provided in crèches, and since 2011 kids clubs for children 1 year and over - which usually provide up to 5 hours per day, and by day care providers or childminders and nannies. These are carers who can either be employed by local self-government units, public institutions, natural persons, legal persons or organisational units without legal personality, or they can be self-employed. Preschool education provided in nursery schools, preschool classes in primary schools and other preschool education settings, including preschool education units and preschool education centres are provided to those aged 3-7 years. Children aged 6 are required to complete one

⁵²⁴ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21 Eurocarers.

⁵²⁵ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p19. European Commission.

⁵²⁶ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p19. European Commission.

⁵²⁷ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵²⁸ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.50. EIGE.

⁵²⁹ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p.8 European Commission.

⁵³⁰ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p.8 European Commission.

preschool preparatory year in any of the given ECEC settings.⁵³¹ In recent years, reforms in the ECEC have meant that in Poland, and in a number of other EU states such as Spain and Ireland, a place in publicly subsidised ECEC is guaranteed from about the age of 3 due to the introduction of a legal entitlement.⁵³² In Poland, all ECEC settings for children over 3 are either public or publicly subsidised - only services for children under age 3 can be private self-financing facilities.⁵³³

The gap in childcare provision between adequately compensated childcare leave and the start of legal ECEC entitlement is about 1 year, as a publicly subsidised place is guaranteed to a child from age 3 for at least 25 hours per week - the provision of which is the responsibility of the providers in each catchment area.⁵³⁴ Since September 2015, local governments responsible for running preschools have been required to guarantee places of care for all four-year-olds whose parents have applied, and as of 2017 the legal entitlement to a preschool place was extended to four-year-olds.

The prevailing form of LTC is informal, and therefore privately financed. Social expectations and traditional values around gender roles are cited as a significant factor in the central role of the family in LTC, which is legally a family domain. Survey results from a 2013 study showed that 93.5 per cent of all dependent elderly people receive care through an informal carer, who in Poland is typically a woman who is retired or nearing retirement, with an average age of 51, and often in poor health herself. The existing formalised LTC system is fragmented and underdeveloped, there is no separate long-term insurance or protection, unlike in countries like Germany where LTC insurance is compulsory. There is a distinct dearth of institutionally supplied publicly financed care and affordable private care establishments.⁵³⁵

The formal LTC system in Poland operates within both the health and social assistance sectors, causing fragmentation; healthcare services are financed via health insurance contributions and social assistance homes are funded by general taxation. (Formal) LTC spending is estimated at 0.8% of GDP but is projected to increase much faster than in most EU countries, reaching 1.9% of GDP in 2060.⁵³⁶ The various LTC institutions in place include: social assistance centres; residential care facilities in the health and in social assistance sectors; day care services in the social assistance sector; and home care services in the health and social assistance sectors.⁵³⁷ 1.1 per cent of those over 65 are receiving care in public institutions. As well as these publicly financed LTC institutions, there are also private care facilities. There are 109 residential homes catering for around 10 000 older people who do not need nursing care. There are also 175 private non-profit care homes run by a public benefit organisation. In addition, there are a number of homes providing for particular occupational groups and military veterans. In total, 800 social welfare institutions provide places for around 80,000 people, equivalent to 1.7 per cent of the elderly. Means-tested home help services are the responsibility of local governments, and are free of charge in cases where the per capita income of family members does not exceed the minimum state pension, otherwise services require a maximum of 10 per cent co-payment.⁵³⁸

⁵³¹ Eurydice https://eacea.ec.europa.eu/national-policies/eurydice/content/poland_en accessed 31.03.21 . Eurydice.

⁵³² Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. Pp.10-11. Eurydice.

⁵³³ Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. Pp.10-11. Eurydice.

⁵³⁴ Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. Pp.10-11. Eurydice.

⁵³⁵ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵³⁶ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵³⁷ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p.8 European Commission.

⁵³⁸ OECD (2011) *Help Wanted? Providing and Paying for Long-Term Care*. OECD.

8.7.2. Access and costs

Annual spending on ECEC is below the EU average. In spite of increased funding, in 2015 access to childcare facilities for children below the age of 3 was still limited, in addition to the system facing challenges in reducing disparities in access to early childhood education.⁵³⁹ However, recent reports cite the development of new policy measures which aim to increase the accessibility of provision in terms of its availability, affordability and usefulness.⁵⁴⁰ The introduction of the statutory obligation requiring municipalities since January 2016 aims to provide a place in order to improve equal educational opportunities. There is also an obligation to employ additional staff in public kindergartens where children with disability are enrolled. Furthermore, in order to support higher numbers of children in kindergartens, in 2016 the Government increased the subsidy per child.⁵⁴¹ Children aged 3-6 years may enrol in preschool classes in primary schools. However, in order to tackle the shortage of ECEC places, provision on selected weekdays is offered in settings called zespół wychowania przedszkolnego and punkt przedszkolny.⁵⁴²

In 2020, the net cost of formal childcare constituted 10 per cent of the average household income. In 2018, 2.1 per cent of women cited childcare costs as the main reason for not using formal services, which stood far below the EU average of 8.8 per cent. In contrast, insufficient provision proves to be a greater barrier to childcare access, as 8.6 per cent of women cited the main reason for not using formal services was due to no services or vacancies available, higher than the EU average of 2.8 per cent. 2018 enrolment levels for children aged 0-2 years stood at 10 per cent, equal to Ireland and Greece. In countries such as Denmark levels for the under 3 age group are as high as 60 per cent.⁵⁴³

Access to LTC in Poland has been identified as a common problem, with extensive waiting lists for care homes and many find themselves unable to pay for private services.⁵⁴⁴ A very high level of users of formal homecare services (71.8 per cent) incur costs.⁵⁴⁵ Recent OECD data shows that the share of older people over 65 in LTC institutions other than hospitals is below 2 per cent, while in 7 EU countries it is over 8 per cent. In the EU-28, the coverage rate of LTC services (the ratio between recipients of institutional and home care services and the population in need of care) is estimated at 35 per cent. In Poland, LTC coverage stands at 10 per cent.⁵⁴⁶ Poland is one of several EU Member States where publicly subsidised formal LTC is reserved for citizens who do not have family support.⁵⁴⁷

The overall public expenditure on LTC is estimated at about 0.8% of GDP.⁵⁴⁸ All public LTC residential institutions are subject to a maximum co-payment of 70 per cent of the recipient's monthly income. The cost of formal home-based care is a barrier to receiving care, with 82.2 per cent of those receiving formal home-based care citing difficulties in paying for it.⁵⁴⁹ Cash and in-kind benefits for long-term

⁵³⁹ OECD (2015) *Education Policy Outlook. Poland*. P.7. OECD.

⁵⁴⁰ Lazzari, A. (2017) *The current state of national ECEC quality frameworks, or equivalent strategic policy documents, governing ECEC quality in EU Member States*. p.23 CARE ECEC Review. European Commission..

⁵⁴¹ Lazzari, A. (2017) *The current state of national ECEC quality frameworks, or equivalent strategic policy documents, governing ECEC quality in EU Member States*. p.23 CARE ECEC Review. European Commission..

⁵⁴² Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. P.187 Eurydice.

⁵⁴³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.33. ESRI.

⁵⁴⁴ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵⁴⁵ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. 50. ESRI.

⁵⁴⁶ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.50.. EIGE.

⁵⁴⁷ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.50.. EIGE.

⁵⁴⁸ Sowa-Kofta, A.(2018) ESPN. *Thematic Report on Challenges in long-term care Poland*. p.8.European Commission.

⁵⁴⁹ EIGE, (2020) *Gender equality and long-term care at home* p.51. EIGE.

care both exist in Poland. A universal medical care supplement is granted to persons entitled to an old-age, invalidity or survivors' pension who have reached the age of 75. For informal carers, Poland provides tax relief on expenses involved in the care of a dependent relative. Workers can also take time-off work with compensation, up to 18 days per year. A modest nursing allowance is available for carers who have given up jobs to care for family members with certified significant disability.⁵⁵⁰

8.7.3. Conditions of employment in care sector

Maternity leave in Poland is 20 weeks, which is almost equal to the OECD average of 19.7 weeks (2018),⁵⁵¹ which is paid at 80-100 per cent of the mother's earnings. It is obligatory for the mother to take at least 18 weeks after birth.⁵⁵² A 2019 analysis of access to childcare⁵⁵³ identified an association between Poland having the highest levels of parental leave available, when considering all entitlements, at just under 200 weeks total, and a subsequent comparably low level of formal childcare in Poland. Paternity allowance and leave can be taken at once or divided into two parts up until the child reaches 2 years. If not used, the benefit is forfeited. Notably, in the case that the mother has used most of her maternity leave the remaining amount is transferable to the father. Parental leave of 32 weeks must start immediately after the maternity leave ends. Both parents are granted it in a maximum of four consecutive parts which last for at least 8 weeks and may be taken at the same time or in turns.⁵⁵⁴ The leave granted can be followed by up to 36 months of unpaid child-raising leave, to be used before the child's fifth birthday; with an additional 36 months for children with disabilities - to be used any time up until the child is 18.⁵⁵⁵ If the income per capita in a family with a child does not exceed a certain threshold (the so-called income criterion), the family may be entitled to a family allowance and a one-off childbirth grant. It is worth noting that same-sex parenthood is not recognised in Polish law, making it impossible for same-sex parents whose child is born in Poland to share Parental leave.⁵⁵⁶

In Poland, the quality of care and preparation levels of ECEC staff are high, with 88 per cent of teaching staff holding a master's degree and approximately 12 per cent holding a bachelor's degree - which has been a requirement to work in preschool education since 2012.⁵⁵⁷ Salaries can vary considerably according to whether ECEC professionals work in cities or rural areas, the former paying significantly higher wages. Wages are higher in the private sector - where hours are generally longer - and for those with higher levels of qualifications. In terms of staff support measures, there are no national guidelines and quality therefore varies greatly.⁵⁵⁸

⁵⁵⁰ OECD (2011) *Help Wanted? Providing and Paying for Long-Term Care*. OECD.

⁵⁵¹ <https://stats.oecd.org/index.aspx?ThemeTreeld=9> accessed 15.03.21

⁵⁵² Kurowska et al. (2020) 'Poland country note' in *International Review of Leave Policies and Research 2020*. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/country_notes/2020/PMedited

⁵⁵³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.33. ESRI.

⁵⁵⁴ <https://ec.europa.eu/social/main.jsp?catId=1128&langId=en&intPagelId=8719#:~:text=Both%20parents%20are%20granted%20it,submitted%20in%20days%20in%20advance>. Accessed 22.08.21

⁵⁵⁵ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵⁵⁶ Kurowska et al. (2020) 'Poland country note' in *International Review of Leave Policies and Research 2020*. p.859. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/country_notes/2020/PMedited.

⁵⁵⁷ Lazzari, A. (2017) *The current state of national ECEC quality frameworks, or equivalent strategic policy documents, governing ECEC quality in EU Member States*. P.26. <https://nesetweb.eu/en/resources/library/the-current-state-of-national-ecec-quality-framework>

⁵⁵⁸ Pamela Oberhuemer, P. and Schreyer, I. (2018) *Early Childhood Workforce Profiles in 30 Countries with Key Contextual Data*. p.873 <http://www.seepro.eu/ISBN-publication.pdf>

Across all EU states the majority of formal, and informal, carers are women. 88.6 per cent of formal home-based carers were women in 2018.⁵⁵⁹ Leave entitlements for those caring for a family member with a disability or chronic illness are very limited. Between 2018–2020, the development of support, counselling or respite care centres by local governments or NGOs has benefited from the support of the European Social Fund. Programmes aimed at recognising the needs of informal care providers and introducing training or counselling are in the very early stages of development. Occasionally, they are offered by NGOs, often with public financial support (for service such as information exchange, counselling or psychological support for parents).⁵⁶⁰ Poland provides tax relief on expenses involved in the care of a dependent relative. An employee can take leave of up to 18 days per year to provide personal care for a family member, paid at 80 per cent of earnings.⁵⁶¹ A modest nursing allowance is available for carers who have given up jobs to care for family members with certified significant disability. Certain tax-free cash benefits are available to those providing informal LTC to children with a disability from birth and to older people with a disability. Notably, there are no cash benefits to those providing care to the elderly unless a disability certificate is held.⁵⁶²

8.7.4. Conclusions

Formal LTC have been impacted globally, and a recent study in Poland advocated for the provision of certain measures to ease the mental and physical burdens LTC health workers are facing, such as: availability of workplace safety guidelines which reduced anxiety symptoms; sufficient provision of PPE; increased number of personnel as the psychological impact of understaffing caused greater mental health consequences; availability of psychological support services - which even if not availed of, if personnel know them to be available the psychological burden is eased.⁵⁶³

Given the very provision of LTC residential facilities, those who are resident are generally in very poor health - putting them at significantly higher risk of COVID-19. The facilities suffered from understaffing and overworked personnel. The decentralised governance of residential care services and the cross-sectoral split between the health and social sectors made it difficult to take quick decisions, or to coordinate measures to improve access to medical care when residents needed to be transferred from a care facility to the hospital. Local communities supported facilities in lockdown with food and homemade protective equipment.⁵⁶⁴

In spite of recent legislation to make ECEC compulsory to an important extent, and the obligatory provision of childcare by the local authorities, there still appears to be a lack of available facilities. A lack of uniform education policy has been highlighted as the cause of an unstable ECEC system. The quality of highly educated ECEC personnel is ever increasing, however their working conditions vary and would benefit from national regulations⁵⁶⁵. Overall parental leave conditions are above average, yet the number of Polish women in the paid labour market remains below the EU average.

⁵⁵⁹ EIGE (2020) *Gender equality and long-term care at home* p.53.

⁵⁶⁰ <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵⁶¹ Kurowska et al.(2020) 'Poland country note' *International Review of Leave Policies and Research* 2020. p.861. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/country_notes/2020/PMedited

⁵⁶² <https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

⁵⁶³ Long-Term Care (2019) <https://lrcCOVID.org/project/the-impacts-of-COVID-19-public-health-measures-on-people-living-with-dementia-in-the-community-and-unpaid-carers-an-international-5-country-study-australia-india-italy-poland-and-uk/>

⁵⁶⁴ Sowa-Kofta, A. (2020) *ESPN The impact of COVID-19 on residential long-term care in Poland*. Pp.1-21 European Commission.

⁵⁶⁵ Pamela Oberhuemer, P. and Schreyer, I. (2018) *Early Childhood Workforce Profiles in 30 Countries with Key Contextual Data*. p.870 <http://www.seeepro.eu/ISBN-publication.pdf>.

The LTC sector is suffering from issues of coordination between health and social care making the quality of provision uneven, a low level of training and provision for formal care workers, and an overall lack of provision for facilitating and promoting independent living. Improving the availability of services, introducing patient-oriented (personalised) services and improving coordination of services between sectors are becoming crucial for addressing the growing needs for care.⁵⁶⁶ Measures supporting work-life balance and labour market activity of care providers are scarce. Available cash benefits cannot be combined with employment. Increased recognition of the unpaid LTC family members is vital, which not only demands financial compensation but a wide-ranging network of information supports, in addition to access to counselling services and increased respite provision.

8.8. Spain

Generally care provision in southern Europe, namely Spain, Greece and Italy, is characterised by strong reliance on parental and to a lesser extent family care, linked to minimal state welfare provision.⁵⁶⁷ The 2016 EQLS highlighted that in Spain 85 per cent of families exclusively use parental childcare, and only 9 per cent use family care, with just 6 per cent using formal childcare; the country also shows the highest rate of unmet formal childcare needs.⁵⁶⁸ More recent data further demonstrates this deficit, showing that more than half of women with children aged 5 to 15 working part-time would like to work more hours. One in two women with very young children name childcare responsibilities as the main reason for not working more hours.⁵⁶⁹

In spite of a profoundly positive shift in women's participation on the labour market over the last 20 years, which rose from 50 women for every 100 men in the 1990s to 88 active women for every 100 active men by 2019, gender gaps remain in other key job market areas - in many of which, progress has stagnated in recent years. The presence of women in top-level occupations, such as managers and directors, has not increased since 2011. Although in 2018 50 per cent of women compared to 38 per cent of men held a third level degree, women continue to be disproportionately represented in so-called elementary occupations, like cleaners, domestic workers, and food preparation workers - with little opportunity for professional growth or significant financial reward.

By 2030 Spain is projected to have one of the oldest populations in Europe, and by 2050 the 65 + age group is estimated to account for 30 per cent of the population. This ageing is caused by a declining birth rate and an increase in life expectancy, which is already one of the highest in Europe.⁵⁷⁰ The Spanish long-term care (LTC) system provides universal coverage - on the basis of cooperation between the central administration and the Autonomous Communities, and is part of an integrated network of regional and municipal social services. However, there is a strong reliance on informal care which is primarily provided by women. A 2018 European Commission Report cites that formal LTC services in

⁵⁶⁶ Sowa-Kofta, A. (2018) *ESPN Thematic Report on Challenges in long-term care Poland*. p.8. European Commission.

⁵⁶⁷ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.18. ESRI.

⁵⁶⁸ Privalko et al (2019) *Access to Childcare and Home Care Services across Europe*. p.18. ESRI.

⁵⁶⁹ Hupkau, C., Ruiz-venezuela, J. (2021) *EcPol Policy Brief Work and children in Spain: Challenges and opportunities for equality between men and women*. Centre for Economic Policy.

⁵⁷⁰ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

Spain are underdeveloped. Projections suggest a particularly large care gap in Spain by 2060, estimated at a deficit of over million carers.⁵⁷¹ This is a reflection of the heavy reliance on informal care in LTC.

8.8.1. Public and private

Recent analysis has found that in spite of the growing emphasis on women's participation in the labour market, State support for childcare has not increased. Furthermore, the market has been slow to provide formal childcare alternatives and solutions, the lack of which have pushed working women to rely on family networks or childminding by migrant women, who often work with no formal contract or job security and are vulnerable to exploitation.⁵⁷² Informal childcare prevails in Spain, which alongside Ireland, has the highest rates of exclusively parental care in Europe.⁵⁷³

Early Childhood Education and Care (ECEC) is the first stage of the Spanish education system, and is divided into two cycles; from 0-3 years and 3-6 years. Formal ECEC provision in the public realm is subsidised, and since 2006 has been guaranteed free of charge from around the age of 3.⁵⁷⁴ ECEC takes place mainly in schools, however, home-based provision is regulated in two Autonomous Communities, and is generally for the first cycle of ECEC 0-3 years.⁵⁷⁵ Demand for formal services from ages 0-3 is greater than supply in most Autonomous Communities. In the second cycle of ECEC, from the age of 3, supply meets demand. This cycle is not mandatory but has become widespread and has close to 100 per cent uptake.⁵⁷⁶ Each Autonomous Community has its own education department which, in the majority of Communities, is responsible for ECEC provision and establishes the necessary regulations for implementing the central requirements. The private self-financing sector, which is also subsidised by educational administrations to ensure all children have access to a place, constitutes a significant proportion of ECEC provision for children under the age of 3. In 2016-2017, 33.9 per cent of children under 3 years old – compared with only 3.7 per cent of children aged 3 and over – attended at self-financing private settings.⁵⁷⁷

The management of the LTC system falls to the regions or Autonomous Communities led by the regional governments, who are responsible for regulating, financing and providing these services, as well as for guaranteeing care quality. The governance of LTC in Spain involves, to differing extents, all three levels of government (central, regional and local) which has been identified as difficult to manage effectively. It is argued that the current system would benefit from a degree of streamlining, not only simplifying and improving communication but helping to redress severe inter-regional disparities identified in relation to LTC responsibilities, which result in vastly unequal LTC models.⁵⁷⁸

The main formal LTC services available in Spain include: technical assistance (e.g. telecare, telemonitoring, etc.) for people with a moderate degree of dependency living at home; home care services providing personal care to an informal carer of someone with a high degree of dependency;

⁵⁷¹ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

⁵⁷² Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.36. ESRI.

⁵⁷³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.36. ESRI.

⁵⁷⁴ Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. p.10. Eurydice.

⁵⁷⁵ Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. p.10. Eurydice.

⁵⁷⁶ https://eacea.ec.europa.eu/national-policies/eurydice/content/spain_en accessed 01.08.21

⁵⁷⁷ Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. p.82. Eurydice.

⁵⁷⁸ Zalakaín J. and Davey V. (2020) *International LTC Policy Network. The impact of COVID-19 on users of Long-Term Care services in Spain*. Pp.8-6. International LTC Policy Network.

day care centres which aim to improve personal autonomy and support families or informal carers, and night care centres which offer vital respite services (however, these are much less common than day centres); in addition to permanent or temporary residential care.⁵⁷⁹ Institutional care is provided publicly by regional and municipal centres and by private institutions, providing care to 13.3 per cent of beneficiaries - which increases to 21 per cent when day and night care centres are included (2017). The proportion of those who receive homecare services is considerably higher, at 32.3 per cent of recipients. Women over 65 years old are the main recipients of care (73.8 per cent), and also in relation to the total population obtaining LTC (53.8 per cent).⁵⁸⁰ Following the economic crisis, the Spanish LTC system suffered public expenditure cuts which have been detrimental to the level of coverage and protection provided, and also to the quality of benefits, notably community based and cash benefits. The homecare sector is increasingly dominated by private for-profit services, and there are longstanding concerns about decreasing quality standards as a result of efforts to contain costs. This has been seen as detrimental to both the users and the workers in the sector.⁵⁸¹

8.8.2. Access and costs

The net cost of childcare is 7 per cent of the average household wage in Spain, which is half of the OECD average of 18 per cent. Nonetheless, data from the EU-SILC indicate that 1 in 5 low-income families in Spain would like to use childcare, or purchase additional childcare hours, but cannot afford to do so. This is in contrast to the OECD average of 1 in 10 low income households. Many middle income families report the same.⁵⁸² The level of unmet need among low and medium social classes in Spain is 25 per cent, with lone parents particularly vulnerable to experiencing unmet needs (27 per cent).⁵⁸³ Spending on family and childhood benefits is roughly only half of the EU-27 average, and analysis suggests that increased spending would likely increase employment opportunities for women and increase birth rates.⁵⁸⁴ Spain provides 80 per cent of children with care, and roughly half of this group receive full-time care.⁵⁸⁵

In terms of expenditure on healthcare, Spain, Greece, Portugal, and Italy have the lowest per capita HCE in the EU15 and can be seen to have relatively low LTC expenditure also.⁵⁸⁶ Cost is a significant obstacle to receiving LTC services in Spain. The vast majority of those who receive home-based LTC services report incurring financial costs.⁵⁸⁷ In 2016, 13.3 per cent of households cited that cost made it very difficult to access LTC services, in comparison to the EU average of 9 per cent.⁵⁸⁸ 70.9 per cent of those who do receive formal home-based LTC services report that their household faced difficulties in paying them.⁵⁸⁹ A higher proportion of women than men over the age of 16 report unmet household needs for professional home care services, with figures at 38.1 per cent and 28.1 per cent respectively -

⁵⁷⁹ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21 Eurocarers.

⁵⁸⁰ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21 Eurocarers.

⁵⁸¹ Zalakaín J. and Davey V. (2020) *The impact of COVID-19 on users of Long-Term Care services in Spain*. p.29. International LTC Leave Policy Network.

⁵⁸² OECD (2020) *Is Childcare affordable?* OECD.

⁵⁸³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. Pp.67-68 . ESRI.

⁵⁸⁴ ESRI (2021) <https://blogs.lse.ac.uk/businessreview/2021/03/12/work-and-children-is-the-motherhood-penalty-in-spain-too-high-for-working-women/> Accessed 15.08.21

⁵⁸⁵ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.38

⁵⁸⁶ Wren, M A. and Fitzpatrick, A.(2020). *How does Irish Healthcare Expenditure Compare Internationally?* p.33. ESRI.

⁵⁸⁷ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.50 . EIGE.

⁵⁸⁸ <https://eige.europa.eu/gender-statistics/dgs> accessed 25.03.21

⁵⁸⁹ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.51

amounting to a gender gap of 6 per cent.⁵⁹⁰ Spain is reported to have struggled with funding of the LTC system since its reform in 2007, and consequently not all types of services are offered across the board.⁵⁹¹ Although informal care is fully integrated into the overall system of social protection through a small monthly social security compensation, a 2018 report suggests that coverage of homecare is low.⁵⁹² Older individuals are more prone to unmet homecare in Spain (36 per cent), which is however lower than Ireland (38 per cent) and Greece (68 per cent).⁵⁹³

Financial supports for those in need of LTC are available in Spain. Cash benefits constitute 30 per cent of total LTC services and benefits provided in Spain, the highest total percentage of all services, followed by telecare and homecare which both constitute 17.5 per cent each of the total services received. It is estimated that 8.8 per cent of the total population over 65 use one or more LTC service. Notwithstanding, the true number of users is estimated to be substantially higher due to the level of services provided outside the national LTC system.⁵⁹⁴ The reformed LTC system was created to reduce the care burden on families and strengthen formal LTC services, however, it has been recognised that the prevalence of cash benefits has in fact increased family caregiving responsibilities. A further consequence of this increased pressure is that families have resorted to hiring migrant women for private care, often under no legal contract, leaving them vulnerable to exploitation.⁵⁹⁵

Benefits are provided both indirectly to carers and directly to users, at an amount determined based on the degree of dependency and economic resources of the user.⁵⁹⁶ Cash benefits are available for: families with a child with disabilities; a severe disability pension for those under 65 which enable payment of a carer; informal carer allowance for a family member; personal assistance allowance; and allowance to contract a formal service such as homecare or residential day/night services. Certain benefits are also subject to tax exemptions or credits. Some Autonomous Communities also apply tax deductions for disabled family members' expenses, based on a threshold level of taxable income. It is important to note that the combination of cash benefits and benefits-in-kind is often not allowed, except for services to prevent situations of dependency, to promote personal autonomy and for tele-assistance.⁵⁹⁷ Estimates cite that 15.7 per cent of dependants over 65 years of age receive mixed care (formal and informal), with the rest receiving informal care.⁵⁹⁸

8.8.3. Conditions of employment in care sector

Spain has recently implemented increased paternity leave for fathers, which in 2021 has brought paid leave up to 16 weeks so it is equal to maternity leave. Increased paternity leave has been shown to not only increase women's employment, working hours, and earnings – but also to increase men's involvement in childcare, meaning they have the potential to reduce gender gaps at work and in the

⁵⁹⁰ EIGE (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.51

⁵⁹¹ Zigante. V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*. p.26. European Commission.

⁵⁹² Zigante. V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*. p.26. European Commission.

⁵⁹³ Privalko et al. (2019) *Access to Childcare and Home Care Services across Europe*. p.101.ESRI.

⁵⁹⁴ Zalakaín J. and Davey V. (2020) International LTC Policy Network. *The impact of COVID-19 on users of Long-Term Care services in Spain*. p.5. International LTC Leave Policy Network.

⁵⁹⁵ Zalakaín J. and Davey V. (2020) International LTC Policy Network. *The impact of COVID-19 on users of Long-Term Care services in Spain*. p.5. International LTC Leave Policy Network.

⁵⁹⁶ Zigante. V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*.p.28. European Commission.

⁵⁹⁷ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

⁵⁹⁸ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

home.⁵⁹⁹ Since 2015, a benefit has been available for self-employed people caring for a child under the age of 7 or other dependent family members, who hire a full or part-time employee on a permanent or temporary basis, in order to take up to 12 months of compensated paid leave.⁶⁰⁰ There are three options for carer's leave in order for an employee to take care of a family member; short-term for up to 8 days which is fully paid, long-term which allow for reductions of work hours and may last up to 2 years but is unpaid.

Unlike in Greece, informal care has been formalised in Spain, as it has in Germany and the Netherlands, and policies and legislation targeted at informal carers are present. 19 per cent of the female population are informal carers, in comparison to 13 per cent of men.⁶⁰¹ The number of carers in the 18-38 age category is unusually high, this may be due to a lack of employment opportunities for the young in Spain after the financial crisis, which resulted in large youth unemployment⁶⁰². Projections are that Spain will have a care gap of over 1 million carers by 2060, this 'care gap' is particularly large in Spain and in Germany, reflecting the heavy reliance on informal care in the LTC systems in these countries.⁶⁰³ 88.7 per cent of formal home carers in Spain are women⁶⁰⁴. Widespread poor labour conditions in the formal LTC sector have been revealed, with wages at 67 per cent of the average wage in Spain. Professional profiles are poorly developed in terms of competences and training, and working conditions are not favourable to the carers. Inadequate conditions for workers has been attributed to low public spending in the sector.⁶⁰⁵

8.8.4. Conclusions

Spain has suffered a particularly high proportion of COVID-19 outbreaks in LTC facilities. As a result, mortality in such facilities has accounted for 66 per cent of all COVID-19 related deaths.⁶⁰⁶ The crisis has highlighted a significant level of insufficient quality and provision in LTC services. Staff in care homes have taken on unprecedented levels of responsibility and have had to work in physically and psychologically draining scenarios, with no additional financial compensation. Provision of psychological support to users of LTC services in Spain does not appear to be widely available. Informal carers support has also been inadequate, as in many areas in Spain have experienced a lack of official information on the situation in care homes which has heightened anxieties, and it is argued that more support for those living with dementia is needed.⁶⁰⁷ Analysis has highlighted shortcomings of LTC in light of the COVID-19 pandemic, including the need to develop more extensive community-based care and for a more individualised approach to care through a more person centred model. Such a models would allow individuals and families to achieve the best possible quality of life by choosing the care options best suited to their situation, which is currently not available under the current LTC residential

⁵⁹⁹ <https://blogs.lse.ac.uk/businessreview/2021/03/12/work-and-children-is-the-motherhood-penalty-in-spain-too-high-for-working-women/>. Accessed 18.08.21

⁶⁰⁰ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

⁶⁰¹ Zigarette, V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*. p.30

⁶⁰² EIGE, (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.53. EIGE.

⁶⁰³ Zalakaín J. and Davey V. (2020) *The impact of COVID-19 on users of Long-Term Care services in Spain*. P.29. International LTC Leave Policy Network.

⁶⁰⁴ Zalakaín J. and Davey V. (2020) *The impact of COVID-19 on users of Long-Term Care services in Spain*. P.29. International LTC Leave Policy Network.

⁶⁰⁵ EIGE, (2021) *Gender Inequalities in Care and Consequences for the labour market*. p.63 EIGE.

⁶⁰⁶ Zalakaín J. and Davey V. (2020) International LTC Policy Network. *The impact of COVID-19 on users of Long-Term Care services in Spain*. p.28 International LTC Policy Network.

⁶⁰⁷ Zalakaín J. and Davey V. (2020) *The impact of COVID-19 on users of Long-Term Care services in Spain*. p.28 International LTC Policy Network.

model.⁶⁰⁸ Gender differences in the impact of the Covid-19 crisis have been particularly marked among households with children, and this has been no different in Spain. Both the employment rate, and the number of weekly hours worked, dropped by approximately equal amounts between 2019 and 2020 for men and women without children, but by the last quarter of 2020, the employment rate of men with children was back to its 2019 level, while that of women with children had dropped by 2.3 percentage points. It has been estimated that even when both parents were working remotely the gender gap in daily childcare hours increased by more than one hour.⁶⁰⁹

Spain's introduction of paid paternity leave of equal duration to maternity leave, the first six weeks of which must be taken immediately after the birth of the child, is a significant move towards creating a policy environment which promotes gender equality in care and labour market opportunities. The importance of normalising paternity and shared parental leave are central to changing social and cultural expectations around parental roles, in turn providing households with more balanced care ratios and a wider variety of options in relation to participation in the labour market. Spain is among those countries with the lowest fertility rates and the highest age of women at first birth, while spending about half the EU average on childcare benefits. Increased spending on tax credits for working mothers and subsidised or free childcare for children under three would likely reduce the level of financial inequalities and increase women's professional opportunities, while also raising fertility.⁶¹⁰ Without the provision of quality, affordable and accessible childcare options, and a comprehensive and accessible LTC system, women will continue to carry a greater burden of care and continue to find themselves disadvantaged economically.

Formal LTC workers did not receive additional compensation for the increased physical and psychological workload created by the COVID-19 pandemic. Improved financial compensation and opportunities for long term training and regulation of working conditions are needed for formal LTC workers, in addition to a more streamlined and coordinated approach regarding different levels of governance. LTC sector reform over a decade ago brought positive change by providing a system of universal coverage for those who are dependent on care and increased supports to informal carers. In spite of this, there are still lengthy waiting lists to access LTC benefits and working conditions are poor. Additionally, unequal coverage across regions, decreasing financing from the central administration and lack of coordination between social and health services⁶¹¹ are causing inefficiencies resulting in overall failure to meet the country's LTC needs. The urgency to revise the institutional and territorial framework of the social services system in Spain may be expedited by the COVID-19 crisis. Spain has one of the highest prevalence of informal carers in the OECD and informal carers work some of the longest hours (more than 20 hours per week). Disproportionate pressure falls on families to provide informal care, perpetuating the mainly family-based, female dominated, informal and time-intensive model of care in Spain.

⁶⁰⁸ Hupkau, C., Ruiz-venezuela, J. (2021) *EcPol Policy Brief Work and children in Spain: Challenges and opportunities for equality between men and women*.

⁶⁰⁹ <https://blogs.lse.ac.uk/businessreview/2021/03/12/work-and-children-is-the-motherhood-penalty-in-spain-too-high-for-working-women/> accessed 12.08.21

⁶¹⁰ <https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

9. REFERENCES

- AARP Public Policy Institute (2007) Women and Long-Term Care. https://assets.aarp.org/rgcenter/il/fs77r_ltc.pdf.
- Abraham, K. and Mackie, C. (2005) *Beyond the Market: Designing Nonmarket Accounts for the United States*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/11181>.
- Age Action for all Older People (2020) *Submission to the Citizens' Assembly on Gender Equality*. Age Action Ireland.
- Department of Children, Ireland (2021) *Childcare Access and Inclusion Model*. AIM <https://aim.gov.ie/>
- Albelda, R. (2009) *Counting on Care Work: Human Infrastructure in Massachusetts*. Scholarworks at Umass, Boston. https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1032&context=csp_pubs
- An Daalen et al (2020) 'Symptoms of a Broken System: the Gender Gaps in COVID-19 Decision-Making'. *British Medical Journal*. Global Health. <https://gh.bmj.com/content/5/10/e003549>
- Anttonen, A. & Häikiö, L. (2011). 'Care 'going market': Finnish elderly-care policies in transition'. *Nordic Journal of Social Research*, 2. <https://doi.org/10.7577/njsr.2050>
- Kelly B. D. (2020) 'Impact of COVID-19 in Ireland: Impact to Date' 113(10) *Irish Medical Journal* 214.
- Bakker, I. (2007) Social Reproduction and the Constitution of a Gendered Political Economy. *New Political Economy Series*.
- Barry, U. and Feeley, M. (2016) 'Gender and Economic Inequality' in *Cherishing all equally* Dublin: TASC. 4
- Bauhardt, C. and Harcourt, W. (2019) *Economics of Care – in search of economic alternatives*. Routledge.
- Bloomberg (2021) *Here's how much EU members get*. <https://www.bloomberg.com/news/articles/2020-05-28/here-s-how-much-eu-members-get-in-the-827-billion>.
- Burke-Kennedy, E. (2018) *High childcare costs keeping women out of the workplace - study*. The Irish Times. <https://www.irishtimes.com/business/economy/high-childcare-costs-keeping-women-out-of-workplace-study-1.3617000>
- Scheele C. Director of EIGE (2021) *Press Release 20 June 2021 Europe Needs to Care more about Care* on launch of EIGE Report on *Gender Equality and Long-term Care*. <https://eige.europa.eu/news/europe-needs-care-more-about-care>.
- Cavaghan, R. and O' Dwyer, M. (2018) 'European Economic Governance in 2017: A Recovery for Whom?' in *Journal of Common Market Studies*. Volume 56, Issue S1.
- Central Statistics Office (2020) *Women and Men in Ireland*. <https://www.cso.ie/en/statistics/womenandmeninireland>.
- Centre for Women and Work (2021) *The Care Work Network*. <https://www.eml.edu/Research/CWW/carework>. March 21st 2021.
- Children's Rights Alliance (2020) *Budget 2021 What does it mean for children and young people?* https://www.childrensrightrights.ie/sites/default/files/submissions_reports/files/Budget%202021%20Analysis.pdf.
- Citizens' Assembly (2021) *Recommendations of the Citizens' Assembly on Gender Equality*. <https://www.citizensassembly.ie/en/news-publications/press-releases/recommendations-of-the-citizen>.

- Connell, R. and Messerschmidt, J. (2005) 'Hegemonic Masculinity: rethinking the concept' in *Gender and Society*, 19, 829-859.
- Crepaldi, C. et al (2010) *Access to care and long-term care: equal for men and women? A final synthesis Report*. EGGSIE. Luxembourg Publication Office of the European Union.
- Crowley, N. and Sansonetti, S. eds (2019) 'Introduction' in *New Visions for Gender Equality* European Commission. <http://hdl.handle.net/10197/11825>
- Daly, M. (2017) *Ireland finally addresses the costs of childcare*. European Commission Flash Report.
- Day, C. (2021) *Report of the Advisory Group on Provision of Support and Accommodation to Persons in the International Protective System*. Dept of Justice, Ireland.
- De Henau, J. and Himmelweit, S. (2021) 'A Care-Led Recovery from Covid-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy' in *Feminist Economics* 2021. Nos 1-2.p 553-569.
- Department of Justice (2021) *Report of Advisory Group on Provision of Support including Accommodation to Persons in the International Protection Process*. Government publications Office, Ireland.
- Department of Taoiseach (2021) *Report on childcare priorities submitted by the government to the Citizens' Assembly on Gender Equality*. Dept of Taoiseach.
- Disability Authority of Ireland (2010) *Independent and Community Living*. <http://nda.ie/publications/health/independent-and-community-living/document/ef20068en.pdf>
- Donnelly, S., O'Brien, M., Begley, E. and Brennan, J. (2016) *I'd prefer to stay at home but I don't have a choice. Meeting Older People's Preference for Care: Policy, but what about practice?*. UCD,
- Dorin, L. et al (2016) 'Gender disparities in German homecare arrangements' in *Scandinavian Journal of Caring Sciences*. Wiley Online Library
- Dowling, E. (2021) *The Care Crisis – What caused it and how can we end it*. Verso. London-New York.
- Duffy, M. (2011) *Making Care Count – a Century of Gender, Race and Paid Care Work*. Rutgers University Press.
- Economic and Social Research Institute (2019) *Technical Report on Social Inclusion and Access to Care Services in Ireland*. ESRI.
- EIGE (2017) *Economic Benefits of Gender Equality in the European Union* <http://eige.europa.eu/gender-mainstreaming/sectoral-areas/economic-and-financial-affairs/economic-benefits-gender-equality>.
- EIGE (2020) *Research Note: Home-based formal long-term care for adults and children with disabilities and older persons*. EIGE.
- EIGE (2020) *Essential Workers*. <https://eige.europa.eu/covid-19-and-gender-equality/essential-workers>.
- EIGE (2020) *European Union Indicators adopted in relation to the Beijing Platform for Action*. For further details see [gender statistics](#) published by EIGE.
- EIGE (2020) *Gender Equality and Long-Term Care at Home*. <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

EIGE (2020) *Gender Inequalities in Care and Consequences for the Labour Market*. <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>.

EIGE (2020) *Gender Inequalities in Care and Pay in the EU*. <https://eige.europa.eu/publications/gender->

EIGE (2021) *Gender Statistics Database*. Accessed 31.03.21. https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_fwc_lfs_t2020_10/bar

EIGE (2020) *Gender Equality and the socio-economic impact of COVID-19*. <https://data.consilium.europa.eu/doc/document/ST-5955-2021-ADD-1/en/pdf>

EIGE *Gender Statistics Databases* https://eige.europa.eu/gender-statistics/dgs/indicator/eustrat_epsr_fwc_lfs_t2020_10/datatable Accessed 01.0

EIGE (2018) *Gender Statistics Database*. https://eige.europa.eu/gender-statistics/dgs/indicator/ta_livcond_care_childcare_genindc_lfso_18cobs/datatable

EIGE (2020) *Access to long-term care services and gender impact*. EIGE.

EIGE (2020) *Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10515-2020-ADD-1/en/pdf>

Fiorenzata, E et al (2021) 'Cognitive and Mental Health Changes and their Vulnerability Factors Related to COVID-19 Lockdown in Italy' 16(1) *PLoS ONE*.

Elson, Diane (2015) *Value: the representation of labour in capitalism*. London. Verso Books.

Elson, Diane (2019) 'The Global Crisis and Transformative Change in Social Reproduction' in *The Global Crisis Rapid Recovery or Gradual Depletion?* International Political Economy Series. Springer.

ENECE (2014) *The Impact of the Economic Crisis on the Situation of Women and Men and on Gender Equality Policies in EU*. www.enece.eu

Engels, Friedrich (2010) *The Origin of the Family, Private Property and the State*. Penguin Classics

Engster, D. (2004) 'Care ethics and natural law theory: Toward an institutional political theory of caring' in *The Journal of Politics*, 66(1), 113-135.

Estonia Resilience and Recovery Plan (2021) <https://www.rahandusministeerium.ee/sites/default/files/Valistoetused/uk>.

European Commission (2018) *Flash Report: Germany: Improving staffing and workforce availability in healthcare and long-term care*. European Commission.

EU DG ECFIN (2018) *The Ageing Report*. https://ec.europa.eu/info/sites/default/files/economy-finance/ip079_en.pdf.

European Commission (2013) *Informal Care in Europe – exploring formalisation availability and affordability and quality*. KE-04-18-543-EN-N%20(2).pdf

Eurocarers (2020) *Enabling Carers to Care - An EU Strategy to support and empower informal Carers*. www.Eurocarers-Strategy_final-1.pdf

Eurofound (2020) *Living and Working with Covid-19*. <https://www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19>.

Eurofound (2020) *Access to care services: Early childhood education and care, healthcare and long-term care*, Publications Office of the European Union, Luxembourg.

Eurofound (2020) *Long-term care workforce: Employment and working conditions*, Publications Office of the European Union, Luxembourg.

Eurofound Labour Market Change (2020) *Women and Labour Market Equality: Has Covid-19 Rolled back Recent Gains?* https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef

European Centre for Prevention of Disease and Control (2020) *Surveillance of COVID-19 at long-term care facilities in the EU/EEA* (2020). ECPDC.

European Citizens (2021) *Initiative for Unconditional Basic Income*. <https://eci-ubi.eu/>

European Commission (2013) *Investing in children: Breaking the cycle of disadvantage*. European Commission.

European Commission (2014) *Long-Term Care – the problem of sustainable financing*. SI-2014_synthesis%20report_EN.pdf

European Commission (2015) *European Year of Active Ageing and Solidarity between Generations 2012 – Evaluation Report*. European Commission.

European Commission (2016) *European Structural and Investment Funds and People with Disabilities in the European Union*. <https://www.europarl.europa.eu/RegData/etudes/STUD/2016/571386/>. IPOL_STU(2016)571386_EN.pdf.

European Commission (2017) *Combatting Disability Discrimination and Realising Equality. Network of Legal Experts on Gender Equality and Non-Discrimination*. European Commission.

European Commission (2018) *Barcelona Objectives*. <https://ec.europa.eu/info/sites/default/>

European Commission (2018) *Challenges in Long-term Care in Europe – a Study of National Policies* 2018. EC. KE-01-18-637-EN-N.pdf

European Commission (2020) *EU Gender Equality Strategy (2020-25) – Achievement and Key Areas for Action*. https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

European Commission (2020) *Health and Long-term Care Workforce: demographic challenges and the potential contribution of migration and digital technologies*. European Commission.

https://ec.europa.eu/jrc/sites/jrcsh/files/23-02-2021_health_and_longterm_care_workforce_online.pdf

European Commission (2020) *Recovery Plan for Europe*. https://ec.europa.eu/info/strategy/recovery-plan-europe_en

European Commission (2020) *Tackling the Gender Pay Gap: Valuation and Distribution of Paid Work and Unpaid Care Work - EIGE Report*. <https://data.consilium.europa.eu/doc/document/ST-10515-2020-ADD-1/en/pdf>

European Commission (2021) *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030*. <https://ec.europa.eu/social/main.jsp?catId=1585&langId=en>

European Commission, 'Webinar Series on Gender Sensitive Responses to the COVID-19 Crisis' (10 June 2020) <https://ec.europa.eu/info/publications/webinar-series-gender-sensitive-responses-covid-19-crisis_en> accessed 16 February 2021.

European Commission, (2017) *Estonia: Reform of the parental leave and benefit system to better reconcile work and family life*. European Commission.

European Commission, (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. European Commission.

European Commission/EACEA/Eurydice (2019) *Key Data on Early Childhood Education and Care in Europe*. European Commission.

European Council (2021) Council of Ministers of the EU *Recovery Plan for Europe*. <https://www.consilium.europa.eu/en/policies/eu-recovery-plan/>

European Expert Group (2015) *Toolkit on the use of European Union funds for the transition from institutional to community-based care*. European Commission.

European Expert Group (2020) *Report on the Transition from Institutional to Community-based Care in 27 EU Countries*. European Commission.

European Parliament FEMM Committee (2021) *The gendered impact of the COVID-19 crisis and post-crisis period*. European Parliament. [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf)

European Parliament, Liaison Office in Ireland, 'Report on COVID & Gender Adopted by the European Parliament' (21 January 2021) <<https://www.europarl.europa.eu/ireland/en/news-press/report-on-covid-gender-adopted-by-the-european-parliament>> accessed 15 February 2021.

European Pillar of Social Rights (2019) *The Role of Social Services in the Implementation of European Pillar of Social Rights*. <https://www.epr.eu/what-we-do/policy-analysis/european-pillar-of-social-rights/>

European Pillar of Social Rights (2020) https://ec.europa.eu/info/sites/info/files/social-summit-european-pillar-social-rights-booklet_en.pdf

European Platform for Rehabilitation (2020) *Strategy for the Rights of Persons with disabilities* <https://www.epr.eu/the-strategy-for-the-rights-of-persons-with-disabilities-2021-2030/>

European Public Services Union (2017) *Report from Working Group Social Services*. <https://www.epsu.org/article/report-working-group-social-services>.

European Public Sector Union (2020) *EPSU calls on the European Parliament to investigate the tragic effects of COVID-19 on the care sector*. <https://www.epsu.org/article/epsu-calls-european-parliament-investigate-tragic-effects-covid-19-care-sector>.

Eurostat (2020) Eurostat's online database as dataset Ifso_18ceffed.

Eurydice (2021) https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-53_en accessed 29.03.21

Eurydice (2019) *Key Data on Early Childhood Education and Care Education and Training in Europe*. Eurydice.

Family Carers Ireland (2020) *The National State of caring*. <https://familycarers.ie/news-press-releases/2020/october/family-carers-ireland-launch-first-national-state-of-caring-survey>

Fineman, M. (2004) *The autonomy myth: a theory of dependency*. New York: New Press.

Finland *Recovery and Resilience Plan* (2021)

- Folbre, N. (2006) 'Measuring Care: Gender, Empowerment and the Care Economy'. *Journal Of Human Development*. Vol 7. No 2. July 2006 Routledge.
- Folbre, N. (2015) *Thinkpiece Valuing Non-market Work* for UN Human Development Report. UN Human Development Organisation. Geneva. <http://hdr.undp.org/en/content/valuing-care-work>.
- Folbre, N. (2000) *The Invisible Heart: Economics and Family Values*. New York. New Press.
- Folbre, N. (2018) *The Care Penalty and Gender Inequality*. The Oxford Handbook of Women and the Economy. Oxford Handbooks on-line.
- Folbre, N. (2020) *The Rise and Decline of Patriarchal Systems – An Intersectional Political Economy*. London and New York. Verso.**
- Forma et al. (2020). *COVID-19 and clients of long-term care in Finland – impact and measures to control the virus*. LTCcovid, International Long-Term Care Policy Network.
- Fukkink, R. (2017) *The Netherlands ECEC Workforce Profile*.p.18.University of Amsterdam.
- Fundamental Rights Agency (2017) *From Institutions to Community Living. Part I Commitments and Structures* https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-independent-living-part-i-commitments-structures_en.pdf and UN 2006:
- Genet, N et al (2011) *Home Care in Europe – a systematic literature review*. BMC Health Services Research. Article 207.
- German Development and Resilience Plan (DARP) (2021) [bundesfinanzministerium.de/Content/EN/Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf](https://www.bundesfinanzministerium.de/Content/EN/Downloads/2021-01-13-german-recovery-and-resilience-plan.pdf)
- Gheaus (2012) 'Gender Justice' in *Journal of Ethics and Social Philosophy* 6/1. Open Access.
- Ginette, A et al (2021) 'From Insights to Action: Gender Equality in the Wake of COVID-19' (UN Women, 2020) <<https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>> accessed 16 February 2021
- Government of Ireland (2021) *Covid-19 Resilience and Recovery: The Path Ahead*. [128880_a3fa7c_2b-9ee8-892a-b0c0-ed3378fb1729.pdf](https://www.gov.ie/media/department/128880_a3fa7c_2b-9ee8-892a-b0c0-ed3378fb1729.pdf)
- Greece Recovery and Sustainability Plan (GRRP) [http://www.opengov.gr/minfin/wp-content/uploads/downloads/2020/11/Greece-RRP-EN-1.pdf](https://www.opengov.gr/minfin/wp-content/uploads/downloads/2020/11/Greece-RRP-EN-1.pdf)
- Gusclute, E. (202) 'Leaving the most vulnerable behind: Reflection on the Covid-19 pandemic and direct provision in Ireland' *Irish Journal of Sociology*. Sage Journals.
- Himmelweit, S. (2007) 'The Prospects for Caring: Economic Theory and Policy Analysis' in *Cambridge Journal of Economics*, Vol 31, Issue 4, pp. 581-599.
- Himmelweit, S. (2000) *Inside the Household – from labour to care*. New York St Martin's Press.
- Hochschild, SA. (2012) *The Second Shift – and the Revolution at Home*. 2nd Edition. Penguin Books. Hochschild, A. (2000) 'Global Care Chains and Emotional Surplus Value', in Hutton, W. and Gibson-Graham, J.K., Cameron, J. & Healy, S. (2013) *Take Back the Economy: An Ethical Guide for Transforming our Communities*. Minneapolis: University of Minnesota Press.
- Giddens, A. (eds) *On the Edge: Living with Global Capitalism*. Vintage, London.

Hochschild, A. (2012) *The Managed Heart – the commercialisation of Human Emotions*, 3rd Edition. University of California Press.

hooks, Bell (2004) hooks, b. (2004) *The Will to Change: Men, Masculinity and Love*. Washington: Washington Square Press

Humphries, J. and Horrell, S. (2008) 'Women's labour force participation and the transition to the male-breadwinner family, 1790-1865.' in *The Economic History Review* 48. DOI:[10.1111/j.1468-0289.1995.tb01410.x](https://doi.org/10.1111/j.1468-0289.1995.tb01410.x)

Hoskyns, C (2008) 'Governing the EU: Gender and Macroeconomics' in *Global Governance – Feminist Perspectives* (eds) Rai, Shirin M and Waylen, Georgina. SpringerLink.

Hupkau, C., Ruiz-venezuela, J. (2021) *EcPol Policy Brief Work and children in Spain: Challenges and opportunities for equality between men and women*. Centre for Economic Policy. ICAEW

Insights (2021) *European Commission Tables Binding Pay Transparency Measures*. <https://www.icaew.com/insights/viewpoints-on-the-news/2021/mar-2021/european-commission-tables-binding-pay-transparency-measures>.

Mozhaeva, I. (2019) 'Who Cares? Evidence on formal and informal homecare use in Estonia' p.137. *Baltic Journal of Economics*. 19.1

ING Think Economic and Financial Analysis (2019) *Elderly Care and Housing Demand in the EU*. <https://think.ing.com/reports/elderly-care-and-housing-demand-in-the-eu/>

International LTC Policy Network, (2020) *International examples of measures to support unpaid carers during the COVID-19 pandemic*. International LTC Policy Network.

International LTC Policy Network (2020) *The impact of COVID-19 on long-term care in the Netherlands: the second wave*. p.8. International LTC Policy Network

International Labour Organisation (ILO) (2016) *Decent Work for Migrant Domestic Workers: moving the agenda forward*. <https://www.ilo.org/global/topics/care-economy/migrant-domestic-workers/lang--en/index.htm>

International Labour Organisation (2018) *Care Work and Care Jobs - for the Future of Decent Work*. ILO Geneva

International Long Term Care Policy Network (2021) *Report 2021*. <https://www.irishtimes.com/news/health/ireland-has-one-of-the-highest-rates-of-covid-19-deaths-in-care-homes-in-world-1.8260180>.

Irish Centre for Human Rights (2020) *Implications of Covid-19 Pandemic and Roma and Travellers Communities*. University College Galway. Ireland. https://fra.europa.eu/sites/default/files/fra_uploads/ie_report_-_covid-19_impact_on_roma_en.pdf

Tronto, J. (2010) 'Creating Caring Institutions: Politics, Plurality, and Purpose' in *Ethics and Social Welfare*, 4:2, 158-171, DOI: 10.1080/17496535.2010.484259

Johansson, E. (2010). ENEPRI. The Long-Term Care System for the Elderly in Finland. P.2. <http://www.ancien-longtermcare.eu/node/27>

Johansson, E. (2010). ENEPRI. The Long-Term Care System for the Elderly in Finland. <http://www.ancien-longtermcare.eu/node/27>) *Journal of Common Market Studies*. Wiley On-line Library.

Keilthy, P. (2019) *Working, Parenting and Struggling*. VDP. Dublin

Kurowska et al. (2020) 'Poland country note' *International Review of Leave Policies and Research* 2020. https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/country_notes/2020/PMedited

Lazzari, A. (2017) *The current state of national ECEC quality frameworks, or equivalent strategic policy documents, governing ECEC quality in EU Member States*. P.26. <https://nesetweb.eu/en/resources/library/the-current-state-of-national-ecec-quality-framework>

Lorenz-Dant, K. (2020) Germany and the COVID-19 long-term care situation.

LTCcovid (2021) International Long Term Care Policy Network, CPEC-LSE, 26 May 2020. p.2

LTC covid webinar 8th March 20.

Lynch, K, Lyons, M and Cantillon, S (2009) 'Time to Care, Care Commanders and Care Footsoldiers' in (Eds) Baker, J. et al *Affective Equality – love, care and injustice* Palgrave MacMillan

Masselot, A (2019) 'How to improve the interaction between legal instruments (EU acquis) and policymaking (communication, funding programme, European semester)' in (Eds) Crowley, N and Sansonetti, S. *New Visions for Gender Equality* 2019. European Commission.

McKinsey Report (2020) *Gender Equality: Global Research on Gender Gap and the Case for greater to diversity in the Workplace*. McKinsey and Company.

Medicins sans Frontieres (2021) *Moria Fire: 12,000 on the Streets as Greek Island Camp Destroyed*. <https://www.msf.ie/article/moria-fire-12000-people-streets-greek-island-camp-destroyed>

Merchant's Quay Ireland (2021) *The effects of Covid-19 on People Experiencing Mental Ill-Health, Substance Use Disorder and Homelessness or Housing Insecurity in the Dublin Region: A Qualitative Exploration*. MQI, Ireland. <https://mqi.ie/content/uploads/2021/02/Mental-Health-Report.pdf>.

Migrants Rights Centre of Ireland (2018) *Migrant Workers in the Home Care Sector: preparing for the elder boom in Ireland*. MRCI.

Misra, J and Mehr, S (2006) 'The Globalization of Care Work: Neoliberal Economic Restructuring and Migration Policy' in *Globalisations* 3 (3). DOI:[10.1080/14747730600870035](https://doi.org/10.1080/14747730600870035)

Mozhaeva, I. (2019) 'Who Cares? Evidence on formal and informal homecare use in Estonia' p.185. *Baltic Journal of Economics*.19.1.

Nakano Glenn, E. (2011) 'Constructing citizenship: exclusion, subordination and resistance' in *American Journal of Sociology*, Sage Journals. <https://doi.org/10.1177/0003122411398443>.

National Health Service UK (2021) *Long-term effects of Coronavirus (long COVID)* Downloaded 30 April 2021.

National Women's Council (2021) <https://www.nwci.ie/learn/article/childcare-is-missing-piece-of-our-covid-19-response-in-budget-2021>

Nesbitt-Ahmed, Zarah and Subrahmanian, Ramya (2020) *Caring in the time of COVID-19: Gender, unpaid care work and social protection*. UNICEF. <https://blogs.unicef.org/evidence-for-action/caring-in-the-time-of-covid-19-gender-unpaid-care-workand-social-protection/> [accessed 24.05.2021].

New Economics Foundation (2021) *Universal Basic Services – public services to meet the needs we all share*. <https://neweconomics.org/campaigns/universal-basic-services>

NOSOCO, (2017) *Social Protection in the Nordic Countries Scope, Expenditure and Financing*. Nordisk Barnahageforskning.

Oberhuemer, P. and Schreyer, I. (2018) *Early Childhood Workforce Profiles in 30 Countries with Key Contextual Data*. <http://www.seeepro.eu/ISBN-publication.pdf>

OECD (2011) *Help Wanted? Providing and Paying for Long-Term Care*. OECD.

OECD (2017) *Ireland Country Data Note*. OECD 2017. <https://www.oecd.org/education/educationataglance2017-countrynotes.htm>

OECD (2020) Educational finance indicators - EAG 2020 <https://stats.oecd.org/Index.aspx?ThemeTreeId=9#>

OECD (2020) *Women at the Core of the Fight against COVID-19. Tackling Coronavirus (COVID-19) Contributing to a Global Effort*. OECD.

OECD, (2000) *Early Childhood Education and Care Policy in Finland Background report prepared for the OECD Thematic Review of Early Childhood Education and Care Policy*. OECD.

OECD (2006) *Starting Strong II: Early childhood Education and Care*. OECD.

OECD (2012) *Quality Matters in Early Childhood Education and Care FINLAND*. OECD.

OECD (2015) *Starting Strong, Early Childhood Education and Care Data Country Note*. OECD.

OECD (2016) *Starting Strong IV. Early Childhood Education and Care Data Note. Germany*. OECD.

OECD (2018) *Gender Equality - towards a more gender-balanced sharing of paid and unpaid work*. OECD.

OECD (2018) <https://stats.oecd.org/Index.aspx?ThemeTreeId=9> accessed 12.08.21. OECD.

OECD (2018) *Policy Brief: Gender Equality. Towards a more gender-balanced sharing of paid and unpaid work*. OECD.

OECD (2019) *Part-time and Partly Equal: Gender and Work in the Netherlands*. OECD..

OECD (2020) *Early Learning and Child Well-being in Estonia*. OECD.

OECD (2020) *Is Childcare affordable?* OECD.

OECD (2015) *Education Policy Outlook. Poland*. P.7. OECD.

OECD (2020) *Early Learning and Child Well-being in Estonia*.

OECD (2017) *Early Childhood Education and Care Data Country Note. Ireland*.

Oertelt-Prigione, S. (2020) *The impact of sex and gender in the COVID-19 pandemic*. Independent Expert Report for European Commission. EC Brussels.

Oxfam (2021) Not all gaps are created equal – the true value of care work. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>. Downloaded 30 April 2021.

Oxfam (2021) *The Inequality Virus*. <https://www.oxfamireland.org/blog/inequality-virus#www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>

Parrenas, R. (2015) *Servants of Globalisation: Migration and Domestic Work*. Stanford University Press.

- Paat-Ahi, G. and Masso, M. (2018) *ESPN Thematic Report on Challenges in long-term care Estonia*. EE_ESPN_thematic%20report%20on%20LTC.pdf.
- Petrogiannis, K. (2013). *Early childhood education and care in Greece: In search of an identity*. Nordisk Barnahageforskning.
- Pierce, M. et al. (2020). *The impact of COVID-19 on people who use and provide long-term care in Ireland and mitigating measures*. Country report available at LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE.
- Poland National Reconstruction Plan (2021) ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#national-recovery-and-resilience-plans.
- Power, K. (2020) 'The COVID-19 pandemic has increased the care burden of women and families, Sustainability': *Science, Practice and Policy*, 16:1, 67-73, DOI: 10.1080/15487733.2020.1776561.
- Privalko, I. et al. (2019). *Access to Childcare and Home Care Services across Europe. An Analysis of the European Union Statistics on Income and Living Conditions (EU-SILC)*, 2016, p.128. ESRI.
- Puig de la Bellacasa, M. (2017) *Matters of Care – Speculative Ethics in More Than Human Worlds*. University of Minnestota Press.
- Kraus, R. and Meagher, S. (2017) *Progress of World's Women in Pursuit of Justice*. United Nations (UN) Women.
- Rostgaard, T. (2011) 'Tensions Related to Care in European Welfare States' in Birgit Pfau-Effinger (ed) *Care Between Work and Welfare in European Welfare States*. Palgrave MacMillan. DOI:[10.1057/9780230307612](https://doi.org/10.1057/9780230307612)
- Russell, H. et al. (2019) *Caring and Unpaid Work in Ireland*. Irish Human Rights and Equality Commission.
- Shimoni, S. (2020). *How coronavirus exposes the way we regard ageing and old people*. Open Access. King's Research Portal. King's College London.
- Shirley S. et al (2020) 'Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis' Research Paper in *Journal of EClinicalMedicine*. Elsevier Press. <https://doi.org/10.1016/j.eclinm.2020.100630>
- Society of Actuaries in Ireland (2021) *Higher Risk of Death among Male COVID-19 Cases*. <https://web.actuaries.ie/news/21/06/higher-risk-death-among-male-covid-19-cases>.
- Sowa-Kofta, A. (2020) *ESPN The impact of COVID-19 on residential long-term care in Poland*. European Commission.
- Spain Recovery, Transformation and Resilience Plan (SRTRP) (2021)
- Spasovea, S. et al (2018) *Challenges in long-term care in Europe. A study of national policies*
- Term Care Policy Network, CPEC-LSE, 26 May 2020.*
- The Care Collective (2020) *The Care Manifesto – the politics of inter-dependence*. Verso. London- New-York.
- Tyndall, Peter (2021) *Wasted Lives: Time for a Better Future for Younger People in Nursing Homes*. Office of Commissioner for Information, Ireland.
- U.S Bureau of Labor Statistics (2021) *The American Time Use Study*. <https://www.bls.gov/tus/>. Accessed June 9th 2021.

U.N. (2020) *Policy Brief: The Impact of COVID-19 on Women*. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>.

UK Women's Budget Group (2020) *Creating a Care Economy: A Call to Action*. <https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf>

UN (2020) *The Shadow Pandemic: Violence against Women during Covid-19*. <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

UN Department of Economic and Social Affairs (2005) *Guidelines on Producing Statistics on Time Use: measuring paid and unpaid work*. UN. https://unstats.un.org/unsd/publication/seriesf/seriesf_93e.pdf

UN Human Development Report (2015) *Work for Human Development*. UN Human Development Organisation. Geneva.

UN Statistical Division (2021) *Handbook of System of National Accounts*. <https://unstats.un.org/unsd/nationalaccount/pubs.asp>.

UN Statistical Division (2021) *System of National Accounts 2008*. UN Geneva. <https://unstats.un.org/unsd/nationalaccount/sna2008.asp>. Accessed June 9 2021.

UN Statistical Division (2021) *International Classification of Activities for Time-Use Statistics 2016 (ICATUS 2016)* <https://unstats.un.org/unsd/gender/timeuse/23012019%20ICATUS.pdf>. Accessed 9 June 2021.

UN Statistical Division (2021) *System of National Accounts 2008*. UN Geneva. <https://unstats.un.org/unsd/nationalaccount/sna2008.asp>. Accessed June 9 2021.

UN Statistical Division (2021) *International Classification of Activities for Time-Use Statistics 2016 (ICATUS 2016)* <https://unstats.un.org/unsd/gender/timeuse/23012019%20ICATUS.pdf>. Accessed 9 June 2021.

UN Western Europe Regional Information Centre (2020) *A Perfect Storm for Violence behind Closed Doors*. <https://unric.org/en/covid-19-a-perfect-storm-for-violence-behind-closed-doors/>

UN Women (2020) *COVID-19 and Ending Violence against Women and Girls* <<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>> accessed 16 February 2021.

UN Women (2020) *From Insights to Action: Gender Equality in the Wake of Covid-19*. <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>

United Nations Development Programme (2021) *Human Development Reports. Gender Development Index* <http://hdr.undp.org/en/content/gender-development-index-gdi>

United Nations Office of the High Commissioner (2021) *Racial Discrimination and Covid-19*. <https://www.ohchr.org/EN/NewsEvents/Pages/Racial-discrimination-COVID.aspx>

[unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19](https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19)

Waring, M. (1988) *If Women Counted*. Harper and Row.

Women's Policy Group Northern Ireland (2020) *COVID-19 Feminist Recovery Plan*. <https://wrda.net/wp-content/uploads/2020/07/WPG-NI-Feminist-Recovery-Plan-2020.pdf>.

World Health Organisation (2020) Policy Brief. *Preventing and managing COVID-19 across long-term care services*. WHO.

World Health Organisation (2021) *Coronavirus Disease (COVID-19): COVID-19 Sex Aggregated Data Tracker*. <https://www.who.int/emergencies/diseases/novel-coronavirus->

World Health Organisation (2011) World Health Statistics 2011. <https://www.who.int/whosis/whostat/>

World Health Organisation (2018) *Data on Violence Against Women*. UN Interagency Report. Fundamental Rights Agency (2010) *Survey on violence against women*. FRA 2010.

World Health Organisation (2019) *Country Assessment Framework for the Delivery of Integrated Long-term Care*. <https://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2019/country-assessment-framework-for-the-integrated-delivery-of-long-term-care-2019>

Wren, M A. and Fitzpatrick, A. (2020) *How does Irish Healthcare Expenditure Compare Internationally?* ESRI.

Wright, J and Meyers, M (2010) *Gender Equality Transforming Family Divisions of Labour*. Online. Cambridge University Press. www.ilo.org/global/topics/care-economy/lang--en/index.htm

Zalakaín J. and Davey V. (2020) *International LTC Policy Network. The impact of COVID-19 on users of Long-Term Care services in Spain*. International LTC Policy Network.

Zigante, V. (2018) *Informal care in Europe Exploring Formalisation, Availability and Quality*. P.17. European Commission.

Ziomas, D. et al (2018) *ESPN Thematic Report on Challenges in long-term care Greece*. p.10. European Commission.

Websites consulted

https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#national-recovery-and-resilience-plans ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#national-recovery-and-resilience-plans

<https://ennhri.org/news-and-blog/overview-long-term-care-in-europe/> accessed 29.03.21

<https://blogs.lse.ac.uk/businessreview/2021/03/12/work-and-children-is-the-motherhood-penalty-in-spain-too-high-for-working-women/> Accessed 18.08.21

https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-31_en accessed 06.08.21

https://eacea.ec.europa.eu/national-policies/eurydice/content/early-childhood-education-and-care-28_en

https://eacea.ec.europa.eu/national-policies/eurydice/content/spain_en accessed 01.08.21

<https://ec.europa.eu/social/main.jsp?catId=1128&langId=en&intPagId=8719#:~:text=Both%20parents%20are%20granted%20it,submitted%2021%20days%20in%20advance.> Accessed 22.08.21

https://ec.europa.eu/info/publications/webinar-series-gender-sensitive-responses-covid-19-crisis_en accessed 16 February 2021

<https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9698&furtherNews=yes>

<https://eige.europa.eu/gender-statistics/dgs> accessed 12.08.21

<https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>.

<https://employeebenefits.co.uk/german-government-child-sickness-benefit/> accessed 12.08.21

<https://eurocarers.org/country-profiles/Estonia/> accessed 19.08.21

<https://eurocarers.org/country-profiles/germany/> accessed 07.08.21

<https://eurocarers.org/country-profiles/greece/> accessed 07.08.21

<https://eurocarers.org/country-profiles/poland/> accessed 20.08.21

<https://eurocarers.org/country-profiles/spain/> accessed 12.08.21

<https://hcci.ie/news/>

<https://www.europarl.europa.eu/ireland/en/news-press/report-on-covid-gender-adopted-by-the-european-parliament>

<https://ltccovid.org/2020/09/20/how-covid-19-has-affected-informal-caregivers-and-their-lives-in-germany/> accessed 22.03.21

<https://ltccovid.org/project/the-impacts-of-covid-19-public-health-measures-on-people-living-with-dementia-in-the-community-and-unpaid-carers-an-international-5-country-study-australia-india-italy-poland-and-uk/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>

https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR accessed 28.03.21.

<https://stats.oecd.org/Index.aspx?ThemeTreeld=9> accessed 28.03.21

<https://stats.oecd.org/Index.aspx?ThemeTreeld=9> accessed 01.08.21

<https://stats.oecd.org/Index.aspx?ThemeTreeld=9> accessed 15.03.21

<https://upshotstories.com/stories/educating-finnish-preschoolers-remotely-amid-the-covid-pandemic> accessed 15.03.21

https://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/leave_and_holidays/leave_for_parents.html

<https://www.europeanceo.com/finance/why-germanys-gender-pay-gap-is-one-of-the-widest-in-europe/> accessed 12.08.21

<https://www.europeanceo.com/finance/why-germanys-gender-pay-gap-is-one-of-the-widest-in-europe/> accessed 12.08.21

<https://www.gov.ie/en/press-release/f6302-budget-2021-payment-increases-set-to-take-effect-in-january-2021-over-177-million-in-improvements-to-weekly-welfare-payments/#:~:text=A%20number%20of%20Social%20Welfare,measures%20introduced%20in%20Budget%202021.&text=It%20is%20expected%20that%20this,%E2%82%AC59.2%20million%20in%202021.>

<https://www.government.nl/documents/leaflets/2011/10/13/fact-sheetchildcare-and-childcare-allowance>).

<https://www.government.nl/documents/publications/2020/12/15/childcare-for-children-of-people-working-in-crucial-sectors> accessed 12.08.21

<https://www.irishtimes.com/news/ireland/irish-news/almost-a-third-of-early-years-childcare-workers-intend-to-leave-sector-within-year-1.8828731>

<https://www.irishtimes.com/news/social-affairs/calls-to-women-s-aid-increase-by-41-per-cent-during-pandemic-1.4442150>.

<https://www.irishtimes.com/opinion/state-relying-on-unpaid-care-work-by-women-for-far-too-long-1.8850795>
(6 January 2021)

<https://www.mckinsey.com/featured-insights/gender-equality#>

https://www.nwci.ie/learn/article/childcare_is_missing_piece_of_our_covid_19_response_in_budget_2021

<https://www.socialjustice.ie/content/policy-issues/importance-public-investment-early-years>

<https://www.sttk.fi/en/2020/02/23/population-ageing-mismatches-lives-and-finnish-society/> accessed 07.08.21

<https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence->

<https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-need> Accessed 27.03.21

<https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-needs%E2%80%9D.rkuBAEWmrv.html> accessed 29.03.21

<https://www.tellerreport.com/news/2020-09-19-a-harsh-report-on-the-state-of-care-for-the-elderly-in-finland--%E2%80%9Cthis-system-makes-for-itself-these-patients-that-it-needs%E2%80%9D.rkuBAEWmrv.html>

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

This study was commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee.

It explores the impact of COVID-19 on the EU care economy, the gendered nature of care work and its continued reliance on unpaid or low-paid work of women. Issues of valuing and measuring care are examined selected countries are examined with different systems of care provision. Despite the recognition of the centrality of the care economy during the pandemic, the establishment of a new highly significant EU funding mechanism (the Recovery and Resilience Fund, RRF) is focused largely on digital and green investments, paying only marginal attention to gender equality and the care economy.

PE 694.784

IP/C/FEMM/IC/2021-042

Print ISBN 978-92-846-8245-4 | doi:10.2861/ 083512 | QA-05-21-185-EN-C

PDF ISBN 978-92-846-8244-7 | doi:10.2861/ 770290 | QA-05-21-185-EN-N