

Towards a fairer, care-focused Europe



“Care is an essential, universal need and supports the engagement of both men and women in paid work. Unpaid care work contributes to individual and household well-being, social development and economic growth, but it often goes unrecognized and undervalued by policymakers, as does the fact that its costs and burdens are unequally borne across gender and class. Care is primarily provided by women and girls and has important implications for gender equality.”

2013 *Women in Development Report*, the United Nations, Secretary General Ban Ki Moon

INTRODUCTION

It took a pandemic to understand the essential nature of *care and caring*. It took a global lockdown to realise that *care* is embedded in every aspect of our life. And it took drastic social distancing measures to see that *care* is fundamental for the well-being of individuals and societies. Contrary to mainstream economic thought, the functioning, let alone subsistence, of our economy, social cohesion and social reproduction¹ depends heavily on *care*. But more important than that, “[w]ithout care, there could not be culture, no economy and no political organization” (Fraser, 2016: 100).² Today we may thus finally have come to a public realisation of society’s interdependence and the role of *care* for economic and social well-being.

This realisation has undoubtedly reached the highest spheres of decision making. According to UN Secretary General Antonio Guterres, the pandemic has revealed the “fractures in the fragile skeleton of the societies we have built [and] the lie that free markets can deliver healthcare for all; the fiction that unpaid care work is not work”.³ European Council President, Charles Michel, called for a *caring society* as the blueprint for the European Union (EU) to “[emerge] out of the current crisis stronger, more united and with greater solidarity than ever” (European Council, 2020).⁴

More hands-on and frequently cited for her successful management of the crisis, New Zealand Prime Minister Jacinda Ardern strongly promoted social solidarity and a care ethics approach, encouraging citizens to mind the welfare of others and prioritising welfare over economic concerns.⁵

Not until the Covid-19 pandemic has *care* received so much public attention.

But will this predominantly rhetorical realisation translate into a corresponding policy shift as Europe seeks to recover from the ongoing crisis?

Giving and receiving *care* still remains undervalued due to deep-seated, socially constructed gender roles assigning women to unpaid or underpaid *care* work. These gender roles tend to serve individual and very limited interests. It is therefore not surprising that in the EU and beyond, *care* has been treated, not as an essential value worthy of social investment, but a drain on budgets. Those working within the *care* sector have been among the lowest paid workers, many with a migrant background, women from Eastern Europe or often precarious domestic workers tending and caring for elderly people.

LOOKING BACK: A SHORT ANALYSIS OF WHAT WENT WRONG

Capitalist markets and economies, such as the European Union, routinely ignore the potential of a “care economy” – the world of household life and social conviviality may be essential for a stable, sane, rewarding life, as well as economically advantageous.⁶ Mainstream economics regards these things as essentially free, self-replenishing resources that exist outside of the market realm. It sees them as “pre-economic” or “non-economic” resources, which therefore have no standing at all, and can be ignored or exploited at will. The assumption is that women may generate important non-market value that capitalists depend on – yet market economics refuses to recognize this value.⁷ It is no surprise that market enclosures of *care* work and have proliferated. This goes hand in hand with the invisibility of a great many *care* activities.

After remaining strictly limited to private spheres and overwhelmingly concentrated in women’s hands, *care* has become increasingly visible over recent years. Due to growing populations, ageing societies and changing family patterns globally, it has quickly become one of the most important yet most under-valued and most feminised socioeconomic activities. Moreover, women’s increased entry into remunerated work has not been compounded by a fairer share of their unpaid *care* work. Therefore, urgent action on the or-

1 “Social reproduction can [...] be seen to include various kinds of work – mental, manual, and emotional – aimed at providing the historically and socially, as well as biologically, defined *care* necessary to maintain existing life and to reproduce the next generation,” Laslett, Barbara, and Johanna Brenner. “Gender and Social Reproduction: Historical Perspectives.” *Annual Review of Sociology* 15 (1989): 383.

2 Fraser, N. (2016), “Contradictions of Capital and Care,” *New Left review*, July/August 2016, p. 100.

3 <https://www.reuters.com/article/us-un-rights-guterres-idUSKCN-24JOLL>

4 <https://www.consilium.europa.eu/en/press/press-releases/2020/05/08/a-caring-society-is-the-blueprint-for-ensuring-our-union-emerges-from-the-current-crisis-stronger-more-united-and-with-greater-solidarity-than-ever/>

5 <https://www.tandfonline.com/doi/full/10.1080/13678868.2020.1779543?scroll=top&needAccess=true>

6 Bollier, David, “The Care-Centered Economy: A New Theory of Value, 2015. <https://www.bollier.org/blog/care-centered-economy-new-theory-value>.

7 Ibid.

ganisation of care work from governments, employers, trade unions and individual citizens is needed to deconstruct the common misconception of women's secondary status in labour markets and shortcomings in social policies. The International Labour Organisation (ILO) warns that, if not adequately addressed, current deficits in care service provision and its quality will create a severe and unsustainable global care crisis and increase gender inequalities at work. (ILO, 2018)

Over the past decade, mainstream economists and EU finance ministers have repeatedly promoted growth-friendly fiscal consolidation, employing buzzword concepts such as 'restoring lending capacity to the economy', 'growth and competitiveness' and 'modernising public institutions'. It is therefore not surprising that action aimed at achieving these goals has dominated the EU institutional response to any crisis.⁸ The social impact has consequently been neglected and relegated to a matter of 'national responsibility'. The current pandemic, however, should teach European and national decision-makers that "business as usual" only obfuscates and exacerbates the issue; what is needed is a shift away from GDP-driven policies to a people-centred, care-focused economic approach. The existing models of care, especially for the elderly, and those who care for them, are rapidly becoming unsustainable, violating the rights both of those who care and of those who are cared for.

It is high time for a paradigm shift in how we organise our societies and economies, away from a GDP-driven model of growth to one driven by care.

This paper endeavours to provide a timely contribution to a discussion about the future of care in the EU, if not the future fundamentals of European construction. In proposing this new narrative, we take into the account diverse positionalities and heterogeneous experiences of women in EU based on their age, class, ethnicity, religion, life trajectories, lifestyles and sexual identities, etc.

WHY SHOULD WE CARE?

Care work, both paid and unpaid, is at the heart of humanity and our societies. As the ILO points out, "economies depend on care work to survive and thrive." (2019) It consists of two overlapping activities: direct, personal and relational care activities, such as feeding a baby or nursing an ill person or partner; and indirect care activities, such as cooking and cleaning. Unpaid care work is care work provided without a monetary reward by unpaid carers. Thus, care policies define the relationship between the providers of care: the family (women), the market (private crèches and private care services) and the state (public care services, legal frameworks, benefit regimes, etc.) in terms of time, money and services.

⁸ Agnès Hubert and Barbara Helfferich, "Integrating Gender into EU Economic Governance: Oxymoron or Opportunity?", FES, 2018. <http://library.fes.de/pdf-files/bueros/bruessel/13256.pdf>

Unpaid care is considered as work and is thus a crucial dimension of the world of work. Women perform a daily average of 4 hours and 25 minutes of unpaid care work against 1 hour and 23 minutes for men. The conditions of unpaid care work impact how unpaid carers enter and remain in paid work, and influence the working conditions of all care workers.

According to the latest statistics from the World Health Organization (WHO), women globally make up over 70 per cent of workers in health sectors, including those working in care institutions.⁹ They experience some of the worst working conditions across the care workforce and are particularly vulnerable to exploitation, particularly those who are generally referred to as domestic workers. Jobs in this sector are notoriously unpredictable, rely to a large degree on informality and are adversely affected by low labour and social protection cover. Care workers have been on the front line of the fight against Covid-19 with higher risk of contamination.

Balancing work and family responsibilities has always been a major challenge. The "(un)paid care work/paid work circle" also affects gender inequalities in paid work outside the caring sector and has implications for gender equality within households, as well as for women's and men's ability to provide unpaid care work. The pandemic, along with the resulting closure of schools, childcare and other care facilities or services has heavily increased the daily time spent in unpaid care work and home schooling.¹⁰ This is particularly true for female care workers living in single-headed households who might have no other option but to care themselves for their children and for elderly, disabled or sick relatives parallel to their work, regardless of their increased risk of exposure to Covid-19. As a result of the pandemic, women are faced not only with a double burden due to longer shifts at work and additional care work at home, but also with potentially severe health risks. Moreover, and of particular significance, violence at work is ubiquitous in the domestic work sector. The pandemic has therefore had a magnifying effect on the particularly difficult situation of the almost 100 million female workers in health and care institutions around the world.

⁹ World Health Organization (WHO), Gender equity in the health workforce: Analysis of 104 countries Mathieu Boniol, Michelle McIsaac, Lihui Xu, Tana Wuliji, Khassoum Diallo, Jim Campbell Health Workforce Working paper 1, March 2019. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>

¹⁰ See also the study of the Hans Böckler Stiftung (April 2020), Neue Umfrage "Corona-Krise: 14 Prozent in Kurzarbeit – 40 Prozent können finanziell maximal drei Monate durchhalten – Pandemie vergrößert Ungleichheiten", Pressedienst, S. 3, 21.04.2020, showing that 24 per cent of women workers have reduced their working time or quit work during the lock-down. https://www.boeckler.de/pdf/pm_hbs_2020_04_21.pdf. For more information see also: <https://www.eurofound.europa.eu/publications/blog/covid-19-fallout-takes-a-higher-toll-on-women-economically-and-domestically>

Paid care work is performed for pay or profit by care workers. They comprise a wide range of personal service workers, such as nurses, teachers, doctors and personal care workers. Most care workers are women, frequently migrants (both from EU and non-EU countries), often in the informal economy under poor conditions, for low pay and in precarious working conditions (specially in live-in care arrangements/24-hour services). Paid care work will remain an important **future source of employment**. The relational nature of care work limits the potential substitution of robots and other technologies for human labour. However, its relationship with the gender pay gap is a complex one, due to the high degree of feminisation of the low-pay care sector.

THE POLITICS OF CARE – WHO CARES ABOUT CARE?

EUROPE

Europe and the European Union have been slow in realising the essential nature of care. European legislation has set some minimum standards and rights with regard to care, including through the adoption of the “maternity leave directive”, the work-life balance directive (providing measures under the European “care package”) and the Barcelona targets requiring Member States to provide adequate levels of childcare. The EU Gender Equality Strategy (2020–2025¹¹) aims to follow up on the work of the previous Commission, namely to monitor the transposition of the above-mentioned Work-Life Balance Directive and to encourage Member States to go beyond the existing provisions. Moreover, the Strategy places particular emphasis on the provision of childcare services, proposing, e. g., to revise the Barcelona childcare targets and “continue to support Member States’ work on improving the availability and affordability of quality care services for children and other dependents through investments from the European Social Fund Plus, the European Regional Development Fund, the InvestEU programme and the European Agricultural Fund for Rural Development.”¹² However, it provides no guidance as to the possible positive impact of reducing working hours for women and men alike not only to take care of their children but other family members in need and themselves for self-care. As such, the approach of the Strategy remains piecemeal, addressing the obvious childcare gaps, but ignoring externalities such as working hours, pay gaps and other structural inequalities, which need to be addressed. It is unfortunate that the Strategy remains at the level of care provision and does not address the possible use of macro-economic instruments and how they could serve to place care at the centre of economic activities and decision making.

Recent developments, including demographic ageing as well as an increasing demand for skilled labour is already putting a higher value on the economy of care, including better provisions for child and elderly care. A comprehensive care economy will thus be a significant motor for job creation in the coming years. It is clear that new solutions to care are needed on two fronts: with regard to the nature and provisions of care policies and services, and the terms and conditions of care work.¹³ There is also a third dimension which heeds the conclusions that care is central to the process of social reproduction; that it is an essential element of our humanity; that it ensures the continued existence of individuals, families and society.

With the pandemic in full force, Europe has a central role to play – not just in terms of about who receives protective immunisation, and when and how, but also with regard to designing a future that acknowledges interdependence, vulnerabilities and the role of women in holding “up the sky”.

New Provisions under the EU Work-Life Balance Directive

Paternity leave: fathers must be able to take at least 10 working days off work around the time of birth of their child, compensated at least at the level of sick pay.

Parental leave: at least two out of the four months of the leave are non-transferable between parents and compensated at a level determined by the member state.

Carers’ leave: workers providing personal care or support to a relative must be entitled to five days of leave per year.

Flexible working arrangements: this right is extended to carers and working parents of children up to eight years old.

The directive is also accompanied by a set of policy measures that are designed to support Member States in achieving the aims of better work-life balance and more equally distributed caring responsibilities. These include:

- encouraging the use of European funds to improve the provision of formal care services,
- ensuring protection for parents and carers against discrimination or dismissal,
- removing economic disincentives for second earners within families.

¹¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2020%3A152%3AFIN>

¹² Ibid.

¹³ <https://www.ilo.org/global/topics/care-economy/lang--en/index.htm>

EUROPE AND ITS MEMBER STATES

Care regimes in the EU are diverse in nature and have reacted differently to increasing labour market demands, demographic ageing and calls for more gender equality in general. The typology of welfare regimes developed by Esping-Andersen (1990) offers a useful organising framework. It may not encapsulate the significant changes that have occurred over time, such as the liberalisation and privatisation of welfare systems, including in old social democratic regimes and the addition of previously socialist Eastern European states. However, it nevertheless provides a fruitful starting point for assessing welfare regimes in relation to paid work and care (cf. Table 1).

As a result of the neoliberal dismantling of welfare states and population ageing, a chronic lack of care in late capitalist society has become a pressing political and economic issue. In the wake of the changes in the relationship between production and social patterns of intimate and family life, as well as the relationship between the public and private spheres, the traditional premise that families (and predominantly women) represent an unlimited reservoir of care that adapts flexibly to ever-changing care needs is now being challenged.

LONG-TERM CARE IN EUROPE

There is no clear regime type regarding elderly care in the EU Member States, but it can safely be said that the existing provisions for elderly care in Europe are gendered to the extent that the burden of work continues to fall heavily on female family members, even in systems where there is support from the state. The policies that exist concentrate around in-kind services and limited cash benefits. They also lack the necessary comprehensiveness. Pensions, in particular are seen to provide the means necessary to buy care. The higher the pension levels, the more autonomy can be expected for those who are in need of care. There are some national systems that provide financial entitlements for elderly people, but where they exist, they are earmarked to pay a carer – often a female family member or a female domestic worker.

In addition, many legal systems provide very little time off from work to care for elderly people; in most circumstances, there is very little or no compensation involved. Where there are multi-purpose breaks allowed either by law or by a collective agreement, some of the time can be used for elderly care (e.g. Denmark, Sweden). The European Work-Life Balance Directive tackles for the first time a common approach

Table 1 – Care Regime Typologies

National Care Systems based on Gender Stereotyped Roles	Mixed Care Systems	Public Care Driven Systems
<p>There are care regimes which continue to rely on family-driven informal care embracing a traditional, conservative and often explicitly anti-feminist approach. However, they, too, use some reinforcing policies of financial nature to support and supplement informal care, such as long care leaves, childcare allowances and/or fiscal support measures. Systems build on the assumption that caring for children and for elderly or family members in need are private issues and take for granted that women will assume the bulk of care while actively discouraging their participation in the labour market. Therefore, such systems are characterised by a low assistance in providing domestic services or household services. The intention here is not to replace informal care, but to support it.</p>	<p>Most care regimes in Europe now tend to exhibit a mix of policies that combine support to allow for care time (parental leave) and money (paid parental leave), as well as money and services by offering fiscal subsidies to reduce the costs of formal childcare. Such systems are also characterised by providing public childcare facilities at no or at reduced cost. However, it is difficult to measure their effectiveness and impact unless we know whether public care facilities are co-ordinated with statutory working hours. There are also great variations in terms of payments, duration of leave, entitlements, flexibility and transferability of entitlements between parental carers. Mixed systems can also encourage formal service provisions such as private child minders who care for other children in their own home (e.g. Ireland and Germany).</p>	<p>Public care-driven systems are care regimes that provide a substitute for informal care, - and promote parents' and carers' economic independence. Here, the inputs of the state are more diverse, and can include:</p> <ul style="list-style-type: none"> – Provisions concerning working conditions, e.g. parental leave, career breaks, reduction of working time, etc. – Monetary support in the form of family allowances, social security, social assistance, tax allowances, support for the use of domestic services, etc. – Benefits and services provided directly, e.g. home care services for elderly family members, crèches and nursery facilities for small children, etc. <p>The Nordic countries, in particular, have gone a long way towards the provision of accessible, affordable, and quality public care provisions.</p>
<p><i>Countries that use such care regimes include Greece, Ireland, Italy, Poland and Spain.</i></p>	<p><i>Countries that show these mixed characteristics of their care systems include the Netherlands, Belgium, Germany and the Czech Republic.</i></p>	<p><i>Examples of such systems, which are sometimes referred to as the Nordic models, can be found in Sweden, Finland and Norway.</i></p>

to elderly care in Europe and requires Member States to provide workers with the right to a 5-day leave to care for or support a relative in need of care.¹⁴ While these are the humble and careful beginnings of a European policy approach, it allows for further exploration and development.

Regarding services, some EU Member States provide limited institutional care and/or home help services, but by far not enough to meet the need. The lack of elderly care and long-term care continues to be grossly underestimated, including its economic and social impacts on carers, people being cared for and on gender equality in general.

INTERNATIONAL CARE CHAINS

A large share of formal care workers is also composed mainly of women from Central Eastern European EU or third countries, often with an ethnic minority background. Insufficient elderly care provision systems in Europe are one of the main reasons for the establishment of interregional or even global care chains in Europe. Care givers from economically deprived or less developed EU regions (or third countries) migrate as circular or cross-border migrants to Western European countries to make up for their lack of institutional and affordable care.

Often, care givers themselves leave their own families behind, causing a gap (*care drain*) in the care systems of the “sending” countries. The cross-border care market is often portrayed as a win-win model, in which older people receive affordable and quality care and migrant women have a job that still pays more than other alternatives at home. However, these workers and their families must be treated equally in terms of their social rights, with full access to social benefits and family tax reductions. These rights are far from granted, as illustrated by the initiative of the previous right-wing government in Austria foreseeing welfare cuts for migrants¹⁵ – a decision finally repealed by the Austrian Constitutional Court.¹⁶

THE FUTURE OF CARE IN EUROPE

European legislation has set some minimum standards and rights with regard to care, including through the adoption of the “maternity leave directive”, the work-life balance directive (providing measures under the European “care package”) and the Barcelona targets requiring Member States to provide adequate levels of childcare. The EU Gen-

How regional inequalities lead to care drain & care outsourcing

Live-in-caregiving for the elderly and the disabled is mostly performed by migrants. If migrants contribute disproportionately to care at different skills levels, we need a better understanding of the stakes, including the major social tensions based on regional inequalities in care within the EU. For instance, Central, Eastern and South Eastern workers meet the care-giver shortage in Southern and Western European countries. In parallel, the growing mobility of elderly people is also observed through a specific form of care relocation, whereby those in need of 24-hour care are sent by their families to more affordable care homes in Central European countries (to Poland, the Czech Republic and Slovakia).

der Equality Strategy (2020–2025¹⁷) aims to follow up on the work of the previous Commission, namely to monitor the transposition of the above-mentioned Work-Life Balance Directive and to encourage Member States to go beyond the existing provisions. Moreover, the Strategy places particular emphasis on the provision of childcare services, proposing, for example, to revise the Barcelona child care targets and “continue to support Member States’ work on improving the availability and affordability of quality care services for children and other dependents through investments from the European Social Fund Plus, the European Regional Development Fund, the InvestEU programme and the European Agricultural Fund for Rural Development.”¹⁸ However, it provides no guidance as to the possible positive impact of reducing working hours for both women and men, not only to take care of their children, but also other family members in need, as well as themselves for self-care. As such, the approach of the Strategy remains piecemeal, addressing the obvious childcare gaps, but ignoring externalities such as working hours, pay gaps and other structural inequalities, which all need to be addressed. It is unfortunate that the Strategy remains at the level of care provision and does not address the possible use of macro-economic instruments and how they could serve to place care at the centre of economic activities and decision making.

Recent developments, including demographic ageing and an increasing demand for skilled labour, is already putting a higher value on the economy of care, including better provisions for child and elderly care. A comprehensive care economy will thus be a significant motor for job creation in the coming years. It is clear that new solutions to care are needed on two fronts: with regard to the nature and provisions of care policies and services, and to the terms and condi-

¹⁴ <https://ec.europa.eu/social/main.jsp?catId=89&furtherNews=yes&langId=en&newsId=9438>

¹⁵ “Austria doubles down on benefit cuts for foreigners” (28/05/2018). *Reuter*. Retrieved from: <https://www.reuters.com/article/uk-austria-politics-idUKKCN11T1BU>

¹⁶ “Austrian court repeals decision to cut welfare for immigrants not learning German” (17/12/2019). *Deutsche Welle*. Retrieved from: <https://www.dw.com/en/austrian-court-repeals-decision-to-cut-welfare-for-immigrants-not-learning-german/a-51710316>

¹⁷ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2020%3A152%3AFIN>

¹⁸ *Ibid.*

tions of care work.¹⁹ There is also a third dimension, which heeds the conclusions that care is central to the process of social reproduction; that it is an essential element of our humanity; and that it ensures the continued existence of individuals, families and society.

FOR A HOLISTIC APPROACH TO CARE IN EUROPE!

The various calls²⁰ for a new care economy or new European care deal needs to be echoed in European macro-economic policy making. The European Institute for Gender Equality (EIGE) records that women form the majority of frontline workers in the current crisis, with 82 percent of cashiers, 93 percent of childcare workers and teachers, 95 percent of domestic cleaners and helpers, and 86 percent of personal care workers. Gender gaps and inequalities in the European labour market, pay, pension and poverty are deepening in economic crises, while their consequences fall mainly on the most vulnerable women. The fragile balance between paid and unpaid work for women is a challenge, especially for those who are lone mothers, migrants and domestic workers, Roma or disabled women, to name only a few. There is also a growing tendency to close care gaps with documented and undocumented migrant women. (EIGE 2019).

The development of a new European care deal provides the possibility to outline sets of policy recommendations that *inter alia* promote and improve gender equality and give direction to the implementation of the European Gender Equality Strategy in relation to CARE. In this respect, attention needs to be given to the policy context, the value of care that is reflected in each of the European care regimes and the use of macro-economic and fiscal mechanisms that could underpin a robust and equitable care structure.

A new care deal needs to embrace a more holistic approach to care than even the celebrated Nordic models. To do this, care needs to be treated, first and foremost, both as a central economic activity and as a core principle with a high social value attached to its activities. Setting such a framework could well be a European task, as not only does it include specific policy objectives for care, it also needs to be reinforced by social/care objectives within the current governance framework, e.g. in the context of a revised European Semester and Social Scoreboard. Care policies, from this perspective, should be measured along three axes: 1) Do they adequately value care, evidenced in particular by the amount of pay and the quality of the working conditions? 2) To what extent do they promote gender equality? 3) What financial and economic instruments must be put in place to make the transition to a “reproductive feminist economy”?

Though limited by the framing of the European treaties, the EU has instruments and means to promote and establish a coherent care framework for the next generation (a new care deal) that heeds the value of care and gender equality. In order to foster such an approach, the EU needs to integrate care into its macro-economic strategies, foster better care regimes through its governance structures, such as the European Semester, intervene on public procurement rules as they apply to care; establish a human-centred working-hour regime; and promote a minimum wage floor directive. The following proposal is for an initial 10-point plan to address the current shortcomings of the existing provisions of care:

A 10-point action plan for a European care economy, addressing the most urgent issues:

1. Adopt an overall **people-centred approach**, respecting gender equality, **intersectionality** and generational divides, paying attention to **all phases of life**;
2. Craft sound **statistical analyses and indicators** to measure care, its provision and their impact on well-being, welfare and gender equality;
3. Establish **“care checks”** and care-monitoring mechanisms to be included in the procedures for social and economic impact assessment required before presenting legislation (e.g. through already existing governance tools such as the European Semester). Such care checks need to include impact on gender equality and on the quality of care provision and of carers’ working conditions;
4. Encourage **investment in gender-proven public infrastructures, including crèches and care facilities or services** for elderly family members and family members in need of care;
5. Secure sufficient **public investments** via the Structural Funds;
6. Apply **gender budgeting**;
7. Use macro-economic tools and mechanisms to **put care at the centre of economic activities**;
8. Re-design the tax framework and re-direct substantial **public investment** in and valuing of care;
9. **Train and educate** family carers and acknowledge the value of their work and its relevance for gender equality;
10. **Promote self-care**, which needs to be acknowledged for its importance rather than being undermined due to women’s disproportionate unpaid care burden.

¹⁹ <https://www.ilo.org/global/topics/care-economy/lang--en/index.htm>

²⁰ See the EWL Purple Pact, for example.

FURTHER RESOURCES

European Gender Institute

- <https://eige.europa.eu/publications/gender-equality-index-2019-work-life-balance>
- The Leave Network (for the latest information on national leave and care policies): <https://www.leavenetwork.org/introducing-the-network/>

European Commission

- Factsheet: A new start to support work-life balance for parents and carers (2019) <https://ec.europa.eu/social/BlobServlet?docId=17583&langId=en>
- Study on the costs and benefits of possible EU measures to facilitate work-life balance for parents and care givers - Final Report (2017); <https://ec.europa.eu/social/BlobServlet?docId=17646&langId=en>
- Impact assessment accompanying Proposal for a Directive on work-life balance for parents and carers (2017) <https://ec.europa.eu/social/BlobServlet?docId=17621&langId=en>
- <https://ec.europa.eu/social/main.jsp?catId=1311&langId=en&moreDocuments=yes>

European Parliament

- A new directive on work life balance (2019) [https://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_BRI\(2018\)614708](https://www.europarl.europa.eu/thinktank/en/document.html?reference=EPRS_BRI(2018)614708)
- Very useful database on all positions regarding the directive, statistics and arguments for a better work-life balance: <https://epthinktank.eu/2016/12/23/work-life-balance-in-the-eu/>

The Council of the EU

- Better work-life balance for parents and carers in the EU: Council adopts new rules; <https://www.consilium.europa.eu/en/press/press-releases/2019/06/13/better-work-life-balance-for-parents-and-carers-in-the-eu-council-adopts-new-rules/>
- EU Recommendations on child care (2013): <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32013H0112>

Eurofound

- <https://www.eurofound.europa.eu/surveys/european-working-conditions-surveys-ewcs>
- <https://www.eurofound.europa.eu/publications/report/2020/gender-equality-at-work>
- Parental and paternity leave – Uptake by fathers (2019); <https://www.eurofound.europa.eu/publications/customised-report/2019/parental-and-paternity-leave-uptake-by-fathers>
- Work-life balance and flexible working arrangements in the European Union (2017); <https://www.eurofound.europa.eu/publications/customised-report/2017/work-life-balance-and-flexible-working-arrangements-in-the-european-union>
- https://www.etuc.org/sites/default/files/press-release/file/2018-06/etuc_wlb_country_sheets_ose_final_19_01_2018.pdf

The European Public Service Union (EPSU)

- https://www.epsu.org/sv/search/policies/work-life-balance-0?mefibs-form-autocomplete-search_api_views_full-text=&mefibs-form-autocomplete-mefibs_block_id=autocomplete

Other

- “Rebalance – ETUC Toolkit on the implementation and transposition of the Work-Life Balance Directive.” European Trade Union Confederation, 2019.
- “Purple Pact: A Feminist Approach to the Economy,” European Women’s Lobby, 2019.
- <https://www.ilo.org/global/topics/care-economy/lang--en/index.htm>
- <https://www.csus.edu/indiv/c/chalmersk/ECON184SP09/ComparingCareRegimesInEurope.pdf>
- Feminist Economics: “Comparing Care Regimes in Europe,” Francesca Bettio & Janneke Plantenga, Volume 10, 2004, Issue 1
- https://www.ilo.org/wcmsp5/groups/public/---ed_emp/--emp_ent/---coop/documents/genericdocument/wcms_420240.pdf
- “Caring for Children in Europe,” Rand (2014): https://www.rand.org/pubs/research_reports/RR554.html
- OECD family database indicators: <http://www.oecd.org/social/family/database.htm>
- Verbakel, E., Metzelthin, S. F., & Kempen, G. I. (2018). Caregiving to older adults: Determinants of informal caregivers’ subjective well-being and formal and informal support as alleviating conditions. *The Journals of Gerontology: Series B*, 73(6), 1099–1111.
- Verbakel, E., Tamlagsrønning, S., Winstone, L., Fjær, E. L., & Eikemo, T. A. (2017). Informal care in Europe: findings from the European Social Survey (2014) special module on the social determinants of health. *The European Journal of Public Health*, 27(suppl_1), 90–95.

PROJECT DESCRIPTION

The Foundation for European Progressive Studies and the Friedrich-Ebert-Stiftung started a Social Democratic Initiative for the EU Gender Equality Strategy, placing the role of care work and care jobs in achieving gender equality at the center of our common activities. By raising the question: **Does Europe Care for Care?**, we endeavor to promote the cross-fertilization of progressive thinking on the issue of care between stakeholders throughout Europe. Building on our network of care experts, we identify common challenges and possible good practices across countries, and draw concrete policy recommendations with the objective of feeding into concrete measures on both national and EU levels.

Find out more about the project on our website:

<https://www.fes.de/en/themenportal-gender-jugend/gender/feminist-europe>

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