



**European Committee
of the Regions**

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OPINION

Future plan for care workers and care services – local and regional opportunities in the context of a European challenge

THE EUROPEAN COMMITTEE OF THE REGIONS

- is conscious of the impact of an ageing population, shifts in social and family structures, the demands of the modern world of work and the resulting growing need for formal and informal care;
- calls on cities and regions to continue, and where appropriate step up, their efforts to tackle the shortage of care workers, in order to address the medium- to long-term threat of staff shortages. Such shortages affect both urban and rural areas, and attention should be paid to areas hit by the demographic decline, remote regions or regions lagging behind, with limited availability of care for older and dependent people;
- highlights the care sector's enormous potential for the labour market, and in this context draws attention to the fact that there could potentially be eight million job openings in the health and social care sector over the next ten years;
- is committed to adequate remuneration for carers, reflecting the social and societal value of their work;
- stresses that the vast majority of care work in Europe is carried out by relatives in the home, particularly by women, often with no specialist training or guidance, no commensurate payment and no social protection, which ultimately exacerbates the existing gender pension gap;
- recommends that EU Member States put in place the key framework conditions for the social protection of relatives acting as carers;
- stresses the need to address precarious working conditions of "live-in" care workers in the EU, who are mostly women and often migrants from third countries, some of whom working irregularly as undocumented migrants and some being engaged in circular or temporary migration;
- calls on the European Commission to update the existing 2012 European quality framework for long-term care services, in order to keep pace with latest developments in long-term care provision and related skills requirements, and with a view to facilitating carer mobility;
- suggests that the European Commission and the EU Member States consider a EU-wide strategy and a common occupational definition of carers (including of live-in carers, whose service should be considered part of the long-term care provision), involving cities and regions and the social partners;
- supports the networking of regions across Europe and encourages them to press ahead with the joint exchange of experience and the joint, coordinated development of actions.

Rapporteur

Heinrich Dorner (AT/PES), Member of the State Government of Burgenland

Opinion of the European Committee of the Regions – Future plan for care workers and care services – local and regional opportunities in the context of a European challenge

I. POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS

Policy priorities

1. is conscious of the impact of an ageing population¹, shifts in social and family structures, as well as in needs-based care for people with special needs, the demands of the modern world of work and the resulting growing need for formal and informal care, the latter being ensured mainly by family members; recognises at the same time the importance, in the long run, of developing programmes to promote active ageing and halt the early deterioration of elder people's mental and physical health. When developing the corresponding programmes, steps to increase older people's participation in society and to improve infrastructure for them should be taken into consideration. Increasing opportunities for participation empowers people in later years and helps prevent loneliness and social isolation;
2. notes that the impact of population ageing is greater in rural areas, particularly in areas affected by depopulation or regions lagging behind, where care for older and dependent people is less accessible and requires greater support from community-based services. It is important to consider in this context also the negative effects of migration of care workers from less developed regions to more developed ones, resulting in severe staff shortages in the former; recognises the importance of local services in rural and depopulated areas for older and dependent people, offering a range of resources to help people stay in their usual environment, promoting their autonomy and independence in carrying out everyday activities and their social inclusion, through the provision of various technical, material and/or economic support and the promotion of universal accessibility. At the same time, population ageing is becoming clearly noticeable in urban areas too, where the proportion of older people is rising sharply, increasing the need for human resources and new infrastructure (such as care homes or assisted housing);
3. recognises the crucial role that the care sector has played alongside the health sector during the COVID-19 crisis. Urges to this effect for the full respect of fair working conditions and for commensurate remuneration of carers as a primary obligation in recognition of their services;
4. calls on cities and regions to continue, and where appropriate step up, their efforts to tackle the shortage of care workers, in order to address the medium- to long-term threat of staff shortages. Such shortages affect both urban and rural areas, and attention should be paid to areas hit by the demographic decline, remote regions or regions lagging behind, with limited availability of care for older and dependent people. While acknowledging the importance of a life-cycle approach

¹ In 2020, 20.6% of the EU population was aged 65 or over, 3.0 percentage points higher than a decade earlier. Eurostat, 16.3.2021: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210316-1>.

in relation to ageing challenges², in the current context of overstretched health services because of the pandemic, the Committee calls on the European Commission to guarantee financial instruments directly accessible to cities and regions to empower them to effectively address care worker shortages;

5. in the context of short-term staff shortages due to COVID-19 crisis-related restrictions on the cross-border mobility of health and care professionals, draws attention to the CoR's previous policy recommendations (such as setting up "health corridors" between border regions)³;
6. is committed to the overall objective of enabling people in need to access the care services that are clinically necessary and that meet the preferences of those receiving care;
7. sees the shortage of skilled workers caring for people in need as a potential opportunity to deal with an expected increase in unemployment across Europe, particularly in connection with the effects of the COVID-19 crisis, and thus to take an important step towards preserving the economic and social cohesion of the European Union; points out that creating new care services for older and dependent people leads to new jobs that help invigorate the economy and keep the population in rural and depopulated areas. Local social services in these geographically vulnerable areas play a clear role in revitalising the rural environment and in social and territorial cohesion;
8. notes that the care sector not only needs to be transformed in itself, but also to change by establishing new models: moving from care to prevention and inclusion; from quality of care to quality of life; from institutions to homes; from an approach based on professional care to a system of working together with the family in order to involve them; from a medical to a care and service-based approach; from a one-size-fits-all-approach to one that accommodates different lifestyles; from a system-dominated approach to a client-centred approach; from fear of technology to incorporating it; from the use of traditional solutions to the use of digital solutions that place people first; from the use of critical performance indicators to "common sense";
9. welcomes the aim of the European Commission's *Green Paper on Ageing*, to launch a broad policy debate on ageing to discuss options on how to anticipate and respond to the challenges and opportunities it brings, and refers in particular to the findings and comments set out in point 5.1 of the Green Paper⁴;
10. draws attention to the European Pillar of Social Rights Action Plan, looks forward to the initiative on long-term care planned for 2022, and underlines principle 18 of the Pillar, which

² COM(2021) 50 final.

³ CoR opinion on *Implementation and future perspectives for cross-border healthcare* (COR-2019-04597).

⁴ COM(2021) 50 final.

states that everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services⁵;

11. reiterates its call to the European Commission "to consider a care agreement for Europe, similar to the Youth Guarantee, to satisfy care needs as part of a rights-based approach that puts care at the heart of economic activity, increasing investment in health and care, in line with the wellbeing economy strategy. The CoR also asks the Commission and urges the Member States to include the demands made by domestic workers regarding working conditions in ILO Convention No 189"⁶. In the same opinion, the CoR called for the revision and further development of the Barcelona targets, making them compulsory, and introducing "care objectives that go beyond these (Barcelona+) to take account of care needs in ageing societies and recognise that the care sector is largely dominated by women but is not paid in accordance with its social value";

Statistical background and outlook

12. draws attention to recent projections suggesting that the share of people in Europe aged 65 or over will rise from 20% today to an estimated 30% in 2070, and that the share of people aged 80 or over will double to more than 13% by 2070⁷. This means that the number of over-65s is expected to rise from 87 million to over 150 million, and the number of over-80s from 23 million to 62 million;
13. is aware that the number of people in the EU potentially in need of long-term care is expected to increase from 19.5 million in 2016 to 23.6 million in 2030 and 30.5 million in 2050⁸;
14. notes that, just to maintain the current ratio of five long-term care workers per 100 people aged 65 and over, the number of workers in the sector needs to increase by 13.5 million by 2040 in OECD countries⁹. In the period 2018-2030 alone, the EU-27 will need a total of 11 million new health and care workers to meet growing demand¹⁰;
15. highlights the care sector's enormous potential for the labour market, and in this context draws attention to the fact that there could potentially be eight million job openings in the health and social care sector over the next ten years¹¹;

⁵ COM(2021) 102 final.

⁶ CoR opinion on *A Union of Equality: Gender Equality Strategy 2020-2025* (COR-2020-02016).

⁷ COM(2020) 241 final – *Report on the impact of demographic change*.

⁸ COM(2021) 50 final.

⁹ OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, <https://www.oecd.org/els/health-systems/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm>.

¹⁰ JRC121698 - JRC (2021), *Health and long-term care workforce: demographic challenges and the potential contribution of migration and digital technology*.

¹¹ COM(2021) 50 final.

16. further underlines that the Silver Economy¹², which encompasses care services for older people, is a powerful tool to address depopulation, providing immediate solutions to the problems of ageing and unemployment in the most disadvantaged rural areas. The Silver Economy creates competitive and cohesion advantages for the regions, generating benefits for all the actors involved (a win-win-win situation). Furthermore, the gradual ageing already afflicting many of our regions is becoming an active resource, generating jobs and wealth, changing stereotypes and approaches, which need to be worked on;

Local and regional relevance

17. considers that, given the threat of staff shortages in the medium to long term, the cities and regions of the European Union need to address the reasons for the shortage of care workers. This particularly applies to those regions whose systems rely on staff from neighbouring countries, which were confronted with short-term staff shortages due to pandemic-related border closures;
18. is aware of the regional differences and priorities within Europe¹³ regarding formal and informal care, the latter relying mainly on family members, and is committed to maintaining the diversity of services offered and of regional solutions to meeting care needs;
19. supports the networking of regions across Europe and encourages them to press ahead with the joint exchange of experience and the joint, coordinated development of actions; points to the important role played by regions and cities in developing specific care measures for older and dependent people, with a view to bringing local services closer to rural areas affected by ageing and depopulation. This is a strategy for dealing with the necessary care for these groups who live in geographically vulnerable areas and face greater difficulties in accessing essential local services that guarantee proper social and health care in their usual living environment;

Involvement of women

20. stresses, with regard to gender, that 92% of women in the EU regularly – i.e. more than one day a week – perform unpaid care work, 81% care for relatives on a daily basis¹⁴, and women make up the majority of workers in the health and care sector¹⁵. This situation is particularly acute for women living in rural and depopulated environments where there are real difficulties in accessing essential, basic services for health and social care;

¹² According to the European Commission, 'the "Silver Economy" can be defined as the economic opportunities arising from the public and consumer expenditure related to population ageing and the specific needs of the population over 50.'

¹³ JRC121698.

¹⁴ EIGE (2021), *Gender inequalities in care and consequences for the labour market*, <https://eige.europa.eu/publications/gender-inequalities-care-and-consequences-labour-market>.

¹⁵ JRC121698.

21. stresses that the vast majority of care work in Europe is carried out by relatives in the home, particularly by women, often with no specialist training or guidance, no commensurate payment and no social protection, which ultimately exacerbates the existing gender pension gap;
22. recognises the need for policies and programmes directed towards relieving women from being burdened with the vast majority of unpaid care work. Both unpaid care workers and their non-contributing family members need to be made aware that care is work and should be treated as such. Unpaid care work is not a women's duty nor obligation and should be evenly distributed among genders, in order to guarantee women's economic independence, as stated in the EU Gender Equality Strategy;
23. highlights the large proportion of women who are willing to provide care services despite the precarious working conditions and low pay, because they come from countries where wages are low. Those women are in most cases immigrants and they should therefore have access to integration services in their mother tongue and to information about their rights and accessible services as immigrant workers. Fully implementing the Posting of Workers Directive and ensuring that this specific group of workers is not excluded from the protection of national statutory minimum wages are of particular importance; stresses to this effect "the urgent need for 'upward convergence' of minimum wages, not least given that low wages remain a feature of employment in the European Union" and that "women constitute 59% of minimum wage earners"¹⁶, underlining that the EU must continue to assist Member States in implementing effective and inclusive social and employment policies and in carrying out the necessary reforms to achieve this;
24. stresses the need to address precarious working conditions of "live-in" care workers in the EU, who are mostly women and often migrants from third countries, some of whom working irregularly as undocumented migrants and some being engaged in circular or temporary migration; joins in this regard the European Economic and Social Committee (EESC) in emphasising that live-in care workers should be treated in a similar way to other care workers and calls for improved safeguards in the Employers' Sanctions Directive (2009/52/EC) to protect labour rights of undocumented workers and for the rigorous application of the Victims' Rights Directive (2012/29/EU) to provide effective support for live-in care workers who are victims of exploitation, regardless of their migration status¹⁷;

Recommendations for the relevant stakeholders

25. stresses the need to improve public information and communication on the existing demand for caring professions, with a view to appealing to a larger segment of job seekers, seeking also to drastically reduce the gender imbalance and ensure that more men work in these professions in future. LRAs could participate in that effort, by organising seminars, workshops and advertising care professions specifically for men, which would fight gender stereotypes and lack of

¹⁶ CoR opinion on *Adequate minimum wages in the European Union* (COR-2020-05859).

¹⁷ Own-initiative opinion of the European Economic and Social Committee on *The rights of live-in care workers* (SOC/535 – EESC-2016-00941).

awareness. This should go hand in hand with concerted efforts to improve working conditions in the care sector in order to make caring professions more attractive, including amongst young people and especially in depopulated areas and/or areas with much older populations;

26. points out that, in the context of the current COVID-19 crisis, both jobs and continuity of care can be safeguarded by establishing crisis-resilient employer structures, particularly with regard to ownership structures and use of the profits generated;
27. recognises that a good work-life balance plays a key role in the career choices of potential entrants to the sector. With this in mind, professional care work needs appropriate working time models that allow and promote a balance between family, leisure and work;
28. stresses that, alongside staff's physical health, their mental health is also a decisive factor in establishing and maintaining a healthy working environment, and that staff therefore need professional support (e.g. supervision, targeted training, mental health support), thus also sending a clear signal against the rising burnout rate in this sector;
29. stresses the importance of rethinking new structural requirements for care homes for older people so that they can balance new standards of health and safety, including those addressing infection prevention and control, which will benefit residents as well as workers. The overall aim is to ensure optimal environmental, living and working conditions as well as conditions fostering social contact;
30. considers the use of technical tools to carry out care activities, for efficient and comprehensive documentation and for interdisciplinary communication to be an important form of support to facilitate carers' daily work;
31. draws attention to the growing importance of digitalisation in the care sector, as well. Calls to this effect for specific technical assistance to be provided for care homes for older people with a view to promoting telemedicine as a way of managing residents' health more effectively. Furthermore, digital and telecare tools, already used during the pandemic for monitoring and checking up on people who are isolated and without any real family support, will continue to develop, improving people's access to care services. However, this development must be accompanied by measures to close the digital divide in all areas, such as the digital divide between genders, in rural areas or among the older population. Similarly, professionals in the sector must be trained to use these new tools through ongoing training schemes. Furthermore, there is a need to develop a new coordinated and integrated communication system between the health system, the care workers and the families. Access to training in new communication technologies for the care workers in residential facilities and for the residents is crucial;
32. considers financial support during the training period to be an important support measure to make it easier for interested persons to enter the field or change careers;
33. is committed to adequate remuneration for carers, reflecting the social and societal value of their work;

34. recalls principle 9 of the European Pillar of Social Rights on work-life balance, which states that "Parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services". It points in this regard to the contribution that public support measures for the employment of carers, through subsidies or other forms of funding, can make to safeguarding this principle, which will also help regularise and improve the conditions of workers in the care sector;
35. recommends that EU Member States put in place the key framework conditions for the social protection of relatives acting as carers. This means ensuring both means of subsistence and sickness, accident and pension coverage for this group of people. Relatives acting as carers should not be forced to give up their jobs, public benefits cannot be attached to an unemployment status. Making the decision to care about a relative is always a difficult one, unnecessary sacrifices should not be imposed;
36. stresses the importance of professional support in the field of informal care, mainly provided by family members, in order to equip relatives acting as carers with the necessary skills while ensuring the appropriate quality of care. In addition, there is a need to create respite facilities (e.g. short-term care places) in order to temporarily alleviate the burden on such carers if needed;
37. calls on the EU Member States and relevant stakeholders at local and regional level to conduct regular surveys with the populations concerned in order to use the results and the way they change as a basis for the strategic development of services;

Recommendations for the European Commission

38. calls on the European Commission to update the existing 2012 European quality framework for long-term care services, in order to keep pace with latest developments in long-term care provision and related skills requirements, and with a view to facilitating carer mobility. To this effect, proposes that the European Commission and the Member States implement a European quality label for professional "carers of older people and dependent persons", both in institutional and non-institutional care settings, in order to safeguard the principle that carers providing this type of service should be appropriately skilled and qualified. Common benchmarks need to be established in the current European context by means of a standardised quality certificate adapted to the needs of each Member State. The Committee underlines that the rights of those cared for and their physical and mental wellbeing must remain the top priority, including preventing and alleviating loneliness;
39. suggests that the European Commission and the EU Member States consider a EU-wide strategy and a common occupational definition of carers (including of live-in carers, whose service should be considered part of the long-term care provision), involving cities and regions and the social partners. This strategy should raise awareness, also through media promotion, in order to contribute towards a lasting change in the image of the health and care professions;
40. further suggests that the European Commission considers proposals for the recognition of and effective support for relatives acting as carers;

41. calls on the European Commission to draw up a proposal for the establishment of an efficient system of comprehensive data collection and analysis, covering also live-in care, which is largely undocumented, in order to provide Member States and regions with a sound basis for future cross-regional coordination;
42. recommends that the European Commission set up a platform for mutual expert exchanges and the opportunity to present examples of best practice in the field of care, as well as of common programmes, such as social care plans or support strategies for relatives acting as carers;
43. welcomes the funding and support options offered by the current and future EU Structural Funds (ESF 2014-2020 with REACT-EU, and ESF+ 2021-2027), and the synergies and complementarities created by the EU4Health programme 2021-2027, and underlines the priority of the actions financed in this way;
44. calls for budgetary prioritisation and targeted allocation of budgetary resources to address the shortage of skilled workers in the health and care sectors, in particular with regard to the European Commission's labour market policy agenda in the European Semester. The European Commission should monitor the implementation and effectiveness of its recommendations.

Brussels, 1 July 2021

The President
of the European Committee of the Regions

Apostolos Tzitzikostas

The Secretary-General
of the European Committee of the Regions

Petr Blížkovský

II. PROCEDURE

Title	Future plan for care workers and care services – local and regional opportunities in the context of a European challenge
Reference document(s)	
Legal basis	
Procedural basis	Rule 41(b)(ii) RoP
Date of Commission letter	
Date of Bureau/President's decision	7 December 2020
Commission responsible	Commission for Social Policy, Education, Employment, Research and Culture (SEDEC)
Rapporteur	Heinrich Dorner (AT/PES)
Analysis	December 2020
Discussed in commission	22 April 2021
Date adopted by commission	22 April 2021
Result of vote in commission (majority, unanimity)	majority
Date adopted in plenary	1 July 2021
Previous Committee opinions	<ul style="list-style-type: none"> – <i>The European Pillar of Social Rights</i>¹⁸ – <i>The Revision of the Posting of Workers Directive</i>¹⁹ – <i>Work-life balance for parents and carers</i>²⁰ – <i>The European Pillar of Social Rights and Reflection Paper on the social dimension of Europe</i>²¹ – <i>Transparent and predictable working conditions in the European Union</i>²² – <i>Active and healthy ageing</i>²³ – <i>Cross-border health care</i>²⁴ – <i>A Strong Social Europe for Just Transitions</i>²⁵ – <i>EU4Health Programme</i>²⁶
Date of subsidiarity monitoring consultation	

18 CDR 2868/2016.

19 CDR 2881/2016.

20 CDR 3138/3017.

21 CDR 3141/2017.

22 CDR 1129/2018.

23 CDR 15/2019.

24 CDR 4597/2019.

25 CDR 2167/2020.

26 CDR 2917/2020.