European Parliament
2024-2029

TEXTS ADOPTED

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Advancing towards a care society: addressing the gender care gap

European Parliament resolution of 21 May 2026 on advancing towards a care society: addressing the gender care gap (2025/2039(INI))

The European Parliament,

– having regard to the Treaty on European Union, in particular Article 2 thereof,

– having regard to the Treaty on the Functioning of the European Union, in particular Articles 8, 19, 153 and 157 thereof,

– having regard to the UN Decade of Healthy Ageing[1] led by the World Health Organization, and in particular its ‘enablers’ relating to the provision of integrated care and access to long-term care,

– having regard to the European Pillar of Social Rights and, in particular, its principles on gender equality, work-life balance, childcare and support to children, inclusion of persons with disabilities, a shared responsibility community, and the right to long-term care, and to the Commission action plan to boost the social economy and create jobs,

– having regard to the Commission communication of 5 March 2020 entitled ‘A Union of Equality: Gender Equality Strategy 2020-2025’ (COM(2020)0152), and to the Commission’s Declaration of principles for a gender-equal society,

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

– having regard to the UN Convention on the Rights of Persons with Disabilities, and the EU’s ratification thereof,

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1 World Health Organization, ‘WHO's work on the UN Decade of Healthy Ageing (2021–2030)’.

– having regard to the Commission communication of 7 September 2022 on the European care strategy (COM(2022)0440), the Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets for 2030[2] and the Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care[3],

– having regard to the European Pillar of Social Rights action plan, 2030 headline targets and the EU Social Scoreboard,

– having regard to Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation[4],

– having regard to Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU[5] (the Work-Life Balance Directive),

– having regard to its resolution of 21 January 2021 on the EU Strategy for Gender Equality[6],

– having regard to its resolution of 5 July 2022 entitled ‘Towards a common European action on care’[7],

– having regard to Europe’s Beating Cancer Plan (COM(2021)0044),

– having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer — towards a comprehensive and coordinated strategy[8],

– having regard to Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union[9],

– having regard to the report by Mario Draghi of 9 September 2024 entitled ‘The future of European competitiveness’,

– having regard to Directive (EU) 2023/970 of the European

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2 OJ C 484, 20.12.2022, p. 1.
3 OJ C 476, 15.12.2022, p. 1.
4 OJ L 204, 26.7.2006, p. 23, ELI: http://data.europa.eu/eli/dir/2006/54/oj.
5 OJ L 188, 12.7.2019, p. 79, ELI: http://data.europa.eu/eli/dir/2019/1158/oj.
6 OJ C 456, 10.11.2021, p. 208.
7 OJ C 47, 7.2.2023, p. 30.
8 OJ C 342, 6.9.2022, p. 109.
9 OJ L 275, 25.10.2022, p. 33, ELI: http://data.europa.eu/eli/dir/2022/2041/oj.

Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms[10] (Pay Transparency Directive),

– having regard to the Commission proposal of 15 November 2023 for a regulation of the European Parliament and of the Council on establishing an EU Talent Pool (COM(2023)0716),

– having regard to Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on improving working conditions in platform work[11],

– having regard to the Council conclusions of 3 December 2024 on ensuring work-life balance and gender equality for all generations in the context of demographic challenges, approved by the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) at its meeting held on 2 December 2024,

– having regard to the Council conclusions of 4 December 2024 on labour and skills shortages in the EU: Mobilising untapped labour potential in the European Union, approved by EPSCO at its meeting held on 2 December 2024,

– having regard to the framework of actions on retention and recruitment in social services, adopted by the European Sectoral Social Dialogue Committee for Social Services in June 2025,

– having regard to the Commission communication of 20 March 2024 entitled ‘Labour and skills shortages in the EU: an action plan’ (COM(2024)0131),

– having regard to the Commission’s Social Protection Committee Annual Report 2024,

– having regard to the Commission communication of 5 March 2025 entitled ‘The Union of Skills’ (COM(2025)0090),

– having regard to the 2025 Commission report on gender equality in the EU, in particular its section on the gender care gap,

– having regard to the Commission report of 8 May 2018 on the development of childcare facilities for young children with a view to increase female labour participation, strike a work-life balance for working parents and bring about sustainable and inclusive growth in

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10 OJ L 132, 17.5.2023, p. 21, ELI: http://data.europa.eu/eli/dir/2023/970/oj.

11 OJ L, 2024/2831, 11.11.2024, ELI: http://data.europa.eu/eli/dir/2024/2831/oj.

Europe (the ‘Barcelona objectives’) (COM(2018)0273),

– having regard to the ninth report on economic, social and territorial cohesion, published in March 2024,

– having regard to the opinion of the European Economic and Social Committee entitled ‘Towards a new care model for older people: learning from COVID-19’[12],

– having regard to its resolution of 15 November 2018 entitled ‘Care services in the EU for improved gender equality’[13],

– having regard to its resolution of 10 March 2022 entitled ‘Gender mainstreaming in the European Parliament – annual report 2020’[14],

– having regard to its resolution of 21 January 2021 entitled ‘The gender perspective in the COVID-19 crisis and post-crisis period’[15],

– having regard to Rule 55 of its Rules of Procedure,

– having regard to the joint deliberations of the Committee on Employment and Social Affairs and the Committee on Women’s Rights and Gender Equality under Rule 59 of the Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs and the Committee on Women’s Rights and Gender Equality (A10-0083/2026),

A. whereas gender equality is one of the EU’s founding values; whereas gender mainstreaming and an intersectional approach should be implemented and integrated across all EU policies;

B. whereas the European Pillar of Social Rights action plan sets out concrete initiatives for implementing principles that are essential for building a stronger social Europe for just transitions and recovery, including one on long-term care;

C. whereas care encompasses both formal and informal care; whereas formal care refers to care work provided under formal employment arrangements, while informal care refers to care work provided within an individual’s social environment and is usually, though not always, unpaid; whereas, therefore, the notion of ‘carer’, as commonly agreed, includes all forms of ‘formal’ and ‘informal’ caregiving; whereas care work comes in many forms, including childcare, long-term care, healthcare and personal services; whereas formal and informal care services are predominantly provided by

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12 OJ C 194, 12.5.2022, p. 19.
13 OJ C 363, 28.10.2020, p. 80.
14 OJ C 347, 9.9.2022, p. 139.
15 OJ C 456, 10.11.2021, p. 191.

women; whereas informal carers provide care to persons with chronic illnesses, disabilities, fragile health or other long-lasting health or care needs, outside of a formal care framework;

D. whereas a care society recognises care as fundamental to the functioning of economies and societies; whereas care work should be valued and equally shared between men and women while recognising, in particular, the right to receive care, as laid down in the European Pillar of Social Rights; whereas the provision of affordable, high-quality and person-centred long-term care is part of the fundamental right to health; whereas this rights-based approach reflects the ongoing shift in care provision towards services that respect the autonomy, dignity and inclusion of persons that are in need of care across all life stages, considering, in particular, how ageing populations are currently impacting society; whereas the formal long-term care sector is still based on the provision of residential care services, while home and community-based care are more likely to uphold the right to independence of persons in need of care;

E. whereas among those aged over 65 in the EU, 8 % – over 7 million individuals – receive informal care, with this figure rising to 11 % among those aged 75 and above; whereas this demographic transformation that Europe is undergoing will significantly affect care needs and how care services are managed; whereas failure to address this challenge with a gender-sensitive approach risks undermining women’s participation in the labour market, thereby reinforcing gender inequalities and endangering the well-being of older persons, children and families; whereas in the context of ageing societies, it is essential to mainstream a human-rights-based and person-centred approach to care that guarantees the participation of all; whereas policy shifts, together with demographic trends, increasingly favour home-based care for older people; whereas many of the needs of older people and persons with disabilities can be covered by community-based services, such as personal assistance and financial housing aid;

F. whereas rural, remote and island areas and outermost regions lack sufficient or adequate social care and support services, which may reinforce the economic and social challenges they might already face; whereas access to these services in those areas remains a challenge given their declining and ageing populations, and a lack of connectivity and infrastructure; whereas this can contribute to the lower attractiveness of these areas as places to live and work; whereas this disproportionately affects women, who face additional difficulties in trying to reconcile work and private life; whereas these areas face shortages of general practitioners and specialised and emergency care, leading to the emergence of ‘medical deserts’; whereas enhancing the availability of quality social care has the potential to improve the quality of life and economic well-being of

people living in these regions; whereas social economy actors deliver essential, community-rooted care services that enhance the inclusion, affordability and quality of care, especially in underserved and rural, remote and island areas and outermost regions, while responding to regional needs;

G. whereas both formal and informal care are often unseen and undervalued socially and economically, with wages in long-term care and other social services 21 % below the EU average[16]; whereas the societal added value of formal and informal care is often hard to measure and the people providing such care are not adequately recognised, valued or supported, which places additional physical and psychological strain on them; whereas formal and informal carers are essential for the sustainability of Europe's health and care systems;

H. whereas much of the economic gender gaps are explained by gender differences in care provision and the undervaluation of the professional care sector, which employs significantly more women than men;

I. whereas good working conditions in the care sector play a key role in the delivery of high-quality care services;

J. whereas the availability, accessibility and affordability of high-quality childcare facilities are crucial in enabling people, especially women with caregiving responsibilities, to participate in the labour market;

K. whereas the estimated amount of time devoted to informal care in Europe is 39 billion hours annually, equivalent to an economic value of around EUR 576 billion, representing approximately 3,63 % of Europe's gross domestic product (GDP)[17]; whereas informal care is not adequately recognised or acknowledged in its different forms, ranging from daily support with personal care to occasional help with household tasks; whereas women are disproportionately responsible for providing such care, which reinforces gender disparities, limiting their ability to pursue formal employment, especially for younger informal carers; whereas the childcare gap remains one of the most pressing challenges new parents face in the EU and mainly affects women by delaying their return to work;

L. whereas digital innovation and the use of digital health tools can significantly improve quality and accessibility, especially in rural, remote and island areas and outermost regions, and thus should be

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16 Eurofound, 2021.

17 Peña-Longobardo LM, Oliva-Moreno J., 'The Economic Value of Non-professional Care: A Europe-Wide Analysis', International Journal of Health Policy and Management, 2022;11(10); World Health Organization Europe, 'Shining light on women's contributions: celebrating their role in informal care', 2024.

actively promoted and supported; whereas the increasing role of digital platforms in the care sector carries gender implications, as it risks exacerbating existing inequalities;

M. whereas 88,2 % of the formal care workforce is made up of women[18], underlining that the psychological and organisational burden of care and household tasks continues to fall predominantly on women;

N. whereas women bear an overwhelming majority of informal care responsibilities, estimated at 80 %;

O. whereas this reinforces persisting related gender gaps across the EU and contributes to widening the gender care gap, limiting women's ability to participate in the labour market and public life and to achieve economic independence; whereas the persistent gender gaps, including the 10 % gender employment gap[19], the 12 % gender pay gap[20] and the 25 % gender pension gap[21] among other factors, such as time employed in care, put women in vulnerable positions; whereas despite increased awareness of the gender care gap, a genuine cultural shift towards equal sharing of unpaid care work remains distant; whereas persistent gender stereotypes place the expectation of caregiving predominantly on women and girls, with these being reinforced online through social media; whereas cultural change, awareness-raising campaigns and educational initiatives promoting shared caregiving responsibilities can enable women to participate equally in society and ensure girls are free to pursue their ambitions without disproportionate care duties; whereas this care gap calls for measures to promote male participation in the sector and a more equal distribution of responsibilities; whereas according to the European Institute for Gender Equality's 2024 Gender Equality Index, the EU average score for care activities is 78,7 points, reflecting persistent gender disparities in unpaid housework, childcare and long-term care[22]; whereas the care workforce across Europe is ageing and facing recruitment and retention challenges;

P. whereas women consequently spend six additional years over their lifetimes providing unpaid care compared to men[23];

Q. whereas women play a key role in the care sector, and even after entering the labour market, they continue to bear the primary

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18 European Commission, European care strategy, 2022.
19 European Commission, 'The gender pay gap situation in the EU', 2024.
20 European Commission, 'The gender pay gap situation in the EU', 2023.
21 European Institute for Gender Equality, 'Gender Equality Index', 2025.
22 European Institute for Gender Equality, 2024.
23 Population Reference Bureau, 2023.

responsibility for household and care work; whereas time-use surveys are needed, focused on measuring the allocation of time spent performing care and domestic work; whereas care responsibilities keep approximately 7,7 million women out of the labour market, compared to just 450 000 men[24]; whereas some women cannot fully enter the labour market due to the burden of carrying out informal care responsibilities; whereas the uneven distribution of unpaid care work hinders women's access to full-time employment and contributes negatively to the gender income gap[25], resulting in fewer career opportunities or even accepting offers of jobs below their skills levels, leading to a loss of income and aggravation of the gender pension gap; whereas these detrimental effects are closely associated with the intensity of care provided and the duration of caregiving responsibilities; whereas single mothers are particularly affected by limited employment opportunities due to care duties; whereas single parents make up 12,4 % of EU households with children; whereas women are also disproportionately represented among single-parent families, with the figure standing at 85 %[26]; whereas only half of the EU's 42,8 million working-age persons with disabilities are in employment; whereas women with disabilities are particularly affected, with only 21 % in full-time employment[27];

R. whereas the double burden of care and work severely limit carers' time for leisure and self-care, which places unpaid carers at much greater risk of (parental) burnout; whereas increased access to reproductive healthcare services and abortion services may help parents with their family planning and reduce stress resulting from unexpected pregnancies;

S. whereas the Work-Life Balance Directive has not been fully implemented in several Member States; whereas its provision on carers' right to leave of five working days per year is insufficient to provide adequate care or to organise formal care and is not covered by the same safeguards regarding remuneration and income support as other types of family leave;

T. whereas the announcement that the Commission will assess the implementation of the Work-Life Balance Directive by 2028 is

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24 European Institute for Gender Equality, 'Gender inequalities in care and pay in the EU'.

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

26 Source is Eurostat, 2023: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Young_people_-_family_and_society.

27 Gender Equality Index 2024.

welcome;

U. whereas access to affordable, good-quality formal care services is key in ensuring that caregiving is a genuine choice, in supporting caregivers and in reducing care intensity and alleviating the burden on carers, stressing that such services can help increase women's participation in the labour market, lead to improved gender equality and workforce diversity, promote economic independence and reduce social protection dependency, resulting in a more sustainable economic growth;

V. whereas according to Eurofound data[28], care workers are at higher risk of developing mental health problems because of the high emotional demands of the job and exposure to adverse social behaviour at work;

W. whereas this data also shows that social isolation is one of the most significant challenges faced by informal caregivers, with those with intensive or multiple caregiving responsibilities facing higher risks of poverty, social exclusion, loneliness and mental and physical health issues; whereas informal care responsibilities may also hinder carers' access to healthcare services;

X. whereas caregiving for a family member with a debilitating disease such as cancer or memory disorders, among other illnesses, places disproportionate physical and psychological burdens on informal carers, which are often intensified during the patient's end-of-life stage[29];

Y. whereas the care sector remains under-recognised, undervalued and underfunded in the EU and its Member States, leading to persistent staff shortages, despite the sector holding the estimated potential to create 8 million additional jobs[30]; whereas public investment in care services contributes positively to gender equality and to closing employment gaps; whereas social economy actors contribute to improving working conditions in the care sector thanks to the participatory governance models that characterise them;

Z. whereas the care sector encounters difficulties in attracting young workers[31];

AA. whereas insufficient investment in care services disproportionately affects women and girls, who shoulder the majority of unpaid care

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28 Eurofound, 'Unpaid care in the EU', Publications Office of the European Union, Luxembourg, 2025.

29 European Institute for Gender Equality, 'Gender Equality Index 2019: Work-life balance'.

30 The European Pillar of Social Rights Action Plan, 2023.

31 Eurofound research study, 'Measures to tackle labour shortages: Lessons for future policy', 2023.

responsibilities; whereas establishing quality standards for care services would directly improve women's economic independence and equal opportunities for girls in education and employment, and ensure that care standards are used as a gender equality tool for women and girls;

AB. whereas women from non-EU countries constitute a significant proportion of this workforce and often face unfair working conditions;

AC. whereas many care and domestic workers in Europe are migrant women, who face a highly precarious situation and experience intersectional discrimination owing to their nationality, race or ethnicity, gender and socio-economic and residence status; whereas these migrants are making up for the lack of public and affordable care in the EU and they are not being treated equally in terms of their social rights and access to decent working conditions;

AD. whereas the successful implementation of the European care strategy requires monitoring, transparency and synergies between EU and national funding, research and policies, in consultation with the relevant representative organisations of formal and informal carers;

AE. whereas the provision of quality care depends on the existence of a sufficiently large and well-trained care workforce with decent working conditions and income; whereas investment in high-quality vocational education, training and upskilling opportunities for care workers, together with adequate skills recognition, is essential to professionalise this sector;

AF. whereas the establishment of a European Care Deal, minimum wages and access to high-quality, free public services would contribute to reducing poverty and closing the care gap, as well as the gender pay gap and the pension gap;

AG. whereas disaggregated data and quality indicators could improve the monitoring of care; whereas 'hidden caring' means that many informal carers are not identified via surveys, and data on young carers (aged under 18) is particularly scarce; whereas it is estimated that nearly a quarter of 15 to 17-year-olds in the EU provide unpaid childcare, and that 8 to 24 % are engaged in long-term care; whereas women and girls are over-represented among young carers[32];

AH. whereas the 2026-2030 gender equality strategy, published on 5 March 2026, mentions that the European care strategy will be developed into the European Care Deal to be delivered in 2027;

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32 Eurofound, 'Unpaid care in the EU', Publications Office of the European Union, Luxembourg, 2025.

Care in numbers

1. Highlights that around 6,2million people[33] in the EU are employed as formal care workers, while more than 53 million people[34] provide informal, often unpaid, care work within their social environment, such as for sick or elderly family members, or family members with disabilities; notes that informal care accounts for between 30 % to 85 % of all care work[35];

2. Stresses that formal care work is often unrecognised, characterised by precarious working conditions, and physical and emotional strain, with wages 21 % below the average in long-term care and other social services[36], with women earning on average 20 % less than men[37]; underlines that around 60 % of informal care work is carried out by women[38]; notes that an estimated 32 million women provide informal care every week[39] and perform an average of 17 hours of unpaid work per week;

3. Observes that the economic value of informal domestic and care work represents 10 % to 39 % of GDP worldwide[40];

4. Notes that the unequal division of informal care work reflects an unequal division of paid work; notes that in the EU, 44 % of women are in full-time employment, compared to 58 % of men[41];

5. Stresses that this unequal distribution of caregiving responsibilities between men and women – the gender care gap – has consequences for the gender pay and pension gaps; highlights, in that context, that the gender pay gap in the EU was estimated at 38 % in 2024[42]; observes that the gender pension gap among persons aged 65 and

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33 The European Centre for the Development of Vocational Training, 2023.
34 Eurofound, 'Unpaid care in the EU'.
35 European Commission, Long-term care report, 2021.
36 Eurofound, 'Wages in long-term care and other social services 21% below average'.
37 World Health Organization, 'Shining light on women's contributions: celebrating their role in informal care'.
38 Eurocarers, 2021.
39 World Health Organization, 'Shining light on women's contributions: celebrating their role in informal care'.
40 UN Women, 'Redistribute unpaid work', 2021.
41 European Institute for Gender Equality: In the EU the full-time equivalent (FTE) employment rate stands at 44 % for women and 59 % for men. ***The FTE employment rate measures working hours comparatively, even though people may work different numbers of hours per week.
42 European Parliament, 'Addressing the gender care gap: Potential European added value'.

over in the EU was 25 % in 2025[43];

6. Highlights that women represent 76 % of the 49 million formal care workers in the EU, accounting for 93 % of childcare workers and teaching assistants[44], 86 % of personal care workers in health services and households, and 95 % of domestic workers[45];

7. Notes the importance of recognising and developing the personal and household services (PHS) sector as key sector, as it encompasses all care work taking place in households, including direct (childcare, long-term care, live-in care for the elderly and persons with disabilities) and indirect care (cooking, ironing, cleaning, gardening, remedial classes); underlines the need to recognise, support and invest in PHS workers; notes that these services 'support well-being at home for individuals and families, including childcare, long-term care for the elderly and disabled, cleaning, home repairs, tutoring, gardening, and ICT support'[46]; stresses that there are around 6,8 million[47] undeclared workers in the EU either providing care (2,1 million) or in direct household employment (4,7 million), of whom 90 % are women, the majority being middle-aged and non-EU nationals, who are often underemployed[48]; recalls that the estimated number of undeclared workers in the PHS sector is 9,2 million people[49];

8. Notes that Eurofound findings show that when it comes to long-term care, for both women and men, there is a noticeable shift towards higher care intensity over time, with a growing proportion of unpaid carers reporting more than 20 hours of care per week in 2024 compared to 2014; notes that this trend is particularly evident in the highest care intensity category (51+ hours per week), which shows a marked increase for both genders; underlines that women consistently report higher levels of care intensity compared to men

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43 European Institute for Gender Equality, 'Gender Equality Index'.
44 Eurostat, 'Childcare workers and teachers' aides in the EU in 2020'.
45 European Policy Centre study entitled 'Gender equality: Who cares? Do you? 2022.
46 European Labour Authority, 2021.
47 Eurofound, 'Undeclared care work in the EU: Policy approaches to a complex socioeconomic challenge', recent estimates suggest that 6,8 million undeclared workers provide care or household services across the EU, with 2,1 million specifically in the care sector.
48 Eurofound,'Undeclared care work in the EU: Policy approaches to a complex socioeconomic challenge'.
49 Eurofound, 'Undeclared care work in the EU: Policy approaches to a complex socioeconomic challenge'. Page 7: Recent estimates suggest that 6,8 million undeclared workers provide care or household services across the EU, with 2,1 million specifically in the care sector and 4,7 million in direct household employment. Applying the broader definition, the estimated number of undeclared workers in the PHS sector reaches 9,2 million people.

across all time periods, reflecting their disproportionate involvement in unpaid caregiving;

9. Notes that inadequate care systems are among the main barriers to closing gender gaps in labour markets worldwide[50]; emphasises the need to address working conditions to make full-time employment compatible with care responsibilities, through flexible working time models or other types of work organisation, as well as the availability and accessibility of quality care services, and to favour a work climate that promotes paternity leave, fostering an equal distribution of care tasks between couples; stresses the role of employers, among others, in this regard;

10. Stresses the need to close the gender employment gap by addressing employment discrimination and building family-friendly workplaces, to implement strategies that enhance flexible working arrangements and other measures, and to reduce barriers for fathers to take parental, paternity or carers' leave, while actively encouraging a culture of equal representation of women; stresses that this needs to be accompanied by the social and cultural destigmatisation of formal care, especially childcare;

11. Emphasises that to close the gender care gap, cultural barriers and traditional gender roles need to be addressed in different areas of life simultaneously;

12. Notes that public expenditure on long-term care is expected to rise to 1,7 % of GDP by 2050 from 0,8 % of GDP in 2022[51]; underlines that adequate and sustainable funding must be ensured[52];

13. Highlights that by 2070, almost 30 % of the EU population will be aged 65 or over[53], which, together with other factors such as higher life expectancy and the growing care needs of persons with disabilities, may lead to higher demand for care services that put significant pressure on health and welfare systems, while the number of people requiring long-term care is expected to increase from 30,8 million in 2019 to 38.1 million in 2050[54]; notes that current needs already pose a challenge, where one in five persons in need of long-term care cannot access such services due to

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50 World Economic Forum, Global Gender Gap Report, 2023.
51 Commission staff working document of 7 September 2022 accompanying the Commission proposal for a Council recommendation on access to affordable high-quality long-term care, (SWD(2022)0441).
52 Commission staff working document of 7 September 2022 accompanying the Commission proposal for a Council recommendation on access to affordable high-quality long-term care, (SWD(2022)0441).
53 European Commission, Ageing Report, 2021.
54 European Commission, Ageing Report, 2021.

affordability constraints[55];

Towards a care society

14. Considers that a care society recognises the vital role of care, encompassing both formal and informal care, throughout every stage of life, and integrates it into its policies, addressing all types of care provided predominantly by women, including early childhood education and care and long-term care;

15. Highlights that access to care is a fundamental right; stresses that investing in high-quality care services is essential to ensuring equal access; highlights that the persistence of barriers to accessing care is intrinsically linked to insufficient investment in long-term care; notes that women and girls in rural, remote and outermost regions, including islands, face higher risks of care poverty and a lack of access to services; calls for tailored measures, such as mobile childcare and eldercare services, digital solutions and incentives for care professionals to remain in or return to these areas;

16. Considers that care responsibilities should not fall disproportionately on women and that the Member States should promote the equal participation of men and women in childcare, eldercare, long-term care and care for family members with disabilities, as well as all other informal care responsibilities;

17. Supports gender equality in care responsibilities by promoting an equal sharing of care duties, ensuring access to high-quality, affordable and accessible care services, providing parental leave and equal pay, offering flexible work arrangements and guaranteeing fair working conditions with workplace support, recruitment systems and measures to support home care work;

18. Calls for awareness-raising campaigns targeting men, encouraging men to take up an equal share of caregiving responsibilities, thereby enabling stronger female labour force participation, taking into account the impact of social media, strengthening the fight against gender stereotypes, together with educational initiatives and other measures, such as promoting workplace cultures that value and support this care parity; calls for the launch of EU-wide awareness campaigns that revalue care work and challenge traditional gender stereotypes;

19. Stresses, therefore, the need for childcare that meets parent's care needs during holidays and working hours; highlights the importance of developing affordable, accessible and quality early childhood

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55 European Parliament, 'Addressing the gender care gap: Potential European added value', p.6, 2025, 'an estimated one in five people (19 %) in need of long-term care services could not access them. The main reason for both men and women was affordability.'

education and care to facilitate parents' return to work, especially women; stresses that the childcare gap – when families have used their childcare leave but do not yet have full access to childcare[56] – remains one of the most pressing challenges for parents across Europe; notes that families are left to navigate the complexities of childcare without adequate support, often facing difficult decisions about work, finances and caregiving responsibilities;

20. Recognises the importance and the social value of intergenerational care contributions, such as those provided by grandparents who regularly care for their grandchildren, enabling parents, particularly mothers, to engage in full-time employment;

21. Stresses the importance of the proper implementation of effective measures and policies, including the Work-Life Balance Directive, to ensure genuine work-life balance; calls on the Commission to carefully monitor the implementation of this directive and highlights the need to close the gender pay and pension gaps by enforcing existing legal frameworks and ensuring their effectiveness;

22. Calls on the Member States to go beyond the minimum of five days of carers' leave per year provided for in the Work-Life Balance Directive and to ensure that such leave is adequately paid in order to make it realistically accessible to all carers;

23. Underlines that targeted measures to facilitate flexible and family-friendly working arrangements, including teleworking, flexible working hours, carers' leave and part-time options, are crucial to allow women and men to better reconcile their professional and private lives, as well as incentives and specific measures in parental leave policies; underlines the importance of a fair distribution of parental leave between parents and its impact in fostering a gender-equal society;

24. Emphasises that care workers provide vital support; highlights that all support targeted at carers must recognise their rights as carers and ensure psychological support, respite services, healthcare services and flexible work arrangements (leave, working hours, teleworking), without losing pay or entitlements to balance caring responsibilities and employment; calls on the Commission and the Member States to promote trauma-informed and mental-health-friendly approaches in care provision, recognising the psychosocial risks for both workers and recipients; highlights that these measures need to be accompanied by fair wages and social protection for care workers in order to guarantee quality employment and tailored support for carers whose careers have been disrupted by healthcare duties so as to facilitate their reintegration, financial independence

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56 The European Observatory On Family Policy, 'Childcare Gap In The European Union: A 2025 Overview'.

and well-being;

25. Considers it important that all these measures aim to provide support to families and carers, promote women’s employment and eliminate the gender care gap, together with the measures provided under the European care strategy; stresses that special recognition should be given to parents of children with disabilities, who face compounded barriers to labour market participation and financial independence as a result of their long-term care responsibilities; underlines that the same goes for carers of relatives with disabilities and chronic illnesses; highlights that caregiving for a relative with a long-term illness can be a prolonged, intensive and emotionally difficult experience, placing significant strain on informal carers; emphasises the need, in such cases, for support by healthcare professionals; notes the importance of developing policies that simultaneously strengthen the care sector, ensure access to high-quality community-based care services and promote equal pay for the (re)integration of informal carers, particularly women, into the labour market;

26. Considers that particular attention should be paid to the care sector in the context of the 2028-2034 multiannual financial framework; highlights that ensuring sufficient funding in this area is necessary to support the implementation of the European care strategy and the European Pillar of Social Rights;

27. Highlights that a care society integrates various care models, such as those by public or private providers, self-employed caregivers, or caregivers directly employed by households, and promotes the deinstitutionalisation of care through home or community-based services; emphasises the community-based and intergenerational approaches to care that promote solidarity, reduce social isolation and foster resilience in families and neighbourhoods; highlights also the importance of maintaining the right to choose the care model, in order to preserve the dignity of both carers and persons in need of care, as well as their autonomy, independence, well-being and inclusion in the community, taking into account the needs and aspirations of care recipients and ensuring protection against gender-based violence in care settings and including adequate and personalised support for informal carers; recognises that the formal long-term care sector still relies mainly on residential care, while home and community-based care better support the right of persons in need of care to live independently; notes the urgent need to prioritise a person-centred and rights-based approach that enables people to receive care at home and participate fully in society;

28. Emphasises that targeted skilling, upskilling and reskilling programmes and support for (re)integration into the labour market without any form of discrimination against women who have experienced career interruptions because of their caregiving and

household responsibilities are essential to support their continuous professional development and equal opportunities in the labour market; stresses, furthermore, that these women possess valuable transferable skills for further employment or entrepreneurship in the sector; calls for specific programmes and support to recognise these skills through training, certification schemes or business creation support, thereby facilitating their 'reintegration' into the labour market as individuals with valuable lived experiences, such as entrepreneurs and job creators; highlights the need for this training to be accessible, adequately funded and linked to quality employment opportunities;

Care at the heart of the economy

29. Considers that the care economy encompasses care work delivered through the public and private sectors, including small and medium-sized enterprises, civil society and any other type of organisation, the social and solidarity economy, and households, including care providers and recipients, as well as employers and institutions offering care services[57]; stresses that the care economy must be recognised as a public good and a pillar of upward social convergence, supported through stable investment and quality job creation;

30. Emphasises the need to strengthen long-term care services, particularly home and community-based care, and the development of automated digital health monitoring technology;

31. Recognises that women entrepreneurs in the care sector face systemic barriers in accessing credit and investment; calls on the Commission and the Member States to develop dedicated support programmes for female entrepreneurship in the care sector, including specific guarantee funds, women-focused mentoring schemes and preferential criteria in the EU; calls for proposals for women-led enterprises innovating in the care economy;

32. Stresses that a care economy recognises care work as being vital to Europe's resilience, contributing 11 % to the EU's GDP and employing over 6 million people, the majority of whom are women[58], with the potential to create 8 million new jobs[59], and recognises the invaluable economic contribution made by informal carers; notes that the economic cost of the gender care gap could reach an estimated EUR 147-220 billion a year, while, simultaneously,

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57 International Labour Organization, https://www.ilo.org/topics-and-sectors/care-economy.

58 European Centre for the Development of Vocational Training, 'Care workers: skills opportunities and challenges (2023 update), ' https://www.cedefop.europa.eu/en/data-insights/care-workers-skills-opportunities-and-challenges-2023-update.

59 The European Pillar of Social Rights Action Plan, 2021.

research demonstrates that investment in the formal care sector could generate positive economic returns – at least EUR 4 for every EUR 1 invested in childcare or long-term care[60];

33. Emphasises the potential for employment and economic growth presented by the professional care sector and highlights that investment in care frees up informal carers to be more integrated into the labour market;

34. Encourages the Member States to develop local and regional care strategies, and targeted measures for quality and sustainable jobs in rural and remote areas, and outermost regions, thereby strengthening territorial cohesion and reducing labour market inequalities; considers that, for these areas in particular, EU funding instruments could be mobilised to support the creation of new, quality jobs in the care sector, thus addressing the phenomenon of depopulation in certain areas and labour shortages; calls on the Commission and the Member States to strengthen their support for non-profit social economy enterprises and organisations; encourages the Member States to facilitate access to funding and enhance the visibility of social economy actors, as highlighted in the 2021 social economy action plan;

35. Highlights the importance of social economy enterprises and cooperatives in providing care services in areas and for populations that are underserved by the traditional public or private providers, especially when profit motives are low;

36. Notes that budgeting needs to ensure adequate care investments and to monitor the gender-related effects of measures or lack thereof;

37. Stresses the need to ensure the participation of care workers and their representatives in all stages of policymaking, including the design, implementation and evaluation of policies that affect them;

38. Considers that future investments are required to equip both formal care workers and informal care providers, where relevant, with training, including targeted upskilling, especially in digital, interpersonal and health-related skills, including on the risks of physical or psychological abuse in care and health settings, as well as to deliver quality, person-centred care; insists on the central role of upskilling and reskilling in lifelong career management, as care professions change with the evolution of practices, technologies or even the organisation of care; considers that the accumulation of experience should be better valued through improved recognition of the expertise and qualifications acquired and through further opportunities for continuing education; considers, furthermore, that

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60 Organisation internationale du travail, https://www.ilo.org/topics-and-sectors/care-economy.

certification should be promoted to meet evolving needs, in particular with regard to recognising vocational education and training diplomas, ensuring jobs with long-term prospects that foster inclusion and growth; calls for EU-wide minimum standards for care training curricula, ensuring recognition of qualifications, portability of rights and career pathways for workers;

39. Notes that Europe is experiencing skills shortages across the economy, reinforced by a declining labour force[61]; notes, furthermore, that some shortages can be traced back to the underuse of existing talent, as evidenced by deep gender gaps in certain occupations, or to the specific challenges surrounding working conditions, such as low pay or lack of attractiveness;

40. Highlights the need to support the development of online services and training to increase the digital competences of carers and persons receiving care, by improving internet access and connections so as to enhance the quality of care and benefit from technology in supporting quality care;

41. Stresses that unpaid care work has a social and economic impact; stresses that unpaid care work plays a critical role in European societies and economies, affecting workforce participation, particularly among women, contributing to persistent gender gaps in employment and pay, and placing significant pressure on social welfare, health and long-term care systems across Member States; calls, therefore, on the Member States to pay special attention to caregivers in early detection and prevention programmes; underlines the challenges, including socio-economic in nature, faced by informal carers, mostly women, who provide unpaid care work and face a combined work and care overload with limited social protection, insufficient formal care infrastructure and inadequate mental health support and whose contributions need recognition and targeted support; notes that informal carers can experience loneliness, poverty, difficulties in accessing employment or physical and mental health issues; emphasises, in particular, that the mental health issues associated with long-term care provision include anxiety and depression, which are 20 % more prevalent among informal carers than among non-carers, and that 66 % of formal care workers face mental health risks; notes that this is a significant disparity compared to the broader workforce, where 43 % report similar issues; observes that informal care responsibilities may limit the ability of the caregiver to attend their own preventive health appointments and can lead to a loss of income, contributing to women’s poverty; stresses that these detrimental effects are closely associated with the intensity of the care provided;

42. Denounces the fact that many care and domestic workers are facing

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61 Mario Draghi, *The future of European competitiveness*, 2024.

a highly precarious situation and experiencing intersectional discrimination as a result of their race or ethnicity, gender, socio-economic status or nationality, and the fact that many of these workers are women who do not have an official employment contract, and are thus more vulnerable to exploitation and often lack access to their rights, in particular to decent work and social protection;

43. Calls for targeted financial support and initiatives that provide psychological and mental health assistance services to informal carers, including respite care to provide occasional relief, and for measures to prevent poverty and social exclusion, with the exchange of best practices in this regard across the Member States;

44. Stresses that adequate and targeted support for informal carers should comprise recognition of carers' roles and rights, support services such as respite care, counselling, peer support, financial help and compensation to reduce poverty risk, flexible work arrangements (leave, working hours, teleworking) to balance care and employment, training and information to equip carers with skills and meaningful participation in policy development;

45. Highlights that significant efforts are needed to strengthen the professional status of care workers and to address the workforce shortages in the care sector, including through tailored solutions to encourage declared work, fair wages, career development pathways, and better and decent working conditions; underlines that investing in formal care services can significantly relieve the pressure on informal carers, and prevent some of the detrimental effects on their work-life balance and career prospects, thereby contributing to gender equality;

46. Emphasises the importance of ensuring access to adequate targeted psychosocial and educational support for young carers[62], providing care informally, who make up 4 % to 10 % of children in the EU and whose caregiving responsibilities affect their education, mental health, social development[63] and future careers; urges the creation of dedicated EU programmes to support young carers, so as to avoid school or labour market dropouts;

47. Acknowledges that while a significant portion of care work is carried out by EU nationals, a share is also carried out by women originating

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62 European Parliament, Directorate-General for Internal Policies, In-depth policy briefing: 'The situation of young carers in Europe', 2024: 'Young carers are children under the age of 18 who regularly provide caregiving to a disabled, or otherwise non autonomous parent, sibling or other member of the household.'

63 European Parliament, Directorate-General for Internal Policies, In-depth policy briefing: '*The situation of young carers in Europe*', 2024.

from non-EU countries; stresses that, while efforts should concentrate on attracting and retaining domestic care workers, the recruitment of non-EU workers must be based on labour market needs, through well-managed legal migration and should include comprehensive professional training; emphasises that the recruitment of non-EU workers must take place exclusively through transparent and rights-based legal migration channels; calls for substantial investment in skills development and professional training to support the empowerment and integration of legal non-EU workers; strongly condemns all forms of undeclared work, exploitation and precarious employment and highlights the indispensable contribution of both EU and non-EU care workers to social cohesion and well-being in the EU;

48. Recognises that access to quality healthcare, including sexual and reproductive health rights, is vital to afford everyone a good quality of life;

The way forward

49. Calls on the Commission, together with the relevant agencies, to provide accurate, accessible and comparable data measuring the gender care gap, including through time-use surveys, in order to enable the Member States to share best practice and effectively address this gap;

50. Calls for the systematic collection of gender-disaggregated, accurate, high-quality, comparative data on care responsibilities in long-term and child care, on earnings, including salaries and wages[64], pensions, working time, social protection coverage, contractual status of care workers in the EU, and the situation of non-EU nationals and children who provide care and, where possible, data on PHS and informal care in order to monitor the amount of care provided by family members to their relatives and whether or how these care responsibilities affect their working lives;

51. Calls on the Commission and the Member States to collect data on the situation of young carers, and to develop EU-wide guidelines and exchange best practices to help Member States identify and support them in schools and communities, and through reinforced healthcare systems; calls on the Commission to establish a structured dialogue on care and to establish an annual care platform, which would bring together all relevant stakeholders, such as academics, Member State representatives, associations of persons receiving care, informal carers, social, for-profit, public and not-for-profit providers of care and trade unions, to assess progress, exchange innovative practices to improve the achievement of the objectives of the EU care strategy,

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64 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary%3AWages_and_salaries_-_EBS.

and design the next steps for its ongoing implementation;

52. Urges the application of gender budgeting to ensure that spending on care services directly reduces inequalities faced by women and girls;

53. Stresses that the role of caregivers should be, above all, to take care, and therefore considers it necessary to cut unnecessary red tape and avoid as much as possible assigning them administrative tasks that can be managed by administrative assistants or suitable digital tools;

54. Emphasises the need to consult all relevant stakeholders during the preparation of the announced care deal, at EU, national and local level, including informal carer representatives and patient organisations, so as to avoid policy silos, and to take into account the diversity of situations and needs;

55. Calls on the Member States to invest in a care economy and to implement the Council recommendations[65] on the revision of the Barcelona targets on early childhood education and care and on access to affordable high-quality long-term care under the EU care strategy, and to include in their implementation reports the identification of good practices, gaps and progress mapping, together with strategies to encourage greater participation of men in the care sector, and to address undeclared care work, identifying the main drivers and proposing tailored solutions; calls on the Commission to ensure that the European Child Guarantee has clear objectives and priorities, with the allocation of a substantial budget, and encourages the Commission and the Member States to ensure affordable, high-quality and accessible care services for early childhood care and eldercare;

56. Emphasises that the care strategy should be aligned with the EU strategy for the rights of persons with disabilities as they address common challenges;

57. Stresses that care provided to persons with disabilities needs to prioritise autonomy, as these individuals should be able to decide where and with whom they live, as well as dignity and inclusion through a human-rights-based and person-centred approach, reflecting the ongoing shift in care provision; emphasises that this can be achieved by improving their care conditions, such as through high-quality, home-based care or other residential options that would meet their needs, including independent and accessible living, and by including persons with disabilities in the design of the care systems, while also promoting their education and training, including through digital solutions, thus creating an inclusive workforce and

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65 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=oj:JOC_2022_484_R_0001; https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32022H1215(01).

guaranteeing their access to employment;

58. Highlights that only half of the EU's 42,8 million working-age persons with disabilities are in employment, with only 21 % of women with disabilities in full-time employment[66]; calls, therefore, on the Commission and the Member States to encourage and train caregivers to support the integration of persons with disabilities into the labour market;

59. Stresses that particular attention should be given to informal carers, families and parents, especially mothers, who provide long-term care to children with disabilities, by ensuring adequate support, whether financial or through social security and access to respite and counselling services;

60. Stresses, in this regard, that, as an obligation stemming from the UN Convention on the Rights of Persons with Disabilities, the EU must systematically mainstream the rights of persons with disabilities through all programmes in the post-2027 multiannual financial framework by developing a methodology to track spending that benefits persons with disabilities, including women and girls, and by verifying that all programmes and EU-funded projects guarantee equal opportunities and access to EU funding for persons with disabilities;

61. Calls for the full implementation and further careful monitoring, enforcement and evaluation of the Work-Life Balance Directive; stresses the need to extend and advance towards an adequately compensated maternity, paternity and carer's leave and facilitate the take up of parental leave as well as monitoring men's uptake of such leave; calls on the Member States to upgrade the status of informal caregivers through appropriate remuneration and compensation and access to respite care services to better support current informal caregivers, while also helping achieve the directive's initial objective of encouraging more men to become involved in providing care; urges the Commission to push for incentives for both parents to benefit from parental leave, calling furthermore for flexible working arrangements for parents, and to propose EU-level quality guidelines and the sharing of best practices for long-term care services, including for adequate staffing levels, specialised training programmes and quality assurance mechanisms; calls for employees, in particular women, who use their leave to provide care to their family members, to be effectively protected from dismissal or any discriminatory treatment related to their care responsibilities;

62. Urges the Member States to introduce adequately paid, non-transferable parental leave for each parent, to prevent women from

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66 European Gender Equality Index, European Institute for Gender Equality, 2024.

being disproportionately burdened with caregiving responsibilities; underlines that improving men’s uptake of leave is crucial for shifting norms, ensuring women’s equal participation in the labour market and mitigating any negative intergenerational effect on girls;

63. Calls on the Commission to present a directive on the right to disconnect to protect all workers, particularly parents and caregivers;

64. Calls for the protection of informal carers, who are predominantly women, including those taking a break from employment to provide care to a family member or someone else in need of care; urges the Commission and the Member States to promote, recognise and support their role, acknowledging their vital contribution to social cohesion and to the sustainability of care systems across Europe; requests, in this regard, that their access to social protection systems be ensured in order to mitigate the adverse effects of caregiving, especially on women’s careers and economic independence, while ensuring, at the same time, that women are not pushed out of the formal labour market;

65. Urges the Commission to introduce a comprehensive, gender-responsive framework to identify and recognise the different forms of informal care across Europe in the next European care strategy; stresses that informal carers must be provided with support, flexible working arrangements, care leave and access to adequate supplementary care services, as well as counselling and peer support; underlines the importance of securing access to personal time for informal carers and of encouraging their personal development;

66. Calls on the Commission and the Member States to recognise unpaid carers by ensuring access to social protection, pension credits, respite services and financial support; stresses the need to progressively reduce unpaid care work borne by women and girls with solutions that redistribute burdens, such as investment in affordable childcare, eldercare and disability services, and the promotion of men’s equal participation in care work;

67. Points out that providing universal high-quality childcare services would reduce unpaid care work;

68. Calls on the Member States to share good practices on minimum respite periods for informal carers, ensuring their physical and mental well-being and enabling their continued participation in employment; calls for concrete support actions, such as awareness-raising campaigns, voluntary pathways to skills recognition and targeted training;

69. Calls on the Commission and the Member States to recognise young carers whose needs are often overlooked and to develop targeted

support measures, including flexible education arrangements, counselling services and respite care, to prevent negative impacts on their health, education and future employment opportunities;

70. Encourages the Commission and the Member States to ensure that periods of informal caregiving are fairly recognised in pension and social security systems and in related future EU initiatives; encourages the Member States, furthermore, to explore fair and sustainable solutions to protect those – predominantly women – who dedicate significant parts of their working lives to caring for dependents;

71. Calls on the Commission and the Member States to improve working conditions in the formal care sector, focusing on ensuring fair and equal remuneration, with attention given to the physical and psychological demands linked to caregiving, as well as access to continuous training and safe working environments, including measures to prevent burnout and all forms of violence and harassment at work, while promoting the attractiveness of care professions through long-term perspectives, strengthening social dialogue and encouraging more men to enter and remain in the care sector; highlights that improving salaries and working conditions in the care sector will make jobs more attractive and discourage undeclared work; recalls the need for the Member States to properly transpose and implement the Pay Transparency Directive so as to establish pay structures that reflect the skills, responsibilities and social value of these roles, alongside clear pathways for women to progress to leadership and decision-making positions within the care sector;

72. Calls on the Commission and the Member States to further invest in high-quality vocational training and strengthen the recognition of skills acquired through formal and informal caregiving by integrating these skills into lifelong learning and upskilling policies, while also considering a certification process or other mechanisms for cross-border recognition of qualifications; encourages the adoption of digital health tools to boost the digital skills of care workers, such as the provision of remote support including telecare or video consultations; underlines that skills are not only acquired through formal education and that policy frameworks must acknowledge and validate alternative pathways to skills development; calls on the Member States to facilitate measures for a gradual and flexible (re)integration into the labour market of workers who have taken a long career break to provide care to relatives, including through upskilling and reskilling;

73. Underlines the employment opportunities that entrepreneurship can create in the care sector and stresses the importance of supporting women in the transition from informal caregivers to entrepreneurs in the care sector; urges the Member States to provide tailored

entrepreneurial training pathways, simplified administrative procedures for the establishment of women-owned small and medium-sized enterprises and for self-employed women in the sector, and facilitated access to dedicated microcredit, recognising the economic and social value of such professional transitions;

74. Calls on the Commission to use the Union of Skills to boost education, training and lifelong learning in sectors with EU-wide labour market shortages, such as care work, ensuring upskilling and reskilling opportunities for all professional care workers and recognising vocational education and training diplomas;

75. Calls for the creation of a European carers' statute to address the specific needs of formal carers, -such as recognition of skills acquired through care work, thereby integrating care workers, PHS, user-employers and institutional care in a common EU framework and definition, which would guarantee minimum standards of recognition and protection for carers across the Member States and reduce inequalities between them;

76. Calls on the Commission and the Member States to align the EU health strategy with the EU care strategy and foster synergies between EU4Health and other financing opportunities for the care sector in order to connect healthcare and social care systems and provide seamless support, especially for chronic conditions among the most vulnerable individuals;

77. Calls for a European action plan that contributes to closing the gender care gap and to supporting both formal and informal carers; calls, in this regard, for support for single parents and families in vulnerable situations, including those facing intersectional discrimination and compounded care needs and/or high intensity demands, focusing on social protection coverage, affordable, accessible and high-quality childcare, improved work-life balance, affordable and high-quality long-term care services, better working conditions in the care sector and the promotion of equality; calls, therefore, for this plan to focus on access to employment and training – including in digital skills, social protection coverage, care infrastructure and long-term services, childcare, PHS, psychosocial support and improved work flexibility;

78. Notes that proper access to reproductive healthcare and abortion services can help parents avoid the stress of unexpected pregnancies and contribute to family planning; calls on the Member States to provide affordable access to such services;

79. Calls on the Member States to fully utilise EU funds, such as the Recovery and Resilience Facility, EU4Health, the European Social Fund Plus and the European Regional Development Fund, to develop accessible, affordable and high-quality care services and facilities

across all age groups, from early childhood to long-term care for older people and persons with disabilities; underlines the need to integrate the term ‘support’ alongside ‘care’ so as to fully capture the diversity of services and the rights-based perspective that guides them;

80. Welcomes the Commission’s announcement of a comprehensive European Care Deal to be published in 2027, thereby renewing the European care strategy as a more ambitious and coherent framework;

81. Calls on the Commission to address both formal and informal carers by promoting affordable and high-quality childcare, educational after-school programmes and long-term care services; stresses that it should take into account the recommendations included in this report, inter alia, to facilitate the recognition of skills and qualifications, support skills development, career progression and investment in care, and improve working and living conditions by utilising EU funds to promote fair employment and high-quality care;

82. Highlights that greater investment in public health and social care, including workers’ wages and training, is essential to improve recruitment and retention in order to secure quality jobs that increase the attractiveness of working in the care sector;

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