**Follow-up to the European Parliament non-legislative resolution on towards a common European action on care**

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2. **Reference numbers:** 2021/2253 (INI) / A9-0189/2022 / P9\_TA(2022)0278
3. **Date of adoption of the resolution:** 5 July 2022
4. **Competent Parliamentary Committee:** Committee on Employment and Social Affairs (EMPL); Committee on Women’s Rights and Gender Equality (FEMM)
5. **Brief analysis/ assessment of the resolution and requests made in it:**

The resolution calls for an integrated and rights-based approach to care and underlines the necessity of developing an ambitious and inclusive European care strategy that ensures equal access to care for all. It calls for more equal access to healthcare and a focus on prevention, as well as better preparedness for future health crisis. The resolution states that the multi-dimensional gender inequalities in care need to be tackled, including by applying gender mainstreaming in EU policy making. It calls on the Commission to invest into the care sector, to improve the data collection on care, including targets on long-term care, to enhance research in this area and to put forward comprehensive quality standards. The resolution states the need to promote decent working conditions and attractiveness of work in the care sector, in particular for mobile and migrant workers, and to tackle the skills gap. It calls on the Commission to come up with common European guidelines and support to informal carers, including a common definition. It calls on the Commission to organise a Care Summit, and to present a framework directive on long-term care as well as a Care Deal for Europe. It emphasises the need to consult all relevant stakeholders at EU, national and local levels.

1. **Response to the requests in the resolution and overview of the action taken, or intended to be taken, by the Commission:**

**Paragraphs 7, 28 and 30**

On 7 September 2022 the Commission adopted the European Care Strategy consisting of a chapeau communication as well as two proposals for Council Recommendations on the revision of the Barcelona targets on early childhood education and care and on access to affordable high-quality long-term care. The strategy is built on a person-centred life-cycle approach towards care, and addresses both care recipients and carers. It supports the implementation of the European Pillar of Social Rights and its Action Plan (COM/2021/102 final), in particular its Principle 18, which states that everyone has the right to affordable long-term care services of good quality, in particular home care and community-based services. It also contributes to the implementation of Principle 9 on work-life balance for people with care responsibilities and Principle 17 on the rights of persons with disabilities. In addition, it contributes to Principle 11 that reaffirms children’s right to affordable early childhood education and care of good quality, and the right to specific measures for children from disadvantaged backgrounds to enhance equal opportunities. Finally, it contributes to achieving two of the three headline targets on employment and poverty reduction for 2030, welcomed by EU leaders at the Porto Summit in May 2021 and endorsed by the European Council in June 2021.

**Paragraphs 8, 24, 54, 55 and 79**

The European Care Strategy calls for a person-centred and integrated approach towards care, where long-term care services are well integrated with healthcare and highlights the potential of health promotion, disease prevention, timely and good quality healthcare and healthy living policies to postpone or reduce the need for long-term care.

As part of a strong Health Union, the Commission’s new EU non-communicable diseases (NCD) initiative ‘[Healthier Together’](https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en) supports EU Member States in identifying and implementing effective policies and actions to reduce the burden of major NCDs, while also reducing health inequalities. While the initiative’s prime focus is on health promotion and disease prevention, it also supports actions to improve the quality of life of people living with NCDs and their families (including those in need of end of life care). This includes efforts to improve people-centredness and integration of care, also in the context of multimorbidity. ‘Healthier Together’ also incorporates prioritisation and mainstreaming of mental health. The initiative supports the implementation of high-impact actions, from proactive mental health promotion and creating supportive conditions for mental well-being to social inclusion of people that live with long-term mental health problems.

One of the activities planned under the EU4Health programme is to improve financial protection to reduce barriers in access to healthcare for vulnerable groups. This action will be run by the WHO Barcelona Office in close co-operation with the Commission.

**Paragraph 9**

The European Health Union Package includes the revision of the EU health security framework - the proposal of a regulation on serious cross-border health threats aiming for a stronger legal framework for the Union to better prepare and respond to serious cross-border threats to health and public health emergencies. The European Health emergency preparedness and Response Authority (HERA) will strengthen Europe’s ability to prevent, detect and rapidly respond to cross-border health emergencies.

The EU supports Research and Innovation via its Framework Programmes for Research and Innovation. The ‘Health’ cluster of Horizon Europe aims to develop innovative solutions to prevent, diagnose, monitor, treat and cure diseases and make public health systems more cost-effective, equitable and sustainable. The programme will continue to invest in preparedness research and support the establishment of a future European partnership for pandemic preparedness.

The Innovative Health Initiative Joint Undertaking (IHI JU) is a public-private partnership between the EU and actors in several health industry sectors that will lay the ground for the development of safe, effective, people-centred and cost-effective products and services by launching collaborative projects.

**Paragraphs 10 and 103**

A number of principles of the European Pillar of Social Rights are of relevance to gender equality, in particular Principle 2 on ensuring and fostering equality of treatment and opportunities between women and men in all areas and Principle 9 on the right of parents and people with care responsibilities to suitable leave, flexible working arrangements and access to care services. The EU Gender Equality Strategy 2020-2025 (COM/2020/152 final) delivers on the Commission’s commitment to achieving a Union of Equality. The Strategy pursues a dual approach of gender mainstreaming in all policiescombined with targeted actions.

The Commission adopted the pay transparency proposal (COM/2021/93 final) on 4 March 2021 with the aim to strengthen the principle of equal pay between men and women. The main elements of the proposal include a right to information on pay prior to employment, pay reporting on the gender pay gap between female and male workers for employers with at least 250 employees, joint pay assessments in case of statistically relevant indications of pay inequalities. Pay reporting should allow employers to evaluate and monitor their pay structures and policies, allowing them to proactively comply with the principle of equal pay. The gender-disaggregated data should assist competent public authorities, workers’ representatives and other stakeholders to monitor the gender pay gap across sectors and functions. The proposal is currently being negotiated by the co-legislators.

To support labour market transitions in the context of the recovery from the COVID-19 pandemic and of the digital and green transitions, in March 2021, the Commission adopted the recommendation on Effective Active Support to Employment (C(2021) 1373 final). The recommendation invites Member States to develop coherent packages of active labour market policies to support transitions, including temporary hiring and transition incentives, skills policies and enhanced support by employment services. The Council Recommendation of 16 June 2022 on ensuring a fair transition towards climate neutrality (2022/C 243/04) reiterates this approach towards active labour market policies. Furthermore, in the framework of the European Semester, monitoring tools have been developed and are applied to regularly analyse the functioning of national unemployment benefit schemes and active labour market policy systems.

**Paragraphs 11, 12, 13, 34, 39 and 41**

The European Care Strategy encourages Member States to make full use of the possibilities to mobilise EU funding, in particular under the European Social Fund Plus (ESF+), to enhance timely and equal access to affordable, and high-quality services, such as education, childcare, healthcare and long-term care, in particular family and community-based care services. Under the ESF+ (shared management strand), Member States shall allocate at least 25 % of their resources to support social inclusion, including investment in long-term care. While the ESF+ Regulation (2021/1057) obliges the Member States with high child poverty[[1]](#footnote-2) to allocate at least 5% of their ESF+ resources to combating it, the eventual allocations are in most cases much higher, reaching up to 14%. The ESF+ can also be mobilised for upskilling and for promoting better, fair and equal working conditions in the care sector.

The Commission stands ready to support the implementation of the wide variety of reforms and investments that Member States have included in their Recovery and Resilience Plans (RRPs), which among other things will support the availability and quality of early childhood education and care, the strengthening of primary care and prevention, the development of health infrastructures, the roll-out of e-health solutions as well as the improvement of long-term care solutions. Under the Recovery and Resilience Facility (RRF), 33% of the social expenditure planned in the 25 National RRPs endorsed by the Commission and approved by the Council so far is dedicated to health and long-term care (around EUR 45 billion), another 33% is dedicated to education and childcare (EUR 45.7 billion), and 14% to social policies (EUR 19.7 billion)[[2]](#footnote-3).

The Commission is also committed to continue the support provided to Member States in undertaking relevant reforms, particularly in the area of integrated care, through the Technical Support Instrument (TSI) programme.

The European Commission, together with the European Investment Bank and other implementing partners, is implementing an EU-wide investment programme, InvestEU. One of the main building blocks of InvestEU, is the Social Investment and Skills policy window, with the objective to encourage private funding in social investment and skills -related policy areas, including long-term care. The programme gives the option to Member States to channel voluntary contributions from their funds under shared management and RRF allocations in order to leverage additional private and public funds to finance investments in their territory[[3]](#footnote-4).

Gender equality is a crosscutting principle for all EU Funds and gender equality must be factored in and promoted throughout all stages of the process to prepare, implement, monitor and evaluate programmes. In accordance with point 16(f) of the Interinstitutional agreement on budgetary discipline, cooperation on budgetary matters and sound financial management (IIA), the Commission has been developing a methodology to track gender equality‑related expenditure under the Multiannual Financial Framework (MFF) 2021-2027. The Commission has applied this methodology to all EU spending programmes, on a pilot basis, for the first time in the context of the Draft Budget 2023.

**Paragraph 14**

In the “Strategy for the Rights of Persons with Disabilities 2021-2030” (COM/2021/101 final), the Commission has reiterated its support to public authorities in their efforts to promote de-institutionalisation and independent living through the 2021-2027 EU funds. For the programming period 2021-2027, promoting de-institutionalisation is a priority in the context of funds under the Common Provisions Regulation (CPR Funds). CPR funds should focus on the provision of family and community-based services, which contribute to fostering independent living and inclusion in the community.

**Paragraph 23**

Thematic reviews and mutual learning activities on various topics related to care are regularly organised in the Social Protection Committee (SPC) with the support of the European Commission. In the European Care Strategy the Commission announced that it will expand the opportunities for all stakeholders to share their experience and learn from each other, through mutual learning programmes on all dimensions of care.

**Paragraphs 22, 25, 26, 31, 43, 50 and 58**

The European Care Strategy builds on the latest analytical data and reliable and comparable survey and administrative data available, which was disaggregated where possible. The 2021 joint Commission – Social Protection Committee report on long-term care provides a state of play of long-term care provision and key challenges across the EU. A comprehensive staff working document[[4]](#footnote-5) provides the analysis and evidence underpinning the Commission’s proposal for a Council Recommendation on long-term care. The European Commission and the Indicators-subgroup (ISG) of the Social Protection Committee (SPC) have been developing a monitoring framework in the field of long-term care, including indicators on access (availability, affordability, carers) and expenditure. However, the existing statistical base on long-term care limits the possibilities to define and set targets at this stage, as it is difficult to measure how many people have long-term care needs. Member States also vary in how they define and acknowledge the types of long-term care needs. Nevertheless, the European Care Strategy addresses all persons in need of long-term care and their carers, irrespective of their age or the reason why they need long-term care.

Relevant statistics on long-term care are collected regularly from social surveys and from administrative sources. In social surveys, new variables on long-term care have been added as part of the modernisation of EU social surveys. This resulted in a new legal framework, Regulation (EU) 2019/1700, implemented from 2021. Therefore, possibilities of introducing new variables or indicators are limited. Currently, in social surveys, data on ethnic origin is not collected as in many countries, it is not allowed by law to collect such information. Consequently, ethnic origin is available through proxy variables such as country of birth/country of citizenship or country of birth of father/mother. Moreover, all existing social surveys only cover the population living in private households. Due to limited survey sample sizes it may be impossible to publish data disaggregated by nationality, ethnic origin, disability.

The Commission aims at improving the collection of standardized equality data. The EU High Level Group on Non-discrimination, Equality and Diversity published Guidelines on how to improve the collection and use of equality data (2018), and a Guidance Note on the collection and use of equality data based on racial or ethnic origin (2021). Other relevant documents on equality data collection are the European Handbook on Equality Data (2016 Revision), and legal framework and practices in the EU Member States.

The European Care Strategy announces the creation of a task force on long-term care statistics to identify solutions and provide methodological guidance for extending the current statistical activities in the area of long-term care. The Task Force will be led by EUROSTAT and will consist of volunteering Member States, relevant Commission services and international organisations.

The proposal for a Council Recommendation on the revision of the Barcelona targets includes a provision to encourage the Member states to develop or improve the data collection on the differences in time use in paid and unpaid work between women and men with care responsibilities, preferably by using time use surveys on the basis of the standard set by the Harmonised European Time Use Surveys. The European Institute for Gender Equality (EIGE) started a collection of regular survey data on gender gaps in unpaid care, individual and social activities. These much needed and unique data will support monitoring EU commitments to close gender gaps in caring.

**Paragraphs 27 and 90**

The European Care Strategy recalls the importance of close cooperation with international organisations, including the International Labour Organization. The European Care Strategy underlines the need to support social dialogue in the care sector at the EU and national levels, including by continuing to explore the modalities for the setting up of a new sectoral social dialogue for social services at EU level together with social partners and proposing reinforced EU funding for capacity building for social dialogue at the national level.

**Paragraphs 29, 32, 77 and 113**

In preparation of the European Care Strategy a stakeholder consultation[[5]](#footnote-6) has been carried out, building on three earlier public consultations, notably on the European Pillar of Social Rights Action Plan, the Green paper on ageing, and the Gender equality strategy. Furthermore, stakeholders could submit written contributions via a dedicated Call for evidence and the Commission invited stakeholders to provide input through targeted consultations at the EU level. The Strategy also responds to the Conference on the Future of Europe proposal[[6]](#footnote-7) on the demographic transition that calls for quality affordable and accessible long term care that meets the needs of both care receivers and care givers and for ensuring quality, affordable and accessible childcare across the EU.

The proposal for a Council Recommendation on access to affordable high-quality long-term care calls on Member States to involve all relevant stakeholders at national, regional and local levels in the preparation, implementation, monitoring and evaluation of long-term care policies. Similarly, Member States are invited to continue their efforts to design and implement reforms in the area of early childhood education and care through stakeholder involvement and more effective and efficient inter-institutional coordination.

For 2022, the Commission selected a flagship technical support project within the TSI programme to help Member States to design and implement structural reforms in the areas of health, social care and long-term care, also through enhanced digitalisation and the use of innovative technologies in care delivery. The Commission holds regular discussions with the Member States and civil society partners on the development of digital health policies, research and development programmes and priorities in health and care provision.

**Paragraphs 33 and 51**

The proposal for Council Recommendation on long-term care calls for Member States to ensure that high-quality criteria and standards are established for all long-term care settings, tailored to their characteristics, and strictly applied to all long-term care providers irrespective of their legal status. To this effect, Member States should have in place a quality framework for long-term care which is guided by the quality principles set out in the annex, including an appropriate quality assurance mechanism. The quality principle on respect calls for people receiving care to be protected from abuse, harassment and neglect.

**Paragraph 36**

The European Care Strategy raises awareness about the challenges faced by carers and the unequal distribution of caring responsibilities between men and women. The events organised for the International Women’s Day on 8 March and for the European equal pay day in November are already used to raise awareness on the gender care gap and could be reinforced in the future.

**Paragraphs 37 and 59**

The proposals for a Council recommendation on long-term care and on the revision of the Barcelona targets aim to improve access to affordable, high-quality long-term care to all people who need it.

The European Pillar of Social Rights Action Plan (COM/2021/102 final) outlines the European Commission’s initiatives to deliver on its principles. The European Council endorsed the proposed EU-level 2030 headline targets in the areas of employment, skills and poverty reduction. The latter sets a target of reducing the number of people at risk of poverty or social exclusion by at least 15 million people by 2030, including at least 5 million children, compared to 2019. The Pillar Action Plan and the 2030 headline targets set out the overarching framework to develop policies and measures to combat poverty and social exclusion in the next decade, contributing thus also to more equal access to care.

**Paragraph** **38**

The proposal for a Council recommendation on the revision of the Barcelona targets enlarged the scope of the original targets on childcare. The Commission will include in its assessment the intensity of participation by all children in early childhood education and care, and the participation of children from different groups, including children at risk of poverty or social exclusion and, where feasible, children with disabilities, with a migrant background, Roma children. Where indicators are available on these dimensions, they will be included in the Gender Equality Strategy Monitoring Portal and the Annual Report on Gender Equality. The Commission will publish an in-depth report within five years on the state of play of the implementation of the Recommendation.

In addition to early childhood education and care, Member States are invited to ensure a comprehensive approach towards care for children, taking into account care needs for children of different ages, including primary school age, by facilitating affordable and high quality out-of-school care for all children in primary school (after-school and holiday cover), taking into account the national organisation of school and holidays. This should include support for homework, especially for children from disadvantaged backgrounds or in vulnerable situations.

**Paragraph 41**

The impact of the COVID-19 crisis was taken into account in the preparation of Council Recommendation on a European Child Guarantee of 14 June 2021 (2021/1004). The Commission has also asked the Member States to take into account the particular disadvantages experienced by Ukrainian child refugees in their national action plans for implementation of the Child Guarantee.

**Paragraphs 48, 89 and 103**

The Pact for Skills is a flagship initiative of the Skills Agenda (COM/2016/0381 final). Its main priorities are promoting a culture of lifelong learning for all, building strong skills partnerships, monitoring skills supply/demand, anticipating skills needs, working against discrimination and supporting gender equality and equal opportunities. The European care strategy promotes the establishment of a skills partnership under the Pact for Skills for the long-term care sector. An existing Pact for Skills partnership for the health sector, as well as action 6 of the Skills Agenda to support the Digital and Green transitions will further support digital upskilling, including in the care sector.

Cedefop’s Skills OVATE (on-line vacancy analysis) project has a specific focus on skills intelligence in the health and social care professions. The European care strategy announces to bring forward skills intelligence on current and future skills needs and trends for the long-term care sector, in close cooperation with Cedefop (The European Centre for the Development of Vocational Training).

Through its funding programmes the Commission supports the development and deployment of user-friendly digital technologies in supporting care provision. These are co-created with citizens and patients and person-centred. The Commission also supports the development of digital skills in this area via guidelines, programmes and trainings, including via a call for proposals under the Horizon Europe programme[[7]](#footnote-8) and the calls for proposals on specialised education programmes and short-term trainings in Digital Skills from the Digital Europe programme. The European Care Strategy announces a specific action on digital skills in the health and care sectors under the Digital programme by launching calls for proposals for Master courses and short-term training.

The 2021 Erasmus Call for Blueprint cooperation on sectoral skills included a special call for health and social care professions to ensure a European-wide response to the significant skills shortages in the sector. The European Care Strategy announces calls under the Erasmus+ programme that will support sectoral cooperation on long-term care.

The 16 June 2022 Council Recommendation on a European approach to micro-credentials for lifelong learning and employability (2022/C 243/02) specifically addresses the context of the fast-changing nature of the labour market and digital and green transitions and sets out key areas for action by Member States, the Commission and stakeholders including employers and social partners to explore the potential of micro-credentials to support lifelong learning.

**Paragraph 60**

The comprehensiveness and continuity of long-term care are among the long-term care quality principles set out in the proposal for the Council Recommendation on long-term care. This includes designing and delivering care in an integrated manner with all other relevant services, including healthcare and telehealth, and with effective coordination between national, regional and local levels.

**Paragraph 61**

The High-Level Group on the future of social protection and of the welfare state in the EU is reflecting, among other policy areas, on policies related to long-term care, including provisions of social services and promotion of healthy ageing. These reflections are being strongly underpinned by the exchange between the group and civil society organisations. The High level group will complete its work by the end of 2022 with a view to launching its report in early 2023.

In November, the Commission intends to present in detail the European care strategy, as part of the flagship event European Employment and Social Rights Forum, which will be an occasion to bring all stakeholders together for supporting a shared commitment to the implementation of the Strategy.

The proposal for a Council Recommendation on long-term care is the first proposal of the Commission that addresses specifically this policy area and represents a significant step forward in the European cooperation on long-term care. It spans across many policy areas taking a comprehensive approach to long-term care, addressing thus the multiple challenges related to access, quality, workforce and impact on informal carers. The proposal was developed taking into account the diversity of long-term care systems and the fact that under the Treaty on the Functioning of the European Union (TFUE) Member States retain the responsibility to organise and deliver their social protection systems, including as regards long-term care.

**Paragraphs 70, 71 and 72**

The European Care Strategy acknowledges that informal care should become a choice rather than a necessity, and promotes improved access to long-term care services to reduce the burden on informal carers. The proposal for a Council Recommendation on access to affordable high-quality long-term care calls on Member States to have in place systems that allow an identification of informal carers, provide support measures for them and take into account the value and impact of informal care in their economic, employment and social policies. However, the situations at the national level differ, and the Member States have the responsibility to implement the policy guidance on identifying and supporting informal carers in a way that fits their specific context.

**Paragraphs 81 and 100**

Improving working conditions in the care sector, thereby enhancing the attractiveness of the sector, is a key objective of the European Care Strategy. The proposal for a Recommendation on long-term care calls on Member States to ensure fair working conditions in long-term care, while the Communication on the European Care Strategy announces a review of the application of EU standards governing working conditions, including for live-in carers.

Although the Framework Directive 89/391/EEC excludes domestic servants from its definition of ‘workers’, it is to be reminded that the EU health and safety at work directives lay down minimum requirements and that Member States are allowed to maintain or adopt more stringent provisions, which is the case of many Member States in this regard.

**Paragraphs 82, 83 and 103**

The Commission has presented a proposal for a directive on improving working conditions in platform work (COM(2021) 762 final). The Commission is confident that this proposal also responds to the challenges of platform work in the care sector. As the directive sets minimum standards, it remains possible for the Member States to go beyond these minimum standards and adopt specific rules for platform work within the care sector.

The Commission is supporting the Member States to implement the Council recommendation on access to social protection for workers and the self-employed (2019/C 387/01). The Recommendation aims to ensure access to social protection for all. It has been adopted in view of the rising share of persons in non-standard forms of employment.

The platform tackling undeclared work, set up as permanent working group within the European Labour Authority (ELA), is working on the topic of undeclared work in the care sector. This year, the Platform finalised a [study](https://www.ela.europa.eu/sites/default/files/2022-03/UDW_Study_report_on_PHS_2022.pdf)[[8]](#footnote-9) and organised a seminar on tackling undeclared work in the care and personal and household services, which discussed developments, policy options and tools, including specific recommendations, to address undeclared in this sector. In light of the population ageing and growing importance of care workforce, the topic remains relevant for the work of the European Labour Authority and Platform.

**Paragraph 87**

Long-term care workers include different professional activities, falling under various categories of regulated professions in Member States. In contrast to the sectoral professions the activities of long-term care workers are very heterogeneous, with no single type of formal qualification leading to the activities related to long-term care. This makes it highly difficult to find a common set of standards for all Member States for minimum training requirements that can lead to automatic recognition.

Currently, long-term care workers wishing to enter a regulated profession, can obtain recognition of their professional qualifications through automatic recognition on the basis of minimum training requirements, if employed as nurse responsible for general care; or the general system of recognition for other regulated activities (Directive 2005/36/EC).

**Paragraphs 28, 90, 92, 93 and 94**

EU law sets out a substantial set of protections of workers’ occupational safety and health (OSH) and working conditions by means of directives which must be transposed into national law. These directives ensure inter alia the protection of health at the workplace, limits to the duration of working time and prevention of discrimination. They apply to all people who qualify as workers, including care workers, but they do not apply to the self-employed. It is for national authorities to ensure their proper implementation.

The Commission has announced in the EU Strategic Framework on Health and Safety at Work 2021-2027 (COM/2021/323 final) that it will update Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases, to promote the recognition and compensation of cases of COVID-19 in Member States, which is particularly relevant for the health and care sectors. Over the last few years, the Commission also submitted several legislative proposals to update the Carcinogens, Mutagens and Reprotoxic Substances Directive 2004/37/EC (CMRD) and the Chemical Agents Directive 98/24/EC (CAD), addressing dozens of hazardous substances. Among these substances are formaldehyde and ethylene oxide, from which workers in healthcare settings may be exposed. As outlined in the EU Strategic Framework, the Commission is committed to continue the review process to update the relevant chemicals Directives in the area of OSH. The Commission is working on a list of the next 25 carcinogenic, mutagenic or reprotoxic substances to be scientifically evaluated. The Commission is also working on updated guidelines, including on training, protocols, surveillance and monitoring, for protecting workers against exposure to hazardous medicinal products.

The EU strategic framework includes a number of actions with relevance for the area of mental health, among others: review of the Workplace Directive 89/654/EEC and Display Screen Equipment Directive 90/270/EEC; launch of an European Agency for Safety and Health at Work (EU-OSHA) healthy workplaces campaign 2023-2025 on creating a safe and healthy digital future covering psychosocial and ergonomic risks; preparation of a non-legislative EU-level initiative related to mental health at work. EU-OSHA is also preparing an OSH overview on healthcare and care sectors to provide a sound, evidence-based and comprehensive picture of the current challenges, exploring new research and statistics, investigating the effectiveness of the EU and national policies, strategies, approaches to prevention and workplace practices.

The “right to disconnect” is an important issue in the future of work debate that deserves careful consideration. The European cross-sectorial social partners concluded a Framework Agreement on Digitalisation in 2020. It tackles telework and modalities of connecting and disconnecting. This agreement is currently being implemented at national, regional and local level.

Furthermore, as part of their work programme 2022-2024, the European social partners decided to negotiate an agreement on telework and the right to disconnect, intended to be put forward for adoption in the form of a legally binding agreement implemented via a directive. The Commission stands ready to support social partners in their endeavour.

In parallel, the Commission also continues to explore the context and implications of the right to disconnect and remote work, including on mental health.

Lastly, the Framework Directive on Safety and Health at Work (89/391/EEC) covers ergonomic risks. Employers must assess the risks to which workers are exposed and put in place preventive and protective measures.

**Paragraphs 98 and 99**

The Commission adopted a recast proposal of the Single Permit Directive (COM(2022) 655 final), which aims to streamline the application procedure for a combined residence and work permit. In order to increase the protection of migrant workers from labour exploitation, the single permit would give the right to the third-country national to change employer during the period of its validity. The proposal includes also an obligation for Member States to provide for effective, proportionate and dissuasive penalties against employers in the event of infringements of national provisions adopted pursuant to this Directive. The Commission has also published a Communication on the Employers Sanctions Directive (COM(2021) 592 final), which sets out actions to strengthen the application of the directive.

Furthermore, in its Communication ‘Attracting skills and talent to the EU’ (COM(2022) 657 final), the Commission announced that it will look at how to better attract low and medium skilled workers needed in the EU labour market, including in long-term care. The Commission intends to launch a mapping of the admission conditions and rights of long-term care workers from non-EU countries in the Member States and the needs in this regard, to explore the added value and feasibility of developing a legal EU-level admission scheme to attract such workers.

The European Agency for Safety and Health at Work (EU-OSHA) and ELA have been collaborating with a view to contributing to improving the health and safety at work of mobile and migrant workers. EU-OSHA has contributed to the ELA campaign on seasonal workers. As ELA started its operations only in 2021, there is a need to collect experience with the existing mandate and await the evaluation of ELA, scheduled for 2024, before considering a revision of its mandate, in particular in an area where with EU OSHA another agency is already active.

**Paragraph 104**

The European Care Strategy and the Council recommendations on the revision of Barcelona targets and long-term care constitute an ambitious and comprehensive policy on care. It sets the overall vision for the care sector in the EU, announces EU-level actions and issues specific guidance for policy reforms at the national level. The implementation, supported via the European Semester, mutual exchanges and different EU funding programmes, will take some time. Therefore, the need for another similar policy tool (such as a Care Deal for Europe) depends on the success of the current one.

**Paragraphs 106and 107**

As announced in the Gender Equality Strategy 2020-2025 (COM/2020/152 final), the Commission will launch a communication campaign to combat gender stereotypes tackling the fields of youth and career choices, decision-making or work-life balance.

The proposals for Council recommendations on long-term care and on the revision of the Barcelona targets include provisions on working conditions and skills. The promotion of fair working conditions should contribute to attracting and retaining workers – both men and women - in the sector, and may contribute to tackling gender gaps and remedy the staff shortages experienced in many countries.

**Paragraphs 108 and 109**

The implementation of the European Pillar of Social Rights and its monitoring via the revised Social Scoreboard have been integrated in the European Semester cycle, along with the Sustainable Development Goals (SDGs). Monitoring progress in implementing the proposed Recommendation on long-term care will be done via the European Semester and a stock-taking exercise to be regularly organised with the Social Protection Committee (SPC). Early childhood education and care is also monitored in the European Semester. The Recommendation on the revision of the Barcelona targets encourages Member States to cooperate with the Commission to improve regular data provision and quality. The Commission plans to report on the implementation of each of the Council Recommendations within five years from their adoption.

The Commission has included some secondary indicators aimed at strengthening the monitoring of long term care in the last revision of the Social Scoreboard, included in the European Pillar of Social Rights Action Plan. While headline indicators of the Social Scoreboard have been formally endorsed by the Council, secondary indicators are still being discussed. Further work will be conducted to develop indicators on the Pillar principles that remain only partly covered, including principle 18 on long-term care.

The Commission intends to work with the SPC to establish a framework of indicators for monitoring the implementation of the proposed Council Recommendation on long-term care and is also calling Member States to develop a national framework for data collection and evaluation.

**Paragraph 110**

The Commission has been supporting national reforms aiming to ensure minimum pensions and minimum income for older persons, while encouraging longer working lives to ensure intergenerational fairness and the adequacy and sustainability of pension systems. It has also fostered policies to provide credits for periods while providing informal care, and extending supplementary pensions to more workers, including women and those with non-standard jobs.

The Commission proposal for a Council Recommendation on adequate minimum income intends to reflect the active inclusion approach in line with Principle 14 of the Pillar, stating that “Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services.” The proposal would highlight the importance of exchanging views and practices in various aspects of policy design of minimum incomes and invite Member States to participate in such activities. It would also highlight the importance of (re)integration in labour markets for those who can work.

**Paragraph 111**

The European Care Strategy recognizes the social economy as a key contributor to high quality care services as well as its potential to improve working conditions in the care sector. The Commission encourages Member States to adapt their policy and legal frameworks to create the right environment for the social economy actors to thrive and deliver key social services. The systematic use of socially responsible public procurement could boost the potential of social economy to contribute to high-quality standards in care and to provide decent working conditions. The Commission is also exploring the possibility to fund research into working conditions in the social economy, including in the care sector.

**Paragraph 114**

The planned European partnership on Transforming Health and Care Systems (THCS), to be launched in January 2023, will be a co-funded research and innovation partnership between the European Commission and its Member States and Associated Countries. The aim is to inform necessary reforms and lay the ground for the transition towards more sustainable, resilient, innovative and high quality people-centred and integrated health and care systems, by facilitating the uptake of health innovations, as well as their scaling-up and transfer between other countries and regions.

A future European Partnership on Rare Diseases is planned under the Health cluster of Horizon Europe. This will be established as a co-funded partnership between the European Commission and Member States and Associated Countries. The Partnership aims to deliver a multi-stakeholder ecosystem by supporting robust patient need-led research, developing new diagnostic methods and pathways, utilizing the power of data and spearheading the digital transformational change.

The Commission supports cross-national transfer of best practices via the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. Through the Steering Group, Member States define strategic priorities for actions and identify best practices of most relevance to them. Implementation is supported via the Third Health programme and the EU4Health programme.

**Paragraph** **115**

The Commission proposes a draft budget each year, based on the annual budget process whereby the Commission assesses the needs of each agency. This annual process results in a careful balancing between the budget requests of all decentralised agencies and the resources available within the MFF. The European Union’s budget for 2022 is based on stable staffing for all institutions. For decentralised agencies, the Commission adopted a different approach: when new tasks are entrusted to them through a legislative proposal, the accompanying Legislative Financial Statement specifies the additional staff and budget required to perform these tasks thereby increasing the budgetary and human resources of the decentralised agency.

**Paragraph 116**

The proposal for an external scientific and ethical evaluation on the handling of the COVID-19 pandemic in the care sector concerns the Member States, which are responsible for the organisation and delivery of health services and medical care. Within its competences, the European Commission has been active in coordinating the EU response to the COVID-19 pandemic. Where healthcare is concerned, and with respect to long-term care facilities, the involvement of the European Commission was restricted to the coordination of the responses of Member States in terms of public health measures to contain the pandemic. This work was done via discussions held in the Health Security Committee and via the Early Warming and Response System as a notification tool between the Member States.

1. This concerns 11 Member States with an average rate over 23.4% - BG, HR, CY, EL, HU, IE, IT, LT, LU, RO and ES. [↑](#footnote-ref-2)
2. The figures are based on the pillar tagging methodology for the Recovery and Resilience Scoreboard and correspond to the measures allocated to the respective policy areas as primary or secondary policy areas. They represent estimated costs; actual funding will be based on the fulfilled milestones and targets. The Commission assessed the cost estimates when the initial plans were submitted and approved. Member States are not required to submit spending receipts and the Commission will not verify the actual costs of measures supported by the RRF. [↑](#footnote-ref-3)
3. <https://investeu.europa.eu/about-investeu/member-state-compartment_en> [↑](#footnote-ref-4)
4. SWD(2022) 441 [↑](#footnote-ref-5)
5. SWD (2022) 440 [↑](#footnote-ref-6)
6. Conference on the Future of Europe, Report on the final outcome, May 2022, Proposal 15 [↑](#footnote-ref-7)
7. HORIZON-HLTH-2021-STAYHLTH-01-03: Healthy Citizens 2.0 - Supporting digital empowerment and health literacy of citizens [↑](#footnote-ref-8)
8. [UDW\_Study\_report\_on\_PHS\_2022.pdf (europa.eu)](https://www.ela.europa.eu/sites/default/files/2022-03/UDW_Study_report_on_PHS_2022.pdf) [↑](#footnote-ref-9)