



Make
Mothers
Matter

The European Care Strategy:

The right time to place Mothers centre stage

POLICY PAPER



Make Mothers Matter (MMM)
January 2022
Brussels, Belgium

Contents

Introduction	3
1. Maternal health	3
A. Context	3
I. Barriers to access healthcare in Europe	5
II. Disrespectful practices	7
III. Maternal mental health	8
A. Context	8
B. Recommendations	8
2. Gender equality	9
A. Context	9
B. What we call for	9
C. Recommendations	10
3. Work-life balance	11
I. Maternity leave policies	11
A. Context	11
B. What we call for	12
C. Recommendations	12
II. Paternity and parental leave policies	12
A. Context	12
B. What we call for	12
C. Recommendations	13
III. Childcare	13
A. Context	13
B. What we call for	13
C. Recommendations	15
IV. Flexible working arrangements	15
A. Context	15
B. What we call for	15
C. Recommendations	15
4. Lifelong learning	16
A. Context	16
B. What we call for	17
C. Recommendations	17
5. Single mothers	18
A. Context	18
A. What we call for	19
B. Recommendations	19
6. Old age income and pensions	19
A. Context	19
A. What we call for	20
B. Recommendations	21
7. Wellbeing Economy	21
8. Conclusion	22
9. References	23

Introduction

In these unprecedented times, when Europe is navigating a global pandemic, when political tensions boil over and heinous attacks on civilians in Ukraine threaten the global order, it is important to reflect on the people who hold the fabric of society together. The pandemic has shone a light on the vital work of care workers, who continue to save lives every day, even if it means risking their own. Most of these workers are women, but for women, care work does not end at the hospital or nursing home.

Behind the scenes, in millions of homes around Europe, women and mothers work every day to ensure that their families and children are fed, educated and healthy. When schools closed during the COVID19 pandemic, mothers stepped up to care for and educate their children.

Their work and personal investment in their families and their children place them amongst the most important **care providers**. The pandemic has shed light on this valuable yet invisible and undervalued work: unpaid care work. Without it, our societies would grind to a halt. Carers around the world have been at the forefront of the health crisis. Most of them are women.

Women have been hit hardest by the social and economic fallout of Covid-19. However, the gendered aspect of unpaid care work has not been sufficiently considered. The unequal division of unpaid care work between genders contributes to continuing gender inequalities in the labour market. It perpetuates women's lower labour force participation and women's disproportionate participation in precarious employment and reinforces the gender gaps in employment, earnings, and pension. The care gap also makes it more difficult for mothers to advance in their career and improve their professional skills. Recent literature¹ has documented that gender inequalities in earnings and income are closely related to care duties for children, which fall disproportionately on mothers. Until unpaid care work is recognized, reduced, and redistributed, the care gap will continue to hinder the rights of women, especially those of mothers.

Mothers are also **care recipients**. Maternal health is an indicator of global health. A healthy mother can take on her educational responsibilities and fully participate in economic and social life. Maternal health also ties into issues of economic inequality between genders, since a mother who is unwell and has insufficient access to maternal healthcare may be unable to participate in economic and social life.

Make Mothers Matter strongly welcomes the launch of a European Care Strategy. In this paper, we make recommendations on how unpaid care work can be recognized, reduced, and redistributed and why this should be strongly addressed by the European Care Strategy.

We also take a close look at maternal health care and the barriers in accessing it. The health of mothers should also be addressed by the Strategy. To achieve this, the European Care Strategy should aim to provide available, accessible, acceptable, and high-quality maternal care for all women.

¹ T. M. ALON, M. DOEPKE, J. Olmstead-Rumsey, and M. TERTILT, "The impact of COVID-19 on gender equality", 2020; EIGE, "Tackling the gender pay gap: not without a better work-life balance", 2019.

1. Maternal health

A. Context

While the Maternal Mortality Ratio (MMR) has considerably improved in Europe in the past decades, disparities regarding safe access to maternal health care persist between the various Member States.

It has been reported that the main barriers in accessing maternal health care in Europe are: (i) high out-of-pocket payments, (ii) language barriers and the absence of clear policies and information, (iii) a fear of being deported, (iv) the distances to medical facilities, and (v) biases amongst health care professionals. Additionally, pregnant women face other challenges, namely those related to disrespectful practices in health care facilities, such as physical abuse, abandonment, and neglect during labour.

Common European action on care, through the European Care Strategy, foreseen for 2022, should strongly address the issue of available, accessible, acceptable and high-quality maternal care for all women. Under the European Pillar of Social Rights, Principle 16 provides that everyone has the right to timely access to affordable, preventive and curative health care of good quality. Member States should therefore guarantee available, accessible, acceptable and high-quality maternal care for all women and strive to achieve a European Universal Health Coverage.

Although substantial progress has been made to reduce maternal mortality in the European Union, it would be misleading to think that progress has been evenly reflected in all states. As research demonstrates, there are still significant differences in the quality of, and access to, maternal health care across the states. There is especially a stark contrast between Western and Eastern European states. Estimates indicate that Eastern European states, including Hungary, Latvia and Romania, have an MMR 2 – 4 times higher than the EU average (estimated to be 10 deaths per 100,000 live births).²

The disparity between the Member States can be explained and attributed to various factors, including: (i) unequal access to adequate maternal care, (ii) discriminatory attitudes by health care professionals, and (iii) the unreliability of reported data.³ Throughout the European region, perinatal mortality rates vary by social and ethnic group, with migrants tending to be the most disadvantaged group: the MMR for immigrant women is much higher in countries such as the Netherlands, Germany, Finland and Denmark.⁴

Numerous UN and EU legal instruments (ratified by most Member States), set out specific obligations relating to health care and, specifically, maternal health care that Member States must adhere to. It is of grave concern that despite these legal instruments many laws, policies and practices persist to discriminate against women or undermine their ability to make decisions relating to their own health or limit their access to quality health care and information. For Member States

² Miteniece, E., Pavlova, M., Rechel, B., Groot, W, Barriers to accessing adequate maternal care in Central and Eastern European countries: A systematic literature review, *Social Science & Medicine* (2017), doi: 10.1016/j.socscimed.2017.01.049

³ *Ibid.*

⁴ Rechel B., Mladovsky P., Deville W., Rijks B., Pterova-Benedict R., McKee M, European Observatory on Health Systems and Policies Series: Migration and health in the European Union (2011).



to adhere to the obligations placed upon them they must ensure that it is available, accessible, acceptable and of high quality⁵.

Individual Member States must strive to provide Universal Health Coverage to all. The WHO defines **Universal Health Coverage** as including equal access to quality health care that improves the health of patients and where seeking such care does not cause financial harm to those receiving it. European Universal Health Coverage would be paid for by society as a whole, with the goal to minimise the overall expense of acquiring health care. It also aims at spreading the costs and risk to ensure that those living in poverty can still access and get the medical care they require which they might not otherwise be able to afford. However, the barriers to access health care, as will be discussed below, undermine Universal Health Coverage across the EU. This is due to: (i) major differences in laws and policies between Member States which place vulnerable groups such as undocumented migrant women, Roma women and other minority groups at risk of not receiving adequate and medical care when needed, and (ii) the various types of national health systems (insurance based or universal coverage) within the Member States.

Lastly, gender inequalities in earnings and income are closely related to care duties for children – or other family members – which fall disproportionately on mothers. This has severe negative effects on women’s income which in turn negatively impact their health.

I. Barriers to access health care in Europe

Various studies and investigations on Universal Health Coverage in Europe have identified institutional and organisational barriers in accessing maternal health care in Europe. Rural populations, the elderly, the less mobile and the vulnerable, including pregnant women, face difficulties in accessing health care in at least half of all Member States. Vulnerable women (including migrants and refugees) across Europe avoid seeking care, including during pregnancy, due to high out-of-pocket payments, a fear of being reported to authorities, absence of clear policies and information regarding their entitlement to health care, and various administrative and legal barriers.

The most common barriers identified in different Member States are discussed below.

a) Affordability of maternal care

The expert report on access to health services in the EU highlights the lack of affordability as the single most important factor in not being able to access medical services in the EU countries.⁶ Even though many EU countries provide free medical care, there are often co-payments which many women — especially women from vulnerable groups — cannot afford. However, the lack of financial means is problematic for native-born mothers as well.

Most Member States require undocumented migrant women to cover the costs of antenatal care during pregnancy. In addition to antenatal costs, some Member States also expect these women to cover additional costs for care during and after childbirth. As a result of these financial obligations, most women do not seek any antenatal care.⁷

⁵ United Nations. (2000). CESCR General Comment No. 14: the right to the highest attainable standard of health (Art.12). Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000. Geneva: Office of the High Commissioner for Human Rights.

⁶ Expert Panel on effective ways of investing in Health (EXPH), Preliminary Report on Access to Health Services in the European Union.

⁷ Center for Reproductive Rights, *Perilous Pregnancies: Barriers in access to affordable Maternal Health Care for Undocumented Migrant Women in the European Union* (2018).

The making of "informal payments" to health care professionals has also been identified in Central and Eastern European countries. This practice imposes an additional burden on disadvantaged populations, as it makes access to good specialists and necessary procedures unaffordable for many people. The prevalence of these payments can be traced back to underpaid medical staff and gaps in maternal funding. A study in Poland highlights the role societal beliefs play in reinforcing the notion that access to good services depends on the ability to "bribe" health care professionals.⁸ These informal payments seem to be more common in the maternal sector due to the planned nature of care and the prolonged contact with health care professionals.⁹

b) Language and access to or lack of information

In a study by PLOS¹⁰, many migrant women recognised their inability to communicate with health care personnel because of language barriers in their new country. They reported a poor understanding of the health care system; one where health care professionals were unable to explain procedures to them due to a lack of adequate interpreters. Some reported that they consented to medical interventions without properly understanding them. Due to these language barriers, most women stopped attending follow-up appointments, as they felt it was a waste of time if they couldn't properly communicate with the health care personnel.

Another issue was the lack of availability of information in various languages¹¹. This left most migrant women feeling uninformed about the procedures they were to follow.

c) Undocumented migrants and their fear of deportation

Many pregnant migrant women do not enter the health care system for fear that health care professionals or social welfare authorities will share their information and their immigration status with the authorities, leading ultimately to their deportation. In some countries¹², health professionals are required to report the immigration status of their patients; in others¹³, it is prohibited.

d) Geographical distance to medical facilities

The geographical concentration of health care facilities and the availability of affordable public transport is also a common complaint. Public transport in many EU countries is expensive, making it difficult for many women to reach health care facilities. A study in Central and Eastern Europe found that most Central and Eastern European countries struggle with ensuring the geographical accessibility of adequate services. The main reasons relate to there being a lack of maternal wards in rural areas, and little to no public transport between these areas.¹⁴

e) Culture and faith influencing acceptability of maternal care

Disparities in accessing health care services are also influenced by cultural and religious diversity. Studies in the UK and the US have shown that Islamophobia often influences the way Muslim

⁸ Mishtal, J. (2010). Neoliberal reforms and privatisation of reproductive health services in post-socialist Poland. *Reprod Health Matters*, Mishtal, J. (2010). 18(36), 56-66. doi: 10.1016/s0968-8080(10)36524-4.

⁹ Parkhurst, J. O., Penn-Kekana, L., Blaauw, D., Balabanova, D., Danishevski, K., Rahman, S. A., Ssengooba, F. (2005). Health systems factors influencing maternal health services: a four-country comparison. *Health Policy*, 73(2), pp. 127-138.

¹⁰ PLOS is a non-profit, Open Access publisher empowering researchers to accelerate progress in science and medicine by leading a transform in research communication.

¹¹ Policy Department for Citizens' Rights and Constitutional Affairs Directorate General for Internal Policies of the Union PE 608.874 - April 2019, Access to maternal health and midwifery for vulnerable groups in the EU, Woman's rights and gender equality.

¹² Sweden, Slovenia, the UK, Croatia and Germany

¹³ Portugal, Spain, France, Italy, the Netherlands, the Czech Republic, Denmark and Norway.

¹⁴ Miteniece, E., Pavlova, M., Rechel, B., Groot, W., Barriers to accessing adequate maternal care in Central and Eastern European countries: A systematic literature review, *Social Science & Medicine* (2017), doi: 10.1016/j.socscimed.2017.01.049.

patients are depicted and how maternity care policies tend to be "*faith-blind*".¹⁵ Some women also report that health care professionals tend to project their own assumptions and biases regarding certain religions onto them. In "*Barriers to accessing adequate maternal care in Central and Eastern European countries*", there are several descriptions of the constant discrimination faced by Roma women seeking maternal care in the Balkan countries. Roma women are often denied services and forced to give birth on their own.¹⁶ They are also regularly verbally abused and disrespected by medical professionals.

II. Disrespectful practices

Apart from the current policies and developments in various Member States threatening maternal health and basic human rights, disrespectful practices at health care facilities are reported on a daily basis. This includes discriminatory practices, physical abuse and abandonment. These practices violate women's rights to respectful care, as well as their rights to life, bodily integrity and freedom from discrimination. Because of this increasing problem, policymakers must set policies and laws addressing disrespectful practices.

a) Physical abuse

In 2014, the WHO issued a statement regarding the elimination of disrespectful behaviour and ill-treatment of women in health care facilities and institutions. Although the type and scale of the abuse vary per country, the WHO reports that the most vulnerable groups are minors, unmarried women and migrants, and women from minority groups.

The statistics issued by the WHO are harrowing – 42% of women interviewed reported being physically or verbally abused in health facilities. Physical abuse included being punched, slapped, shouted at, and being forcibly held down.¹⁷

Sadly, these are not the only examples of physical abuse. In many health facilities, there were reports of obstetric violence against women. Brazilian researchers define obstetric violence as "*negligent, reckless, discriminatory and disrespectful acts by health professionals and legitimized by the symbolic relations of power that naturalize and trivialize their occurrence*"¹⁸ and it covers practices such as episiotomy procedures (a surgical cut made at the opening of the vagina during childbirth, usually to assist a difficult delivery) without consent; use of force, such as abdominal compression; lack of information; or excessive or inappropriate vaginal touching during birth or when anaesthetised. Here again, the numbers reported by the WHO are sobering. Almost 75% of episiotomies were performed without the woman's consent and, sometimes, without painkillers.¹⁹ Further, a majority of women reported that vaginal examinations had been performed without consent; 57% of women interviewed were not offered any pain relief.

In order to combat the physical abuse of pregnant women, over the years, various countries have taken numerous steps aimed at prohibiting discriminatory behaviour. Luxembourg has called for the integration of obstetric and gynaecological practices into health education on their national agenda.

¹⁵ Laird, L.D, de Marrais, J, & Barnes, LL (2007). Portraying Islam and Muslims in MEDLINE: A content analysis. *Social Science & Medicine* 65: 2425–2439.

¹⁶ Colombini, M., Rechel, B., & Mayhew, S. H. (2012). Access of Roma to sexual and reproductive health services: qualitative findings from Albania, Bulgaria and Macedonia. *Glob Public Health*, 7(5), 522-534.

¹⁷ Available at: <https://www.dw.com/en/women-around-the-world-face-widespread-abuse-during-childbirth/a-51393868>

¹⁸ *Ibid.*

¹⁹ *Ibid.*



Poland introduced legislation outlining women's rights when receiving perinatal care provided by gynaecological and obstetric hospitals.²⁰ Although the Regulation of the Minister of Health of 16 August 2018 on the standard of perinatal care emphasises the protection of human rights, these legal documents do not define instruments for monitoring the degree of compliance with these principles.²¹

b) Neglect and abandonment during labour

Another disrespectful practice reported in various health facilities is the long delay in receiving care. Due to long waiting times, most women feel like they are a nuisance or bothersome to health care professionals.²² Further, the treatment of women by health care professionals before and during delivery make women going through labour feel ignored and abandoned.²³

The study also showed that pregnant women feel abandoned due to poor rapport with health care professionals. Women in labour complained especially about professional staff's negative attitude and discouraging and unwelcoming interaction with staff.²⁴ Further, aside from unpleasant communication, many women experienced insufficient interaction with health professionals, including inadequate clarification or explanations regarding out of the ordinary procedures.

III. Maternal mental health

A. Context

Women are found to be much more at risk of developing mental health problems during the pregnancy and first year post-partum period, in most cases anxiety and depression. Peripartum mental health problems are at current risk of being deprioritised from prevention and screening programs. Moreover, 1 in 5 women will develop a peripartum mental illness, according to the Cost Action research project RISE-UP PPD²⁵. These mental health concerns are exacerbated by the health crisis, impacting first and foremost the most vulnerable women.

B. Recommendations

Common European action on care, through the European Care Strategy, should strongly address the issue of available, accessible, acceptable, and high-quality maternal care for all women. Guidance and funding need to be invested in the maternal health care sector to achieve Principle 16 of the European Pillar of Social Rights (which provides that everyone has the right to timely access to affordable, preventive and curative health care of good quality) as well as limit negative effects on patients' maternal health of practices and measures, such as:

- **Discriminatory attitudes**, such as biases among health care professionals based on cultural or religious differences, as well as disrespectful practices such as physical abuse during birth, and abandonment and neglect by healthcare workers
- **Absence of clear health information and policies**, accessible in all languages and for all
- **Reporting of patients' immigration status**, a practice in the maternal health care sector which hinders vulnerable and migrant women and mothers from seeking institutional antenatal and post-natal health care. Policies need to therefore implement rules allowing health care professionals to guarantee their patients' privacy of information

²⁰ Available at: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2675-y> (Last accessed on 11 November 2020).

²¹ Rozporządzenie Ministra zdrowia z dnia 16 sierpnia 2018 r. w sprawie standardu organizacyjnego opieki okołoporodowej Dz.U. 2018 poz. 1756. 2018. See further: <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20180001756/O/D20181756.pdf>

²² Jomeen J, Redshaw M. Black and minority ethnic women's experiences of contemporary maternity care in England. *J Reprod Infant Psychol.* 2011;29. See also: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488322/>

²³ Meghan A. Bohren, Joshua P. Vogel et al., The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review, *PLoS Med.* 2015 Jun; 12(6): e1001847. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488322/>

²⁴ *Ibid.*

²⁵ Rise up PPD, Research Innovation and Sustainable Pan-European Network in Peripartum Depression, see <https://www.riseupppd18138.com>

Other recommendations include:

- **Enforcing a European Universal Health Coverage** ensuring equal access and reducing the financial burden for women in need
- **Providing robust and accessible maternity services**, especially in emergency situations
- **Implementing national schemes for health-care providers on robust antenatal and postnatal care**, to reach the most vulnerable
- **Implementing legal instruments monitoring the degree of compliance of hospitals to regulations on perinatal care**, to fight obstetric and gynaecological violence
- **Raising awareness and implementing measures addressing maternal mental health disorders**
- **Implementing policies guaranteeing privacy of information**, including safeguarding the anonymity of patients' immigration status during maternal health care visits

2. Gender equality

A. Context

In the EU today, the gender pay gap stands at 16% and the pension gap, culminating point of pay inequalities over the life course, is at 30%. In addition, women still undertake most unpaid work – 79% do housework every day for an hour or more, compared to just 34% of men.²⁶ Recent literature²⁷ has documented that gender inequalities in earnings and income are closely related to care duties for children, which falls disproportionately on mothers.

The COVID-19 crisis shifted care duties back into private households and will have more severe negative effects on mothers' income, as they take on this duty at the cost of their labour market participation, thus losing current and future pension income. It also hinders their opportunities to engage in learning activities, and thus affects their ability to re-enter the market or achieve better positions.

The pressure to respond to the increased care duties by reducing employment can be especially severe for single mothers. Across the EU-27, 15 % of all households with children are single-parent households, the majority of which are headed by mothers. Single-parent households are already at an increased risk of poverty. The COVID-19 crisis will further increase existing vulnerabilities of already fragile households.

B. What we call for

The fact that women take a larger share of essential care work has not sufficiently been considered in the analysis of the gender gaps. The unequal division of care work between genders contributes to continuing gender segregation in education and in the labour market. It has a strong effect of perpetuating women's lower labour force participation over the life course and women's disproportionate participation in precarious employment, reinforcing the gender gap in employment, earnings, and pension. The unequal division of care work between genders also hinders the opportunity for mothers to advance in their career and improve their professional skills.

²⁶ T. M. ALON, M. DOEPKE, J. Olmstead-Rumsey, and M. TERTILT, "The impact of COVID-19 on gender equality", 2020; EIGE, "Tackling the gender pay gap: not without a better work-life balance", 2019

²⁷ *Ibid.*

This is the translation of the **motherhood penalty** suffered by women with children. The gender employment, earnings, and pension gaps reflect not only inequalities between men and women but also between mothers and fathers and between women without children and mothers.

C. Recommendations

Make Mothers Matter is convinced that the employment, earnings and pension gaps between men and women cannot be solved without substantive action on *care work*, mostly undertaken by mothers. We strongly believe that gender equality will never be achieved until unpaid care work is **recognised, reduced, and redistributed**.

Ways to **recognise** unpaid care work include:

- Introducing 'care credits' to offset breaks from employment taken to provide informal care to family members and periods of formal care leaves, such as maternity and count those credits towards pension entitlements (*see section 6 "Old age and income"*)
- Recognizing and validating the skills acquired while doing unpaid family care work (*see section 4 "Lifelong Learning"*)
- Introducing career breaks entitlement such as the Belgian 'time-credit' system
- Collecting Data across the EU on paid and unpaid care work, recording time use based on gender, age, ethnicity and nationality²⁸

Ways to **reduce** unpaid care work include:

- Providing high quality childcare centres that are accessible and affordable (*see section 3 "Work-Life Balance"*)
- Supporting and providing other forms of care possibilities such as community-based childcare services, Gardienne, and childminder (*see section 3 "Work-Life Balance"*)

Ways to **redistribute** unpaid care work include:

- Implementing policies that directly encourage fathers to take leave, such as well-compensated individual leave entitlements, but also policies aimed at changing workplace cultures
- Adopting work-life balance measures allowing families to adjust their employment according to the needs of each child, the ages and number of children (*see section 3 "Work-Life Balance"*)
- Implementing at national level longer and adequately paid maternal, paternal, and parental leave (*see section 3 "Work-Life Balance"*)
- Extending parental leave to 6 months per parent remunerated at least as sick pay level or a decent remuneration and making it more flexible to take (*see section 3 "Work-Life Balance"*)
- Revising the maternity leave Directive extending the period of leave to at least 18 paid weeks and with a remuneration at least of sick pay level (*see section 3 "Work-Life Balance"*)

Being a parent continues to hinder women's participation in the labour market. When asked about how to balance their work and family life, mothers say they want to be **present on the labour market AND spend time educating their children**, giving priority to one or another depending on the ages and number of children. Therefore, *MMM* supports a **life-cycle approach**, rather than a

²⁸ Ursula Barry, "Gender Equality: Economic value of care from the perspective of the applicable EU funds", June 2021.

linear one, allowing women and men to leave the labour market partially or completely for a definite period to care for and educate their children, and then re-enter it.

3. Work-life balance

As highlighted by EIGE there are strong links between gender equality and work-life balance. Factors such as leave policies, the availability of care services, flexible working arrangements and the overall child-friendliness of society, condition the way men and women establish their decisions regarding both work and family²⁹.

To advocate for the needs and expectations of mothers in relation to the French government's forthcoming reform on the [#1000premiersjours](#) (#First1000Days), MMM launched a survey in France '[Donnons la parole aux mères](#)' (Let's Give Mothers a Voice) in November 2020 which has received over 23.000 (in Dec.2021) answers so far.

To the question *What would allow/would have allowed you to consider returning to work in a more serene manner?* Mothers as below, demonstrated a strong need for work-life balance policies:

Longer maternity leave 53%; Gradual return to work 50%; Gradual return to work 50%; More professional flexibility 44%; Smoother adjustment to my child's care 29%.

This section will cover:

- I. Maternity leave policies
- II. Paternity and parental leave policies
- III. Childcare services
- IV. Flexible working arrangements

We will also highlight good practices in Member States that we believe should be replicated such as the example highlighted by Mr Schmit last October during a Parliamentary hearing on care:

"Some member states have introduced what we call the baby year and there should be the possibility to have a 'care year' where you get one year, or perhaps two, where you get social security, pension rights building up during the period you are in care."³⁰

I. Maternity leave policies

A. Context

Under the EU Maternity Leave Directive (92/85/EEC), women have the right to a minimum of 14 weeks (3 months) of maternity leave. Although this Directive serves as guidance for member states, there are still considerable differences in the way that maternity leave policy is structured across EU countries. This variation can be differentiated across five areas: duration of leave, whether it is mandatory or not, degree of compensation, the agency in charge of providing it, and the level of flexibility allowed in the mode of uptake.³¹

²⁹ EIGE., Index 2019., *op.cit.* p. 122.

³⁰ Public Hearing on Enhancing gender equality through common European action on care organised by the FEMM COMMITTEE, October 2021, <https://www.europarl.europa.eu/committees/en/public-hearing-on-enhancing-gender-equal/product-details/20211007CHE09445>

³¹ Rand Europe, "Maternity leave policies Trade-offs between labour market demands and health benefits for children", 2016.

B. What we call for

Maternity leave is intended to safeguard the health of the mother and her child during the perinatal period. This is critical to her health considering the physiological demands associated with pregnancy and childbirth. Studies show that longer maternity leaves are associated with fewer premature births, less depression among mothers and with lower perinatal, infant and child mortality. Longer maternity leaves are also associated with longer durations of breastfeeding, which in turn improve child health and development outcomes.³² In our recent survey conducted in France³³, most mothers highlighted their desire to see maternity leave extended to help them recover from the fatigue and change of pace that follow childbirth, to be able to breastfeed for longer and to be better prepared when they return to work. For these reasons, *MMM* calls for an extension of the duration of the maternity leave in the European Union.

C. Recommendations

MMM calls for the revision of the maternity leave Directive **extending the period of leave to at least 18 paid weeks with a remuneration at least of sick pay level.**

II. Paternity and parental leave policies

A. Context

The Directive on work life-balance for parents and carers introduced at least 10 working days of paid paternity leave and proposed an additional incentive (paid non-transferable parental leave of 2 out of 4 months to encourage greater take-up by fathers).³⁴

However, today, take-up of parental leave by fathers remains a challenge and the lion's share of parental leave is taken by women in all MS.³⁵

As stated by Nicolas Schmit, Commissioner for Jobs and Social Rights:

"Wage gap and pension gap. Both could be reduced if the bulk of care work did not fall on women. To accomplish this, investment in the care system is necessary"³⁶.

B. What we call for

It is essential that fathers are involved from the start in childcare. As highlighted by EIGE:

"If childcare is no longer considered the sole domain of women and more fathers take parental leave to stay at home and look after their children in their first year, the outcomes for gender equality include increased women's labour-market participation, reduced gender pay gaps and increased men's participation in household work".³⁷ However, several factors affect the uptake of leave by fathers. These include the level of compensation, the availability of affordable childcare, the flexibility of leave arrangements, gender norms and cultural expectations.³⁸

³² ILO., "Maternity Protection Ressource Package: Module 3 Maternity Protection at work : why is it important? ", 2012.

³³ See the results of Make Mothers Matter 2021 survey: <https://mmmfrance.org/wp-content/uploads/2021/09/Principaux-resultats-enquete-MMMF-1.pdf><https://mmmfrance.org/presentation-des-resultats-de-notre-enquete-a-la-mairie-de-versailles/>

³⁴ EIGE., Index 2019., *op.cit.* p. 71.

³⁵ EIGE., *ibid.*

³⁶ Public Hearing on Enhancing gender equality through common European action on care organised by the FEMM COMMITTEE, October 2021, <https://www.europarl.europa.eu/committees/en/public-hearing-on-enhancing-gender-equal/product-details/20211007CHE09445>

³⁷ EIGE., *ibid.*

³⁸ Rand Europe., "Paternity and parental leave policies across the European Union", 2016, p.3.

C. Recommendations

Low or non-existent compensation levels during leave are a key factor for why fathers are not able to take their leave entitlement. To increase their uptake, “an interlocking set of family policies that help dual-earner families to combine work and family life in a sustainable manner” is needed. This includes **policies that directly encourage fathers to take leave**, such as **well-compensated individual leave entitlements**, and **policies aimed at offering a sustainable solution to the challenges of combining work and family life**, such as flexible leave arrangements that meet individual needs, but also **policies aimed at changing workplace cultures**.³⁹

III. Childcare

A. Context

To reduce the gender gaps in employment, income, and pension, it is essential to redistribute care between men and women and between families and society. As such, **it is crucial to provide accessible, affordable, quality childcare services until mandatory school age**. However, **current discussions on Early Childhood Education and Care (ECEC) do not consider the importance of care provided by mothers and fathers**.

The well-being of children depends in large part on the support to their parents, which goes beyond income support. However, current discussions on recovery and jobs creation, and childhood education and care do not consider the importance of care provided by parents. By surveying over 22.000 mothers in 2021⁴⁰ it became clear to us that **mothers want to have choices of childcare adapted to their needs** (whether insourced or outsourced).

Families are at the center of **nurturing care** for young children. To provide it, they need information, resources and services. MMM recommends paying more attention to the choices of parents regarding outsourced or an in-family care solution. Parents who would like to care for their under school-age children themselves, should be able to do so without fear of repercussion on their income, pension, and ability to return to work.

B. What we call for

Parents should have a real choice of childcare solutions or caring for their under school-age children themselves.

For this choice to be free there needs to be:

- Accessible, affordable, and quality childcare services until mandatory school age.

However, according to Eurostat⁴¹, the main obstacle to the use of childcare is the cost it represents for families. This discourages parents, in particular mothers from working. Some Member States have taken steps to reduce this cost. For example, Malta provides free childcare for children whose parents work or are in education. Ireland offers parents free childcare services on a part-time basis. This so-called "Early Childhood Care and Education Scheme" provides parents with 15 hours of free centralised private childcare services per week.⁴²

³⁹ Rand Europe., *ibid.*

⁴⁰ See the results of Make Mothers Matter 2021 survey: <https://mmmfrance.org/wp-content/uploads/2021/09/Principaux-resultats-enquete-MMMF-1.pdf>

⁴¹ EUROPEAN COMMISSION, "Barcelona objectives", 2018, available at: https://ec.europa.eu/info/sites/info/files/bcn_objectives-report2018_web_en.pdf

⁴² EUROPEAN COMMISSION, *ibid.*

- More attention given to the choices of parents regarding outsourced or an in-family care solution.

This was highlighted by one of our partner organisations, *Le Petit Vélo Jaune*⁴³, who insisted on the fact that more attention should be given to parents' choices on outsourced or an in-family care solution.

The Finnish model of ECEC is an example worth highlighting as it is based on a set of policies that consider the **choices of parents** regarding outsourced or an in-family care solution. In this model, "all children under school-age are entitled to early childhood education and care **should** their parents so decide."⁴⁴ After the parental leave period parents have several options to choose from:

- Municipal ECEC services
- Private ECEC services or childcare with the private childcare allowance
- Staying at home on care leave and child home care allowance until the youngest child turns three⁴⁵

Caring for children until they turn three therefore becomes economically possible for parents who choose this option. For those who choose not to, ECEC services are made accessible and affordable. This model falls within what *MMM* has been supporting: **a real choice for parents, giving them an economically feasible option between an outsourced or an in-family care solution**. However, when child home care allowances are put in place, fathers should be encouraged to take them so as not to reinforce existing stereotypes and gender gaps (employment, pay, pension).

MMM also calls for **career breaks entitlement** such as the Belgian 'time-credit system'⁴⁶ which allows employees – under certain conditions – to take a career break – in whole or in part – for a certain period of time, during which parents receive an allowance.

Lastly, policies should support parents that make the choice of **informal care** or **semi formal care**. This includes community-based carers, *Leihomas* ("borrow" a grandmother⁴⁷), intergenerational activities such as the *Play Hubs*⁴⁸ (the later ones have been recognised as good practice that should be replicated in other European countries).⁴⁹

The report *Leave No Child Behind*⁵⁰ states that High-quality ECD (early childhood development) programmes should be inclusive, child-centred, family-focused, play-based, community-based and integrated with other services. Systems that are embedded in communities have proven to provide positive and sustainable results to achieve social inclusion and eradicate poverty.

C. Recommendations

- Foster flexible solutions that **give parents a real choice** between *formal, informal, semi-formal* childcare solutions or caring for their under school-age children themselves

⁴³ *Le Petit Vélo Jaune* offers support to parents who in precarious situation, <https://www.petitvelojaune.be/>

⁴⁴ [See European Commission's Eurydice network page on Finland](#)

⁴⁵ If a child under the age of three does not attend municipal day care, the family can claim **child home care allowance**. This allowance is flexible as parents can choose to reduce their working time to 30 hours or less and claim a flexible care allowance.

⁴⁶ See <https://www.partena-professional.be/en/knowledge-center/infoflashes/time-credit-and-additional-hours>

⁴⁷ See <https://kinderschutzbund-bochum.de/2020/09/11/einblick-in-den-grosselternendienst/>

⁴⁸ See <http://www.toyproject.net/project/toy-inclusion-2/>

⁴⁹ As announced by Géraldine Libreau -Policy Officer – ECEC at European Commission: The Toy for inclusion and the concept of play hubs will be promoted in the European Commission Toolkit for inclusion in ECEC, to be published early 2021.

⁵⁰ Light for the World and Open Society Foundation, Global Report "Leave No Child Behind", 2020, p.23., available at :https://www.light-for-the-world.org/sites/lfdw_org/files/download_files/global_summative_report_leave_no_child_behind.pdf,

- Provide **accessible, affordable and of a quality childcare** services until mandatory school age
- Introduce **career breaks entitlement** such as the Belgian ‘time-credit system’
- Introduce, ‘**care credits**’ to offset breaks from employment taken to provide informal care to family members and periods of formal care leaves
- Support and provide **other forms of childcare** (community-based childcare services, Gardienne, childminder, e.g)

IV. Flexible working arrangements

A. Context

A fifth of Europeans are dissatisfied with the balance between their work and personal lives. According to EIGE, 57% of women and 54% of men are unable to change their work schedule.⁵¹ Most mothers in Europe prefer to remain in the labour market but to also have time to devote to their families, especially when their children are young⁵². Flexible working arrangements are crucial to achieving this.

B. What we call for

We call for measures that allow positive flexible working arrangements for parents.

C. Recommendations

The work-life balance Directive provides the right to request flexible working conditions for parents of children until 8 years old and people with caring responsibilities. However, *MMM* would like to see **these rights extended to parents of children up to 18 years old**.

In addition, *MMM* would also like that the **situation of the self-employed** (close to 33 million workers or 14% of the working population in Europe) be taken into account so that these workers can benefit from an EU framework on family leave schemes.

Lastly, *MMM* supports initiatives and measures adopted by companies to help employees better reconcile work and family life as part of their CSR policies. Two good practices are worth highlighting:

- Danone and the non-profit organisation “Ensemble pour la petite enfance” have developed the “family friendly company Label”⁵³. The labelling process is an invitation to transformation and innovation in companies to better take into account knowledge on child development and meet the new needs of employees-parents, through concrete measures to reconcile lives
- The EFR certificate from Spain, provides an audit of internal policies which have an impact on work-life balance promoted by our member *Más Familia Foundation*⁵⁴, and supported by the Spanish Ministry of Health and Social Policy. It has already helped over 600 organisations to implement a new work culture with work-life balance at its core
- In 2020, Nestlé introduced the new “More inclusive and enhanced global parental support policy”⁵⁵, which sets minimum standards of 18 weeks parental leave for primary caregivers and 4 weeks for secondary caregivers

⁵¹ EIGE., Index 2019., *op.cit.* p. 102.

⁵² Make Mothers Matter, “What Matters to Mothers in Europe”, *op.cit.*

⁵³ See: <https://eduensemble.org/entreprise/>

⁵⁴ MásFamilia organisation., at <https://www.masfamilia.org>.

⁵⁵ NESTLÉ., “Nestlé supports families with new parental leave policy”, 2019, available at <https://www.nestle.com/media/pressreleases/allpressreleases/nestle-supports-families-new-parental-leave-policy>.

4. Lifelong Learning

A. Context

According to EIGE, **time** is the biggest barrier preventing men and women from engaging in lifelong learning. **Care responsibilities** and household duties are highlighted as key time issues.⁵⁶ Mothers in the EU undertake the bulk of care duties. This has implications for their employment opportunities, involvement in social, leisure and cultural activities but also their **participation in lifelong learning**. On average, 40 % of women in the EU who faced obstacles to participating in education and training activities, could not take part due to family responsibilities.⁵⁷ As reported by EIGE, “*women consistently report that they cannot participate in lifelong learning because of their family responsibilities.*”⁵⁸

However, while caring for others, mothers develop a new set of skills, called **soft skills**. As the Erasmus + project MOM⁵⁹ states: “*there is plenty of scientific and sociological evidence demonstrating that motherhood is a moment of intellectual development, skill growth and explosion of energies. Moreover, there is a clear affinity between the complex environment that a parent needs to manage within the family (regarding the intensity of the relationships, the development of authority, motivational and listening skills, etc.) and the modern workplaces, that nowadays require more and more empathic and interpersonal skills*”.

Unfortunately, these skills are **undervalued**. But **parenthood** is a **learning experience** that provides parents with **soft skills** that contribute to **social inclusion, personal development, empowerment, and employability**. This has been corroborated by the MASP Project (Master parenting in work and Life)⁶⁰ funded by The European Programme for Employment and Social Innovation.

There is growing evidence that recognising, reducing, and redistributing unpaid care can benefit companies. The joint report⁶¹ by Oxfam and Unilever “Business Briefing on Unpaid Care and Domestic Work” identifies several areas where firms can create business value. These include **talent acquisition and retention** and **productivity and employee engagement**. The recognition, reduction and redistribution of unpaid care work could benefit both employees and employers.

B. What we call for

As mentioned above **parenthood** is a **learning experience** that provides parents with **soft skills** that contribute to **social inclusion, personal development, empowerment, and employability**. To highlight this, MMM has joined forces with **Lifeed**, an EduTech Enterprise behind Life Based Learning, a method that is revolutionizing corporate training, giving HR the ideas and tools to

⁵⁶ EIGE., “Gender Equality Index 2019; Work-life balance”, 2019, available at <https://eige.europa.eu/publications/gender-equality-index-2019-report/lifelong-learning>.

⁵⁷ EIGE., *ibid.*

⁵⁸ EIGE., Index 2020 *op.cit.*, p.123.

⁵⁹ MOM (Maternity Opportunities and Mainstreaming) Project., <https://www.eu-mom.eu/en/public/215>.

⁶⁰ The **MASP project** aimed to change the perspective of balance between work and private life moving towards a work-life synergy concept, to encourage a more equal share of care responsibilities between women and men and to stimulate higher women participation in the labour market.

⁶¹ <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620764/bp-unpaid-care-domestic-work-business-040619-en.pdf;jsessionid=8B16E2357A9ACFBAC2233FA5F52D6593?sequence=3>



transform their employees' life transitions such as parenthood into soft skills⁶². This method has showed that if properly recognized and valued, parenthood soft skills could benefit both employees and employers, and in turn, society at large:

For employees: soft skills growth and improved wellbeing and work-life balance

For employers: talent acquisition and retention as well as productivity and employee engagement

For society: changing perceptions and stereotypes, redistributing of caring responsibilities, and supporting family policies

Apart from initiatives taken by companies, some examples of recognition and/or validation of soft skills acquired while doing unpaid care work include:

- The MAAM Tool⁶³ – Maternity as a Master, is a digital tool aimed at measuring and enhancing the improved skills of employees, during and after, parental leave. It serves enterprises and employers to better acknowledge the soft skills acquired through maternity and when becoming a parent⁶⁴
- The FamCompass34 - is an EU funded project which has developed an instrument to validate the skills obtained in the family context. This instrument assesses 'family competencies', competencies men and women have obtained in family life, in their roles as educators, homemakers and caregivers
- The MOM Project⁶⁵, a European Project financed by Erasmus+ whose aim is to frame maternity as a learning experience that provides mothers with soft skills that are extremely useful in today's workforce
- A system of Validation of Acquired Experience (VAE)⁶⁶ was introduced in France in 2015. It allows anyone to obtain a professional certification by validating experience acquired in the context of a professional and/or extra-professional activity

C. Recommendations

We make the below recommendations that can be taken by policymakers and companies to further develop policies and practices that value unpaid care work and support workforce participation of parents, especially mothers:

- **Incentivise employers to address unpaid care work and implement family-friendly policies** as highlighted in the Action Plan for the Pillar of Social Rights: *"A rulebook that rewards entrepreneurs who take care of their employees"*
- **Develop validation mechanisms and learning tools for carers' soft skills**, in particular e-validation and e-learning tools that allow these skills to be recognised and valued on the labour market
- **Access to lifelong learning should be made easier**, especially for parents, as this would facilitate their return to the labour market after a career-break due to care responsibilities

5. Single Mothers

promotes family-friendly policies in the workplace.

⁶³ <https://lifed.io/en/the-method/the-research/>

⁶⁴ At the end of the program users have completed the "Life-Based Learning," a learning method that shows people how they can use these same soft skills to be more effective at work and at home. By day-by-day activities, they learn to apply these skills to real-life work situations.

⁶⁵ MOM (Maternity Opportunities and Mainstreaming) Project., *op.cit.*

⁶⁶ The VINCE Project, <https://vince.eucen.eu/validation-in-europe/france-2/>

A. Context

The **risk of poverty and social exclusion** is particularly high among the most vulnerable groups in society. These include mothers (especially single mothers), refugee and migrant women, women with disabilities and rural women. According to MMM's member Afammer, in addition to assuming the bulk of unpaid care responsibilities, rural women are often unpaid workers in their husband's farm, or simply have no job opportunity in their area, which puts them at a significant economic disadvantage compared to women living in urban areas.⁶⁷ Other intersectional risk factors such as unemployment, lack of care services for children and caring responsibilities for dependent family members, make mothers and women with caring responsibilities more vulnerable to poverty risks.

Women are more at risk of poverty and social exclusion than men (22.8 % of women compared to 20.8% of men in 2019) and this gap only grows wider with old age (22.3% vs 18.2%) as a result of inadequate pensions deriving from career interruptions to assume care responsibilities. The gender gap in pensions ranges between 1.8 % and 48.7% across Member States, but it is estimated at a staggering 37.2% on average. Women are also disproportionately represented among lone-parent families (85%), 40.3% of which have children and are at risk of poverty or social exclusion.⁶⁸

The vulnerability to poverty in women results in an increased risk of **homelessness** and/or more difficulties in having access to **adequate housing**. This is due to expensive private rental, difficult access to affordable housing (increasingly scarce in many cities), discrimination and higher risk of eviction. One can also observe gender imbalance with regard to energy service access. Due to their lower average income, women are indeed at a greater risk of **energy poverty** than men. In December 2016, the European Parliament adopted a resolution on access to energy and called for the EU to include a gender lens in all its energy policies allowing for a better understanding of women with particular needs.

B. What we call for

Studies show that countries that combine **universal policies and policy measures targeting single parents** show lower poverty rates among single parents

C. Recommendations

MMM therefore calls on universal measures and policy tailored specifically to single parents. These include child support (and guaranteed advances) and financial supplements to child benefits that are targeted at single parents in poverty. We also call for adequate, accessible, and enabling **Minimum Income schemes** that have an essential role to play as an ultimate safety net. As stated by MEP Lina

⁶⁷ Our member AFAMMER works to ensure that Spanish women living in rural areas also have access to public infrastructure and services, in particular those that support their unpaid care work (e.g. transport, healthcare, education, childcare, etc.). Its activities also include training, access to digital technology and services that support women's economic empowerment). For more information: <https://www.afammer.es>

⁶⁸ Statement by Professor Olivier De Schutter, United Nations Special Rapporteur on extreme poverty and human rights, on his visit to the European Union (25 November 2020 to 29 January 2021), 29 January 2021, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26693&LangID=E>

Gálvez Muñoz in the FEMM Committee hearing of 15 June 2021, “the fight against women's poverty is not just about equality and social justice, it is a path to fight against childhood poverty and therefore working for a dignified future for everyone”.

6. Old age income and pensions

A. Context

The European population is aging. In 2019, more than a fifth of the EU population was aged 65 and over. The share of older persons in the total population will increase significantly in the coming decades⁶⁹, and with that so will the need for care. Yet, about 80% of the time spent caring for people with a disability or for the elderly is provided by informal carers: family, friends, or neighbours. This duty mostly falls on women.

As highlighted by M. Vothknecht (DG EMPL)⁷⁰, gender gaps in pensions reflect the gender gaps in remuneration, working hours and years of employment of women. Household and caring duties relating to children and older relatives fall mostly upon women who, as a result, experience more career interruptions and hold part-time jobs more often than men.

In 2017 the gender pension gap (GGP) – the gap between the average pre-tax income received as a pension by women and that received by men – stood at 37,5% in the 65 and over age group⁷¹. The GGP is almost never simply a question of pension system design. Its explanation is unlikely to just point to any one specific feature or parameter of the pension system. **Typically pension systems accumulate inequalities that occur over a person’s lifetime.**

In 2016, the FEMM Committee stated that⁷² “**the pension gap**...reflects the higher proportion of women **working part-time**, for lower hourly wages, with **career breaks** and with less years in employment owing to **the unpaid work** performed by women as **mothers** and as caregivers in their families.” The report also highlights that the GGP of married women and mothers is much greater than that of single women without children and that inequalities suffered by mothers, especially single mothers, are likely to be exacerbated when they retire. Without recognition, mothers of retirement age are exposed to a higher risk of poverty because they reduced their working time or dropped out of the labour market for caring activities with a direct consequence on their contribution to social security.

As highlighted by Dubravka Šuica, Vice President for Democracy and Demography: "demographic trend of aging women are most likely to need long-term care, are the primary providers of long-term care and are the least likely to be able to afford long-term care due to economic gender inequalities. An economically sustainable long-term care system is needed".

⁶⁹ See: <http://www.alliance4investinginchildren.eu/contribution-of-the-eu-alliance-for-investing-in-children-to-the-european-commission-public-consultation-on-the-child-guarantee/>.

⁷⁰ European Commission., “What explains the higher poverty risk of elderly women? ”, 2015, available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=752&furtherNews=yes&newsId=2349>.

⁷¹ EUROPEAN COMMISSION, *Ibid*.

⁷² FEMM Committee, Report on the need for EU strategy to end prevent the gender pension gap, A8-0197/2017, 12 May 2017.

B. What we call for

In our survey *What Matters to Mothers in Europe*⁷³, respondent **mothers said they wanted better recognition of the importance of family care and motherhood in society**. They asked for the **unpaid care work done by families to be recognised as a major resource for society and as a source of social cohesion**. By caring for and raising their children, mothers are working for the future of our society. It is high time this invisible work, mostly done by women/mothers, is recognized, and valued for what it is: **essential work**. **Unpaid care work** provides an **indispensable** support to the world economy. Yet it is not recognized, not valued, and generates poverty and discrimination. The design of the pension system, which is part of social protection matters a lot. It should have a redistributive effect and reflect the fact that unpaid care is a collective responsibility

As such, *MMM* calls on Member States to introduce “**care credits**” to the benefit of both women and men and to fairly take these credits into account in pension entitlements. These “care credits” will offset breaks from employment to provide informal care to family members, and periods of formal care leave, such as maternity, paternity, and parental leave. Theoretically, these periods should be credited to a carer’s pension contribution, irrespective of whether the care is provided to underage children, elderly persons, or sick or disabled persons.

Another good practice is the increase in insurance period in pension for French women who had children. In France, having children gives the right to additional quarters of pension insurance. This is known as an increase (in insurance period) for children. As such, 4 quarters per child born or adopted before 2010 are automatically granted to the mother in return for the impact on her working life of maternity or adoption. A further 4 quarters are also automatically granted to the mother in consideration of the child's education during the 4 years following the birth or adoption.

The Finnish model of pension for family leave is an example worth highlighting as it allows parents to receive pension credits for maternity, paternity or parental benefit or a **child home care allowance**. The last one is particularly interesting as it goes beyond maternity, paternity, or parental leave. This is because the Finnish model of Early Childhood Education and Care (ECEC) that we detailed on page 12 gives access to allowances for carers who stay at home on care leave until their youngest child turns three. Thanks to this, parents who decide to opt for an in-family care solution and care for their child themselves, will receive pension funds for the periods of the child home care allowance until the youngest child turns three years.⁷⁴

In Germany, having a child gives one parent a credit of one pension point annually for three years. Similarly in Estonia, care credits are given based on the nationwide average income again.⁷⁵ Both options result in a much higher pension entitlement for low earners throughout the credit period. In the UK, grandparents or other family members who care for a child under 12 while the parents are at work can accumulate care credits towards their pension.⁷⁶

C. Recommendations

- Redefining “**work**” as a holistic concept combining **both paid and unpaid work**

⁷³ Make Mothers Matter, “What Matters to Mothers in Europe”, *op.cit.*

⁷⁴ For more information see <https://www.tyoelake.fi/en/how-much-pension/pension-for-family-leaves/>

⁷⁵ OECD, “Pensions at a glance 2019: OECD and G20 Indicators”, 2019, see: <https://www.oecd-ilibrary.org/sites/2625ac58-en/index.html?itemId=/content/component/2625ac58-en>

⁷⁶ A grandparent, or other family member, who cares for a child under 12, usually whilst their parent (or main carer) is working, may be entitled to receive National Insurance (NI) credit. See: <https://www.gov.uk/government/publications/national-insurance-credits-for-adults-who-care-for-a-child-under-12-fact-sheet/specified-adult-childcare-credits-fact-sheet>

- Considering **unpaid care work as essential work** giving access to social rights, (e.g., access to social security, education, and training)
- Introducing '**care credits**' to offset breaks from employment taken in order to provide informal care to family members and periods of formal care leave, such as maternity, paternity and parental leave, and to count those credits towards pension entitlements fairly
- Promoting **time-credit**⁷⁷ which allows parents to take a career break for a certain period, during which they receive an allowance
- Reform Member States' systems for survivor's pensions and widow's pensions in order not to penalise unmarried women and study the effects of different systems providing survivor's pensions in light of the high rates of divorce, the incidence of poverty among non-married couples and the social exclusion of older women.⁷⁸

7. Wellbeing Economy

The Covid-19 crisis has shown what really matters to people. It has highlighted in particular the critical importance of Care work, whether paid or unpaid. It also increased visibility of the people carrying out this invaluable work, most of whom are women. This crisis also exposed the challenges that most women, especially when they are mothers, face in trying to juggle paid work and Care responsibilities, as these dramatically increased with lockdowns and schools moving online – even forcing many mothers out of the workforce. Feminist economists have long shown that, in fact, our current economic system doesn't really work for women, particularly not for mothers, and they have also for many years pointed to the inequitable distribution of unpaid care work as a root cause of Gender inequalities and discriminations, especially when it comes to mothers' labour force participation⁷⁹.

And indeed, the Covid-19 crisis has also exposed how our economic system and thinking is based on wrong assumptions and falsehoods, in particular, as pointed out by the UN Secretary General, the "fiction that unpaid care work is not work", and "the lie that free markets can deliver health" and wellbeing for all. The reality is that our current economic system considers both unpaid care work and nature as endless and free commodities. It is at the root of the many global crises that our world faces today, from increasing inequalities to climate change and environmental destruction. The Covid-19 crisis provides a unique opportunity to repurpose our economy, to a more caring system that serves the wellbeing of people and our planet, not the other way around.

At MMM, our main objective is to ensure that care and education, and the role of mothers and families, is at the heart of this new economic system. We believe all forms of care and education work, whether paid or unpaid, should be recognised and properly valued. They must also be seen as an investment (in human capital), not as expenses to be minimized.

⁷⁷ See example of Belgian 'time-credit system' on p.11.

⁷⁸ FEMM Committee, Report on the need for an EU strategy to end and prevent the gender pension gap, *op.cit.*

⁷⁹ See for example the work of the Women's Budget Group, UK 3 <https://wbg.org.uk/commission/>

8. Conclusion

This report has elaborated on maternal health, gender equality, work-life balance, lifelong learning, single mothers, and old age income, and has made detailed recommendations under each section. As we have seen, women and mothers are key care providers in society. MMM believes that is crucial to recognize their invaluable contribution to society. Childbearing, educational and care responsibilities impact their mental and physical health, which make them in turn care recipients. Therefore, MMM advocates for inclusive, accessible, affordable and qualitative maternal health services to be reflected in the next European Care Strategy.

In addition to the recognition of mothers' unpaid work of care towards their family members, young and old, MMM believes that the latter should also be reduced through supportive childcare policies and services, respectful of families' life balance and children's development. Unpaid care work of mothers should also be further redistributed to close the gender care, employment and pension gaps. It is essential that fathers have the ability – culturally, financially and time-wise – to take an active role in the upbringing of their children. Other actors such as grandparents also play an important role in grandchildren's education and support to their parents. In several MS, systems of care credits towards pensions of parents and grandparents have been emerging. MMM can only encourage such initiatives and hope that the European Care Strategy will include such innovative practices in an intergenerational approach. Current pension systems accumulate inequalities that occur over mothers' lifetime because of their care responsibilities. This result in poverty and health neglect for women at retired age.

The private sector should also be consulted for the Strategy as MMM is convinced that if companies invest in lifelong learning of their personnel during and after care breaks, they will enhance their staff abilities and commitment. MMM has been collaborating on the matter with some private companies to have competences acquired outside of work be recognized and valued in the professional sphere. Such initiatives are part of a circular approach to one's career and in which competences are transversal between family and work life.

MMM strongly hopes that together with the Gender Equality Strategy 2020-2025, the new Care Strategy will be sensitized to woman as key care providers and place mothers centre stage when it comes to unpaid care work.

9. References

1. T. M. Alon, M. Doepke, J. Olmstead-Rumsey, And M. Tertilt, "The Impact Of Covid-19 On Gender Equality", 2020; Eige, "Tackling The Gender Pay Gap: Not Without A Better Work-Life Balance", 2019.
2. Miteniece, E., Pavlova, M., Rechel, B., Groot, W, Barriers To Accessing Adequate Maternal Care In Central And Eastern European Countries: A Systematic Literature Review, *Social Science & Medicine* (2017), Doi: 10.1016/J.Socscimed.2017.01.049
3. Rechel B., Mladovsky P., Deville W., Rijks B., Pterova-Benedict R., Mckee M, *European Observatory On Health Systems And Policies Series: Migration And Health In The European Union* (2011).
4. United Nations. (2000). Cescr General Comment No. 14: The Right To The Highest Attainable Standard Of Health (Art.12). Adopted At The Twenty-Second Session Of The Committee On Economic, Social And Cultural Rights, On 11 August 2000. Geneva: Office Of The High Commissioner For Human Rights.
5. Expert Panel On Effective Ways Of Investing In Health (ExpH), Preliminary Report On Access To Health Services In The European Union.
6. Center For Reproductive Rights, *Perilous Pregnancies: Barriers In Access To Affordable Maternal Health Care For Undocumented Migrant Women In The European Union* (2018).
7. Mishtal, J. (2010). Neoliberal Reforms And Privatisation Of Reproductive Health Services In Post-Socialist Poland. *Reprod Health Matters*, Mishtal, J. (2010). 18(36), 56-66. Doi: 10.1016/S0968-8080(10)36524-4.
8. Parkhurst, J. O., Penn-Kekana, L., Blaauw, D., Balabanova, D., Danishevski, K., Rahman, S. A., Ssengooba, F. (2005). Health Systems Factors Influencing Maternal Health Services: A Four-Country Comparison. *Health Policy*, 73(2), Pp. 127-138.
9. Plos Is A Non-Profit, Open Access Publisher Empowering Researchers To Accelerate Progress In Science And Medicine By Leading A Transform In Research Communication.
10. Policy Department For Citizens' Rights And Constitutional Affairs Directorate General For Internal Policies Of The Union Pe 608.874 - April 2019, *Access To Maternal Health And Midwifery For Vulnerable Groups In The Eu, Woman's Rights And Gender Equality*.
11. Sweden, Slovenia, The Uk, Croatia And Germany
12. Portugal, Spain, France, Italy, The Netherlands, The Czech Republic, Denmark And Norway.
13. Miteniece, E., Pavlova, M., Rechel, B., Groot, W., Barriers To Accessing Adequate Maternal Care In Central And Eastern European Countries: A Systematic Literature Review, *Social Science & Medicine* (2017), Doi: 10.1016/J.Socscimed.2017.01.049.
14. Laird, L.D, De Marrais, J, & Barnes, LI (2007). Portraying Islam And Muslims In Medline: A Content Analysis. *Social Science & Medicine* 65: 2425–2439.
15. Colombini, M., Rechel, B., & Mayhew, S. H. (2012). Access Of Roma To Sexual And Reproductive Health Services: Qualitative Findings From Albania, Bulgaria And Macedonia. *Glob Public Health*, 7(5), 522-534.
16. Available At: <https://www.dw.com/en/women-around-the-world-face-widespread-abuse-during-childbirth/a-51393868>
17. Available At: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2675-y> (Last Accessed On 11 November 2020).
18. Rozporządzenie Ministra Zdrowia Z Dnia 16 Sierpnia 2018 R. W Sprawie Standardu Organizacyjnego Opieki Okołoporodowej Dz.U. 2018 Poz. 1756. 2018. See Further: <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/wdu20180001756/o/d20181756.pdf>



19. Jomeen J, Redshaw M. Black And Minority Ethnic Women's Experiences Of Contemporary Maternity Care In England. *J Reprod Infant Psychol.* 2011;29. See Also: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488322/>
20. Meghan A. Bohren, Joshua P. Vogel Et Al., the Mistreatment Of Women During Childbirth In Health Facilities Globally: A Mixed-Methods Systematic Review, *Plos Med.* 2015 Jun; 12(6): E1001847. Available At: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488322/>
21. Rise Up Ppd, Research Innovation And Sustainable Pan-European Network In Peripartum Depression, See <https://www.riseupppd18138.com>
22. T. M. Alon, M. Doepke, J. Olmstead-Rumsey, And M. Tertilt, "The Impact Of Covid-19 On Gender Equality", 2020; Eige, "Tackling The Gender Pay Gap: Not Without A Better Work-Life Balance", 2019
23. Ursula Barry, "Gender Equality: Economic Value Of Care From The Perspective Of The Applicable Eu Funds", June 2021.
24. Eige., Index 2019., *Op.Cit.* P. 122.
25. Public Hearing On Enhancing Gender Equality Through Common European Action On Care Organized By The Femm Committee, October 2021, <https://www.europarl.europa.eu/committees/en/public-hearing-on-enhancing-gender-equal/product-details/20211007che09445>
26. Rand Europe, "Maternity Leave Policies Trade-Offs Between Labour Market Demands And Health Benefits For Children", 2016.
27. Ilo., "Maternity Protection Ressource Package: Module 3 Maternity Protection At Work : Why Is It Important? ", 2012.
28. See The Results Of Make Mothers Matter 2021 Survey: <https://mmmfrance.org/wp-content/uploads/2021/09/Principaux-Resultats-Enquete-Mmmf-1.Pdf><https://mmmfrance.org/presentation-des-resultats-de-notre-enquete-a-la-mairie-de-versailles/>
29. Eige., Index 2019., *Op.Cit.* P. 71.
30. Public Hearing On Enhancing Gender Equality Through Common European Action On Care Organised By The Femm Committee, October 2021, <https://www.europarl.europa.eu/committees/en/public-hearing-on-enhancing-gender-equal/product-details/20211007che09445>
31. Rand Europe., "Paternity And Parental Leave Policies Across The European Union", 2016, P.3.
32. See The Results Of Make Mothers Matter 2021 Survey: <https://mmmfrance.org/wp-content/uploads/2021/09/Principaux-Resultats-Enquete-Mmmf-1.Pdf>
33. European Commission, "Barcelona Objectives", 2018, Available At: https://ec.europa.eu/info/sites/info/files/bcn_objectives-report2018_web_en.pdf
34. *Le Petit Vélo Jaune* Offers Support To Parents Who In Precarious Situation, <https://www.petitvelojaune.be/>
35. [See European Commission's Eurydice Network Page On Finland](#)
36. See <https://www.partena-professional.be/en/knowledge-center/infoflashes/time-credit-and-additional-hours>
37. See <https://kinderschutzbund-bochum.de/2020/09/11/einblick-in-den-grosseltdienst/>
38. See <http://www.toyproject.net/project/toy-inclusion-2/>
39. As Announced By Géraldine Libreau -Policy Officer – Ecec At European Commission: The Toy For Inclusion And The Concept Of Play Hubs Will Be Promoted In The European Commission Toolkit For Inclusion In Ecec, To Be Published Early 2021.
40. Light For The World And Open Society Foundation, Global Report "Leave No Child Behind", 2020, P.23., Available At [:https://www.light-for-the-world.org/sites/ldfw_org/files/download_file/global_summative_report_leave_no_child_behind.pdf](https://www.light-for-the-world.org/sites/ldfw_org/files/download_file/global_summative_report_leave_no_child_behind.pdf),
41. Eige., Index 2019., *Op.Cit.* P. 102.
42. Make Mothers Matter, "What Matters To Mothers In Europe", *Op.Cit.*
43. See: <https://eduensemble.org/entreprise/>
44. Màsfamilya Organisation., At <https://www.masfamilya.org>

45. Nestlé., “Nestlé Supports Families With New Parental Leave Policy ”, 2019, Available At <https://www.nestle.com/media/pressreleases/allpressreleases/nestle-supports-families-new-parental-leave-policy>.
46. Eige., “Gender Equality Index 2019; Work-Life Balance ”, 2019, Available At <https://eige.europa.eu/publications/gender-equality-index-2019-report/lifelong-learning>.
47. Eige., Index 2020 *Op.Cit.*, P.123.
48. Mom (Maternity Opportunities And Mainstreaming) Project., <https://www.eu-mom.eu/en/public/215>.
49. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620764/bp-unpaid-care-domestic-work-business-040619-en.pdf;jsessionid=8b16e2357a9acfbac2233fa5f52d6593?sequence=3>
50. <https://lifed.io/en/the-method/the-research/>
51. Mom (Maternity Opportunities And Mainstreaming) Project., *Op.Cit.*
52. The Vince Project, <https://vince.eucen.eu/validation-in-europe/france-2/>
53. Statement By Professor Olivier De Schutter, United Nations Special Rapporteur On Extreme Poverty And Human Rights, On His Visit To The European Union (25 November 2020 To 29 January 2021), 29 January 2021, <https://www.ohchr.org/en/newsevents/pages/displaynews.aspx?newsid=26693&langid=E>
54. See: <http://www.alliance4investinginchildren.eu/contribution-of-the-eu-alliance-for-investing-in-children-to-the-european-commission-public-consultation-on-the-child-guarantee/>.
55. European Commission., “What Explains The Higher Poverty Risk Of Elderly Women? ”, 2015, Available At: <https://ec.europa.eu/social/main.jsp?langid=en&catid=752&furthernews=yes&newsid=2349>.
56. Femm Committee, Report On The Need For Eu Strategy To End Prevent The Gender Pension Gap, A8-0197/2017, 12 May 2017.
57. Make Mothers Matter, “What Matters To Mothers In Europe”, *Op.Cit.*
58. For More Information See <https://www.tyoelake.fi/en/how-much-pension/pension-for-family-leaves/>
59. Oecd, “Pensions At A Glance 2019: Oecd And G20 Indicators”, 2019, See: <https://www.oecd-ilibrary.org/sites/2625ac58-en/index.html?itemid=/content/component/2625ac58-en>
60. A Grandparent, Or Other Family Member, Who Cares For A Child Under 12, Usually Whilst Their Parent (Or Main Carer) Is Working, May Be Entitled To Receive national Insurance (Ni) credit. See: <https://www.gov.uk/government/publications/national-insurance-credits-for-adults-who-care-for-a-child-under-12-fact-sheet/specified-adult-childcare-credits-fact-sheet>
61. See Example Of Belgian ‘time-Credit System’ On P.11.
62. Femm Committee, Report On The Need For An Eu Strategy To End And Prevent The Gender Pension Gap, *Op.Cit.*