

EU Alliance for Investing in Children Recommendations for the European Commission's Call for Evidence on the European Care Strategy

The [EU Alliance for Investing in Children](#) (Alliance) welcomes the European Commission's efforts to engage with civil society organisations and collect their views on the upcoming European Care Strategy (ECS). This document was drafted through a joint effort of the Alliance members. It provides comprehensive recommendations on numerous areas at the core of the revision, including but not limited to disability and chronic illness, gender equality, enabling social service provisions, children's rights, and marginalised communities.

Overarching Recommendations:

- The **best interest of the child** should be an underlying principle of the ECS and the two proposals for Council Recommendations.
- **Third-country nationals**, people from **racialised communities** such as Roma, **undocumented** and **stateless individuals** living in the EU must be fully considered and included in every part of the ECS to ensure access to free, high-quality formal early childhood education and care. Notably, the ECS will have to address the high levels of **antigypsyism** experienced by Europe's Roma, institutionally and from peers, which effectively hinders their access to services, including care. Additionally, the ECS should consider that **care work is deeply racialised**. Many Roma women and other women of colour are employed in the sector or provide informal care in households.
- The EU should ensure **convergence in the achievement of the strategy by all Member States**; all children deserve equal care across the European territory, ensuring no child stays behind regardless of their nationality, migration status, or background. The EU should also ensure **structured coordination and collaboration** between the different services and stakeholders concerned,
- The ECS should ensure **meaningful engagement** with all relevant stakeholders, including migrant- and minority-led organisations and migrant and minority carers representatives. Participation of children, other targeted groups, and CSOs should be included in the programming, development, implementation, and monitoring of the ECS policies and frameworks.
- The ECS should set out a **comprehensive, positive, ambitious, life cycle and continuum approach** to care across the EU – from birth to old age. The ECS should ensure a **lifespan** (universalism), **person-centred** (emphasising **social inclusion** and **home, family and Community Based approach** by strengthening the role of communities in health and social care and promoting volunteering programmes, neighbourhood groups and community centres. A European Care Strategy should set out a vision for a caring European society, linked to the wellbeing economy (the Beyond-GDP growth performance), assets-oriented and Sustainable Development Goals-supportive.
- To address the needs of the **most vulnerable groups**, the ECS should adopt a **social protection approach** to child and long-term care. Without **public social protection**, the out-of-pocket

costs of long-term care would push most people into income poverty. Concurrently, low-income families may not afford childcare expenses with a risk of perpetuating child poverty or informal caregiving. However, a focus on key services alone is insufficient to reduce poverty for children and their families. It is crucial to **support adequate income** (such as decent wages and/or income support). Adequate, accessible, and enabling minimum income schemes, including inclusive activation measures, fair minimum wages, and good working conditions, are the necessary preconditions for ensuring affordable and quality provision and access to care services.¹ The ECS should also explore the positive aspects of basic income like schemes to complement minimum income schemes in the EU, in particular their destigmatising and psychosocial health benefits for the end beneficiaries.

- The ECS will have to address the **gender dimension** of informal carers. Indeed, 80% of all long-term care is provided by informal carers who usually provide unpaid care outside of a professional context, without appropriate support or social recognition, and are, in most cases, women. Such structural inequality has heavy consequences on women, namely employment, pay/pension gap, mental and physical health.
- The ECS will have to address the **under-investment** and **inadaptability of social services** to the needs of today's society, such as socio-demographic changes and digital economy, which block their transformational potential in the field of caregiving and prevention of socio-economic exclusion. The ECS should also consider addressing the increasing privatisation and commercialisation (and in case of the long-term care – medicalisation) of services falling under its scope, linking this with its affordability and accessibility.
- There is an acute need for improved **data collection** on formal and informal care across the EU – **disaggregated** by gender, age, disability, ethnic background, availability and affordability, and the type of care provided or received. For example, regarding **children with disabilities**, there needs to be more regular data collection than every three years via the Eurostat/ EU-SILC ad hoc module on health. In addition, children in alternative care are not sufficiently mapped at EU level. Therefore we propose the four main indicators identified by Eurochild and UNICEF in the [Data Care project](#): i.e. the rate of children aged 0-17 in alternative care at a specific point in time; the rate of children aged 0-17 in residential care at a specific point in time; the rate of children aged 0-17 in formal family-based care at a specific point in time; the percentage of children aged 0-17 in residential care – of the total number of children aged 0-17 in alternative care at a specific point in time.
- Despite the EU's commitment to the **deinstitutionalisation of children** in alternative care and transition to quality family and community-based care, the DataCare project² by Eurochild and UNICEF has estimated a total of **303,000 children in residential care in EU countries, including children who are still living in institutions**. In addition, children with disabilities and of migrant and ethnic origin are overrepresented in residential care settings.³ However, given the diversity of definitions regarding residential care⁴, it is hard to estimate how many of those children reside in institutional care and how many are living in quality residential care. We use the following definition of institutions: children are isolated from the wider

¹ Please see the [EAPN Position Paper](#) on adequate Income

² Please see [Final findings from the DataCare project make a clear case for monitoring progress in deinstitutionalisation](#), Eurochild and UNICEF, December 2021

³ Better data for better child protection systems in Europe: [Mapping how data on children in alternative care are collected, analysed and published across 28 European countries](#), UNICEF and Eurochild, 2021

⁴ Please see [Better Data for Better Child Protection Systems in Europe](#), Eurochild

community and obliged to live together; children and their parents do not have sufficient control over their lives and over decisions that affect them; the institution's requirements take precedence over a child's individual needs.⁵ Placement in institutional care is not in children's best interests, and is particularly harmful to very young children, by significantly disrupting a healthy life-course development.⁶ The ECS should **fully commit to the transitioning from institutional care to quality community and family-based care services**.

- Placement in institutional care is not in children's best interests. The ECS should **fully commit to the transitioning from institutional care to quality community and family-based care services**.
- **Mental health** is the "great neglected" in public policies and expenditure. The pandemic has had a serious impact on the mental health and well-being of both care receivers and caregivers. **Work-related mental health issues of long-term care workers** (including informal carers) **should be prioritised** as the well-being of caregivers is an essential precondition for a life of dignity for all and the accessibility to quality health and care services.
- The use and outcomes of public funding and quality frameworks for social services should be within the frame of the ECS and be **properly monitored** at national level.
- **ECEC** plays a crucial role in children's development. Yet provision, access, affordability, and quality vary significantly between and within EU countries. Despite targeted policies, a lack of infrastructure and insufficient preparation and capacity to respond to their specific needs contribute to disparities in access and quality. The ECS will require **increased public investment in ECEC** alongside **greater support for families with young children at risk of poverty and social exclusion** and **strengthening the capacity and professional development of ECEC staff**.

Accessibility:

- Member States must ensure that **all children** and families have a legal entitlement to early childhood education and care, **regardless of residence status**.
- **Ethnic segregation** in educational settings, the **lack of inclusiveness** and the **low quality of services** are major hindering factors. For example, in many countries, **Roma children** are significantly less likely to attend preschool than other children and face a range of barriers to access. This requires **targeted interventions** to support very young children from minority communities. Moreover, the ECS must address **spatial segregation**, a key barrier for Roma to access care services. Many live in remote, informal settlements, which are not covered by care services. Furthermore, **all discrimination** must be combatted in accessing care services, particularly for users from racialised communities, such as the Roma.
- Member States must ensure effective access to care by **taking away any non-financial barriers** preventing undocumented children and families from accessing formal childcare, including by ensuring children can access childcare as soon as possible, bridging the digital

⁵ Please see [Deinstitutionalisation of Europe's Children – Questions and Answers](#), Opening doors for Europe's children

⁶ Marinus H van IJzendoorn et al; *Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development*, Lancet Psychiatry 2020; 7: 703–20

divide in communication and payment procedures, setting up information campaigns on undocumented children's entitlement to ECEC.

- The strategy must include **children with disabilities** and other groups of children in need, such as **children living in a single-parent household**, as a **specific target**, with indicators and specific data to monitor their access to and participation in ECEC. Indeed, the provision of services for children with disabilities or in need of psychiatric care has many shortcomings, such as the availability and accessibility of rehabilitation services, shortage of qualified professionals, long waiting lists for residential youth care, parents' difficulty in accessing cash benefits.
- The ECS should **foster investment** in early childhood intervention services systems for **children with disabilities** (early assessment, early support with family-centred approach) as a measure to foster their participation in ECEC.
- The labour market and social protection system should challenge and transform the current care model, which **disproportionately impacts women** and must adequately invest in quality and affordable care services.
- The **segmentation between health and social services** in long-term care services for all age groups should be resolved through better integration, task-shifting, re-and up-skilling of the workforce and highlighting of the enabling aspects of the social and health sector.
- Measures to address **digital poverty** (lack of digital skills, unequal access to the internet and devices) should be incorporated in the ECS, especially regarding access to education⁷ health, and social and financial services.

Affordability:

- Member States must guarantee **free access to high-quality early childhood education and care for all children** at risk of poverty and social exclusion by addressing financial barriers, as foreseen by the Child Guarantee. This includes **tackling financial barriers** for all children and families in need, irrespective of residence status, through a range of measures including but not limited to tax breaks.
- The ECS should implement measures to **support children in socio-economic difficulties**, from free access to ECEC facilities to ensuring quality, easy-to-reach services. The ECS should also ensure **coverage of care services for people in poverty** who do not benefit from Minimum Income Schemes, while ensuring a fair distribution of in-kind health benefits.
- The ECS should stimulate **investments in prevention and health promotion**, which are currently alarmingly low and insufficient (an average of 3% in relation to GDP & total healthcare budgets), investments in healthy/active lifestyles for children, and integrated preventive/well-being-enhancing approaches throughout the entire life course.

Sustainability:

⁷ Please see the [EAPN report](#) on the right to universal, quality, affordable, accessible and inclusive public education throughout the life-course.

- The upcoming Council Recommendations should call for **national action plans** to implement the ECS and develop a **monitoring and evaluation framework** to ensure progress in the areas identified and continuity in the national efforts to implement the strategy.
- The EU and its Member States should ensure the **allocation of continuous and adequate funding** to enable a robust implementation and monitoring of the ECS in the long term.
- The European Commission should consider the set up a **European Care Platform** to promote promising models for funding and quality of care services across Europe, including quality of life for women caregivers.

Quality of care:

- The European Commission and Member States must develop **quality assurance systems** for monitoring care services and implement the European Quality Framework ECEC as developed by the European Council.
- Member States should allocate **public funding on long term care upon conditionalities**, such as social dialogue, indicators for well-being and quality of services, such as the voluntary European quality framework for social services, the Guidelines on Independent Living and European Quality Framework for social services of excellence for persons with disabilities (announced for 2023 and 2024 in the Strategy for the Rights of Persons with Disabilities 2021-2030), and the European Quality Framework for long-term care services.
- The ECS should promote a **community-based approach** to programmes and day-care centres for children and families at risk to prevent the separation of children from their families. It should also increase their capacity and accessibility in rural areas.

Workforce:

- The ECS should include measures for **staff training** for the **inclusion of children with disabilities and special needs** in mainstream ECEC.
- Member States must ensure **enforcement of labour standards to all workers in the sector**, regardless of their migration or residence status, work arrangements, or employment relationship (placement agencies, provider organisations, contract with the end-users or domestic workers operating as self-employed). This must include, in particular, providing information and effective complaints mechanisms that enable workers to know their rights, file a complaint, and access remedies without any immigration enforcement consequences. The European Commission should also ensure that EU legal standards and policy enable and promote such mechanisms.⁸

⁸ Including through measures to improve implementation of, and potential revision of, existing EU standards (with particular reference to the Single Permit Directive, the Employers' Sanctions Directive, the Anti-Trafficking framework, the Return Directive) as well as considering the development of new EU law on enforcement of employment standards, through monitoring and complaints mechanisms.

- The European Commission and Member States must ensure the **full application of all employment regulations**, including the Working Time Directive⁹ and **proposed Directive on adequate minimum wages**, to all care workers, including domestic workers. Furthermore, Member States must ratify the ILO Domestic Workers Convention (no. 189) and ensure its full implementation.
- Member States must **recognise the demand for labour force in the sector** by ensuring that domestic and community and home care work are considered eligible under general **work permit schemes** for admission for people from outside of the EU and provide pathways for regularisation. Furthermore, Member States must ensure that the procedures and permits granted **promote decent work and social inclusion**.¹⁰ The European Commission is to seek to **strengthen minimum standards** set out in EU law in the reform of the Single Permit Directive.
- Member States should take specific measures to address the **precarious conditions of EU mobile and migrant care workers**.
- The ECS should ensure that the **capacity and skills** of the care sector/workforce work in interdisciplinary teams to ensure the full implementation of the integrated care principles, enabling the design and delivery of person-centred, community-based services that are assets-oriented and health and social equity-enhancing.
- The ECS should ensure that the workforce gains skills and competencies to take stock of the latest **digital technology** developments.
- **Difficult working conditions and low salaries** in the care sector must be prioritised through adequate public policies: the physical and mental strain of caregivers, low coverage by collective agreements and non-standard work arrangements, particularly for live-in carers who often are mobile or migrant care workers, are some of the prevailing issues of concern.
- The ECS should increase the **valorisation of the care profession at Member State level**, including improving working conditions, remuneration and investments in further training of care professionals to counter the shortage of qualified care professionals and improve care standards.
- The ECS should recognise and tackle **the ethnic dimension of the care sector**; many Roma women and women of colour are employed or working as informal carers.
- **Roma care recipients** often face discrimination and antigypsyism, not least from care service providers. Combatting such tendencies, **providing anti-bias training to care providers, raising awareness about specific Roma needs**, and working closely with existing Roma health mediators in communities must be key elements integrated into the strategy.

Female labour participation:

- As caregiving is a gendered issue, any approach should be **gender-informed**. Specific attention should be given to **single mothers and their children**, irrespective of residence

⁹ Including workers in domestic households. MS to ensure that employees in diplomatic households are provided employment contracts and protected by employment law.

¹⁰ For more information, see PICUM, [Designing labour migration policies to promote decent work](#), 2021.

status, as not having access to childcare may prevent them from accessing social services, regularising their stay and/or working.¹¹

- The increased **racialisation of the sector** breeds inequalities between typically white, well-off women who can afford to externalise care obligations, and women of colour without means who deprive their own families of care while providing it elsewhere, and who are meanwhile unable to take up other employment, training, or social participation opportunities.
- **Childcare facilities should not be mere parking lots for parents** to leave their children and join the labour market, but instead, be organised via a child-centred approach as a key part of ECEC.

Ensure and nurture synergies with other EU measures and instruments:

- The EU Pillar of Social Rights Action Plan
- The Gothenburg Declaration
- The Porto (Social Summit) Declaration
- The Council Recommendation on the European Child Guarantee
- The EU Strategy on the Rights of the Child
- The Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021-2030), and its third target for participation in ECEC
- The European Strategy for the Rights of Persons with Disabilities
- The Gender Equality Strategy
- The Work-life Balance Directive
- The Green Paper on Ageing: Fostering solidarity and responsibility between generations
- The EU4Health Programme and the ERDF/cohesion policy instruments to address regional inequalities in access to/availability of care
- The European Semester and the implementation of the National Recovery and Resilience Plans
- The EU Framework for Occupational Health and Safety 2021-2027
- The Council Recommendation on Access to Social Protection
- The Council Conclusions on the Economy of Well-being
- The Council Recommendation on High-Quality Early Childhood Education and Care Systems
- The EU Strategic Framework on Roma Equality, Inclusion, and Participation
- The European Commission Proposal for a Council Recommendation on adequate minimum income schemes in the EU

Additional useful documents on the issue:

- **COFACE Families Europe** issued some [recommendations](#) on the EU Care Strategy

¹¹ Undocumented parents often have no choice but to take their children with them to immigration appointments and interviews, as they may not be able to arrange childcare or rely on older children for interpretation. For more on this, see PICUM, 2021, [Navigating Irregularity. The impact of growing up undocumented in Europe](#). The impact of growing up undocumented in Europe, p. 21.

- **AGE** issued a [policy brief](#) based on a year of brainstorming with members on what a rights-based approach to long-term care could mean and where to go from there.
- **Caritas Europa** contributed to a [joint position](#) on the EU Care Strategy
- **Social Services Europe** already published a paper on quality social services
- **EAPN** issued a [report](#) on the reduction of poverty and social exclusion through education, vocational training and lifelong learning
- **EAPN Spain** issued [concrete recommendations](#) to better adapt social services to today's reality while adopting a human-rights approach
- **Social Platform** [contributed to the SPC report on long-term care with a joint paper](#)
- **EESC** has [already issued an opinion](#) and will issue [a second one](#)
- **EPSU-AGE-EDF** [called for an inquiry committee on COVID19 in LTC settings](#) in 2020
- **AGE-Red Cross** published a [joint paper](#) on vision on long-term care
- **EPSU** published a [paper for the care strategy](#) and one on [resilience in long-term care](#)
- **EASPD** has a project on personal budgets in long-term care. [Position paper on care strategy](#)
- **Eurocarers** published a series of [demands towards a care strategy](#)
- **AIM** published a [statement on the care strategy](#)
- **ERGO Network** published thematic snapshots on Roma [Health, Disability & Long-Term Care](#), [Childcare & Children](#), and [Gender Equality & Work-Life Balance](#)
- **EUROCHILD** published a [position paper on care strategy](#)
- **RCEU** published a paper on [Protecting the dignity and rights of migrants in an irregular situation](#)
- **Eurodiaconia** issued a Report of the High-Level Group on Social Service on [The Future of Social Services](#)
- **Make Mothers Matter** issued a [paper](#) on the Care Strategy
- Caritas Europa, European Anti-Poverty Network, European Federation for Family, Employment and Home Care, EFFAT, European Federation for Services to Individuals, Eurocarers, ERGO Network, Don Bosco International, FairWork, FEANTSA, La Strada International, Make Mothers Matter, PICUM (Platform for International Cooperation on Undocumented Migrants), UNI Global Union, Social Platform, Association for Integration and Migration (SIP), and Red Acoge published [Joint Recommendations for the European Care Strategy regarding migrant care providers and service users](#)

Endnote

The EU Alliance for Investing in Children has been advocating for a multidimensional, rights-based approach to tackling child poverty and promoting child well-being since 2014. This statement is endorsed by the following partner organisations of the Alliance:

- Alliance For Childhood
- Caritas Europa
- Dynamo International
- EAPN – European Anti-Poverty Network
- EASPD – European Association of Service Providers for Persons with Disabilities
- EPA – European Parents' Association
- EPHA – European Public Health Alliance
- Eurodiaconia

- EuroHealthNet
- European Roma Grassroots Organisations (ERGO) Network
- Lifelong Learning Platform
- Make Mothers Matter
- Mental Health Europe
- Red Cross EU Office
- Save the Children
- SOS Children's Villages International

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