

The European Confederation of Independent Trade Unions (CESI) is a confederation of more than 40 national and European trade union organisations from over 20 European countries, with a total of more than 5 million individual members. Founded in 1990, CESI advocates improved employment conditions for workers in Europe and a strong social dimension in the EU. Most of CESI's affiliates are employed in the different fields of the European, national, regional and local public services, as well as in privatised services of general interest. As such, CESI represents numerous unions of nurses, physicians and care professionals across Europe. Eurofound's last representativeness study on the local and regional government sector and social services¹ confirmed that CESI fulfils all conditions to be/become a fully recognised European social partner for this sector.

CESI broadly welcomes the initiative of the European Commission to address existing and rising challenges in the child care and long-term care sector in a holistic, European-wide manner.

CESI generally shares the assessment of the care sector in the EU as described in the European Commission's Call for Evidence on the subject matter, published on March 1 2022.

In relation to a forthcoming EU Care Strategy, complemented by proposals for Council Recommendations on long-term care and on early childhood education and care, CESI highlights that:

- **Demand for care is high and increasing.** Demand for long-term care is already high and will increase even further, in particular as a function of ageing European populations. Structural demand by parents for early childhood education and care is rising, too: Scientific evidence has shed light on the benefits of young children participating in early childhood education and care, as opposed to being raised by parents at home until compulsory school age. Moreover, as increasingly progressive gender equality policies are pursued, in more and more instances both parents in families tend to work full-time and cannot reconcile this with personal childcare.

¹ https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20019en.pdf

- **The supply of care services does not match increases in demand.** The care sector in many Member States faces considerable shortages in terms of financing, personnel and facilities/infrastructure. So far, public investment levels are in many places inadequate to ensure sufficiently available, accessible, affordable and high quality care services, and neither domestic workers nor incoming workers with migrant backgrounds can wholly fill personnel gaps. In contrary, in many places personnel structures are ageing, with too few young colleagues replacing too many retiring older workers. In the health sector alone, data from 2021 showcased a shortfall of care workers estimated at 4.1 million by 2030.
- **Employment and working conditions in the care sector are in many places inadequate.** Staff shortages are in particular a result of poor employment and working conditions in the care sector in many Member States, which is too often characterised by low pay, high strain and stress levels, insufficient occupational health and safety, and a low public recognition of the value of professions in the sector. In particular during the last years, the Covid-19 pandemic has further seriously impacted negatively on the mental health of care workers, many of which have experienced burnout or other stress-related disorders that were fostered by the strenuous circumstances of the Covid pandemic.
- **The Single Market had led to imbalances between Member States in the availability of care services.** While it is the chief competence of the Member States to organise and finance their public care systems, the European Commission rightly notes in its Call for Evidence that in the integrated Single Market, care providers can – and do – move freely to provide services. This leads to situations of brain drains whereby increasing numbers of care professionals move away from less advantaged and peripheral regions with relatively low pay to more advantaged countries with higher pay and better working conditions.

In view of this, an EU care strategy should above all:

1. **match the supply of affordable and high quality care to increasing levels of demand.** Considerable investments, in particular public investments, are needed in many Member States to improve the availability of accessibility, affordability and quality of long-term care and early childhood education and care services. This concerns above all facilities and care infrastructure. In particular, an EU Care Strategy should help ensure that the sector is well prepared and sufficiently resilient to provide quality services also during crises, in particular by taking lessons learnt from the Covid pandemic.

2. help step up staff attraction and staff retention. This will most notably require measures for better employment and working conditions in the care sector. Measures should span to pay levels, stress and strain exposure, occupational health and safety standards, and an improved public perception of care professionals and the important work they carry out.

3. create a level-playing field to ensure a balance in the provision of accessible, affordable and high-quality care services across regions and countries. Care-related disparities, which are fostered by a borderless Single Market to the detriment of less advantaged countries, need to be mediated and tackled by the EU. The Single Market needs a social dimension which also addresses structural imbalances in labour migration, especially in the care sector.

An EU Care Strategy should be sensitive to push-and-pull factors of care professionals. It should help strike a balance between the principle of free movement of (care) workers and (care) services on the one hand and the fostering of framework conditions in the care sector that do not make care professionals leave for other places. The framework should also consider the difficult situation of countries outside the EU, e.g. in the Balkan region, which lose care professionals to a degree that this poses a threat to their own care structures.

An EU Care Strategy should integrate the EU's social, cohesion, structural and investments funds to put a particular emphasis to improve the employment and working conditions in less developed regions of the EU, in order to prevent brain drains of health professionals and reduce push factors of labour towards the more well-off Member States and regions. Likewise, an EU Care Strategy should gear EU pre-accession assistance and neighbourhood policies increasingly in this direction. In addition, an EU Care Strategy could encourage bilateral or multilateral intergovernmental agreements to establish frames for ethical, sustainable and fair migration (and returns) of care sector workers.

4. ensure inclusive consultation and social dialogue for affordable, accessible and high quality care services.

- Acutely, during the drafting phase of its EU Care Strategy, the European Commission should run a fully-fledged public consultation beyond a mere four-week long call for evidence.
- This year, during 2022, dedicated targeted stakeholder consultations, as envisaged by the European Commission, should be inclusive and open to all interested stakeholder organisations. CESI, as a European umbrella organisation of numerous social services trade unions across Europe, should not be forgotten.
- In the medium- and longer term, the European Commission should ensure the organisation of an inclusive social dialogue among sectoral unions and employers and their effective coordination with policy makers in order to help:

- ✓ provide solutions for adequate funding and investments² as well as staffing levels in care systems³, the necessity of which CESI has highlighted for a long time;
- ✓ improve employment and working conditions in the sector – including related to pay, the provision of training, strain and stress levels, occupational health and safety as well as the public recognition and valorisation of care professions, thus contributing to personnel attraction and retention;
- ✓ work, more generally, towards the realisation of the objectives for more affordable, accessible and high quality care services as listed above under points 1 to 3; and
- ✓ accompany the monitoring and implementation of an EU Care Strategy in line with the priorities listed above and as outlined in the European Commission’s Call for Evidence.

At EU level, this would translate into a social dialogue on care/social services which is inclusive: All actors which, as per applicable representativeness study of Eurofound, fulfil the conditions of Commission Decision 98/500/EC to be fully recognised social partners, should be given the opportunity to participate in a European social dialogue care/social services sector – including CESI.

Indeed, maximising the representativeness of the social dialogue would send out a strong signal that the EU is making credible attempts to re-connect with citizens and workers and aims to strengthen rather than polarise social dialogue in Europe. Likewise, it would maximise the effectiveness, accountability, legitimacy and not least of all popularity and acceptance of social dialogue among the workforce. The less unions (and hence the less workers) are represented in social dialogue, the more its legitimacy and sense are likely to be called into question.

² <https://www.cesi.org/wp-content/uploads/2017/04/PRESS-RELEASE-The-future-of-Europe-needs-more-social-investment-290317.pdf>

³ <https://www.cesi.org/wp-content/uploads/2021/08/2021-CESI-position-Understaffing-of-health-professionals-202102-EN.pdf>