European Institute for Gender Equality

Investing in care: Advancing EU competitiveness and gender equality

Executive summary

Investing in care is both social infrastructure and economic policy. Households already provide unpaid care worth an estimated EUR 576 billion a year, equivalent to around 3.6 % of Europe's gross domestic product (Peña-Longobardo et al., 2022). Investing in care delivers a measurable economic return: every EUR 1 of public spending on social infrastructure can generate up to EUR 2 in cumulative gross domestic product gains over five years and attract an estimated EUR 1.30 in additional private investment. Closing the gender employment gap, which cost the EU around EUR 390 billion in 2023, depends in part on whether people can access care and share care responsibilities on equal terms. The 2028–2034 multiannual financial framework offers a timely opportunity to turn this evidence into action by prioritising investment in accessible care services and high-quality care jobs.

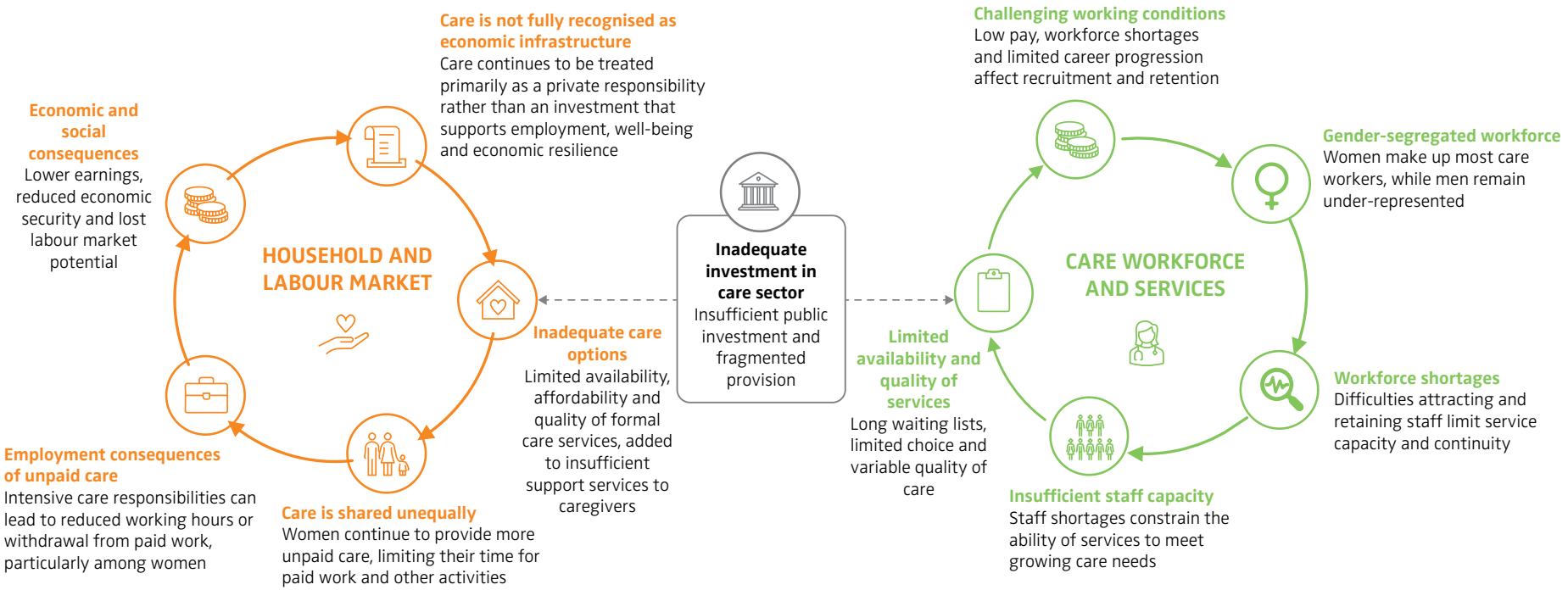
Accessible formal care services are essential. Affordable, high-quality early childhood education and care and long-term care services give families more choices and enable more people, especially women, to remain in employment or work the hours they want.

A stronger care workforce is essential to expanding services. Women constitute around 80 % of care workers, yet pay in this sector is about 20 % below the economy-wide average. Expanding access to high-quality care therefore depends on better pay, working conditions, staffing levels, training and career progression. These improvements would support the women who sustain the sector and help attract more men to the sector.

Shared care responsibilities and targeted support make formal services work in practice. Care responsibilities are unequally shared within households, while the cost and limited availability of care remain major barriers for low-income and single-parent families. With the care economy on the agenda of the Irish Presidency of the Council from July to December 2026 and embedded in the renewed European Pillar of Social Rights action plan, the EU has a timely opportunity to recognise care as a public value and make it central to its equality and competitiveness strategies.

Figure 1: The cycle of underinvestment in care: how inadequate care services and poor working conditions reinforce gender inequalities and labour shortages

Breaking the cycle. Invest in accessible, affordable and high-quality care services; strengthen jobs in the care sector; and support a more equal sharing of care responsibilities. Together, these actions can improve well-being, support labour market participation and strengthen Europe's care capacity.



Introduction

Care keeps Europe working. Every day, people care for children, older people and people with disabilities. Informal long-term care ([1]) and childcare ([2]) sustain the workforce on which Europe's economy depends, yet much of this care work remains unpaid and largely invisible in discussions on European competitiveness and the future of the EU.

Care is therefore not only a social issue but a competitiveness imperative. When care is accessible, affordable and shared more equally, more people can enter paid work, work the hours they choose and use their skills and talents fully.

This will only become more urgent as the population of Europe ages. People are living longer, birth rates remain low and the working-age population is shrinking. More people will need care, while fewer people will be available to provide and finance it. How Europe values, organises and shares care will increasingly shape its labour supply, economic resilience and competitiveness.

The competitiveness compass and the quality jobs roadmap recognise labour market participation, high-quality jobs and a sustainable workforce as drivers of Europe's economic agenda. The Work–Life Balance Directive and the European care strategy, followed by two Council recommendations on long-term care and early childhood education and care (ECEC) (revised Barcelona targets), translate this ambition into measures that expand access to services and support carers and care workers. The renewed European Pillar of Social Rights action plan and the forthcoming European care deal offer a critical opportunity to turn these commitments into lasting action.

The next EU budget can turn care commitments into investment. Through its proposed shared-management framework, the 2028–2034 multiannual financial framework (MFF) could help Member States expand childcare and long-term care services, invest in social infrastructure and strengthen the care workforce (EIGE, 2026c).

About the EIGE CARE Survey

This brief is based on data from the 2024 wave of the European Institute for Gender Equality (EIGE) Survey on Gender Gaps in Unpaid Care, Individual and Social Activities (CARE Survey), the EU's dedicated source of individual-level data on how women and men share care responsibilities and how these responsibilities shape their daily and working lives. The survey covers all 27 EU Member States and includes more than 65 000 individual responses, building on the first wave, which was conducted in 2022. The third wave is planned for 2027. For more information, visit EIGE's care and gender web page. The findings presented in this brief show statistical associations and should not be interpreted as evidence of causation.

([1]) Informal long-term care refers to unpaid care activities for family members, relatives, neighbours or friends (including children) who have need of others' support as a result of mental disorders, physical frailty, disability or old age for at least three months. Informal care concerns help with daily living activities (e.g. dressing, showering, eating, moving around, using the toilet) and instrumental activities of daily living (e.g. grocery shopping, preparing meals, managing money and managing housework).

([2]) Informal childcare refers to unpaid childcare, including parental childcare, grandparenting and any other forms of childcare outside family care. Childcare includes personal care, assistance with school tasks, managing children's activities and leisure, supervision, and emotional support. The care of children with long-standing health problems or disabilities is covered under long-term care.

1. Investing in care: the economic case

Care supports the economy but never enters the accounts

Much of the care that keeps Europe running – raising children, supporting older parents and caring for relatives who are ill or have disabilities – is provided unpaid at home. Women perform most of this work, yet its economic contribution is routinely overlooked in decisions on public spending and growth (Bastida et al., 2025).

The economy pays a price when care needs go unmet; carers reduce their working hours or leave jobs. The economy then loses labour and skills it could otherwise use. These losses do not appear in any public spending line, but they show up in lower employment rates, lost earnings and unused talent.

Public spending on formal care ([3]) should therefore be treated as an investment, not a form of consumption. Investing in care services builds and maintains what is called 'social infrastructure' – meaning the health, skills and capacities of the population, in the same way that roads and buildings are physical infrastructure. Furthermore, by alleviating the unpaid care responsibilities that disproportionately constrain women's employment, investment in care also brings more work into the visible, paid economy (De Henau et al., 2016).

Investing in care: key facts

Every EUR 1 of public investment in social infrastructure can **generate up to EUR 2 in cumulative gross domestic product gains** over five years and unlock an estimated **EUR 1.30 in additional private investment** (Reljic et al., 2025).

Doubling investment in the care economy would support **475 million care-sector jobs** worldwide by 2030 (ILO, 2018).

The **gender employment gap** alone cost the EU economy around **EUR 390 billion in 2023** (Eurofound, 2025a). A substantial share of that gap is linked to the unequal distribution of unpaid care between women and men.

Investing in care generates growth, jobs and public revenue

Public investment in care delivers strong economic returns. Because care services are labour intensive and locally delivered, care investment creates jobs that remain rooted in local economies (De Henau et al., 2021).

The International Labour Organization estimates that doubling investment in the care economy under its high-road scenario would support **475 million care-sector jobs worldwide by 2030** – 269 million more than in 2015. Part of the investment would return to public budgets through higher income-tax and social-security revenues (ILO, 2018).

Childcare investment can deliver particularly high employment gains. Across eight Member States ([4]), raising formal childcare coverage for children under three years of age to 50 % could increase mothers' labour market participation by 2–32 % after accounting for labour demand and labour market adjustment. The largest gains would occur where provision is currently low, such as in Hungary, while Member States with higher coverage, such as Portugal, would still benefit (Narazani et al., 2022).

([3]) Formal care refers to care provided through organised services by paid care workers or professionals, whether publicly or privately provided. In this brief, formal care covers ECEC and formal long-term care services.
([4]) Estonia, Ireland, Italy, Hungary, Austria, Poland, Portugal and Finland.

A rising need for care meets a shrinking pool of informal carers

Europe's demographic shift makes care investment increasingly urgent. As the population ages and people live longer, demand for long-term care will rise sharply.

At the same time, smaller families, changing household structures and greater geographical mobility are reducing the number of relatives available to provide informal care (Bernini et al., 2026).

Meeting this growing need will depend increasingly on formal long-term care services. Yet the care workforce is already stretched, and providers struggle to recruit and retain staff, leaving support scarcest where need is rising fastest.

Care systems are not sustainable if families carry most of the responsibility without adequate alternatives. Without stronger public services and better support for carers, pressure will increase on households, women's employment and public finances and affect intergenerational fairness (Bernini et al., 2026). Investing now would help meet a growing need while keeping more people, especially women, in high-quality jobs. The 2028–2034 MFF, together with the European Social Fund Plus, will be central to scaling up this investment (EIGE, 2026c).

Demographic change: key facts

People aged 65+. This demographic will grow from 22 % of the population in 2025 to 29 % in 2050 (Bernini et al., 2026).

Estimated prevalence of long-term care. The proportion of the population receiving long-term care is projected to rise from 11.6 % of those aged 50+ in 2020 to approximately 13.6 % in 2050 and 14.1 % in 2070 (Belmonte et al., 2024).

Volume of informal care. The aggregate need for informal care across the EU is projected to rise by nearly 50 % between 2000 and 2050 (Cattaneo et al., 2025).

Potential family carers. By age 85, people born between 1965 and 1996 may have access to fewer than half as many potential informal carers as people born between 1928 and 1945 had or will have at the same age (Bernini et al., 2026).

2. Care arrangements and the labour market

When care intensity begins to reshape working lives

Europe's competitiveness depends not only on whether women are employed, but also on whether they can work the hours they want. Women's employment rate remains below men's at every age, and the gap widens later in life, when childcare and care for ageing relatives may overlap or intensify. Employed women are also around three times more likely than men to work part-time (Figure 2 and Figure 3).

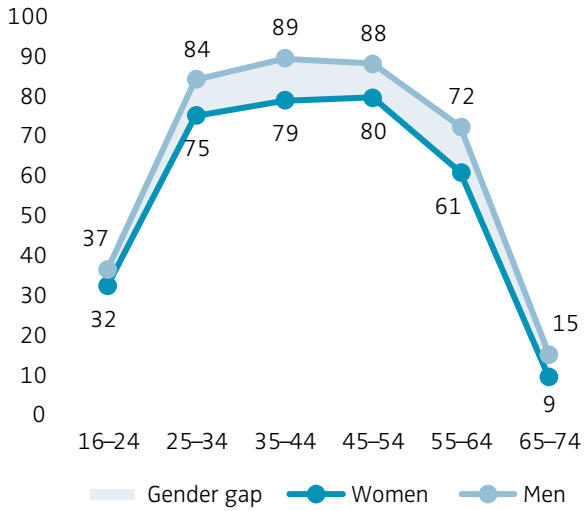
Care and the labour market: key facts

Part-time work. Women/girls, aged 15-64, are more than three times more likely than men/boys to work part-time: 28 % of employed women/girls do so compared with 9 % of employed men/boys (Eurostat, European Union Labour Force Survey (EU-LFS), 2025, lfsi_pt_a).

Leaving employment for care. 12 % of women caring for children left employment because of their care responsibilities, compared with fewer than 5 % of men (CARE Survey, 2024).

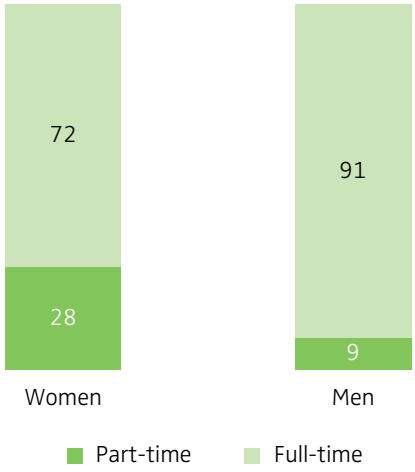
Care workforce. Women make up 81 % of the care workforce, but pay in the sector is around 20 % below the economy-wide average (ILO, 2018).

Figure 2: Employment rate by age group and sex (%, EU-27, 2025)



Source: Eurostat, EU-LFS, 2025, lfsi_pt_a.

Figure 3: Part-time employment rate by sex (%, EU-27, 2025)

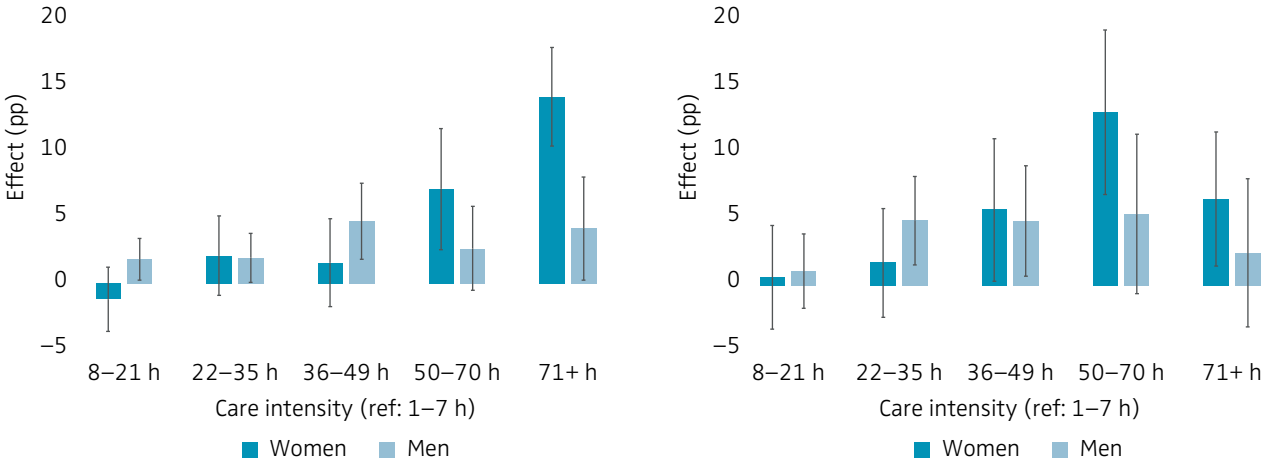


Source: Eurostat, EU-LFS, 2025, lfsi_pt_a.

The intensification of care is a critical turning point in women's working lives. EIGE's CARE Survey shows that, as care hours rise, carers are increasingly likely to adjust their paid work, and the impact is far greater for women (Figure 4) ([5]). At around 70 hours of childcare a week, the likelihood of leaving employment rises by around 14 percentage points for women compared with less than 5 percentage points for men.

Working hours begin to fall at lower levels of care intensity. Overall, around 14 % of women providing childcare reduce their working hours for care reasons, compared with less than 11 % of men. Among women providing 50–70 weekly hours of childcare, the likelihood of reducing working hours is around 13 percentage points higher than among lower-intensity carers (1–7 hours a week) (Figure 4).

Figure 4: Impact of care intensity on (left) probability of leaving paid employment and (right) probability of reducing paid working hours, by sex (percentage points, EU-27, 2024)



Notes: The logit model is estimated on the subsample of respondents who provide care to children (carers of minors), not on the full population. Care intensity is measured as the number of hours of care provided per week. The effects shown are average marginal effects relative to the reference category of less time-intensive care (1–7 hours a week).
Source: CARE Survey, 2024.

([5]) Estimated effects reported in this brief come from regression models. Discrete outcomes (leaving paid work, cutting hours, working part-time) are estimated with logit models and reported as changes in probability in percentage points. Continuous outcomes (weekly hours, income and carer well-being) are estimated with linear models. All models control for education, income, household composition, urbanisation, disability, other caring responsibilities and country fixed effects, and care intensity is always measured against the lightest band of care (1–7 hours a week).

The employment impact extends beyond childcare. Providing informal long-term care, especially daily care, reduces labour market participation and working hours. Caring daily for a dependent parent is associated with a 14-percentage-point lower likelihood of employment (Kolodziej et al., 2018; Heger et al., 2020). Time-intensive daily care is a particularly important barrier to older women remaining in paid work (Ciccarelli et al., 2018).

The care workforce: how job quality affects the availability of care

Women are central to care provision, both as unpaid carers and as 81 % of the EU's social services workforce (Eurofound, 2025b; Ghailani et al., 2026). **Despite its growing importance, formal care work remains persistently undervalued.** Although employment in EU social services increased from 8 million to 10 million between 2014 and 2024, average hourly pay remained about 20 % below the economy-wide average. By comparison, average pay in healthcare stood at 21 % above national average earnings. Carers, assistants and some assistant nurses are among the lowest-paid workers (Eurofound, 2025b). Vertical segregation compounds these inequalities. Women are concentrated in lower-paid roles, while men are more represented in senior and managerial positions.

Low pay is only part of the challenge. **Every Member State faces labour shortages, with long-term care among the EU's most severely affected sectors** (European Commission, 2024). Compared with healthcare and the wider economy, long-term care offers poorer pay and job quality. Workers often face long and irregular hours, high levels of stress, burnout and a heightened risk of violence at work (EIGE, 2020), even as the care work they engage in grows more complex and demands higher levels of skills and expertise.

These shortages directly reduce the availability and quality of long-term care services, leaving needs unmet. In 2019, only about one in four people with severe difficulties in personal care or household activities received home care, with access varying by income and place of residence (Ghailani et al., 2026). When formal services are unavailable, unaffordable or insufficient, families fill the gap. This model is increasingly unsustainable as families have fewer children, relatives live farther apart and women's labour market participation rises (Bernini et al., 2026).

Expanding accessible, affordable and high-quality long-term care is therefore essential. In line with the European care strategy and the Council recommendation on access to affordable high-quality long-term care, this requires sustained investment in a sufficiently large, skilled and supported care workforce capable of meeting growing care needs while enabling informal carers to remain in employment.

3. Who is affected most: an intersectional lens

A shortage of affordable, accessible care deepens existing inequalities. Income, education, household composition and gender shape who can bridge the gaps in services and who must absorb the consequences. Care responsibilities therefore both reflect inequality and reinforce it.

Income is one of the strongest factors. **Around 29 % of low-income households with children cannot meet their need for ECEC** ([6]) **because they cannot afford services.** This creates a vicious cycle: low income limits access to care services, while unmet care needs restrict opportunities to enter and remain in the labour market.

Intersectional lens: key facts

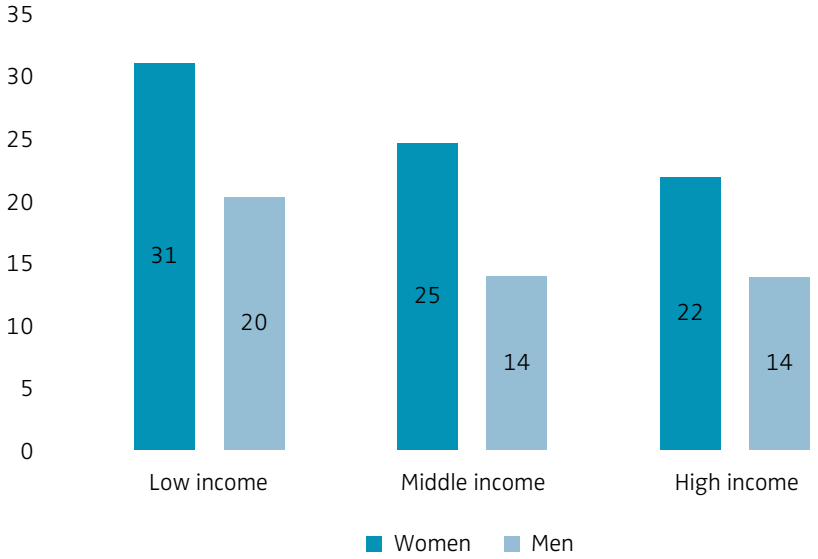
High costs leave one in three low-income households with children **unable to access the ECEC** they need, compared with fewer than one in five high-income households.

Single parents, most of whom are women, face acute pressure when combining paid work and care: **around one in three experience work–life conflict.**

([6]) ECEC describes any regulated arrangement providing education and care for children from birth to compulsory primary school age, regardless of the setting, funding, opening hours or programme content.

Lower-income carers are also more likely to leave jobs or reduce working time: 27 % do so compared with 20 % of middle-income carers and 17 % of high-income carers (Figure 5). **Women are consistently more affected at every income level.** Among low-income carers, nearly one in three women make these adjustments, compared with one in five men.

Figure 5: Share of informal carers who stopped working or reduced hours worked due to care responsibilities, by sex (%, EU-27, 2024)



Notes: Income groups are based on national income deciles: low income, deciles 1–3; middle income, deciles 4–6; and high income, deciles 7–10.
Source: CARE Survey, 2024.

Reduced fees for public childcare have eased costs for low-income families, but important gaps remain. Working-class families who are not in situations of extreme social vulnerability may still be unable to afford private nurseries, while public services often fail to match their needs because of limited opening hours, school calendars and inflexible provision (González-Motos et al., 2023).

Household structure intensifies these pressures. Single parents, most of whom are women, face some of the greatest difficulties in reconciling paid work and care. Around one in three single parents experience work–life conflict (EIGE, 2023).

4. Why care gaps persist: norms, incentives and structural drivers

It starts at home: the unequal share of care and the attitudes that sustain it

Across the EU, women spend far more time than men on childcare and housework, especially in households with children (EIGE, 2026a). This unequal share makes women's employment more vulnerable when care services are unavailable or insufficient.

Persistent gender norms help to sustain this imbalance. More than one in three people living in the EU (37 %) believe that, when childcare is unavailable, mothers should stay at home to look after children; 35 % disagree (compare Figure 6).

Attitudes vary enormously across the EU. Agreement that mothers should stay home when childcare is unavailable ranges from 19 % in Sweden and 24 % in Finland to 62 % in Bulgaria, 60 % in Romania and 58 % in Latvia. Where these expectations are strongest, sharing care more equally becomes harder. Yet norms can change. Care systems can either reinforce traditional roles or help change them.

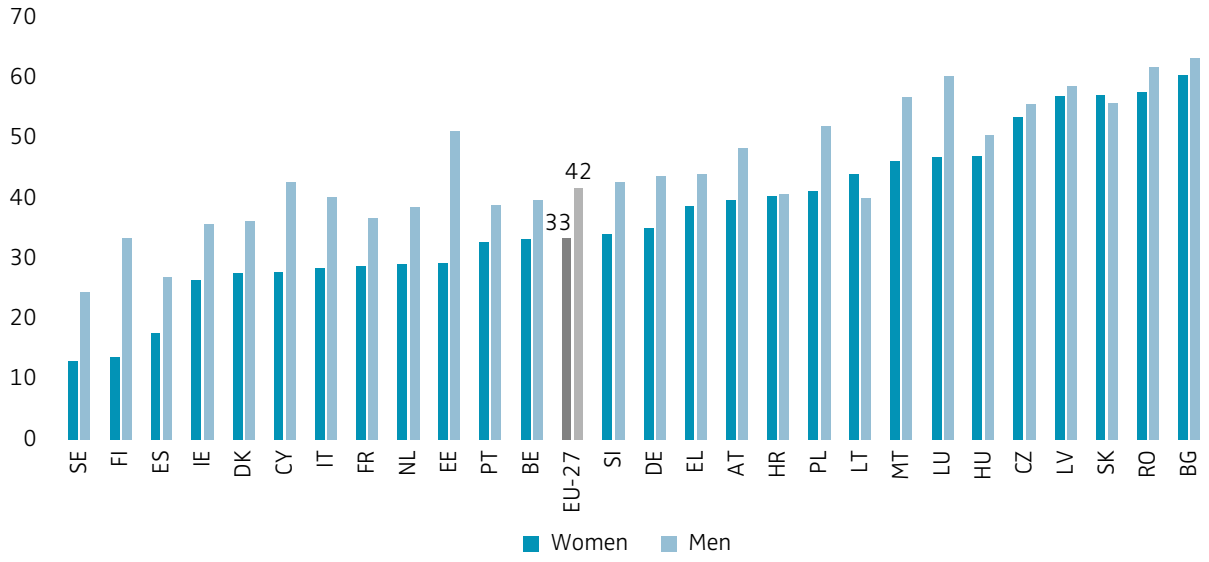
Gender care gaps: key facts

Unequal care and housework. In 2024, 36 % of women spent more than 35 hours per week caring for children, twice the share of men (18 %). Women are also far more likely to do housework every day, at 67 % compared with 46 % among men.

Gender norms around childcare. When childcare services are unavailable, 37 % of Europeans believe that mothers should stay at home – this number ranges from 19 % in Sweden to 62 % in Bulgaria.

Welfare regimes and family care. Welfare design shapes how care responsibility is shared between families, the market and the state. Some systems provide extensive public support and formal care services, while others rely more heavily on families to meet care needs.

Figure 6: Share of women and men who agreed that 'without childcare, mothers should stay home while fathers focus on work', by sex (%, ages 16–74, 2024)



Note: Answer categories 'agree' and 'strongly agree' were combined for the calculations. AT, Austria; BE, Belgium; BG, Bulgaria; CY, Cyprus; CZ, Czechia; DE, Germany; DK, Denmark; EE, Estonia; EL, Greece; ES, Spain; FI, Finland; FR, France; HR, Croatia; HU, Hungary; IE, Ireland; IT, Italy; LT, Lithuania; LU, Luxembourg; LV, Latvia; MT, Malta; NL, Netherlands; PL, Poland; PT, Portugal; RO, Romania; SE, Sweden; SI, Slovenia; and SK, Slovakia.
Source: CARE Survey, 2024.

How care system design shapes reliance on family care

How long-term care is organised determines how much responsibility falls on families and, within families, on women. Systems vary widely in the formal support they offer, reflecting both policy choices and expectations about who should deliver care.

Where formal care services are extensive, as in Denmark, Finland and Sweden, families rely less on intensive unpaid care. Relatives can provide complementary support rather than replace public provision, and women face weaker expectations to leave jobs for care at home (Naldini et al., 2016; Theobald, 2020; Kääriäinen et al., 2024).

By contrast, Greece, Spain, Italy and Portugal have historically relied more heavily on family care. Limited formal services leave families as the main source of support, with women providing much of the unpaid care (Albuquerque, 2022; Ciziceno, 2024). Evidence from Spain, Italy and Portugal links lower long-term care coverage to a greater reliance on informal care among older people with functional limitations (Serrano-Alarcón et al., 2017).

Other Member States combine formal provision with continued support for family caregiving. Belgium, Germany, France and Austria illustrate this mixed model, while systems in central and eastern Europe vary considerably and continue to evolve through reforms.

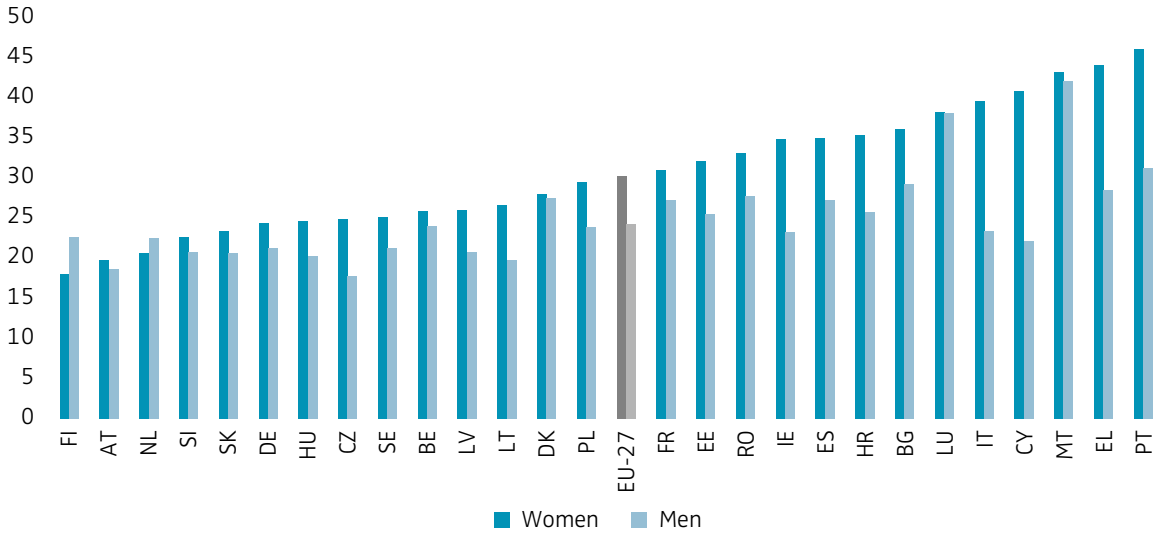
Workplace cultures can deepen the gender care gap

Workplace practices and expectations often magnify the employment effects of unequal care. Mothers still face more career interruptions than fathers and often return to work later or part-time, widening gender gaps in employment and career progression, even among highly skilled women (Fauser et al., 2025; Reiter et al., 2026).

Workplace culture can also discourage employees from taking leave or using flexible working arrangements. Those who do may be seen as less committed, a phenomenon often referred to as the 'flexibility stigma'. This particularly discourages fathers from taking leave or reducing working hours for care, reinforcing the concentration of care responsibilities among women (Petts et al., 2022).

These combined pressures lead to persistent work–life balance difficulties. Across the EU, around 30 % of women and 24 % of men frequently struggle to combine paid work and housework (Figure 7), with women reporting greater difficulty in most Member States. Closing the gender care gap requires more than accessible care services. Workplaces can enable both women and men to use family leave and flexible work arrangements without career penalties.

Figure 7: Proportion of those who have frequent difficulties combining paid work and housework, by sex (4+ days per week, %, 2024)



Source: CARE Survey, 2024.

5. How care services and work–life balance measures shape employment and well-being outcomes

Access to formal services: the primary lever

Among the different policy measures available, expanding formal care services is one of the most effective ways to support labour market participation. Accessible, affordable services that align with working hours reduce the need for families to absorb care responsibilities, making it easier for parents to remain in employment.

CARE Survey findings show that women who use childcare services are generally less likely to leave employment. The association is stronger in central and eastern Europe, where childcare provision is more limited (Figure 8). There, women using ECEC services are 6 percentage points less likely to leave employment ([7]), indicating that access to childcare can play a particularly important role in supporting women's employment where childcare provision is less developed.

In Germany, it is estimated that a 20-percentage-point increase in public childcare coverage for children under three would reduce mothers' earnings penalty by 4.5 percentage points (Duletzki et al., 2025). In Italy, wider regional coverage of home-care services for older people and people with disabilities is associated with a 15.3-percentage-point higher probability of women's labour force participation (Mussida et al., 2023). Malta's childcare reform increased mothers' employment rate by an estimated 1.7–3.2 percentage points (Maltseva, 2026).

Impact of care services and work–life balance measures: key facts

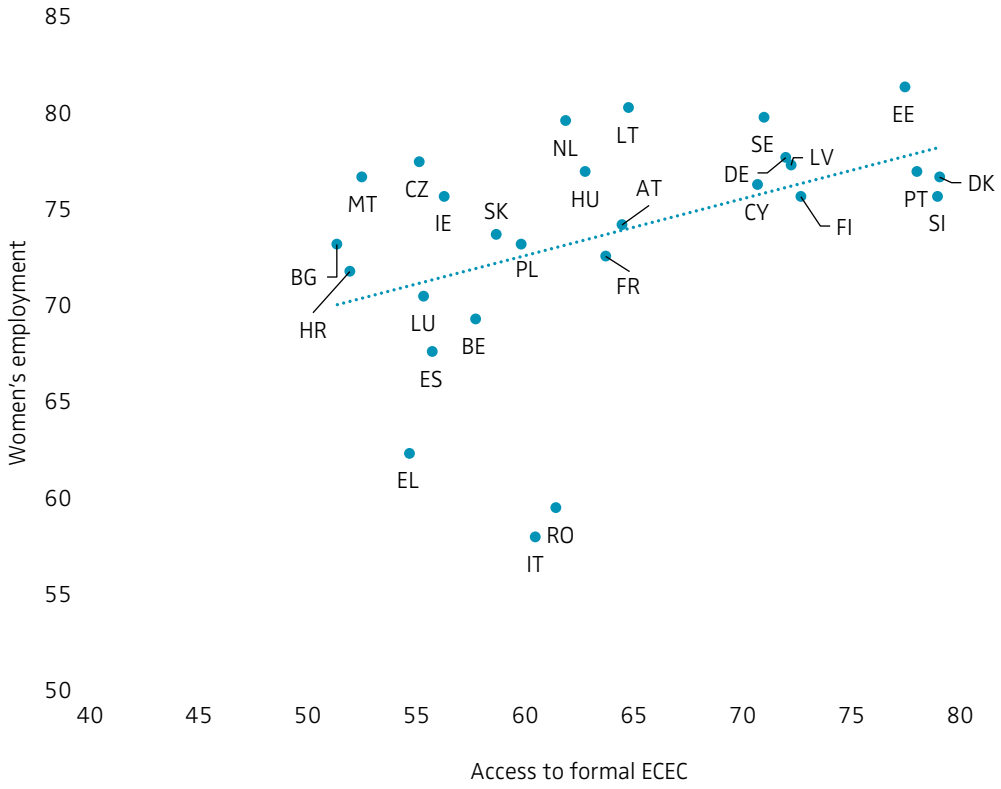
Childcare services and mothers' employment. Raising ECEC coverage for children under three years of age to 50 % could increase mothers' employment by up to 48 %. In central and eastern Europe, women using ECEC services are 5.7 percentage points less likely to leave employment (Narazani et al., 2022).

Work–life balance measures. Respite care, remote work and flexible working hours can help women remain in employment. However, without stronger support services and a fairer division of care at home, the underlying imbalance will remain.

Care and parental leave. Fathers are more likely to take parental leave when it is adequately paid and non-transferable. Job-protected leave designed this way supports shared care, while long, low-paid or transferable leave risks reinforcing existing inequities (EIGE, 2026b).

([7]) In the analysis, Member States were clustered based on the care welfare regimes established in the literature. The following Member States were clustered as having a central and eastern European care welfare regime: Bulgaria, Czechia, Estonia, Croatia, Latvia, Lithuania, Hungary, Poland, Romania, Slovenia and Slovakia.

Figure 8: Access to formal ECEC and women's employment rates across Member States (%, EU-27, 2025)



Notes: Formal ECEC access refers to the share of children aged 0–5 using formal childcare services. The Pearson correlation coefficient between formal ECEC access and women's employment rates is 0.44. . AT, Austria; BE, Belgium; BG, Bulgaria; CY, Cyprus; CZ, Czechia; DE, Germany; DK, Denmark; EE, Estonia; EL, Greece; ES, Spain; FI, Finland; FR, France; HR, Croatia; HU, Hungary; IE, Ireland; IT, Italy; LT, Lithuania; LU, Luxembourg; LV, Latvia; MT, Malta; NL, Netherlands; PL, Poland; PT, Portugal; RO, Romania; SE, Sweden; SI, Slovenia; and SK, Slovakia.
Sources: CARE Survey, 2024, and EU-LFS, 2025.

Formal long-term care services can help close the gender employment gap. Across the EU, women's employment rate is about 9 percentage points lower than men's. CARE Survey analysis identifies the use of formal long-term care as the care-related factor most strongly associated with a smaller gender employment gap. When differences in the characteristics of women and men are taken into account, the use of long-term care services is associated with a 1.4-percentage-point reduction in the overall gender employment gap– around 15 % of the gap.

Financial support can help, but policy design is decisive. Cash-for-care ([8]) benefits can give families greater choice and flexibility by helping them purchase care or compensate carers. Yet without accessible services and effective regulation, these measures may simply shift responsibility back to families, encouraging informal carers to reduce or leave paid work. By contrast, schemes linked to formal care and support services and high-quality standards are better placed to support carers and care recipients while protecting carers' employment (Zigante, 2018).

Flexible working helps, but cannot replace care services

Flexible working, including telework and flexible working schedules, can help carers combine paid work and care responsibilities by giving them greater control over when and where they work. Its impact, however, depends on the type of arrangement, the availability of care services and how care is shared at home.

([8]) Cash-for-care benefits are monetary benefits provided to people with care needs and/or their carers that can be used to organise, purchase or compensate care, depending on the design of the national scheme.

CARE Survey findings show that telework can support women's employment. Women who telework daily work around 1.3 more hours per week and are about 5 percentage points less likely to reduce their working hours because of care. Yet flexibility does not automatically redistribute unpaid work. Telework can blur work–family boundaries and reinforce traditional childcare patterns. It may help women to keep jobs while still carrying most of the responsibility for organising and providing care (Kurowska, 2020; Lyttelton et al., 2022; Chung et al., 2023).

Flexible working is therefore most effective when it complements accessible care services and more equal sharing of care. Without both additional factors, it may help women stay employed without reducing the unequal load they carry.

Parental leave and care leave: what matters is the design

Parental leave ([9]) **protects parents' employment when care demands are highest, but it advances gender equality only when both parents use it.** The uptake of parental leave remains strongly gendered in much of Europe, with many more women than men taking it. Fathers are far more likely to take leave when it is adequately paid and non-transferable (Alcaide et al., 2026; EIGE, 2026b). Long, transferable entitlements tend to concentrate leave among mothers, prolong their absence from work and reinforce existing inequalities. Leave is also most effective when it bridges the period before affordable childcare becomes available (Fauser et al., 2025; Reiter et al., 2026).

Parental leave design, especially duration, matters. CARE Survey findings show no significant association between shorter periods of leave and women's working hours, while leave lasting 13 months or more is associated with around 1.2 fewer hours of paid work per week ([10]). Spain and the Nordic countries show how well-paid, individual and non-transferable entitlements can encourage fathers' take-up and support more equal sharing of care (Alcaide et al., 2026). Yet formal rights are not enough. Workplace cultures that equate leave with lower commitment can still discourage fathers from using it (Petts et al., 2022).

Carers' leave addresses different needs and offers only short-term protection. Under the Work–Life Balance Directive, workers providing significant care or support to a relative or household member are entitled to at least five working days of leave per year, without a guarantee of a payment or allowance. Carers' leave can help during periods of intense care, but it cannot substitute for broader support measures. Sustained support for carers depends on adequate income replacement, accessible care services, flexible working arrangements and other forms of practical assistance. Longer interruptions to employment also require pension protection. Well-designed pension credits can help offset these losses and reduce the long-term economic consequences of caregiving (Van Den Bosch et al., 2024).

Beyond the labour market: well-being returns of formal care services

Formal care services can strengthen carers' well-being as well as their labour market participation. Among the care, household and employment factors examined in the CARE Survey analysis, the use of formal long-term care services is associated with one of the largest differences in well-being, amounting to almost 6 points on a 100-point scale ([11]). The association is evident for both women (around 6.3 points) and men (around 4.5 points). While the analysis does not establish causality, the consistency of the finding suggests that formal care services can ease the pressures of caregiving and support carers' health and well-being.

([9]) Parental leave is a care measure that gives both parents an equal opportunity to care for a young child and is usually taken at the end of maternity leave.

([10]) The CARE Survey records how long the leave lasted, but not if it was shared or transferable; it therefore cannot test the effect of fathers' quotas or non-transferability directly.

([11]) The well-being indicator is a composite measure based on eight CARE Survey items capturing respondents' emotional well-being during the previous two weeks. It combines the five items of the World Health Organization-Five Well-being Index with three measures of negative affect (feeling tense, lonely, and downhearted or depressed). Responses are combined and rescaled from 0 to 100, with higher scores indicating better well-being.

Wider evidence shows that intensive unpaid care can affect both mental and physical health. Findings from high-income Organisation for Economic Co-operation and Development countries ([12]) link unpaid caregiving to poorer mental health among working-age adults, with particularly consistent negative effects for women (Ervin et al., 2022). Moreover, research also finds that depressive symptoms increase when people begin providing regular personal care, with stronger and more persistent effects among women (Wahrendorf et al., 2025).

The consequences of intensive caregiving extend beyond mental health. Among older adults, taking on intensive care for a spouse is associated with greater frailty, with little evidence of recovery after caregiving ends (Uccheddu et al., 2019). Health pressures are particularly acute for the 'sandwich generation' – people caring simultaneously for children and older relatives – but are less severe where formal care support is more widely available (Albertini et al., 2024).

Respite care can protect carers' well-being and help them remain in paid work. CARE Survey findings associate the use of respite care – short-term replacement care that gives carers a temporary break – with longer paid working hours. Yet this relationship should be interpreted cautiously. Respite care may enable carers to work longer or carers already working longer hours may be more likely to seek it. Even so, the evidence strengthens the case for respite and formal care services supporting carers' health, well-being and employment.

6. The way forward: policy pointers

The evidence points to three mutually reinforcing priorities: expanding access to care services, building a sustainable care workforce and enabling equal sharing of care. Together, these actions can strengthen labour market participation, protect carers' well-being and reinforce the EU's long-term competitiveness.

Recognise care services as essential social and economic infrastructure

Expand access to affordable high-quality care

- Implement the revised Barcelona targets and the Council recommendation on access to affordable high-quality long-term care, ensuring that all measures advance gender equality.
- Prioritise investment in affordable high-quality care services and high-quality care jobs in the 2028–2034 MFF.

Ensure access to care services for the most disadvantaged groups

- Ensure universal access to care services, with targeted support for low-income and single-parent families and carers in rural and depopulating areas.
- Use income-related fees, proactive outreach, flexible opening hours and territorial planning to reduce inequalities in access to care.

Build a sustainable care workforce through high-quality jobs

Improve job quality and workforce capacity in ECEC and long-term care

- Improve pay, workforce capacity, occupational safety and health, and working conditions.
- Invest in initial and continuous education and training, recognition of qualifications, skills validation and building career pathways.

([12]) High-income Organisation for Economic Co-operation and Development countries include Member States, Australia, Canada, Chile, Costa Rica, Iceland, Israel, Japan, New Zealand, Norway, South Korea, Switzerland, the United Kingdom and the United States.

Strengthen recruitment and retention

- Develop recruitment and retention strategies that respond to current and projected workforce shortages.
- Attract more men into care occupations and monitor vacancies, turnover and retention to identify emerging workforce gaps early.

Enable equal sharing of care across the life course

Design leave policies and flexible work to improve work–life balance and protect employment continuity

- Provide adequately paid, individual and non-transferable parental leave that encourages take-up among fathers.
- Ensure that flexible working gives employees meaningful control over when and where they work without career penalties and that it complements, rather than replaces, care services.

Make equal sharing of care an explicit policy objective

- Make equal sharing of care a strategic objective across childcare and long-term care policies.
- Challenge gender stereotypes that assign care primarily to women, and promote caring masculinities.

Enabling framework: embed care in EU governance, policy and funding

Make care investment visible in EU economic governance

- Integrate care investment into the European semester, EU funding instruments and implementation of the European Pillar of Social Rights.
- Assess care policy through its combined effects on labour supply, gender equality, the economy of well-being and competitiveness.

Strengthen evidence, monitoring and accountability

- Monitor unpaid care, access to care services, leave take-up, flexible working and carers' well-being by gender and intersecting inequalities.
- Build on the CARE Survey to support implementation of the 2026–2030 gender equality strategy, the Work–Life Balance Directive, Council recommendations on ECEC and long-term care, and the forthcoming European care deal.

References

Albertini, M., Lewin-Epstein, N., Silverstein, M. and Tur-Sinai, A. (2024), 'Becoming sandwiched in later life: Consequences for individuals' well-being and variation across welfare regimes', *The Journals of Gerontology: Series B*, Vol. 79, No 1, gbad154, https://doi.org/10.1093/geronb/gbad154.

Albuquerque, P. C. (2022), 'Met or unmet need for long-term care: Formal and informal care in southern Europe', *The Journal of the Economics of Ageing*, Vol. 23, 100409, https://doi.org/10.1016/j.jeoa.2022.100409.

Alcaide, A. R., Serrano, C. C. and Morán, M. P. (2026), '¿Cómo generan los diseños de los permisos de maternidad, paternidad y parentales un uso desigual entre padres y madres? Evidencia de 31 países europeos con datos de la European Labour Force Survey (1983–2023)', *Economic Series Working Papers*, No 3, Institute of Fiscal Studies, Madrid, pp. 1–69.

Bastida, M., Vázquez Taín, M. Á., García, A. V. and Del Río Araújo, M. L. (2025), 'Gender blindness in the ''Next Generation European Union'' funds: Projects for economic recovery and transformation social economy as an exception to the rule', *Annals of Public and Cooperative Economics*, Vol. 96, No 3, pp. 487–511, https://doi.org/10.1111/apce.70000.

Belmonte, M. and Nedee, A. (2024), 'Demographic projections of long-term care needs in the EU up to 2070', *Science for Policy Briefs*, European Commission, Ispra, JRC136608.

Bernini, A., Nédée, A. and Querin, F. (2026), *Informal long-term care in the context of demographic change and intergenerational fairness in the EU*, Publications Office of the European Union, Luxembourg, JRC145258, https://doi.org/10.2760/9689703.

Cattaneo, A., Vitali, A., Regazzoni, D. and Rizzi, E. (2025), 'The burden of informal family caregiving in Europe, 2000– 2050: A microsimulation modelling study', *The Lancet Regional Health – Europe,* Vol. 53, 101295, https://doi.org/10.1016/j.lanepe.2025.101295.

Chung, H. and Booker, C. (2023), 'Flexible working and the division of housework and childcare: Examining divisions across arrangement and occupational lines', *Work, Employment and Society*, Vol. 37, No 1, pp. 236–256, https://doi.org/10.1177/09500170221096586.

Ciccarelli, N. and Van Soest, A. (2018), 'Informal caregiving, employment status and work hours of the 50+ population in Europe', *De Economist*, Vol. 166, No 3, pp. 363–396, https://doi.org/10.1007/s10645-018-9323-1.

Ciziceno, M. (2024), 'Who will take care of them? A reflection on southern European welfare regimes', *Society Register*, Vol. 8, No 1, pp. 27–42, https://doi.org/10.14746/sr.2024.8.1.02.

De Henau, J. and Himmelweit, S. (2021), 'A care-led recovery from Covid-19: Investing in high-quality care to stimulate and rebalance the economy', *Feminist Economics*, Vol. 27, No 1–2, pp. 453–469, https://doi.org/10.1080/13545701.2020.1845390.

De Henau, J., Himmelweit, S., Lapniewska, Z. and Perrons, D. (2016), *Investing in the Care Economy – A gender analysis of employment stimulus in seven OECD countries*, International Trade Union Confederation, Brussels.

Duletzki, L.-M. and Lim, N. (2025), 'Can early public childcare reduce child penalties? – Evidence from Germany', *SSRN*, https://doi.org/10.2139/ssrn.5109977.

EIGE (2020), *Gender Equality and Long-term Care at Home – Research note*, Publications Office of the European Union, Luxembourg, https://eige.europa.eu/publications-resources/publications/gender-equality-and-long-term-care-home?language_content_entity=en.

EIGE (2023), *A Better Work–Life Balance: Bridging the gender care gap*, Publications Office of the European Union, Luxembourg, https://eige.europa.eu/publications-resources/publications/better-work-life-balance-bridging-gender-care-gap?language_content_entity=en.

EIGE (2026a), *CARE Survey – Second wave: Online panel survey on gender gaps in unpaid care, individual and social activities – Analytical report*, Publications Office of the European Union, Luxembourg, https://eige.europa.eu/publications-resources/publications/care-survey-second-wave-online-panel-survey-gender-gaps-unpaid-care-individual-and-social-activities-technical-report.

EIGE (2026b), *Gender Equality Index 2026: Making parental leave work*, Publications Office of the European Union, Luxembourg.

EIGE (2026c), *Making the next EU budget work for gender equality and women's rights: Transforming the 2028–2034 multiannual financial framework into a driver for a prosperous EU*, Publications Office of the European Union, Luxembourg, https://eige.europa.eu/publications-resources/publications/making-next-eu-budget-work-gender-equality-and-womens-rights?language_content_entity=en.

Ervin, J., Taouk, Y., Fleitas Alfonzo, L., Peasgood, T. and King, T. (2022), 'Longitudinal association between informal unpaid caregiving and mental health amongst working age adults in high-income OECD countries: A systematic review', *eClinicalMedicine*, Vol. 53, 101711, https://doi.org/10.1016/j.eclinm.2022.101711.

Eurofound (2025a), 'Mind the gap! Gender employment gap cost Europe over €390 billion in 2023', Eurofound website, 4 March, https://www.mynewsdesk.com/eurofound/pressreleases/mind-the-gap-gender-employment-gap-cost-europe-over-390-euros-billion-in-2023-3373047.

Eurofound (2025b), *A Decade of Low Pay: Social services workers still earn around one-fifth less than the average*, Publications Office of the European Union, Luxembourg, https://www.eurofound.europa.eu/en/publications/all/a-decade-of-low-pay-social-services-workers-still-earn-around-one-fifth-less-than-the-average.

European Commission (2024), *Addressing knowledge gaps in relation to the long-term care workforce: Policy brief*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/8476507.

Fauser, S., Struffolino, E. and Levanon, A. (2025), 'Converging mothers' employment trajectories between East and West Germany? A focus on the 2008-childcare-reform', *Journal of Marriage and Family*, Vol. 87, No 2, pp. 566–589, https://doi.org/10.1111/jomf.13040.

Ghailani, D., Peña-Casas, R., Spasova, S. and Konstantinidou, D. (2026), *Long-term Care Settings for Older People – An analysis covering 38 European countries*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/0696787.

González-Motos, S. and Saurí Saula, E. (2023), 'State nurseries are not for us: The limitations of early childhood policies beyond price barriers in Barcelona', *International Journal of Early Childhood*, Vol. 55, No 2, pp. 295–312, https://doi.org/10.1007/s13158-022-00343-w.

Heger, D. and Korfhage, T. (2020), 'Short- and medium-term effects of informal eldercare on labor market outcomes', *Feminist Economics*, Vol. 26, No 4, pp. 205–227, https://doi.org/10.1080/13545701.2020.1786594.

ILO (International Labour Organization) (2018), *Care work and care jobs for the future of decent work*, International Labour Organization, Geneva, https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm.

Kääriäinen, J., Tanskanen, A. O. and Danielsbacka, M. (2024), 'Formal long-term care, individualisation and filial responsibility: A multi-level analysis of 21 European countries', *International Journal of Sociology and Social Policy*, Vol. 44, No 13/14, pp. 116–131, https://doi.org/10.1108/IJSSP-03-2024-0105.

Kolodziej, I. W. K., Reichert, A. R. and Schmitz, H. (2018), 'New evidence on employment effects of informal care provision in Europe', *Health Services Research*, Vol. 53, No 4, pp. 2027–2046, https://doi.org/10.1111/1475-6773.12840.

Kurowska, A. (2020), 'Gendered effects of home-based work on parents' capability to balance work with non-work: Two countries with different models of division of labour compared', *Social Indicators Research*, Vol. 151, No 2, pp. 405–425, https://doi.org/10.1007/s11205-018-2034-9.

Lyttelton, T., Zang, E. and Musick, K. (2022), 'Telecommuting and gender inequalities in parents' paid and unpaid work before and during the COVID-19 pandemic', *Journal of Marriage and Family*, Vol. 84, No 1, pp. 230–249, https://doi.org/10.1111/jomf.12810.

Maltseva, N. B. (2026), 'The impact of Malta's free childcare scheme on female employment', *SSRN*, 285366995, https://api.semanticscholar.org/CorpusID:285366995.

Mussida, C. and Patimo, R. (2023), 'Care, labour force participation and health: The case of Italy', *International Journal of Manpower*, Vol. 44, No 9, pp. 91–107, https://doi.org/10.1108/IJM-12-2022-0633.

Naldini, M., Pavolini, E. and Solera, C. (2016), 'Female employment and elderly care: The role of care policies and culture in 21 European countries', *Work, Employment and Society*, Vol. 30, No 4, pp. 607–630, https://doi.org/10.1177/0950017015625602.

Narazani, E., García, A. A., Christl, M. and Figari, F. (2022), *The impact of alternative childcare policies on mothers' employment for selected EU countries*, Publications Office of the European Union, Luxembourg, JRC30477.

Peña-Longobardo, L. M. and Oliva-Moreno, J. (2022), 'The economic value of non-professional care: A Europe-wide analysis', *International Journal of Health Policy and Management*, Vol. 11, No 10, pp., 2272–2286, https://doi.org/10.34172/ijhpm.2021.149.

Petts, R. J., Mize, T. D. and Kaufman, G. (2022), 'Organizational policies, workplace culture, and perceived job commitment of mothers and fathers who take parental leave', *Social Science Research*, Vol. 103, 102651, https://doi.org/10.1016/j.ssresearch.2021.102651.

Reiter, C. and Spitzer, S. (2026), 'When gender trumps skills: Employment trajectories of Austrian parents after their first birth', *Comparative Population Studies*, Vol. 51, https://doi.org/10.12765/CPoS-2026-01.

Reljic, J. and Zezza, F. (2025), 'Breaking the divide: Can public spending on social infrastructure boost female employment in Italy?' *Economic Modelling*, Vol. 143, 106974, https://doi.org/10.1016/j.econmod.2024.106974.

Serrano-Alarcón, M. and Perelman, J. (2017), 'Ageing under unequal circumstances: A cross-sectional analysis of the gender and socioeconomic patterning of functional limitations among the southern European elderly', *International Journal for Equity in Health*, Vol. 16, No 1, 175, https://doi.org/10.1186/s12939-017-0673-0.

Theobald, H. (2020), 'Sorgepolitiken und die Konsequenzen für die Gleichstellung von pflegenden Familienangehörigen: Deutschland und Schweden im Vergleich', *Sozialer Fortschritt*, Vol. 69, No 3, pp. 183–201, https://doi.org/10.3790/sfo.69.3.183.

Uccheddu, D., Gauthier, A. H., Steverink, N. and Emery, T. (2019), 'The pains and reliefs of the transitions into and out of spousal caregiving – A cross-national comparison of the health consequences of caregiving by gender', *Social Science & Medicine*, Vol. 240, 112517, https://doi.org/10.1016/j.socscimed.2019.112517.

Van Den Bosch, K., Kirn, T., Kump, N., Liégeois, P., Moreira, A. et al. (2024), 'The impact of taking up care tasks on pensions: Results of typical-case simulations for several European countries', *European Journal of Social Security*, Vol. 26, No 1, pp. 44–63, https://doi.org/10.1177/13882627231221045.

Wahrendorf, M., McMunn, A., Xue, B., Schaps, V., Deindl, C. et al. (2025), 'Mental health trajectories of men and women who start providing personal care: European findings from SHARE using propensity score matching', *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, Vol. 80, No 6, gbaf053, https://doi.org/10.1093/geronb/gbaf053.

Zigante, V. (2018), *Informal Care in Europe – Exploring formalisation, availability and quality*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/78836.

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