European Institute for Gender Equality

Investing in long-term care for a more competitive and inclusive EU

Executive summary

Long-term care (LTC) is vital for a dignified life in old age and for social fairness, and it is relevant to both social and economic policy. The number of people in the EU who may need LTC is projected to rise from 31.2 million in 2022 to 37.8 million by 2050. Meeting these needs requires stronger formal care systems alongside recognition of the social value of informal care.

Informal carers continue to meet much of the demand, while formal services fall short. Around 29 % of informal carers report that the person they care for could not access formal care when needed. Barriers include cost, waiting times, limited availability, restrictive eligibility criteria, administrative complexity, distance and poor quality of care.

Formal services support women's employment and informal carers' well-being. Time-intensive LTC is linked to lower employment among women carers, while access to formal LTC is associated with better employment prospects and better well-being.

Informal support networks also improve care outcomes. Informal carers who do not have help from relatives, friends or neighbours are more likely to provide time-intensive care and report unmet needs for the person they care for. Access to informal support improves carers' well-being.

A strong care workforce underpins accessible, high-quality services. Expanding provision requires sustained investment in staffing, working-time capacity, skills, pay, working conditions, training and career progression.

Building a stronger LTC system requires investment, recognition and protection. Expanding formal services, improving care jobs, and supporting informal carers while protecting their employment and future income can promote fairer sharing of care. Monitoring the impact of these actions on access to services, intensity of informal care, employment, well-being and gender gaps can help ensure that investment in care delivers both gender equality gains and wider economic benefits.

Figure 1: Improving LTC for a more competitive and inclusive EU: key challenges, impacts and policy priorities

Investing in care systems, supporting informal carers and promoting gender equality

1. Context

- Demographic change raises the need for LTC
- Most care is provided by informal carers, mostly women
- Care systems vary widely across the EU
- LTC is both a social right and an economic investment

2. Key findings

- **Rising intensity**
  Care is often intensive, 20+ hours of care per week
- **Limited access**
  Cost, availability, waiting times and territorial gaps limit access to formal care
- **Impacts on carers**
  Care responsibilities can harm health, finances, paid work, education and leisure
- **Gender**
  Unequal care responsibilities widen gender gaps in employment, income and pensions

3. Consequences

- Reduced employment and earnings, especially among women
- Higher risk of poor mental and physical health
- Higher risk of poverty and financial insecurity
- Pressure on care systems and public finances
- Underutilised talent, lower economic growth and reduced competitiveness

Drivers behind caring patterns and outcomes

- Gender norms and unequal sharing of care
- Insufficient and inaccessible formal care services
- Weak labour market and social protection support
- Territorial and socioeconomic inequalities

Policy priorities: investing in a care system that works for all

- **Invest in quality formal LTC**
  Expand home, community and residential services and remove access barriers
- **Strengthen the care workforce**
  Support better pay, conditions, training and career paths to attract and retain staff
- **Recognise and protect carers**
  Provide needs assessments, respite, training and counselling
- **Emphasise person-centred and coordinated care**
  Promote participatory care, coordination roles and shared skills and communication
- **Build fair cash-for-care schemes**
  Combine cash with quality services; monitor gender and employment effects
- **Protect carers' employment and income**
  Offer carers' leave, flexible work, reintegration and pension protection

Monitoring and evaluation: learning what works

- Monitor implementation with sex-disaggregated data across groups and territories
- Evaluate impacts on employment, care jobs and competitiveness
- Use evidence to improve policies and scale what works

Source: Authors.

Introduction

An ageing EU needs care to work

The EU is ageing, and the need for long-term care (LTC) [1] **is rising accordingly.** At the same time, smaller and more dispersed families and greater geographic mobility mean fewer relatives, friends and neighbours may be available to provide informal care.

Meeting this growing demand requires formal services and informal care [2] **to work together.** Formal services can expand people's care options, while relatives, friends and communities continue to provide forms of support that are distinct and valuable. The policy challenge is therefore to ensure that people can access high-quality formal LTC when needed, while informal carers receive adequate support and recognition. This matters for gender equality and economic participation as women provide the majority of informal care and bear the greatest costs to their employment, income and well-being when support falls short (Figure 1).

EU policy increasingly recognises LTC as a social right, a gender equality issue and a condition for participation in society and the economy. Principle 18 of the European Pillar of Social Rights, the European care strategy and the 2022 Council recommendation on access to affordable high-quality LTC set the main framework for improving access to and quality of services, support for informal carers and workforce sustainability. The Work–Life Balance Directive and the gender equality strategy reinforce the link between care, women's employment and the fair sharing of care responsibilities, while the monitoring framework for LTC and the quality jobs roadmap strengthen the focus on implementation, workforce capacity and job quality [3]. Forthcoming initiatives, including the European care deal and the new 2028–2034 multiannual financial framework, offer a further opportunity to turn these commitments into investment and reform (see the Council recommendation on access to affordable high-quality LTC and the Commission communication on the European care strategy).

Together, these developments place care increasingly at the intersection of social, economic and fiscal policies, gender equality and demographic change. This brief shows how greater investment in LTC can benefit people who need care, informal carers and the paid care workforce, and how unequal access, insufficient service capacity and the unequal sharing of care continue to limit that potential.

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) LTC refers to a range of services and assistance for people who, as a result of mental disorders, physical frailty and/or disability over an extended period, depend on support for daily living activities and/or require permanent nursing care. It can be provided at home, in the community or in residential settings.

(2) Formal care refers to care provided through organised services by paid care workers or professionals, whether publicly or privately provided. Informal care refers to unpaid care provided by family members, relatives, friends or neighbours.

(3) Other EU-level actions include a self-assessment toolkit for EU Member States, an online training course for informal carers, and evidence packages on the adequacy of social protection for LTC, the LTC workforce, labour mobility and enforcement challenges in the LTC sector, and LTC settings for older people. The set-up of a European social dialogue committee for social services and the launch of a large-scale skills partnership for LTC under the pact for skills have further strengthened the professionalisation of the workforce. These initiatives are complemented by mutual learning, policy dialogues and EU funding, notably through the European Social Fund Plus and the Recovery and Resilience Facility.

1. Investing in long-term care as an economic opportunity

Informal long-term care is worth 3.6 % of Europe's gross domestic product but goes largely unmeasured

Around 76 million people across Europe provide informal unpaid LTC, and the economic value of this work is estimated at about EUR 576 billion a year, equivalent to 3.6 % of the GDP ([4]) (Peña-Longobardo et al., 2022). Yet conventional economic indicators do not capture most unpaid household and care activities, making the contribution of these activities less visible when governments assess economic performance and set spending priorities. Research evidence shows that around 85 % of informal carers are aged under 65 years, and around half combine care with employment ([5]). The policy challenge is to ensure that informal carers have choices and that care responsibilities are shared more equally. Accessible LTC services, adequate income support and flexible working conditions ([6]) can help people provide care without having to withdraw from employment or compromise their own well-being.

The CARE Survey (2024) shows that **nearly half of informal carers provide care to someone living in their own household** – 47 % of women carers and 49 % of men carers – meaning that LTC is often embedded in daily household life (EIGE, 2026b). This makes household composition relevant to understanding inequalities: whether a person lives alone, with a partner or with the person they care for affects the informal and formal support that can be mobilised.

Investing in long-term care: key facts

Around 76 million people across Europe provide informal unpaid care, worth an estimated **EUR 576 billion a year**, equivalent to **3.6 % of the European gross domestic product (GDP)** (Peña-Longobardo et al., 2022).

A 1 % increase in LTC expenditure is associated with a 0.2 % higher GDP per capita in the following year and a 0.6 % reduction in healthcare spending, mainly on inpatient care and medicines (Costa-Font et al., 2023).

LTC investment varies markedly across the EU. In 2023, LTC expenditure ranged from 0.16 % of the GDP in Greece to 3.1 % in Sweden, compared with an EU average of 1.7 % (Eurostat, 2025).

The number of people needing LTC is expected to rise from 31.2 million in 2022 to 37.8 million by 2050, an increase of around 21 % (European Commission: Directorate-General for Economic and Financial Affairs, 2024).

For more on the economic case for care investment and its contribution to labour-market participation and competitiveness, see the companion policy brief *Investing in Care: Advancing EU competitiveness and gender equality* (EIGE, 2026a).

Long-term care as an investment, not just expenditure

Expanding formal LTC services is an investment in people and the economy, not simply a shift from households to public budgets. It broadens care options and helps informal carers remain in or return to the labour market. Investment in care services also creates jobs in a labour-intensive sector, while better integration of LTC and health services can improve continuity of care (Commission communication on the European care strategy; Ghailani et al., 2026). It can also reduce the health toll of intensive informal care and delay carers'

([4]) This estimate assigns an economic value to informal carers' time. Measurement is based on the opportunity cost method, whereby caregiving hours provided by employed caregivers are valued at each country's average gross hourly wage, while hours provided by non-employed caregivers are valued at each country's minimum gross hourly wage. Therefore, it does not represent market output directly recorded in the GDP.

([5]) The geographical scope of the study covers 33 European countries: the EU-27, Albania, Montenegro, North Macedonia, Serbia, Türkiye and the United Kingdom.

([6]) The opportunity for workers to adjust their working patterns, including through remote working arrangements, flexible working schedules or reduced working hours.

own LTC needs. These effects complement the social value of care provided by families and communities rather than seeking to replace it.

Higher public investment in LTC can reduce the need for intensive informal care. Among 28 European countries, high public LTC spending ([7]) is associated with 62 % lower odds of providing time-intensive informal care, after accounting for age and household income (Almeida-Meza et al., 2025). Stronger public support can therefore ease the pressure on families to provide long hours of care.

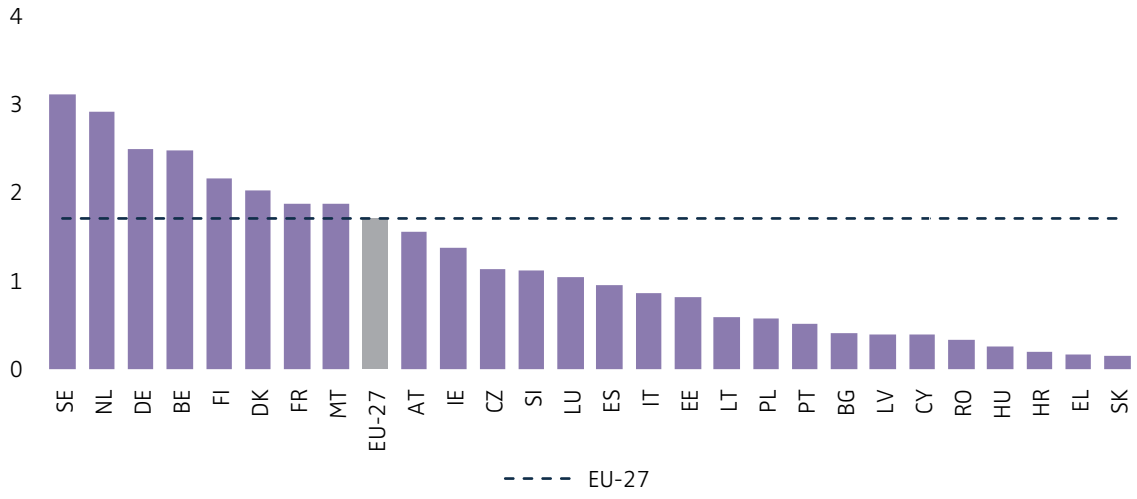
Public provision alone will not close the gender care gap. Despite the scope of public spending on LTC, women provide more informal and time-intensive care than men. The gap is largest in the lowest-spending countries, although the evidence does not show that higher expenditure alone eliminates gender inequality (Almeida-Meza et al., 2025). Investment must therefore be paired with measures that challenge harmful gender norms and promote the equal sharing of care.

LTC investment supports economic growth while lowering healthcare costs. Evidence from 27 Organisation for Economic Co-operation and Development countries shows that a 1 % increase in LTC expenditure is followed by an estimated 0.2 % increase in the GDP per capita and is associated with a 0.6 % fall in healthcare spending, mainly on inpatient care and medicines (Costa-Font et al., 2023). Investment in LTC can therefore strengthen economic activity and fiscal sustainability by reducing some of the healthcare costs associated with insufficient care arrangements.

Employment in healthcare and social care can help stabilise labour markets during economic downturns. Across the EU-15 ([8]), employment in the sector grew substantially between 2000 and 2014, including during periods of economic slowdown, although trends varied among Member States (Hofmarcher et al., 2016).

Yet the scale of investment in LTC still varies markedly across the EU. In 2023, expenditure ranged from 0.16 % of the GDP in Greece to 3.1 % in Sweden, compared with an EU average of 1.7 % (Figure 2) (Eurostat, 2025). These differences reflect not only variation in care needs, but also how national LTC systems are financed and organised, including the balance between formal and informal care and the extent to which services are collectively financed (European Commission: Directorate-General for Economic and Financial Affairs, 2024).

Figure 2: LTC expenditure as a percentage of GDP (EU-27)



Notes: 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, the Netherlands; PL, Poland; PT, Portugal; RO, Romania; SE, Sweden; SI, Slovenia; and SK, Slovakia.
Source: Eurostat, 2025.

([7]) High public LTC spending refers to expenditure above 3 % of the GDP and applies to Denmark, the Netherlands, Norway and Sweden.
([8]) The EU-15 refers to Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom.

Demand for care is rising just as supply is running short

The economic and health-system benefits from LTC investment matter all the more because the need for care is set to rise steeply. The number of people in the EU who may need LTC is projected to increase by around 21 %, from 31.2 million in 2022 to 37.8 million by 2050. Over the same period, the EU old-age dependency ratio ([9]) is projected to rise from 36 % in 2022 to 55 % by 2050 (European Commission: Directorate-General for Economic and Financial Affairs, 2024).

At the same time, the pool of informal carers is shrinking. A larger older population will depend on a relatively smaller working-age population, while smaller families, changing household structures and greater mobility leave fewer relatives and friends available to provide informal care. Younger generations are therefore likely to take on more intensive care responsibilities in midlife but have less support available to them in later life (Bernini et al., 2026).

Formal LTC services will need to meet a larger share of future care needs. This does not mean replacing families, friends and communities. It means expanding accessible home-based, community-based ([10]) and residential services so that people have a genuine choice in how care is organised.

Investment in LTC is therefore an investment in resilient societies and economies, not a response to temporary pressure. It must build lasting capacity to meet rising demand, support informal carers and strengthen fairness between generations. Success will depend on whether care systems can attract, retain and develop a sufficient and skilled workforce.

2. Access to long-term care and unmet needs

Long-term care systems vary widely in how care is organised

LTC is provided in various settings, which offer different combinations of personal, social and health support. Across the EU, formal LTC can be grouped into three broad categories: home care ([11]), community-based care and residential care. The appropriate choice depends on people's care needs and preferences, local service availability and workforce capacity (Ghailani et al., 2026).

How LTC is funded and organised determines how much responsibility falls on families. Member States differ widely in public spending, service coverage and the balance between services and cash benefits, which together shape how care responsibilities are shared between families and formal services (Pavolini, 2021). Many systems are moving towards more person-centred models that help people to remain at home and in their communities where this suits their needs and preferences (Ghailani et al., 2026). This variation in system design helps explain why access to formal LTC differs so markedly across the EU.

Access to long-term care and unmet needs: key facts

Various LTC social protection models coexist across the EU, reflecting different levels and forms of public intervention.

Unmet access. Around 29 % of informal carers say that the person they care for could not access formal care when needed.

Affordability. More than one in four carers reporting unmet needs say that cost is a main barrier to accessing LTC services, with women more likely than men to do so.

([9]) The number of people aged 65 years and over relative to those aged 20–64.
([10]) Includes non-residential local services, such as day centres, day hospices, rehabilitation services and social support services, that promote independent living and social inclusion.
([11]) Providing support for people living in their own homes, including personal care, nursing, domestic help, rehabilitation, telecare and mobile palliative care.

Access to long-term care remains highly unequal across the EU

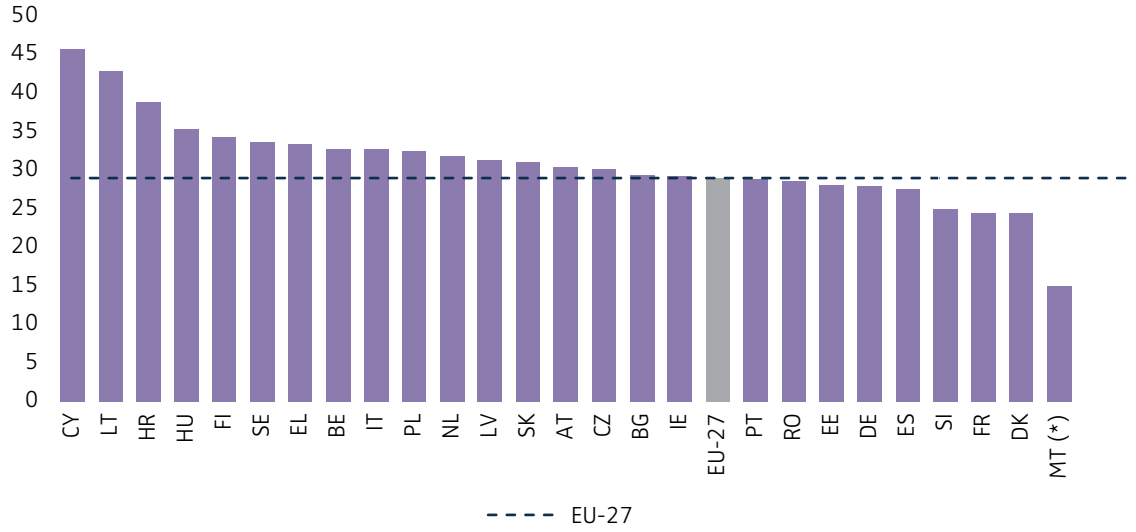
System design translates into notable differences in access to formal LTC. In 2024, 8.5 % of people in the EU lived in a household where someone needed LTC because of a long-term health problem. Only 28 % of people in these households received professional home care. Access varied from 64 % in Denmark, 63 % in Cyprus and 53 % in Belgium to 8 % in Estonia, Hungary and Poland (Eurostat, 2026) ([12]).

Gender matters in access to LTC. Women carers are more likely to provide care with limited formal support. The CARE Survey shows that 76 % of people cared for by women use at least one formal LTC service each week, compared with 86 % of those cared for by men.

Effective access depends on quality as well as availability and affordability. Services need to be timely, suitable and reliable in order for people to trust and use them. Quality also depends on the workforce: shortages and unstable staffing undermine continuity, while poor working conditions weaken recruitment and retention. EU policy on LTC therefore treats availability, affordability, quality, governance and workforce conditions as interconnected dimensions of access.

Uneven access leaves major care needs unmet. Around 29 % of informal carers in the EU report that the person they care for could not access LTC services when needed (Figure 3). Unmet needs are highest in Cyprus, Lithuania and Croatia, while in France and Denmark the share is below 25 %. These gaps cannot be explained by differences in care needs alone.

Figure 3: Share of informal carers whose recipient had no access to formal LTC among those who needed it (%, EU-27, 2024)

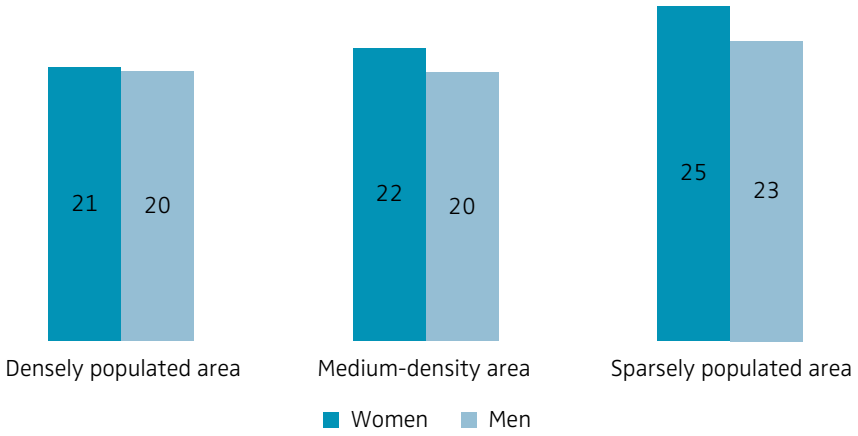


(*) Low reliability.
Notes: Data for Luxembourg is not presented due to the small number of observations. Sample was limited to informal carers. 'Don't know' and 'prefer not to answer' are treated as missing values. AT, Austria; BE, Belgium; BG, Bulgaria; CY, Cyprus; CZ, Czechia; DE, Germany; DK, Denmark; EE, Estonia; EL, Greece; ES, Spain; FI, Finland; FR, France; HR, Croatia; HU, Hungary; IE, Ireland; IT, Italy; LT, Lithuania; LV, Latvia; MT, Malta; NL, the Netherlands; PL, Poland; PT, Portugal; RO, Romania; SE, Sweden; SI, Slovenia; and SK, Slovakia.
Source: CARE Survey, 2024.

Where people live also shapes access. Around 24 % of informal carers in sparsely populated areas report unmet service needs for the person they care for, compared with around 21 % in densely populated areas (Figure 4). The pattern is similar for women and men (EIGE, 2026b).

([12]) These figures provide a particularly useful measure of access to support for ageing or living at home, but they should not be interpreted as the share of all people with LTC needs receiving formal care.

Figure 4: Share of informal carers whose main care recipient had unmet needs, by degree of urbanisation and carer's sex (%, EU-27)



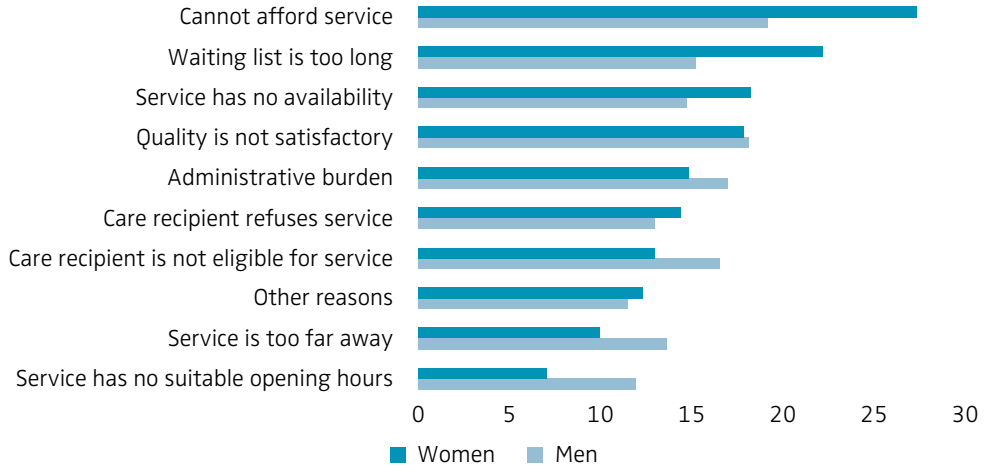
Notes: Sample was limited to informal carers. 'Don't know' and 'prefer not to answer' are treated as missing values.
Source: CARE Survey, 2024.

Cost matters, but most barriers are related to the supply of services

Cost is the most common barrier to accessing formal LTC. Among carers reporting unmet needs, 27 % of women and 19 % of men say the person they care for could not afford services (Figure 5). Among women, long waiting lists are the second most common reason, followed by limited availability and poor quality of services.

However, most barriers are not about cost. When individual reasons are grouped into broader categories, non-cost-related barriers ([13]) account for 72 % of reported constraints, compared with 28 % for cost-related barriers (Figure 5). Cost accounts for half of constraints in Greece and around one third in Poland, Romania and Germany, but only around one fifth in Belgium, the Netherlands and Sweden. Non-cost-related barriers predominate in most Member States, reaching 82 % in Sweden and 80 % in Belgium and the Netherlands.

Figure 5: Reasons for main care recipient's needs for LTC services being unmet, by sex of informal carer (%, EU-27)



Notes: Sample was limited to informal carers whose care recipient had unmet care needs. 'Don't know' and 'prefer not to answer' are treated as missing values.
Source: CARE Survey, 2024.

([13]) Non-cost-related barriers include long waiting lists, lack of available services, restrictive eligibility criteria, administrative procedures, unsuitable opening hours, distance and dissatisfaction with service quality.

Member States therefore need solutions tailored to their access gaps. In some countries, affordability remains a major obstacle, while in others unmet needs reflect limited service capacity, restrictive eligibility criteria, complex administrative procedures, poor accessibility or low service quality. Financial support alone will therefore not secure effective access unless suitable services are available, accessible and responsive to people's needs.

3. How long-term care provision shapes informal carers' employment and well-being

Formal long-term care services as a lever for women's labour market participation

When LTC services are unavailable, unaffordable or poorly matched to people's needs, families and social networks fill the gap. The policy challenge is to ensure that informal carers have a genuine choice, recognition of their work and access to suitable services. Evidence across countries shows that public care provision is a key system-level factor shaping the unequal share of informal care between women and men (Da Roit et al., 2015).

Intensive caregiving is linked to a higher risk of leaving employment. CARE Survey findings show that long-term carers providing 71 hours or more of care a week are around 16 percentage points less likely to be employed than those providing 0–7 hours. Among informal long-term carers who remain employed, however, care intensity is not clearly linked to shorter working time, suggesting that the effect operates mainly through labour market exit. Wider European evidence similarly links intensive informal care to lower employment and fewer paid working hours, particularly among women (Ciccarelli et al., 2018; Heger et al., 2020).

The employment penalty is especially pronounced among women. Women providing 71 hours or more of care a week are around 22 percentage points less likely to be employed than women providing 0–7 hours ([14]). This reflects both women's greater share of informal care and their greater exposure to its labour market consequences.

How long-term care shapes carers' employment and well-being: key facts

Labour market. Time-intensive care is associated with a 16-percentage-point lower probability of employment overall, rising to 22 percentage points among women with the most demanding care responsibilities. No comparable effect is observed among men.

Well-being. Time-intensive care and unmet care needs are associated with poorer carer well-being, particularly among women, as measured by the World Health Organization-Five (WHO-5) Well-being Index.

Access to services. Access to LTC services is associated with almost 8 percentage points higher employment among women informal carers and higher well-being scores for both women (+ 8 scale points) and men (+ 5 scale points).

Access to LTC services is associated with higher employment among informal carers, particularly women. Where the person receiving care uses at least one formal service, their informal carer is around 4 percentage points more likely to be employed. For women carers, the difference rises to almost 8 percentage points – a substantial effect given employment rates of about 68 % for women carers and 73 % for men. Wider evidence similarly shows that limited formal services leave women more likely to absorb care needs through unpaid care (Mussida et al., 2019; Theobald, 2020).

Care-related employment breaks can also reduce informal carers' future pensions. In earnings-related pension systems, time out of work means fewer contribution years and lower lifetime earnings. Carers may also re-enter employment at lower pay. These disadvantages accumulate, turning the unequal share of care responsibilities

([14]) The corresponding estimate for men is much smaller and not statistically significant.

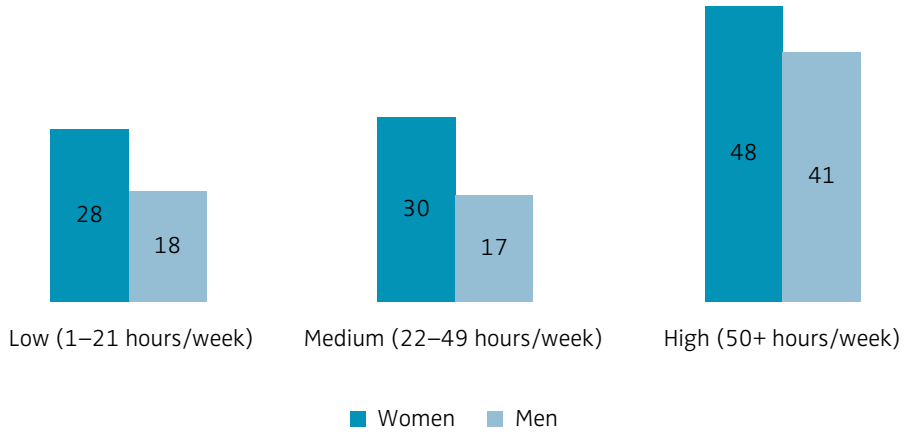
during working life into lower pension income in retirement (Van Den Bosch et al., 2024). The EU strategy on intergenerational fairness recognises this process as a driver of gender gaps in later-life income security and pensions (Commission communication on the strategy on intergenerational fairness).

Lower-income carers face the greatest risks. When LTC services are unaffordable, lower-income carers have fewer alternatives and are more likely to reduce their working hours or leave employment altogether, especially women. Inadequate access to services therefore deepens both gender and income inequalities.

Formal long-term care services and shared support protect carers' well-being

Care arrangements shape care intensity and carers' well-being. CARE Survey findings show that sole care responsibility is associated with around a 15-percentage-point higher probability of providing more than 36 hours of care a week. This association is concentrated among women and is not significant for men. Care at this intensity is also associated with poorer mental health ([15]) (Figure 6), consistent with longitudinal evidence linking informal care to a higher risk of depression among working-age adults, especially women, who provide more time-intensive care (Ervin et al., 2022; Labbas et al., 2023).

Figure 6: Share of informal carers with poor well-being, by intensity of LTC and sex of carer (%, EU-27)



Notes: The poor well-being rate (bars) is the share of informal carers in each care intensity and sex group whose WHO-5 score falls below 50 – the standard cut-off used to screen for poor mental well-being (and possible depression).
Source: CARE Survey, 2024.

Access to adequate LTC services is strongly associated with carers' better well-being, whereas unmet needs have the opposite effect. In the CARE Survey, informal carers with access to formal LTC score around 7 points higher on the WHO-5 Well-being Index ([16]) than those without access. By contrast, carers score around 2 points lower when the person they support has unmet care needs. Adequate LTC services therefore benefit not only people receiving care but also the well-being of informal carers.

Shared informal support also protects well-being. Help from relatives, friends or neighbours is associated with a well-being score around 8 points higher, reinforcing the evidence that social support is an important protective factor against depressive symptoms among informal carers (Gutiérrez-Sánchez et al., 2023). Informal support

([15]) Respondent well-being is measured by the CARE Survey following a WHO-5-style approach, based on eight items asked to the full sample about how respondents had felt over the past two weeks. Five positive-affect items (Q_75_1–Q_75_5: cheerful; calm and relaxed; active; fresh and rested; life filled with things that interest me) replicate the standard WHO-5 Well-being Index; three additional negative-affect items (Q_76_1–Q_76_3: tense; lonely; downhearted and depressed) capture dimensions of psychological strain not covered by the Well-being Index. Each item is answered on a six-point frequency scale ranging from 'all of the time' to 'at no time'.
([16]) The WHO-5 Well-being Index ranges from 0 to 100, where higher scores indicate better well-being.

networks can ease pressure on carers, but they should complement rather than substitute adequate formal provision.

The sandwich generation: balancing long-term care and childcare

The sandwich generation faces overlapping care demands. Although relatively small, this group, which simultaneously provides LTC and childcare, exposes gaps across care systems. Shortfalls in early childhood education and care and LTC converge in the same households, creating simultaneous and often open-ended care responsibilities. These demands peak in midlife, when pressures from paid work and career progression are also most intense.

Overlapping care demands take a great toll, especially on women's well-being. Supporting both older parents and adult children is associated with a modest decline in psychological health and well-being among women, but not among men (Albertini et al., 2024). The CARE Survey shows that 33 % of women in the sandwich generation report poor mental well-being – a WHO-5 score below 50 – compared with 17 % of men.

Informal support networks: key findings from the CARE Survey

Women carers receive less informal support. Across the EU, 42 % of women carers receive weekly unpaid help from relatives, friends or neighbours, compared with 51 % of men. Among carers aged 40–54 years, the gap widens to 33 % of women and 48 % of men.

Without support, women shoulder more intensive care. Women who need informal help but do not receive it are around 15 percentage points more likely to provide over 36 hours of care a week than those receiving daily help. No comparable association is observed among men.

Shared support strengthens well-being. Carers receiving help from relatives, friends or neighbours score around 8 points higher on the WHO-5 Well-being Index.

4. The care workforce: job quality shapes the capacity to meet care needs

Despite its growing importance, care work remains persistently undervalued. Gendered care norms play down the skills required for LTC and the wages needed to attract workers. In around half of Member States, LTC workers earned less than 80 % of the mean gross hourly wage, with this falling to 64–65 % in Bulgaria, Estonia and Italy. Low pay affects workers' financial security and makes it harder for providers to attract and retain the workforce needed (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2025, 2026).

Low pay in the LTC sector is accompanied by wider issues of job quality. Temporary employment, non-desired part-time work, demanding and unpredictable schedules, and limited career prospects can reduce the attractiveness of the sector. Home care workers face a range of occupational risks, including musculoskeletal disorders, stress and emotional strain, and physical, biological and chemical hazards such as falls, infectious diseases and exposure to disinfectants or medications (EU-OSHA et al., 2025).

The care workforce: key facts

In 2024, **3.2 million people were employed in the LTC sector** in the EU, representing around 1.6 % of the total workforce. Most were personal care workers (65 %) or nurses (29 %). In 2024, the LTC workforce showed small increases in capacity (European Commission: Directorate-General for Employment, Social Affairs and Inclusion, 2026).

The care workforce is overwhelmingly female. Women account for 87 % of the EU's LTC workforce.

Low relative pay continues to limit the attractiveness of LTC work. In 2022, LTC workers earned, on average, 89 % of the mean gross hourly wage in other sectors across Member States.

Migrant and mobile workers ([17]) **play an important role in the provision of LTC services, particularly in home-based, domestic and live-in care services.** In 2024, mobile workers accounted for 13.6 % of the LTC workforce and constituted almost one quarter of home-based personal care workers (European Labour Authority et al., 2026). Some of these workers face particularly precarious working conditions, including undeclared work, bogus self-employment ([18]), long and irregular hours, limited rest, insecure income and weaker access to social protection and the enforcement of labour rights. One of the main factors driving undeclared care work in the EU is the lack of accessible and affordable formal care services (Eurofound, 2025).

The care sector requires an increasingly diverse range of skills. As people live longer, a growing number need support with multiple chronic conditions, dementia, frailty and other complex care needs that often evolve over time. Responding effectively requires not only strong interpersonal skills, but also clinical, digital, teamwork and coordination skills, supported by geriatric knowledge, clear occupational profiles and recognised qualifications (OECD, 2023).

Addressing workforce shortages requires investment in appropriate skills, recognised qualifications, continuous training opportunities, supportive working environments and clear career pathways (Pavolini et al., 2025). For mobile and migrant workers, qualifications obtained abroad are often not readily recognised, delaying recruitment and limiting opportunities to work at a level that matches their skills. Streamlining recognition procedures and providing targeted language or bridging support where needed can help address workforce shortages while maintaining high standards of care (European Labour Authority et al., 2026).

5. The way forward: policy pointers

Gender inequalities in care and employment are closely linked. When formal services are unavailable or insufficient, women are more likely to absorb care responsibilities, often by reducing working hours or leaving employment altogether. Policy action therefore needs to address these mechanisms together: expanding services, strengthening care jobs, protecting carers' employment and income and promoting more equal sharing of care.

Recognise formal LTC as a social and economic investment

Invest in affordable, accessible and high-quality formal LTC at home, in the community and in residential settings

- Recognise formal LTC as a social and economic investment by expanding affordable, accessible and high-quality services that give people genuine choices in care arrangements, support independent living and help carers remain in or re-enter paid work.
- Remove barriers related to cost, waiting times, limited availability, low quality, restrictive eligibility criteria, complex administrative procedures, unsuitable opening hours and territorial disparities.

Invest in the care workforce to expand formal care provision and improve job quality

- Strengthen the care workforce by improving pay, working conditions, occupational health and safety, training, career development and staffing levels to meet current and future care needs.
- Address workforce shortages by improving workforce planning, closing staffing and skills gaps, accelerating qualification recognition and providing targeted support for mobile and migrant care workers.

([17]) Mobile workers are workers living in a country other than their country of citizenship, including EU mobile workers and non-EU nationals.
([18]) This refers to individuals who are formally registered as self-employed but who effectively work under dependent employment conditions. This is often done to avoid tax and social insurance obligations or employers' responsibilities.

Recognise, support and protect informal carers

Provide comprehensive support for informal carers

- Regularly assess carers' needs and provide access to a comprehensive package of support, including respite care, healthcare, counselling, information, training, income support, flexible working, leave arrangements and support for returning to employment.

Protect informal carers' employment and income security

- Support carers' labour market participation by combining accessible formal LTC with care leave arrangements, flexible working, support for returning to employment and pension protections that recognise periods spent providing informal care.

Organise LTC around people's needs and preferences

Promote coordinated and person-centred care

- Improve coordination between LTC services, care recipients and informal carers through integrated care planning, dedicated communication channels and care coordination support.

Use cash-for-care benefits ([19]) to widen choices, not increase dependence on informal care

- Design cash-for-care benefits alongside accessible, affordable and high-quality formal services to increase care choices without reinforcing unequal care responsibilities.

Strengthen LTC policy and investment through evidence and evaluation

Monitor and evaluate LTC policies and outcomes using sex-disaggregated data

- Strengthen monitoring and evaluation of LTC policies to assess their effects on access to care and carers' well-being, labour market participation and gender equality.
- Use comparable LTC data, EU-level knowledge bases, EU funding and mutual learning among Member States to identify effective LTC policies and scale up successful approaches.

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.

Almeida-Meza, P., Di Gessa, G., Lacey, R., Xue, B. and McMunn, A. (2025), 'Gender inequalities in care across long-term care public spending systems in Europe: Evidence from the European Health Interview Survey', *International Journal of Care and Caring*, Vol. 9, No 3, pp. 490–503, https://doi.org/10.1332/23978821Y2025D000000133.

([19]) 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.

Bernini, A., Natale, F., 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, https://doi.org/10.2760/9689703.

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.

Costa-Font, J. and Vilaplana-Prieto, C. (2023), '"Investing" in care for old age? An examination of long-term care expenditure dynamics and its spillovers', *Empirical Economics*, Vol. 64, No 1, pp. 1–30, https://doi.org/10.1007/s00181-022-02246-0.

Da Roit, B., Hoogenboom, M. and Weicht, B. (2015), 'The gender informal care gap: A fuzzy-set analysis of cross-country variations', *European Societies*, Vol. 17, No 2, pp. 199–218, https://doi.org/10.1080/14616696.2015.1007153.

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.

EU-OSHA (European Agency for Safety and Health at Work), Arasanz, J., Caprile, M., Tildesley, R., Llorens, C. et al. (2025), *Home Care Workers – A comprehensive overview of their occupational safety and health risks*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2802/8070188.

Eurofound (2025), *Undeclared Care Work in the EU: Policy approaches to a complex socioeconomic challenge*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2806/3889116.

European Commission: Directorate-General for Economic and Financial Affairs (2024), *2024 Ageing Report – Economic and budgetary projections for the EU Member States (2022–2070)*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2765/022983.

European Commission: Directorate-General for Employment, Social Affairs and Inclusion (2025), *The EU monitoring framework on the Council recommendation on access to affordable high-quality long-term care*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/3322371.

European Commission: Directorate-General for Employment, Social Affairs and Inclusion (2026), *Joint Employment Report 2026 – As adopted by the EPSCO Council on 9 March 2026*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/1924784.

EIGE (2026a), *Investing in Care: Advancing EU competitiveness and gender equality*, Publications Office of the European Union, Luxembourg.

EIGE (2026b), *Sharing Care, Closing Gender Gaps – CARE Survey 2024*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2839/3368911.

European Labour Authority, Cantalupi, M., D'Occhio, M., Domonkos, S., Franzini, B. et al. (2026), *The Long-term Care Sector – Labour mobility and enforcement challenges: ELA strategic analysis: 2026*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2883/2703862.

Eurostat (2025), 'Long-term care (health) expenditure', dataset, accessed 16 August 2026, https://doi.org/10.2908/TPS00214.

Eurostat (2026), 'Living conditions in Europe – Professional homecare', *Statistics Explained*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_professional_homecare.

Ghailani, D., Durri, I., Merler, A., Peña-Casas, R., Spasova, S. et al. (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.

Gutiérrez-Sánchez, B., Orgeta, V., López-Martínez, C. and del-Pino-Casado, R. (2023), 'Association between social support and depressive symptoms in informal caregivers of adult and older dependents: A systematic review and meta-analysis', *Journal of Clinical Medicine*, Vol. 12, No 20, 6468, https://doi.org/10.3390/jcm12206468.

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.

Hofmarcher, M. M., Festl, E. and Bishop-Tarver, L. (2016), 'Health sector employment growth calls for improvements in labor productivity', *Health Policy*, Vol. 120, No 8, pp. 894–902, https://doi.org/10.1016/j.healthpol.2016.06.001.

Labbas, E. and Stanfors, M. (2023), 'Does caring for parents take its toll? Gender differences in caregiving intensity, coresidence, and psychological well-being across Europe', *European Journal of Population*, Vol. 39, No 1, p. 18, https://doi.org/10.1007/s10680-023-09666-3.

Mussida, C. and Sciulli, D. (2019), 'Does the presence of a disabled person in the household affect the employment probabilities of cohabiting women? Evidence from Italy, France and the UK', *Journal of Family and Economic Issues*, Vol. 40, No 3, pp. 338–351, https://doi.org/10.1007/s10834-019-09612-8.

OECD (Organisation for Economic Co-operation and Development) (2023), *Beyond Applause? Improving working conditions in long-term care*, https://doi.org/10.1787/27d33ab3-en.

Pavolini, E. (2021), *Long-term Care Social Protection Models in the EU*, Publications Office of the European Union, Luxembourg, https://doi.org/10.2767/5178.

Pavolini, E. and Marlier, E. (2025), *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.

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.

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.

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.

Legislation and related items

Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care (OJ C 476/1, 15.12.2022, ELI: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOC_2022_476_R_0001).

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022DC0440.

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the strategy on intergenerational fairness, COM(2026) 110 final of 5 March 2026, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52026DC0110.

European Institute for Gender Equality

Gender Equality for GROWTH

Publications Office of the European Union

European Institute for Gender Equality

Gedimino pr. 16
LT-01103 Vilnius
LITHUANIA

eige.europa.eu

Follow us

PDF ISBN 978-92-9486-356-0 doi:10.2839/6871917 MH-01-26-058-EN-N

This publication was promoted as part of EIGE's gender equality for growth campaign. The campaign highlights how investing in people can help build more competitive, resilient and prosperous economies.

The European Institute for Gender Equality (EIGE) is the EU knowledge centre on gender equality. EIGE supports policymakers and all relevant institutions in their efforts to make equality between women and men a reality for all Europeans by providing them with specific expertise and comparable and reliable data on gender equality in Europe.

© 2026 European Institute for Gender Equality

An EU Agency