



European Commission releases the European Care Strategy

– What’s in it for Europe’s Roma¹?

On 7 September 2021, the European Commission put forward the much-awaited [European Care Strategy](#), aimed at **ensuring quality, affordable, and accessible care services** across the European Union, as well as at **improving the situation for both care receivers and the people caring for them**, professionally or informally. The Strategy consists mainly of a [Communication](#) as well as two proposals for Council Recommendations, one on [childcare](#) (revising the Barcelona targets) and one on [long-term care](#). It further includes a [Staff Working Document](#), summarising the input received during the consultations carried out.

ERGO Network has closely engaged with the preparation of the Strategy during 2022, with a view to raise awareness on **the specific concerns of both Roma care givers and Roma care receivers**. Among other advocacy efforts, we [contributed](#) to the call for evidence issued by the European Commission in April this year and have fed these messages also through other key lobbying opportunities. We have reviewed the proposed European Care Strategy in light of this input and the findings of this exercise are reprised below.

¹ The umbrella term “Roma” encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.), in accordance with terminology used by the [European Commission](#).

Roma inclusion, discrimination, antigypsyism

ERGO Network **warmly welcomes the fact that Roma children are explicitly included** in the package, namely in the Communication and especially in the proposal for a Recommendation on the revision of the Barcelona targets. Only 53% of Roma children attend early childhood education and care, with attendance far below the goals of the EU's Education and Training Strategy, according to the Fundamental Rights Agency. Their specific needs should be prioritised and **the care gap between Roma and non-Roma children must be reduced**. We particularly appreciate the attention paid to them in the proposal for a Recommendation on the revision of the Barcelona targets, where several paragraphs in both the Explanatory Memorandum and the Recitals are dedicated to Roma children.

However, it is a glaring missed opportunity that **the same consideration is not afforded to Roma adults** – both those in need of long-term care services (older Roma, Roma with disabilities etc) as well as Roma carers. They are unfortunately **not mentioned in any of the three documents**. According to the Fundamental Rights Agency, Europe's Roma have a 5 to 10 years shorter life expectancy compared to non-Roma, while 22% have a longstanding illness and 28% feel limited by their state of health. Additionally, 55% of Roma women aged 50+ are in bad health. **Older Roma**, particularly Roma women, experience additional hardship due to a life spent in poverty, health inequalities, and increased health risks. As such, they require targeted approaches to support their access to care. Additional efforts should have been included to ensure that **Roma living with a physical or mental disability** or chronic illness can benefit on equal footing from available support.

The package includes only **very sporadic references to ethnic minorities or ethnic background**, and none of them is to be found in the proposal for a Recommendation on long-term care, nor in its Annex and accompanying Staff Working Document. While the explicit inclusion of Roma children is very welcome, the approach lacks a comprehensive integration of the specific circumstances faced by people of all ages who belong to an ethnic group different to the majority, whether they are care receivers or care givers.

Equally disappointing is the fact that the fight against **discrimination is not mainstreamed** through the package and it is not considered as a key deterrent to accessing rights, resources and services, including childcare, long-term care, and employment. The Communication includes **no reference to discrimination or racism**. Discrimination is mentioned a few times in the proposal for a Recommendation on the revision of the Barcelona targets, and we welcome that two of these references are specifically about the **discrimination faced by Roma children**. We also appreciate the link with the EU Anti-Racism Action Plan. However, this concern is not coherently included throughout the Recommendation. Mentions of discrimination are also few and unsubstantial when it comes to the proposal for a Recommendation on long-term care, including the Annex and Staff Working Document.

Antigypsyism as such is not mentioned at all, not even in the case of Roma children. This is staggering, given the fact that deeply-rooted personal and institutional antigypsyism is widespread, with 41% of Roma reporting being discriminated against when accessing services, 18-51% of Roma parents (depending on the Member State) stating that their child was harassed in school, 10-20% of Roma respondents (depending on the Member State) feeling discriminated against when contacting schools. The fight against racism and **intersectional discrimination** on all grounds (including sexism, ageism, ableism, and stigma associated to living in poverty) **should have been a core element** of the Strategy. Leaving it out will perpetuate a key barrier to accessing and providing care.

It is welcome, however, that the package calls for **ending segregation** in early childhood education and care and ensures provisions aimed at **vulnerable children**. Particularly the proposal for a Recommendation on the revision of the Barcelona targets places a lot of emphasis on children from disadvantaged backgrounds. A positive step is the explicit inclusion of **addressing linguistic and cultural barriers**, a welcome initiative for many Roma parents (though they are not explicitly named). In what concerns adults, however, these references are missing. The proposal for a Recommendation on long-term care features an Annex listing the key principles that should underpin adequate long-term care provision: respect, prevention, person-centredness, comprehensiveness and continuity, focus on outcomes, transparency, workforce, facilities. Unfortunately, non-discrimination is not one of them.

Links with other EU policy frameworks, including the EU Roma Strategy

We are very pleased to see **synergies with the EU Roma Strategic Framework for Roma Equality, Inclusion, and Participation** explicitly mentioned in the proposed Recommendation for the revision of the Barcelona targets, as well as the link made to the **EU Anti-Racism Action Plan** and the Union of Equality. It is very important that these initiatives converge and mutually support each other in the implementation, particularly in what concerns the explicit goal of the EU Roma Framework to **cut the gap in participation of Roma children** in early childhood education and care by at least half. However, **other objectives of the Framework are overlooked** in the proposed Recommendation, such as cutting the proportion of Roma children who attend segregated primary schools by at least half, which could have easily been expanded to also apply to attendance in early childhood education and care.

While the EU Roma Strategic Framework and the EU Anti-Racism Action Plan are mentioned in connection to Roma children, once again **the same links are missing when it comes to Roma adults**, for instance in the proposal for a Recommendation on long-term care, or in the Communication when long-term care or workforce are discussed. At least three objectives of the EU Roma Framework would have been particularly relevant to address in this context: cutting the employment gap and the gender employment gap by at least half, cutting the gap in life expectancy by at least half, and cutting the proportion of Roma with experience of discrimination by at least half. This is, once again, a tremendous missed opportunity.

We further support **explicit links to other EU policy frameworks**, such as the European Pillar of Social Rights, the European Semester, the Sustainable Development Goals, as well as key thematic EU Strategies on Ageing, Gender, Disability, and Equality. It is very welcome that the approach on childcare is closely associated to the provisions of very relevant documents like the EU Strategy on the Rights of the Child, as well as especially the **Child Guarantee**, which includes Roma children as one of the explicit target groups requiring dedicated support. We hope such synergies will continue throughout the implementation of the EU Care Strategy.

A rights-based approach: quality, availability, accessibility, affordability

ERGO Network welcomes that **the Strategy is rooted in a fundamental rights – based approach**, and includes commitments to improve quality, accessibility, affordability, and working conditions in care services, as well as comprehensive support for informal and family carers. Disappointingly, **the fight against discrimination is not sufficiently included** in this rights-based approach. The proposal for a Recommendation on revising the Barcelona targets has a two-fold objective, to facilitate women's participation in the labour market and to **enhance the social and cognitive development of children**, as well as to achieve educational equality for children in disadvantaged situations. However, the text clearly prioritises the former, while access to quality, inclusive childcare needs to be anchored primarily in a rights-of-the-child perspective, not labour market needs. The proposal for a Recommendation on long-term care specifically highlights **protecting the fundamental rights** as well as the dignity and well-being of those in need of care. Furthermore, the Recommendation will strive to deliver on social fairness, intergenerational solidarity, job creation, and alleviating the family care burden. It is equally positive that an **independent living approach is supported**, as older Roma and those with disabilities or long-term medical conditions would immensely benefit from it, promoting deinstitutionalisation while avoiding the burden of care falling on relatives.

The Strategy also includes a very welcome focus on **quality of childcare and long-term care**, a preoccupation reiterated multiple times across the three documents. It is equally encouraging that the concept is also defined, not just mentioned, including the **interactions and human relations** between care givers and receivers. Regarding children, the proposed Recommendation on the revision of the Barcelona targets highlights that quality also plays a key role in securing and maintaining parents' trust. Quality of childcare is defined to encompass issues like **staff / child ratio, staff qualifications, and continuous professional training**. For long-term care, the proposal for a Recommendation calls for better quality assurance and enforcement, particularly in home and community care, through explicit criteria and standards that take into account **wellbeing and quality of life**, as well as for long-term care to be **timely, comprehensive, and affordable**.

While we very much appreciate this focus, we wish to highlight that **inclusiveness is a significant component of quality**. Unfortunately, the Strategy falls short of incorporating a strong anti-discrimination dimension, which would **explicitly include anti-bias training provided to care staff**, both in childcare as well as long-term care settings – aside a couple of references to curbing segregation and addressing cultural and linguistic barriers. There are no provisions regarding countering bullying and ensuring **safe and diverse care environments**, including through the promotion of education and awareness, such as for example about Roma language, culture, and history. Additionally, including **time intensity** as a dimension to be monitored in the provision of childcare **may be detrimental to quality**, if it is informed exclusively by parents' schedule at work, rather than the needs of the child.

We further endorse the explicit commitment to **improve accessibility and availability** of early childhood education and care and long-term care services and support. The Strategy acknowledges the uneven distribution of provision, including territorial disparities and bureaucratic complexities. The proposal for a Recommendation on revising the Barcelona targets encourages access to **timely information and communication** with parents and carers about their rights and entitlements, as well as the provision of digital and linguistic support to overcome cultural barriers. It is also encouraging that the **share of children at risk of poverty and social exclusion** attending care is one of the aspects to be monitored by Member States. Unfortunately, nothing is said about the share of Roma or other racialised children.

The Communication pledges to **reduce cumbersome administrative and registration processes**, as well as overly complex application procedures. It also stresses the difficult situation of **rural and remote areas**, where access to childcare and long-term care is impeded by a shortage of services, long distances, and poor transport links. The proposed Recommendation on long-term care also stresses the need to improve coverage in rural and depopulated areas, including through **assisted home care and community-based care**. This is particularly relevant for Roma communities, where residents are often forced to undertake expensive, lengthy journeys. Additionally, many Roma face a lack of identity papers, legal address, bank account, and literacy skills. Sadly, these concerns are insufficiently addressed.

Another key dimension of the European Care Strategy is the **affordability of care services**, as high costs are correctly recognised as one of the most significant barriers to accessing care. In a context where over 80% of Europe's Roma experience poverty, **care costs are prohibitive**, and administrative and other obstacles detailed above are deterrents to obtaining insurance (that could cover long-term care needs). Roma parents are **unable to meet associated costs** of clothing, nappies, transport etc. It is imperative to remove financial barriers to access, and the package makes some sound proposals in this regard. The Communication and the proposed Recommendation on long-term care include a **strong plea for adequate social protection**, underlining that financial reasons are the chief obstacle in accessing care. Unfortunately, a similar call is missing from the proposal for a Recommendation on the revision of the Barcelona targets, though it would be crucial to support parents through decent social assistance, including child allowances. But rather than providing people with cash to buy services on the free market, Member States should strive to provide **free or highly affordable public services**, open and accessible to all.

Working conditions in the care sector: the gender and ethnic dimensions

We appreciate that the European Care Strategy makes it an explicit priority to **improve working conditions in the care sector**. The Communication repeatedly highlights this dimension, advocating for **better wages** and working conditions, supported by **strong social dialogue** and complemented by adequate provision of **education and training** for carers. It also makes an important point about how care work is deeply undervalued, despite being essential for our individual and collective wellbeing. Crucially, it also stresses the situation of **live-in and domestic carers**, who are often exposed to abuse and exploitation. These strong calls are also echoed in a detailed way by both proposals for a Recommendation, which is very positive. Once again, we lament that **anti-bias or cultural awareness training is not mentioned** as part of the ongoing education and training of care workers, which can lead to specific Roma care needs being overlooked or misunderstood, thus hindering access.

The package is keen to highlight, repeatedly, the significant **gender dimension of the care sector**, stressing that women are overrepresented both in care professions as well as in the provision of informal care at home. It is rightly pointed out that this leads to reduced possibilities for women providing family care to engage in income-generating activities, thus **rendering them more vulnerable to poverty**. Only 16% of Roma women are employed, while 40% (even 50% in some countries) are not seeking work because of care responsibilities, according to the Fundamental Rights Agency. However, while the economic impact of care responsibilities on women is highlighted, the same attention is not paid to **the toll that care takes on wellbeing and physical and mental health**. Respite is needed not only to seek employment, but also to thrive at a human level and to participate in society.

We find it regrettable that the **ethnic dimension of the care sector is not mentioned** almost at all in the Strategy. Care work is deeply racialised, as many Roma women and other women of colour are employed as carers in facilities or households. While important points are made about women earning less income during their lives, nothing is said about **combatting the ethnic pay and pension gap**, which doubly penalises minority female carers such as the Roma. Better provisions could have also been included to support the implementation of the Racial and Employment Equality Directives. We welcome that the Communication does mention that **many informal carers working in households are migrant or mobile women** and are exposed to some of the poorest working conditions in the long-term care workforce.

Strong arguments are made for improving working conditions in the care sector also to **increase the attractiveness of the sector** and to help secure the needed supply of workforce. Proposed solutions include **calling on under-represented groups** to fill shortages, such as migrants and refugees, including from Ukraine. However, as detailed above, the package fails to include a comprehensive anti-discrimination component, though it wishes to tap into the potential brought by **a multicultural workforce**. While upskilling and recruitment are set to be reformed to make it easier for these workers to join the labour market, there is **too little concern with curbing racism** and providing a safe and inclusive environment for them, with only a solitary reference to stemming violence and harassment at work in the Communication.

Including **more minority workers in the provision of care services** does not only respond to labour shortages but also, in turn, ensures that services are better equipped to respond to the diverse needs of racialised care receivers. Both childcare as well as long-term care should provide inclusive and respectful support, **mindful of discrimination such as antigypsyism** and its effects. Employing more Roma staff in care services would go a long way in bridging this gap and building trust with Roma communities. Non-Roma staff should also be educated in the spirit of cultivating a multicultural and diversity-celebrating attitude. The **role of Roma health and education mediators** is crucial in this regard, so they must be formally recognised and adequately resourced to carry out their mission.

We warmly appreciate that the Communication includes a section on **providing a better work-life balance** for employed adults with care responsibilities. This is a welcome step in the direction of acknowledging the **value of reproductive work** on equal footing with productive work. It is also a recognition that care facilities should not just be parking lots for dependents so that carers can join the labour market, but that parents and caregivers should have the flexibility to **spend adequate, quality time with their children and loved ones**. As the communication rightly points out, providing care should be a choice, while carers are entitled to support measures such as **care allowances, respite care, and counselling**. This goes hand in hand with efforts to **promote the role of men** in both family as well as professional care, and to combat gender stereotypes and employers' discrimination of workers with care duties.

Implementation, monitoring, and stakeholder engagement

ERGO Network is pleased that progress towards the newly adopted Barcelona targets will be **monitored through the European Semester**, including Country Reports and Country-Specific Recommendations, where appropriate. We regret that **similar quantifiable targets were not included also for long-term care**, but we appreciate the role given to the Social Protection Committee and the detailed implementation procedure, including National Action Plans, National Long-Term Care Coordinators, and reporting by the European Commission in 5 years.

The Communication states that the European Commission will work to **improve data collection, develop indicators** (including through a dedicated task force), prepare projections for care demand, research ways to better reach remote and rural communities and address territorial inequalities, and support Member States in sharing their learnings. Unfortunately, **disaggregation by ethnic background is not consistently mentioned**, which risks not capturing the real situation of Roma children and adults in need of care. The proposal for a Recommendation on the revision of Barcelona targets includes a reference to collecting data reflecting the participation of Roma children (among other groups) “where feasible and relevant”. While the reference is very positive, **it should be a default and not an optional feature** of data collection. The proposal for a Recommendation on long-term care highlights fragmented indicators making monitoring difficult and does not include any point on disaggregating data in a way that would reflect Roma needs.

It is very positive that the Communication **firmly backs higher public spending on care**, pointing to societal, social, and economic returns on this investment, such as increased wellbeing, social fairness, gender equality, job creation, tax revenue, and long-term fiscal sustainability. The text also states that care providers need stable and sustainable funding, as well as enabling regulatory environments. This is a welcome step, as public investment in care as a common good is crucial to **resist the commodification and privatisation of care**, and to support free (or at least affordable) and comprehensive state service provision. The Communication equally points to various sources of **European funding that Member States can use** to complement their own investment in care services.

Investment is also needed in **community-based services, including social economy initiatives**, to create local jobs and respond to community needs where they arise. The Communication and the proposal for a Recommendation on long-term care prominently include this aspect, supporting **the added-value of social economy in providing high-quality care** and a person-centred approach, and the reinvestment of profits into their mission and local communities. Unfortunately, there are no references to social economy in the proposed Recommendation for the revision of the Barcelona targets, and only one mention of community-based services, which is a pity.

The Strategy **supports the close involvement of stakeholders, including civil society**, in its delivery and implementation, a very welcome element and consistent with our own demands. The Communication calls on Member States to create the necessary conditions for this to happen. However, the references to civil society are mainly about organisations representing care providers, and not so much about **those representing care recipients from various backgrounds**. The proposed Recommendation on long-term care, on the other hand, explicitly champions the engagement of those in need of care, their family members, and their civil society organisations. References to the **involvement of bodies in charge of social inclusion, fundamental rights, and equality** are also very much appreciated. Social economy actors are also mentioned multiple times in this context. The proposed Recommendation on the revision of the Barcelona targets is much more disappointing in this regard, as it contains only one reference to stakeholder involvement, and no mention of civil society.

ERGO Network's contribution to the European Commission's call for evidence

The package includes a Staff Working Document summarising input received from civil society in the preparation of the European Care Strategy. **ERGO Network is mentioned multiple times** as one of the organisations that contributed to the consultation. We are pleased to see that **a number of our concerns were picked up** in the text, such as anchoring the Strategy in a rights-based approach, involving stakeholders from varied backgrounds, supporting community-based services, adequate work-life balance for parents and carers, and digital inequalities. The **Roma are mentioned 5 times** in the document, all of them in conjunction with Roma children, and all of them informed by ERGO Network's input. There is **one mention of ethnic background** (also from our contribution) and **no reference to minorities**. The EU Roma Strategic Framework is named once. There are **several mentions of discrimination**, which is encouraging, but **no references to racism** (just one about racial stereotypes) or **antigypsyism**. Regrettably, our strong plea for fighting discrimination and antigypsyism was not sufficiently taken into account, nor our input regarding a deeply racialised care sector and the needs of Roma adults, be them care givers or care receivers. See our full submission [here](#).

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Access to care throughout the life cycle is a fundamental right, and **the European Care Strategy marks an important turning point** in European social policy. The Roma are one of the most disadvantaged groups in Europe in what concerns their access to both childcare as well as to long-term care. While the Strategy includes **a commitment to improve access to early childhood education and care for Roma children**, in synergy with the EU Roma Strategic Framework and the EU Anti-Racism Action Plan, the **same consideration is not afforded to Roma adults** needing long-term care, nor are Roma and other racialised carers sufficiently included. Moreover, **the fight against intersectional discrimination** on all grounds, including antigypsyism, **is not mainstreamed in a comprehensive way** through the package.

ERGO Network expresses its **hope that these gaps will be remedied through implementation**, lest Europe's Roma be left behind once more, **and stands ready to support these efforts** at both EU and national level.

For more information about our work on the European Care Strategy, please contact Amana Ferro (a.ferro@ergonetwork.org), Senior Policy Adviser in the ERGO Network staff.