

EU Alliance for Investing in Children Position paper on the European Care Strategy and upcoming Council recommendations on

The revision of the Barcelona targets on early childhood education and care

The access to affordable high-quality long-term care

Introduction

The [EU Alliance for Investing in Children](#) (Alliance) welcomes the [European Care Strategy](#) (Strategy) as a key framework to address the needs of children, their families, and carers. In particular, the strategy aims to ensure available, quality, affordable and accessible care services with better working conditions, gender equality and work-life balance for carers, and to improve the situation for both carers and care receivers. This document includes (1) a comprehensive reaction to the Care Strategy, (2) an analysis of the proposal for a Council Recommendation on the Revision of the Barcelona Targets on Early Childhood Education and Care (ECEC), and (3) an analysis of the proposal for a Council Recommendation on the access to affordable high-quality long-term care (LTC).

The European Care Strategy

As stated at the beginning of the Strategy, **care concerns us all**. From our birth and for all our life, we all need care. Care to grow up in a healthy and safe environment, develop and unfold our unique personality, capacities, competencies, and skills; better balance personal and working life; and age in a dignified and respected way. As rightly emphasised by the Strategy, to ensure that everybody can benefit from appropriate care, it is necessary to:

- Provide high-quality care services for all: inclusion of all people, no matter their age, disabilities status, nationality, ethnicity, religion, gender identity, sexual orientation, migration or residence status, socioeconomic status, or social conditions. The Strategy is needed to ensure that the most vulnerable individuals in our society are not left behind and have equal access to care, to ensure a continuous approach to care throughout the entire life of everyone, and to properly support and protect formal and informal caregivers.
- Increase the number of accessible and affordable services: The European Pillar of Social Rights states that everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services. This Strategy is urgently needed to reaffirm this and to stand against the privatisation and commodification of care while promoting stepped-up public social investment. We need common targets and indicators and a joint monitoring system based on the Social Open Method of Coordination model - of which LTC is a pillar.
- Strengthen an EU-wide and comprehensive approach: which offers support to Member States at the starting position in restructuring and reforming their care systems.

We welcome:

- The Strategy's purpose to protect all people in need of care at **all ages** by improving their access to affordable, accessible, and high-quality care, following a life cycle approach from ECEC to LTC. In particular, the increased targets in the revision of the Barcelona Targets as well as the goal to ensure that LTC is **timely, comprehensive, and affordable**.
- The attention on both **formal and informal carers**, with informal care indicating long-term care provided by someone in the social environment of the person in need of care, including a partner, child, parent or other relative, who is not hired as a long-term care professional.
- The emphasis on the necessity to **support women's access to the labour market** and **the attention paid to gender stereotypes** in the care sector and the launch of communication campaigns to support a more gender-balanced sharing of care tasks attracting more men into care jobs.
- The commitment to **improve working conditions** within the care sector by promoting collective bargaining and social dialogue; providing upskilling and reskilling opportunities and thus increasing wages, promoting social and labour rights of people who work in the care sector, and paying attention to the fact that care workers are regularly exposed to physical and psychological health risks.
- The focus on the **quality of the relations and interactions between the carers and care receivers** both in LTC and ECEC. In particular, the necessity for ECEC services to be of high **quality, inclusive, and non-segregated**. Additionally, **quality** is key to increasing parents' trust in services and ensuring that these services contribute to the child's healthy emotional and educational development. Quality ECEC indeed promotes healthy and active lifestyles early in life, which has a positive impact throughout adulthood and continues into old age.
- The recommendation that Member States **establish legal entitlements** to early childhood education and care to ensure adequate provision of ECEC.
- The support given to **community-based and home-based services** for encouraging active ageing policies, as well as early intervention, health promotion, and disease prevention, can further lead to longer independent, healthy, and active living and delay the onset of care needs.
- The interplay with the **EU Strategy on the Rights of the Child** and the **European Child Guarantee**, forming a new comprehensive EU policy framework for the protection of the rights of all children and securing access to not only affordable but free and high-quality early childhood education and care for families in need. Moreover, the reference to additional frameworks such as the Strategy for the Rights of Persons with Disabilities 2021-2030 strengthens the inclusion of children with disabilities in the Strategy.

- The commitment to help Member States, upon demand, to **design and implement reforms** aimed at strengthening **the coordination between health, social care and LTC** and the integration of the different levels of care provision by putting the person at the centre of services to ensure better access and better quality of care at every stage of life.
- The emphasis on **social economy actors in care provision**, and thus on the importance of allocating more EU and national funds to support the European social economy. Given their pivotal social function, LTC services are a public good. Social economy actors bring added value to the provision of high-quality care services due to their **person-centred approach**.
- The commitment **to improve care-related data collection and analysis** on both ECEC and LTC in cooperation with Member States, emphasising rural and remote areas and working towards building evidence for territorial inequalities.

[**What should be strengthened:**](#)

- The Care Strategy should support more extensively the provision and access to **quality family and community-based alternative care** for all children deprived of parental care, in line with the UN Guidelines for the Alternative Care of Children, and to continue supporting the deinstitutionalisation process.
- The Care Strategy should include a **stronger focus on the transition from institutional care to community-based care and home care**. There is a lack of addressing root causes leading to unnecessary family separation, particularly among vulnerable groups.
- **The Care Strategy should include a stronger focus on discrimination**, one of the most important obstacles in accessing care, with people of all ages not receiving the necessary care because of their residence status, ethnicity, or ability. It also impacts the quality of care, as labour shortages in care and the lack of available and affordable formal care options are being met by precarious intra-EU mobile or non-EU migrant workers who experience a myriad of labour rights violations, often linked to their irregular or precarious residence status. Nonetheless, the recognition of discrimination is virtually absent in the package.
- The drafting process of the EU Care Strategy has put together a wide range of **stakeholders**. The implementation, monitoring and evaluation processes should follow the same participatory approach.
- The EU should **support and urge Member States** to implement the Care Strategy, working together with them and ensuring that the expected operational plans and the process of appointing **national LTC coordinators** can respect the 2030 deadline and strategically interplay with the structure of the European Child Guarantee framework.
- The Care Strategy should be completed with a structured **implementation plan and funding schemes**. Allocation of sufficient funding will enable a robust implementation and monitoring of the Strategy in the long term. The plan should provide Member States with a framework to

adequately fund and structure the delivery of high-quality and person-centred services, with the aim to guarantee everyone living in the EU, including people in vulnerable situations, access to available, affordable, and good-quality care services. The framework should include life-cycle care strategies, covering decent working conditions, training opportunities for carers, and support for informal and family carers.

- The European Commission should set up a **European Care Platform** to promote promising models for funding and quality of care services across Europe, including quality of life for women caregivers.

Towards a Council recommendation on the revision of the Barcelona targets on early childhood education and care

The Alliance welcomes the European Commission's timely proposal for a [Council Recommendation on the revision of the Barcelona Targets on early childhood education and care](#). The first years of life are a fundamental component of the nurturing care needed for children to thrive and develop to their full and unique potential. At the same time, children exposed to prolonged adversity in their first years are less equipped to cope with adversity later in life. Despite progress in many countries, universal access to ECEC is hindered by a lack of availability, affordability, and accessibility of quality ECEC services. An EU child-and-family-centred early childhood and education approach is thus both essential and urgently needed.

We welcome:

- The **necessary and fundamental increase of national targets**, particularly in the number of children under 3 participating in ECEC - target increased from 33% **to 50%** - and the increase in the number of children between the age of 3 and the starting age of compulsory primary education participating in ECEC - target increased from 90% **to 96%**.
- The introduction of a **legal entitlement to ECEC** for all children and the commitment to **ensure universal access** to high-quality ECEC, with targeted measures for younger children (0-3), children from disadvantaged groups (including children at risk of poverty or social exclusion, children with disabilities and special educational needs, refugee and migrant children, children from homeless families, Roma children, children with a minority or migrant background, children living in rural areas) and regardless of the employment status of the parents or carers, their country of birth, residence status, ethnicity, or socioeconomic background.
- The **recognition of the financial, administrative, logistical and literacy barriers** that prevent participation. We especially welcome the call to Member States to ensure that, for children not covered by the EU Child Guarantee, the net cost of ECEC is reasonably proportionate to other household expenses and disposable income, paying particular attention to low-income households.
- The recognition of the importance of ECEC as an effective tool for achieving **educational equity for children** in disadvantaged situations, and the focus on **quality, inclusive and non-segregated ECEC**. Segregation, exclusion, and low-quality services significantly hinder participation in ECEC, with lower enrolment rates for children from ethnic minorities, refugee/migrant children, children in poverty and those with disabilities and special needs.
- The request to ensure a **comprehensive approach to care for children of different ages** by facilitating **affordable and high-quality out-of-school care** for all children in primary school, including those with disabilities or special educational needs.

- The recognition of the need for EU Member States to **improve data collection** on the children's ECEC, particularly on children in vulnerable situations or from disadvantaged groups - in full respect of children's right to privacy and the GDPR.
- The focus on the importance of supporting **after-school services**, including for children with disabilities and for those with special educational needs. Care responsibilities for children do not stop when they enter primary school. Where parents' working hours are not compatible with schooling hours, affordable and quality out-of-school care plays a vital role for children. ECEC services should be provided for enough hours to enable parents, in particular mothers, to meaningfully engage in paid work - if they want to. This could include other support services, such as help with homework, particularly for children from disadvantaged backgrounds. Additionally, children should grow up, play, and socialise in environments that promote an all-around healthy lifestyle.
- The proposals for measures to **ensure accessibility**, including through flexibility for working and single parents, administrative support for disadvantaged families, accessibility of buildings, infrastructure and learning materials for parents and children with disabilities or special needs, support to address linguistic and cultural barriers they may face and to enable their participation in mainstream, inclusive and non-segregated facilities, the call for training ECEC staff on inclusion, and the reference on the Strategy for the Rights of Persons with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
- The multigenerational **approach**, putting forward the interrelated well-being of children and their families, balancing the rights of children with the needs of parents and families. The proposal to ensure that **parents**, regardless of their capabilities, cultural or socioeconomic background, are respected rights-holders, well-informed about their and their child's legal entitlements, opportunities for financial or parental support they can access, and ECEC options and flexibility. The need to ensure **access to ECEC regardless of parents' employment status**, limiting out-of-pocket expenses and introducing a sliding scale of fees proportional to family income or maximum fee for ECEC.
- The mention of **national quality frameworks**, including staff/children ratios and time intensity requirements, which are particularly important for groups usually excluded or only partially included, such as children with disabilities. It is key to ensure **ECEC staff** are supported, valued and well-paid, have improved working conditions, with increased professionalisation – the right training and qualifications, and continuous professional development to prevent a shortage of qualified staff and lower care standards. To scale up the inclusive access to early childhood education and care programmes, it is critical to ensure the recognition of the diplomas of care workers from other EU Member States or third countries -and who often have better access to children from harder-to-reach communities.
- The focus on the **ECEC's positive impact on a child's health and development**. ECEC helps reduce the risk of social exclusion and poverty, which can also lead to health inequalities later

in life. Quality and inclusive ECEC thus promotes healthy and active lifestyles early in life and prevents illnesses and disabilities, with a positive impact throughout life.

- The explicit mention of **Roma children**, with links made with the EU Roma Strategic Framework, the EU Anti-Racism Action Plan, and the focus on children with disabilities in the accessibility requirement.

What should be strengthened:

- The proposal lacks a strong **child-centred and family-centred approach**:
 - The Council Recommendation should be based on a stronger **rights-based approach** and have as its main goal **providing high-quality and affordable ECEC to all children**. Such an approach recognises every child as a rights holder, places the child at the centre of all decisions that affect them, and prioritises fulfilling their needs for healthy development.
 - **Children's rights are best met in the family environment**, and the interests of the children cannot be defined separately from the interests of the parents, extended family, caregivers, and immediate communities. Having **family-centred** childcare solutions also implies allowing families to choose the best option for their family structure or life cycle stage. This should be complemented by local community-based initiatives and care projects.
 - It is fundamental to link the revision of the Barcelona Targets/objectives to the **improvement of societal outcomes for children themselves** beyond the increase in women's labour market participation. For example, in terms of better health and well-being, academic achievements, employment opportunities, and quality ECEC possibilities, particularly amongst disadvantaged population groups.
 - Additional investment and support will be needed to enable **all children to grow up in quality family-based care**, including their biological families, extended families, or foster care, and avoid family separation and institutionalisation. The Recommendation should thus support and substantially expand the development of quality family-strengthening programmes and early prevention programmes to enhance the capacity of families to care for children and prevent the separation of children from their families.
 - The Recommendation should take into consideration the **different needs of the different families**. **Support for parents** should not only be considered in terms of measures to go back to work but through comprehensive support that includes, for example, psychological support, respite care, strengthening the parent-child relationship and parental skills, recognising family crises, and helping to keep the family together. A variety of national and European resources on parental supports are available as a starting point for developing such supports, including the newly launched European Skills4Parents HUB.

- The proposal does not adequately account for the care of **children in poverty**. With the current spikes in energy and food prices, support to families will need to be increased and extended, including to prevent family separation.
 - Member States should support **increased investments** in access to ECEC for all children and measures to assist parents and guardians in their role as primary caregivers while taking into consideration the detrimental impact that the COVID-19 pandemic and the cost-of-living crisis are having on children and their families. Countries with the highest investment in early years' development programmes and services tend to have better child outcomes overall, including social cognitive and physical health and well-being.
 - This investment must also be directed at **increasing the quality** of the services provided; there is substantial evidence of the benefits of preschool experience in many countries, particularly for high-quality ECEC. Revision of the Barcelona targets and the ambition to increase participation must be driven legal frameworks with clear quality indicators, criteria, monitoring and evaluation of ECEC for child health, well-being, and development.
 - Fighting **inequalities**, in particular **territorial inequalities**, in access to ECEC should be a higher priority for Member States, which should carry out annual assessments of the impact of both quality and affordability dimensions, as well as the role of social protection mechanisms and inclusive activation measures on ECEC coverage.
 - ECEC facilities should provide and **enable access to essential services** (such as food, healthcare, mobility, and education) and ensure transport and learning materials for all children.
- The proposal does not adequately mention **several groups of disadvantaged children or families**, such as racialised children, undocumented and stateless children, children living in single-parent households, children without or at risk of losing parental care, and trans and intersex children in need of adequate healthcare. Furthermore, the document does not focus on issues related to **rainbow families**, for example, on important issues such as legal guardianship and choice for non-state recognised parents.
 - When mentioning **vulnerable groups**, the Recommendation should include the groups of children mentioned above. The proposal should also **address discrimination, combat bullying, and ensure safe ECEC spaces**. This dimension should be comprehensively mainstreamed through the Recommendation, which should also focus on anti-bias or cultural awareness training for ECEC staff. Member States should mainstream a comprehensive approach to the fight against **intersectional discrimination** as a key deterrent for children and parents to access ECEC, and always disaggregate data by several dimensions, including what indicated above.
 - The Recommendation should include targeted action to **map and prevent the existence of segregated care systems** and facilitate access to care services for segregated communities when informal care is not an option.

- Individually assessing the **specific actual needs** of vulnerable children when implementing the Recommendation is essential to enhancing the success of social inclusion measures for these groups.
- The Recommendation does not adequately address the **lack of qualitative and quantitative indicators**. Disaggregation of data on several grounds (age, disability, ethnic background, etc.) is only mentioned as “where feasible and relevant”, whereas it should be a default.
 - The European Commission should ensure an **increased availability and accessibility** to **disaggregated data** on the lives of **young children under six** – and **especially those under three**. Notably, there is a need for **new targets and indicators** that capture the access to ECEC for the **most disadvantaged children**, including children living in extreme poverty, children with disabilities, children in alternative care, refugees, and migrant children - including undocumented children - and children from ethnic minorities - especially Roma children as the largest ethnic minority subject to exclusion. There is also a need to collect specific data on children affected by parental debt and over-indebtedness.
 - The revision should also include **additional targets and indicators to assess the quality** of ECEC provision, including those to effectively monitor the **professionalisation of staff** working in education and care, health, parenting and social protection services for children and implementing measures to enhance the professionalisation and life-long learning of staff.
 - The Barcelona Targets are expected to be monitored through the **European Semester**, a fiscal and economic mechanism which currently has a limited capacity to monitor child rights policies and thus needs to be upgraded with a stronger social dimension.
- There is an insufficient focus on how to **meaningfully structure civil and social dialogue**, including consultation mechanisms to identify the needs of vulnerable children and parents and how. Stakeholder engagement is mentioned only once in the proposal, while CSOs are not mentioned at all.
 - Member States should ensure the meaningful engagement of European and national civil society organisations, parents, families, caregivers, and children in the implementation and monitoring of the Recommendation.
- The proposal does not address the crucial needs of **children in alternative care**. Despite the EU's commitment to the deinstitutionalisation of children in alternative care and transition to quality family and community-based care, the latest data suggests that a total of [303,000 children](#) currently live in residential care in 2021 in EU countries, including children who are still living in institutions. Given the diversity of definitions regarding residential care, it is hard to estimate how many of those children reside in institutional care and how many are living in quality residential care. We use the following definition of institutions: children are isolated from the wider community and obliged to live together; children and their parents do not have sufficient control over their lives and over decisions that affect them; the institution's requirements take precedence over a child's individual needs. Placement in institutional care

is not in children's best interests and is particularly harmful to very young children by significantly disrupting a healthy life-course development. Institutions are being reopened in several countries due to the increased pressures on national systems, partly due to the COVID pandemic and the conflict in Ukraine. There is also no assessment of the role of institutional and community-based care in addressing the needs of children and the coherence with the social protection mechanisms.

- Member States should fully commit to **ending the institutionalisation** of children and invest in and promote the **transition from institutional care to quality community and family-based care services**.
- The proposal does not mention **Early Childhood Intervention (ECI)** services as a key element fostering participation in ECEC for children with disabilities and at risk of developmental issues.
 - Member States should ensure access to **Early Childhood Intervention** as a tool to foster healthy development, social inclusion, and participation in ECEC.

Additional recommendations:

- The Recommendation should include provisions on **mental health** for children and families. It should also include the provision of formal and informal **mental health support to carers as well as respite care**, and ensure the improvement of their working conditions.
- Considering that maternal health is a crucial component of ECEC, the Recommendation should include provisions on **pre- and post-natal or maternal care** and address barriers faced by mothers and parents in need, paying particular attention to vulnerable mothers and parents who may face larger barriers in accessing this type of care.
- The Recommendation should ensure that the **participation of women in the labour market** is accomplished with the aim of achieving societal and personal developments, not serving labour market needs; this means ensuring the **focus is on individual needs** – those of parents and children in this case - rather than on the market needs. To encourage female participation in the labour market, workplaces must be accessible and adapt to people's needs, taking into account the best interest of the child and working parent (for example, take into account the necessities of breastfeeding mothers). Measures to increase women's participation in the labour market should also be better coordinated with broader EU gender equality policies.
- Member States should provide financial support to **informal care systems** and social benefits to cover additional costs for **parents and caregivers choosing this option**, while extra support must be given to parents with disabilities and parents of children with disabilities.
- To **decrease territorial inequalities**, ECEC provision should be based on the assessment of the level of segregation in terms of location, availability of care services, and family situation, including socioeconomic background and domestic violence.

- Member States should encourage the uptake of **quality cost-effective health-promoting and primary, secondary and disease prevention activities** enabling healthy and sustainable behaviours.
- The European Commission should **support those Member States** which have to make a greater leap forward in their participation in ECEC rates by encouraging and facilitating them in committing the necessary resources, ensuring that proper ECEC becomes the norm across the EU and not just in a select group of countries.

Towards a Council recommendation on the access to affordable high-quality long-term care

The Alliance welcomes the proposal for a [Council Recommendation on access to affordable high-quality long-term care](#), aiming to improve the adequacy of social protection for LTC so that it is timely, comprehensive, and affordable to all those who need it.

We welcome:

- The introduction of a **comprehensive approach** for the provision of high-quality LTC, including home, community-based and residential care, and the framing of care services as a public good.
- The focus on the importance of **family and informal care** as an element of a sustainable care system with recommendations to provide appropriate support to informal carers, building on the EU Work-Life Balance Directive to mainstream gender equality tackling gender stereotypes, gender pay, pension and care gaps.
- The focus on developing and improving **home care** and **community-based care** and supporting independent living and the key role of a strong social economy. The proposal also mentions several good practices of **inspirational and innovative care settings**, such as shared, adapted, or multigenerational housing facilities that foster integration and intergenerational contacts while **supporting independent living and social interactions**. With the green transition and climate change adaptation in mind, the list also includes care settings adapted to climate change to protect vulnerable people from difficult conditions like heat waves.
- The appointment of a **National Coordinator** - equipped with adequate resources and mandate which will effectively coordinate and monitor the implementation of the recommendation - and **National Action Plans** to be developed within 12 months.
- The emphasis on the necessity of meaningfully engaging with relevant **stakeholders** – including CSOs – in the planning, implementation, and monitoring of LTC policies
- The focus on better protection of care workers' rights:
 - The calls on Member States to address gaps in enforcement of EU labour law, ratify the International Labour Organisation's [Domestic Worker Convention](#), and take steps to **address specific challenges and regulate the situation of domestic workers and live-in carers**, including migrant workers, many of whom are parents.
 - The launch of a European Commission Study to map the current **admission conditions and rights of migrant LTC workers** and proposes **governments explore migration pathways**.
 - The emphasis on the necessity to properly train care professionals.

- The inclusion of active **ageing policies**, as well as early intervention and health measures. **Promotion and disease prevention** measures can support longer independent, healthy, and active living and delay the onset of LTC needs. Moreover, in line with the EU's efforts in the digital health and social inclusion fields, multiple opportunities are listed, such as assistive technology, telecare, telehealth, artificial intelligence, and robotics. They can improve access to high-quality, affordable care services – including health promotion and prevention, and aid independent living.
- The emphasis on the particularly difficult situation of **live-in carers**, many of whom are mobile and migrant women, who are especially exposed to abuse and exploitation.

What should be strengthened:

- The proposal is missing **clear common European targets and indicators for LTC** to be used to monitor and evaluate the progress of measures put in place by Member States.
 - The Recommendation should request data collection from Member States.
 - Data should be disaggregated by several dimensions, including ethnic background, to capture the real needs and care gaps for racialised and other vulnerable communities.
 - The Social Scoreboard should include indicators on care to enable Member States to evaluate their performance and move towards an Economy of Wellbeing.
- The Care Strategy **fails to fully recognise the role of migrants in the provision of care services**, particularly migrant women, as they comprise a high percentage of care workers in the EU.
 - While focusing on creating attractive and well-compensated jobs that attract workers, including migrant workers, the Strategy does not take into consideration the many undocumented workers already providing care in Europe. The LTC Recommendation should focus on the living and working conditions of all care workers living in Europe – regardless of their migration and residence status. Key steps towards this goal are ensuring that all employment regulations are fully applied and establishing pathways to regular employment – and residence – statuses, as suggested by the Commission.
 - The Commission and Member States must also be conscious of the effect of their policies on sending countries and prevent possible care drain in these countries.
 - It is also vital to avoid the commodification of migrants by presenting them as the cure for Europe's ageing population's needs.
- There is **no real recognition of the not-for-profit care providers**. There is a great need for policymakers to recognise the position as well as the contribution of non-profit organisations in terms of service delivery, civic participation, and social innovation.
 - While we welcome the Commission's intention to work jointly with Member States, national LTC coordinators, the Social Protection Committee and social economy actors, **non-profit organisations should also be consulted**. Also, the Commission and

Member States should offer concrete support to ensure not-for-profit organisations can thrive and provide the services needed, through empowering policy frameworks and adequate funding opportunities.

- **Children and younger persons with disabilities are not sufficiently covered by the proposal as recipients of LTC services.** While they are the recipient of LTC services, the focus is mostly on old age, it is not clear where early intervention services fall, despite being key elements for future wellbeing, inclusive education, and deinstitutionalisation.
 - Persons with disabilities should have equal access to affordable and high-quality, integrated LTC services regardless of their age, including in rural and depopulating areas.
 - Care recipients, in particular people with disabilities, should have the right to choose among different types of care and have access to personal assistance.
 - Within the financial measures and other types of support put forward for informal carer, specific attention should be paid to informal carers of children with disabilities.
- The proposal does not emphasise the specific needs of **Roma** as care receivers (whereas they have a 5 to 10 year shorter life expectancy and are disproportionately impacted by chronic illnesses and disability) or caregivers (whereas there is an ethnic dimension to the care sector, with many racialised women including Roma women providing formal and informal care).
- The proposal does not include a strong analysis of the transition from **institutional care** to quality, family and community-based care and funding of high-quality family and community-based care as well as early childhood intervention systems.
- The proposal does not sufficiently cover **discrimination**, failing to provide a comprehensive approach and ensure anti-bias or cultural awareness training for staff to deal with the specific needs of racialised and other discriminated groups. The Strategy names **vulnerable groups** without considering how these groups are discriminated against and therefore how each specific vulnerability should be addressed.
 - The consultations for the Strategy are rich in good practices and lessons learned from public institutions, CSOs, and associations that work on these specific vulnerabilities, it would be important to value the inputs received more concretely.
 - The Recommendation should incorporate an intersectional lens and properly include the specific needs of vulnerable groups.
 - The Recommendation should be based on a comprehensive approach to fighting against intersectional discrimination.
- It is also important to stress more key **social issues** and connected **health interventions**. Health is of primary importance as it should be mental health, social inclusion, fighting loneliness, abuse, and violence, valuing older people's skills, and recognising their capacity to contribute to society, and all those aspects that focus on older people's empowerment. **Care**

services must be well integrated with healthcare, improving quality of life, fostering cost-effectiveness, and reducing the burden on hospitals and other healthcare facilities.

- The Strategy includes the need for MS to provide a balanced set of LTC options and support the freedom of choice of people in need of care, including as a solution home care and community-based care.
 - The Recommendation should mention the role that **local communities** can play when they are empowered with knowledge and capacities to support older people and their care.

Additional recommendations:

- The Recommendation should protect the **quality working conditions of carers**, including protecting their mental health and upgrading the occupational health and safety standards of care workers with a strong focus on proactive mental health and psychosocial wellbeing.
- The Regulation should also include mechanisms to **prevent abuse against patients**, including improvement of working conditions to combat unbearable hours and working rhythm.
- The Recommendation is expected to be monitored through the **European Semester**, a fiscal and economic mechanism which currently has a limited capacity to monitor child rights policies and thus needs to be upgraded with a stronger social dimension. The Recommendation should also guide Member States' Recovery and Resilience Plans implementation via the European Semester process towards reforms and investments in early interventions and prevention measures that support good physical and mental health.
- The Recommendation should promote **investments in inclusive digital and health literacy** – informed by behavioural and cultural insight – across the life course of all individuals. The use of **technological and digital solutions** in providing care services should not violate the rights of those who cannot use such solutions, such as people with mental disabilities, and should not undermine the right to access personalised face-to-face/offline assistance. The Recommendation should also deploy equitable and accessible digital health solutions co-created with users and end-beneficiaries.
- The Recommendation should also encourage **up- and re-skilling of ECEC and LTC staff** in the design and implementation of health-promoting and early prevention interventions, capturing specific needs of disadvantaged populations.
- The Recommendation should promote **good practices across the EU** to strengthen collaboration and positive feedback between the health, social, educational, and training sectors.
- Member States should use the full potential of available **EU, national and regional funds** to improve availability, affordability, and quality of care provided to all in need. The

Recommendation could also earmark the investments in care necessary to achieve pre-set EU and national targets for accessible, affordable, and available care.

- The Recommendation should also emphasise the necessity to provide **financial support, access to services and time arrangements to informal carers**.
- The Recommendation should include specific provisions on **quality support and monitoring for young people stepping out of the care system** (e.g. consider expanding quality semi-independent living care programmes and projects to accompany care leavers towards adulthood).

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

- [Alliance for Childhood](#)
- [Caritas – Europa](#)
- [COFACE – Confederation of Family Organisations in the European Union](#)
- [Don Bosco International](#)
- [Dynamo International – Street Workers Network](#)
- [EAPN – European Anti-Poverty Network](#)
- [EASPD – European Association of Service Providers for Persons with Disabilities](#)
- [EPHA – European Public Health Alliance](#)
- [Eurochild](#)
- [Eurodiaconia](#)
- [EuroHealthNet](#)
- [European Parents Association](#)
- [European Roma Grassroots Organisations \(ERGO\) Network](#)
- [Hope and Homes for Children](#)
- [Mental Health Europe](#)
- [Make Mothers Matter](#)
- [PICUM – Platform for International Cooperation on Undocumented Migrants](#)
- [Red Cross EU Office](#)
- [Save the Children EU Office](#)
- [SOS Children's Villages International](#)