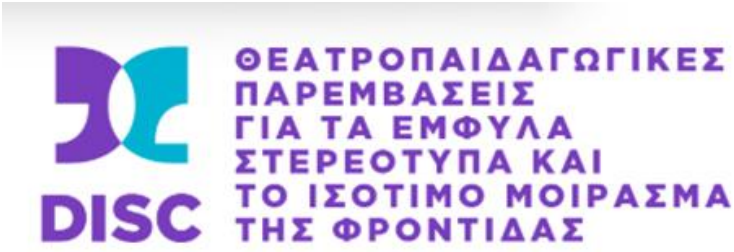

"DISC: Drama-based Interventions Challenging Gender Stereotypes and Encouraging Care Sharing"

Work package WP2 - Methodology: Mutual learning and co-designing of interactive experiential workshops

Deliverable 2.1.

Report on the State of the Art the European Union and in Greece regarding the gender care gap

May 2025

Centre Diotima

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Introduction

The project "DISC - Drama-based Interventions Challenging Gender Stereotypes and Encouraging Care Sharing" is implemented by the Hellenic Theatre/Drama & Education Network and the Diotima Centre within the framework of the CERV-2024-GE Programme, from November 2024 to October 2026, co-funded by the European Commission. The collaborating partners of the project are the Municipality of Athens and the Hellenic League for Human Rights (HLHR). The aim of the project is to challenge gender stereotypes and raise awareness of gender inequality in care work through the use of theatre and pedagogical interventions.

Within the DISC project, secondary / state-of-the-art research on the gender gap in care in the European Union and Greece is foreseen. The aim is to identify shortcomings and gaps in existing legislation, policies and social infrastructures, current developments in terms of strategies and policies as well as good practices from national and European experience, in order to highlight key issues regarding gender inequalities in care responsibilities, which will then lead to policy proposals to address them. Moreover, given that already since the second feminist wave the issue of social reproduction and women's unpaid and socially unrecognised work in the domestic sphere have emerged as extremely important areas for feminist critique, the Report presents key feminist conceptualisations of care, the conditions for its provision, the implications of the stereotypical identification of women with care for their ability to participate on equal terms in the labour market, politics, education and the commons. Based on these dimensions, the Report first starts with a brief theoretical framework for feminist approaches to care (Part 1), followed by a critical overview of the institutional framework and policies for care at European and national level (Parts 2 and 3) with reference to legislation, policies, initiatives and individual (positive) measures as well as the gender gap in care. This is followed by a brief reference to alternative practices and community/'bottom-up' initiatives at European and national level to address the gender gap in care, as well as some important policy proposals (Part 4). The report concludes with a list of the bibliography and sources used.

"But is there really such a thing as nothing, as nothingness? I don't know. I know we're still here, who knows for how long, ablaze with our care, its ongoing song"

Maggie Nelson, The Argonauts

1.1. Approaching the concept

> We define care in the broadest possible way, as our individual and collective ability to provide the political, social, material, and emotional conditions that allow for the vast majority of people and living creatures on this planet to thrive – along with the planet itself.
>
> *The Care Collective, (2020) The Care Manifesto. The politics of interdependence.*

Care[1] (care) has been a key concept in feminist theory and political practice since the 1970s and is crucial for understanding both the gendered division of roles in the domestic sphere and the connection between the domestic sphere and the sphere of production, ultimately illuminating the ways in which the heteropatriarchal organisation of life underpins the capitalist and/or neoliberal economic model. At the same time, the different paths taken by care reflect the different phases of feminist movements' claims on the state.

In mapping the genealogy of care, we identify continuous shifts in its uptake at social, political, historical and economic levels since 1970. The trajectory of care from the individual-ethical-private level of an 'obligatory' love, to the political-collective-public level of invisible work that 'must be paid', to the re-normalisation of the concept, the emergence of the global feminist strike in 2017, and its positioning at the centre of life after the pandemic and COVID 19, traverses the second, third and recently the fourth feminist wave. Community-(self-)care projects that emerged either from the theory and practice of black feminism or from the decolonial paradigms of Latin American and community feminism are also inscribed in this genealogy.

Lastly, caring is another point of entry into the universe of plural feminisms that developed in the last quarter of the 20ththcentury as well as the first decades of the 21stth. In all their versions, these feminisms attempt to respond to different historical moments of gender and human rights contestation.

1.2. Historical and political conceptualisations

The definition of care in the private sphere as domestic work was linked to the political demand of the international campaign "wages for domestic work" centred on the Italian feminism of the 70s and the collective *Lotta Femminista* ("Feminist Struggle"). These political demands were theorized by the Italian feminist Mariarosa Dalla Costa (1972),

[1] In the Greek context, care appears in the late 1980s as *"merimna"* or *policies of care*, a translation that reflects the post-war social welfare policies that were accompanied by a fragmented visibility of women's work in all areas of life.

when opening the dialogue on domestic work she explained how the work of reproducing labour power - cooking, cleaning, caring - is the work that produces the worker himself.

Other feminist theorists such as Fortunati (1981) criticised Marxist approaches that excluded or silenced women's experience from the tools of understanding social reality. Fortunati argued that the naturalization of care is linked to the process of capital creation and that reproductive labour, which includes domestic work and care, is not a 'natural' activity, but a form of labour that produces value and is embedded in the process of capitalist accumulation.

Federici(1975) on the other hand, trying to frame the demand for a domestic wage and rescue it from its economistic dimension noted: "When we fight for wages, we fight unabashedly and directly against our social role", gradually shifting to a position "against wages" by challenging demands that perpetuate rather than abolish care work, work that continues to occur in the private sphere.

Federici eventually abandoned the demand for a wage since for her the issue was not that this work was unpaid, but that it existed as such, that is, that it was defined as a 'natural' female obligation. Federici already in the 70s and during the following decades (2024) critiques political claims that focus on state welfare and subsidy policies on the one hand because she does not see care only as a burden to be paid for by the state and on the other hand because she is looking at more communal paradigms of collective care as well as at radically different socio-economic formations that challenge existing socio-economic formations.

In any case, and despite the inter-feminist debates of the time, by problematizing the concept of care and moving it out of the realm of the 'self-evident' emotional and material support that women provide to the family system, unpaid and voluntary, second-wave feminisms on the one hand broadened definitions of work by highlighting the ways in which the activities of 'social reproduction' are forms of labour that contribute to the production of profit in capitalist terms and on the other they visualised alternative ways of collective life, free from “obligatory” care.

Explaining the concept of *social reproduction* is crucial to understanding the care economy. The term *social reproduction* describes all those activities that are necessary for the creation and maintenance of life (bringing up, caring for the elderly and other vulnerable members of a family, domestic work, learning gender roles, etc.).

As stated in the manifesto “Feminism for the 99%” (2020):

But capitalism established new, distinctively "modern" forms of sexism, underpinned by new institutional structures. Its key move was to separate the making of people from the making of profit, to assign the first job to women, and to subordinate it to the second [...] All told, people-making work supplies some fundamental preconditions-material, social, cultural for human society in general and for capitalist production in particular. Without it neither life nor labour power could be embodied in human beings. We call this vast body of vital activity social reproduction.

Beyond a descriptive concept, *social reproduction* is a body of theory that since the early 1980s has been formed around the desire of Marxist feminists to overcome dualisms such as 'public-private', 'work-care' with more holistic approaches. As Vogel (2017) notes:

Marxist feminists who shared a common desire to replace the dualism of previous analyses with what we call a unifying explanation, decided: rather than conceptualizing social reproduction as a theory composed of two component aspects (for example, commodity production and the reproduction of labour power), they sought to develop an

approach that would encompass both production and reproduction within a unifying framework.

In conversation with these theoretical pursuits, Gilligan (1982) and Noddings (1984) shifted the focus to the ethical dimension of care in order to understand women's emotional involvement in caring versions of work: "For women, the moral problem is not justice but responsibility within relationships." The emphasis on the ethical dimension of caring and the ways in which women are engaged in the work of caring for others, as opposed to men, gave space to explore the emotions and moral dilemmas of carers and cared-for individuals, *and* therefore the possibility of restorative relationships that can challenge the hierarchies created by addictive relationships based on care work.

At the same time black feminism through its intersectional approach to civil rights claims in the US attempts to politicise care by perceiving it as a collective act of resistance rather than an individual and psychic experience or as bell hooks notes "Love is an act, never just a feeling. Love and care are essential to our survival." This version of feminist love is also central to Angela Davis's thinking, particularly when she describes the ways in which black ethics developed in her attempt to transform the experience of oppression into power: "Black women had to care for white children and their own in hostile conditions. Care work, for us, is work born of need and power."

At the same time, communal forms of subsistence bring to the fore the centrality of self-care for communities of resistance. As Audre Lorde (1988) notes, "Self-care is not selfishness, it is self-protection - and that is an act of political warfare."

Another version of collective self that emerges in black feminist communities shifts the conversation from individual experience to collective experience and the equality created in community. In the words of the Combahee River Collective (1977), "We believe in the collective process and the non-hierarchical distribution of power. We believe that by working collectively we gain the power to grow and take care of ourselves and each other."

The theoretical elaborations of care developed in the US by Black communities are also linked to the civil rights movements and to LGBTQ+ communities particularly after the emergence of the AIDS crisis in the early 1980s. Caregiving became a bond and a debt of care for queer relatives who took care of those who were abandoned, isolated and stigmatized by the state policies of Western governments. Around the slogan: "Health! Care is a Right" ACT UP organisations have re-shifted the debate from the notion that access to care is essential to the position that care is a fundamental human right. This is another version of the slogan the personal is political.

This transgression of the normative boundaries of kinship creates a distinct genealogy of care and militancy within and beyond feminism that spills over into today's movements. As Athena Athanasiou (2020) notes, "Transnationalist and intersectional political collectives, from the Black Panthers and ACT UP to Black Lives Matter, participate in precisely this agonistic and companionable politics of care."

In the 1990s the politicization of care and its emergence as a necessary social practice was theorized by Tronto (1993), one of the key theorists of care. According to her definition: "Caring is understood as a species activity which involves everything, we do in order to maintain, give continuity and repair our 'world' so that we can live in it as best we can. This world includes our body, ourselves and our environment, which we seek to weave into a complex network that sustains life."

Love for the world remains the focus of feminist theory, shaping the field of the ethics of care throughout the 1990s. Eva Feder Kittay (1999), particularly known for her work

around disability, dependency and social justice reminds us that: "The work of caring for dependents is essential for the preservation of human life and must be recognized as a central issue of justice". Kittay's thinking attempts to highlight caring as a political and institutional issue, a democratic stake, rather than simply a moral choice.

A turning point for feminist thinking is Hochschild's (2000) theoretical work at the turn of the 21stthcentury where she analyses the concept of global care chains and the work of migrant women in the global south who work as caregivers leaving their own families. Similar studies have been done by other feminists such as Parreñas (2001) who deepened Hochschild's work by studying the ways in which Filipina migrant women through migration and sustained work away from their countries and families pay the costs of a global transfer of emotional and caring labour from the poor south to the rich north. Or in the words of Ehrenreich & Hochschild (2002): “This broad-scale transfer of labor associated with women’s traditional roles results in a transfer of care from poor countries to rich countries, easing the care deficit in rich countries while creating one back home.” Feminisms' concern for vulnerable populations and the reminder that "not all lives count the same" highlights the consequences of lack of care.

Butler in (2016) presenting an ontology of vulnerability, highlights the universal nature of vulnerability and the centrality of care in sustaining life since: “Precisely because a living being may die, it is necessary to care for that being so that it may live. Only under conditions in which the loss would matter does the value of the life appear. Thus, grievability is a presupposition for the life that matters.” This idea that life is vulnerable and precarious and that this is a constitutive condition of the human condition recurs to this day in Butler's work, emphasizing in different historical and political contexts that lack of care is another version of death but also that vulnerability and interdependence are foundations for a universal politics of care since only when "loss matters does the value of life emerge."

A more recent body of literature in feminist thought speaks of a crisis of care. At the centre of these theoretical pursuits is the work of Nancy Fraser (2023) who links the crisis of care to the structural crisis of capitalism: “Capital is currently cannibalizing every sphere of life-guzzling wealth from nature and racialized populations, sucking up our ability to care for each other, and gutting the practice of politics.” Fraser and other thinkers such as Bhattacharya revisit the notion of social reproduction which has already engaged feminist movements since 2017 when the feminist strike makes its appearance (Paraskeva and Sergidou, 2021). Since 2017, the interest of many feminists has been redirected to invisible forms of labour, its feminized forms, to the racialized women who escape the attention of white feminism, but also to the coming together of feminisms, anti-capitalism, decolonization, anti-racism and ecology. Typical of a decolonial approach to care is the position of Françoise Vergès (2018) when she explains her 'feminist theory of violence':

[...] we forget that there is a whole political history of care. Who cares about others? Who are the bodies that provide care, the bodies that are cared for and the bodies that are not cared for? This is a highly racist story, a story of class and gender: care is based on millions of gendered women who care for the sick and the elderly, but also do the housework. Caregiving is embedded in an economy of extraction: in other words, these women, from their minds and bodies, extract important resources, the emotional energy needed to care for other bodies. When considering the economy of care, we need to ask who exactly will care for whom in the equation. The political dimension of this expression is not obvious enough.

It is at the same time that there is a new blossoming of the feminist economy which had already emerged in the 1970s but in this new phase is becoming the subject of study

particularly in Spain and in Latin American countries. By placing indigenous communities at the centre of their attention, ecofeminisms in Latin America recall that care is not only about human beings, but also about the world around us.

In this line of thinking is the ecofeminist approach of María Puig de la Bellacasa (2017), which proposes the extension of care to non-human relations, nature and technology, as the basis for the survival of all life forms, proposing an urgent response where caring is not just an ethical stance, but a material and political act, critical for the sustainability of all life forms. A different but also communal approach to loving life is proposed by Angela Davis when from 2016 to 2020 in a series of feminist actions she proposes radical collective self-care as a response to capitalism and patriarchy.

Caring takes on the characteristics of a collective communal sentiment associated with gender justice both during the metoo movement and in the mobilizations against femicide. Within feminist spaces and demonstrations, through symbols, addresses of feminist kinship and love, songs and slogans such as: "no one alone", "I believe you my sister" and "ni una menos" women and femininities create caring bonds and cultural performances of public love.

In Greece another version of caring politics highlights the feminist and queer slogan: “Είμαστε γεμάτα στΟργή” ("we are full of tenderness/Rage) heard in the mobilizations after the murder of activist Zac Kostopoulos as well as in the enraged demonstrations against femicides.

The emergence of the pandemic and COVID 19 places care at the centre of feminist attention in radically different ways, as the pandemic highlights the gendered dimension of care and the central role of invisible labour in the domestic sphere. As Miriam Ticktin notes, "COVID-19 showed that neither the family nor the state are safe spaces; women in prisons, nursing homes, food factories or deprived communities were denied access to care, clean water and isolation." It is in these circumstances that the Care Manifesto (2020) is published, and the call is made for "a policy that puts care at the centre". As noted in its pages: "Only by multiplying our circles of care - in the first instance, by expanding our notion of kinship - will we achieve the psychic infrastructures necessary to build a caring society that has universal care as its ideal." In this perspective, the care collective introduces a new term into the discussion, drawing on examples from alternative forms of kinship, that of "promiscuous care", "which will allow us to multiply the number of people to whom we direct our cares and concerns and with whom we collaborate in caring for others."

As the 4thfeminist wave is underway, caring is already going through five decades of theories, practices and co-feelings of collective response to an inhospitable and uncared for world.

2/Critical overview of the institutional framework and policies for care at European level

2.1 From employment policies to social rights

It is interesting to note that *work-life balance/ reconciliation policies* emerged as a distinct area of European social policies in the late 1990s, when they were incorporated into the European Employment Strategy (EES) under the equal opportunities pillar, with the main objective of increasing women's employment rates. Ross (2001) and Stratigaki (2004) even showed how actors involved in social policy making at EU level adopted very

different conceptualisations of 'reconciliation' in relation to work and family policies and how the Parental Leave Directive 96/34/EC was achieved. Although the minimum guaranteed parental leave as an individual right was unpaid and limited to three months, the Directive undoubtedly broke new ground, as until then social and family policies were the exclusive competence of the Member States.

However, although these policies gained prominence with the Lisbon Strategy (2000)[2] and the Barcelona objectives on childcare (2002),[3] during the Great Crisis, i.e. the global economic crisis of 2007-2008 and the austerity policies that followed, these policies receded and almost disappeared from the public agenda.

As Karamessini (2023) finds, in the period 2008-2015, EU policies were characterised by the reluctance of the European Commission to take initiatives in the field of reconciliation policies. This largely stems from the scepticism of national governments and EU institutions that were unwilling to impose the coverage of these costs on companies or to incorporate it into national budgets. It also stems from a refusal to change their political agenda of priorities at a time of deep crisis and great instability due to the eurozone. The key developments at EU level in this period are the adoption of Directive 2010/18/EU on parental leave, the withdrawal in 2015 of the Commission's proposal to revise the Maternity Leave and Protection Directive (2008) and the adoption in 2010 of the new EU strategy that replaced the Lisbon Strategy (Karamessini, 2023: 14-16).

The years 2016-2020 are a period of reinvigoration for EU social policy, including reconciliation and gender equality policies. The main reason has to do with sluggish economic growth and the negative consequences of austerity policies that led to a legitimacy crisis for the EU (Vesan et al., 2021).

The revival of work-life/personal - family life reconciliation policies coincide with the Parental Leave Directive 2010/18/EU,[4] which revises the previous Directive of 1996 and increases the duration of unpaid parental leave to which working parents are entitled from three to four months. It also coincided with the European Pillar of Social Rights (Figure 1.) announced in 2017 to ensure improved living and working conditions in the EU by defining 20 core principles and rights falling under three thematic areas: a) equal opportunities and access to the labour market, b) fair working conditions and c) social protection and inclusion.

In this context, the following are provided for around care:

- **PILLAR 9/Work-life balance:** parents and people with caring responsibilities have the right to appropriate leave, flexible working arrangements and access to care services.

- **PILLAR 11/ Child care and support:** children have the right to affordable and good quality pre-school education and care and protection from poverty, while children from

[2] The stated aim of the Lisbon Strategy was to make the EU *'the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion'*.

[3] In the context of the Barcelona objectives, Member States were invited to eliminate disincentives to female labour force participation and to aim, taking into account the demand for childcare and in accordance with national systems, to provide childcare by 2010 for at least 90% of children between the age of three and the mandatory school age, and for at least 33% of children under three years old.

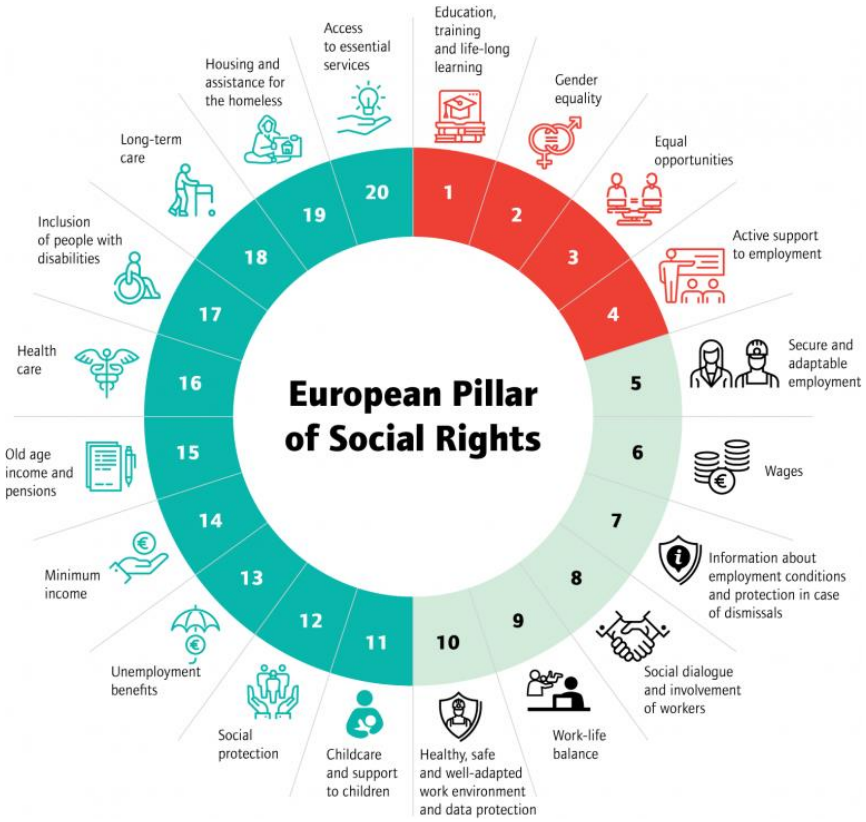
[4] COUNCIL DIRECTIVE 2010/18/EU of 8 March 2010 on the implementation of the revised framework agreement on parental leave concluded by BUSINESSEUROPE, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC. Directive 2010/18/EU was incorporated into Greek legislation by Law 4075/2012.

disadvantaged backgrounds have the right to special measures to enhance equality of opportunity.

- **PILLAR 17/ People with disabilities have the right to income support** that ensures a decent living, services that enable them to participate in the labour market and society, and a working environment adapted to their needs.

- **PILLAR 18/Long-term care:** everyone has the right to affordable, good quality long-term care services, in particular home and community-based services.

Figure 1. European Pillar of Social Rights



On the basis of these (20) principles, the European Pillar of Social Rights, although not a legally binding document, is a step in the right direction because it emphasises the importance of care and at the same time enhances the visibility of (working) carers. Moreover, 2019 led to the adoption of Directive 2019/1158 on work-life balance for parents and carers - and the repeal of Directive 2010/18/EU on parental leave.

The Work-Life Balance Directive aimed to modernise the existing (parent-centred) rights framework created in the 1990s, recognising the evolving needs and diversity of carers and caregivers. It strengthens two existing rights, parental leave and the right to request flexible working hours, and introduces two new rights, paternity leave and carer's leave. This Directive was also the first institutional instrument to recognise that caring responsibilities and their consequences are not limited to young children and attempted

to set out some measures to challenge gender stereotypes. The limits of the Directive became clear in the context of the Covid-19 pandemic that occurred shortly after its adoption, given that it continued to target specific caregiver workers rather than female caregivers, and did not effectively contribute to challenging gender stereotypes and the feminisation of caregiving (di Torella, 2025).

In line with EIGE's (2023) recommendations to the European Commission, it should be ensured that the objectives of the Directive as well as the objectives of the European Care Strategy are integrated into relevant policy initiatives and within the EU's long-term budget, while progress in implementation should be continuously monitored and evaluated. Also, according to EIGE, it should be ensured that gender-specific statistics are collected across the EU on unpaid care, work-life balance and access to formal care services, and ambitious quantitative targets should be set at EU level to support increased coverage of long-term care services at national level (EIGE, 2023).

In 2021, the Commission adopted an action plan for the European Pillar of Social Rights with three overarching objectives to be achieved by 2030:

(a) at least 78% of the population aged 20 to 64 should be in work,

(b) every year, at least 60% of the adult population should participate in educational activities; and

(c) reduce by at least 15 million the number of people that are at risk of poverty or social exclusion. [5]

It should be noted that in the same year, 2021, the *National Recovery and Resilience Plans (NRRPS*) were introduced as part of the Next Generation EU programme. The aim of the NRRPS is to support EU Member States to recover from the economic and social impact of the Covid-19 pandemic, while promoting green and digital transitions. In addition, as strategic tools funded by the EU's Recovery and Resilience Mechanism, they include gender equality as a horizontal principle that permeates all intervention axes. However, as relevant studies have found (e.g. Thiessen, 2022; EIGE, 2023a, etc.), gender equality provisions within the ESDPs fall short compared to legal and policy commitments to gender equality both at EU and Member State level.

In addition to the European Pillar of Social Rights, which is a turning point, the current **European Strategy for Gender Equality (2020 - 2025)** is an important positive development, given that one of its objectives is to bridge the gender gap in terms of care - including by improving the work-life balance of workers.

The European Gender Equality Strategy recognises that achieving professional success while managing care responsibilities at home is a challenge, particularly for women, since often their decision to work, and the form of their work, depend on their unpaid work and care responsibilities and on whether and how they share these responsibilities with a partner. This problem is even greater for single parents and people living in remote rural areas who often have no support solutions.

The equal sharing of home care responsibilities as well as the availability of child, social and domestic care services, especially for single-parent households, is of great importance because inadequate access to quality and affordable formal care services is

[5] In May 2025, the Action Plan for the European Pillar of Social Rights (EPSR) was to be evaluated in order to be revised in the light of the progress achieved. The review will be based on assessments by the European Economic and Social Committee (EESC), input and suggestions from civil society organisations and the monitoring efforts of the European Commission.

a key cause of gender inequalities in the labour market. Therefore, investing in care services is important in order to support women's participation in paid work and their professional advancement, while at the same time it can contribute to the creation of new jobs. By setting as a key policy priority the equal gender distribution of caring responsibilities and bridging the gender gap, the Strategy has reintroduced a more comprehensive feminist approach to EU gender equality policies. However, it did not endorse the European Women's Lobby's proposal for a "Care Deal for Europe" alongside the "European Green Deal". Note that the Care Deal is part of the Purple Pact for a Caring Economy, which refers to a social alliance for a feminist approach to the economy centred on caring activities and gender equality principles (EWL, 2019).[6]

2.2 Persistent gender inequalities and the invisibility of care work

A number of feminist theorists (Lewis and Giullari, 2005; Lewis, 2009; Stratigaki, 2004; Karamessini, 2023; Kambouri, 2022, etc.) and activists have criticised the above-mentioned policies that are mainly aimed at employment because they implicitly target only working mothers, ignoring the unequal division of labour between men and women as well as the unpaid care work that is almost exclusively provided by women. Other researchers pointed out that although the EU had not particularly addressed the concept of caring, it has gradually developed a number of measures, such as policy documents and binding legislation, which have promoted the rights of (certain) carers. From the first provisions on gender equality,[7] to some employment-related instruments/tools, such as the Directive on part-time workers,[8] as well as regulations concerning working parents, these provisions have improved the situation of (certain) carers. However, despite their importance, they were developed mainly in response to economic concerns and in line with EU economic objectives (di Torella, 2025).

Also, a crucial axis of feminist critique of European recovery policy after the Covid-19 pandemic was the relationship between National Recovery and Resilience Plans (NRPs) and the gender gap in care. It is found, for example, that although the NAPs recognise the need to strengthen health and social care systems, they often overlook the structural inequalities associated with unpaid or undervalued care work, which is disproportionately borne by women, while the overall EU response to the Covid-19 crisis ignores the gender dimension (*gender-blind*). Despite pressure from feminist organisations, the Recovery Fund has not incorporated the dimension of gender in the budgets (*gender budgeting)*. This is particularly worrying given that the pandemic has highlighted very clearly the need to recognise the centrality of care work since both paid care and healthcare services and unpaid care work disproportionately provided by women are at the core of EU societies (Kambouri, 2021).

[6] EWL's proposal is based on two main arguments: a) Care is the backbone of society. Caring for Others and caring at different stages of life are two of the central emotional experiences of our common humanity, and care work is key to the process of social reproduction; b) The 'care economy' has the potential to become the core of a sustainable and inclusive model of sustainable development that supports and promotes gender equality and social justice (EWL, 2019).

[7] Such as, for example, Directive 76/207/EEC implementing the principle of equal treatment between men and women as regards access to employment, vocational training and promotion, and working conditions.

[8] Directive 97/81/EC on the Framework Agreement on part-time work.

At the same time, the European Economic and Social Committee Report (2022) notes that most NAPs do not include an assessment of the impact of investments in terms of eliminating gender inequalities, suggesting the use of specific indicators to monitor progress.

Thus, although it is undeniable that women's labour market participation has made significant progress in recent decades, long-standing gender inequalities persist. According to the European Institute for Gender Equality (EIGE), inequalities are the result of discriminatory *norms* and attitudes, the unequal distribution of care responsibilities in the household and the way in which institutional structures consider and (do not) integrate gender. These deeply entrenched stereotypes highlight issues that need to be addressed, such as the unequal distribution of unpaid care work.

According to the EIGE Beijing 2020 Platform for Action Report, (EIGE, 2021a), gender differences across EE in terms of unpaid care work were striking. Women were still taking on most of the unpaid care work at home, whether they were working or not: the study found that 92% of women in the EU were regular carers several days a week, compared to 68% of men. On a daily basis, 81% of women and 48% of men provided care. There is a recurring pattern between male and female workers: almost all women (94 %) were involved in unpaid care several times a week, compared to 70 % of male workers. Indeed, as noted in the Report, women's participation in unpaid care was very high in all EU Member States - exceeding 85% if both daily and weekly commitments are to be taken into account.

Before COVID-19, 37.5% of women in the EU were daily carers of children, elderly or disabled people, compared to 24.7% of men. This time difference adds up to an average of around 13 extra hours of unpaid work per week for women. This means that caring responsibilities keep around 7.7 million women out of the labour market. The consequences of this inequality can be seen in male employment rates (78%) which exceed the Europe 2020 target of 75%, while female employment rates have only reached 66.5% (Fernandez Lopez and Schonard, 2022).

Finally, before the pandemic, only a small share of the EU workforce was occasionally teleworking (from 10% in Mediterranean countries such as Italy and Greece, up to 30% in Denmark and the Netherlands). However, *lockdown* and social distancing measures have led to a spike in teleworking rates with a number of negative consequences. Although flexible working arrangements, such as teleworking, could theoretically contribute to achieving work-life balance, it is found that men tend to use them in order to improve their performance, while women typically use them to better manage work-life balance when there are family responsibilities (Fernandez Lopez and Schonard, 2022).

2.3 The Covid-19 pandemic and new challenges for gender equality

Long before the Covid-19 pandemic, many feminist scholars had used the term 'care crisis' to refer to the large care deficits in capitalist societies. Folbre (2014) had argued that large and unmet care needs are expressions of a broader crisis of social reproduction in contemporary financial capitalism that squeezes a basic set of social skills needed to give birth and raise children, care for friends and family members, maintain households and wider communities, and relationships more generally.

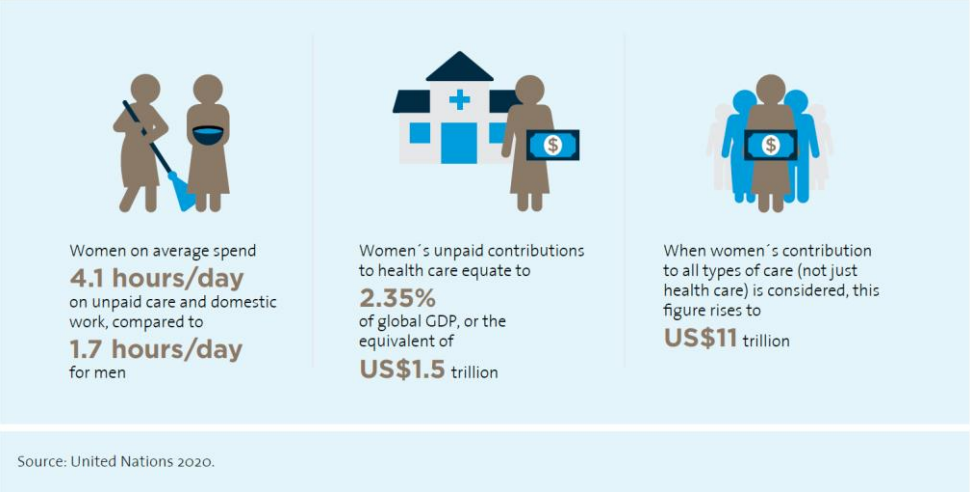
The Covid-19 pandemic is often described as a 'triple crisis' given that the health crisis followed the economic crisis and emerged against the backdrop of the climate crisis. At the same time, however, the pandemic brought to the fore the underlying 'crisis of care' experienced by all gendered and ageing Western capitalist societies which rely on the

dual earner family model, on increasing proportions of single-parent households and insufficient investment in social care (Karamessini, 2023:21). This is also true for all European societies despite their considerable efforts to upgrade benefits in recent decades. A recent European Commission report (2021) particularly highlighted the large deficits in care for the elderly and disabled in the EU, the negative impact of long-term care on work-life balance and the severe labour shortages in the care sector, especially in long-term care, due to low wages and unsatisfactory working conditions (European Commission, 2021:35).

In addition, a series of EIGE surveys and reports (EIGE 2020; 2021a; 2021b; 2021b; 2022a) have amply documented the profound gendered impact of Covid-19, beyond the long-standing gendered inequalities in informal care and paid work, with women having borne the brunt of unpaid care, having suffered the greatest pressures to balance work and personal life, and constituting the largest proportion of those stressed and overexposed to occupational illness during the lockdown.

One of the major challenges and consequences for gender equality highlighted by the Covid-19 pandemic was the rapid increase in household caring responsibilities. According to UN Women (2020), during the pandemic, women's unpaid contributions to care were equivalent to 2.35% of global GDP, and on average women spent 4.1 hours per day on unpaid work, compared to 1.7 hours spent by men (Figure 2).

Figure 2. Gender distribution of unpaid care work globally



According to Kambouri (2022), during the pandemic, the problem became gigantic, bringing to the fore, with greater intensity than in the past, the unequal gendered division of unpaid care. The factors that contributed to this are multiple and are mainly the result of quarantine measures hastily adopted by governments to prevent the spread of the virus, for example, the closure of kindergartens, nurseries, schools, care facilities for the elderly and people with disabilities, the reduction of informal support from the extended family, the prohibition of paid care by non-residential workers due to curfew measures (Kambouri, 2022: 78).

At the European Union level, according to an EIGE (2021b) online panel survey on the socio-economic impact of Covid-19, before and during the pandemic, which looked at three main types of care (childcare, long-term care and domestic work), gender inequalities were found to persist in all three types of informal care. In addition, the pandemic led to greater demands on informal care provision particularly from working

women, and women much more than men faced increased demands at work due to childcare (EIGE, 2022a).

Despite the increase in time required and allocated to unpaid care due to the pandemic, the distribution of care in the household remained unequal. Around 58% of women surveyed reported that they were always or mostly responsible for long-term care and 52% reported that they were always or mostly responsible for the care of children under 12 years old, compared to 23% of men. In short, according to the EIGE survey, despite increased caring needs and pressures from paid work, there has not been a more equal redistribution of caring responsibilities.

Also, informal long-term care places a greater burden on women's paid work, with only 68% of women involved in this form of care working in a paid employment, compared to 80% of men. This fact raises serious questions as to the financial sustainability of care and may exacerbate the inability of female carers to utilise external/paid care services.

The intensity of informal care further limits women's individual and social activities and therefore, despite the recognised value of recreational, political and educational, activities for mental health and wellbeing in stressful situations such as the pandemic, women have to a significant extent lost these outlets. In other words, caregiving demands are to a much lesser extent a barrier for men to maintain an active social life than for women (EIGE, 2022a: 60-105).

Also according to the Report on a Joint European Action on Care prepared by the Committee on Employment and Social Affairs and Committee on Women's Rights and Gender Equality (European Parliament, 2022), the COVID-19 pandemic has exacerbated and made more visible existing (gender and other) inequalities and challenges highlighting the multiple and entrenched structural problems in the European welfare system, such as care facilities and healthcare systems that lack adequate resources; inadequate access to formal care and home-based services for large segments of the population, including affordable and high-quality medical care; increased workload in the care sector due to labour shortages, underfunding, pressure on healthcare systems, overreliance on informal unpaid care or undeclared work, etc.

At the same time, the COVID-19 pandemic exacerbated existing gender inequalities, particularly in terms of increased unpaid care work and work-life imbalance, and led to a double burden for many women, who had longer shifts at work and additional informal care at home. The pandemic added an average of about 13 additional hours of unpaid work per week for women, while women who worked from home on a part-time basis or were unemployed suffered greater stress as they continued to perform most of the family caregiving and household responsibilities.

The COVID-19 pandemic brought to light the difficulties of informal caregivers and informal care recipients and revealed the disproportionate reliance on women and girls alongside the lack of recognition of personal and domestic service workers and/or misclassification of their employment status which resulted in many people losing their jobs during the pandemic or not accessing social protection measures.

In addition to unmet medical needs, the COVID-19 pandemic also had a dramatically negative impact on access to education, decent housing and services necessary for children's well-being and development, creating an additional burden of care and educational tasks for all parents, especially women and single-parent families, while empirical evidence confirms that the decline in care services and the increase in unpaid care provided by women during the pandemic not only reinforced existing gender inequalities but also introduced new ones.

Another point made clear by the pandemic is that the devaluation of care work, which is predominantly provided by women, is reflected in the low pay, poor working conditions and low status of care workers, and as Folbre, Gautham and Smith (2021) note, care workers face '*wage penalties*' compared to other key workers with related job characteristics. Covid-19 also highlighted the contribution of migrant women with precarious immigration status who work in frontline basic services, and experience inter-sectional inequalities, as well as the large social inequalities in access to adequate care that result from large care deficits for important population groups - such as the elderly and poor, people with disabilities, homeless people and refugees, people living in remote areas where there are inadequate health, child and elderly care facilities or where existing facilities lack human resources, protective equipment, etc.

On the other hand, the Covid-19 crisis, by bringing public health, social care and domestic issues into focus, has contributed to social awareness of a number of issues, such as the centrality of care work in sustaining life; the key role of the welfare state in public health and universal coverage of the population's basic care needs and the invaluable contribution of women - both as paid and unpaid carers - to social reproduction. It also highlighted the breadth and continuum of care and its gendered nature, all that it involves (social and personal care for children, the elderly, dependent and disabled people, pre-school education, health care, long-term care, etc.), and the fact that women are over-represented in all the different areas of care. Furthermore, by bringing to light the large gender inequalities in unpaid care and domestic work, it highlighted the need for a more equitable gendered distribution of care as well as the role of the welfare state in the *de-familialisation* of care work as a key condition for gender equality in paid work.

2.4 The European Care Strategy and the acceleration of militarisation through 'ReArm Europe'

Two years after the Covid-19 pandemic, in 2022, the European Commission presented the European Care Strategy. The main objective of the Strategy is to support *"men and women in finding the best possible care and the best possible personal and work-life balance"*. The Strategy also identifies the need to prioritise care in European and national policies as the only feasible and sustainable response to the long-term challenges in the care sector, further exacerbated by the COVID-19 pandemic.

The European Care Strategy attempts to lay the foundations for the reform of care and social security systems in Member States, aligning capacities with the needs and rights of citizens, as reflected in the principles of the European Pillar of Social Rights, enhancing resilience to future crises.

In this context, it is noted inter alia that the lack of available, accessible and affordable quality long-term care services and the chronic under-investment in the care economy, which employs 6.3 million professionals, results in the need for a significant contribution from informal care, provided by more than 44 million informal carers, mainly female carers, across the EU. In addition, because a significant proportion of long-term care services are outdated and inappropriate for their intended purpose, the need to transform institutional care into care provided at the level of the local community is also at stake.

Demographic change, an ageing population, as well as the necessary reforms related to the green and digital transitions, are expected to further increase the demand for care services, putting additional pressure on the understaffed and underfunded care sector.

It is evident that unless there is an appropriate policy response in terms of creating quality jobs in the sector, informal carers will be further burdened.

The European Strategy recognises that caring is the backbone of society and, departing from earlier approaches, does not focus on specific carers who are in employment. It also refers to care rather than carers, making it, prima facie, an emblematic reference point (Daly, 2025) for European care policies and arguably the most sophisticated policy agenda in the field of care.

The Strategy sets out an ambitious vision for care provision in Europe, identifying a number of interrelated objectives, such as improving care services for both young children and people in need of long-term care, based on the principles of availability, quality, affordability and accessibility. Furthermore, it explicitly recognises that quality should not only apply to infrastructure and services, but also to the human interaction between carers and people receiving care, and stresses that affordability is crucial to achieving a fairer society and reducing poverty.

The Strategy also recognises that improvements are needed in working conditions in the care sector and that it is imperative to improve access to social and labour rights for care workers, such as access to better pay and career development opportunities, which is why a key element of the European Care Strategy is Directive 2019/1158 on work-life balance for parents and carers, to which the European Care Strategy explicitly refers.

Furthermore, the Strategy recognises that these goals cannot be achieved without investment in public care services given that only adequately funded public care services can ensure that care recipients can autonomously choose the type of care they want and deserve and that informal female carers have the choice of the care they are able and willing to provide.

Lastly, the Strategy recognises the importance of reliable data for monitoring progress and policy development, and the Communication on the European Care Strategy stresses the need to maintain reliable and comparable data to increase and monitor progress (European Commission, 2022).

The strategy led to the adoption of two Recommendations that further clarify the principles of the strategy: one on **access to affordable high-quality long-term care**[9] and one on the **revision of the Barcelona targets for early childhood education and care.**[10]

According to di Torella (2025), the Care Strategy appears to represent a more concrete step towards the establishment of a *gender contract for care* based on a holistic and lifelong vision of care, which for the first time in history treats childcare and long-term care on an equal basis. It also appears that the Strategy contains three key features of such a contract. First, it continues to highlight persistent gender and other inequalities and seeks to promote male participation in care. Secondly, it emphasises the real value of care, which is necessary for the sustainability of society and to enhance its resilience. Third, it uses different instruments, such as the legally binding Directive 2019/1158, but also the two (2) Council Recommendations, in order to address the multiple challenges that have emerged in the field of care policies (di Torella, 2025: 79).

[9] Council Recommendation of 8 December 2022 on access to affordable and high quality long-term care. (2022/C 476/01).

[10] Council Recommendation of 8 December on early childhood education and care: the Barcelona objectives for 2030.2022

On the other hand, however, reservations have been expressed, and a number of gaps have been identified in the European Care Strategy that, if not addressed, it risks becoming redundant. Firstly, the Strategy is not a legally binding measure given that the EU has no explicit competences in the field of care and relies on Member States which are responsible for ensuring that the services they provide are adequate, available and affordable. Specific and adequate funding should therefore be provided for the care sector in order to ensure that Member States ensure the creation of quality and decent jobs in the social care sector that are attractive and offer good career prospects (Unicare, 2022).

As Karamessini notes, a critical prerequisite for progress in meeting unmet needs is adequate social spending on care services, and therefore the mobilisation of significant resources. The current energy crisis, the cost of living and the increase in public debt in the EU during the Covid-19 pandemic do not leave much room for optimism regarding the financial capacity of EU Member States. The monetary austerity pursued by the European Central Bank and the rise in interest rates worldwide have made the (re)financing of states and sovereign debt on the international financial markets very costly. This makes NextGenerationEU funding even more important to strengthen the 'care economy' However, given that the National Recovery and Resilience Plans were drafted and adopted long before the European Care Strategy, EU Member States have not given the required attention to public investment in social care. At the same time, impending stagflation and repeated calls for a return to austerity policies are major obstacles to upgrading care services. (Karamessini, 2023:23).

In addition, there are gaps related to the process and requirements for assessing progress towards the Strategy's objectives. For example, no specific quantitative targets have been set to monitor progress at the national level in terms of coverage by long-term care services of vulnerable older people and people with disabilities, which allows national governments to avoid commitments, and no framework for monitoring policies and collecting data (e.g. on children's participation in early education and care, understanding service use, etc.) has been provided (Karamessini, 2023:23).

Furthermore, although the Strategy acknowledges that 80% of care is shouldered by informal caregivers who are predominantly women, it does not effectively challenge this dimension. Therefore, the Strategy does not actually address the prevailing feminisation of care and does not contribute to a more equitable gendered distribution of care. At the same time, because existing measures are still closely linked to the labour market, the perception that caring is a barrier to paid work and that carers' rights are work-related rights is perpetuated.

In this context, the EU could use its competences, the existing legislative and policy framework for gender equality to ensure, through specific and tailored measures, a better gendered distribution of care within households and to address persistent gender stereotypes of caregivers (Advisory Committee on Equal Opportunities for Women and Men 2021).

In addition, there is a stark contrast between the way carers are treated, and the people who need care, particularly in the case of people who need long-term care, who are rarely actively involved in policy-making processes. The Strategy treats people in need of care as a single group with undifferentiated needs, rather than as different individuals with specific needs, rights and implicit agency (di Torella, 2025: 82). At the same time, the European Care Strategy does not make it clear that care is part of the transition to a green economy, given that caring for the planet and caring for others are interrelated and interdependent dimensions.

Lastly, we could not fail to mention the recent developments at EU level concerning the programme to rearm and militarise Europe through the ReArm Europe programme which was first announced by the President of the European Commission at the beginning of March 2025.[11] This programme marks an extremely negative change in EU priorities given that it will provide 800 billion euros for additional military spending over the next four years, to be raised through exceptions to austerity rules and through the redirection of EU funds earmarked for social cohesion and development.[12]

The rearmament of Europe - driven by geopolitical changes and security concerns - has direct implications for social welfare spending and the European Care Strategy, and these developments are shaping a growing tension between defence investment and the EU's long-term social and care policy objectives.

In particular, the most serious objections to the ReArm Europe programme relate to the following: Firstly, the risk of underfunding because increases in defence budgets may reduce the scope for public investment in care infrastructure, while long-term care, which is usually more undervalued, runs the risk of being further downgraded. Secondly, there is a risk of increased labour competition, given that defence industries may attract skilled labour, contributing to greater understaffing or even devaluation of the care sector. In addition, budget reallocations are likely to have a negative impact on wages, training and professionalisation in the care sector. Gender inequalities are also likely to be further exacerbated by cuts to care services, given that women are over-represented in both paid and unpaid care work. Worsening gender inequalities also means that the EU's gender equality and social inclusion objectives will be undermined.

At the level of the European Parliament, a motion for a resolution has been put forward,[13] on the White Paper on the future of European defence, which, among other things, raises the issue of redefining public services and social spending. It also expresses deep concern that militarisation, and the ReArm Europe project, is being used to further attack public services across the EU, which are already facing the suffocating effects of the austerity measures imposed by the Commission, and expresses disappointment that the Commission is willing to bend budgetary rules such as the Stability and Growth Pact to fund military spending, but considers it impossible to increase spending on crumbling public services and to support social and economic positive convergence in the Member States. Finally, the motion for a resolution reframes the concept of human security to include health, education, biodiversity, food security and the response to the climate crisis, calling for a re-prioritisation of public services and social welfare spending, as well as investment in the fight against climate change, which are imperative to ensure that people can live in a safe environment.

In this context, it is also important to mention the concerns of the Council of Europe's Commissioner for Human Rights, who as early as 2020 had stressed that public spending should prioritise health, housing, education and social protection, especially in the wake

[11] The programme has been renamed Readiness 2030 and is an EU initiative aimed at increasing defence spending and addressing the growing strategic challenges facing the EU, including increased military spending by Russia, geopolitical instability, cyber threats and other security risks. White Paper for European Defence - Readiness 2030

[12] Most of this astronomical amount depends on the goodwill of Member States and the Commission proposes two major incentives. First, a €150 billion fund whereby the EU would grant loans to requesting Member States to finance the common market for military equipment to replenish national stocks or arm Ukraine. Second, military spending would be considered "good debt" by excluding increases from 2021 onwards from the calculation of national debt under EU fiscal rules for the next 4 years.

[13] Motion for a resolution - B10-0144/2025

of COVID-19 and in the midst of growing inequalities.[14] It is also important to mention the Stop ReArm Europe Network which represents a crucial new effort to challenge the EU's unprecedented militarisation agenda. Bringing together anti-war organisations, think tanks and progressive movements from Western Europe, the network poses a key question: How can European societies oppose militarism while at the same time addressing their real security concerns? As military budgets expand across the continent in response to Russia's invasion of Ukraine, the Stop ReArm Europe network faces the challenge of developing a coherent progressive response that recognises both the legitimate defence needs of threatened nations and the dangers of uncontrolled militarisation.

3/Critical review of the institutional framework and policies for care at national level

3.1 Reconciliation policies before and after the financial crisis

It should be noted at the outset that while the main types of reconciliation policies are four (4): care leave, care services, flexible forms of employment and working time arrangements and care allowances, in Greece two types of policies have been used almost exclusively. On the one hand, care leaves, which are used only or mainly by mothers, experiencing at the same time, due to their use, negative consequences on their professional activity and career (Stratigaki, 2006:98), and on the other hand, care services, which limit the amount of care provided within the family. Both types of policies have contributed to the promotion of the two-worker family model and the retreat of the "man-worker/provider and woman-caregiver" model (Karamessini and Simeonaki, 2019).

Attempting a general assessment of reconciliation policies in Greece, Karamessini examines the period before the onset of the economic crisis (from 1980 to 2008) and after the outbreak of the Great and prolonged recession (from 2008 to 2018) in order to examine historically the impact of these policies on the transformation of the care system, women's participation in the labour market and the changing family model, fertility and gender equality (Karamessini, 2019:169-202).

According to Karamessini study from the mid-1980s to the late 1990s, reconciliation policies can be described as biased in favour of the public sector and passive in terms of gender equality, because they did not contribute to the integration of women/mothers in the labour market or to the sharing of care responsibilities in the household between men and women. In this period, the availability of public nurseries is limited, there is an inability to exercise the (limited) formal leave rights of working parents in the private sector and the use of reduced hours are almost exclusively restricted to working mothers in the public sector. This means that reconciliation policies do not affect mothers' decisions and patterns of participation in paid work and the gender division of labour.

Reconciliation policies became proactive from 1998 onwards (until 2008) with the adoption of the European Employment Strategy, whose fourth pillar on equal opportunities for women and men increased the resources available from the European Social Fund for reconciliation policy and in particular for the creation and operation of care structures and services. During this period, the parental leave system was improved by extending the duration of paid leave and the rights of fathers, and there was a rapid

[14] Learning from the pandemic to better fulfil the right to health, 23.04.2020, https://www.coe.int/en/web/commissioner/-/learning-from-the-pandemic-to-better-fulfil-the-right-to-health

development of social care services with significant investment of resources in public infrastructure, while between 1999 and 2008 the employment rate of mothers aged 25-54 with children aged 0-14 increased from 51.5% to 58.6%. It is noted, however, that the improvement in the parental leave system has come about through constant additions, without streamlining and unification of the system, making it difficult for the worker to have a full picture of her/his entitlements. Also, despite the rapid development of social care services, the rate of participation of children in formal care in Greece remained among the lowest in the EU for both the 0-2 and 3-6 age groups, and we do not know whether the increase in maternal employment is due to the facilitation of working women through reconciliation measures or to the improvement of their educational level and employment opportunities for women aged 25-54. Finally, according to Karamessini, active reconciliation policies before the 2008 crisis contributed to some extent to increasing women's labour market participation and maintaining employment, especially for those with low and medium educational attainment, but without succeeding in preventing discrimination against mothers with young children. On the other hand, they reduced the time spent by working parents, especially women, in caring for children, and made it easier for working parents to make daily arrangements to coordinate hours, times and different types and providers of care (Karamessini, 2019: 170-181).

The economic crisis and the policy of harsh austerity from 2010 onwards, which was implemented through the three Economic Adjustment Programmes/Memoranda imposed on the country by its official lenders (EU and IMF) and implemented under their strict supervision, lasted until August 2018, and had a negative impact on the reconciliation policies and the care system on the one hand, and on the other hand, on working parents' possibilities to exercise their rights.

Under these circumstances, paid parental leave was maintained in full and the institutional framework governing it was slightly improved, but without guaranteeing the implementation of working parents' rights in practice. In terms of leave, it is noteworthy that despite the abolition of the employer's contribution, which was the source of funding for the six-month maternity protection leave paid by the OAED (the Public Employment Service), it continues to be granted from the OAED budget, while in 2014, for the first time, maternity allowance was also granted to self-employed women in application of the relevant European Directive.

As Hatzivarnava and Karamessini note, a remarkable and unexpected development is the fact that the extremely strict and prolonged austerity policy imposed by the Memoranda not only did not negatively affect reconciliation policies but, because of its devastating social and demographic effects, it has prompted governments to strengthen these policies to support lower- and middle-class families and fight child poverty (Hatzivarnava & Karamessini, 2018). On the other hand, however, regression was once again recorded in the field of caring for the elderly and disabled.

According to Karamessini (2019), the most significant development in the care system during the crisis comes from the drastic shrinking of middle-class incomes that reduced their ability to purchase private care services, sharply increasing the demand for free state childcare services. At the same time, the fiscal crisis has also hit social care services and municipalities, which are responsible for running almost all public day care centres, saw their total resources fall by 60% between 2010 and 2014, while private day care centres faced a reduction in demand due to a drastic drop in the incomes of middle-class families.

In addition, public and private care services were not only rescued without losses, but the state also sharply increased free access to care services for the children of the poorest and middle-income classes, using the European Employment Strategy and the

resources of the European Social Fund. Evidence is that for children aged 0 to 2 years, the participation rate increased slightly from 12% in 2008 to 13% in 2014 and then soared to 41% in 2018, while for children aged 3 to 6 years it decreased slightly from 67% in 2008 to 65% in 2014 and then soared to 95% in 2018. Also during the period of austerity, serious problems were created in relation to the quality of pre-school childcare services, due to the dismissal of contracted child cares and the restrictive conditions for the recruitment of permanent staff in the public sector, which led to an increase in the number of children per child carer, along with an increase in daily working hours from six to eight, while many municipalities were forced to cover their staffing needs with piston solutions such as community service schemes.

Special mention should also be made of the innovative educational institution of the full-day primary school, first adopted in 1997 as a policy measure to facilitate the reconciliation of work and family responsibilities. It was an institution that was aligned with the European Employment Strategy (EES) and implemented as a co-financed programme from national resources and the European Social Fund (ESF) under the Operational Programmes for Education and Initial Vocational Training - EPEEK (Skoba, 2013). The purpose of the Day School was both to provide care for children whose parents are working or looking for work and to promote the employment of women, especially mothers with school-age children, in order to promote equal opportunities in the labour market (Papachristou, 2022).

Based on a survey conducted in 45 all-day primary schools in Athens, the free provision of additional subjects to the student population and the preparation of homework in the all-day programme contributed to the reduction of financial costs and the time required for childcare by mothers (Skoba 2013:299-301). In addition, the extension of school hours was viewed positively by parents, precisely because it allowed mothers to participate in the labour market and more generally to access employment.

Although the Full Day School was positively accepted by parents and teachers, it encountered many problems and difficulties during its implementation, such as the inflexibility of the children's leaving hours, the shortcomings in the adequate material and technical infrastructure of the schools and the fact that the Full Day School did not operate on public holidays and during the holiday period. In order to support children and parents during these periods, the Children's Creative Activity Centres (KDAP) were created.

During the crisis, existing social services for the care of the elderly and disabled faced serious operational problems due to limited budgets and understaffing, and only those funded by European funds managed to continue operating. Although in the absence of surveys, we do not know what strategies were developed by households to cope with these social/welfare state shortcomings, nor how the latter affected the choices of people with care responsibilities for elderly parents or relatives and disabled people, on the basis of the data on the gender breakdown of unpaid care work and gender stereotypes, it is safe to assume that most of the care that some households before the crisis transferred outside the family by purchasing private services provided at home or in institutions was borne mainly by women (whether employed or not).

3.2 Reconciliation policies during the pandemic

As Papagiannopoulou and Moschovakou (2022: 96) note, the pandemic brought into sharp focus intersecting systems of oppression that had long been known, such as structural racism, nationalism, patriarchy, classism, etc., to remind us of the precarious and

vulnerable nature of our lives, which can become painfully unlivable or even annihilated (Butler, 2018).

According to the University Research Institute of Applied Economics and Social Sciences - University of Macedonia (UMRI), University of Macedonia (2021), regarding the impact of the pandemic on the reconciliation of personal/family and professional life, the gender gap in the redistribution of time between couples was reinforced. In fact, because women bore the burden of the general increase in unpaid work, they were led to a temporary 'suspension' of the reconciliation of personal/family and professional life (KETHI, EPI, 2021: 34). This fact is reflected, inter alia, in the following:

- Couples with children were more likely to work fewer hours during the pandemic than couples without children.
- Mothers were more likely to reduce their paid working hours or change their working hours due to increased caregiving time compared to fathers, resulting in negative impacts on women's career paths as their work and economic opportunities were further reduced.
- While childcare appears to be shared more evenly, at least temporarily, between couples, the division of household tasks remains largely the work of women.
- Gender inequalities in unpaid care work persist, with women continuing to bear a disproportionately greater burden of this work, even if men are spending more time in unpaid work than before.
- The social group most severely affected by the quarantine was working women and mothers with minor children, who either found themselves unemployed or were forced to telework (KETHI, EPI, 2021: 35).

Kambouri (2022), examining the rapid increase in care needs during the pandemic period and the policies for the reconciliation of professional and family life, with the example of parental leave on the one hand and the operation of schools on the other, concludes that the dominant policy framework does not set gender equality as a primary objective, but rather the promotion of motherhood in order to address the country's demographic problem, and therefore relevant policies focus exclusively on women's reproductive role, while the potential participation of men in the distribution of care responsibilities remains marginal.

During this period, a framework of special leave was created to meet the needs of working parents. For example, exceptional parental leave was introduced for periods of suspension of education and care activities,[15] for parents whose children were enrolled in pre-school, kindergarten, primary, secondary and special schools, as well as for parents of disabled persons of any age enrolled in education and care centres. The application of the measures was subsequently extended to include parents of children attending all-day schools or children who were in the last three years of secondary education and in private care.[16] All private and public sector workers were entitled to this special leave, and both parents (father, mother) were entitled to receive special leave, but not at the same time. Despite the positive content of these provisions, however, it should be noted that special leave was mainly provided for parents who could not work remotely, while those entitled to telework did not have access to such leave. Therefore, the measures actually gloss over the problems of balancing professional and personal/family life faced by those women who work remotely, and largely contribute to

[15] Article 4 of the Legislative Act of 11/3/2020 (A' 55) ratified by Article 2 of Law 4682/2020 (A' 76).

[16] Ministerial Decision 17787/50/8.5.2020 K.Y.A. (V' 1778) and D1a/FP.οικ 72989/12.11.2020.

the reproduction of stereotypical gendered perceptions regarding the multiple roles of working mothers, ignoring the costs to their physical and mental health, social and personal life and professional development (Kambouri, 2022: 86).

Regarding the operation of schools, at the beginning of March 2020, the government decided to suspend the operation of educational institutions at all levels and to launch distance education programmes using new technologies. However, because the special platform created for the education of primary, middle and high school children had not been used in the past, the necessary educational materials were not available, and the necessary training of teachers, the student community and parents on the use of the platform was not provided, distance education started with multiple problems and shortcomings. At the same time, there were inequalities in access as the connection and devices depended on the socio-economic status of families.

In addition to the problems regarding the way distance learning was conducted, the general design of education policies ignored the need to reconcile work and family life. Moreover, schools in Greece remained closed for much longer periods than in other EU Member States, and there was no provision for school-age children whose parents provided frontline services. Furthermore, the school closure policy did not provide for or take special measures for children who were staying in reception and identification centres (RICs), shelters for asylum seekers/asylum seekers, or in settlements (Roma), resulting in a complete disruption of access to education in the context of discriminatory or even racist treatment.

It should also be mentioned that in the framework of the National Strategy for tackling Covid-19, the pilot implementation of a new project entitled "neighbourhood nannies" for working mothers, funded by the National Strategic Reference Framework (NSRF), was announced. The project aims, on the one hand, to support mothers with infants aged between two months and two and a half years and, on the other hand, to support the employment of unemployed women who will be employed as nannies. In this context, it was foreseen to create a register of certified carers and then issue vouchers for families to hire "nannies" who will work either in their home or in the parents' home. In order to ensure that the virus does not spread, the piloting of the project in specific municipalities in the country began in 2022 after quarantine restrictions were lifted.

Policies to respond to the pandemic have had particularly negative effects on gender equality. The closure of care facilities and incarceration contributed to the prevalence of regressive notions of gender roles, while official policies relied on and pushed women to work from home in order to combine family care with paid employment, silencing the role of fathers in caregiving. At the same time, the intersectional dimensions of parenthood and the vulnerability of specific caregivers - based on social class, migration background, age, etc. were ignored (Kambouri, 2022: 84-92).

3.3. Evaluation of long-term care/LTC services

According to a European Commission survey, in Greece, long-term care (including prevention and rehabilitation services) is still an underdeveloped policy area and therefore there are no integrated formal long-term care services that guarantee universal coverage of the population in need of this type of care (European Commission - Directorate-General for Employment, Social Affairs and Inclusion - and Social Protection Committee, 2021). Long-term care is based on a mixed '*quasi-system of services*',

comprising formal care,[17] provided by public and private bodies, and informal care, provided mainly by family and/or paid carers, with the main responsibility for the financial and practical support of dependants resting solely with the family.

More specifically, home and semi-home care for adults and children with disabilities and for persons aged 65 and over who live alone and need care is provided by the state through 12 regional 'social welfare centres', which (in 2017) consisted of 44 'social care units': 21 chronic disease nursing homes for adults with disabilities and elderly people, 13 social protection centres for children, six rehabilitation centres for persons with disabilities and four other relevant structures (legal entities under public law). All these care centres are funded by the state budget and by daily fees paid by EOPYY (the National Health Service) (European Commission, 2021: 122).

Regarding the 21 nursing homes for chronically ill adults with disabilities and elderly people, it should be noted that each of them has several sub-units providing both residential and semi-residential care. Most of these branches/structures focus on adults with disabilities (including older adults with disabilities), but some of them provide care exclusively to needy older adults. Available data (ELSTAT, 2018) show that, in 2017, these units employed 1227 people and provided services to 2047 patients (both home and residential care). It should be noted, however, that the number of available places falls short of demand, and there are long waiting lists.

There are also 510 community residential facilities for the mentally ill. These provide housing, care and protection services (sheltered boarding houses and flats, sheltered workshops, etc.) to some 4100 beneficiaries. They are run by public and non-profit organisations and funded by the state and EOPYY. In these structures, there are about 2100 beds in sheltered boarding houses (or hostels) for elderly people with mental health problems that can be considered as long-term care beds. In addition, there are 338 beds in public psychiatric hospitals that can be used for long-term care of chronically mentally ill patients.

Long-term care for disabled older people (mostly in poverty or living alone) is also provided by around 240 nursing homes run by private (profit and non-profit) organisations and local authorities, mainly in urban areas. However, there are no official and reliable data on the actual number of these facilities and their capacity. Almost half of the nursing homes are located in the Greater Athens area and the vast majority are run by private (for-profit) enterprises. The rest are run by the church, charitable organisations and local authorities. For-profit nursing homes are privately funded by the person in care and their families, while non-profit nursing homes are partly subsidised by the state and partly funded by donations and/or daily fees paid by EOPYY for those entitled to social insurance.

Public structures and care services for people with dementia or Alzheimer's were, until very recently, rather negligible. Specialised care was mainly provided by a small number of non-governmental organisations. To address this gap, efforts have focused on the establishment of day care centres for people with dementia, memory and cognitive disorders clinics and palliative care hospices for terminally ill patients.

As regards other forms of formal long-term care, since the early 2000s, thanks mainly to co-financing from the European Social Fund, there has been a significant increase in long-

[17] Formal long-term care services in Greece mainly include institutional/home care and community care services, while the provision of home care services is rather limited. It should be noted that the services provided have limited coverage and the supply falls far short of demand.

term care services providing social support and care for older people at home and in the community. These are: a) day care centres for people with disabilities, b) day care centres for older people (KHFH)[18] and c) services provided to older people and people with disabilities at home (Help at Home programme).[19]

In conclusion, although there are various public measures and actions related to the provision of long-term care services in Greece, they are not sufficient to meet the ever-increasing needs in this area and there is a clear imbalance between formal and informal care provision. The lack of reliable data on the actual capacity, size and workforce composition of all long-term care providers remains one of the main shortcomings that still prevail in long-term care policy in Greece.

Overall, long-term care in Greece needs urgent reform. Increasing the coverage of the system, improving the quality of services and governance, together with ensuring the availability of formal carers and providing support to informal family carers, are among the main challenges of long-term care in Greece. Addressing these challenges requires coordinated action and the implementation of an integrated long-term care policy. This becomes even more urgent given the pressure exerted by the rapidly ageing population and the negative effects of the financial crisis/economic downturn (e.g. cuts in public spending, deteriorating population health, increasing difficulties among households, etc.) (European Commission, 2021: 188-124).

To this end, a major reform of the long-term care system should be undertaken, together with drastic changes aimed at promoting the reconciliation of caring responsibilities with working life. Among the main components of such a system should be the creation of a regulatory framework and quality standards for the provision of long-term care, the establishment of coordination mechanisms linking different long-term care structures and the creation of a well-organised monitoring and evaluation system. This reform should also include the establishment of new upgraded long-term care facilities to expand the availability and improve access to services throughout the country.

What is also needed is legal recognition of the profession of caregivers, especially those who care for the elderly, which will ensure their professional development as well as their training. In terms of increasing the capacity of family carers to work, what is needed are targeted active employment measures, together with specific working conditions - on the one hand, to facilitate the entry of carers into employment and, on the other, to facilitate the combination of work and caring responsibilities. (European Commission, 2021: 131).

[18] KHFH's provide day care for elderly people who are unable to care for themselves, who have serious financial and health problems and whose family members cannot care for them because of their work (or for other reasons). In the majority of cases, they are run by municipalities, municipal enterprises or joint partnerships of municipal enterprises, and work in partnership with local social and health services. They were mainly financed by the European Social Fund through the Operational Programmes of the 13 regions of the country. According to the latest available data, in 2017 there were 68 KHFHs operating, serving around 1500 elderly people, with a staff of around 300 people.

[19] The "Help at Home" programme was launched in 1998 in a limited number of municipalities, but since 2001 it has been implemented throughout Greece. The programmes provide nursing care, social care services and home help to elderly people (aged 78 and over) and people with disabilities (regardless of age) who live alone and face severe limitations (mobility problems, etc.) in their daily lives and who meet specific, income-related criteria. Around 3000 people (social workers, nurses, physiotherapists and home helpers) are employed in these programmes, most of them on fixed-term contracts.

Also, according to the preliminary findings of the research project "The Greek elderly care system facing demographic ageing: the challenges of inclusiveness and gender equality - GEldER-in",[20] , Greece is currently the third oldest country in the EU, after Finland and Portugal. At the same time, according to EU demographic projections, between 2022 and 2070, Greece's total population will decrease by 25% and the proportion of people aged 65 and over will reach 33% of the total population. According to Karamessini (2025), based on these demographic projections, the main challenge for the Greek elderly care system in the coming decades will be to meet the care needs of the very aged population, which has much greater intensive care needs. This challenge will be difficult to meet without radical changes in the logic, organisational principles and characteristics of the current long-term care system for the elderly and without large-scale public investment.

Moreover, the care system in Greece is family-based, with large gaps in care and among the least inclusive systems in the EU. Informal unpaid family care is predominantly provided by women, while in the formal long-term care sector 97% of workers are women, including a high proportion of migrant women. Particularly in relation to long-term care, the public benefits provided by the system are 'residual', given that the state only intervenes when there is no family or when the family cannot care for the dependent elderly member. Moreover, even the Help at Home programme, which is an important service because of the dramatic understaffing of municipal social services, is provided to a subset of this group of elderly people and at a low frequency, leaving most of their daily care needs unmet.

As Karamessini (2025) notes, the main objective of long-term care policies internationally is to increase the coverage of the needs of older people, while limiting additional government spending as much as possible in order to minimise the impact on public deficits. Instead of expanding and upgrading the quality of welfare state services, the goal of restraining public expenditure has led in recent decades to reform policies such as:

- the provision of care *vouchers* for older people with freedom of choice of provider - which as a policy substitutes the concept of the citizen as a rights holder with that of a consumer
- subsidising informal care provided by family members through paid leave for workers with caring responsibilities, allowances for informal carers who are not working
- the creation of a new insurance branch for long-term care
- the outsourcing of public/social care services to private providers (companies or non-profit sector organisations) to save costs.

With regard to the objectives of improving the quality of care and attracting labour to the long-term care sector, an important set of policies concerns the professionalisation of care and the increase in the remuneration of carers in the formal sector, the regulation of the rights of home care workers (wages, working conditions, insurance rights) as well as the rights of informal carers. At present, half of the EU countries exclude home-based workers from the scope of labour law, a very high proportion of migrant women caring for older people at home work informally and without labour and

[20] The GEldER-in project is implemented by the Laboratory of Gender Studies of Panteion University within the framework of the EL.ID.E.K. action "Funding of Basic Research (Horizontal support of all Sciences)" of the National Recovery and Resilience Plan "Greece 2.0" with funding from the European Union-NextGenerationEU.

social security rights, and restrictive European and national immigration legislation makes it difficult in all countries to meet the large labour shortages.

3.4. The gender care gap in Greece

Based on the latest data from the European Institute for Gender Equality,[21] on the gender gap in care in Greece (EIGE, 2022b), about one third of men and women are involved in providing long-term care. On the other hand, a much higher proportion of women are involved in domestic work, while a higher proportion of men report being involved in caring for children under 12 and in leisure activities at least 1 day per week.

Table 1. Women and men involved in care work in Greece

Women and men involved in... (%, 16-74 of population)				
	Data for GREECE		**Data for the EUROPEAN UNION**	
	Women	Men	Women	Men
Domestic work - at least 1 day per week	95	88	96	90
Recreation - at least 1 day per week	60	67	64	72
Long-term care	30	30	22	21
Care for my own children - under 12 years old	17	30	16	12

In general, women spend more time caring for their children than men. There are gender gaps in the intensity of care work. For example, many more women than men spend at least 5 hours a day caring for their children under 12 years of age. On the other hand, men are more involved in leisure and physical activity, at least 3 hours a day.

Table 2. Women and men involved in high intensity care activities

Women and men involved in high intensity care activities... (%, 16-74 of population providing long-term care, childcare, housework or having time for leisure)				
	Data for GREECE		**Data for the EUROPEAN UNION**	
	Women	Men	Women	Men
Long-term care (5+ hours per day)	16	16	19	17
Care for their own children (under 12) (5+ hours per day)	55	25	56	26
Household chores (3+ hours per day)	23	17	22	15
Recreational activities (3+ hours per day)	8	12	12	16
Physical activities (3+ hours per day)	4	7	7	10

[21] In Greece, 2,973 interviews were conducted from 5 October to 25 October 2022, while a total of 60,405 interviews were conducted at EU level (EIGE, 2022b). The newsletter for Greece was developed in collaboration with Eurocarers, the European Centre for Social Welfare Policy and Research, the Italian National Institute of Health and Science on Ageing and Ipsos GmbH.

A higher proportion of men than women receive unpaid long-term care assistance. There is a gender gap in terms of receiving support from relatives, friends or others: 42% of men rely on unpaid help for long-term care responsibilities, while only 36% of women receive support. Similarly, 30% of men versus 27% of women receive unpaid help for caring for children under 12 years old.

Table 3. Women and men relying on relatives, friends and other persons

Women and men relying on relatives, friends and other persons for... (%, 16-74 of population providing long-term care, childcare for children under 12)				
	Data for GREECE		**Data for the EUROPEAN UNION**	
	Women	Men	Women	Men
Long-term care for the main care recipient (at least one day per week)	36	42	36	42
Care for children under 12 (at least one day a week)	27	30	26	30

People involved in long term care, childcare or domestic work may benefit from outsourced services that may relieve them of some of the tasks they need to perform.

Women are much more likely than men to use early schooling and care services. In Greece the rates for women are 73% and for men 66%, while in the EU they are 64% for women and 66% for men. The proportion of men using long-term care services is also higher.

Table 4. Percentage of men and women using long-term care services

Women and men using long-term care services (%, 16-74 of population providing long-term care)				
	Data for GREECE		**Data for the EUROPEAN UNION**	
	Women	Men	Women	Men
Workers and employees providing long-term care at home	27	36	33	45
Long-term care facilities	15	27	28	40
Residential carers	22	29	29	40

The use of external services for domestic work is mainly done by men. In Greece 13% of women compared to 24% of men use external services, while at EU level 16% of women and 21% of men use such services.

Finally, according to the EIGE survey, women face much greater difficulties in combining paid work with domestic work and care responsibilities.

Table 5. Women and men who have difficulty combining paid work with domestic work and care responsibilities

Women and men who have difficulties combining paid work with... (%, 16-74 employed population, employed population with long-term caring responsibilities)				
	Data for GREECE		**Data for the EUROPEAN UNION**	
	Women	Men	Women	Men
Domestic work (4+ days per week)	39	25	28	22
Caring responsibilities (4+ days per week)	42	29	30	28

Although there are no official data on informal care, in Greece, according to a Eurofound survey (European Quality of Life Survey, 2017), Greece ranks first among European countries in the percentage of people providing informal care on a weekly basis. This percentage amounts to 34% of the total population. The importance of informal care in Greece is also shown by the fact that its share is twice the European average (17%). Greece also ranks 4th among European countries in the proportion of women providing informal care, which is 63.5%. As a result, it is women who bear the burden of informal care (Euro found, 2017). Also, according to data from the European Association Working for Carers (Euro-carers) network, on the absolute number and percentage of the population with informal care responsibilities,[22] the following data are recorded:

Table 6. Number of carers in the EU

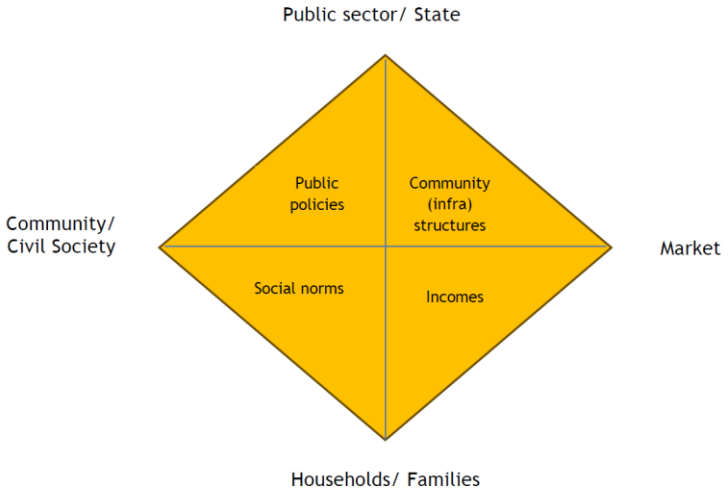
	Official data		**Unofficial data**	
	# of carers	% of population with caring responsibilities	# of carers	% of population with caring responsibilities
GREECE	**724.940**	**6,70%**	**3.148.764**	**29,50%**

In a more recent study for Greece, the aim is to understand how care needs and responsibilities are met and distributed through the interaction between households, the state, the market and community organisations. In particular, H. Kouki, Ch. Malamidis and A. Hatzidakis (2024) use the *"diamond of care"*[23] for an initial outline of the organization of care in Greece, examining in their research how care is organized and reproduced at the level of the state, market, community and family, while proposing a broader understanding of care as a political and social issue.

[22] The data are from the 2022 EIGE survey on the gender gap in unpaid care, personal and social activities. Euro-Carers, 2024.

[23] The 'care diamond' is a framework used to illustrate and analyse how care responsibilities are distributed across different sectors: the family/household, markets, the public sector and the non-profit sector/civil society. It provides a framework for understanding how different institutions contribute to the provision and financing of different care services. See also Razavi, Shahra (2007).

Figure 3. The "care diamond"



The study consists of three parts that aim to highlight aspects of care that remain invisible and disconnected. In the first part, a literature review is carried out in which institutions, practices, policies, trends, perceptions and collectivities are mapped that articulate and give content to the concept of care in Greece. The second part examines specific quantitative data concerning the central aspects of the organization of care in Greece on the basis of a narrower definition of care which is organized around four axes: 1) unpaid domestic care work; 2) licenses based on offering or receiving care services; 3) some of the main care services; 4) the labour protection of caregivers in often undeclared work services. Finally, the third part of the study, which follows the structure of the 'care diamond', includes qualitative interviews with researchers working on different aspects of care in Greece (Kouki, Malamidis, Hatzidakis, 2024:12-13).

The general finding of the study is that welfare services are declining, care professions are downgrading, while the state is retreating from its responsibility to care for individuals, who are called upon to manage their own vulnerability - their own and/or those of their loved ones - by resorting to the market or to the wider family and community, while the main characteristics of care in Greece are: (a) its strongly family-centred and patriarchal character; (b) the fragmented and conjunctural nature of the development of care services both by the state and the market; and (c) the emergence of a model of social solidarity that has brought the community back to the fore. More specifically, the main conclusions that emerge and permeate all three parts of the study are as follows:

* Care at the welfare state level is constituted through policies and measures relating to social security, health, work and education. The main conclusion regarding the provision of care services in Greece is their structurally residual and fragmented nature, evidenced by the fact that one third of health care expenditure comes from direct payments from private households, public resources spent on long-term care are much lower than the European average, and there is no integrated care for vulnerable populations. This is why the welfare state has been the subject of a long-standing claim through labour struggles, feminist mobilisations, conflicting ideologies and socio-political developments.

* As is the case in most countries of the Western world, the state is retreating from its responsibility to provide care services to citizens, while economic crises have contributed to the greater dismantling of the welfare state and the public health and education system. At the same time, the state is taking on an executive role in the face of the growing trend towards privatisation and commercialisation of care services, while there is a rapid increase in subsidy policies as opposed to more systemic and holistic policies to address gender/cross-sectional inequalities and poverty.
* The regulatory framework for the care professions remains incomplete and to a significant extent discriminatory, resulting in precarious working conditions and very low pay. In addition, both domestic work and nursing care are to a very large extent covered by irregular work by migrant women.
* The provision of care services by the market/private sector is developing in a piecemeal and fragmented way, so some services are highly developed (e.g. pre-school education), while others are underdeveloped (e.g. long-term care for older people). At the same time, the market is not subject to state control and regulation, so it is closely linked to class and the logic of exploiting the needs of vulnerable groups. Part of the market according to the study is also professionalised non-governmental organisations, which, although formally included in the community, often function as a '*quasi market*' that is complementary to the state. In this hybrid market a daily but invisible phenomenon is the irregular work of migrant women (mainly in nursing care and domestic work). This model relies heavily on the feminisation and racialisation of care, dimensions that are almost completely invisible and underestimated, also due to inadequate regulatory frameworks and mechanisms.
* The social model of care in Greece, as in other countries of the European South, remains family-centred and is based on the one hand on the moral obligation of the family to care for its dependants, and on the other hand on the patriarchal organisation of Greek society, which contributes to the reproduction of gender stereotypes and the identification of women with care. Despite the positive institutional changes of the last decades and the need to comply with European directives, there are difficulties in their implementation, especially in the private sector, while the structural transformation of gender norms and roles of care within the family has not been achieved. On the other hand, an important development is the introduction of the "carer's licence" by Article 29 of Law 4808/2021.[24] This is a regulation that is directly linked to the provision of care services by non-qualified and non-professional workers. A caregiver is defined as "a worker who provides personal care or support to a relative or a person living in the same household as the worker and who is in need of significant care or support for a serious medical reason", while a relative is defined as "a spouse, cohabiting partner, natural or stepchild, parents, siblings and relatives in the same line and to the same degree".[25] As noted in the study, it remains to be seen in practice whether and to what extent workers will claim the use of this leave and whether employers will comply with this labour right.
* Another key conclusion of the study is that caring in Greece has a specific gender bias, and is stereotypically identified with women, and compared to what

[24] According to Article 29 of Law 4808/2021, any worker who has completed six (6) months of continuous or successive fixed-term employment contracts is entitled to caregiver leave for the care of a person, for a maximum of five (5) working days in any calendar year, if the person is in need of significant care or support for a serious medical reason, as certified by a medical certificate. This leave shall not be subject to any obligation to pay remuneration by the employer.

[25] See Article 29 of Law 4808/2021

happens in other EU countries, our country has an extremely high gender gap in terms of employment rate and the highest gap in terms of unemployment rate, which is linked to caring responsibilities. Women spend much more time in unpaid work than their partners, regardless of the presence of underage children in the household, their employment status and their educational level - as documented by the aforementioned EIGE data (2022b). This data is even more significant when taking into account that the number of women working part-time is over time much higher than that of men. At the same time, women continue to play a central role and are overrepresented in care occupations, which are low paid and socially devalued.

* Finally, according to the study, the community, which is the axis of the care diamond that includes the wider civil society (informal and formal forms of associations: clubs, unions, trade unions, social movements, neighbourhood assemblies and informal citizens' initiatives, NGOs and church bodies) also plays a key role in the provision of care services. This became particularly visible in the context of the ongoing and interconnected crises of the last decade as a multilevel movement of collective and self-organised solidarity 'from below' gradually consolidated during this period, covering - and continuing to cover - gaps and shortages of care in the areas of food, health, work and education. It is within this community and/or mobile solidarity that alternative forms of inclusive, horizontal and holistic care emerge, while the collectives that emerge in these contexts are made up of the community itself, relate to its members on a daily and equal basis, have flexibility and are more aware of local needs and skills than their state counterparts. A fact of particular importance is that the need for more care from the community itself is often projected and promoted by state institutions in the context of the instrumentalisation of solidarity structures by neoliberal policies that have led to the collapse of the welfare state. In this context, it should be clear that the provision of care services by the community should always be interlinked with the demand for ensuring more and more inclusive care on the part of the state (Kouki, Malamidis, Hatzidakis, 2024:14-20).

4/ Alternative practices, community initiatives and policy proposals

4.1 Alternative practices and community initiatives

In recent years, several initiatives have emerged regarding the "care crisis" and ways to address it. In June 2021, more than 100 organisations from different continents proposed the creation of a "global movement to rebuild the social organisation of care"[26] based on five fundamental principles:

I) **Recognition of** the social and economic value of care work (paid and unpaid) and the human right to care.
II) **Reward and renumerate** care work with equal pay for work of equal value, ensuring decent working conditions and comprehensive social protection.
III) **Reduce** the burden of unpaid work for women.
IV) **Redistribute** care work within families and among all workers, eliminating the gender division of labour between families and the state.

[26] Public Services International/PSI - The global union federation of workers in public services

V) **Reclaim** the public nature of care services, reaffirming the duty and primary responsibility of the state to provide public care services and to develop care systems that transform gender relations.[27]

These five objectives, which underpin a global alliance of social movements, trade unions and organisations, provide a platform for action and common ground for rethinking the care and social care system in Europe.

> And that is why in queer, feminist and anti-racist work self-care is about the creation of community, fragile communities, assembled out of the experiences of being shattered.
>
> We reassemble ourselves through the ordinary, everyday and often painstaking work of looking after ourselves; looking after each other.
>
> This is why when we have to insist, I matter, we matter, we are transforming what matters. Women's lives matter; black lives matter; queer lives matter; disabled lives matter; trans lives matter; the poor; the elderly; the incarcerated, matter.
>
> *Sara Ahmed, (2014), Selfcare as warfare*
>
> feministkilljoys

Also, in several countries, feminist and care movements have highlighted the need for the care debate to include the reduction of working hours, the feminist transformation of family and community relations and the creation of a National Care Service, replicating in this area what happened, for example, with the National Health System after the Second World War in several European countries. One such example is the "Right to Care - Care with Rights" campaign promoted by the Iniciativa Legislativa Cidadã[28] coalition of organisations in Portugal, with the aim of submitting a law to the National Assembly. This law aims to achieve three objectives: a) To guarantee full employment rights for care professionals on whom the law continues to impose precarious employment, b) To extend parental leave and institutionalise caregiver leave, and c) To create a National Care Agency in order to establish care as a universal social right and collective responsibility.

In recent years, including during the pandemic period, in Latiń America, feminist́ movements, horizontal collectives and social rights groups have brought to light new ways of expression to respond to gender, racial, class and other pressures in the field of social policy. As Papagiannopoulou and Moschovakou (2022) highlight, feminist movements in Latin America, with demands and struggles that are differentiated in each country (Argentina, Brazil, Ecuador, Colombia, Mexico, Chile, etc.), are leading mass demonstrations demanding public space and rights through new forms of feminist response to the gendered challenges and pressures in the fields of health and care, with resistance against patriarchy, sexism and gender violence as their meeting point. Through their struggles, forms of collective feminist response, solidarity and resistance are created, and alternative practices, structures and services are devised for survivors of gender-based violence that move outside existing institutional frameworks (Papagiannopoulou and Moschovakou, 2022:100-104).

In Greece, in the face of the challenges posed by the economic crisis, in combination with the subsequent humanitarian, migration and health crises, a wave of solidarity groups emerged, in the context of which care spaces were created that functioned as centres of self-organization and feminist mobilization. As Grammatikopoulou (2025)

[27] These fundamental principles build on and extend the original framework set out by the International Labour Organisation to rebuild the social organisation of care and to address the crisis of care. According to the PSI it is based on the 5Rs: **recognise, reward, remunerate and represent, reduce, redistribute and reclaim**. See in more detail: https://publicservices.international/resources/digital-publication/rebuilding-the-social-organisation-of-care-an-advocacy-guide-online?id=13359&lang=en

[28] Citizens' Legislative Initiative

notes, the activism of these feminist care groups creates spaces of resistance both online and offline and pioneers' new knowledge systems based on feminist principles, while manifesting solidarity within their communities and resistance to entrenched local patriarchy.

Thus, since the onset of the crisis, solidarity and political dissent are expressed through acts of 'radical care', defined by Makrygianni and Galis as *'practices that challenge both individualized and commodified expressions of care (and self-care) on the one hand, and the established nation-state apparatus with its normative mechanisms that impose practices of borderization and discrimination on the other'* (Makrygianni, & Galis, 2023: 389-390). At the same time, care extends to the digital space where 'radical digital care' is constituted, constituting together with the physical space a continuum rather than two distinct and isolated spaces of activation and activism. Indeed, digital activism, although less visible, has a significant impact on the development of autonomous digital infrastructures and in supporting feminist and solidarity movements (Grammatikopoulou, 2025:8).

According to Grammatikopoulou, during the period of the acute humanitarian crisis, care expressed through solidarity initiatives for healthcare and housing acted as a response to neoliberal policies that led to the erosion of the welfare state. Care also became a means of resisting exclusionary mechanisms aimed at creating second-class citizens, as seen in the marine rescue and housing initiatives for migrants, and the basis for highlighting community practices and radical infrastructures in the digital and urban space - as seen in solidarity clinics and resident initiatives. Most importantly, it became a starting point for devising feminist alternatives to capitalism and ethno-patriarchy Moreover, radical care initiatives proved to be a more welcoming ground for feminists/activists without prior political engagement. Their participation facilitated a two-way exchange, introducing feminist principles into social movements and inspiring feminist groups with tactics and ideas from solidarity initiatives. These generations of care are reflected in feminist and LGBTQ+ activism that combines solidarity with performative street protests and explores different modes of political expression (Grammatikopoulou, 2025:3, 5).

4.2 Policy proposals

According to the *policy study* for a care-driven EU recovery, (Thiessen, 2022), which is based on a feminist analysis of the National Recovery and Resilience Plans/RRPs, the following are proposed for care at the EU level:

- **Timely and effective implementation of care investments and reforms at national level.** In this context, in addition to commitments to investment and reforms in the care sector, EU Member States should demonstrate that their plans have a positive impact on gender equality and addressing care gaps.
- **Systematic monitoring of care policy measures.** Throughout the process, the European Commission should closely monitor the implementation of the NAPs and the implementation of care expenditure outlined in the respective national plans, through the relevant common indicators identified. To this end, the collection and analysis of gender and cross-sectoral data based on adequate care indicators should be implemented to capture the real impact of the respective national recovery plans directly targeting care.
- **Gender impact assessment and horizontal integration of the care dimension.** Taking into account the lessons learned on the gender impact of economic crises, the EU should apply the principles of gender mainstreaming and budgeting

through a transparent, comprehensive and meaningful monitoring methodology from the very early stages of policy design.

- **Prioritise social and care-oriented investments.** There is an urgent need to address the lack of focus on the care economy to put it at the centre of the EU policy agenda on an equal footing with other policy priorities such as green or digital transition. Given how marginally care has been integrated into other sectors, this needs to be reflected in ambitious and binding policies, accompanied by substantial funding to upgrade the care sector through quality services.
- **Ensuring accountability.** The European Parliament and the Council should hold the European Commission accountable for providing regular evaluation reports on the impact of recovery plans, which should be critically evaluated in a gender-sensitive and care-oriented manner.
- **Binding tools and feminist EU economic governance for a care-centred recovery.** Given the visible link between EU dictated requirements and measures adopted at national level, it is necessary to upgrade care policies and gender mainstreaming through binding tools and governance mechanisms (Thiessen, 2022: 37).

In this context, the proposals of UN Women (2020) in the period of the COVID-19 pandemic are characteristic and are focused on two axes. Firstly, the **need for immediate support** through measures to recognize care workers - paid and unpaid; the extension of social protection for those with caregiving responsibilities; the provision of a minimum level of childcare services, especially for children of key workers; and measures to prevent malnutrition and meet food needs. And secondly**, investing in the care economy for long-term recovery and resilience** through medium- and long-term measures that should focus on four key priorities: a) building strong, resilient and gender-sensitive care systems; b) investing in accessible basic infrastructure and time-saving technology; c) transforming labour markets to enable the reconciliation of paid employment and unpaid care; and d) reorienting macroeconomic policies to enable the care economy to develop (UN Women, 2020: 5-7).

Furthermore, according to the policy proposals for improving working conditions for care workers, which are based on a survey carried out under the Care4Care project in six EU Member States (France, Germany, Italy, Germany, Italy, Poland, Spain and Sweden) to investigate the working conditions of care workers, high quality jobs with safe and secure working conditions and non-discriminatory working conditions are a prerequisite for ensuring the availability of care workers in the EU. In addition, the following points are made:

- Decent work should be an important factor in any policy on decent care and therefore standards for better quality of work and better working conditions should be an integral part of all priorities for sustainable and quality care systems, and their funding should depend on standards of good working conditions.
- All types of care workers including residential care workers (and their representatives) should be recognised. At the same time, it is of paramount importance that workers' voices are heard, that social partners on both sides are recognised, and that social dialogue is strengthened to facilitate the effectiveness of any measure in the care economy.
- The governance of care and the care project must take into account its intersectoral and multidisciplinary nature, and more specific measures should be developed and the implementation of care policies and statistical categories that reflect the reality of the care sectors should be monitored.

- At the same time, measures should be taken to address the vulnerability of certain groups of workers, such as domestic workers, migrant workers and specific measures to combat discrimination on the grounds of immigration status and gender.

In addition, for people working in the care sector, the following measures are proposed, among others:

- Professionalisation of care, promotion of the professional development of carers, standardisation of qualifications and their recognition, particularly in relation to emotional labour.
- Reducing time and workload.
- Preventing and dealing with violence and harassment at work.
- Facilitating the free movement of care workers from third countries to European labour markets.
- Protecting migrant workers from discrimination and supporting diversity (Care4care, 2025).

The relevant report of the International Labour Organization (ILO, 2022), which focuses on the working people who are most often excluded, such as the self-employed and workers in the informal economy, is also in line with the above-mentioned proposals, migrant women and LGBTQ+ parents, calling on Member States to invest in a transformative package of care policies and investments in the care economy to build a better and more gender-equal world of work (ILO, 2022).

On the other hand, according to Torres Santana (2020), **when discussing care within a feminist approach** we should take into consideration that:

Care	• is a right • is linked to crises and precarity • is provided and politicised at a community level • is about nature and ecosystems • can be paid or unpaid • is based on social norms and implies affection • is a matter of public policy

- ***Care is a right***

The idea that receiving and providing care is a right is gaining ground as it implies individual, collective and institutional obligations. Indeed, according to Thissen and Mach (2023), care should be recognised as a right in itself on the same basis as other values enshrined in the EU Charter of Fundamental Rights, and the principle of non-discrimination, enshrined in Article 19 of the Treaty on the Functioning of the European Union (TFEU), can be mobilised to protect carers (Thissen and Mach, 2023: 107).

- ***Caregiving is linked to crises and precarity***

In contexts of structural precarity, providing and receiving care during the lifespan remains a significant challenge: securing water, food, livelihoods, health and housing become high-risk activities.

- ***Care is provided and politicised at community level***

In the community space, people cope by working together for everyday activities, within and independently of their relationships with family, the state and markets. Sometimes

collectivity is harnessed to resist or transform the privatization and commodification of practices and bodies, and sometimes it reproduces a low-impact patriarchy that nonetheless perpetuates hierarchical and unequal gender roles.

- ***Care is about nature and ecosystems, which have also been plundered by the capitalist system***

Radical feminist care politics does not ignore these vital links and has reconnected natural and social environments to the sustainability of life and care.

- ***Care can be paid or unpaid (migrant women, informal workers, poor women)***

Although the debate tends to focus on unpaid care work, the policy agenda should in any case include paid care work, while recognising that it is unvalued, feminised and provided in precarious conditions. Paid care work highlights the intersecting inequalities that are interlinked with social class, racial segregation, gender, country of origin, etc.

- ***Care is based on social norms and implies affection***

The unequal social organisation of care is underpinned by dynamics and structures of inequality that devalue life and ensure the feminised reinforcement of capital accumulation at the expense of women's autonomy and rights. Social *norms* and gender stereotypes also contribute to this. On the other hand, revolving the discussion of care around affection renders invisible the power relations that structure it. Therefore, the politicization of care inevitably entails the politicization of the affection associated with care.

- ***Care is a matter of public policy***

In order to address the gender gap and intersectional inequalities, it is necessary to have arrangements for the public and private sector, the household/family context and the community level, which can be implemented through public policies and institutional systems that allocate resources for care work in the form of money (deposits, cash transfers, subsidies, etc.), services or time (Torres Santana, 2020: 8-10).

To conclude the section on policy proposals, it should be emphasized that in addition to specific policies and measures to transform and expand the welfare state, care should also include a new social imaginary that places solidarity and interdependence at the heart of practices, public policies and democratic choices of each society. In other words, we as societies should envision and claim policies from the perspective of an emancipatory ethics of care that ensures care as a universal human right.

On the other hand, at a more programmatic level, care represents an important field of claims for policies that promote equality, through projects and programmes that contribute to transforming the existing social organisation of care, preventing the commercial 'colonisation' of care and building a new pillar of social rights where care is treated as a public good. In this context, civil society organisations, and trade unions in particular, should give due importance to organising all workers in the care sectors (social assistance, home care, domestic services, cleaning, personal assistance, etc.), with a view to achieving greater social recognition of these professions and ensuring decent wages, stable contracts and the protection and integration of all migrant workers who provide a large part of care in Europe.

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