Care Divide

Bridging the gender divide in informal long-term care

Long-term care between family burden and public responsibility: closing gender gaps in informal care

Policy recommendations



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Abstract	Policy recommendations on national and EU levels to reduce the gender gap in informal care. This transnational policy brief examines the relationship between demographic ageing, informal long-term care, gender inequality and labour-market participation across the five CareDivide partner countries. The central conclusion is that the current informal care model is neither socially equitable nor sustainable in the context of demographic ageing. It transfers the costs of insufficient public care provision onto women's unpaid time, employment, income, health and future pension entitlements. These costs subsequently extend to employers, social-security systems and public budgets. Long-term care must therefore be treated as social infrastructure and a shared public responsibility rather than as a predominantly private family obligation.
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Care Divide
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Contents

List of tables 3
List of abbreviations 3
Executive summary 5
Introduction and context 11
Methodology 13
Key challenges and obstacles 14
Formal long-term care services remain insufficient, unequal and often unaffordable 15
Work-Life Balance Legislation Exists on Paper but Often Fails in Practice 16
Informal Carers Face Workplace Vulnerability, Discrimination and Career Penalties 18
Gender Stereotypes Sustain Women's Disproportionate Care Burden 19
The Socio-Economic Cost of the Gender Care Gap Remains Invisible 20
Policy recommendations 21
Investing in Formal Long-Term Care Services 22
Strengthening Legal Frameworks, Monitoring and Enforcement 23
National Action Plans for the Effective Implementation of Work-Life Balance Provisions 25
Protecting Carers from Workplace Discrimination and Career Penalties 26
Stakeholder roles and multi-level governance 28
Methodological framework to assess the socio-economic impact of (closing) the gender gap in informal long-term care, especially in caring for older adults 31
References 36

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List of tables

Table 1. Comparative Overview of the National Contexts 12
Table 2. Participants in the consultation phase 14
Table 3. Cross-country comparison of challenges related to the availability of formal long-term services 15
Table 4. Cross-country comparison of challenges related to the implementation of Work-life balance legislation 17
Table 5. Cross-country comparison of challenges related to workplace vulnerability and career penalties for informal carers 18
Table 6. Cross-country comparison of challenges related to gender stereotypes and the unequal distribution of informal care 19
Table 7. Cross-country comparison of challenges related to the recognition and measurement of the socio-economic cost of informal care 20
Table 8. Cross-country policy recommendations: Strengthening formal long-term care services and support informal carers 23
Table 9. Cross-country policy recommendations: Strengthening legal frameworks, monitoring and enforcement 24
Table 10. Cross-country policy recommendations: Strengthening the implementation of the Work-life Balance Directive 26
Table 11. Cross-country policy recommendations: protecting informal carers from discrimination and challenging gender stereotypes 27
Table 12. The three levels of analysis 32

List of abbreviations

ADI	Assistenza Domiciliare Integrata (Integrated Home Care – Italy)
EIGE	European Institute for Gender Equality
EQLS	European Quality of Life Survey
ESS	European Social Survey
EU	European Union
EU-LFS	European Union Labour Force Survey
EU-SILC	European Union Statistics on Income and Living Conditions
EUROMOD	EU Tax-Benefit Microsimulation Model
EVS	European Values Study
GALI	Global Activity Limitation Indicator
GDP	Gross Domestic Product

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HETUS	Harmonised European Time Use Surveys
HR	Human Resources
INAPP	Istituto Nazionale per l'Analisi delle Politiche Pubbliche (Italy)
INL	Ispettorato Nazionale del Lavoro (Italy)
INPS	Istituto Nazionale della Previdenza Sociale (Italy)
ISTAT	Istituto Nazionale di Statistica (Italian National Institute of Statistics)
IZA	Institute of Labor Economics
KAPI	Centres for Open Protection of Older People (Greece)
LTC	Long-Term Care
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PNRR	Piano Nazionale di Ripresa e Resilienza (Italy's National Recovery and Resilience Plan)
RIQL	Research Institute for Quality of Life (ICCV)
ROI	Return on Investment
SAAD	Sistema para la Autonomía y Atención a la Dependencia (Spain)
SHARE	Survey of Health, Ageing and Retirement in Europe
SME	Small and Medium-sized Enterprise
SROI	Social Return on Investment
UN	United Nations
UNDP	United Nations Development Programme
WVS	World Values Survey

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Care Divide

Bridging the gender divide in informal long-term care

Executive summary

Europe's ageing societies are relying on an informal long-term care model that fills gaps in public provision through the unpaid labour provided by family members, predominantly women. This is not a cost-free arrangement. It converts underinvestment in care into employment losses, lower earnings and pensions, poorer health, staff-retention pressures and higher future costs for social-protection systems. The policy choice is therefore not between public expenditure and no expenditure, but between visible investment in care infrastructure and the continued transfer of hidden costs to women, households, employers and public budgets.

Key findings and policy implications

1 The core problem
The unpaid care tax on women

- Unpaid family care is currently treated as a private obligation rather than as essential social infrastructure across Southern and Eastern Europe.
- This model structurally shifts the costs of underfunded public systems onto women's unpaid time, employment prospects, health, and long-term pension security.
- Continuing to rely on unpaid family care is not a free alternative to public investment; it creates substantial hidden costs for public budgets, social security systems, and employers.

2 The implementation gap
Rights on paper versus vulnerability at work

- While the EU Work-Life Balance Directive (2019/1158) has been transposed into national laws, a severe gap remains between formal legal entitlements and daily workplace realities.
- Informal carers, disproportionately women, face indirect discrimination, career stagnation, and pressure to reduce their working hours or quit their jobs entirely.
- Existing workplace protections depend heavily on individual employer goodwill rather than on proactive, systematic labour inspection and independent oversight.

3 The policy response
Transitioning to shared care responsibility

- **Expand formal care:** Scale up affordable, community-based home care, day-care centres, and respite care to reduce regional and rural-urban disparities.
- **Enforce carer rights**: Use proactive labour inspections, clear guidelines, and accesible complaint mechanisms to protect carers from workplace retaliation.
- **Recognize & support informal carers**: Provide legal recognition, pension credits, financial allowances, and psychological support networks for family caregivers.
- **Target gender norms:** Use public campaigns and workplace incentives to encourage men to share caregiving responsibilities and take carers' leave.

4 The economic case
Why investment pays off

- **At the worker level:** Investment mitigates the "care penalty" by preventing career interruptions, maintaining wage growth, and curbing old-age pension poverty among women.
- **At the employer level:** Investment prevents costly staff turnover, recruitment expenses, and productivity loss by retaining experienced workers through proportionate flexibility.
- **At the fiscal level:** Investment replaces hidden social assistance costs with increased tax revenues, social security contributions, and higher female labour force participation.

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Main policy recommendations

Treat long-term care as social infrastructure

Public responsibility must complement family care; informal care should not substitute for services that are unavailable, unaffordable or geographically inaccessible.

Expand formal services first

Affordable home care, day services, respite care and integrated community provision are preconditions for reducing family dependence and territorial inequality.

Turn rights into usable entitlements

Carers' leave and flexible work require clear procedures, employer guidance, routine monitoring, labour inspection and accessible complaint mechanisms.

Prevent the cumulative care penalty

Carers need protection from dismissal, demotion, exclusion from training or promotion, harassment and retaliation, with practical support adapted to SMEs and rigid-schedule sectors.

Recognise carers and redistribute care

Legal recognition, social protection, pension credits, financial and psychological support, and greater participation by men must be pursued together.

Measure what is currently invisible

Gender-disaggregated data on unpaid care, employment, income, health, pensions and fiscal effects are required to monitor reform and demonstrate the returns from investment.

Investment in long-term care is therefore not only a matter of fairness, but also a social and economic policy choice that supports labour market participation, reduces hidden costs and strengthens the sustainability of care and social protection systems.

Demographic ageing is accelerating across Europe, yet public long-term care infrastructure remains fragmented, underfunded and unevenly distributed across the continent. In the absence of robust formal welfare systems, Southern and Eastern European nations share a structural model of 'familialism by default', in which the responsibility for elder care falls overwhelmingly on unpaid family members (Symplexis et al., 2025). This model relies structurally on the unpaid labour of informal caregivers, who are predominantly women and can be either relatives or informal care workers (UN Women, 2024; Rocard & Llena-Nozal, 2022; Gösenbauer et al., 2025). In this context, inclusive ageing is severely compromised: older adults have highly variable access to dignified care, while their informal caregivers experience a significant 'care penalty' characterised by labour market exclusion, psychological burnout, and increased long-term risks of poverty and social exclusion (Vlachantoni et al., 2024).

Purpose and scope

This transnational policy brief examines the relationship between demographic ageing, informal long-term care, gender inequality and labour market participation across the five CareDivide partner countries. It has four interrelated objectives:

- to identify the main structural and institutional factors that sustain women's disproportionate responsibility for informal long-term care;
- to assess the extent to which existing work-life balance and carers' rights are accessible and enforceable in practice;

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- to formulate a comparative policy agenda for reducing the gender care gap; and
- to propose a methodological framework for measuring the socio-economic effects of informal care and the potential returns from closing the gender care gap.

The central conclusion is that the current informal care model is neither socially equitable nor sustainable in the context of demographic ageing. It transfers the costs of insufficient public care provision onto women's unpaid time, employment, income, health and future pension entitlements. These costs also extend to employers, social security systems and public budgets. Long-term care must therefore be treated as social infrastructure and a shared public responsibility rather than as a predominantly private family obligation.

Comparative context: demographic ageing and reliance on informal care

The five countries differ in their welfare institutions, administrative capacities and levels of formal service development, but they face a common structural problem: care needs are increasing faster than the capacity of public systems to respond.

- **Formal care capacity does not match need.** Across the five countries, services remain fragmented, unevenly distributed and frequently unaffordable. Reliance on family care is therefore often a response to constrained alternatives rather than a freely chosen preference.
- **The care burden is structurally gendered.** Women provide more informal care, often with greater intensity and duration, and consequently face higher risks of reduced working hours, career interruption, lower earnings, weaker pension entitlements, poorer health and poverty in later life.
- **Legal transposition has not eliminated the implementation gap.** The EU Work-Life Balance Directive has established an important common floor, but low awareness, employer discretion, inconsistent procedures, weak monitoring and complaint-dependent enforcement limit the practical exercise of carers' rights.
- **Access to rights is socially and territorially unequal.** Workers employed by SMEs, those in precarious or non-standard employment, and those working in sectors with rigid schedules are less able to use leave or flexible work. Rural, island and underserved areas face additional service-access constraints.
- **The economic contribution and costs of unpaid care remain insufficiently visible.** National statistics rarely capture care intensity, employment losses, health effects, pension consequences or the fiscal implications of relying on unpaid family care. This weakens both accountability and the economic case for reform.

Methodology

The policy brief draws on research conducted within the CareDivide project using a mixed and participatory methodology that combined desk research, secondary analysis of national and European data, legal and policy analysis, co-creation workshops, stakeholder interviews conducted during the project's consultation phase, and evidence generated through training activities. The analysis covered the EU Work-Life Balance Directive and relevant national legislation, strategies and administrative arrangements concerning carers' rights, employment protection and long-term care, alongside statistical evidence on demographic ageing, formal care provision, informal caregiving, labour market participation and gender inequality. Two co-creation workshops were organised in each of the five

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partner countries: one with informal carers and one with professionals and institutional stakeholders, including employers, human resources specialists, public authorities, non-governmental organisations, experts and social partners. The consultation phase included stakeholder interviews, which complemented the workshops' findings and provided additional insight into the practical implementation of rights and services. In total, 58 stakeholders participated in the consultation phase.

Key findings and challenges

Across Italy, Spain, Greece, Cyprus, and Romania, long-term care systems depend heavily on the unpaid labour of family members, reflecting chronic underinvestment in formal care services. The current informal care crisis is not an unforeseen by-product of demographic ageing, but the predictable outcome of welfare architectures built on outdated assumptions about family structures, women's social roles, and the boundaries of public responsibility.

The comparative analysis demonstrates that the obstacles facing informal care systems are structural rather than marginal, converging around five interrelated challenges:

1. Chronic underinvestment and insufficient formal care

Public long-term care services remain insufficient, unevenly distributed, and often unaffordable across all five countries. This structural deficit forces families to compensate for gaps in state provision and makes unpaid family labour a default welfare mechanism rather than recognising care as a public responsibility.

2. The implementation gap in Work-Life Balance measures

While all five nations have transposed the EU Work-Life Balance Directive into national law, thereby establishing entitlements to carers' leave, flexible working arrangements, and anti-discrimination protections, a wide gap persists between legal rights and workplace reality. Rights remain poorly understood, inconsistently applied, and heavily reliant on the goodwill of individual employers rather than proactive enforcement mechanisms. This implementation gap creates severe inequities:

- **Precarious & non-standard workers:** Carers in SMEs, those in non-standard employment (e.g., in Romania), or those employed in sectors with rigid scheduling (e.g., healthcare, retail, manufacturing) face significant hurdles in exercising their rights.
- **Exclusion of workers in the grey economy:** In Italy, informal domestic workers and other workers in the grey-economy are excluded from legal protections entirely.
- **Fear of retaliation:** In countries such as Greece and Cyprus, enforcement depends primarily on individual employee complaints, leaving workers hesitant to assert their rights due to fear of career penalties or retaliation.

3. Deep-seated gender stereotypes

Women provide the majority of informal care, do so with greater intensity, and endure more severe career consequences as a result. This inequality is not an expression of individual preference, but the product of welfare systems and cultural norms that designate female relatives (specifically daughters and spouses) as primary care providers, while men use care-related leave and flexible arrangements at far lower rates.

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4. Severe economic penalties and cumulative poverty risk

Caregiving responsibilities force many women to reduce working hours, turn down promotions, or exit paid employment altogether. This results in lower immediate earnings, reduced career progression, and reduced pension contributions. These disadvantages compound over time. In old age, this "care penalty" transforms into a "poverty penalty". In Italy, for example, informal caregiving acts as a primary structural driver of the nation's gender pension gap, with women's average pensions approximately 30% lower than men's.

5. Statistical invisibility of unpaid care

The economic and social contributions of informal carers remain unmeasured in national statistics and GDP accounting. Without standardised indicators to capture unpaid care hours and their associated labour market losses, governments cannot assess the true fiscal costs of underinvestment in formal care or demonstrate the potential economic returns from closing the gender care gap.

Incremental legal adjustments are insufficient. Because the informal care crisis is rooted in system-wide structural deficits, resolving it requires a comprehensive structural policy response that integrates investment in public services, proactive legal enforcement, gender-transformative initiatives, and national systems for tracking socio-economic data.

Policy recommendations

Inclusive ageing cannot be achieved through policies directed exclusively at older people. It depends equally on the conditions under which care is provided and on whether carers can maintain employment, income, health and social protection. The current model externalises a significant share of the costs of demographic ageing to women and families. This creates immediate hardship for carers and longer-term costs for employers, pension systems and public budgets. Continued reliance on unpaid family care is therefore not a cost-free alternative to public investment.

A sustainable approach requires a transition from ”familialism by default” to shared care responsibility. Formal long-term care services, enforceable employment rights, the recognition and social protection of informal carers, greater participation by men and systematic economic measurement must form part of the same policy architecture. Italy, Spain, Greece, Cyprus and Romania have different institutional starting points, but the direction of reform is common. Care must be recognised as social infrastructure. Its provision cannot continue to depend primarily on women’s invisible and uncompensated labour, and its costs must be incorporated into decisions concerning employment, social protection, gender equality and public investment.

The recommendations developed across the five national reports converge around seven mutually reinforcing areas.

- **Expand affordable, accessible and community-based long-term care** through home care, day services, respite provision, community nursing and integrated local support, with explicit attention to regional, rural and island inequalities.
- **Strengthen the implementation and enforcement of carers’ rights** through operational guidance, standard procedures, proactive labour inspection, monitoring and accessible remedies, rather than relying on individual negotiation or complaints.

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- **Adopt national action plans for work-life balance** with clear institutional responsibilities, financing, sector-specific guidance, employer support tools and measures adapted to small and medium-sized enterprises.
- **Protect carers from workplace discrimination and career penalties,** including dismissal, demotion, exclusion from training or promotion, adverse performance assessments, harassment and retaliation.
- **Provide formal recognition and social protection for informal carers** through an appropriate legal status and a combination of pension credits, social-insurance coverage, financial support, tax relief, respite care, training, counselling and psychological support.
- **Increase men's participation in care and challenge gender stereotypes** through workplace measures, education, public communication and incentives that make men's use of care-related entitlements visible and socially accepted.
- **Establish systems for measuring unpaid care and policy outcomes** using gender-disaggregated indicators that connect care intensity with employment, income, pensions, health, employer costs and public finances.

These actions should be implemented within a single policy architecture rather than as independent tracks. Employment rights without accessible services leave families responsible for the same volume of care. Services without workplace protection leave employed carers exposed. Recognition without social protection remains largely symbolic, while measures to challenge stereotypes cannot redistribute care where men and women lack affordable alternatives. Anti-discrimination measures without complaint mechanisms offer limited practical protection. Data collection without institutional commitment does not generate reform. The effectiveness of the policy agenda depends on coordination, sequencing and sustained financing. The transition required is from "familialism by default" to shared responsibility among public authorities, employers, communities, families, women and men.

Measuring the socio-economic impact of reform

The CareDivide methodological framework proposes assessing impact at three levels: the individual carer, the employer and public finances.

- At **the individual level**, the framework measures the relationship between caregiving and labour market participation, working hours, earnings, career development, pension contributions and physical and mental health. Care time should be valued using both the opportunity-cost method, based on the income and free time forgone by the carer, and the replacement-cost method, based on the cost of purchasing equivalent professional care.
- At the **employer level**, the framework compares the costs of supporting employees with caring responsibilities with the costs of losing them. Relevant indicators include staff turnover, recruitment and training costs, retention, absenteeism, productivity, leave uptake and flexible working arrangements. Retaining an experienced employee through proportionate flexibility may be less costly than recruiting and training a replacement.
- At the **public-finance level**, the framework estimates changes in tax revenues and social-security contributions, expenditure on social assistance and health, pension outcomes and the aggregate value of unpaid care. These estimates can support cost-benefit analyses and social-return on investment calculations.

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The central conclusion is that the current informal care model is neither socially equitable nor sustainable in the context of demographic ageing. Long-term care must be treated as social infrastructure and a shared public responsibility. Investment in formal services, enforceable employment rights, the recognition and protection of carers, a more equal distribution of care between women and men, and systematic measurement of outcomes are not competing priorities; they are mutually dependent components of a credible reform agenda.

Introduction and context

Greece, Cyprus, Italy, Romania and Spain are experiencing significant demographic ageing. Italy's ageing index has reached 200 older adults per 100 young people, the highest in the world (ISTAT, 2024). Romania's population aged 80 and above has grown by 144.4% since 2001, nearly twice the EU-27 average (Eurostat, 2024). Spain and Greece are following steep ageing trajectories, while Cyprus projects that its old-age dependency ratio will more than double in the decades ahead. These are not abstract statistical trends: they translate directly into expanding care needs at a moment when formal care systems across all five countries remain inadequate to meet them.

The human consequences of this gap are visible in the data. In Italy, approximately 60% of older adults rely exclusively on informal care (OECD, 2022), and public long-term care spending stands at just 1.7% of GDP, well below the EU average of 2.5% (Eurostat, 2024). In Romania, only 946 older adults with disabilities received public non-residential care services in 2024, while 256,277 depended entirely on family members or informal carers. In Greece, more than 30% of the population reports providing informal care on a weekly basis. In Spain, despite the existence of the Sistema para la Autonomía y Atención a la Dependencia (SAAD), access to formal services remains uneven and subject to significant regional variation. In Cyprus, the care system is characterised by fragmentation between health and social care responsibilities, limited formal service provision and weak coordination mechanisms.

The European Union has developed an increasingly explicit normative framework for the regulation of work-life balance and carers' rights. The most significant recent instrument is Directive (EU) 2019/1158 on work-life balance for parents and carers, which entered into force in 2019 and required transposition by Member States by August 2022. The Directive introduced, for the first time at EU level, a statutory right to carers' leave of at least five working days per year for workers providing personal care or support to a relative or person living in the same household with a serious medical condition or dependency. It also established the right to request flexible working arrangements for caring purposes, and strengthened existing provisions on paternity and parental leave, all within an explicit framework of gender equality, aiming to reduce the disproportionate share of unpaid care borne by women.

The Directive represents a meaningful step forward in the EU's approach to care as a social and labour market issue. By situating carers' rights within employment law, it acknowledges that caregiving is not simply a private family matter but a structural feature of working life that has direct consequences for employment, income, career progression and gender equality (European Commission, 2022).. Its provisions are designed to make it easier for workers (both women and men) to combine paid employment with caregiving responsibilities, and to shift expectations about who provides care and how the costs of caring are distributed.

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All five consortium countries have formally transposed the Directive into national law. Spain's broad social rights framework incorporates its provisions; Italy transposed the Directive through Legislative Decree No. 105/2022; Cyprus enacted Law 216(I)/2022; Romania introduced the relevant measures through Law No. 283/2022 and subsequent instruments; and Greece has aligned its national legislation with the Directive's requirements. On paper, workers across all five countries now have access to carers' leave, the right to request flexible working arrangements, and legal protection against less favourable treatment for exercising these rights.

Table 1. Comparative Overview of the National Contexts

Country	Demographic ageing trend	Formal care system / reliance on informal care	Legal transposition of Directive 2019/1158	Gendered care burden
Italy	Ageing index of 200 older adults per 100 young people - the highest in the world (ISTAT, 2024)	60% of older adults rely exclusively on informal care (OECD, 2022); public long-term care spending stands at 1.7% of GDP, below the EU average of 2.5% (Eurostat, 2024)	Legislative Decree No. 105/2022	Women perform 74% of unpaid care work, averaging 5h05m/day vs. 1h48m for men (De Stefanis, 2023); 50% more likely than men to reduce hours or leave the labour market (ISTAT, 2019)
Romania	Population aged 80+ has grown 144.4% since 2001, nearly twice the EU-27 average (Eurostat, 2024)	Only 946 older adults with disabilities received public non-residential care in 2024; 256,277 depended entirely on family members or informal carers	Law No. 283/2022 and subsequent instruments	31.2% of women provide informal long-term care vs. 25.7% of men, both above the EU-27 average of 22%; ranks last among EU Member States on the Gender Equality Index at 57.5/100 (EIGE, 2024)
Greece	Following a steep ageing trajectory	More than 30% of the population reports providing informal care on a weekly basis	National legislation aligned with the Directive's requirements	Women described as the backbone of informal care provision, with caregiving routinely reducing participation in paid work
Spain	Following a steep ageing trajectory	SAAD system in place, but access to formal services is uneven, with significant regional variation	Directive's provisions incorporated within the broader social rights framework	Daughters and spouses remain the primary carers in the great majority of informal care arrangements, with care expectations deeply embedded in family and social life
Cyprus	Old-age dependency ratio projected to more than double in the decades ahead	Fragmentation between health and social care responsibilities; limited formal service provision; weak coordination mechanisms	Law 216(I)/2022	Daughters and spouses remain the primary carers, with care expectations deeply embedded in family and social life

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

Across all five consortium countries, the caregiving burden is strikingly and consistently gendered. Women are not simply more likely to provide informal care than men, they provide it more intensively,

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over longer periods, and with more significant consequences for their working lives and long-term economic security. In Italy, women perform 74% of all unpaid care work, averaging five hours and five minutes per day compared to one hour and forty-eight minutes for men (De Stefanis, 2023), and are 50% more likely than men to reduce working hours or leave the labour market entirely due to caregiving (ISTAT, 2019). In Romania, 31.2% of women provide informal long-term care, compared to 25.7% of men (both figures already above the EU-27 average of 22% for women) and the country ranks last among all EU Member States on the Gender Equality Index with a score of 57.5 out of 100 (EIGE, 2024). In Greece, women are described as the backbone of informal care provision, with caregiving responsibilities routinely leading to reduced participation in paid work. In Spain and Cyprus, daughters and spouses remain the primary care providers in the great majority of informal care arrangements, with care expectations deeply embedded in family and social life.

These patterns are not simply a product of individual choices or cultural preferences. They reflect a structural logic in which inadequate formal care provision leaves families with no real alternative, and in which cultural norms designate women as the appropriate and default bearers of care responsibility. The two dynamics reinforce each other: because care is assumed to be women's work, investment in formal care services is treated as less urgent; and because formal services are scarce, women step in to fill the gap, which in turn confirms the cultural assumption that care is naturally theirs to provide.

The consequences of this dynamic extend well beyond the immediate experience of caregiving. Women who reduce working hours or interrupt employment to provide care face lower earnings in the short term, reduced access to career development and promotion, diminished pension contributions and entitlements over time, and increased vulnerability to poverty and social exclusion in old age. Territorial inequalities amplify these effects: in Southern Italy, in rural Romania, in underserved regions of Spain and Greece, the absence of formal care services means that women's options are even more constrained, and the employment cost of caregiving even more acute.

Perhaps most significantly, these costs remain largely invisible within prevailing systems of economic and social measurement. Unpaid care work is not counted in GDP. The employment losses associated with caregiving are not routinely tracked. The long-term fiscal effects (reduced tax revenues, higher social assistance costs, lower pension entitlements) are rarely attributed to the structural underfunding of formal care. This invisibility is not incidental: it reflects and reinforces the treatment of care as a private matter rather than a public concern and makes it considerably harder to build the political and institutional case for the scale of investment that would genuinely change the situation.

Methodology

The policy brief is based on the results of the research conducted within the CareDivide project that combines various methods for data collection (desk review, secondary data analysis, policy analysis, co-creation workshops, interviews) to capture the complexity of gender gaps in long-term care across the five countries. The approach was designed to examine the issue from multiple angles (spanning legislation, national statistics and the direct experiences of those involved in caregiving) ensuring that both the structural and human dimensions of the problem were addressed. The main data were collected in the Mapping the Gap Report developed in the Work Package 2 (https://caredivide.eu/results/). These were improved through the stakeholders' interviews and the results from the training sessions.

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On the policy and data side, the research reviewed key legislation at European and national levels, including the EU Work-Life Balance Directive (2019/1158) and national laws and strategies governing long-term care. This was complemented by an analysis of existing national datasets on formal care services and informal caregiving, as well as primary data collection. To this end, two co-creation workshops were held in each country. The first brought together informal carers, while the second gathered professionals and institutional representatives, including employers, HR specialists, public authorities and social partners. These sessions provided a participatory space in which those closest to the issue could share their perspectives and contribute directly to the findings of each national study.

A total of 58 stakeholders participated in the consultation phase across the five partner countries. Romania consulted 14 stakeholders, followed by Cyprus (13), Greece (11) and Italy and Spain (10 each). Overall, the consultations involved 24 representatives from the business sector, 12 from the public sector, and 22 representatives of NGOs, experts and social partners (Table 2). While all countries ensured the participation of stakeholders from multiple sectors, the composition of participants varied. Cyprus and Italy had a stronger representation from the business sector, whereas Greece and Spain relied more heavily on NGOs, experts and social partners. Romania achieved a more balanced distribution between the business sector, the public sector, and NGOs, experts, and social partners.

Table 2. Participants in the consultation phase

Country	No. of stakeholders consulted	Business sector	Public sector	NGOs, experts and social partners
Cyprus	13	8	2	3
Greece	11	2	3	6
Italy	10	5	2	3
Spain	10	4		6
Romania	14	5	5	4
Total	**58**	**24**	**12**	**22**

Key challenges and obstacles

Across the five CareDivide consortium countries, informal long-term care systems face a set of deeply interconnected structural challenges. While each country has its own institutional configuration, welfare tradition and policy history, the obstacles they face converge around four recurring themes: (1) the insufficiency of formal care services (EIGE, 2024), (2) the weak implementation of work-life balance legislation (European Commission, 2022), (3) the vulnerability of informal carers in the workplace (World Bank, 2023), and (4) the persistent invisibility of the gender dimension in both policy and data (UNDP, 2023). This synthesis draws on the national evidence gathered within the CareDivide project to map these shared challenges across the five contexts.

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Formal long-term care services remain insufficient, unequal and often unaffordable

Table 3. Cross-country comparison of challenges related to the availability of formal long-term services

Country	Formal care services
Italy	Deficit met by an estimated 860,000–1M badanti (mostly migrant women), largely in the grey economy, costing families ~€13bn/year with no state subsidy; near-complete absence of public day centres/home-care coordination in Southern Italy and Sicily
Romania	Only 946 older adults with disabilities received public non-residential care in 2024 vs. 256,277 relying entirely on family; 800 (mostly private) residential centres and 191 day-care/324 home-care/301 community units vastly insufficient - a narrow residual system, not a universal service
Greece	~60% unmet demand for professional home care, concentrated in urban areas and largely absent from rural/island communities; long waiting lists, strict eligibility criteria, staff shortages, and high private-care costs exclude many households
Spain	SAAD is a more developed formal framework, but long waiting lists, territorial disparities across Autonomous Communities, and a bias toward cash-for-care benefits (rather than professional services) reinforce reliance on family provision
Cyprus	Care system divided between ministries; fragmented mix of limited public services, NGO provision and privately arranged care, generating inefficiencies and leaving many families without accessible or affordable options

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

Perhaps the most fundamental challenge shared across all five countries is the structural gap between the care needs of ageing and dependent populations and the formal services available to meet them. In each national context, public long-term care provision is fragmented, territorially unequal and chronically underfunded, leaving families, and overwhelmingly women, to absorb the difference.

In **Italy,** the deficit has given rise to a large-scale privatised response: an estimated 860,000 to one million domestic care workers (known as badanti) the majority of them women with migrant backgrounds, employed largely in the grey economy. Families spend an average of €13 billion annually on this informal workforce, with no state subsidy and minimal legal protection for either party. The badante model, as several scholars have noted, effectively displaces the gender care burden from Italian women onto migrant women, without resolving the structural problem. Regional inequality compounds this: in Southern Italy and Sicily, co-creation workshop participants reported a near-complete absence of public day centres and home-care.

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Spain's SAAD system represents a more developed formal framework, yet it too is characterised by long waiting lists, significant territorial disparities across Autonomous Communities, and a persistent bias toward cash-for-care benefits paid to families rather than investment in professional services. This design choice reinforces the informal care model by subsidising family provision rather than developing alternatives to it.

Greece similarly reports that around 60% of individuals with care needs have unmet demand for professional home care, with services concentrated in urban areas and largely absent from rural and island communities. Long waiting lists, strict eligibility criteria and staff shortages further restrict access, while the high cost of private care excludes many households entirely.

In Cyprus, the care system is divided between different ministries and relies on a fragmented combination of limited public services, NGO provision and privately arranged care- a structure that generates inefficiencies and leaves many families without accessible or affordable formal options (UN Women, 2024).

Romania presents some of the starkest figures: in 2024, only 946 older adults with disabilities received public non-residential care services, while 256,277 depended entirely on family members or informal carers. With 800 residential centres of which the majority are private, and non-residential provision (191 day-care centres, 324 home-care units and 301 community centres) vastly insufficient relative to need, formal care in Romania functions as a narrow residual system rather than a universal service.

Work-Life Balance Legislation Exists on Paper but Often Fails in Practice

All five consortium countries have formally transposed the EU Work-Life Balance Directive (2019/1158) into national law. Italy introduced the relevant measures through Legislative Decree No. 105/2022; Cyprus enacted Law 216(I)/2022; Romania transposed the Directive through Law No. 283/2022 and subsequent instruments; Greece incorporated its provisions through Law 4808/2021; and Spain has aligned its broader legislative framework with the Directive's requirements. On paper, workers across all five countries now have access to carers' leave, the right to request flexible working arrangements and legal protection against less favourable treatment when exercising these rights.

In practice, however, the gap between legislative intention and workplace reality is wide and consistent across all five national contexts (Eurofound, 2020). Low awareness of rights is a common feature: many employees do not know what they are entitled to, and many employers, particularly in small and medium-sized enterprises, which dominate the economies of all five countries, are equally uninformed. Carers' leave provisions are frequently short, often unpaid or poorly remunerated, and therefore

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insufficient for care responsibilities that may extend over months or years. Flexible working arrangements are formally available but, in the absence of robust enforcement, depend heavily on employer discretion, creating a situation in which access to rights is determined more by managerial goodwill than by legal entitlement.

Table 4. Cross-country comparison of challenges related to the implementation of Work-life balance legislation

Country	Work-life balance legislation in practice
Italy	Legislative Decree No. 105/2022; workers in precarious, gig and informal employment largely excluded from the protections the law nominally provides
Romania	Law No. 283/2022 and subsequent instruments; parental leave must still be taken as a continuous block rather than split/part-time - one of few EU states retaining this restriction
Greece	Law 4808/2021; compliance monitoring relies primarily on individual complaints rather than proactive inspection, so enforcement is demand-driven and understates real non-compliance
Spain	Broader legislative framework aligned with the Directive; administrative complexity discourages many carers from asserting their rights at all
Cyprus	Law 216(I)/2022; no comprehensive monitoring framework to ensure caregiving rights are applied consistently across sectors

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

In **Romania,** the gap is further deepened by the fact that parental leave must still be taken as a continuous block rather than in split or part-time periods, one of the few EU Member States to retain this restriction, which significantly limits real flexibility for working parents.

In **Greece**, monitoring of compliance relies primarily on individual complaints rather than proactive inspection, meaning that enforcement is effectively demand-driven and systematically underestimates the scale of non-compliance.

In **Spain**, the complexity of administrative processes discourages many carers from asserting their rights at all.

In **Cyprus**, there is no comprehensive monitoring framework to ensure that caregiving rights are applied consistently across sectors.

Co-creation workshops conducted across the five countries consistently confirmed this picture. Participants described managing care-related needs informally, relying on personal relationships with managers rather than formal procedures, and fearing that asserting their rights could damage their professional standing. The result is a policy-practice gap that undermines the potential of otherwise meaningful legislative progress.

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Informal Carers Face Workplace Vulnerability, Discrimination and Career Penalties

Table 5. Cross-country comparison of challenges related to workplace vulnerability and career penalties for informal carers

Country	Workplace vulnerability & career penalties
Italy	Contributory pension system (Dini reform) turns care gaps directly into pension gaps - women's pensions ~30% lower than men's; undeclared migrant care workers face precarious conditions and no institutional oversight of care quality
Romania	Workshop participants described quitting jobs, interrupting studies or accepting lesser career prospects for lack of alternative care arrangements
Greece	Access to flexible work often informal and dependent on employer goodwill; carers face a stark choice between employment stability and caregiving; withdrawal from the labour market risks loss of healthcare coverage and social insurance
Spain	Not detailed by country in this section of the text; the general finding - formally prohibited but fragile in practice, with career and evaluation consequences that are hard to document - applies
Cyprus	Access to flexible work often informal and dependent on employer goodwill; carers face a stark choice between employment stability and caregiving; withdrawal from the labour market risks loss of healthcare coverage and social insurance

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team

A third challenge, closely related to the implementation failures described above, concerns the vulnerability of workers who provide informal care and the real or perceived risks they face in the workplace. Across all five countries, informal carers (disproportionately women) report experiences of indirect discrimination, reduced career progression and pressure to limit their professional availability in order to meet care responsibilities.

Although legal frameworks across the five countries formally prohibit less favourable treatment for workers using care-related rights, the protections in practice are fragile. Workers may be passed over for promotion, excluded from training opportunities, subjected to negative performance evaluations or experience informal workplace stigma, consequences that are difficult to document and, without clear anti-retaliation mechanisms, harder still to challenge. In Greece and Cyprus, access to flexible work is often informal and dependent on employer goodwill; in less supportive environments, carers face a stark choice between their employment stability and their caregiving responsibilities. In Romania, co-creation workshop participants described quitting jobs, interrupting studies or accepting lesser career prospects because no reliable alternative care arrangement was available.

The social protection consequences of these labour market exits are significant and long-lasting. Workers who reduce hours or leave employment to provide care accumulate lower pension contributions, losing entitlements that will affect their economic security decades later. In Italy, this dynamic is particularly acute: the contributory pension system introduced by the Dini reform means that care gaps translate directly into pension gaps. Italian women's average pension is already approximately 30% lower than men's, one of the largest gender pension gaps in the EU (Eurostat, 2025),

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and the care penalty is a significant structural driver of this inequality. In Greece and Cyprus, informal carers who withdraw from the labour market may lose access to healthcare coverage and social insurance, adding health insecurity to economic vulnerability.

In Italy, the widespread use of undeclared migrant care workers operating outside any formal regulatory framework creates an additional layer of systemic vulnerability, both for the workers themselves, who face precarious conditions and risk of exploitation, and for the dependent persons in their care, whose quality of care is subject to no institutional oversight.

Gender Stereotypes Sustain Women's Disproportionate Care Burden

Table 6. Cross-country comparison of challenges related to gender stereotypes and the unequal distribution of informal care

Country	Gender stereotypes
Italy	Women perform 74% of unpaid care work (5+ hrs/day vs. under 2 for men), 50% more likely to reduce hours or exit employment; stereotypes persist even among educated populations, reinforced by a welfare model offering few state alternatives
Romania	31.2% of women vs. 25.7% of men provide informal care, both above the EU-27 average; 12 of 13 workshop participants (informal carers) were women; low male uptake of leave flagged as a structural implementation gap
Greece	Women consistently identified as the primary bearers of informal care responsibility across the life course
Spain	Familistic care model depends structurally on daughters' and spouses' unpaid labour, with cultural expectations reinforcing what policy leaves unaddressed
Cyprus	Familistic care model depends structurally on daughters' and spouses' unpaid labour, with cultural expectations reinforcing what policy leaves unaddressed

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team

Running through all of the structural challenges described above is a cultural dimension that is equally consequential: the persistence of gender norms that continue to frame caregiving as women's natural responsibility. Across Spain, Italy, Greece, Cyprus and Romania, informal care is provided predominantly by daughters, spouses, mothers and this distribution is sustained not only by institutional shortcomings but by deeply embedded assumptions about femininity, family duty and the proper organisation of domestic life.

The quantitative evidence is consistent and striking. In Italy, women perform 74% of all unpaid care work, averaging over five hours per day compared to under two hours for men (De Stefanis, 2023), and are 50% more likely to reduce working hours or exit the labour market due to caregiving (ISTAT, 2019). In Romania, 31.2% of women provide informal long-term care compared to 25.7% of men, both figures above the EU-27 average, and 12 of the 13 participants in the co-creation workshop with informal carers were women. In Greece, women are consistently identified as the primary bearers of informal care responsibility across the life course. In Spain and Cyprus, the familistic care model depends structurally on daughters' and spouses' unpaid labour, with cultural expectations reinforcing what policy frameworks leave unaddressed.

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These norms also shape men's behaviour in ways that limit the effectiveness of formally gender-neutral legislation. Even where carers' leave and flexible working provisions are available to all workers regardless of gender, men across all five countries take up these entitlements at far lower rates than women. In Romania, limited uptake of leave by men is explicitly identified as a structural implementation gap. In Italy, gender stereotypes persist even among educated populations (Silva et al., 2024) and are reinforced by a welfare model that offers few state-sponsored alternatives to family-based care. Without targeted incentives for men's caregiving, cultural change initiatives and employer-level normalisation of shared care responsibilities, work-life balance policies risk consolidating rather than disrupting existing gendered patterns.

The Socio-Economic Cost of the Gender Care Gap Remains Invisible

Table 7. Cross-country comparison of challenges related to the recognition and measurement of the socio-economic cost of informal care

Country	Invisibility of socio-economic cost
Italy	No national framework for monitoring the socio-economic impact of informal care; data fragmented across ISTAT, INAPP and INPS
Romania	Administrative datasets capture neither the unpaid time invested by carers, the gendered distribution of care intensity, nor the macroeconomic effects of women's reduced labour market participation
Greece	No standardised indicators to assess the economic/social cost of unpaid care, leaving its contribution invisible in policy planning
Spain	Lacks comprehensive standardised data and economic valuation of unpaid care work
Cyprus	Informal caregiving is not recognised as a form of social or economic contribution; carers receive limited financial, psychological or institutional support

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team

A final, cross-cutting challenge concerns the invisibility of informal caregiving within prevailing systems of economic and social measurement. Across all five countries, unpaid care work is not fully captured in national statistics, its contribution to social welfare is not counted in GDP, and the employment, income and social protection losses it generates are not systematically tracked or attributed to the structural underfunding of formal care.

Italy lacks a national framework for monitoring the socio-economic impact of informal caregiving, with data fragmented across ISTAT, INAPP and INPS in ways that limit evidence-based policymaking. Greece has no standardised indicators to assess the economic and social cost of unpaid care, making its contribution invisible in policy planning. In Cyprus, informal caregiving is not recognised as a form of social or economic contribution, and caregivers receive limited financial, psychological or institutional support as a result. Spain similarly lacks comprehensive standardised data and economic valuation of unpaid care work. In Romania, existing administrative datasets do not measure the unpaid time invested by informal carers, the gender distribution of care intensity, or the macroeconomic effects of women's reduced labour market participation.

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This invisibility has direct policy consequences. When the cost of the gender care gap cannot be measured, it cannot be communicated to decision-makers in the economic terms that drive public investment decisions. The case for expanding formal care services, strengthening enforcement of carers' rights and developing employer-level support measures becomes significantly harder to make without evidence that demonstrates not only the social value of these investments but their fiscal return, in increased labour market participation, higher tax revenues, lower long-term social assistance costs and reduced pension poverty among women. Building national frameworks capable of generating this evidence is therefore not a technical exercise in data collection: it is a precondition for shifting the policy conversation from care as private duty to care as public infrastructure.

Policy recommendations

The challenges identified across the five CareDivide consortium countries are shaped by the distinct socio-economic characteristics of each country. Accordingly, the responses proposed are tailored to these contextual specificities and are directly informed by the solutions identified during previous stages of the project. Incremental adjustments to existing legislation will not be sufficient to close the gap between care needs and available formal services, to make work-life balance rights real for the workers who most need them, or to address the deep gender inequalities that run through every dimension of informal long-term care across all five national contexts. The recommendations developed within each national policy brief converge around five interconnected areas of intervention. Taken together, these constitute a reform agenda that is integrated in its logic, ambitious in its scope and grounded in the evidence of what is happening to informal carers in each of the five countries today. What follows is an extended synthesis of these recommendations, developed thematically and illustrated with the specific national proposals from which they draw.

It is important to emphasise from the outset that these areas of intervention are not independent policy tracks. They are mutually reinforcing: investment in formal care services without enforcement of carers' rights leaves workers unprotected in the workplace; enforcement of rights without cultural change leaves gender inequalities in care distribution intact; protection against discrimination without accessible complaint mechanisms leaves the most vulnerable workers without effective recourse; and measurement of the gender care gap without action on the results leaves the evidence base without political consequence. The coherence of the reform agenda is one of its most important features, and one that national policy processes need to reflect in the design and sequencing of their responses.

What emerges most clearly from the comparative analysis is that the challenges facing informal long-term care systems are structural rather than marginal, requiring comprehensive rather than incremental responses. Expanding and adequately funding formal care services is the most fundamental requirement, since without it all other interventions operate against a background of scarcity that pushes families back into informal care regardless of their legal entitlements. Strengthening the enforcement of carers' rights, building cultures of genuine flexibility across different types of workplaces, and protecting informal carers from workplace discrimination and career penalties are necessary complements to any expansion of formal provision. Creating the measurement frameworks capable of making the full socio-economic cost of informal care visible is an indispensable precondition for building the political and institutional case for the scale of change that is required.

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None of these changes will happen quickly, and none will happen in isolation. The five countries examined in this project are at different points in their policy development, with different institutional capacities and different starting points for reform. But they share a common direction of development toward recognition that care is not a private arrangement but a public responsibility, that its costs cannot continue to be borne disproportionately by women, and that the demographic pressures now bearing down on all five systems make the current model not only unjust but unsustainable. The CareDivide project has sought to map the shared terrain of this challenge and to identify the areas of intervention most likely to make a meaningful difference.

Investing in Formal Long-Term Care Services

The single most important structural intervention available to all five governments is a substantial, sustained and geographically equitable expansion of formal, affordable and community-based long-term care services. This is the foundational recommendation of the CareDivide project, because the evidence from all five national contexts demonstrates unambiguously that as long as formal care provision remains insufficient, the pressure on informal carers will not be meaningfully reduced by any other policy measure. Enforcing carers' rights, supporting workplace flexibility and measuring the gender care gap are all important; but they operate against a background of structural scarcity that, if left unaddressed, will continue to push families into informal care arrangements regardless of what the law provides. **Investment in formal care is therefore not a complement to the reform agenda: it is its precondition.**

Investment in formal long-term care services emerges as a central policy priority across all five countries, with a shared emphasis on expanding home care, day centres and respite provision while addressing persistent territorial inequalities in access.

- Italy's recommendations focus on scaling up home care (ADI), day centres and respite services, reducing the North–South infrastructure gap, and monitoring PNRR investments against explicit equity objectives, complemented by a respite care voucher for caregivers under high care intensity.
- Spain calls for increased investment in the Dependency System (SAAD), underpinned by common national standards for quality and access designed to reduce regional inequalities.
- Greece recommends expanding KAPI centres, home care and community-based services through a combination of EU and national funding, paired with strict monitoring and inspection of care facilities to ensure quality.
- Cyprus similarly prioritises the expansion of community-based services, home care and respite care, framing this within the broader goal of building an integrated health and social care system that ensures continuity of care and reduces service fragmentation.
- Romania's recommendations combine investment in day-care centres, subsidised home care, and respite and crisis centres with an explicit territorial priority for rural and underserved areas, financed through multiannual EU-funded programmes delivered via public-private partnerships with clear cost standards.

Across the five countries, sustainable investment in formal LTC services is thus consistently linked to three conditions: diversified and stable funding streams (EU funds, national budgets, public-private partnerships), harmonised quality and access standards to close regional and urban-rural gaps, and

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closer integration between formal and informal care systems to ensure coordinated, continuous care pathways.

Table 8. Cross-country policy recommendations: Strengthening formal long-term care services and support informal carers

Policy area Country	Formal long-term care (LTC) services	Integration of formal and informal care systems	Recognition and support of informal caregivers
Italy	Investment in home care (ADI), day centres and respite; reduction of the North–South infrastructure gap; PNRR monitoring with equity objectives; respite care voucher for intensive caregivers	--	National legal definition of 'informal caregiver'; simplification of Law 104/1992; increase in the indennità di accompagnamento; psychological support networks
Romania	Day-care centres, subsidised home care, respite and crisis centres; priority investment in rural and underserved areas; multiannual EU-funded financing with public-private partnerships	Public-private partnerships with NGOs and accredited providers; multiannual financing with clear cost standards and quality monitoring	Clarification of the legal status of informal caregivers; data collection on caregiver profile, care intensity, income loss, career interruption and psychological burden
Greece	Expansion of KAPI centres, home care and community-based services; EU and national funding; strict monitoring and inspection of care facilities	Integrated system linking health and social services; coordinated care pathways at local and national level	Formal registry of informal caregivers; training programmes; financial incentives; access to social protection and benefits
Spain	Increased investment in the Dependency System (SAAD); common national standards for quality and access; reduction of regional inequalities	--	Pension credits and social security coverage during caregiving periods; recognition of unpaid care work in labour and social statistics
Cyprus	Expansion of community-based services, home care and respite care; integrated health and social care system to ensure continuity and reduce fragmentation	Coordinated care pathways at local and national level; recognition of informal caregivers as part of the wider care ecosystem	Financial allowances, tax reliefs, pension credits, training and psychological support; integration of informal care into national data collection and policy planning

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

Strengthening Legal Frameworks, Monitoring and Enforcement

Across all five consortium countries, the primary obstacle to the effective protection of informal carers is not the absence of legislation but the consistent failure to enforce it. Formal transposition of the EU Work-Life Balance Directive has been achieved in each national context, yet the gap between what the

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law provides and what workers experience in daily working life remains wide, systematic and discouraging. The first area of intervention therefore focuses on the transition from formal legal recognition to enforceable, monitored and measurable implementation, and on the institutional architecture needed to make that transition real.

On the legal and enforcement front, most countries recommend shifting toward proactive, systematic oversight rather than relying solely on individual complaints.

- Italy is advancing this through expanded labour inspections and mandatory gender-disaggregated reporting for companies with 50 or more employees, alongside implementation guidelines for Legislative Decree No. 105/2022.
- Greece similarly calls for regular inspections complemented by independent oversight bodies and a dedicated observatory for reporting violations.
- Cyprus recommends clear operational guidelines for Law 216(I)/2022 paired with oversight mechanisms independent of individual complaints.
- Spain focuses on strengthening enforcement of existing rights through practical tools and guidance tailored to employers, particularly SMEs.
- Romania additionally calls for cross-legislative alignment across labour, social assistance, disability and long-term care legislation, supported by standardised implementation norms, standard forms and defined response deadlines.

On monitoring and impact assessment, all five countries recommend expanding national data systems to make informal care more visible in policy planning and to enable cross-country comparability.

- Italy proposes an annual Gender Care Gap Report integrating data from INPS, INL and regional services, aligned with Eurostat indicators and embedded in the National Reform Programme.
- Greece recommends a satellite account for the care economy alongside periodic assessments of the economic benefits of closing the gender care gap.
- Spain calls for integrating care indicators into existing labour, social and gender statistics.
- Cyprus emphasises increasing the visibility of informal care within national policy planning systems.
- Romania proposes the most comprehensive measurement framework, combining administrative data, time-use surveys and periodic caregiver surveys, published annually and including estimates of the economic benefits of closing the gender care gap.

Taken together, these recommendations point toward a dual-track approach: reinforcing legal frameworks through independent, proactive enforcement mechanisms, matched by comparable, gender-disaggregated monitoring systems embedded in national policy cycles.

Table 9. Cross-country policy recommendations: Strengthening legal frameworks, monitoring and enforcement

Policy area Country	Legal framework and enforcement mechanisms	Monitoring, data and impact assessment
Italy	Implementation guidelines for Legislative Decree No. 105/2022; expanded labour inspections; mandatory gender-	Annual ISTAT Gender Care Gap Report integrating data from INPS, INL and regional services; standardised indicators aligned with Eurostat; mandatory

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	disaggregated reporting for companies with 50+ employees	reporting in the National Reform Programme
Romania	Cross-legislative alignment (labour, social assistance, disability, LTC); clear implementation norms with standard forms and response deadlines; regular inspections with specific indicators; guidance for SMEs	National measurement framework combining administrative data, time-use surveys and periodic caregiver surveys; annual publication; estimation of the economic benefits of closing the gender care gap
Greece	Regular inspections beyond complaint-based systems; independent oversight bodies; observatory for reporting violations; internal company compliance policies	Satellite account for the care economy; regular assessments of the economic benefits of closing the gender gap; gender-disaggregated data
Spain	Strengthening enforcement of existing rights; practical tools and guidance for employers, especially SMEs	Integration of care indicators into labour, social and gender statistics
Cyprus	Clear operational guidelines for Law 216(I)/2022; systematic oversight mechanisms not reliant solely on individual complaints	Visibility of informal care in national policy planning systems

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

National Action Plans for the Effective Implementation of Work-Life Balance Provisions

Formal legal entitlements to carer's leave, flexible working arrangements and protection against less favourable treatment are a necessary foundation. They are not, however, sufficient on their own to change the daily experience of informal carers in the workplace. Across all five countries, the evidence shows that even where rights exist, they are exercised inconsistently, unevenly and often at personal professional risk. A third area of intervention concerns the development of national action plans and employer-level strategies that translate legislative provisions into practical, standardised and consistently applied workplace policies.

Recommendations for the effective implementation of the Work-Life Balance Directive converge on the need for structured national action plans that translate carers' leave and flexible working rights from formal entitlements into practices actually accessible to workers and manageable for employers. Greece and Romania explicitly call for national action plans to ensure consistent, standardised implementation, with Romania further specifying sector-specific guidance, including for non-remote sectors, transparent procedures and non-retaliation clauses to protect employees who exercise these rights.

A recurring concern across countries is the adequacy of compensation during carers' leave: Italy recommends a minimum 60% salary compensation extended to atypical contracts, while Greece proposes extended and partially compensated leave, addressing the income-loss barrier that discourages uptake, particularly among lower-income workers.

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Employer capacity-building is another shared priority, with Italy, Spain and Romania all recommending free toolkits, templates or fiscal incentives specifically designed for SMEs, which typically lack the administrative resources of larger firms to implement these provisions smoothly.

Information and awareness measures also feature prominently: Italy and Spain propose targeted campaigns for low-uptake sectors and for both employers and employees, Cyprus recommends centralised digital platforms with clear guidance on caregiving rights alongside a sustained national information strategy, and Greece includes structured training for employers and employees as part of its action plan.

Underlying several of these recommendations is a broader ambition to normalise flexible working as standard practice rather than an exceptional accommodation, positioning national action plans not merely as compliance mechanisms but as instruments for shifting workplace culture toward genuine work-life balance.

Table 10. Cross-country policy recommendations: Strengthening the implementation of the Work-life Balance Directive

Policy area Country	Implementation of the Work-life Balance Directive
Italy	Minimum 60% salary compensation for carers' leave; extension to atypical contracts; free toolkit for SMEs; awareness campaigns targeting low-uptake sectors
Romania	National action plan with sector-specific guidance (including for non-remote sectors); transparent procedures; non-retaliation clauses; SME support through templates and fiscal incentives
Greece	National action plan for consistent implementation; standardised procedures; extended and partially compensated carers' leave; training for employers and employees
Spain	Strengthening carers' leave and flexible working rights; employer support tools; information campaigns targeting both employers and employees
Cyprus	Centralised digital platforms with clear guidance on caregiving rights; sustained national information strategy; normalisation of flexible working as standard practice

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

Protecting Carers from Workplace Discrimination and Career Penalties

One of the most consistent findings of the CareDivide project is that the gap between the formal availability of carers' rights and their practical exercise is driven, to a significant degree, by fear. Across all five consortium countries, co-creation workshop participants described making decisions about whether to request leave or flexible working arrangements not on the basis of their legal entitlements but on the basis of their assessment of how their employer or manager would respond. This fear, of being passed over for promotion, excluded from training opportunities, subjected to negative performance evaluations, made to feel unwelcome or professionally unreliable, operates as a powerful and largely invisible enforcement mechanism against the use of care-related rights. Its effect is to

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suppress the exercise of rights well beyond the cases in which actual discrimination occurs, creating a chilling effect whose scale is, by its nature, difficult to measure.

Recommendations for protecting carers from workplace discrimination and career penalties centre on establishing accessible, low-barrier complaint mechanisms alongside explicit legal safeguards against adverse employment decisions.

- Romania's recommendations are the most comprehensive on this point, proposing protection covering dismissal, demotion, exclusion from promotion, negative evaluations and workplace bullying, supported by a clear complaint pathway, mandatory documentation of HR decisions, and training of labour inspectors specifically on indirect discrimination.
- Greece similarly calls for explicit legal protection in hiring, promotion and job security, reinforced by proactive labour inspections and accessible complaint mechanisms.
- Italy proposes a dedicated helpdesk operated jointly by INL and INPS, allowing carers to report denied leave without having to initiate formal legal proceedings - an approach aimed at lowering the practical threshold for reporting.
- Cyprus takes a complementary, culture-oriented approach, focusing on reducing workplace stigma through managerial awareness and the development of caregiver-friendly organisational cultures, addressing informal as well as formal sources of career penalisation.

A second, closely related priority is challenging the gender stereotypes that underpin unequal caregiving burdens and, by extension, discrimination risk.

- Italy recommends the broadest set of measures, including mandatory gender equality training in the public sector, school-based programmes on care and gender roles, a prohibition on advertising that portrays caregiving as an exclusively female responsibility, and a national public awareness campaign.
- Spain and Cyprus both call for awareness campaigns and policies that promote shared care responsibility within households and workplaces, with Cyprus specifically encouraging greater male participation in caregiving.

Taken together, these recommendations position legal protection and cultural change as interdependent: formal safeguards against discrimination are unlikely to be fully effective unless accompanied by sustained efforts to shift the social norms that currently place a disproportionate caregiving burden, and associated career risk, on women.

Table 11. Cross-country policy recommendations: protecting informal carers from discrimination and challenging gender stereotypes

Policy area Country	Protection against discrimination of caregivers	Challenging gender stereotypes
Italy	Dedicated helpdesk (INL/INPS) for reporting denied leave without initiating formal legal proceedings	Mandatory gender equality training in the public sector; school-based programmes on care and gender roles; prohibition of advertising representing caregiving as exclusively female; national public campaign

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Romania	Protection covering dismissal, demotion, exclusion from promotion, negative evaluations and workplace bullying; clear complaint pathway; training of labour inspectors on indirect discrimination; mandatory documentation of HR decisions	--
Greece	Explicit legal protection in hiring, promotion and job security; proactive labour inspections; accessible complaint mechanisms	--
Spain	--	Awareness campaigns and gender equality policies promoting shared care responsibilities within households and workplaces
Cyprus	Reduction of workplace stigma; managerial awareness; development of caregiver-friendly organisational cultures	Targeted efforts to challenge social norms; encouragement of male participation in caregiving; policies promoting shared responsibility

Source: CareDivide Project - National Reports (Italy, Spain, Greece, Cyprus, Romania). Compiled by the research team.

Stakeholder roles and multi-level governance

The implementation of these recommendations requires coordinated action at European, national, regional and local levels. No single institution can address the gender care gap independently, because the proposed measures span several interconnected policy fields: long-term care, employment, social protection, public health, gender equality, education and data collection.

Table 12. Stakeholder roles and responsibilities across governance levels

Governance level/ actor group	Key actors	Main responsibilities
European level	European Commission and relevant EU agencies	• Establish minimum standards; • Monitor the implementation of the Work-Life Balance Directive; • Support comparative data collection; • Direct EU funding towards accessible, community-based care and institutional capacity-building.
National level - policy and coordination	National governments and ministries or national agencies responsible for labour, social protection, health, gender equality, public finance and regional development	• Establish the legal, financial and policy frameworks for carers' rights and long-term care; • Define the legal status of informal carers; • Finance formal care services; • Establish national quality and access standards; • Integrate carers into social protection systems;

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		• Adopt national action plans for work–life balance.
National level - enforcement, social protection and data systems	Labour inspectorates, equality bodies, ombuds institutions	• Enforce carers' employment rights; • Investigate discrimination, harassment and retaliation; • Provide accessible complaint and redress mechanisms; • Issue guidance and recommendations;
	Social security institutions and relevant public agencies	• Administer pension credits, allowances and social insurance contribution coverage; • Provide information on carers' entitlements; • Coordinate access to financial and social protection measures; • Monitor the uptake of support measures;
	National statistical institutes and research bodies	• Develop harmonised, gender-disaggregated indicators; • Measure care intensity, employment effects, income loss, health outcomes; • Estimate the economic value and fiscal effects of unpaid care; • Support monitoring and policy evaluation.
Regional and local level	Regional governments, municipalities, health authorities, local social services departments	• Assess territorial needs; • Commission or provide home care, day-care and respite services; • Coordinate health and social care pathways; • Monitor service quality; • Address service gaps in rural, island and underserved communities.
	Accredited public, private and non-profit care providers	• Deliver home care, day-care and respite services, particularly in rural, island and underserved communities; • Comply with national and local quality standards; • Coordinate with health authorities and local social services to ensure continuity of care; • Report service capacity, unmet needs and quality indicators; • Contribute to the identification of service gaps and practical implementation challenges.
Workplace and social-partners level	Employers and human resources departments	• Translate statutory rights into workable employment practices; • Establish transparent procedures for carers' leave and flexible work; • Prevent discrimination and retaliation; • Provide information and guidance on care-related entitlements; • Encourage men to use care-related entitlements.
	Chambers of commerce and business associations	• Provide practical implementation support to employers, particularly SMEs;

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		• Develop guidance, templates and sector-specific tools; • Promote good workplace practices; • Identify implementation challenges across sectors and enterprise sizes.
	Trade unions and other worker-representative organisations	• Inform workers about carers' rights; • Support workers in exercising their entitlements; • Monitor workplace implementation and identify discriminatory practices; • Contribute to collective bargaining, policy design and consultation; • Represent carers' interests in social dialogue.
Civil society, research and carers	Civil society organisations, carers' associations, gender equality organisations	• Participate in policy design, implementation and evaluation; • Support outreach and information provision; • Raise awareness of carers' rights and available services; • Advocate for accessible and gender-responsive policies; • Identify barriers to accessing rights and services.
	Researchers and research organisations	• Produce evidence to inform policy design and implementation; • Develop and analyse gender-disaggregated indicators; • Assess the accessibility and effectiveness of rights and services; • Identify emerging needs and implementation gaps; • Support monitoring and impact evaluation.
	Informal carers	• Contribute direct experience to policy design, implementation, monitoring and evaluation; • Identify barriers to accessing rights and services and assess whether support measures respond to their actual needs;

Local coordination mechanisms should ensure that informal carers receive information, needs assessments, referrals, training and psychological support rather than having to navigate fragmented institutions on their own.

Each action plan should therefore identify a lead authority, supporting stakeholders, allocated resources, implementation deadlines and measurable indicators. Progress should be reported publicly and reviewed through structured consultation with carers, whose direct experience is necessary to assess whether formal rights and services are accessible in practice. The CareDivide evidence indicates that multi-stakeholder involvement is needed not only during the consultation phase but throughout implementation, monitoring and evaluation.

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Methodological framework to assess the socio-economic impact of (closing) the gender gap in informal long-term care, especially in caring for older adults

The invisibility of unpaid care work in national economic statistics and policy assessments is not an incidental feature of the data landscape: it reflects and reinforces the treatment of care as a private matter, a domestic arrangement, a natural expression of family solidarity, rather than as a form of socially necessary labour whose costs are currently externalised onto women's time, health and economic futures. Making those costs visible, in the economic terms that drive public investment decisions and shape political priorities, is a strategic imperative for the reform agenda as a whole.

The methodological framework to assess the socio-economic impact of closing the gender gap in informal long-term care combines administrative data on care services and beneficiaries, labour market data on employment interruptions and part-time work, time-use survey data on the distribution of unpaid care, and periodic surveys of informal carers conducted through social assistance and disability service networks. This information should be used not only to describe the situation of carers, but also to estimate the cost of the current system and the returns from reforming it.

Purpose

This framework sets out how to measure the socio-economic impact of closing the gender gap in informal long-term care (LTC), with particular attention to the care of older adults. It is the analytical companion to the CareDivide Transnational Policy Brief, and it shows how the consequences of the informal-care gap across the five consortium countries can be measured, valued and projected in economic terms.

It has three objectives:

1. Quantify the cost to carers. Measure the economic cost currently borne by informal carers (overwhelmingly women) and, by extension, the value that closing the gap would release.
2. Make the business case. Quantify what employers gain by recruiting and retaining employees who are also carers, and the conditions under which measures such as carers' leave and flexible working pay off rather than cost.
3. Show the public return. Translate these individual- and firm-level effects into aggregate fiscal and welfare returns for the public budget.

Building on the parental-leave evidence

The economics of closing care gaps is far better developed for childcare than for eldercare. The framework therefore draws on the established evidence on maternity and paternity leave, in particular the IZA review of leave reforms in high-income countries (Canaan et al., 2022), which finds that short, job-protected and adequately paid leave improves women's attachment to the labour market at little cost to employers, while very long leave can harm women's wages and employment.

The methodology considers the specificity of the eldercare sector which differs significantly from childcare. A care need in later life often arises suddenly because of a stroke, a fall, a dementia diagnosis,

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and is open-ended and frequently escalating. Childcare, by contrast, can be anticipated and has a bounded, broadly predictable horizon. These differences shape how the effects are measured.

Theory of change

Inadequate formal care, combined with social norms that cast women as the default carers, produces a gendered allocation of informal long-term care. This creates a "care penalty" for women: lower labour-market participation, fewer hours and lower earnings, interrupted careers, reduced pension entitlements and poorer health. The care penalty in turn imposes costs on employers (lost skills, turnover and recruitment) and on public finances (lower tax and contribution revenue, higher social-assistance and health spending, and old-age poverty). Closing the gap is expected to reduce these costs and release economic returns. The task of the framework is to estimate each link in this chain.

A central point of this theory of change is that the gendered allocation of care is not a fixed preference, but a social equilibrium held in place by norms. Norms decide whether carers' leave and formal services are actually used even when they are available, so they are a legitimate target of policy in their own right. The same logic drives the "child penalty" research (Kleven, Landais and Leite-Mariante, 2023): the employment gap that opens between mothers and fathers after a birthtracks prevailing gender norms from country to country.

The levels of analysis

The framework works at three levels, each with its own question, outcomes and data (Table 13).

Table 13. The three levels of analysis

Level	Guiding question	Principal outcomes	Core data
A. Worker	What does providing informal LTC cost the (mostly female) carer?	Participation, hours, earnings, career, pensions, health	Time-use surveys, EU-SILC, SHARE, social-security records, carer surveys
B. Employer	What does it cost - or save - a firm to retain and accommodate carer-employees?	Turnover, retention, replacement cost, productivity, take-up of leave	Linked employer-employee data, HR records, employer surveys
C. Public finances	What fiscal and welfare return follows from closing the gap?	Tax and contribution revenue, social and health spending, value of care	National accounts, tax-benefit microsimulation, specific sectors accounts

Source: CareDivide methodological framework (RIQL).

At the worker level, the framework measures what caregiving costs the carer. Care time is valued in two complementary ways: the opportunity-cost method (the income and free time the carer gives up) and the replacement-cost method (what it would cost to buy equivalent care from a professional). The expected direction of the effect is well established: informal caregiving reduces carers' participation in paid work and their wages (Van Houtven, Coe and Skira, 2013) and harms their mental health (Schmitz and Westphal, 2015). The penalty accumulates over the life course: because many carers of older adults

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are in their fifties and sixties, lost earnings and contributions translate, with little time to recover, into lower pensions.

At the employer level, the framework weighs the cost of losing a carer-employee against the cost of keeping one. Losing an experienced worker means paying to recruit and train a replacement, losing skills and tacit knowledge, running at lower productivity while the replacement catches up, and disrupting the team, costs usually expressed as a multiple of salary. Accommodating a carer through leave and flexibility is, by contrast, usually modest and largely absorbed without measurable loss of output (Brenøe et al., 2020; Bartel et al., 2016, 2021; Goodman et al., 2020). A simple cost-benefit model nets the two sides to give the benefit of retention per case, scaled to the firm.

At the public-finance level, these effects are scaled up to the budget and the wider economy: higher female employment raises tax and social-security revenue and lowers some spending, while the unpaid care itself can be valued as a share of GDP. Together these support a social return on investment for closing the gap.

Dimensions and indicators

The framework measures across seven dimensions that follow the causal chain: context, the gender care gap, social norms, the worker, the employer, the public finances, and the policy levers. The tables below give a focused core set of indicators; each is matched to the data source best able to supply it. Unless otherwise noted, every indicator is disaggregated by sex and, where possible, by age and region, the female-male difference being itself a key result. The Priority column marks each indicator as critical (the minimum core set, comparable across all five countries), recommended (collect wherever the data allow) or optional. A country with limited data can run the framework on the critical set alone.

A.1 Context: demographic ageing and care needs

Establishes the scale of care need against which the gap is assessed.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Old-age dependency ratio	Population 65+ as % of population aged 15–64	Critical	Eurostat (https://doi.org/10.2908/DEMO_PJANIND); NSIs; census
Population aged 80+	Number and % change over time	Recommended	Eurostat (https://doi.org/10.2908/DEMO_PJAN); NSIs
LTC dependency prevalence	Share of 65+ with severe activity limitations (%)	Critical	EU-SILC (GALI; https://doi.org/10.2908/HLTH_SILC_06); SHARE
Unmet need for LTC	Dependent older adults with no or insufficient formal care (%)	Recommended	National social-services administration; SHARE

A.2 The gender care gap

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The core variable: who provides informal elder-care, how intensively and for how long.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Informal-care provision rate	Adults providing informal LTC (%); female-minus-male gap (pp)	Critical	EU-SILC; SHARE; EQLS; time-use & carer surveys
Care intensity	Mean weekly care hours; female-minus-male gap	Critical	Time-use surveys (HETUS); SHARE; carer surveys
High-intensity caregiving	Carers providing 20+ hours/week (%)	Recommended	SHARE; EQLS; carer surveys
Care duration	Length of continuous care episode (months/years)	Recommended	SHARE (longitudinal); carer surveys

A.3 Social norms around care

Makes the normative environment measurable rather than assumed.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Normative expectation (injunctive)	Believe relevant others approve of women/daughters as the primary carer (%)	Critical	Bespoke norm modules (vignette / expectation elicitation)
Empirical expectation (descriptive)	Believe that mostly women provide elder-care in their reference group (%)	Critical	Bespoke norm modules
Personal attitude to care roles	Agreement with e.g. "an older parent is best cared for by the family" (%)	Critical	WVS/EVS; Eurobarometer; EIGE; ESS
Male involvement in care	Men's share of carers and of total care hours (%)	Recommended	Time-use surveys; carer surveys

A.4 Worker level - the care penalty

The economic cost of caregiving to the (mostly female) carer over the life course.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Carer employment rate	Employed share, carers vs non-carers (%)	Critical	EU-LFS; EU-SILC; carer surveys
Care-related labour-market exit	Left or reduced work because of caregiving (%)	Critical	EU-LFS; carer surveys; admin event-study
Care earnings penalty	Reduction in gross annual earnings after care onset vs counterfactual (%)	Critical	Linked social-security / tax panel; EU-SILC

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Pension impact	Lost contribution months; projected pension and replacement rate	Recommended	Pension administration; tax-benefit microsimulation (EUROMOD)
Caregiver health	Self-rated physical/mental health; burnout and depression (%)	Recommended	SHARE; carer surveys; EQLS
Imputed value of care	Value of care hours (opportunity-cost and replacement-cost, EUR)	Critical	Time-use hours × wage data; national wage statistics

A.5 Employer level - the business case

The cost of losing, and the return to retaining and accommodating, carer-employees.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Carer-employee prevalence	Workforce with caregiving responsibilities (%)	Critical	Employer surveys; HR records
Carer turnover rate	Annual separations of carer-employees (%)	Critical	HR records; linked employer-employee data
Replacement cost	Recruitment + onboarding + training per separation (EUR or × monthly salary)	Critical	HR/finance records; employer surveys
Leave & flexibility take-up	Carers' leave / flexible-work uptake (%); male share	Critical	HR records; leave-administration data
Net retention benefit / ROI	Avoided attrition and productivity cost minus accommodation cost (EUR; ratio)	Critical	Derived (firm cost-benefit model)

A.6 Public finances and macro level

The fiscal and welfare return to closing the gap.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Additional female employment	Change in female employment / hours under closing-gap scenarios	Critical	Tax-benefit microsimulation; EU-LFSbaselines
Additional tax & social contributions	Change in income-tax receipts and social-security contributions (EUR)	Critical	Microsimulation (EUROMOD); social-security administration
Gender pension gap	Difference in average pension, women vs men (%)	Critical	Eurostat (https://doi.org/10.2908/ILC_PNP13); pension administration

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Aggregate value of unpaid LTC	National imputed value (EUR; % of GDP)	Critical	Time-use × wages; care-economy satellite account
Net social return (SROI)	Present value of benefits vs costs; benefit-cost ratio	Critical	Derived cost-benefit / SROI model

A.7 Policy levers and implementation

The design and reach of carers' leave and complementary measures, including norm-transformative action.

Indicator	Definition / measurement (unit)	Priority	Primary data source(s)
Carers'-leave parameters	Days/year; job protection; wage-replacement rate; non-transferable (y/n)	Critical	Legislation / policy review
Carers'-leave take-up	Uptake per eligible workers (%); male share	Critical	Leave-administration / social-security data; employer surveys
Formal LTC coverage	Beneficiaries per 1,000 older adults; public LTC spend (% of GDP)	Critical	National social-services administration; Eurostat (SHA, https://doi.org/10.2908/HLTH_SHA11_HC); OECD
Flexible-working access & use	Workers with access to / using flexible arrangements (%)	Recommended	EU-LFS; employer surveys
Norm-transformative measures & campaigns	Reach of male-targeted leave, positive-deviance and SBCC campaigns; pre/post shift in norms	Recommended	Policy mapping; campaign analytics; norm surveys

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