



Bridging the gender divide in
informal long-term care

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Author(s)	Symplexis
Contributors	ICCV CCIR CSI CCCI SYMPLEXIS D&I FSMLR CAMARA BADAJOZ CESIE ETS Confesercenti PA
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Abstract	The Mapping the Gap Report consolidates the resources and insights collected at national & EU level on the gender gap in long-term care, especially in caring for older adults. The Report is based on a combination of literature review and collaborative co-creation workshops conducted in Romania, Cyprus, Greece, Italy, and Spain. It presents the current situation on the legal framework and policies on formal and informal long-term care; gender stereotypes and obstacles that perpetuate the gender divide in long-term care; and good practices and tools used by companies and authorities to promote the work-life balance and allow for equal opportunities in employment and caregiving.
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Executive Summary

The present “Mapping the Gap Report” attempts to depict the existing situation of long-term care, and specifically informal long-term care of older people, and the gender divide observed in caregiving. It was developed in the context of the “**CareDivide** - Bridging the gender divide in informal long-term care” project, which aims at addressing the gender gap in informal long-term care that perpetuates gender inequality in the labour market.

The main objective of the Report is to enhance understanding of the gender gap in informal long-term care, especially in caring for older adults, and its effects on women’s participation in the labour market. At the same time, the Report aims to present good practices, tools, and resources for promoting work-life balance and gender equality in employment. It constitutes a transnational mapping report and is the result of the efforts of the project partners in Romania, Cyprus, Greece, Spain, and Italy who gathered information and insights in National Summary Reports.

The findings are based on a literature review of information on legal frameworks and existing policies on informal long-term care and work-life balance, research and data on gender stereotypes and obstacles that perpetuate the gender divide in long-term care, and good practices and tools used by companies and authorities for promoting work-life balance. In addition, co-creation workshops were organised in partner countries with representatives from the employment sector and individuals who (may) provide informal care to collect their insights, perceptions, and reflective feedback on aspects associated with the gender divide in informal long-term care.

The Report presents information about the Work-Life Balance Directive, introduced in the EU, and its key provisions. Results show that despite transposition of the Directive into national law in partner countries, there is limited awareness around national legislative frameworks, both in employers and employees. Despite the introduction of the Directive being an important legislation initiative in reconciling professional and private lives of caregivers, the Report indicates that the actual implementation of the Directive’s provisions is still in progress, with the direct impact on the lives of caregivers remaining unknown.

Results from the literature review conducted in partner countries indicate that the formal long-term care systems are currently struggling to meet the growing demand of the ageing populations, leaving many individuals without the support they need, opting for informal care provision from their loved ones, mainly women in the family. Gender stereotypes and cultural norms across partner countries revealed an overrepresentation of women in informal care, which directly decreases their employment opportunities and has a detrimental impact on their well-being. The gender divide in informal care is evident and persistent across partner countries. However, efforts are being made to alleviate it and increase the participation of men in caregiving through the introduction of national legislative frameworks.

Results from literature review have also identified good practices for promoting work-life balance and gender equality in employment. These attempt to give ideas on engaging and innovative initiatives that can support caregivers and their needs, combat the gender divide in care, allow for flexible working conditions, and focus on community-based care for older individuals. Observed challenges and obstacles have been identified through co-creation workshops carried out. These refer to the lack of awareness around legislative frameworks, cultural norms and gender stereotypes, resistance observed from employers to adopt flexible working conditions, financial constraints and poor national monitoring and implementation mechanisms.

At the end, the report provides recommendations that could facilitate the development of future initiatives, reforms of existing policies and overall shifts in society's mindset around caregiving and its value. Recommendations refer to implementation of awareness-raising initiatives, investment in formal long-term care services, psychological support initiative for caregivers, and overall improvement of enforcement and monitoring mechanisms on national and European level. Culture change initiatives and workplace adaptations are also recommended.

Overall, an urgent need to bridge the gap between policy and practice is being observed in order to ensure that legislative efforts translate into real support for caregivers and meaningful advancements towards gender equality.



1. Introduction

A rapidly ageing population is being observed all over the world due to longer life expectancies and decreasing birth rates (Bartha & Zentai, 2020). EU countries are experiencing unprecedented demographic changes, with individuals above 65 years old being expected to increase from 90.5 million in 2019 to 129.8 million by 2050 (Eurostat, 2020). This striking 43.4% increase is anticipated to significantly escalate the need for long-term formal and informal care. As such, members of the EU are prone to face challenges in meeting the needs of an ageing population in a financially sustainable way, while ensuring a good quality of life for both carers and those being cared for.

Long-term care (LTC) refers to caregiving over a prolonged period of time and can include material assistance, help with daily activities, and emotional support (UN Women, 2017). LTC can take two forms, formal and informal. Formal care relates to paid care services provided by trained healthcare professionals or medical institutions, whereas informal care typically involves unpaid support provided by non-professional caregivers, including family members, friends or neighbours (Li & Song, 2019). Across Europe, as much as 80% of all care is provided by informal carers (European Commission, 2021) and at least 44 million people (12% of the adult population) provide informal care on a regular basis (Eurocarers, 2021). This compares to the 6.3 million people who work in the formal LTC sector and demonstrates the central role played by informal carers in the provision of care (Eurofound, 2020).

Although informal LTC plays a central role in addressing the caregiving needs of the population, a gender divide is clearly evident, with an average of 59% of informal caregivers in the EU being women (Eurocarers, 2021). The majority of long-term carers are spouses, daughters or daughters-in-law who provide such care to their family members on an unpaid basis, invisibly supporting paid and unpaid care work everywhere (UN Women, 2024). Thus, the societal costs of the increasing need for LTC are disproportionately experienced by women who are overrepresented among individuals who provide care (UN Women, 2017).

According to the European Institute for Gender Equality (EIGE, 2019), the gender divide in care responsibilities largely limits women's employment opportunities, while men's participation in the labour market remains unaffected by caregiving duties. Women often have to take career breaks, choose part-time employment or exit the workforce with an early retirement, which fuels the gender disparities and shortages in both labour and skills (European Commission, 2022a). Among all long-term caregivers, 58% of women are employed in comparison to 65% of men (EIGE, 2023). In response to these needs, the EU introduced, in 2019, the Work-Life Balance Directive (EU) (2019/1158) seeking to support parents and carers through the introduction of flexible working arrangements and annual carer's leave, which could provide for equal opportunities in caregiving and alleviate gender disparity.

However, despite the encouraging measures of the Directive, enforcement of relevant policies and legal frameworks appears to still rely upon the support of the governments, companies and employers, while societal stereotypes and traditional gender roles sustain the gender care gap. Research also suggests that unpaid family long-term carers can experience mental and physical health difficulties, especially when the person they are caring for has complex care needs (UN Women, 2017). The disproportionate burden on women carers could be somewhat reduced by the more equitable division of responsibility between the genders. However, cultural norms limiting men's involvement in caring remain entrenched in most countries and resistant to change (UN Women, 2017). Overall, the lack of legislative frameworks and policies regulating (informal) care work, combined with traditional community values, close family ties (e.g., families caring for their older parents) and gender stereotypes, are among the main factors making informal caregiving resistant to change and adaptation (European Commission Directorate-General for Employment, Social Affairs and Inclusion, 2021a).



1.1. The CareDivide Project

In this context, the “**CareDivide** - *Bridging the gender divide in informal long-term care*” project aims at addressing the gender gap in informal LTC, and especially in caring for older family members, that perpetuates gender inequality in the labour market. More specifically, the project activities, implemented in Romania, Cyprus, Greece, Spain, and Italy, aim to:

1. Enhance understanding of the gender gap in informal LTC and increase the availability of good practices, tools, and resources for promoting work-life balance.
2. Sensitise and build the capacities of employers, managers, and human resources personnel on how to implement flexible work conditions and practices, fostering the equal inclusion of caregivers in the labour market.
3. Promote the adoption and effective implementation of national and EU legal/policy frameworks towards supporting gender equality in informal LTC and advocate for policy reforms.
4. Challenge gender stereotypes and traditional perceptions in society and in the media, that perpetuate the gender care gap.
5. Raise public awareness on the existence of the gender care gap, the obstacles and difficulties faced by carers, and the impact of caregiving responsibilities on gender equality.

This will be achieved through the following main activities:

- Mapping the existing situation in informal LTC and collection of resources, good practices, and tools for promoting work-life balance.
- Capacity building and sensitization programme for 500 employers, managers, human resources personnel, and HR specialists.
- Advocacy campaigns, development of policy recommendations, and organisation of multi-stakeholder roundtables for 75 policy and decision makers.
- Info sessions for 100 mainstream and online media professionals on avoiding gender stereotyping and promoting diverse media representation.
- Dissemination and awareness-raising campaigns and events.

CareDivide is a common effort of 10 partner organisations including research and educational centers and non-governmental organisations, as well as labour market stakeholders, such as Chambers of Commerce and Associations of companies/enterprises, from 5 different countries (Romania, Cyprus, Greece, Spain, and Italy):

1. Research Institute for Quality of Life (Institutul de Cercetare a Calitatii Vietii, ICCV, Romania): – Coordinator
2. Chamber of Commerce and Industry of Romania (CCIR, Romania)
3. Center for Social Innovation (CSI, Cyprus)
4. Cyprus Chamber of Commerce and Industry (CCCI, Cyprus)
5. Symplexis (Greece)
6. Institute for Diversity and Inclusion (D&I, Greece)
7. Foundation Santa Maria La Real (FSMLR, Spain)
8. Badajoz Chamber of Commerce, Industry and Services (Cámara Badajoz, Spain)
9. CESIE ETS (CESIE ETS, Italy)
10. Confesercenti Provinciale di Palermo (Confesercenti PA, Italy)

1.2. Mapping the Gap Report: Aims and Scope

The present “Mapping the Gap Report” attempts to depict the existing situation of LTC, and specifically informal LTC of older people, and the gender divide observed in caregiving. It constitutes a transnational mapping report and is the result of the efforts of the project partners in Romania, Cyprus, Greece, Spain, and Italy who gathered information and insights in National Summary Reports. The main objective of

the Report is to enhance understanding on the gender gap in informal LTC, especially in caring for older adults, and its effects on women's participation in the labour market. At the same time, the Report aims to present good practices, tools, and resources for promoting work-life balance and gender equality in employment.

Through the review of existing literature and gathering of insights, life stories and personal experiences of the project target groups, the partners intended to depict the current situation in their countries in relation to:

- The legal framework and existing policies on LTC including the transposition of the Work-Life Balance Directive.
- Rights of employees in terms of carer's leave and flexible work arrangements.
- Challenges experienced in adhering to national relevant provisions.
- The current knowledge, awareness, and skills' needs of both private and public stakeholders, managers and employers regarding the gender care gap.
- Availability and limitations of existing LTC services and infrastructures.
- Prevalence of informal LTC.
- The needs, difficulties of informal carers and the forms of support they need.
- Gender stereotypes and obstacles that perpetuate the gender divide in LTC.
- Effects of gender care divide on women's employment and well-being.
- Good practices in public and private companies in relation to work-life balance and minimizing the gender care gap.
- Recommendation for management of the gender divide in care, and provision of more opportunities for gender equality in employment and work-life balance.

Through an understanding of the gender gap in informal LTC, especially in caring for older adults, and the availability of good practices, tools, and resources for promoting work-life balance and gender equality in employment, the Mapping the Gap Report attempts to (i) depict the existing situation in the partner countries on LTC, existing legislation and policies, and the gender care gap; (ii) inform the development of the training programme of the project on tackling stereotypes, conscious and unconscious biases, and developing practical skills and policies for employers, managers and human resources personnel; and (iii) be used for dissemination and awareness raising purposes during the project duration in order to enhance understanding around the gender divide in care for the project beneficiaries and wider public.

1.3. Methodological Approach

A mixed-methods approach was adopted to address the project objective of gaining understanding on the gender gap in informal LTC, especially in caring for older adults. This collaborative methodology combined collection of resources with interactive workshops directly involving project participants in order to assess needs and challenges faced by informal carers. The aim was to understand the national and EU caregiving landscape, by integrating quantitative and qualitative resources and insights.

The literature review included secondary sources and bibliographic review in order to contextualise the situation of LTC in the partner countries. The focus was on:

- Transposition of the Work-Life Balance Directive into national legislation.
- Rights of employees in terms of carer's leaves and flexible work arrangements.
- Level of adherence to the relevant provisions, challenges and obstacles.
- Regulatory and monitoring mechanisms and bodies.
- Legal regulations in force at national level surrounding informal LTC.
- Availability and limitations of existing formal LTC services.

- Analysis of needs and gaps in existing policies and measures.
- Gender stereotypes and obstacles that perpetuate the gender divide in LTC.
- Practices, resources, tools, programmes etc. used by companies and/or implemented by authorities or other organisations.

Additionally, a collaborative methodology was used, directly involving the target groups of the project and focusing on life stories and personal experiences. Interactive workshops were organised with members of both groups to collect their insights, perceptions, and reflective feedback on aspects associated with gender divide in informal LTC. In line with the objectives of the project, the two groups represented the **employment and the informal care sectors**, respectively:

- Employers and managers, human resources personnel, HR specialists etc., and representatives of public authorities, social partners, and other relevant stakeholders.
- Men and women who (may) provide informal care.

The main topics of discussion during the workshops focused on the following themes:

- The Work-Life Balance Directive and its national application in the workplace.
- Flexible work conditions and carer's leave in the workplace, and obstacles in attaining them.
- The landscape of informal LTC in the partner countries.
- Policies, practices, and regulations around informal LTC.
- The gender divide in care and its impact.
- Good practices or policies around LTC.
- Gender stereotypes, traditional gender roles and community values around care responsibilities.

The following table presents the results of the co-creation workshops per country. A total of 115 participants across all five partner countries took part in the workshops, including 68 individuals representing the employment sector and 57 the informal care sector.

Table 1. Co-creation Workshops

Country	Employers and managers, HR specialists etc.	Men and women who (may) provide informal care
Romania	16	13
Italy	10	10
Spain	10	11
Cyprus	10	11
Greece	12	12

In relation to the profile of the participants, in the group of representatives from the employment sector, there was a higher number of women participants (34) compared to men (24). Similarly, in the second group of informal carers, there was a significantly higher representation of women (45) compared to men (12). Even though the prominent presence of women in managerial roles is a notable strength, their disproportionate involvement in informal caregiving highlights the enduring nature of gender inequality in care.

The participants represented a variety of professional and personal backgrounds. Among the professionals from the employment sector were business owners, managers, human resources personnel, lawyers, regional managers, small and medium enterprises' employees from both the public and private sector, bringing a variety of insights, ideas, recommendations and knowledge on the matters discussed. As for participants in the second group on informal care, many were employed in positions

such as teachers, carers, occupational therapists, researchers, project managers or freelancers. But there was also a significant number of individuals who were retired, housewives or full-time informal carers of their children or older family members. The participation of individuals receiving care also strengthened the life stories and insights gathered, while participants providing informal care while working provided valuable input on the work-life balance and how they struggle to achieve it.

Participation and interest in the co-creation workshops was high, with the majority of partners managing to quickly identify the most suitable candidates to shed light on the gender divide in care. All partners used promotional strategies on their social media (Facebook, LinkedIn, Instagram) and websites but also approached existing contacts, networks, and individuals that would have interest in participation. An important aim was to encourage participation of male informal carers.

The results of the review of the existing literature and the insights gathered during the workshops are presented in the following sections, divided into four key areas of interest. The first area presents information on the demographic crisis observed across Europe in relation to an ageing population and decreasing birth rates in the partner countries. It links this phenomenon to the increasing need for care in vulnerable populations, especially older individuals, which intensifies the need for provision of LTC. The second area of interest of the Report provides an overview of the legal framework and existing policies across partner countries in relation to work-life balance, flexible work arrangements, and gender equality in caregiving. The third thematic area delves into formal and informal care, while also presenting information on gender stereotypes and obstacles that perpetuate the gender divide observed in informal care. The effects that this gender gap in caregiving have on women's employment opportunities and overall wellbeing are also discussed. Lastly, the Report presents good practices and resources gathered by partners in relation to work-life balance, formal LTC services, and awareness raising on the gender care gap, while also providing recommendations for further initiatives and actions to be taken at local, national and European level.



2. Ageing Societies and Care Provision Needs

2.1. Demographic crisis across Europe

Advances in healthcare and technology in recent decades have led to the demographic phenomenon of population ageing, with individuals aged 65 and above growing in number and even outnumbering younger people. Nowadays, a demographic crisis is being observed in Europe. “Demographic ageing means the proportion of people of working age in the EU is shrinking, while the number of older people is expanding” (Eurostat, 2024a, “Highlights” section, para. 2). This pattern is expected to continue in the following decades, with the population of older people in the EU-27 increasing significantly, expected to rise from 90.5 million at the start of 2019 to 129.8 million by 2050 (Eurostat, 2020). This significant change suggests that older individuals will account for nearly a third of the population by 2050, with less than two working-age individuals for every older individual (The Lancet Regional Health-Europe, 2023). The number of older people in the fourth age (over 80) has increased significantly (Kaspar, Diehl, & Wahl, 2024). However, although life expectancy has increased, the number of healthy years of life for people over 65 has not increased significantly. Research suggests that in the EU, the number of healthy life years at birth in 2022 was 62.8 years for women and 62.4 years for men, indicating that most of the later years of older individuals tend to be lived with activity limitations (European Commission, 2024). This demographic transition is striking and is expected to impact almost all aspects of society, which will need to ensure good quality of life for an older population.

Decreased birth rates and increased life expectancy lead to a demographic crisis, which is observed among most European countries and is evident across the partner countries through recent surveys and data, presented in the following sections.

With almost 4 million people aged 65 and above in 2024 (18% of the total residing population), demographic ageing was accentuated during the last decades in **Romania**. The population aged 65-79 increased during 2001-2024 by 34.4%, while the same age group increased at EU27 by 25%. The group of people aged 80 years and above presented the second highest increase at EU level, representing 144.4% compared to 79.4% for EU27 (Eurostat, 2024b).

In **Cyprus** the population is expected to grow by 20% by 2070, reaching around 1.0 million. This growth is significantly higher than the EU average increase of just 2%. As of December 2024, 17.7% of the population was aged 65 or older, and this share is forecasted to rise sharply to 31.7% by 2060 (Trading Economics, 2024). In terms of life expectancy with a good quality of life, also known as disability-free life expectancy, Cyprus is close to the EU average, with 62.4 years for women and 62 years for men (compared to the EU averages of 64.2 and 62.6 in 2018; Eurocarers, 2023)

Greece is another example of a European country experiencing demographic crisis, characterised by one of Europe’s lowest fertility rates and a rapidly ageing population (Pavlopoulos & Rachiotis, 2024). Recent research suggests that by 2050 the proportion of Greeks aged 65 or older will exceed 32%, leading to an inevitable demographic crisis (Pavlopoulos & Rachiotis, 2024). In 1995 the total population of Greece (in thousands) was 10,494, in 2024 it decreased to 10,137 and by 2054 it is expected to decrease further to 8,617 (United Nations, 2024).

For **Spain**, the latest census data as of 1st January 2022 registered more than 9 million people aged 65 years and older, meaning that 19.09% of the total population are older adults (Instituto Nacional de Estadística [INE], 2022a). Projects of the Spanish National Institute of Statistics (INE, 2022b) indicate that by 2035 life expectancy at birth will be 83.2 years for men and 87.7 years for women.

A 2022 survey conducted by the National Institute of Statistics (ISTAT), shows an alarming situation in **Italy** from a demographic perspective. The accentuated and progressive decrease in the birth rate



means that Italy has the worrying record of being the country with the highest ageing index in the world (Istituto Nazionale di Statistica [ISTAT], 2023). In 2023, for every child there were 5.8 older people at a national level (5.6 in 2022, 3.8 in 2011). The old age index – which measures the number of people aged 65 and over for every 100 young people aged between 0 and 14 years– is also growing, rising from 193% in 2022 to 200% in 2023, when in 2011 it was equal to 149% (ISTAT, 2025).

The increasing older population, particularly in the age group over 65 years, observed on a national and European level, increases the need for care and assistance for older individuals. Both public and private healthcare services are facing a growing need to provide support to vulnerable older populations, while at the same time their families are in constant search for assistance and support to manage the limited, timely and many times costly services at hand.

2.2. The Intensifying Need for Care in Vulnerable Populations

The increasing ageing of population is not only a demographic crisis with significant societal, financial, labour market and healthcare effects observed worldwide, but it also expands enormously the number of people in need of caring and assistance on a daily basis. Older individuals often experience difficulties and hardships in their personal autonomy. They may face challenges in self-care (washing, dressing, eating, using the toilet, etc.) or in carrying out activities of daily living (preparing meals, shopping, taking medication, going to the doctor, etc.; Cleveland Clinic, 2024).

Long-term care, both formal (provided by professionals) and informal (provided by family and/or friends) (World Health Organization [WHO], 2022), is a fundamental pillar in the well-being of older people and those in need of care and support (Fundación HelpAge Internacional España, 2021). The structural and systematic weaknesses of the formal care systems were significantly highlighted during the COVID-19 pandemic, making the need for structural reforms and state investments in LTC more evident than before (European Commission, 2022a). Affordability, unsatisfactory quality, and unavailability of relevant services, which are relatively underdeveloped in many countries, are among the main barriers hindering access to formal services, affecting disproportionately those with lower income and in rural areas (EIGE, 2023).

Caregiving can be provided in different ways and settings and by different people. Specialised personnel available in health facilities is many times costly and inadequate if care is to be provided daily for many hours. In most cases, assistance is provided by family and friends, if specialised care is not needed (Rocard & Llana-Nozal, 2022). Informal care is common, but it is mostly provided in an unregulated environment with policies and procedures lacking, and weaknesses being present. The lacking regulatory framework most often affects the women of the family, who are often entrusted and burdened with the task of caregiving.

In **Romania**, among adults with disabilities, 50% (422,584) are older people (65+), 99% receive care from their families and 0.6% reside in care facilities (National Authority for the Protection of the Rights of Persons with Disabilities, 2023). Out of the older adults with disabilities, 31% are above the age of 80+ and 99.5% are cared for by their families or remain at home. Thus, most of the care services for older people with disabilities are provided by informal carers, such as family members, other relatives or informal carers.

A fifth of **Cyprus'** population over 16 years old reported having a long-term disability in 2017 according to Eurostat (2018). Although more recent data is unavailable, in 2017, 20% of people in Cyprus felt some or severe difficulties in performing everyday activities, such as studying at school, work, housekeeping or in participating in leisure activities, for a period of six months or longer (Polis, 2021). Data from EU-SILC (the EU statistics on income and living conditions) indicate an employment rate for persons with



disabilities in Cyprus of 49.7 % in 2018, compared to 75.2 % for other persons. This is approximately 1.1 points below the EU27 average; resulting in an estimated disability employment gap of approximately 25 percentage points (European Commission Directorate-General for Employment, Social Affairs and Inclusion, 2021b).

In **Greece** the persons with disabilities account for 42.5% of the Greek population, with 14% being older individuals of 60-74 years old and 6% being older people above the age of 75 (Athens Urban Transport Organization [OASA], 2022). About 10% of older people face serious limitations in daily living activities (OASA, 2022). However, access to formal LTC is limited. Only 2,267 older individuals received residential care in 2021 (Hellenic Statistics Authority, 2022), while 13% of Greek municipalities do not offer publicly funded home care services (European Social Network, 2024).

In **Spain**, nearly half (2,120,600 persons) of the people above the age of six with some type of disability receive personal care or assistance. Among them, 24.6% receive care exclusively from members of their household, 12.1% by people outside the home, and 13.0% by both. In addition, 49.7% of the people receiving care reported that they receive such care for eight or more hours a day. Research also indicates that cohabitant care at home is more common among older adults aged 80 years and above (INE, 2022c).

Lastly, according to ISTAT, in **Italy**, there were 3,15 million people with disabilities in 2019, including people with health problems or severe limitations that prevent them from carrying out daily activities, representing 5.2% of the total population. Almost 1.5 million people over the age of 75 (22% of the population in that age group) have disabilities, and 1 million of them are women (European Social Network, 2023).

In 2019 in the EU, almost half of the people aged 65 and over reported difficulties with at least one personal care or household activity. Furthermore, 46.6 % of the EU's older population with an increased difficulty in personal care or household activities reported a lack of assistance with those activities. And almost 30 % of the EU's older population with difficulties in personal care or household activities used home care services for personal needs (Eurostat, 2022).

In summary, the increasing number of older adults leads to a higher percentage of dependency on carers, in both formal and informal settings. The increasing number of individuals in need of care and assistance on a daily basis, especially older people, leads to a higher need for care provisions. These often cannot be offered by the government and need to be provided by family members in an informal way.



3. Legal Framework and Existing Policies

3.1. Work-Life Balance Directive

In response to the increasing need for informal care and more women undertaking the burden of caregiving, the EU introduced the **Work-Life Balance Directive (Directive (EU) 2019/1158)**, adopted on June 20, 2019. As a result of the gender divide in care provision, a significant number of women are forced to exit the job market, experiencing difficulties in professional growth and thus net wage loss. This subsequently causes lower pensions and increased challenges in covering the expenses associated with LTC when these informal caregivers themselves require care. In this framework, the Directive aims to promote a more equitable sharing of care responsibilities between men and women (European Union, 2019).

The Directive was designed to improve the balance between private life and work for parents and caregivers, promote gender equality in the labour market, and encourage a more equitable distribution of care responsibilities between men and women. To achieve these goals, the Directive establishes minimum standards for parental leave, paternity leave, caregiver leave, and flexible work arrangements, requiring Member States to integrate them into their national legal frameworks (European Commission, n.d.).

Some of the key provisions of the Directive include (European Parliament & Council of the European Union, 2019):

- Introduction of **paternity leave**. Fathers/equivalent second parents will be able to take at least **10 working days** of paternity leave around the time of birth of the child, **compensated** at least at the level of sick pay.
- Strengthening the existing right to **4 months of parental leave**, by making **2 out of the 4 months non-transferable** from one parent to another and **compensated** at a level to be set by Member States. Parents will also have the right to request to take leave flexibly (e.g. part-time or in segments).
- Introduction of **carers' leave** for workers providing personal care or support to a relative or person **living in the same household**. Working carers will be able to take **5 working days per year**.
- Extension of the existing right to request **flexible working arrangements** (reduced working hours, flexible working hours and flexibility in place of work) to **all working parents of children up to at least 8 years old, and all carers**.

The provisions of the Directive are a step in the right direction, seeking to de-gender work and care arrangements, however a number of critical aspects could be highlighted. These refer to the fact that although encouraged, member states are free to decide whether to introduce a payment or an allowance for carers' leave – especially in order to promote its uptake by men. Similarly, employers retain the right to grant but also limit the duration of any flexible working arrangements, such as remote work or reduction in working hours. Furthermore, member states can also require prior medical certification for significant care or support for a serious medical reason.

Most importantly, in contrast to the relevant provisions of the Directive regarding childcare, there is less emphasis on gender division, specific measures, and limited incentives to encourage men to undertake

carers' leaves and flexible working arrangements. For example, considering that for paternity leave, a far more established and commonly used measure, there is still low uptake by fathers (European Commission, 2018; Eurofound, 2019), the extent to which men will make use of the carer's leave remains in question. In this context, the extent to which women (will) make use of the relevant provisions for leave and flexible working arrangement under the new Directive still relies upon the flexibility provided by employers, the effectiveness and level of enforcement of relevant policy/legal frameworks, and the traditional gender roles and societal stereotypes that sustain the gender care gap.

3.2. Implementation of the Work-Life Balance Directive Across Countries

The deadline for transposing the Directive into national law was set for August 2, 2022. However, implementation has been uneven across Member States and data on adherence is limited. In countries such as Sweden, Denmark, and Germany, the adoption of the Directive was swift due to pre-existing policies already aligned with the Directive's provisions. In contrast, in member states like Italy, Spain, and Greece, the harmonisation of national legislation faced challenges, particularly concerning the remuneration of parental leave and rights to flexible work. In some parts of Eastern and Southern Europe, implementation has been hindered by financial constraints, cultural resistance, or a lack of political will (European Commission, 2023).

Worryingly, in September 2022, the European Commission made a formal notice to 19 Member States who had not shared their complete national transposition of the Directive. Subsequently, in April 2023 reasoned opinions were sent to 11 Member States, including Greece, Cyprus and Spain, after the Commission established that the Directive was still not fully transposed (European Commission, 2023).

Assessing compliance of the implementation of the Directive in European Countries is challenging due to limited data. Results show that countries generally exhibit greater compliance with carers' leave and flexible working arrangements, compared to paternity or parental leave policies (Zumbyte & Szelewa, 2024). However, the extent to which these provisions can or have an actual impact on supporting informal carers, especially women, to balance their caregiving responsibilities with work opportunities and allowing for gender equality in distribution of care is still to be discovered.

The following section presents information on a national level for each of the partner countries regarding the following areas: (a) the transposition of the Work-Life Balance Directive into national legislation; (b) additional legal frameworks, existing policies and regulations on long term care; and (c) regulatory and monitoring mechanisms and bodies.

Romania

In Romania, the Directive was transposed into national legislation through **Law No. 283/2022**, which amended the Labour Code to include provisions on paternity leave, carer's leave, and flexible working arrangements (Government of Romania, 2022a). At the same time, **OUG No. 117/2022** introduces several changes regarding the paternity leave, adjusting **Law No. 2010/1999**. (Government of Romania, 2022b). The relevant provisions include (Government of Romania 2022a, 2022b, 2023).

- Paid paternity leave of 10 working days, with an addition of 5 days if a childcare course is completed
- Paid carer's leave of 5 days per year to care for a 2nd degree relative or household member.
- Paid leave for force majeure/family emergency leave up to 10 working days per year.
- Paid parental leave of up to 2 years (or 3 years for children with disabilities) shared between parents. Two months are non-transferable.
- Employees can request flexible schedules, such as remote work or part-time work. Parents of children under 11 can request 4 remote working days per month.



Romania has made significant progress in transposing the Work-Life Balance Directive into national legislation, ensuring compliance with most of its key provisions. However, some challenges persist, such as the fact that according to the Directive parental leave can be taken in flexible formats (e.g., as part-time or in split periods). But Romania remains one of the few EU Member States that still requires parental leave to be taken as a continuous block, which limits flexibility for working parents.

In addition, three main strategies, that aim to reduce gender disparities and enhance women's participation in the labour market, exist in Romania, namely:

- The **National Strategy on Social Inclusion and Poverty Reduction 2022-2027**: includes measures aimed at supporting women's participation in the labour market and reducing gender disparities in informal care. The strategy calls for the development and diversification of social services that provide care for dependent persons, such as older individuals and children, in order to support work-life balance, especially for women, who are often the primary caregivers in the family. At the same time, the strategy encourages the development of social entrepreneurship and the social economy, to create employment opportunities for women, including in personal care services (Ministry of Labour and Social Protection, 2021a).
- **National Strategy for Promoting Equal Opportunities and Treatment between Women and Men and for Preventing and Combating Domestic Violence for the period 2021–2027**: aims to reduce the risk of poverty and social exclusion among women. One of the key focuses of the strategy is the provision of services for all active workers in order to achieve a better work-life balance, including the development of childcare services (National Agency for Equal Opportunities between Women and Men, 2021).
- **National Strategy for Employment 2021-2027**: aims to increase quality employment, in a sustainable manner by activating inactive persons (e.g. the unemployed, young people, including individuals not in employment, education or training) and creating new opportunities. The main measures include promoting atypical forms of employment (e.g. temporary work, part-time work) to allow for caregiving responsibilities for dependent persons, while supporting work-life balance; providing support services for individuals who are the sole breadwinners in single parent families and/ or individuals with children under the age of 12, especially those from rural areas; providing support to employers to create spaces dedicated to the care of children of ante-preschool age, in order to support work-life balance for employed women (Ministry of Labour and Social Protection, 2021b).

Finally, key Romanian institutions that ensure compliance with labour legislation and aligning national practices with EU directives include, the Labour Inspectorate responsible for supervising the enforcement of labour laws in Romania and the Ministry of Labour, Family, Youth and Social Solidarity, responsible for drafting and coordinating national strategies in areas of employment, gender equality, family policy and implementation of employment legislation.

Cyprus

Cyprus has taken notable steps toward aligning its national legislation with the EU Work-Life Balance Directive, aiming to promote gender equality and support employees in balancing their professional and caregiving responsibilities. On 16 December 2022, the Cypriot House of Representatives passed the **Leave (Paternity, Parental, Caregiver, Force Majeure) and Flexible Work Arrangements for Work-Life Balance Law of 2022 (Law 216(I)/2022)** (CYLAW, 2022), repealing previous laws and incorporating key provisions of the Directive into national law (Neo Law, 2023). Cyprus offers some additional benefits, such as fully paid paternity leave, longer parental leave duration, addition of force majeure leave, which is not expected by the Directive, and strong enforcement penalties for protection against dismissal. However, the main drawback is that leaves (parental, carer's and force majeure) are most often unpaid.

As a result of the COVID-19 pandemic, the enactment of the **Remote Working Law of 2023 (Law 120(I)/2023)** was introduced to regulate remote work in Cyprus and safeguard the rights of employees (CYLAW, 2023). In the latest results recorded by Eurostat, data reveals that the percentage of employed persons working from home in Cyprus remained high in 2023 (3.9%), compared to pre-Covid years (1.2% in 2018 and 1.4% in 2019) (Eurostat, 2025). This shift in workplace dynamics reflects both the adoption of remote work practices and the impact of the pandemic, with the continued evolution of this trend likely influenced by the implementation of the relevant legislation.

Despite these legislative improvements, Cyprus faced difficulties in fully transposing the Directive by the deadline of the EU of 2 August 2022 (European Commission, 2023). In April 2023, the European Commission issued a reasoned opinion to Cyprus for failing to complete the transposition, initiating potential infringement procedures (Financial Mirror, 2023). While failure in transposition is being recorded, the data up to 2022 clearly reveals that work-life balance measures remained limited in practice. For example, data revealed that 81.2% of Cypriot employers did not include adjusted working conditions to accommodate dependent care responsibilities (En.philenews, 2018). The limited implementation points to deeper structural and societal barriers that continue to hinder progress toward achieving genuine work-life balance in Cyprus.

In Cyprus, bodies overseeing the implementation and enforcement of work-life balance policies include the **Department of Labour Relations (DLR)**, which implements government policies on industrial relations and provides mediation services for labour disputes. The **Labour Inspectorate** enforces various labour-related legislations, excluding health and safety, ensuring compliance with employment laws. Also, the **Department of Labour Inspection** focuses on enforcing health and safety regulations in the workplace (Eurofound, 2024a).

Greece

Greek **Labour Law No. 4808/21**, in line with the European Directive, established in 2021 a comprehensive set of rights for employees who serve as caregivers. It applies to all workers in both the public and private sectors, regardless of the type of employment contract. Crucially, it formally recognises informal caregivers for the first time, defining them as employees who provide significant personal care to a relative or household member with a serious medical condition. The law grants various types of leave to support caregiving responsibilities (see also Arnogiannaki & Terzakis, 2021):

- Employees with at least six months of service are entitled to up to five unpaid days per year of Carer's Work Leave, which may be used to care for a seriously ill relative or household member. The medical condition must be certified by a professional, and eligible relatives include spouses, civil partners, children (including stepchildren), parents, siblings, and in-laws.
- In urgent family situations such as illness or accidents, employees may take two single-day absences per year with full pay under the provision for Absence for Reasons of Force Majeure. This type of leave does not require a minimum period of employment and must be supported by a doctor's or hospital's certificate.
- Employees are also entitled to leave for the illness of a child or other dependent, which allows up to six working days of unpaid leave annually. Those with two children are entitled to eight days, while employees with more than two children may take up to fourteen days. Dependents may include children under 16, older children with chronic illness or disability, a dependent spouse, or parents and unmarried siblings who are unable to support themselves and whose income does not exceed €8,886.
- Caregivers also have the right to request flexible working arrangements, such as teleworking, flexible hours, or part-time work, provided they have worked for their employer for at least six months. Employers are required to respond within one month and must justify any refusal. Employees have the right to return to their original work conditions once the flexible working period ends and may request to do so earlier if their circumstances change.



Legislative steps have been taken in Greece to promote work-life balance mainly through the implementation of social care programmes. **Law 2082** established the foundation for home-based social protection services, such as the “Help at Home” programme. **Law 2072** also facilitated the creation of rehabilitation and recovery centers including Day Care Centers for People with Disabilities. This compiled the groundwork for a structured system of social care services (Karamesini & Simeonaki, 2019). The institutionalisation of the “Help at Home” programme was further solidified in 2003 through **Law 3106**, which facilitated participation from both the public and private sectors and extended its services to individuals with disabilities (Karamesini & Simeonaki, 2019).

In 2013, **Law 4199** established the “Home Social Care” programme, designed to assist uninsured and economically vulnerable citizens. **Ministerial Decision D27/OIK.9746/409** allowed both non-profit and for-profit entities to establish Elderly Day Care Centres, further expanding care services. Subsequent legislative measures in 2014 and 2015, including **Laws 4277 and 4351**, extended the duration of the “Help at Home” programme while securing financial support from both national and European funds (Karamesini & Simeonaki, 2019, p.152).

At the end of 2021 and during the COVID-19 pandemic the Ministry of Labour and Social Security announced the new **National Action Plan for Gender Equality 2021-2025** aiming to establish a cohesive, cross-cutting framework for integrating gender perspectives into policy planning through targeted projects and actions at the central, regional, and local levels. This is the first time that Greece has designed, funded, and implemented a cross-cutting National Action Plan aimed at empowering women in the workplace, education, and family, as well as combating domestic violence.

The **National Commission for Human Rights (GNCHR)** is the independent advisory body of the Greek State and the National Institution for the protection of Human Rights. As an organisation that monitors the implementation of these principles, the GNCHR ensures that the National Action Plan for Gender Equality (NAPGE) 2021-2025 is executed with transparency, clear objectives, and adequate funding. The EEDA underscores the need for a redistribution of domestic responsibilities and free time within families, promoting gender equality in both work and family life. However, despite these critical observations and recommendations, only few can be found in the final version of the NAPGE, thereby excluding long-term carers from all national provisions and actions (National Commission for Human Rights, n.d.).

Spain

Spain has made significant progress in aligning with the EU Work-Life Balance Directive. In 2023, **Royal Decree-Law 5/2023, of 28th June**, came into force, adopting and extending certain measures in response to the economic and social consequences of reconciling family and professional life for parents and carers, and the implementation and compliance with European Union law. This royal decree introduced modifications to some articles of the Workers' Statute, in which it strengthened the right to conciliation. Article 4.2 mentioned non-discrimination or unfavourable treatment of men or women for exercising their rights to conciliation or co-responsibility. It also ratified in **Article 34** the right to adapt the working day and reduced the negotiation period for such adaptation to 15 days. In addition, among the specific measures, a five-day leave was included in **Article 37** to care for family members or cohabitants, thus facilitating greater co-responsibility and balance between work and personal life. To guarantee the effectiveness of these new rights, Royal Decree- Law 5/2023 established protections for people who may suffer harm from exercising them.

Paternity leave in Spain is by far more generous and longer than the EU minimum, with full salary payment for 16 weeks since 2021 (Farré et al., 2024). Parental leave is somewhat less generous (8 weeks vs. 4 months EU minimum), and is currently unpaid, which has led to EU infringement procedures (Moore, 2025). Carer’s leave and force majeure leave are paid in Spain, providing better support than



many EU countries. Spain's flexible working arrangements and strong protection against dismissal are in line or stronger than EU requirements. Overall, Spain's work-life balance framework is strong but with some pending improvements.

Spain implements a series of measures designed to promote equality and work-life balance by safeguarding the labour rights of workers engaged in caregiving tasks. Those include:

- **Law 15/2022, of 12th July for equal treatment and non-discrimination:** establishes the right to equality in the workplace in articles 9 and 11, to those employed or self-employed, specifying that it may not be excluded based on gender, age, racial origin or any other personal or social condition or circumstance. Moreover, equal working conditions must be provided, including selection criteria, remuneration, and working hours.
- The **Co-Responsible Plan (Ministry of Equality, 2024):** promotes the reconciliation of families, creates quality employment in the care sector, dignifies and certifies the professional experience of non-formal care of children under 16 years of age. To this end, it contemplates various actions for the benefit of caregivers, such as the inclusion of those with experience in formal and informal care in job boards and the implementation of training plans in co-responsibility and care aimed at men, with the purpose of promoting gender equality in the distribution of family responsibilities and caregiving tasks.

However, according to recent data from the National Institute of Statistics (INE, 2024a), only 37.5% of Spanish companies with 10 or more employees allow teleworking on a regular basis, with an average of 2.4 days of remote work per week. The results of the 11th Annual Labour Survey carried out by the Ministry of Labour and Social Economy (2023) indicate that, in Spain, 27.1% of companies implemented some internal measures to offer flexibility to their staff. Of these, 16.6% were measures that impacted the working day, while 14.1% related to changes or modifications in contracts. However, these measures are not always available to all employees, as they usually depend on the sector, the size of the company and the organisational culture, which shows the need for greater integration of work-life balance in the workplace.

The regulatory framework has made significant progress in terms of work-life balance, establishing mechanisms that protect and facilitate the exercise of these rights. However, its effective implementation remains a challenge. This is evidenced by the report from the National Observatory of Technology and Society (2024) on teleworking, which presents the percentage of employed people who teleworked regularly or occasionally in Spain (14.2%) in 2023; this figure is lower than the European average (22.4%). However, fluctuations have been observed in recent years, with an increase of 0.5% in Spain between 2022 and 2023 (Eurostat, 2025). Law 15/2022 also includes the creation of the Independent Anti-Discrimination Authority, whose function, among others, is to protect and promote equal treatment. This authority can act as a mediator in equality-related disputes and reconcile a solution between the parties. Similarly, it will advocate for the care and support of victims of discrimination and intolerance, providing advice and assistance.

Italy

In Italy the Directive was transposed through **Legislative Decree No. 105 of June 30, 2022 (105/2022)**, published in the Official Gazette on July 29, 2022, and entered into force on August 13 of the same year. The relevant legal framework introduced several measures to comply with the directive, including:

- The mandatory 10-day paternity leave was made permanent and must be taken between 2 months before and 5 months after the child's birth. During this period, fathers receive 100% of their salary.
- Additionally, an alternative paternity leave was established for cases where the mother is unable to care for the child due to death, serious illness, or abandonment, allowing fathers to take over the maternity leave period.

- Regarding parental leave, the decree extended its duration and improved economic conditions, increasing the maximum age of the child for which leave can be requested to 12 years old from the previous limit of 6 years old.
- New rights were also introduced for caregivers, who are now entitled to up to 3 days of paid leave per month to assist family members with severe disabilities.
- In terms of flexible work arrangements, the decree stipulates that parents with children under the age of 12 and caregivers have the right to request adaptable working conditions, such as teleworking, reduced hours, or modified shifts, as long as they are compatible with company needs.

Another significant aspect concerns protection against discrimination. The legislation strengthens safeguards for workers, ensuring that those who exercise their rights under the directive are not subjected to unfavourable treatment in the workplace (Erboli, 2022). However, as of today, specific data and trends regarding the state of implementation of the Directive in Italy are not available.

Italy's approach to work–family balance is centred on **Law 53/2000 (Regulation of Parental Leave)**, which provides for maternal and paternal support, education rights, and the reconciliation of personal and professional life. This law was later integrated into **Decree No. 151/2011**, which expanded fathers' rights and reduced the exclusive focus on working mothers. In 2021, the National Recovery and Resilience Plan (PNRR) reinforced these policies through the **Family Act** which supports families with children, encourages women's participation in the workforce, and helps young people with their education, while promoting gender equality and supporting work-life balance.

In Italy, the **Family Act** introduced several changes, in line with **EU Directive 2019/1158**. These include the addition of “structural paternity leave,” alongside “alternative” paternity leave granted in exceptional cases, such as the death or serious illness of the mother. Parental leave duration was extended from 10 to 11 months, and the period of paid leave increased from 6 to 9 months at 30 percent of the parent's previous salary. Moreover, the eligible age of children for parental leave rose from 6 to 12 years (Crespi & Palermo, 2024).

Italy adopts a legal framework with enhancements of already existent EU policies promoting a more equitable sharing of responsibilities within the family. Italy's Legislative Decree (105/2022) provides national adaptations to go beyond the minimum EU requirements including mandatory and well-paid leave for fathers, more generous parental leave pay, extended and flexible parental leave duration, broader and longer caregiver leave and strong anti-discrimination protection.

In Italy, the implementation and enforcement of work-life balance and non-discrimination directives involve several key institutions, each playing a specific role. These involve the **National Labour Inspectorate** (Ispettorato Nazionale del Lavoro), monitoring compliance with labour laws and carrying out workplace inspections; the **Ministry of Labour and Social Policies** (Ministero del Lavoro e delle Politiche Sociali), responsible for implementing EU social directives at the national level; the **Ministry of Labour** (Consigliere Nazionale di Parità), monitoring workplace gender equality; and the **National Institute for Social Security** (Istituto Nazionale della Previdenza Sociale) managing leaves. The **Labour Courts** (Giudici del Lavoro) also enforce directive-related rights in cases of denied entitlements or discrimination.

Despite key institutions contributing to the monitoring of compliance with labour laws, large companies are generally more compliant due to established HR systems and CSR commitments, whereas SMEs often lack formal processes and awareness. Limited inspections and underreporting in private and informal sectors further complicate enforcement. While judicial rulings help define enforceable standards, they require time, legal resources, and heightened worker awareness to be fully effective (Alessi et al., 2023).



3.3. Summary and conclusions

Overall, significant steps have been taken in the consortium countries to harmonise national legislation with the requirements of the EU Directive. However, differences appear in how – successfully – this is implemented in practice. For example, research suggests that the effectiveness of carers’ leave depends significantly on the level of financial support provided (De Stefanis, 2023). In countries where such leave is well-compensated, its utilisation is considerably higher, particularly among women. When compensation is low or non-existent, employees, again, primarily women, are often forced to resort to informal caregiving solutions (De Stefanis, 2023).

Although the leaves and flexible working conditions presented in the Directive are anticipated to allow informal carers, who are predominantly women, to remain in the workforce and achieve – a more – equal division of caregiving responsibilities, the actual implementation of the relevant provisions is still in progress, with the direct impacts on the lives of caregivers remaining unknown.

It is indicative that the results of the co-creation workshops conducted in the framework of the CareDivide project, that aimed at gaining insights and life stories from individuals directly affected by these provisions, indicated lack of awareness about the EU Directive but also national legislation. Both groups of employers, managers, and HR specialists and of informal carers indicated mainly unawareness around the availability of carer’s leave. They were also unaware of the fact that provisions related to work-life balance have been regulated on a national and European level.

Nonetheless, the participants also highlighted that, depending on the needs of a family member, those limited days of leave may not be enough for someone who needs to provide care on a daily basis. Some participants were even surprised that such provisions were not shared with them in their workplace and stressed the fact that if they had known about them beforehand, they could have used them. Others shared that, in reality, many times it comes down to the goodwill of their employers and some of them were able to make appropriate adjustments to their work schedule because they had a good relationship with their managers. Others identified the differences of working in the private and public sector or being a freelancer which influences how flexible working can become.

The following table summarises the insights gathered through the literature review carried out by partners on the work-life balance directive and its national transposition in their countries, along with input from co-creation workshops with employers, managers, and HR specialists, as well as informal carers.

Key Takeaways
The introduction of the Work-Life Balance Directive has been an important legislation initiative in enabling working parents and caregivers to better reconcile professional and private lives.
The minimum standards provided by the Directive may be often insufficient for caregivers providing informal LTC on a daily basis to family members in need.
The translation of legislative frameworks based on the Directive into tangible, everyday practices remain difficult, indicating a potential disconnect between policy and practice.
A significant lack of awareness about the Directive and national legislation on formalised leave structures and flexible working conditions was observed among participants of the co-creation workshops.
The envisaged measures and provisions constitute an important but limited step in bridging the gender gap in care, with women often undertaking the role of the caregiver, giving up work opportunities and unequally sharing responsibilities with their partners.



4. Gender Divide in Long-Term Care

4.1. Availability and Limitations of Existing Long-Term Care Services

The World Health Organisation defines LTC as care that is provided for prolonged periods either by formal caregivers (professionals) or informal caregivers (family members or friends). According to WHO, the main objective of this type of care is to prevent, reduce or rehabilitate any functional impairment due to physical or mental illnesses of any age. However, often, those who require this type of assistance are older people over 60 years of age (WHO, 2022).

In 2022, the European Commission adopted the European Care Strategy with the aim to enhance services for early childhood education and care (ECEC) and LTC by expanding them to address both current and future care demands. The strategy acknowledges the crucial importance of improving care services and stresses the need to increase the availability of formal care options. It also highlights the importance of improving the quality, affordability, and accessibility of these services. Furthermore, the strategy underscores the necessity for care responsibilities to be equally shared between women and men (EIGE, 2023).

Formal LTC is nationally regulated and often limited to a few state-funded services, unable to provide for the increasing needs of an ageing population. A big movement towards deinstitutionalisation is being observed across countries, aiming to transform the support and care system, moving away from residential services to the creation of community-based and outpatient care, while putting an emphasis on caregivers' and care receivers' quality of life (Thomas, 2024). Despite most EU Member States having deinstitutionalisation strategies in place, the number of individuals (children, adults with disabilities, and older people) in residential facilities has risen in the 10 years up to 2022–2023 in the EU (Eurofound, 2024b). This indicates that, as previously mentioned, needs for LTC is increasing, which means that formal care services and provisions are experiencing higher demand.

The observed limitations of formal LTC services lead to heavy reliance on informal care. Most countries examined in the framework of the present report operate a fragmented, mixed LTC system, balancing public, private, and family resources. The family is still the backbone, but demographic shifts (ageing population, fewer births) make this model increasingly unsustainable. Therefore, informal caregivers play a definite role as the primary support system for the LTC of older adults, supporting many individuals to continue living at home (National Institute on Aging, 2023). They provide care for persons with whom they have a personal connection, such as a family member, friend or neighbour. Their support mainly involves assisting with personal tasks, including activities of daily living (ADLs) like bathing, dressing, mobility, eating, toileting and continence. Additionally, they often help with other chores such as housekeeping, laundry, meal preparation, medication management, shopping, handling finances, transportation and using communication devices (Edemekong et al., 2025).

Apart from the lack of support from governments to provide LTC services, which lead to the inevitable choice of informal care for most families, there is an additional aspect of obligation felt by many children for caring for their parents. Familism is defined as *“the subordination of the personal interests and prerogatives of an individual to the values and demands of the family”* (Dictionary.com, n.d.) and high familism can be expressed by a sense of obligation to family members and a preference for care and support to come from the family circle rather than formal services (Koukoulis et al., 2020). Additionally, gender stereotypes and social norms provide additional pressure on women of the family to become the main caregivers.



In a framework with limited formal care services and high reliance on informal carers, care responsibilities prevent millions of women across the EU from participating in the workforce or limit them to part-time employment (European Commission, 2022a). As such, the gender care gap is one of the major factors fuelling gender inequality in the labour market (European Commission, 2022b). It is estimated that 14.4% of the EU population aged 18 to 74 years old, corresponding to 52 million people across the EU, provide informal LTC to family members, relatives, or friends on a weekly basis (European Commission, 2021). A recent study showed that the majority (59%) of informal caregivers in the EU are women (European Commission, 2021), thus reinforcing gender inequalities. The gender imbalance at EU level is estimated at 18% of adult women versus 12% of men being more likely to provide informal care, with the relevant proportion increasing for individuals between the ages of 54 and 64 years old (European Commission, 2021).

Results from the literature review conducted in partner countries indicate that the formal LTC systems are currently struggling to meet the growing demand of the ageing populations, leaving many individuals without the support they need, opting for informal care provision from their loved ones, mainly women in the family.

Romania

In Romania, social services, whether provided by public institutions or private organisations (for-profit or NGO), are unevenly distributed at the national level, both between regions and counties, and especially between rural and urban areas. As a result, there are major imbalances between regions and between rural and urban areas, which create problems for beneficiaries in accessing these services (Chivu, 2019). Social services for children are the most developed in Romania, representing 51.4% of social care providers compared to 22.6% of those for older people (Chivu, 2019).

Official data show that in Romania on May 1, 2025, there were 800 residential centres licensed for older people. Out of these, 787 were residential centres (119 public and 668 private), 3 were respite/ crisis centres and 10 were protected houses. More private residential centres have been developed in the last 15 years, with a capacity of 26,614 beneficiaries (three times greater than the capacity of licensed public residential centres). The respite/ crisis centres are a new type of social service developed and financed in the last four years based on the needs of older people and their families. This need was mentioned in the Romanian strategic documents on active ageing and LTC (Ministry of Labour and Social Security, 2022a) and on persons with disabilities (Ministry of Labour and Social Security, 2022b). Although the need for residential centres with social and medical services is quite high, their cost is much higher, so many are developed by the public sector.

Non-residential social services for older people focus on the provision of community-based services, so that older people do not need to be institutionalised. In Romania, there are 191 day-care centres (47 day-care and rehabilitation centres and 144 day-centres for socialising and leisure activities), 324 home care units (115 public and 209 private) and 301 community centres (142 public and 159 private) (Ministry of Labor, Family, Youth, and Social Solidarity, 2025).

Evidence shows that in 2024, 2662 older people with disabilities benefited from the residential care services and 946 from non-residential care services provided by public institutions (National Authority for the Protection of the Rights of Persons with Disabilities, 2024). In the public sector, non-residential care services for older people with disabilities include day care centres, outpatient neuromotor recovery service centres, assistance and support services, mobile team and home care. Considering that 256,277 older people with disabilities receive care from their families or from informal carers, this sector of non-residential services should be more developed in the next years (National Authority for the Protection of the Rights of Persons with Disabilities, 2024).



Given the low level of public funding for social services and social protection in Romania, and the social needs of the most vulnerable groups, the family plays an important role in providing the necessary care. The shortage in residential or community care services, as well as a predominant cultural model that stigmatises institutionalised care as a familial abandonment of older individuals, exacerbate reliance on informal LTC, predominantly provided by women, thus hindering economic and social equity. Rural areas, where only 12% of institutional care facilities are located (World Bank, 2022a), face acute shortages forcing reliance on informal care.

Romania is among the countries with the highest share of the population involved in informal LTC for individuals in need of assistance with daily activities. A total of 31.2% of women and 25.7% of men are providing care on an informal basis, while at EU27 there are 22% of women and 21.7% of men involved in informal caregiving (EIGE, 2022). The scarcity of formal care for children and older people in Romania, compared to the other countries in the region, impacts the employability of women and reduces their economic opportunities, since they are seen as primary caregivers (World Bank, 2023). Women in rural areas are disproportionately affected due to limited childcare and eldercare infrastructure. Additionally, Romania ranks last in the EU Gender Equality Index (GEI), with a score of 57.5 out of 100. In 2024 (although most data was from 2022), Romania's GEI score was 13.5 points below the EU average (EIGE, 2024), highlighting persistent disparities across key domains such as work, money, knowledge, time, power, and health. This ranking underscores the challenges Romania continues to face in ensuring equal opportunities and outcomes for women and men.

The Gender Social Norms Index reveals that 85% of Romanians agree with at least one gender-related stereotype (at least one bias), while 62% of citizens adhere to at least two such stereotypes. These figures are similar to those recorded in countries of the former socialist bloc in Central and Eastern Europe but are significantly higher compared to the levels observed in Western European countries (United Nations Development Programme, 2023).

Cyprus

The current LTC system in Cyprus is divided between health care and social care sectors. The Ministry of Health (MoH) oversees long-term health care, which is primarily delivered through community nursing and focuses on home-based services for individuals with chronic illnesses or disabilities (e.g., offering home visits to care-dependent individuals, providing services such as information on state and community benefits and available services). The Ministry of Labour, Welfare, and Social Insurance is responsible for long-term social care, operating mainly through the Guaranteed Minimum Income (GMI) scheme and various programmes supporting individuals with disabilities (Eurocarers, 2023). GMI offers some financial assistance for social care needs, including home and personal care. However, eligibility is generally restricted to GMI recipients, with few provisions specifically targeting informal caregivers. Notably, there are no dedicated carer's allowances or tax incentives to compensate for lost wages or expenses incurred due to caregiving responsibilities (Eurocarers, 2023). In addition, Cyprus lacks a formal quality framework for LTC services, with existing regulations primarily addressing aspects of residential care, such as room size and sanitation requirements. Care services are delivered by a mix of public agencies, local authorities, NGOs and private providers. Available services include home care, day care, respite care and residential care.

In Cyprus, the majority of informal carers for older persons and/or individuals with disabilities are women, accounting for 71% of caregivers. Among those providing care several days a week or daily, 15% are women and 7% are men. While women's involvement in such caregiving aligns with the EU average, men's participation is 3 percentage points lower. Within the 50-64 age group, 17% of women and 11% of men provide informal care, whereas in the 20-49 age group, the figures are 17% for women and only 4% for men (EIGE, 2019). The gender inequality is also highlighted by the Gender Equality Index (GEI).

In 2024 (although most data was from 2022), Cyprus' GEI score was 60.9, ranking 20th in the Gender Equality Index 2024, 9.1 points below the EU average (EIGE, 2024).

The LTC system of the country seems to be failing to recognise informal caregivers, leading to a lack of integrated care pathways and a cohesive strategy for supporting them (Eurocarers, 2023).

Greece

A mixed form of care is observed in Greece, with limited formal care initiatives coming from social care programmes with national funding or non-for-profit organisations' support (Pavlopoulos & Rachiotis, 2024). In Greece, LTC services for older individuals and people with disabilities are provided through a combination of open and closed care structures, which are further classified by their legal status as either public legal entities (NPDD) or private legal entities (NPID).

Open care structures include (Koulias, Apostolakis & Sarafis, 2020):

- Day Care Centres for Older People (KIFI), supporting individuals with mobility difficulties or dementia, aiming to prevent social exclusion and improve the overall quality of life for their families.
- Open Protection Centres for Older People (KAPI), offering medical, pharmaceutical, and emotional support to independent and self-sufficient older individuals, helping them address everyday challenges and maintain social engagement.
- Day Centres for Persons with Disabilities (KDIF), providing care and assistance to individuals with physical or intellectual disabilities, focusing on the development of their social and practical life skills.
- Supported Living Residences (SYD), promoting independent living for residents while maintaining their maximum level of self-care and functional abilities

Closed care structures include (Koulias, Apostolakis & Sarafis, 2020):

- Care Units for Older People (MFI)—which may be privately run, operated by religious institutions, or publicly managed—where individuals with complete self-care dependency receive residential care.
- Social Welfare Centres also provide support for people with chronic physical or mental conditions, with the aim of ensuring social protection, rehabilitation, or recovery in specific cases.

In 2024, Greece established a working group comprising the Ministries of Social Cohesion and Family, Health, Labour and Social Security, Interior, and National Economy and Finance to jointly develop policies for LTC. A comprehensive mapping of both the existing structures and the needs for LTC services was conducted, leading to the formulation of the National Strategy. For the first time in Greece, a comprehensive, structured plan has been developed specifically for LTC. Previous efforts were fragmented and uncoordinated. This National Strategy represents a significant step forward, ensuring a sustainable and effective LTC system for the future. Despite the availability of these services, the system faces significant challenges. The existing number of facilities is insufficient to meet the needs of Greece's ageing population and delays in infrastructure development, staff shortages, strict admission criteria, and long waiting lists further hinder access (Koulias, Apostolakis & Sarafis, 2020). This leads to heavy reliance on informal carers to provide daily support to older individuals in need.

In Greece, most families follow a traditional nuclear family type, living in a single household but with strong ties being maintained with extended family, mainly grandparents who are kept close and often living together or in close proximity, in the same city or even the same building (Evason, 2019). In cases where more than two generations may live together, this can occur due to ageing family members moving in to be cared for by the younger individuals (Evason, 2019). Papadopoulos (2002, p.9) defines

the process “Greek familism” as “the Greek family policy, which through its inaction, implicitly nurtures and reproduces the ideological assumption that the family is the main provider of welfare in society”.

According to the European Quality of Life Survey, Greece comes first among European countries in the share of people who self-report providing informal care on a weekly basis, with the prevalence being as high as over 30% of self-reported informal carers (Eurofound, 2018). On a European level, informal LTC is mainly provided by women and in Greece it is no different with 10% more women than men providing care (Eurofound, 2018). Complementary data from the European Institute for Gender Equality (EIGE, 2023) indicates that almost 70% of the men and women in Greece provide informal LTC for at least 4 days a week. Despite the proportion of men providing care increasing from 12% to 30% between 2007 to 2022, the responsibility still largely lies on women. In 2022, 69% of mothers took on the caregiving of children versus 47% of fathers (EIGE, 2023). In 2024 (although most data was from 2022), Greece’s GEI score was 60.9, ranking 25th in the Gender Equality Index 2024, 11.7 points below the EU average (EIGE, 2024).

Due to limited public institutional LTC facilities and national initiatives around formal care, Greek families are pushed into the direction of caring for their parents and grandparents as no support is provided by the government. Even the limited availability of private services, care homes or even undeclared work provided by unskilled migrant women caregivers, mostly with informal employment arrangements can be costly, leading families to prefer to provide the care themselves to the older generations (European Commission, 2021).

However, strong family values and a deeply rooted tradition of intergenerational support are largely contributing to informal caregiving remaining prominent in Greece (WHO Regional Office for Europe, 2024). The moral aspect of caregiving highlights the relationship between a sense of obligation, feelings of guilt, gender norms, and motivations (Zygouri et al., 2024). Greeks view negatively the notion of leaving their loved ones in nursing homes or residential care, and even if they do so, their children are expected to visit them regularly and make all the arrangements which often include paying for the costly services (Evason, 2019). This expectation for extended caring and support of older people often stems from traditional values being still present and Greek family being a very important institution for Greek people who expect everyone to be involved in caregiving, with older generations caring for children and then in turn younger generations taking on the responsibility of caring for older family members (Tsiganou, 2021).

Spain

In Spain, formal LTC services are available through a combination of public, private, and subsidized resources, designed to support individuals who are unable to live independently due to age, disability, or chronic illness. These services include residential care homes (residencias), day centres, and home-based care (Costa-Font et al., 2022). Residential care homes provide 24-hour support and medical supervision for those with high levels of dependency. Day centres offer structured daytime activities, meals, and basic healthcare, allowing individuals to return home in the evening. Home-based care services include assistance with daily activities such as bathing, dressing, and meal preparation, often coordinated through municipal social services.

Access to these services is regulated under the 2006 Law on the Promotion of Personal Autonomy and Care for Dependent Persons (Ley de Dependencia), which establishes a framework for assessing individual needs and allocating public funding. However, availability and quality of care can vary significantly across regions due to Spain’s decentralized healthcare and social service system. According to the Survey on Disability, Personal Autonomy and Situations of Dependency (EDAD), a total of 357,894 people with a disability were residing in care facilities in 2023 (65.1% women and 34.9% men); more

than 80% were aged 65 or over (INE, 2022c). Jurado et al. (2021) highlight that in recent years, the responsibilities of caring for adults in need of care have increased significantly.

The Active Population Survey (EPA) in Spain reports a total of 12,426,700 inactive people, meaning they are not classified as either employed or unemployed. Of these people, 82,600 individuals find themselves in this situation because they have taken on the responsibility of caring for children, sick adults, individuals with disabilities, or older adults. In this context, the gender disparity is significant, with women making up 82.4% of those inactive for caregiving reasons, a percentage that is notably higher than that of men (17.4%) (INE, 2024b). In 2024 (although most data was from 2022), Spain's GEI score was 76.7, ranking 4th in the Gender Equality Index 2024, 5.7 points above the EU average (EIGE, 2024).

Italy

The public LTC system in Italy consists of 3 main types of support services:

- The **carer's leave system**, offering a combination of short-term leave for urgent cases and longer leave provision. Law 104/1992 offers limited workplace protections for informal caregivers, including up to 3 paid leave days per month and flexible work options. Parents of children under 3 may access extended leave from work up to 2 years or daily paid hours. Benefits are restricted to cohabiting caregivers, with only 1 eligible person per household.
- **Financial support**, through cash allowances. The financial compensation is, however, symbolic and far from appropriately rewarding the complex activity carried out by family caregivers. Moreover, the economic fund can satisfy a very limited number of applicants across Italy, selected based on income and the level of severity of the assisted person's disability (Cioffi et al., 2023). A non-means-tested national financial benefit is available for individuals with severe disabilities, irrespective of age, also known as the "companion allowance" (*CA/ Indennità di accompagnamento*). As of 2024, this benefit amounts to €531 per month and is granted to individuals who require continuous assistance with daily activities such as bathing, dressing, and mobility.
- **Home-based and residential care services**: Available services may include home care aides (*OSS "operatori socio-sanitari"*), day centers for older adults, respite care for caregivers, and cash benefits or service vouchers. Yet, the variation in regional and municipal programs continues to create unequal access to support across the country. To address some of these structural issues, Italy's National Recovery and Resilience Plan (PNRR) has allocated €3 billion to enhance home care services and strengthen the integration of formal and informal caregiving networks. A central focus of the plan is deinstitutionalisation, aiming to shift care from residential facilities to home-based and community-centered solutions (Law 104: Art 39, 2024).

Furthermore, Italy's healthcare and social welfare systems are highly decentralised, with each region and municipality being responsible for designing and implementing its own social services, home care programs, and caregiver support initiatives. This decentralisation leads to significant disparities in access to services. Generally, northern regions like Emilia-Romagna and Trentino-Alto Adige offer more comprehensive and better-funded services, whereas southern regions often face financial limitations and reduced access. Italy's public spending on LTC amounts to only 1.7% of the gross domestic product (GDP), significantly lower than the EU average of 2.5%, highlighting a chronic underinvestment in this sector (Eurostat, 2024b).

In Italy, informal LTC, particularly for older adults, represents a fundamental pillar of the welfare system. Domestic work involves approximately 3.3 million people, with families shouldering a considerable financial burden of around €13 billion annually. According to the DOMINA Report (Domina Observatory, 2024), this expenditure generates an economic output of €21.9 billion in goods and services. Despite its undeniable economic and social significance, informal caregiving remains largely unregulated,

creating challenges in terms of employment rights, access to support services, and persistent gender disparities in caregiving responsibilities. The gender imbalance in caregiving is particularly big in Italy. Women make up 75% of informal caregivers, reinforcing pre-existing inequalities in the labor market. Data show that women who provide LTC are 50% more likely to work part-time or exit the workforce, leading to long-term financial consequences, such as lower pensions and an increased risk of poverty in old age (ISTAT, 2019). In Italy, women account for 74% of the total hours of unpaid care and assistance work. It has been estimated that women perform 5 hours and 5 minutes of unpaid care work per day, while men contribute 1 hour and 48 minutes (De Stefanis, 2023). In 2024 (although most data was from 2022), Italy's GEI score was 69.2, ranking 14th in the Gender Equality Index 2024, 1.8 points below the EU average (EIGE, 2024).

According to the Organisation for Economic Co-operation and Development (OECD, 2022), about 60% of older people receiving care report receiving only informal care on average, with Italy being among the countries that resort the most to informal care. The most common approach is hiring domestic caregivers, known as "*badanti*," who are often migrant workers employed without proper legal contracts. This lack of regulation contributes to job insecurity and exploitation (Domina Observatory, 2024). In other cases, family members, predominantly women, assume caregiving responsibilities, frequently reducing their working hours or leaving their jobs entirely to provide care. Additionally, geographical disparities persist, with formal care services being more accessible in northern regions, while southern Italy faces significant shortages.

4.2. Effects on Women's Well-being

Unequal distribution of care work perpetuates existing gender inequalities, reinforcing traditional gender roles and limiting women's ability to achieve their full potential. Women often choose to give up their full-time work, work part-time or go on early retirement to offer care to family members in need. This can have a significant impact on different aspects of a woman's life.

Employment

On an EU level, it is observed that, on average, women dedicate more hours to unpaid tasks such as childcare and housework, which reduces their availability for paid employment. Data from 2022 shows that nearly 28% of women work part-time, compared to just 8% of men. When combining both paid and unpaid work, women end up working more hours per week than men overall. Women are also significantly more likely to take career breaks. In 2018, one in three employed women paused their work due to childcare responsibilities, while this was true for only 1.3% of men. As a result, care duties and family obligations often influence the professional decisions and career trajectories of women. A significant number of informal LTC providers in the EU are below retirement age, highlighting potential work-life conflicts and the challenge of balancing caregiving with childcare responsibilities (European Parliament, 2025).

In 2023, for **Romanian** women, the employment rate was 54.3%, for Romanian men, the employment rate was 71.7%, and for youth in Romania, the employment rate was 18.7%, all below the EU average (European Employment Services, 2025). This difference is partially explained by caregiving roles within families, which are traditionally assigned to women to a much greater extent than to men (World Bank, 2022b; Guga & Şindreşan, 2021). In **Cyprus**, in the 50–64 age group, just 21% of women informal carers are employed, compared to 62% of men (EIGE, 2019). In many cases, women in **Greece** have been prevented from taking up full-time jobs and have opted for part-time employment. Moreover, those women who do work often opt for early retirement, in order to be able to perform caring duties (Ziomas et al., 2018). According to the International Labour Organisation (2025), the labour force participation rate among women was 44.7% compared to males which was 59.6% for 2023. Data from Eurostat (2025) shows that in 2023, for women the employment rate was 52.8%, while for men the employment rate

was 70.8%. In **Spain**, the percentage of part-time employed people aged 16 and over who find themselves with caring responsibilities for children, persons with disabilities or older adults is 17.4% for women and 3.5% for men (INE, 2024b). In 2023, the employment rate of women in **Italy** stood at 57.3%, trailing behind countries like France, Germany, and Spain, despite having increased by more than 11 percentage points since 2021 (Eurostat, 2024c).

Physical Health

Women undertaking caring responsibilities for close family members have reported it taking a toll on their physical state including back pain, musculoskeletal issues and persistent fatigue (Montero-Cuadrado et al., 2022). Caring for an older family member with impaired mobility may require repetitive and physically intensive tasks such as lifting, bathing and assisting with mobility (Wells, 2023). Practical tools and equipment, such as mobility and transfer aids or adjustable beds/chairs, can be used to reduce physical strain but they are often expensive and not provided by the state, limiting their access and availability (Wells, 2023).

Emotional Well-being

As participants in the co-creation workshops conducted in the framework of the project highlighted, undertaking full-time caregiving for a family member can enhance the emotional and sentimental bond but can also be emotionally straining. Lack of boundaries between family members when having to undertake personal care (hygiene, medical support) and conflict about decision making and everyday arguments can have effects on the daily and overall psychological well-being of the caregiver.

Additionally, the constant stress and worry for the responsibility for the well-being of a family member is an evident emotional burden. Caregivers experiencing emotional exhaustion due to their caregiving responsibilities may also experience social isolation as social engagement becomes difficult and limited due to responsibilities and inability to attend social events when having to provide care.

Recognition and Training

During the co-creation workshops it was also shared that, with caregiving being often perceived as an expectation from women, recognition for their hard work is lacking both from the state (in terms of compensation and the informal nature of caring) but also from the family environment as it is a tolerated and reinforced expectation. Additionally, the lack of recognition for caregiving tasks leads to women undertaking them without adequate training, which can negatively affect not only their own well-being but also the quality of care, putting at risk the family member they care for.

Economic Stability

Many women choose to reduce their professional activity due to caregiving responsibilities, which automatically affects their economic stability and financial independence (Chiarotti et al., 2023). Women are dependent on the financial support from their family or rarely the government. Provision of informal and unpaid care leads to financial vulnerability and insecurity with findings showing that informal caregiving increases financial stress (Koomson et al., 2024).

Overall, national systems may not explicitly discriminate against women, but societal norms reinforce the expectation that women handle caregiving. Having the role of an informal carer is not recognised on a structural level, as it is often understood as a family matter and not a recognised role that should be compensated for.

4.3. Summary and conclusions

The provision of formal LTC seems largely similar in its structure across the consortium countries. The increasing needs of an ageing population are emphasising the demands for restructuring the currently

limited national formal care services. As these often have strict eligibility criteria, are limited in relation to the high number of individuals in need, and vary across regions due to most countries having a decentralized healthcare system.

Despite the vital role informal caregivers play in sustaining the welfare system, their contributions remain undervalued and inadequately supported. A key issue is the lack of formal recognition, as informal caregivers receive little to no financial compensation or legal protection. While some flexible work arrangements exist, many employers are reluctant to implement them, further limiting caregivers' ability to balance work and personal responsibilities. Informal caregivers often find themselves managing highly complex medical conditions without having any formal training or expertise. This lack of professional competence can not only jeopardise the well-being of the person receiving care but also lead to feelings of inadequacy and stress in caregivers, who are expected to perform tasks for which they are not properly equipped. The responsibilities placed on caregivers vary depending on the illness and its severity, but they are consistently demanding and aimed at addressing every aspect of the care recipient's needs. These responsibilities go beyond basic physical and household assistance, often including the handling of administrative tasks that the individual is unable to manage independently. Given the intensity of caregiving and the emotional strain involved, it is unsurprising that such a role significantly affects the caregiver's quality of life, frequently resulting in serious health repercussions. Caregivers, overwhelmed by their duties, often neglect their own health needs, postponing or completely skipping routine medical checkups. The toll caregiving takes is well-documented, with research showing that caring for a chronically ill spouse is, in itself, an independent risk factor for increased mortality among caregivers (Cioffi et al., 2023).

During the co-creation workshop with informal carers carried out as part of the project in Italy, participants were asked to select words they associated with "care". Results revealed a dual perception with negative aspects of loneliness, fear and lack of support and positive aspects of love, affection and respect highlighting the emotional burden, but also personal values attached to care. Most participants of the co-creation workshops across all partner countries were unaware of the term "gender care gap", while some related it to the term "pay gap" that they knew of. Interestingly, many were also unaware of informal LTC and what it entails. With no clear regulations or frameworks for informal care, caregiving and the gender divide go unnoticed by the general public, remaining a 'normal' and expected responsibility within many families.

A "familistic" welfare model is being observed in many countries, where family is one of the most important social protection institutions. Strong family bonds can create a supportive and loving family network but at the same time it can reinforce patriarchal beliefs. Care is not only perceived as a familial duty becoming an intimate and personal matter but is also associated with femininity and domestic responsibilities (Lyon, 2006; Evason, 2019). Traditional expectations and gender stereotypes, portray a clear divide among responsibilities with men becoming the breadwinners and women being expected to stay at home and provide care to the family members that need it (e.g. children, parents, grandparents, family members with disabilities). These ideas are deeply rooted in many societies and are gained at a young age from family and school (World Bank, 2023), but also the critical role of religion many times sharing young generations' ideas and beliefs about women (Cholezas, 2022).

Additionally, using formal care services and provisions to support a relative continues to carry a significant stigma in societies (Lyon, 2006; Evans, 2019), which is often tied to perceptions of failure in fulfilling traditional nurturing roles, or feelings of guilt among women (Papastavrou et al., 2009; Zygouri et al., 2024). Families and societies often view nursing homes negatively and leaving a loved one without providing care from within the family. Care is seen as a moral and filial duty, especially for wives and daughters, rather than a voluntary act.



The literature review and the co-creation workshops conducted within the framework of the CareDivide project, both showed similar patterns in the gender divide observed in care in Italy, Greece, Cyprus, Spain and Romania.

Input from participants of the co-creation workshops indicated that the assumption that women are more naturally suited to caregiving roles as they inherently possess nurturing and sensitive traits reinforces the feminisation of care. Thinking of a woman's life stages, most often they undertake the role of caregivers for their children, then they become wives in adulthood supporting the family and their partner and as they grow older they undertake the care of their parents. Most often men play a secondary, substitute role in care when there is a need. However, caregiving is not inherently gendered, and a lot of men do want to participate in care and equally distribute responsibilities, as was shared in the workshops.

In many cases there is also strong reliance on migrant women providing care (Cyprus, Greece and Italy) from Eastern Europe, Latin America and Africa. This "migrant minder model" reinforces racial and gender biases through undeclared work of women who are often exploited and even treated badly with poor pay, long hours and bad living conditions (Lyon, 2006). Participants of the co-creation workshops in Greece highlighted that even the language used (looking for a "woman" to take care for someone) indicates the deeply rooted stereotypes that underlie the gender divide in informal care.

Societies tend to distinguish the responsibilities of men and women in the family, including caregiving and especially of long-term informal care of older members of the family. Traditional gender roles, the importance of family, patriarchal ideas and the women's role in the family in combination with limited support of formal care services enhance the gender divide in informal care. Although strong family ties and close relationships between family members can be seen as strengths, informal care work remains unrecognised reinforcing gender inequality. Undertaking care responsibilities can have negative effects on women and their everyday lives but also long-term wellbeing.

The following table presents the key takeaways gathered from the literature review and co-creation workshops conducted by the partners in relation to the differentiation and availability of formal and informal LTC services and the gender divide observed in care responsibilities.

Key Takeaways:
Formal care services are often limited, poorly monitored and with eligibility criteria that many individuals in need of care do not meet.
Informal care supports the majority of needs in all partner countries with women undertaking the burden of care for family members in need, including children, older adults and family members with disability.
"Familistic" societies expect and normalize informal care to be undertaken by the family, and especially by women, putting stigma on institutionalization and increasing feelings of guilt and obligation among the younger generation.
The gender divide is evident in care, with gender stereotypes, social norms and patriarchal beliefs sustaining the overrepresentation of women caregivers.
The effects of informal LTC on women are evident and multiple, affecting aspects of employment, mental and physical health, recognition and financial stability.



5. Overview of Good Practices

As part of the literature review conducted in the framework of the project, the partners also sought to identify resources, tools and good practices for promoting work-life balance and gender equality in employment. This section provides an overview of some of the most promising practices identified in relation to the following main areas:

- Promoting work-life balance, flexible work arrangements, and family-friendly practices.
- Addressing the gender divide in LTC and supporting carers' needs and employment.
- Addressing issues in formal LTC services, especially for older adults.
- Combating stereotypes and social norms that perpetuate the gender divide in caring responsibilities.

Despite efforts to identify good practices in all partner countries, the results show that promising initiatives, in some countries, are limited. The good practices that follow attempt to give ideas on engaging and innovative initiatives that can support caregivers and their needs, combat the gender divide in care, allow for flexible working conditions, and focus on community-based care for older individuals. The aim of representing these initiatives is to cultivate inspiration and allow for future replication in other areas or locations.

5.1. Promoting Work-Life balance, flexible work arrangements, and family-friendly practices

A work-life balance should be a priority for employers and companies with special consideration for employees who undertake caregiving duties within their families. The identified initiatives focus on recognising caregivers' needs and proposing arrangements that encourage flexibility at work and provision of financial, psychological support and training opportunities. Through such provisions, the work-life balance of caregivers is promoted, allowing for professional growth, while also recognising their duties as parents or carers. The following good practices have been identified by partners:

A comprehensive approach in the Emilia-Romagna Region

The Emilia-Romagna Region in Italy, introduced in 2014, a regional law that defines for the first time an informal carer as "a person who voluntarily and free of any charge takes care of a person with care needs who allows him/her to do so" (Regione Emilia-Romagna, 2024). This law includes:

- Recognition of the role of the informal carer and its value to society.
- Defines carer's subjective rights of information, training, psychological support, planned and emergency relief and representation rights.
- Foresees carers' active involvement in the definition of individualised care plans.
- Foresees financial support through care allowance and recognition of skills acquired through caring.
- Provides support for conciliation through agreements with employers' associations.
- Establishes the regional Caregiver Day.

In the Social and Health Care Plan of Emilia Romagna for the years 2017-2019 a specific measure to support informal carers was included. In November 2019, a resolution by the Emilia Romagna Region allocated 7 million euros to support informal carers in 2020. A group of stakeholders was introduced to facilitate the practical implementations of the law, with no data though being currently available on the progress of the approach (Eurocarers, 2020). However, the provisions of the law seem promising and constitute a good example that can be followed in other locations.



The Initiative #RiParto

Introduced in Italy, the initiative #RiParto funds corporate welfare programs aimed at improving work–family balance. These programs offer psychological, physical, and financial support, along with incentives for returning to work after childbirth or adoption. However, implementation across Italy varies regionally, with different strategies such as nurseries, care service vouchers, and parental leave programs tailored to local needs (Presidenza del Consiglio dei Ministri – Dipartimento per le politiche della famiglia, 2022).

This initiative is a good example of how funding can offer opportunities for the development of programs for caregivers. Since, in order to effectively promote work-life balance, support in different areas of the caregiver’s life is needed, including their mental health, financial stability, employment and training opportunities and physical health.

FamilyWorking Manifesto

NHOA Energy, an energy equipment and solutions company in Italy, introduced in 2020 the FamilyWorking Manifesto, promoting working remotely to achieve family balance through a flexible working time environment. The company proposed this new way of working which translates into positively recognising five essential rights: to Technology, to Absolute Flexibility, to Time for the Family, to Wellness both Physical and Mental, and to Being a Parent. The fundamental principle of the Manifesto is that going to the office is a right and not a duty and employees’ new natural workplace is their home. FamilyWorking promotes a culture where employees are empowered to balance personal and professional responsibilities, especially supporting women and caregivers through adaptable part-time schemes and inclusive practices. To allow its replication and application to other companies, NHOA has shared the FamilyWorking manifesto, and the analysis conducted by psychologists, sociologists, management and pedagogy experts (NHOA Group, 2020).

Although flexible working is becoming more prominent in partner countries, it often depends on the company’s culture and internal policies. The FamilyWorking Manifesto is a good example of how to officially establish flexible working arrangements within an organisation, which would benefit employees with caregiving responsibilities.

Citizens: Empowering Women Caregivers program

The Women’s Foundation in Spain has developed the Citizens: Empowering Women Caregivers program aimed at promoting self-care for non-professional women carers, promoting work-life balance. The program seeks to support the construction of a life project in which women caregivers can reconcile care with their own personal development and their social and labour participation. To this end, guidance and information services, individual accompaniment, group workshops, and spaces for participation are developed (Cuidadanas, n.d.).

Apart from recognising the importance of caregivers, it is also very important to provide the support and guidance they may need. The Citizens program is a good example of what can be offered to caregivers, especially women, to support them in achieving a work-life balance.

KPMG Romania

In 2023, KPMG Romania implemented a pilot program in its Audit department, through which the company provided to its employees between 5 to 7 additional paid days off to support their work-life balance. The company also provides days off for further training or exams that employees are taking (KPMG, 2023). This practice recognises the importance of rest, needed by employees and especially caregivers. It allows for extra time that can be taken to take care of one’s mental health, physical health, or professional development.



5.2. Addressing the gender divide in long-term care and supporting carers' needs and employment

With the disproportionate representation of women in caregiving roles, initiatives addressing the gender divide in care and providing support for women's needs are vital. Encouraging the participation of women caregivers in the labour market starts with the available opportunities for growth and learning. Some examples of good practices followed by organisations which focus on supporting caregiver's professional development are explored below:

School for Carers

An initiative introduced by the "la Caixa" Foundation in Spain in 2018, which aims to expand the skills of long-term caregivers. Aimed at family members and volunteers who care for people with advanced illnesses or at the end of life, this pioneering initiative in Spain offers online workshops led by experts who train non-professional carers to improve the quality of life of the people being cared for. These workshops take a cross-cutting approach to the different aspects of care: from essential physical care to the spiritual and social concerns of the people involved or their emotional and psychological difficulties ("la Caixa" Foundation, 2024). Some of the topics they address are:

- Emotional support and good treatment
- Dietetics and nutrition
- Self-care: taking care of yourself to take care of yourself

This initiative recognises the importance of providing learning opportunities for caregivers. Importantly, it also acknowledges the emotional toll of caregiving and how to deal with the mental health difficulties.

"Entrena Empleo" – Train Employment project

The Santa Maria la Real Foundation in Spain, introduced the "Entrena Empleo" (n.d.) project which aims to improve access to the labour market for women who are in a situation of long-term unemployment, and who have been engaged in unpaid care work. It provides personalised attention in conciliation and co-responsibility, strengthening women's support networks. Among the contents are the following:

- Mental health: encourages self-care practices to reduce stress and improve the mental health of women caregivers seeking employment.
- Social Entrepreneurship and Women Empowerment: Women can use the skills acquired during their care period to create projects with social impact.

This is an example of another initiative that focuses on the importance of caregivers' mental health, but also the valuable skills acquired through caregiving. Empowering women to enter the labour market using the skills of caregiving is of great importance, as it can allow for professional growth.

Matia Eskola

An initiative of the Matia Foundation in Spain (Matia Eskola, n.d.) is a knowledge and learning portal to respond to the challenges and training needs identified in care organisations. This resource offers courses and training in remote and free mode to promote good treatment and accompaniment of older individuals, as well as awareness of ageing and the needs of this population. It also has a media library where you can consult videos and documents of interest, such as:

- Good Care Route
- Notebooks on person-centred care
- Video conference: Take care as we would like to be cared for.



Those resources can be valuable for caregivers, especially women, who may want to expand their knowledge on how to provide good treatment and understand the needs of the older members of their families.

5.3. Addressing issues in formal long-term care services, especially for older adults

Formal LTC services in the partner countries face difficulties to cover the growing demands of an ageing population. However, some countries are implementing initiatives that are focusing on supporting older individuals in achieving their autonomy through home care and community-based programs. By offering alternatives to nursing homes and heavy reliance on informal care, these state-funded programs are good examples of how their replication could support more older individuals in need of care and support.

Integrated Home Care Programs (ADI) in Italy

Offered by the National Health System of Italy, this program aims to assist and contribute to the care and improvement of the quality of life of older people at home. Through specialised support, the program helps to preserve and stimulate residual autonomy abilities of the older individuals. The service provides for scheduled home visits by health and social-health staff and prompt nursing physician availability (San Raffaele, 2023).

Community Nursing Services in Cyprus

These services deliver LTC in Cyprus and are overseen by the Ministry of Health (MoH). They focus on providing home-based care to individuals with chronic health conditions, disabilities and older individuals; particularly those with disabilities. Families with members in need of care can access a range of services through the network of General Community Nurses and Mental Health Community Nurses. These professionals conduct home visits to patients with mental illness, individuals with disabilities, those on artificial ventilation and older persons living alone with serious health issues. Key services, which also support the mental and physical well-being of informal carers, include (Eurocarers, 2023):

- Direct care for individuals who are ill or with disabilities
- Specialised support for vulnerable populations
- Preventive measures to mitigate illness progression
- Psychological support for families experiencing acute stress.

The Home Care Nursing Service

Implemented through the State Health Services Organisation (SHSO) in Cyprus, it offers care services to individuals and their families within their home environment, helping with recovery or alleviating symptoms of illness or disability. The service aims to support individuals with illnesses or disabilities by enhancing their activity levels, promoting independence, and encouraging self-care, with the goal of enabling individuals to remain at home through comprehensive, patient-centered, and accessible nursing care (SHSO, 2025).

The Strovolos Centre for the Elderly

The Centre has been operating since 1993 and it offers a daily programme of activities for retired residents of Strovolos, Cyprus, providing an opportunity for older individuals to engage in enjoyable and creative pursuits. The centre allows individuals to use their skills, socialise, and actively participate in society. Currently, 150 older individuals are registered as members of the Centre (Strovolos Municipality, 2025).

VIDAS Platform



Implemented by the Ministry of Social Rights in Spain, it includes innovative ways to deinstitutionalisation through learning in society (Plataforma Vidas, n.d.). It seeks the transition from an "institutionalised" care model to another based on the human rights framework, from a community development approach and focused on the life project of each person. The VIDAS Platform brings together innovative projects, resources and news in the intervention with vulnerable populations within the framework of deinstitutionalization. Part of this initiative is the Practice-oriented Learning Communities (CAPs), a co-creation space in which topics such as:

- Community care and support solutions in rural settings.
- Routes to move from the institution to the community.
- Community activation and development.

KAPI (Open Elderly Protection Centers) in Greece

KAPIs is a longstanding form of support for older adults in Greece, ensuring their social participation with different group activities and support groups. KAPIs were established in 1984 by legislative initiative of the Ministry of Health and Welfare. They offer medical, pharmaceutical, and emotional support to independent and self-sufficient older individuals, helping them address everyday challenges and maintain social engagement (Hope – Heatwaves, 1984). The most important contribution of the KAPIs is that they enable old people to receive open care while at the same time they remain at their homes (Daniilidou et al., 2003).

The KAPIs can be seen as a good practice as they are providing opportunities for older adults to join group activities and allow for their socialisation. This also alleviates the time that family members have to offer for providing care to their family members.

Communities of Care – Community Care in Rural Setting project

Care Communities (Comunidades de cuidados, n.d.) is an initiative in Spain. The objective of this project is to promote co-responsibility in social support for older and vulnerable individuals. Participatory self-diagnosis is carried out by the communities themselves in each territory, where older people, in collaboration with other agents and resources, can analyse and detect their needs, weaknesses and strengths. Based on self-diagnosis, they design pilot initiatives for support and co-responsibility in care and develop methodological guides for care projects with older people. With informal carers often being non-professionals lacking expertise on how to safely support individuals in need, such initiatives give the opportunity for older individuals to identify their needs and gain the right support.

5.4. Combating stereotypes and social norms that perpetuate the gender divide in caring responsibilities

One of the main challenges in promoting gender equality in care remains the persistence of gender stereotypes, attitudes, behaviours and social prejudices. Good practices for combating stereotypes and social norms mainly include awareness-raising campaigns and educational programs.

Awareness campaigns highlight the changing dynamics of caregiving gender roles, promoting the idea that caregiving is not solely a woman's responsibility. NGOs and educational institutions are the ones mainly leading public campaigns to challenge the idea that caregiving is "women's work." Some examples of organisations and projects raising awareness around gender stereotypes in caregiving include:

MenCare Project



The MenCare campaign engages men as fathers and caregivers to advance gender equality (MenCare, n.d.). MenCare has local and national campaigns active in over 70 countries, including Italy. The initiatives of the project include:

- Program P: a fatherhood program, which provides concrete strategies and activities to engage men globally in active fatherhood from their partner's pregnancies through their children's early years.
- Media campaigns: inspire men, their families, and their communities to support men's caregiving. MenCare provides global content and advice on adaptation for local organizations to use and tailor to their cultures and contexts.
- Advocacy: by engaging change agents in governments, workplaces, and communities, MenCare advocacy platforms seek to promote men's caregiving and change policies of care inequality.

The activities of MenCare offer good examples of practices that can be followed by other countries and adopted locally to combat gender stereotypes in caregiving and strive for equal division of care responsibilities.

Diotima Centre

Diotima is a Greek women's non-profit organisation specialized in gender issues and equality, aiming to highlight and remove gender-based discrimination. Diotima implements projects and campaigns and offers services and training with the ultimate aim of achieving equality and empowering women (Diotima, n.d.). Diotima implements the DISC project which aims to challenge gender stereotypes and raise awareness on gender inequalities in care by applying art-based techniques and methodologies. This is an example of how creativity can support the implementation of awareness-raising campaigns.

Educational programs can also address gender stereotypes from an early age and promote the concept that caregiving is a shared responsibility, encouraging more equitable participation from all genders. An example from Spain, focusing on co-responsibility follows:

"Correspons-Habilidad"- Correspondents-Skill Initiative

Introduced by the Santa Maria la Real Foundation in Spain (Santa María la Real Fundación, 2025), the project is dedicated to training and raising awareness in co-responsibility from an integrated gender approach to increase men's involvement in participation in the field of care and other domestic responsibilities in the family sphere. Among the contents is the realisation of training itineraries with men, awareness-raising actions for different agents such as the business fabric, professionals of public and private intervention, as well as transfer actions.

Some of the training topics are:

- New leaves of absence and measures to improve work-life balance.
- How to work on co-responsibility and work-life balance in social intervention.
- New work-life balance measures, trends and their application in the company.

This initiative represents a good example of how encouraging men to undertake caregiving can combat gender stereotypes and allow for equal division of care responsibilities.

In summary, good practices collected in partner countries represent both preventative measures and reactive actions. On one hand, awareness raising, training and media campaigns can increase recognition of informal carers and highlight the gender divide in care responsibilities. On the other hand, programs focused on supporting caregivers and offering LTC services to individuals in need, can alleviate the challenges observed in caregiving and allow for a work-life balance. Replication of the aforementioned good practices is strongly encouraged to better comprehend their effectiveness on national and transnational levels.



6. Conclusions and Recommendations

In the framework of the *CareDivide -Bridging the gender divide in informal long-term care* project, partners from Romania, Cyprus, Greece, Spain and Italy carried out a detailed literature review to understand the national framework around caregiving in the respective countries. Emphasis was placed on providing a clear picture of the legislative provisions in place in regarding work-life balance and gender equality in the workplace, as well as care responsibilities. Additionally, the partnership aimed to discover the availability of formal LTC services and the provision of informal care and its impact on the well-being of the caregivers. To provide real-world insights on the subject, co-creation workshops were carried out with employers and also people providing informal care to close relatives.

The following sections present the main challenges and obstacles observed by co-creation workshop participants, in relation to the gender divide in care and adherence to legislation around work-life balance. In response to these barriers, recommendations are being proposed by partners that could guide future initiatives at national and European levels.

6.1. Observed Challenges and Obstacles

Ageing societies and increasing care provision needs have led to a demographic crisis being observed across Europe. There is an intensifying need for care in vulnerable populations and limited state-funded infrastructure and services that can cover the increasing demands. Legal frameworks and existing policies differ across countries but are led by the Work-Life Balance Directive, which was introduced by the EU in 2019, aimed at modernising the existing EU legal framework around family-related leaves and flexible working arrangements (European Commission, n.d.). Review of national legislations in partner countries indicates that, in line with the EU Directive, measures have been proposed to support work-life balance and equal distribution of care responsibilities. These include the introduction of paternity and carers' leave, the strengthening of parental leave, the extension of existing rights to request flexible working arrangements, and a set of non-legislative measures on protection of discrimination and encouragement of gender-balanced use of the Directive's conditions (European Parliament & Council of the European Union, 2019).

However, what became evident during the workshops carried out in partner countries is that key challenges still exist that perpetuate the unequal division of care responsibilities and a gender gap in caregiving. These challenges were highlighted by both employers and managers, and the informal carers that took part in the workshops delivered in Romania, Cyprus, Greece, Spain and Italy, painting a different picture than that drawn in legislative and policy documents. The main obstacles observed can be organised into the following categories:

- **Lack of awareness**

Unawareness about the EU Work-Life Balance Directive and what it constitutes of, was observed among both groups, with employers and employees being equally unaware of the available rights that they are expected to provide or are entitled to. It seems that individuals are mostly unaware of carers' leave, whether paid or unpaid. This indicates the need for greater dissemination of relevant information and guidance within workplaces.

Many companies address caregiving needs through informal, ad hoc measures driven by personal responsibility and a "family-oriented" management style, rather than through structured or standardised corporate policies. This approach, while well-intentioned, leaves caregivers dependent on individual goodwill and reinforces unequal access to support.



Most often, employees may be aware of certain legal provisions that are adopted in their specific workplace, but there is a clear gap in knowledge regarding broader European initiatives or even laws in their country. Informal carers also strongly emphasized the absence of formal recognition and dedicated protections for their role as caregivers. They highlighted a number of unmet needs, including access to psychological support and other essential services aimed at safeguarding their own well-being, which remain largely unaddressed within the current institutional and legal framework.

- **Cultural Factors and Gender Norms**

A “Familistic” model is being observed across countries, with family playing a central and informal role in the welfare system. This model reinforces cultural norms and enhances expectations for families to undertake caregiving; often leading professionals, both employers and employees, to ignore or lack awareness of laws around caregiving. Caregiving is seen as a taboo subject which no one wants to talk about in the workplace, but everyone has to face.

Additionally, caregiving is still widely perceived as a woman’s responsibility. This social norm discourages men from taking carers’ leave or requesting flexible working arrangements, limiting the directive’s potential impact on gender equality. Uptake of leave (parental and carer’s leave) by men remains limited due to existing gender norms and expectations for women to undertake caregiving, leading them to giving up their full-time job, going part-time or choosing an early retirement to support the caregiving needs of their family.

- **Resistance from employers and nature of work**

Although most often working arrangements, carers’ leaves, and flexibility in the workplace are arranged on a case-by-case basis, many companies hesitate to introduce flexible work policies, due to concerns about the productivity of their employees and strict internal policies that have been followed for many years.

An observed resistance from employers is common, which, in combination with bureaucratic hurdles for permission slips, proof of disability or doctor notices, makes employers lack empathy in regard to caregiving needs. Sometimes accommodations are offered in the form of remote or hybrid working, but that depends on a company’s policy rather than engagement and support for employees’ personal needs.

Additionally, a lack of effective enforcement is evident, especially in rural areas and among non-standard workers who may face challenges in accessing their entitlements. Differences in flexible working conditions are largely dependent on whether carers are employed by private or public organisations, they are freelancers, or they have been employed for many years, which allows them more flexibility. Additionally, in some sectors (e.g. healthcare) understaffing and the nature of work make flexible work arrangements a prohibition.

Resistance from employers in implementing legislative frameworks also adds to an existing workplace stigma. Employees often fear sharing personal information with employers about their family situation and caring responsibilities as there may be a negative impact on their career progression or chances of promotion.

Policies should promote gender equality, enhance women’s participation in decision-making, and eliminate systemic discrimination within the care workforce.

- **Financial constraints**

Unfortunately, whether carers' leave will be paid or unpaid is nationally regulated. So, in countries where carers' leave is poorly remunerated or not at all, many workers, especially those with lower incomes, simply cannot afford to take time off to care for a family member.

Employers have also highlighted the need for clearer legislative frameworks, practical tools, and external incentives (such as tax breaks or certifications) to effectively support caregivers. Without these, they struggle to balance organisational demands with caregiving accommodations and risk perpetuating gender inequalities. Funding shortages and difficulties in hiring temporary replacements to cover absent employees' duties often lead to resistance from employers.

- **Poor Monitoring and Implementation mechanisms**

Although strategic documents are being produced, partner countries lack effectiveness in delivering feasible and actionable measures to support employees. Despite regulatory bodies and mechanisms being present to a certain extent, the employers' lack of awareness around the legislative framework and the limited data available on the actual implementation of laws indicate an absence of efficient mechanisms for monitoring and penalizing non-compliance with the EU Work-Life Balance Directive and its national transpositions.

Results from discussions of co-creation workshops indicate that the introduction of new entitlements, such as extended parental leave, carers' leave, and flexible working arrangements, marks important progress. However, the limited uptake and delays in the full transposition signal a disconnect between policy and practice. Structural gaps, cultural norms and insufficient enforcement mechanisms continue to hinder real change. Without targeted efforts to strengthen implementation, raise awareness and shift societal attitudes, the potential of these reforms to transform work-life balance and promote gender equality may remain largely unfulfilled. Therefore, considering the progress and challenges in the reconciliation of work and family life, it is necessary to delve into the reality of those people who, due to the intensity and permanence of care tasks, face greater difficulties in reconciling their professional life with these responsibilities and who consequently carry out these tasks informally. The daily experience of caregivers' is marked by systemic fragmentation, social invisibility, emotional strain, and financial insecurity. Addressing these interlinked issues calls for a more holistic, coordinated, and community-driven response that supports caregivers not only as individuals fulfilling a private responsibility, but as essential actors in the broader care ecosystem.

6.2. Recommendations

Results from the literature review and the co-creation workshops indicated that provision of care is highly gendered in the partner countries, with women mostly undertaking caregiving of children, older adults or family members with disabilities. The public formal LTC services are limited to cover the increasing needs of individuals requiring care and many times eligibility criteria and distant locations do not allow for easy access. On the other hand, private facilities are most often very costly for a family to be able to afford with no financial support from the government. The stigma around institutionalisation along with the expectation that women of the family will be undertaking the role of the caregiver, lead to a significant gender divide being observed in informal care.

Insights from co-creation workshops, along with results of the literature view conducted by partners can lead to the proposition of certain recommendations. These are based on the similar, identified needs observed on national level in Romania, Cyprus, Greece, Spain and Italy. Propositions made can facilitate the development of future initiatives, reforms of existing policies, and overall shifts in society's mindset around caregiving and its value.

Implementation of awareness-raising initiatives

Results indicated that increasing awareness on legal entitlements and rights, available support mechanisms and gendered division of care responsibilities is vital. Additionally, employers and employees need to understand the importance of work-life balance and how to achieve it, in order to strive for a better quality of life for caregivers. Future initiatives will need to name, define and distribute knowledge around what constitutes informal care and who informal carers are, as it is largely normalised and expected duty for family, and especially women, to undertake when their family members grow old. The need for awareness raising campaigns was identified both among employers, managers, and HR specialists but also among the informal carers.

Investment in formal long-term care services

The increasing needs of older individuals indicate the lacking care services, which are unable to provide support to the fast-growing ageing population. This causes long waiting lists, strict inclusion criteria and poorly performing services with overworked professionals. Increasing provisions of formal LTC could help alleviate the burden of informal caregivers and provide equal and easy access to all persons. A disproportionate availability of infrastructure in urban areas limits accessibility to formal care services in rural areas, putting more pressure on families to provide informal care due to lack of resources. An effective response has to prioritise the development of integrated support structures, particularly through community-based models, that offer a one-stop point of access to resources, peer connections, and essential services. These local hubs can play a pivotal role in relieving caregivers from bureaucratic burden while fostering trust, continuity, and a sense of belonging.

Psychological support

Providing consistent caregiving to a family member can be draining. Apart from the physical exhaustion and sacrifice of one's own needs, caregivers can experience emotional stress about the well-being of their family members. Caregivers can also face social isolation, as caregiving duties and unforeseen responsibilities can lead to withdrawal from social life. The development of mental health services directly for caregivers, with professionals who can support their well-being, would be of great importance. Initiatives such as peer support groups, mental health helplines, workshops and training on dealing with stress and emotions that caregiving brings, but also dedicated, free of charge, psychological support would be a good start to tackle the unspoken "carer burnout" that a lot of caregivers experience.

Improved enforcement and monitoring mechanisms

Improving the effectiveness of existing legislation can be achieved by introducing clear, actionable guidelines and accountability mechanisms. Establishing monitoring bodies and mechanisms that would ensure existing laws are effectively applied, could improve national transposition of EU laws around caregiving. The observed lack of integration across health, social and administrative services, leaves caregivers lost in a maze of disconnected institutions that are not being promoted, enhanced and evaluated properly.

Support structures for informal caregivers

Further support for informal caregivers can help recognise their dedication. Financial incentives, professional opportunities and training could support caregivers to continue to care for family members. The informal nature of caregiving often keeps those individuals unrecognised and hidden and sometimes even can cause harm and unfair treatment. Establishing formal recognition of informal caregiving roles within national policies and data collection systems could help formalise their role. This formalisation could lead to establishment of support services and benefits for informal carers.

Workplace adaptations

Companies and employers should allow for further flexible working arrangements, recognising caregiving rights, and offering allowances and benefits. Support and encouragement from empathetic

employers can help change mindsets and challenge stereotypes around care. National frameworks should support employers in becoming more caregiver-friendly by offering training, toolkits and policy templates that encourage flexible work arrangements, remote work options and time-off policies. Another practice could be the establishment of incentive schemes for businesses that adopt inclusive practices for caregiving employees and a broader understanding of the needs of their employees as potential caregivers.

Culture change initiatives

Societies should address gender stereotypes that disproportionately assign caregiving responsibilities to women. A culture of co-responsibility and collective commitment needs to be created in which men and women share tasks equitably. Addressing the gendered nature of caregiving could take the form of public education and awareness campaigns that challenge stereotypes and promote shared responsibilities between men and women. It is suggested that public, private, and third-sector entities and, in general, agents involved in care issues support the creation and sustainability of projects aimed at men focused on raising awareness, informing and training regarding the assumption of care and promoting co-responsibility. The power of the media, mainstream and online, in influencing societal perceptions by promoting diverse media representations would also be key in this regard. These types of activities are essential to change the attitudes of men towards shared responsibilities and reduce gender stereotypes in care tasks.

An urgent need to bridge the gap between policy and practice is being observed, in order to ensure that legislative efforts translate into real support for caregivers and meaningful advancements towards gender equality. The recommendations proposed above seek to suggest actions that have applications on local, national, and European levels and in order to support societies adapt to the increasing needs of the ageing population.



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