

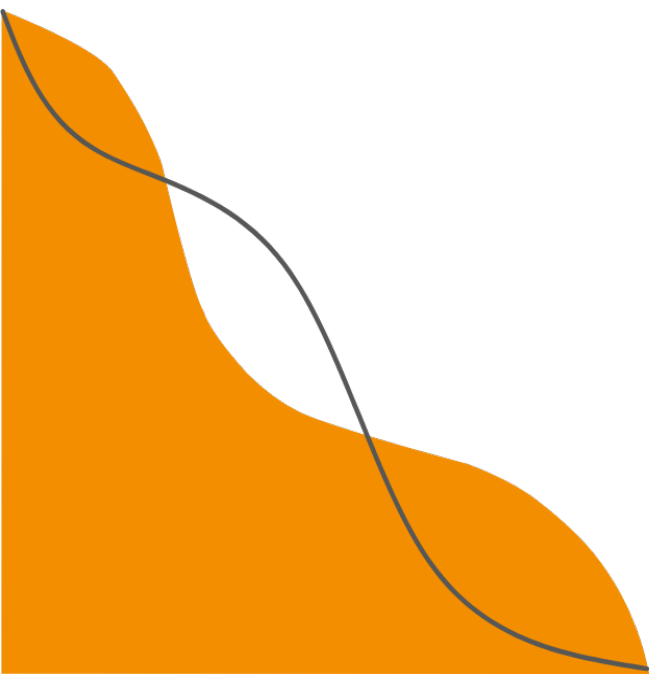


# Results of the Public Consultation on Care Economy

---

*CARING OVER THE LIFECYCLE: THE ROLES OF FAMILIES AND WELFARE STATES  
TODAY AND INTO THE FUTURE (WELLCARE)*

October 2024



## Table of contents

1	Executive Summary.....	1
2	Introduction.....	4
3	Results of the consultation process.....	4
3.1	Overview of the respondents.....	4
3.2	Questions on Care Mix:.....	5
3.2.1	Co-payment.....	5
3.2.2	Care provision mix.....	6
3.3	Questions on Current Challenges:.....	10
3.4	Future challenges to identify relevant projection scenarios:.....	12
3.5	Questions on data:.....	14
4	Project Identity.....	15
5	Acknowledgments.....	15



stock.adobe.com

## 1 Executive Summary

In the context of demographic change, where we are living longer and healthier lives, the demand for care is facing increasing strain. For people aged 65 or over, the OECD<sup>1</sup> has estimated that, across the EU-27, 19-32% have low, moderate, or severe long-term care needs. For the first time ever, the EU considers care to be an important social policy issue and adopted the *European Care Strategy*<sup>2</sup> in September 2022 to ensure quality, affordable and accessible care services and improve the situation for both care receivers and the people caring for them, professionally and informally. The strategy also helps to advance the implementation of the *European Pillar of Social Rights*<sup>3</sup> (namely, its principles 9, 11 and 18) and the *2030 EU social targets*<sup>4</sup> on employment, skills, and poverty alleviation.

The Strategy is built around a life-cycle approach covering from childcare to long-term care (LTC). Research over the last two decades evidence that early years' education has a positive impact on children's cognitive, behavioural and social development, in the short and long term. While high-quality care services have clear benefits for all ages, for many people they are still not affordable or available. Furthermore, during the COVID-19 pandemic health and long-term care services were strongly affected and underscored the structural challenges that many of care systems have faced<sup>5</sup>.

WELLCARE project investigates how the welfare state, the market, and the family interact in providing care along the lifecycle. While families remain the primary source of care and support in most countries, the project's approach sheds light on the analysis of how the overall care economy - which includes childcare and adult social care - affects welfare and inequality at both intra and intergenerational levels. Care systems differ between countries in terms of their design and maturity, but all face the current challenges. We analyse and assess care systems in a selection of high-income countries (Canada, UK, Austria, and Spain)<sup>6</sup> and the extent to which institutions and policies influence the size and composition of caregiving groups in society, the mix between formal and informal care, the gender composition of caregivers, and the relevance of migration as a component of care supply. A microsimulation model to project the future LTC demands and supply with related economic transfers flows is being applied to these countries.

On the halfway of the project, we approached stakeholders through a targeted consultation to evaluate existing systems and institutions and help formulate future policy recommendations.

---

<sup>1</sup> Latest update provided in May 2021

<sup>2</sup> [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_5169](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169)

<sup>3</sup> [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en)

<sup>4</sup> [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_3782](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_3782)

<sup>5</sup> 2021 Long-term care report, Vol I.

<sup>6</sup> <https://www.ub.edu/wellcare/2024/06/17/how-vulnerable-are-care-systems-to-future-changes-in-demand-and-supply/>

Following the *Strategic Research Agenda on Demographic Change* of the *Joint Programming Initiation (JPI) "More Years, Better Lives"* we aim to answer the following questions:

- Are social, economic and political structures created when 40 years of employment was sufficient to pay for the care of the young and old, still sustainable when "retirement" grows from five years to twenty or even thirty?
- What is a fair distribution of resources and wealth between generations?
- Who will win and who will lose, and how far and when should the state intervene?

Overall, survey respondents stated that the current care needs are not properly addressed and changes in policies are pressing. While the share of public funding, care systems and the current care provision mix are specific to each country due to the nature of each system (coverage, insurance component, role of family and third sector, institution/home based; in-kind/cash, etc.), most share common challenges. The division of functions between different levels of government adds complexity. Although there have been multiples reforms in recent years, care systems for children, for adults with long term conditions and for the elderly are still inadequate and inequitable. Policies fail for adult social care, support for vulnerable children and children needing statutory care. Furthermore, public coverage of ordinary childcare is often insufficient. Time invested in childcare is underestimated in time use data as it tends to be mixed with home chores. The convenience of incentivizing time spent in informal care clashes with the public budget constraints. Parenthood occurs during prime working (and career-building) ages, during which people also build up skills, with implications for future wages, and pensions. Encouraging them to remain in the labor force is important.

The main proposals to improve this situation and face the foreseeable increase in care needs include:

- A push for universal coverage, improving at the same time the design of copayment; including compulsory social security contributions;
- To improve the situation of informal caregivers, monitor them and/or add them to the care workforce;
- More public investment and efficient services from governments is needed;
- To Reduce social contribution and flexible working hours and improvement on the work-life balance of informal carers;
- To create awareness and encourage individuals for saving and self-investing for their future;
- Improving data on the time values of informal care provision to better reflect the time devote to care -especially childcare.

The observations gathered in the survey evidence the need for policy change taking a lifecycle perspective of welfare policies that could at the same time reduce the gender gap, and that are truly inclusive and fair for us all.

## 2 Introduction

This report presents the analysis of the contributions received during the online public consultation launched by the WELLCARE consortium from November 2023 to February 2024. The objective was to seek the opinion and suggestions of targeted stakeholders relevant to the WELLCARE project involved in the field of the care economy.

The consultation took the form of an online survey with a pack of 29 questions in a selective questionnaire split into:

- From 1 to 6 questions asked for information about the respondents' profile.
- From 7 to 17 questions on Care Mix
- From 18 to 22 on current challenges
- From 23 to 27 on future challenges
- Questions 28 and 29 concerning data.

The following sections show the results of this consultation summarising the answers received.

## 3 Results of the consultation process

### 3.1 Overview of the respondents

In total, 15 respondents completed the consultation. Note that the respondents could choose to answer all the questions or only some of them. Because of that, the total number of respondents for each question may vary.

Most of the survey respondents (73%, 11) are part of academic or research institutions, 13,5% (2) from civil society organisations, and 13,5% (2) from other institutions (local administration). It gathered responses from **eight countries**: Austria (7%, 1), Finland (7%, 1), India (7%, 1), Israel (14%, 2), Norway (7%, 1), Spain (14%, 2), Sweden (7%, 1) and the United Kingdom (14%, 2).

Respondents describe their expertise in the field of **care economy** as good (33%), excellent (20%), medium (27%) and low (20%).

Most of the respondents describe their expertise in the field of **social policies** as excellent (53%), good (40%) or normal (7%).

### 3.2 Questions on Care Mix

Overall feedback indicates that the current share of public care funding is not adequate and changes in policies are needed for complex reasons related to the division of work between central, regional and local governments. The answer is very individual to each country and there is no assessment of demand for public care for children and elderly. For instance, in Spain, public spending on care is low and most of the needs are covered by family spending, either in time or money. The system of funding social care - for adults with long term conditions and for the elderly - is inadequate and inequitable. Policies fail for adult social care, support for vulnerable children and children needing statutory care. There are significant funding problems for under-2s and for childcare and wraparound care.

### 3.3 Co-payment

For more than half of respondents (54%), **co-payment** is an adequate policy tool, while 46% don't think so. The comments provided were diverse:

- Long-term care (as well as childcare) needs to be liberated from its legacies in means tested social assistance schemes. Universal access to services in kind and in cash should become a general standard. However, co-payment for costs of living, e.g. in a care home, is to be paid by a percentage of income.
- Co-payment in Spain is badly designed. It is high for people with very few resources but also for people with medium and high resources. Families with high average income and wealth prefer not to access public social services, given the high co-payment, and to access the private market (often unregulated) or benefits (cash for care) for family care.
- It is adequate but depends on the level of necessary copayments, especially relative to net income.
- Co-payments for care of the elderly can only work with a coherent system of collective/social insurance or taxpayer funding of care costs, which the UK (at least in England and Wales) currently lacks. Similarly, the system of funding childcare through tax reliefs, tax credits/Universal Credit, and direct public funding of places is complex, inefficient and inequitable. There is a place for co-payments in childcare, but these should be additional to a properly publicly funded childcare system, as exists in the Nordic countries (and increasingly elsewhere in the EU).
- This varies according to the form of care and national path dependency. The UK is moving away from copayments in childcare towards universal services. Adult social care is tightly means-tested, so 100% coverage with a co-payment would be progress.
- Long-term care provision is very patchy and childcare too expensive. The public good aspects of good quality care are not considered.

According to most of the respondents (87%) public expenditure on childcare should act through in-kind benefits and cash. While 13% of them think it should act only with in-kind benefits.

In the same line, with regards to long-term care, public expenditure should act through both in-kind benefits and cash. While 20% of them think it should act only with in-kind benefits.

### 3.4 Care provision mix

The contributions referring to the **current care provision mix** (government, market and family) underlined the need to call for a political discussion in each country, starting from the given baseline. Also, whether you are referencing both home care, assisted living or nursing home care. Whereas some countries have even recently strengthened the role of family responsibilities in their constitution (e.g. Hungary, Moldavia), others are moving away from social assistance rationales (e.g. Austria and Germany in certain areas), and others are experiencing the impact of a market-oriented governance (e.g. UK). Furthermore, there is also the whole "third sector" that plays an important role in the 'care mix' of many countries (e.g. NL, Germany, Austria). In any case, 'adequate' is not a useful category in this context. In Spain, the intervention that families are obliged to undertake is too intense, since the public administration assumes a small part of the burden of care. In Israel, it is adequate for the elderly above age 80, less below that, and no, current approaches will be placed under strain by anticipated growth of the elderly (and share w/ disability) by 2030. It's more complicated for children (of whom there are many in Israel). Parenthood occurs during prime working (and career-building) ages, during which people also build up skills, with implications for future wages, and pensions. Encouraging them to remain in the labor force is important. In the UK, the NHS and adult social care need to be merged, with provision free at the point of use. This is the only way to ensure efficient use of resources and universal adequate coverage. A pragmatic approach should be taken to the commissioning of public services, and private provision should continue for those who want that. In another respondent's opinion, more could be done for home care and assisted living in certain provinces in Canada. Nursing homes are highly subsidized but unfortunately, they lack sufficient funds to attract and retain permanent staffing.

Other comments highlighted that a **care crisis** is emerging (that there are not enough educators, teachers and carers), governments should spend more on providing care, helping families and investing in human capital. Adult social care is totally inadequate and no sign of improving. In the UK, childcare support is better, but unrealistically funded. New entitlements to childcare are not sufficiently funded. Reforms focus too much on maternal employment over child development. There is hardly any public sector provision even though this is known to be of higher quality than for-profit provision.



The answers to the question “do you think the financing LTC recurring to general taxes or including it in social security with a compulsory contribution?” suggested the need to include social security contributions as early as possible in life. **Social security** compulsory contributions would allow for a more secure and stable source of income and, above all, greater visibility of citizens' contributions. At the same time, it would break with the usual logic of financing other services (health, education...), which, for example, in Spain is done through general taxation.

Other comments proposed that funding LTC should have a mixed financing model by general taxation and compulsory contribution. In the UK, if the supply of LTC was integrated with the NHS, it would make sense to finance it through general taxes (albeit with taxes that fall clearly on wealth and assets, rather than on the labour of the working age population). An additional role for something like Attendance Allowance, to meet low to medium care needs was suggested. A system of social insurance for high care costs would also work, much as proposed by the Dilnot review<sup>7</sup>, but it would be better to make this comprehensive, rather than relying on private contributions to the first two years of LTC.

The comments provided to the question if the “government policies should consider informal care given? For example, by counting the time spent raising kids as contributed time, do you know any other policy in this direction?” were diverse:

- They would recommend to the extent it levels off gender difference in care duties and compensate the time off from the labour market.
- Informal care/unpaid care work provided by citizens (mainly women) is the current 'elephant in the room' of all debates on social and economic sustainability. Most governments shy away from addressing the issue as putting a price-tag on care would increase public expenditures by many billions. Small steps are undertaken to professionalise care, to support informal caregivers and to add informal carers to the care workforce. The aim must be to reduce the gender wage gap and to avoid care poverty (in its double meaning: poor coverage and poverty in old age due to caregiving at working age).
- A need of recommendations for more flexible labor market regulations for parents, both men and women.
- In many countries, care is considered in tax deductions and reductions. In Germany, people without children (and without caring responsibilities) pay higher care insurance contributions. It would also be desirable to increase basic pensions for those who provide or have provided care.
- This would arguably be reasonable in low-fertility countries, less so in Israel (since it would incentivize higher fertility). But, even if time spent raising kids counted as contributed time, it wouldn't contribute to skill-building in the same way as, for example, retaining part-time position in the labor force.

<sup>7</sup> <https://www.kingsfund.org.uk/insight-and-analysis/briefings/dilnot-commission-report-social-care#:~:text=The%20current%20social%20care%20system,for%20social%20care%20in%20England>



- This question is very controversial and even academics do not understand why caretakers (for example mothers) should be compensated for raising children. They only see it as a right-wing fertility booster policy. So, it would be really important to start a discussion about unpaid care work and human capital investments, so that the general public understands the problem. In Italy, new legislation has been recently introduced so that mothers do not have to pay pension contribution for some time.
- In an integrated healthcare system, there is no reason for not commissioning relatives to provide care as long as their care is evaluated by the *Care Quality Commission* (CQC).
- Such a system of crediting time spent caring for children and adults is in place for contributions to the state pension system in the UK and could be extended to care financing under a social insurance system for LTC.
- Much better support is needed for carers of older and disabled people (support and social security). Policies to support parents of young children are also a priority (services and social security). LTC provision in the UK takes account of whether informal care is provided. It would be unaffordable to have 'carer-blind' assessment, but carers should have a free choice as to how much care they provide, with state services filling in the gaps.
- Better ways to combine informal care with other aspects of life e.g. but not exclusively employment. Compulsory "family-friendly" policies.

Most of the respondents think that the **public sector should complement informal care** with incentives for informal caregivers to account for their time. For some of the respondents, substitution is not an option (see Nordic countries in the 1980s) - public help (system world) will always be a complement to the life world of citizens which includes mutual caregiving. Where for other it should be complemented, though substitute for those who would prefer not to be spending their work hours providing informal care. **Social policy** needs to be designed to reflect economic and social realities - many family members actively want to provide care, but some cannot for reasons of work, distance etc. UK studies suggest that provision of more public care mainly complements informal care, not replaces it.



stock.adobe.com

Concerning the **level of care an elderly person receives from the public sector should be linked to whether they have children**, most of the respondents answered that a good and sufficiently care system should be a universal right, unconditional and hence disconnected from the availability of children, but there should be incentives and compensation for parents or informal caregivers. In the opinion of a respondent, if money truly will be tight,

then one could argue for a points system to incentivize certain sorts of things. e.g., someone who worked as a nurse or teacher should qualify for more support than someone who worked as a banker, or someone who never worked very much. For example, a respondent argues that in India this should be linked with having children as stated in the *Maintenance and Welfare of Parents and Senior Citizens Act, 2007*<sup>8</sup>.



Some participants are aware of **specific policies to foster informal provision** (care leave arrangement, e.g. parental leave; respite care etc.) which aim at improving opportunities to also participate in the labour market. Still not sufficiently, but this would include more awareness of employers and/or extended programmes to 'employ' informal carers - in this case, they participate as professionals in the labour market, but provide care (partly informally, partly formally) in the family. Day Nursery & Preschool (from 6 months to 6 years) is an important public programme to facilitate female (working mothers) participation in labour markets. For example, in Israel, there is a very high female labor force participation alongside Total Fertility Rate (TFR) of around 3.0 children. Universal publicly funded childcare from age 3. Until age 3 it's under-regulated, which keeps down costs. The downside is that some of the informal care is not great quality.

Another example is the "Daddy months" in Germany<sup>9</sup>. Families receive a few months extra paid parental leave, if the father goes on leave as well. Women tend to work part-time after becoming a parent. The labour force participation of mothers with small children are higher compared to countries where the labour market is not so flexible.

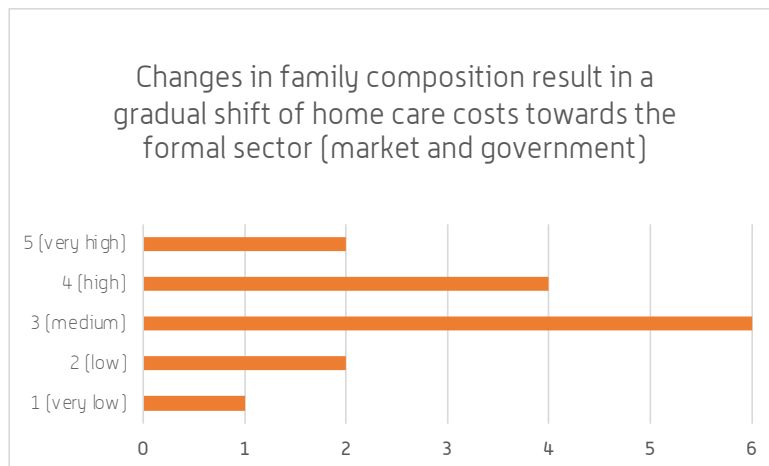
In the UK, there are several proposals: (1) paid short-term care leave (up to 2 weeks a year); (2) a right to return to a job after up to a year of carer's leave (like maternity leave); (3) a time-limited earnings-related payment for carers temporarily away from work; (4) reform to in-work social security payments for carers to ensure make moves into work pay for carers. There are other options like "Respite care" which is carer payment to help hire others to take a break from caring.

<sup>8</sup> [https://www.indiacode.nic.in/bitstream/123456789/6831/1/maintenance\\_and\\_welfare\\_of\\_parents\\_and\\_senior\\_citizens\\_act.pdf](https://www.indiacode.nic.in/bitstream/123456789/6831/1/maintenance_and_welfare_of_parents_and_senior_citizens_act.pdf)

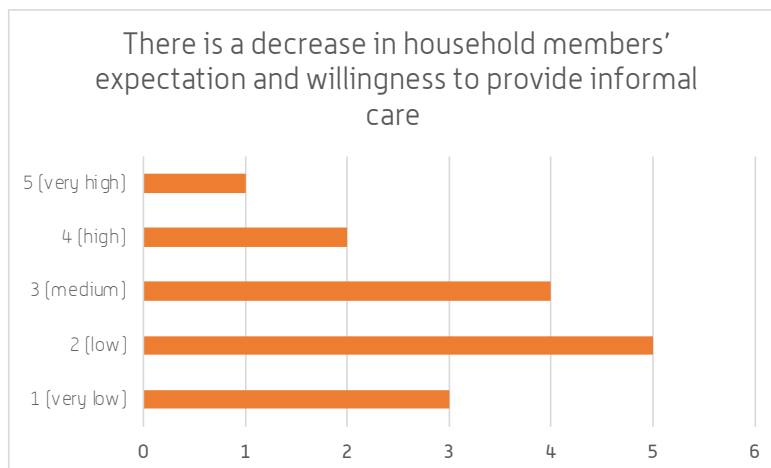
<sup>9</sup> German parental leave reform of 2007

### 3.5 Questions on Current Challenges

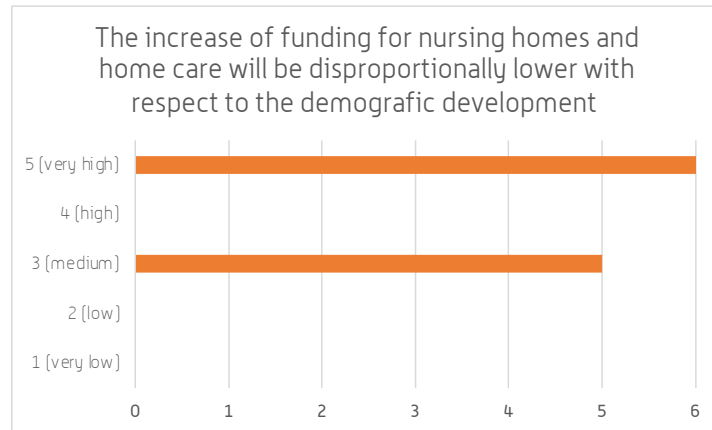
Changes in family composition result in a gradual shift of home care towards the formal sector (market and government):



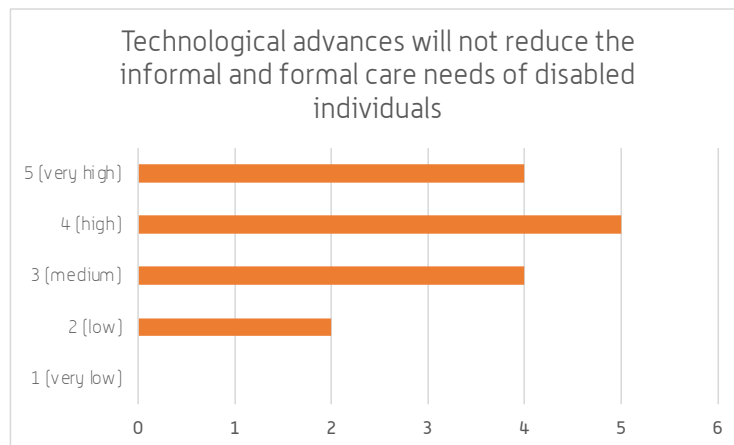
There is a decrease in household members' expectation and willingness to provide informal care:



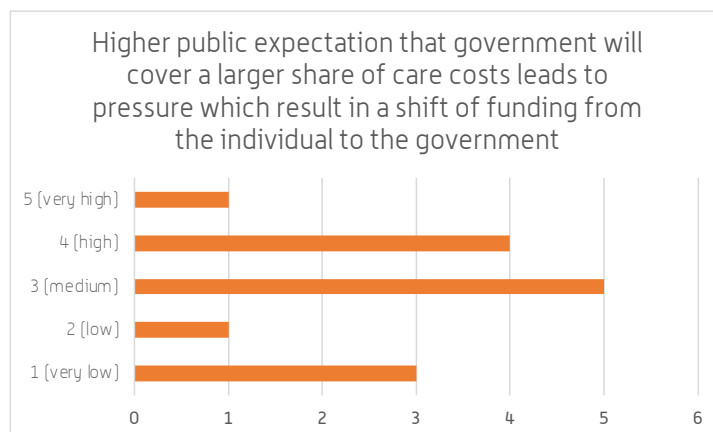
The increase of funding for nursing homes and home care will be disproportionately lower with respect to the demographic development:



Technological advances will not reduce the informal and formal care needs of disabled individuals:



Higher public expectation that government will cover a larger share of care costs leads to pressure which result in a shift of funding from the individual to the government



### 3.6 Future challenges to identify relevant projection scenarios

The majority of the respondents (80%) agree that besides the challenges of an ageing population, the **future shortage** of informal family providers and workers in the care sector seems the main challenge, whereas 20% do not agree.

With regards to the **adequate policies to face this challenge**, the comments provided include:

- Improvements in working conditions and supervision (for paid workers), decent salaries, a controlled increase in migrant work force, monetary incentives combine work and family care giving.
- Mandatory pensions, incentives to enlarge healthcare labor force/ further increase of retirement age.
- Create awareness for working age population for care needs at older ages to depend less on family and government.
- Encourage individuals for self-investment for future care needs through personal savings.
- Support for voluntary organizations (e.g. NGOs) to provide the care needs for dependent elderly.
- Healthier aging, robots, more community care (e.g., coresident university students) for those not requiring a lot of medical assistance
- More funding, more efficiency in providing services
- Increasing salaries, improving conditions and a career structure of paid care workers, valuing their work through a proper career structure and far more extensive training
- Adult social care and the NHS should be merged. There would then be a single problem to be tackled, and the current problematic complex boundary between the NHS and adult social care would no longer be a problem.
- The supply of carers in the UK is low - and compensated for by migration - because of low wages and poor terms and conditions. Greater regulation of workers' rights and wages in the care sector, supported by increased public spending, would increase labour supply
- Support younger early career residents with adequate housing, childcare services and policies.

Some of the respondents are aware of policies considering the whole lifecycle and experiences fostering **intergenerational collaboration** (elderly homes interacting with early childhood school, students living with elderly, etc. such as intergenerational care provision or multigenerational housing arrangements that are being tested in many places -e.g. Singapore, Israel). Relatively low share of elderly lives in old-age homes, and lots of children and youth volunteer to visit them as part of scouts or school programs (mandatory volunteering from grades 9-12). Health care services at home (doctors, nurse), social services at home (social workers), technology, variety of support. In the opinion of a respondent, a general shift towards unconditionality in social policy would move public

opinion in that direction, which would make it easier to fund the unconditional social policies that we shall increasingly need if public services are to be as efficient as possible.

About successful policies to **improve the wellbeing of caregivers** in general, or of "sandwich-generation" caregivers (caring simultaneously children and elderly), some of the respondents are aware of such policies such as the National insurance in Israel that pays a hefty share of the bill for live-in help, given some level of medical need or automatically above age 90 (mostly care workers brought in under bilateral migrant labor agreements with the Philippines and Sri Lanka); "Respite care" policies in the UK, flexible employment for carers, public infrastructure for care for support family caring. Other respondent's opinions include that an unconditional income for every individual, often called a Basic Income, would provide a small foundational income for caregivers and for those cared for, which would contribute to the wellbeing of all concerned. Such a secure foundational income is feasible<sup>10</sup>. right to consideration of flexible work request from day one of employment.



stock.adobe.com

Based on respondents' expertise and experience, the introduction of LTC insurance, integrated care projects, new job profiles, the "Buurtzorg"<sup>11</sup> in the Netherlands, new needs assessment schemes, quality assurance measures are successful stories for improving the care system. In a respondent's opinion, the NHS and adult social care need to be merged. Whereas the city of Manchester has done what it can to coordinate the NHS and adult social care, it is hampered by the overall national disconnect. Still in the UK, at the local level, there are good examples of integrating care and NHS provision – joint teams, for example, in the Isle of Wight, Bournemouth and elsewhere. There are also examples of community-led care policies, such as those in Leeds, or individual care budgets, which have given users greater choice and flexibility. But these are marginal, given the main problems in funding and organising care provision and its relationship to health services. Gradual improvement of UK pre-school and childcare entitlements, cross-party over last 30 years (though still far from perfect). In the opinion of a respondent, healthier aging is the key: physical and mental health. Involvement, staying in the community, not being locked up.

<sup>10</sup> <https://www.microsimulation.ac.uk/publications/publication-547284/>

<sup>11</sup> <https://www.buurtzorg.com>

### 3.7 Questions on data

When collecting data to measure care, informal care appears usually as one of multiple tasks performed together with domestic chores. Hence, we might be underestimating the cost of giving care. The responders were asked about how this could be corrected, in the case of care given to **children**. Below are some the main messages from the analysis of the answers:

- More interview surveys and detailed Time Use studies for population samples (e.g. India's Time Use Survey includes "Unpaid caregiving services for household members". This time can be divided among the dependent household members comprising children and elderly). Combination of expenditure diaries and time-use diaries, with the latter also including what the children were doing. They can also help (e.g., "go buy milk"; "tidy the living room") so important to look at their contributions, too. In time use surveys secondary activities are gathered, so robustness checks could be made using these activities. Alternative measures could also be made, for example, by using the total time when small children are present in the household as a caretaking time.
- pro formal childcare provision that ensures standards of care provided, especially from pedagogic perspective
- 'Care' or 'direct supervision' is impossible to disentangle from other family and parenting roles. But a particular thought should be given to measuring care of disabled children.
- To ensure that publicly funded high quality childcare and early learning is available from age 9 months to 6 years, plus wrap around care in compulsory schooling and holiday care.

In the case of care given to **dependent elderly**, the comments are in the line with those to the care given to children:

- Interview and detailed Time-Use surveys: it is equally important not to under- or overestimate the time costs of giving care. A full accounting of costs should include some measure of these, too. However, methodological / conceptual challenges - what is of interest -hands-on tasks or being with the individual ready to meet their needs / prevent risks. combine a system of public funded or social insurance LTC with cash allowances for carers providing for medium care needs.
- In time-use surveys secondary activities are gathered, so robustness checks could be made using these activities. Alternative measures could be also made, for example using the total time when frail/sick elderly are present in the household as a caretaking time.
- Differential incentives for informal providers. relative to level of dependency, through an established social security system
- An adequate tax-funded foundational service should be offered like the NHS and adult social care currently provide. If co-funding is required for long-term care, then a mechanism similar to the tax charge relating to Child Benefit receipt could be implemented.
- Tasks should be asked separately like the General Social Survey<sup>12</sup> (GSS) in Canada.

<sup>12</sup> <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5221>

## 4 Project Identity

Project name	<i>Caring Over the Lifecycle: the Roles of Families and Welfare States Today and Into the Future</i> - WELLCARE
Coordinator	<b>Prof. Concepció Patxot Cardoner</b> , Univeristat de Barcelona, Spain
Consortium	<ul style="list-style-type: none"> <li>· Austrian Institute of Economic Research (WIFO), Austria</li> <li>· University of Ottawa, Canada</li> <li>· University of Essex, United Kingdom</li> <li>· Universitat Autònoma de Barcelona, Spain</li> </ul>
Duration	2022 – 2025
Funding Scheme	Joint Programming Initiative More Years Better Lives (JPI MYBL)
Budget	959,612.00 €
Website	<a href="https://www.ub.edu/wellcare/">https://www.ub.edu/wellcare/</a>
Contact	<a href="mailto:cio.patxot@ub.edu">cio.patxot@ub.edu</a>

## 5 Acknowledgments

We are grateful for the support of the JPI MYBL with funding through the following national funding agencies: *Ministerio de Ciencia e Innovación* (Spanish government); the *Austrian Research Promotion Agency* (FFG); the *Canadian Institute of Health Research*; and the *Economic and Social Research Council* (ESRC) in the UK.