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LONG-TERM CARE

***Social Platform contribution to the Social
Protection Committee and European
Commission Joint Report***

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Introduction

Social Platform welcomes the Social Protection Committee (SPC) and European Commission Joint 2021 Report on Long-Term Care and the opportunities for civil society organisations, service providers and social partners to submit input. This report comes at a timely moment as the EU and its Member States respond to the devastating impact of the COVID-19 crisis, which has worsened inequalities and brought to light significant weaknesses in our social protection systems. Accessing affordable and quality long-term care (LTC) is a right for all people across the life-cycle and is a significant component to ensuring a socially just, equal and inclusive society that leaves no one behind.

General comments for concerted EU action on guaranteeing quality long-term care

- We welcome the initiative of the SPC and European Commission in comprehensively capturing all key aspects relating to debates on LTC within the EU, and which contains the most advanced recognition of informal carers seen to date at EU level.
- We welcome the visible commitment to principle 18 of the European Pillar of Social Rights ('the Social Pillar') relating to affordable, quality LTC services as a shared interest across the EU. The report reaffirms the central role of the Social Pillar in orienting EU action in the field of care and support, and the data provided throughout presents an excellent basis to further build upon to support this. What requires further clarification, in our view, is the EU's overarching vision for LTC, including how the EU sees the future of LTC services linked with its current green and digital priorities, and human rights commitments.
- We trust that the EU will derive the key findings from this analysis to help shape the upcoming 2022 initiative on LTC policy reforms, as outlined in the Commission's Action Plan on the Social Pillar. The two new secondary indicators on LTC proposed in the Action Plan on spending and coverage of needs should also be adopted. Building on this, an EU target on access to LTC should be introduced to measure progress on improving access to quality care services.
- All concerted EU action on LTC must align with the principles outlined across the Social Pillar, be based on the principles of non-discrimination, and be informed by ongoing dialogue with social partners, civil society organisations and users of LTC services. Concretely, all policy measures must go hand-in-hand with existing EU action plans and strategies, such as the EU Strategy for the Rights of Persons with Disabilities. Plans for LTC should meet the standards set up in the Disability Rights Strategy, including the flagship initiative on de-institutionalisation and its promotion of community-based services with support for independent living. This should be complemented with the adoption of an Age Equality Strategy.¹
- In establishing a streamlined understanding of quality LTC services, EU Member States should build on the voluntary European Quality Framework for Social Services from 2010 and the subsequent European Quality Framework for long-term care services² to deliver and endorse a common Quality Framework for LTC and support. This should reflect the shared understanding of the quality of care and support services within the EU by identifying principles, quality indicators and including guidelines and tools, and be fully in-

¹ As proposed by AGE Platform: <https://www.age-platform.eu/press-releases/green-paper-ageing-there-no-solidarity-without-equality>

² See WeDo project, 2012: https://www.age-platform.eu/sites/default/files/EU_Quality_Framework_for_LTC-EN.pdf

line with existing and upcoming equality and non-discrimination initiatives. On that basis, the EU should encourage the sharing of good practices from Member States with regular review cycles, and support the collection of comparable data and comparative research.

- An EU framework for social services, including for LTC services, needs to be developed to go beyond minimum standards and quality guidelines; it needs to also support the creation of a better ecosystem for the sector, contributing to building a quality, affordable, available and accessible social infrastructure in all Member States. This framework should set an overarching definition of services; define how future services should be provided; improve the recognition of the social services sector; provide an overview of funding models; address workforce development matters, including training, recruitment, retention, working conditions and pay in the sector; foster innovation to create resilience in the social sector; and set guidelines and minimum standards on quality of service.
- We propose a Care Deal for Europe, which would approach care across the life-cycle, from children, to those with care needs, and the elderly. This would complement the European Green Deal, by ensuring a holistic approach to caring for the planet and each other. A Care Deal requires investment in care throughout the life-cycle, including care targets for all – going beyond the Barcelona target – and public service provision.
- Social investment must be at the core of rebuilding society and should be promoted by an enabling and sustainable economic governance framework that does not penalise such investment as mere expenditure, and instead values ageing and caring across the life-cycle by investing in the cohesion and wellbeing of our societies, while reinforcing LTC services.
- Strong links must also be established between LTC services and the EU budget, including the EU's recovery funds, to contribute to boosting public, community-based and not-for-profit service providers that deliver inclusive, quality, free or affordable care facilities. This should include investing in community-based services and home-based care as an alternative to residential care; ensuring access to people-centred, community-based services; and investing in building-up a skilled social care workforce with access to regular training on complex needs and unconscious bias.

Ensuring quality service delivery to meet the needs of all diverse groups

- We welcome the various social dimensions analysed in the report, including the links assessed in some country profiles between social inequalities and barriers to accessing LTC services, and references to human rights tools that capture the dimensions of older people with LTC and support needs living in residential and home-based care settings. We also welcome the acknowledgment in the report of the shift towards home- and community-based services.
- A more holistic analysis of healthy ageing and care across the life-cycle is required to ensure all LTC services comprehensively address the needs of all. In our view, this must move beyond the overall framing in the report, which regards LTC as a “challenge” linked to the “negative impacts of ageing” and “mitigating the social and economic consequences of demographic change and population ageing”.
- Care must be valued as a fundamental social right from early childhood to older ageing, in which laws, policies and budgets adequately improve the quality and dignity of all people. LTC initiatives must support an independent-living approach to LTC that promotes social inclusion in the community, and ensures integrated care – including health care, social care

and social protection – that is coordinated, interoperable, supported by effective case management, and sufficiently funded to safeguard the continuity of care in times of crisis.

- We welcome that the report further highlights a people-centred approach in service delivery. Integrated LTC services must address the care and support needs of all, including those who face multiple and intersecting forms of discrimination, including by institutions, and are deterred or prevented from accessing affordable and quality care. The key findings of this report must ensure no one is left behind, particularly groups more susceptible to social exclusion including the homeless, people with disabilities, people with dementia, people with mental health difficulties, people living with rare diseases and other complex chronic diseases, older people, or ethnic and racialised communities, such as the Roma.
- Older people have been severely impacted during COVID-19 – those living in residential settings, those living alone or receiving care at home, as well as older women, older LGBTI and older Roma – and have faced discrimination and disruptions to routine LTC, medical, social and support services. People with disabilities have faced increased barriers to accessing LTC services, with COVID-19 preventing routine access to tailored information and support services. Health inequality gaps persist between Roma and the majority of the EU population, in which there remains a ten-year life expectancy gap, and whereby 22% of Roma have a longstanding illness or health problem. Obstacles driving these inequality gaps, including discrimination, lack of services' infrastructure, poverty and social exclusion, inadequate housing, lack of sanitation, poor nutrition etc. must be urgently addressed to support the needs of all throughout their lives.

Reinforcing and sustaining the long-term care sector

- We welcome the references made regarding the gender dimension of the LTC sector, links made between third-country migration and mobility with the provision of LTC, and the emphasis on reinforcing workforce development, addressing labour shortages, and the role of the European Skills Agenda in upskilling and reskilling the LTC workforce. In making the LTC sector more attractive, while minimum wages must be increased in line with the actual cost of living, it is crucial that public support for the delivery of services by public and not-for-profit service providers, and work integration of social enterprises, increases accordingly. Adequately compensating these increased costs (through, for example, public procurement and state aid contracts, or other funding models, such as personal budgets) would strengthen the continuity of the LTC sector, while at the same time improving the standard of living of workers through adequate wages.
- We welcome the promotion of social dialogue in the report, and reiterate that this must be done to ensure improved working conditions and quality service delivery. This must occur in parallel with ongoing civil dialogue across all policy, legislative and budgetary initiatives at all levels (local, national, regional and EU level), to ensure affordable, available, accessible and quality LTC services are tailored to the needs of LTC users, who are often underrepresented in decision-making. Together, this must also include the recognition of a sectoral social and civil dialogue committee for all social services.
- We are pleased that informal carers are given due consideration, notably in relation to lack of adequate support, lack of social protection, and the associated negative impact on the health, wellbeing and social inclusion of informal carers. Informal carers must not be conflated with professional carers, and we welcome the nuanced observations indicating that informal care work should ultimately be a choice and differentiated from paid care

work. However, though nuanced, the report is mainly underpinned by an approach aiming at increasing women's participation in the labour market to ensure the sustainability of social protection systems. Greater weight should be placed on developing a positive vision of ageing and caring, re-balancing the gender segregated LTC sector, and responding to the increase in unpaid care responsibilities that predominantly fell on women even before the COVID-19 crisis, through awareness raising, adequate support and investment in formal integrated LTC alternatives centred around users.