



A JOINT CALL FOR EU ACTION ON LONG-TERM CARE WITH SPECIAL FOCUS ON INTEGRATED CARE

Brussels, 10 March 2016

The promotion of quality, accessible, affordable and adequate long-term care for all EU citizens calls for a joint commitment from all actors who advocate for this goal. For this reason, a coalition of organizations working in the field of long-term care gathered for the first time on 4 November, 2015 to discuss the best ways to achieve positive policy change in this area, with special emphasis on the progress towards more integrated care. The coalition follows on from previous joint initiatives such as the event [Supporting quality integrated care: policy and practice at local, regional and national levels](#), held in November 2014 at the Committee of Regions¹.

Building on the outcomes of the above mentioned meeting, the coalition would like to stress the following messages, which also constitute the basis for further work to be developed within the group. The purpose of these messages is to guide a renewed and stronger policy action in response to the pressing need for integrated, person-centred and quality long-term care in the EU.

Why long-term care also belongs to European level policy making

The protection of ageing and disadvantaged populations in the EU constitutes a major challenge which is only expected to grow in the coming years. Older people, persons with disabilities and all recipients of care demand a more active and participating role in society, with fully developed rights to decide the way in which care and social services are defined, from planning to monitoring and evaluation stages. Around users, a strategic approach to better quality, enhanced social and healthcare services should also give room to all different actors involved –public, private and third sector–.

As part of social protection systems, EU member states hold overall competence on the provision of long-term care. In spite of light coordination efforts carried out across the EU, the differences in the provision of long-term care between EU member states 'are more pronounced than in any other field of social protection'² and, therefore, greater convergence is needed over the coming years.

¹ The event was organized in partnership between AGE Platform Europe, EuroHealthNet and Eurodiaconia.

² SWD (2013) 41 final, Long-term care in ageing societies. Challenges and policy options, p. 4

- In light of this, we would like to emphasise that a **strategic and coordinated approach to long-term care in EU Member States** is needed which, joining efforts and in coherent action, addresses the challenges associated to the rising demand for care provision, the declining supply of potential (professional and informal) carers and financial pressures while ensuring quality.

Such challenges are common to the EU member states as a whole. There have been relevant policy initiatives, such as those aiming to ensure the portability of social security benefits; recently, Commissioner Thyssen called for attention on the need to clarify and coordinate the rules that guarantee the right of EU citizens to access care benefits when they move abroad³. Though these initiatives may be positive, they are circumventing the fact that the appropriate framework of discussion is a much wider one: these initiatives are only a part of the more ambitious challenge to ensure adequate, accessible and affordable long-term care for all EU citizens.

In this regard, the proposal to develop social protection benchmarks across the EU represents a step in the right direction. This approach would also be in line with ILO's recommendations on the need to progress both towards wider entitlement and higher levels of social protection (rec. 2012 (n. 202) and rec. 1952 (n.102), respectively). As highlighted by ILO itself, ensuring universal coverage for long-term care needs to be part of any strategy to develop and implement social protection benchmarks⁴. For this reason,

- We would like to **call for the full consideration of care benefits into the political discussion on social protection benchmarks and the forthcoming European pillar of social rights** on the grounds of their key role in guaranteeing adequate levels of well-being among long-term care beneficiaries.

European funds, including European Structural and Investment Funds (ESIF), the European Fund for Strategic Investments (EFSI) and direct funds, should be instrumental to achieving the above mentioned goals;

- Therefore, **ESIF should be committed to supporting innovative, cost-efficient and evidence-based solutions for independent living at home or in the community**. It should also **support quality services** through activities such as trainings, monitoring, support to continuous improvement, etc.). It should also help to **scale up initiatives** at local and regional levels.

Requirements concerning the quality of long-term care services are differing to a large extent from one EU country to another. This creates concrete barriers for care recipients and their families in accessing long-term care services, as they encounter difficulties to find adequate services, or fear not to be treated in respect of their dignity. Especially for families split into different countries in the EU or persons living in isolation, policies should aim to guarantee and support quality and person-centred services, wherever citizens live and receive care in the EU. We welcome the initiative of the Social Protection Committee on a European Voluntary Quality Framework for Social services, released in 2009, but we regret that so far this initiative did not lead to pro-active initiatives with Member States.

- Therefore, the **European Voluntary Quality framework for social services should be used as a reference and as a starting point to promote and support quality care services** by the European Commission. References should also include human rights frameworks, and sector-specific quality frameworks such as the European Quality framework for long-term care services developed by the WeDO project⁵.
- Such overall quality frameworks should come to **support comprehensive policies for quality improvement processes** in all forms of care settings and services.

³ http://europa.eu/rapid/press-release_SPEECH-15-6074_en.htm

⁴ http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_406984/lang--en/index.htm

⁵ For more information, consult publications.age-platform.eu/opcare-toolkit/ and www.wedo-partnership.eu

The provision of long-term care is a labour-intensive activity, with between 1-2% of the total workforce employed in the sector⁶. In spite of the high number of jobs in the sector, the progress of ageing and the overall demand for care is likely to put a strain on already existing staff shortages. In this vein, we share the message contained in recent reports by the European Commission and the Social Protection Committee⁷ that strategic EU-wide initiatives are required in order to support that sector and promote the number of jobs needed to adequately match the dependency ratio. This can only be done by improving the attractiveness of the sector. Therefore,

- We call for the **creation and promotion of new job profiles and qualifications for the long-term care** sector which release its full employment potential. In particular, measures should favour the **mobility of professional carers** between care sectors, focusing on the needs of people. This includes the **development of skills related to ICT and assistive technologies, person-centred care and care management, everyday-life assistance, care techniques that support dignity**, etc.
In line with the transition to more integrated care, specific steps are required towards the promotion of more interdisciplinary professionals ready to take a more holistic approach towards person-centred and person-directed services.

While the number of professionals employed in the sector is important to cover the needs, the service quality and adequate training of practitioners are equally essential to make social interventions effective and respond to users' demands. For this reason, improved working conditions that render jobs in the sector more attractive are needed in order to reduce employee turnover, increase pay levels and establish clearer career paths with lifelong learning opportunities. This is especially necessary in a context where the number of new recruits is not sufficient to replace an ageing workforce. Therefore,

- We ask EU institutions and EU Member States to **promote a right set of skills and training opportunities in order to cope with the dynamic and increasingly complex nature of care conditions, users' demands, requirements on quality, and innovative technologies incorporated into the sector**. Where necessary, the development of social dialogue structures in the health and social sectors can also positively contribute to improving working conditions, career paths and professional development of staff.

The free movement of workers has also had a significant impact on long-term care in Europe with many care professional carers moving abroad, generally from central and eastern European countries to west and northern European countries. While this has partly relieved staff shortages in west and northern European countries, it may also have a long-term damaging effect on the development of quality care structures and support in central and Eastern Europe due to a brain-drain.

Another aspect is the continuing increase of undeclared work, in particular in personal and household services. This is mostly due to the lower price of undeclared labour compared to the price of declared services and, therefore, requires adequate measures and sufficient investments in order to ensure that formal services are affordable for long-term care users. The future European Platform to tackle undeclared work needs to constitute an effective framework to address this phenomenon.

- In light of these issues, EU member states must take a coordinated approach which **ensures that there are sufficient quality care services for everyone who needs them and support services for care workers throughout Europe**.

⁶ F. Colombo et al. (2011): *Help wanted? Providing and paying for long-term care*, OECD Publishing.

⁷ Social Protection Committee and European Commission (2014): *Adequate social protection for long-term care needs in an ageing society*; and Social Protection Committee (2015): *Review of recent social policy reforms. 2015 Report of the SPC*.

Accounting for the substantial contribution of informal carers to health and social service systems⁸ informal carers is crucial and, therefore, policies which promote their partnership and empowerment should be developed. Access to information, training opportunities, financial and in-kind support should all form part of the measures to be envisaged in order to improve the quality of life of informal carers, with clear co-benefits for the people in need of care and society as a whole. A combination of targeted and universal approaches should also be used to allow informal carers to reconcile employment and care duties and to help them mitigate the substantial economic sacrifice they make when forced to cut their working time or leave paid employment altogether. In that regard, the proposal for new provisions on carers' leave for elderly or ill dependants should lie at the centre of the European Commission's revamped initiative to address the challenges of work-life balance⁹.

- We therefore call for a **far-reaching debate on the measures needed to support informal carers which should be conducive to EU-level recommendations for adequate, sustainable and innovative policies that guarantee better reconciliation of work and private life/care, as well as decreased burnout and elder abuse risks – through enhanced day care, respite care services, counselling and psychological support services, etc.– and the provision of training opportunities.** The design of such measures should in all cases avoid the reproduction or creation of new gender and income inequalities which may be associated to leave provisions.

Understanding integrated care and its political importance

Long-term care encompasses a wide range of care, services and supporting activities aimed to meet individuals' personal needs. People who have multiple care needs usually receive health and social care services from different providers and in different care settings. Health and social care providers have experienced that this often happens without appropriate co-ordination or a holistic approach, leading to various issues for the service user, the (in)formal carer and the family such as gaps in service provision or inadequate support, limited access and information, as well as increased costs to care systems in the form of unnecessary hospital admissions or aggravated health problems.

Integrating care, services and supporting activities means that the design and delivery of care is made in a more effective manner, so that users receive a continuum of preventive, rehabilitative, curative, and support interventions which are suited to their needs over time and seamlessly available across different levels and areas of health and social systems.

Integration is also more efficient, because it fully releases the potential for synergies across services, better allocates resources and avoids overlaps and the negative effects and costs of service disruptions on health status. Establishing and coordinating the full range of services in the continuum of care will also increase the flexibility and responsiveness of resources to meet the changing needs of older persons and people with disabilities and provide more adequate answers.

The European Commission has often underlined the importance of integrated approaches to the provision of social services¹⁰. Integration of services improves coherence, people-centeredness, empowerment and participation towards care and services. In our view, it is essential that policy responses geared towards integration deliver from a person-centred services approach that

⁸ Research has pointed out that approximately 80% of care across the EU is provided by informal carers. Even in countries with a well-developed supply of formal long term care, the number of informal carers is estimated to be at least twice as large as the formal care workforce. Estimates also suggest that the economic value of unpaid informal care –as a percentage of the overall cost of formal long-term care provision– in EU Member States ranges from 50 % to 90 %.

⁹ The Roadmap of the 'New start to address the challenges of work-life balance faced by working families', issued in August 2015, can be found [here](#).

¹⁰ Most recently, in the framework of long-term unemployment. European Commission's proposal for a Council Recommendation on the integration of the long-term unemployed into the labour market, COM (2015) 462 final.

meets the need for quality, innovative solutions for care and services, while promoting, at the same time, their preventive potential.

- For this reason, **supporting shared values through integrated care is essential to make health and social care practitioners cooperate**, use common tools on specific activities (assessment, monitoring), and be trained in a more holistic manner.
- Establishing **'one-stop shops' or single points of contact which are fully accessible, available, affordable and adaptable to all kinds of service users** would also represent a decisive step towards more integrated care and services.

Notwithstanding its potential for greater efficiency, integration should not be interpreted as a solution for insufficient funding. On the contrary, it is important to stress that only when sustainable funding is underpinning integration efforts, the latter become an optimal solution. In fact, the universal right to achieve the highest attainable standards of physical and mental health for people requires action of many other social and economic sectors.

Therefore, policy responses should orientate towards meeting the users' right to social protection in an integrated and adequate manner across their life cycle. In this regard, we are pleased to see that the 2016 Annual Growth Survey acknowledges the key relevance of sustainable and adequate protection in the fields of healthcare and long-term care to face the challenge of ageing societies¹¹. Furthermore, it explicitly points at improved integration of care as a way to strike the right balance between cost-effectiveness and ensuring adequate access.

- Building on the above mentioned message, we call for EU bodies to **further explore the topic of integration of health and social care**, for instance **through thematic seminars and, especially, peer reviews** which follow on previous initiatives focussed on long-term care (in 2011 and 2013). Together with Member States represented at the Social Protection Committee, such peer reviews should foresee a role for external stakeholders.
- In the same vein, we support **joint work and better coordination between the Economic Policy Committee (EPC) working group on Ageing Populations and Sustainability (AWG) and the Social Protection Committee Working group on ageing (SPC WG AGE)** as a way to fully release the opportunities for social and economic synergies within integrated care, together with relevant stakeholders in the area.
- We encourage the Commission to **support the development and adoption of the already existing promising good practices on integration of care**, especially the innovative solutions produced within European research projects, notably by promoting the results among national and regional authorities and supporting financially the piloting and implementation through the European Structural and Investment Funds (ESIF).

If the EU wants to ensure fairness, dignity and social cohesion, it needs to take the lead on better long-term care policies and encourage EU Member States to follow suit. The growing number of EU citizens who call for dignity in care and require quality care and support services, as well as their families, carers and communities, justifies the pressing need to address these issues. **In light of this, we ask for stronger political action towards long-term care with integrated and people-centred approaches in health care and social services.**

¹¹ Annual Growth Survey 2016. Strengthening the recovery and fostering convergence, COM (2015) 690 final.