

WORKSHOP REPORT

Towards a European Care Strategy that delivers for older people:
Slovenia as a case study



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On 23 November 2021, AGE Platform Europe, the Slovenian Federation of Pensioners' Associations (ZDUS), the Red Cross EU Office and the Slovenian Red Cross, hosted an online workshop to discuss the state of long-term care in Slovenia and explore the challenges and opportunities offered by the upcoming European Care Strategy – the full recording is available [online](#).

Background

Societies and political systems have treated care for older people as a secondary policy area for a long time. The tragic outcomes of COVID-19 for older people with care and support needs exposed the shortfalls of Europe's care systems. These include insufficient access - which penalises older women in particular, as they tend to live longer and have lower income levels. Quality issues are also prevalent, with a lack of shared European understanding and inadequate quality monitoring mechanisms. In addition, difficult working conditions and low salaries have contributed to staff shortages in the sector. This entails an over-reliance on informal carers, at the expense of social and economic costs that are often overlooked.

To varying degrees, all EU Member States have demonstrated the numerous fragilities in their care systems. In Slovenia, which currently holds the EU Presidency, the costs of long-term care for individuals are increasing, reducing access and the availability and quality of services, particularly for

people with social and economic disadvantages. The process of deinstitutionalisation has recently started, as have investments in community care initiatives. This process follows an EU trend that encourages Member States to commit to investing in personalised models of care and community-based solutions.

In this context, European Commission President, Ursula Von der Leyen's announcement of the launch of a European Care Strategy is a welcome development. This initiative can help materialise the right to long-term care, as proclaimed in the European Pillar of Social Rights. Announced for the 3rd quarter of 2022, this strategy will combine a Commission communication and a council recommendation on long-term care. Self-advocacy networks, service providers and trade unions have an opportunity to influence the strategy and make sure it delivers for older people. As a 'soft-tool', it will not impose how states should organise care, but it can deliver guidance to ensure upwards convergence and positive care reforms that improve access and quality.

Objectives

The workshop reflected on the Slovenian case as an illustration of the state of play of a national long-term care system, including the perspectives of older people and care professionals in Slovenia. The discussions aimed to identify shared concerns and ambitions regarding the development of long-term care systems in Europe. Participants also sought to explore the EU's role in reforms, and to discuss how the European Care Strategy could contribute.

Discussion highlights

Panel 1: Status quo in care for older people – care in Slovenian

In the last year and a half, care systems across Europe have been at the center of crucial discussions that have demonstrated a **lack in capacity and quality of services, particularly in care for older people**. This is also the case of Slovenia, where the absence of a comprehensive system of long-term care has exacerbated the issues of affordability of services for people with low incomes (particularly women), the workforce shortages, the differences in quality of services offered by private and public entities and the lack of inclusion of older people in the design of their care plans.

To address these issues, Tanja Skornšek Pleš from the Slovenian government, informed that since 2018, they have been working on the Long-Term Care (LTC) Act, which aims to establish eligibility assessments for care, integrated services and links with social security, healthcare, and pensions regimes. As the definition of the LTC Act has not yet been finalised, stakeholders – including the Slovenian Federation of Pensioners' Associations, ZDUS, and the Slovenian Red Cross – are actively providing recommendations to ensure that older people will be provided with a good level of entitlements, while ensuring decision-making and person-centeredness. Rosvita Svensek from ZDUS, stressed that **recognising older people's right to autonomy should guide care reforms to make sure older people remain free, empowered, and included. This is a precondition to ensure older people can continue contributing as equal members of society.**

National provisions on long-term care also need to focus on facilitating and supporting the work of service providers. According to Silva Duh from the Slovenian Red Cross, this can be achieved by **offering additional capacities for all forms of care**, improving health programmes and raising awareness on older people's needs within their own communities. It can also involve strengthening volunteering programmes. Indeed, people of all ages should be involved in activities that promote the value of individuals at all stages of life and intergenerational solidarity. **Policies must follow a lifecycle approach to ensure the adequate and equitable provision of services**, capable of responding to needs

over the life-course, from childhood to older age. In line with these recommendations, Joaquin Perez from the Spanish Red Cross, emphasised the importance of service providers having clear areas of work in relation to the identification of older people' needs. He also highlighted the need to support caregivers in their daily work, promote active ageing at all ages and raise awareness on health and social factors that impact older people's lives.

Panel 2: The European Care Strategy: what should it look like?

Providing quality services to support older people to remain in their own environment, particularly home-care and community-based services, is one of the principles stated in the European Pillar of Social Rights. As announced in the State of the Union speech last September, the **European Care Strategy** will help ensure the implementation of the right to long-term care proclaimed in the pillar.

According to Member of the European Parliament (MEP) Frances Fitzgerald, the strategy should focus on 5 key areas: 1) **access and collection of data** to get more accurate information on how Member States approach care and different needs; 2) boost **gender equality and work-life balance** in terms of pensions and working conditions; 3) strengthen the workforce by creating more jobs – the **job creation potential** of the sector is estimated at 8 million jobs by 2030 – and support informal carers and volunteering in the sector to ensure **community living** and contain pressure on institutional services; 4) the use of **EU funds** should be dedicated to building a care infrastructure using a gender sensitive approach; 5) the strategy can facilitate the emergence of a true European perspective on care. To make sure it delivers, clear ambitions and **targets** are needed, including on access, like the Barcelona targets for childcare¹.

As highlighted by James Carabott, Chair of the Working Group on Long-term care of the Social Protection Committee (SPC), the 2021 EU Long-term care report provides data and evidence to support the strategy's development. Implementation at national level will require strong cooperation with civil society and service providers. Policymakers will need to aim at implementing reforms that put **older people in need of care at the core of services**, thus ensuring they have a real say on how services are run and delivered.

As explained by the European Commission Head of Unit responsible for long-term care, Dana-Carmen Bachmann, the European Care Strategy will focus on 2 dimensions: people in need of care and people providing care. It will include also specific actions on early childhood education and care (proposal for revision of the Barcelona targets) and a proposal for a Council recommendation on long-term care. It is important to consider avenues for actions at European level, but also at national level, given Member State competences in this area.

The starting point for the initiative are the key challenges identified in the joint Commission-SPC report that relate in particular to access, affordability and availability of formal long-term care services, quality of services, working conditions and staff shortages in the care sector and the need to better tap into the job creation potential, challenges faced by informal carers and the need to ensure that quality and affordable formal services are available so that informal care is a choice and not a matter of necessity.

The panel identified data collection, improving the analysis of evidence and channeling EU funds to a broad range of measures in care as the priority EU actions going forward. However, panelists recalled that the **role of Member States** remains essential. The strategy can serve as a trigger for national

¹ In 2002, The Barcelona European Council set objectives with regard to the availability of high quality and affordable childcare facilities for pre-school children. [European Commission](#)

reforms to improve the quality of long-term care systems – a strong interest and commitment to addressing the existing shortfalls of care systems is key. Ms Bachmann mentioned that the proposal for an EU Council recommendation which will be presented as part of the strategy, should identify and guide the changes that need to happen at national level.

The role of civil society in shaping the strategy was also mentioned. MEP Fitzgerald highlighted the need for the EU to provide proper opportunities for people to participate in decision-making, and that linking all European Commissioners with a stake in the area of long-term care is key. Monitoring Member State engagement with civil society was identified as a possible way of ensuring implementation once the strategy is out.

Informal carers will be at the core of the strategy. Stecy Yghemonos from Eurocarers, highlighted that the strategy should better redistribute the responsibilities of care. He underlined the need to ensure **alternative solutions to informal care**. From Eurocarers' perspective, informal care should supplement professional care, and not the other way around. Eurocarers calls for the introduction of EU indicators, ambitious targets for Member State policymaking and the development of integrated community-based services, the lack of which are behind many of the challenges faced today. Professional care needs a definition of quality via a framework designed in collaboration with older people in need of care. The strategy should also push to give informal carers a legal status and call for carers to have access to rights such as training, pensions, and respite care. A strong case for support for informal carers should include the gender dimension to move towards a more equal sharing of responsibilities between women and men. Flexible work arrangements to relieve relatives, pension credits for carers and better monitoring of the use of informal care should be part of the mix of measures, according to Eurocarers.

The Commission have already received a lot of input through the public consultations on the European Pillar of Social Rights Action Plan, the Green Paper on Ageing and the Gender Equality Strategy and further targeted consultations will be pursued. In addition, a call for evidence will be published in the coming period, where further contributions could be submitted. Ms Bachmann presented the strategy as an opportunity **to connect many different pieces of work at European level, including the Skills Agenda, the Gender Equality Strategy, the Occupational health and Safety at Work and Disability Rights Strategy 2021-2030**, and to put the spotlight on how these work together towards one coherent vision of the services needed. In addition, it is also crucial that Member States truly commit to prioritising reforms and investments in care systems, in close coordination with all those concerned, including social partners, civil society organisations, care providers etc.