



AGE Platform Europe Policy Statement

Residential care for older persons

Services need to focus on older persons' rights and be non-discriminatory and inclusive, affordable, and of good quality regardless of the provider!

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AGE Platform Europe very much welcomes the release, 28 November 2017, of the research report [Care homes for older Europeans: Public, for-profit and non-profit providers](#) by Eurofound, the European Union Foundation for the Improvement of Living and Working Conditions. AGE members contributed to this report by providing information about developments in their countries as well as their views regarding the implications of the increasing presence of the private for-profit actors for access and quality.

The report fills an important gap in the field of long-term care for older persons in Europe, as it is the first European Union-wide study that addresses the evolution of the private provision of residential care, both for-profit and non-profit, compared to the public one. It highlights the wide diversity of situations across Europe and the fact that quality does not systematically relate to who provides the service. The report provides however some indications of what the general trends in the evolution of the residential care sector are in today's Europe.

Quality and universal access to care: AGE's central priorities

In AGE's views, quality and dignity do not relate to the specific setting where care is provided (at home, in an intermediate service in the community or in residential care), nor to the type of service provider (public, private for-profit or non-profit). AGE has consistently stated that the key element that distinguishes a dignified, quality service is the scrupulous respect of human dignity, meaning that older persons in need of care and assistance are able to enjoy their human rights as anyone else.

Care services have often tended to overlook older persons' human rights¹, based on models of service delivery where the organizational needs have traditionally taken precedence over the dignity and right to self-determination of service users. Fueled by underfunding and precarious working conditions for care professionals, those practices have led services to neglect older persons' individuality and wellbeing, putting older persons at risk of elder abuse, a pervasive reality in today's Europe. Such violations of human rights take place regardless of the care setting and type of provider, and call for a wider societal awareness of the very concrete and serious consequences of ageism on the enjoyment of human rights by persons as they age².

¹ More information on the enforcement of human rights of older persons with care needs is available in the report ["We have the same rights". The Human Rights of Older Persons in Long-term Care in Europe](#), published by the European Network of National Human Rights Institutions (ENNHRI) in 2017.

² AGE's position on structural ageism is available [here](#).

Examples of good and bad care exist across the spectrum of residential care services

Analysing trends in the long-term care provision over the last decade, the Eurofound's report has noted an overall increase in the numbers of private residential care homes, even though the proportion of private versus public care homes varies greatly across the EU. In some countries there is more private than public provision of services (Greece, Netherlands, UK (Scotland), Ireland, Spain, Belgium), in others the proportions are similar (France, Austria, Malta, Lithuania, Romania) and in some other countries public provision continues to prevail (Czech Republic, Poland, Slovakia, Slovenia, Norway).

Consulted by Eurofound for this study, AGE members have identified differences in quality between public, private for-profit and private non-profit care home. However, these differences hardly allow for generalizations, as quality perceptions and experiences of users differ widely between and within EU countries. In Italy or Malta, for instance, some AGE members report overall a better quality of services in private structures, whereas other AGE members in Italy or in Flanders (Belgium) report that private for-profit structures deliver comparatively worse services. In the Netherlands and in Denmark AGE members report few differences in quality, which they associate to the adequate enforcement of regulations.

AGE notes that, as Eurofound's report rightly states, there is a lack of common agreed quality indicators across Europe. This is a major obstacle for benchmarking, and a gap that European Union action should contribute to filling in through actions to enforce the right to long-term care as part of the implementation of the European Pillar of Social Rights. AGE recommends for that purpose to use the [European Quality Framework for long-term care services](#) developed by the WeDO project under the leadership of AGE by a wide diversity of stakeholders across Europe, including organisations of older persons, service providers and academia, and offers useful orientation for the monitoring of quality across Europe. This document has become a reference tool in several EU countries and also in China, where it has been translated to be used by policymakers for the development of LTC policies.

Some worrying developments in relation to private for-profit services

The increase in the numbers of for-profit residential services across Europe has raised concerns about the impact such an increase may have on the rights of older persons in need of care and the overall quality of the services.



Eurofound's study offers some evidence that confirms the need to pay great attention to such developments. Regarding the issue whether "care home provision is increasingly commercial", the report states that "given that data about private care homes are often not disaggregated into for-profit and non-profit categories, it is difficult to get an overall picture of the trends". However, the report points to an increase in the role of the private sector, driven by the choice to offer a 'mixed' provision of services (both public and private) and the subsequent introduction of mechanisms to promote competition in the sector; the reduction of the role of the public sector "has left room for the expansion of the private sector".

The risks that have been associated with such a trend are diverse. In line with the report, AGE members have identified a bias in the admission of older persons with care needs in private for-profit providers, the so-called 'cherry-picking': these services tend to admit the most profitable persons, which usually comes at the expense of those with higher care needs. This discrimination is not only a violation of the right to equal treatment, but, given the bigger role played by private for-profit providers in detriment of public providers in the residential care sector, it seriously puts at risk the access of older persons to the care they need. The high prevalence of advanced dementia and other serious health conditions highlights the need to guarantee access to services without discrimination. AGE members report that public services are often better prepared and much more available to admit older persons with high care needs; the increasing withdrawal of the state from the residential care sector in many European Union countries, confirmed by Eurofound's report, means reinforcing the role of private for-profit providers that often prove to be unwilling to admit older persons with high care needs.

The scarcity of resources, the introduction of competition and the overall weak levels of social protection for long-term care needs raise also the issue of affordability. As stated in the report, the increase in private provision may have implications in terms of the capacity of the user to afford the costs, unless the provision of social protection compensates for those increases. AGE members report overall higher out-of-pocket costs for private for-profit services in Spain, Italy, Malta or the Czech Republic, which creates a socio-economic bias in access. They report, however, cases where private for-profit services may be cheaper (Ireland, Germany), which they relate to the exclusion of those with higher care needs through cherry-picking and the lower levels of qualifications in their workforce.

The latter aspect points to another concern around competition: attracting 'clients' in the for-profit services may mean offering better prices at the expenses of quality. Worse pay for professionals, the lowering of qualifications required and absence of training, high turnover of professionals, decreased investments in infrastructure and exclusion of older persons with

higher care needs are reported practices across the residential care sector but seem to be particularly prevalent in the private for-profit sector. Such services are likely to threaten users' rights and wellbeing and increase the prevalence of elder abuse. Adequate regulations, standards and monitoring are essential; AGE members report insufficient enforcement of standards and have reported the existence of an illegal care home market that remains truly outside the scope of such mechanisms³.

Guarantee the dignity of older persons in need of care and ensure quality!

The findings of Eurofound's research report and AGE members' experiences and observations of the residential care sector call for policy action to tackle the serious issues detected. AGE calls on EU countries and European institutions to adopt the following actions:

- Improve mechanisms for the monitoring of quality of long-term residential and home care across all types of providers, and make sure illegal markets are stopped and users of such services protected.
- Develop fully the potential of the right to long-term care proclaimed as part of the European Pillar of Social Rights. This must include aligning all European Union policies, including economic and financial governance and the European Semester, towards the full implementation of this right across the EU.
- As recommended by Eurofound, review and aggregate systematically at European level available data about the share of private for-profit, non-profit and public provision of LTC and about quality, including affordability; monitor developments through the European Semester process.
- Further analyse the impacts that the adoption of a 'mixed' provision of services and the introduction of competition mechanisms in the residential care sector have on the rights of users and the quality of the services.
- Explore how the European Union can better regulate the residential care market and guarantee the rights of users (consumers).
- Document and address the discrimination experienced through 'cherry-picking' practices by older persons with high care needs in access to long-term care, including residential care.

³ Read [here](#) AGE's position paper around the protection of older persons who have suffered abuse, violence and neglect.

- Fund research to increase knowledge about the prevalence of elder abuse in residential care, and improve the mechanisms to report abuse – including by protecting ‘whistleblowers’⁴.



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⁴ For more information on elder abuse and areas where further action is needed, consult [the report](#) of the workshop on victims of elder abuse co-organised by AGE on 14 June 2017.