EAPN STATEMENT IN RESPONSE TO THE PROPOSAL FOR THE COUNCIL RECOMMENDATION ON ACCESS TO AFFORDABLE HIGH-QUALITY LONG-TERM CARE

No Backdoor on the Right to Care

In September 2022, the European Commission published its proposal for a Council Recommendation on access to affordable high-quality long-term care (LTC)[1], as part of the EU Care Strategy.

The Covid-19 pandemic has refocused attention on the well-being and quality of life, of both care receivers and care givers, as well as unequal access to affordable and quality essential services - particularly in rural regions. We welcome the Council Proposal recommendations to invest in the adequacy of social protection for long-term care, increase the offer and the variety of LTC options and use quality assurance frameworks.

Quality

Member States are recommended to design such frameworks based on the quality principles identified by the Commission[2], such as continuity (integration), prevention and person-centredness. In this context, the outcomes-based approach was positively revised to go beyond the clinical outcomes and better address the quality of life and the ability to live independently for those who receive care along with their families, informal carers and the community. Quality assurance systems[3] - which are currently lacking or under-resourced in many Member States - are recommended to be established and measure quality of all care options, rather than just regulating residential care. Even in this respect, there are often no consistent standards to monitor and report abuse of care recipients, particularly children and the elderly.

[1] The analysis is based on the reading of the Proposal for the Council Recommendation, the Annex and the Commission Staff Working Document available here.

[2] See Annex and Staff Working Document. Moreover, quality principles are based on the existing European Quality Framework for Social Services.

[3] Quality assurance systems are national minimum requirements and mechanisms that Member States should establish and finance to ensure that care providers provide care in accordance with the best possible outcomes for the care recipient.

In fact, no minimum targets or standard indicators nor benchmarking have been proposed to harmonise Member States' monitoring and implementation of the quality of LTC service provision and the impact on the quality of life for care recipients. More importantly, the Proposal does not adequately integrate the recommendations of the European Parliament resolution on a common European action on care, on equal access to quality care services – e.g. mainstreaming of mental health within public health and care policies, elaborating comprehensive quality standards for both formal and informal care services, mutual recognition of disability status in the Member States, prioritizing outcome-based indicators for access to care (such as reported unmet needs for care), and protecting the social security rights of live-in carer comprising intra-EU mobile workers and non-EU migrant workers.

In addition to this, there is a poor explanation of how Member States can integrate requirements regarding LTC quality in public procurement, when the EU law is competent on harmonised public procurement rules. It is time to question the adequacy of the public procurement model itself to deliver services of general interest, especially public services, in an inclusive way. A stronger link between public procurement and quality indicators should be established with regard to the assessment of the impact of LTC provision on target groups.
Public procurement practices should prioritise universal accessibility, standardised quality, continuity, affordability, and integration between social and healthcare care services, rather than cost efficiency for the service provider be it private or public.

Furthermore, despite the tangible effects of the Covid-19 pandemic on the mental health of care givers – with potential long-terms implications for the quality of services - and the recognition of the importance of occupational health of LTC workers in the LTC Proposal, the latter does not consider the inclusion of mental well-being of LTC care givers in the quality principles and assurance mechanisms. Therefore, fair working conditions must include clear safeguard mechanisms to protect physical and mental well-being of carers, in the EU and national legislation.
We also regret that, in the analysis of the Commission staff, the improvement of the attractiveness of the LTC work sector significantly relies on a labour market-based approach by focusing on a comprehensive skills policy, comprising upskilling, reskilling, skills validation, as well as the job creation potential linked to the attractiveness for workers affected by the digital and green transitions (with no supporting evidence). We believe that a sound LTC work sector should be socially just and encompass a preventive approach, through minimum requirements for physical and mental well-being, measurable gender equality measures, decent wages and social security, and collective bargaining for both formal and informal carers.

Rights-based approach

The availability and accessibility of a diversified range of LTC options – residential care, home care and community-based care, or informal care, such as live-in carers and domestic workers - should be based on the unmet needs of target communities and, more importantly, on the right to choose for care recipients. The latter should be particularly safeguarded for disabled people, who have the right to choose on an equal basis with others and to access personal assistance and live in environments other than institutionalised care settings.

"*I see a lot of parents that are in a wheelchair or who cannot be independent, and their children are still taking care of them. Therefore, they still can be independent and active in the community with the help of the family care that is being given*" – quote by the Anti-Poverty Forum Malta (2022).

When analysing the hidden costs of informal care labour – mostly provided by women - on the economy and households, care givers are left alone to make unbearable choices between caring for their children and older people and having a full-time paid work, thus independent income and pension later on.

The Proposal acknowledges that the projected increase of public expenditure on LTC (from 1.7% of GDP in 2019 to 2.5% of GDP in 2050) does not consider the substantial contribution of informal carers - currently at 2.4% of the Union's GDP, thus higher than Member States' funding for LTC. Nonetheless: 1) No plan is envisaged to formally return the economic value of the informal LTC contribution to society. 2) Additional social benefits and funding should now be unlocked to support informal LTC givers and recipients, regardless of informal care being a matter of preference or due to lack of available affordable care options. 3) A definition of the legal status for informal carers is still lacking. 4) The principles of equal pay for equal work and work-life balance are still not adequately enforced.

The situation of low-income people and those living in vulnerable situations is particularly concerning. Live-in carers often do not benefit from any social protection coverage and regular contracts. Building pathways to a regular status for undeclared LTC workers should go hand in hand with opening legal and non-discriminatory pathways for non-EU migrant workers and for the cross-border transfer of social rights for mobile workers. The Proposal's call for fair working conditions cannot disregard the current under-representation of live-in carers' rights and the need to strengthen racial justice in the EU.

Territorial inequalities

Closing territorial gaps in availability of and access to long-term care, especially in rural and depopulating areas has been set as a priority for Member States. Such an objective must urgently address the unmet needs of persons with disabilities who should have equal access to affordable quality integrated care everywhere.

We also draw attention to the fact that the Proposal's recommendation to use digital solutions in the provision of care services cannot be the 'cure for all ills' and violate the rights of vulnerable people, such as those with mental disabilities, to receive personalised assistance.

Governance

The proposed governance structure for monitoring and reporting on the implementation of the Recommendation relies on the European Semester. We question the capacity of the Semester process - which is still evolving after the pandemic - to evaluate the implementation of the principles of the European Pillar of Social Rights.

Furthermore, Member States are called on to appoint national LTC coordinators and submit national action plans, but such mechanisms proved to be inefficient in the framework of the European Child Guarantee (delays in submitting the national action plans, non-transparent participation process for civil society organisations, unclear roadmap for the revision and implementation of Child Guarantee action plans[4]).

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[4] A complete assessment of the shortcomings in the framework of the European Child Guarantee has been done by the EU Alliance for Investing in Children, of which EAPN is a partner organisation. Relevant statements are available here and here.