

December 2020

## **Policy Brief**

# **Demographic Change, Ageing, Long-term Care & COVID-19**

### **Why this paper**

Europe's population is getting older. We are living longer than ever before, increasing the ageing population. By 2070, it is estimated that 30% of people in Europe will be aged 65 and above, up from about 20% today. From 2019 until 2070, the share of people aged 80 or over is projected to more than double to 13%.<sup>1</sup> This ageing population is met with a low fertility rate and a working-age population which is expected to shrink by over 40 million, with the number of children and young people (aged 0-19) projected to decrease by 12.6 million by 2070<sup>2</sup> as recently stated in the report on the impact of Demographic Change published by the European Commission.<sup>3</sup>

Eurodiaconia is a network of 52 organisations in 32 European countries providing health and social services and working for social justice. Founded in the Christian tradition, we work to ensure that our societies provide opportunities for all people to live in dignity and to reach their full potential. Our members, representing more than 30,000 social and healthcare providers, have long-standing and robust expertise in providing services to the most vulnerable in Europe. They have been at the forefront of delivering services, before and throughout the pandemic, this brief presents information they gave us based on their experiences before and during the pandemic in the provision of Long -Term Care (LTC) services.

The European Pillar of Social Rights Principle 18<sup>4</sup> states that everyone has the right to the affordable long-term care (LTC) in particular, homecare and community-based services. This means that there must be a clear approach to addressing the needs for LTC in the European Union. If we accept that there will be a greater need for LTC then we also have to ask and address the need to ensure that LTC ensures a good quality of life now and in the future. Over the last years Eurodiaconia has developed a strong focus on long-term care with particular emphasis on integrated and affordable care of

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<sup>1</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population\\_structure\\_and\\_ageing](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing)

<sup>2</sup> [https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_en)

<sup>3</sup> [https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_en)

<sup>4</sup> [https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en)

good quality in line with the ambition of the European Pillar of Social Rights. Everyone has a right to a dignified life and healthy ageing. This requires a substantial investment in social care services, promoting social innovation and knowledge sharing across Europe. Although the provision of LTC services lies within the competence of EU Member States, Eurodiaconia calls for a strategic coordinated approach to LTC at European Union level and the EU should ensure a supportive framework for LTC in the face of challenges that plague the sector.

The goal of this briefing paper is not to highlight all issues relevant for ageing and long-term-care but to focus on Eurodiaconia's members' key concerns and recommendations in these fields in relation to social and health care services.

## Demographic Change, LTC before Covid-19

In 2018, the European Commission's European Social Policy Network (ESPN) published a synthesis report chronicling the main features of the national long-term care systems in 35 European countries (the EU Member States as well as EFTA and enlargement countries). The document highlighted four key challenges faced by national governments with regards to LTC systems:

- Access to and adequacy of long-term care provisions;
- Issues related to the employment situation of carers;
- Quality of LTC provision and jobs;
- Financial sustainability of national long-term care provisions.<sup>5</sup>

With the reduction in Europe's working-age population, social service providers are faced with the challenge of meeting the demand for the increasingly ageing population with inadequate access to staff. There is also increasing pressure on families with older family members; as a result, the provision of informal care by family members may increase. At the same time, family members need to be active in the labour market, and as a result, there is an increase in demand for formal care. As such, ensuring older people can live in dignity must be a policy priority. Investing in quality curative and preventive social and health services is essential to aid active ageing for older people, mostly those with care needs. These challenges are faced across all member states. Over the years, our members have observed critical concerns in the sector that align with the ESPN report:

- Difficulties in recruitment and retention of staff in long-term care facilities
- Lack of facilitating legal framework
- Staff shortages-insufficient trained and qualified staff
- Insufficient and unstable funding
- Understanding the needs of older people and personalised care

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<sup>5</sup> <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9185&furtherNews=yes>

## Current State of play at EU

The recent report published by the Commission on the impact of demographic change<sup>6</sup> exposed the need for intergenerational solidarity in an ageing population. It presents the drivers of demographic change and the impact they are having across Europe, identifying how people, regions and communities most affected can be best supported to adapt to changing realities through crisis, recovery and beyond and further expresses the need to make our healthcare and long-term care systems more resilient to ensuring urban and rural areas can cope with population density or lack of services.

Eurodiaconia members look forward to the Action Plan on the full implementation of the European Pillar of Social Rights with a keen note of Principle 18 in line with our members findings and those of the ESPN report. Everyone, especially the most disadvantaged, should be able to access good-quality long-term care services. The action plan should address the challenge of public procurement rules prioritising lowest cost over quality and also the difficulties posed by the shortage of staff willing and able to work in the care sector and the need to improve the attractiveness of working in that field. We seek a significant increase in measures at EU and at the national level to ensure the availability of quality LTC services, both residential and community-based, to all who need them.<sup>7</sup>

We also anticipate the publication of the Green Paper on Ageing from the European Commission, due to be released in early 2021. We look forward to participating in the consultation that will ensue; the debate on long-term impacts on care and pensions, and on how to foster active ageing, including an assessment of the fitness of the social protection systems to deal with the needs of an ageing population.

## Impact of COVID

The above challenges were evident in the sector before the COVID-19 crisis. The outbreak of the COVID-19 pandemic has further exacerbated the difficulties that overwhelmed the long-term care sector in the years past. It has exposed the vulnerability of older persons to pandemics and other diseases. The majority of deaths thus far occurred in care homes reason illustrating that older persons are more susceptible to have underlying health conditions.<sup>8</sup> The health and social care sectors have been put under immense pressure which has reinforced the many related issues that existed before the pandemic. Whilst the European Commission moved swiftly to propose the EU4Health programme to support the Member States and the EU to build

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<sup>6</sup> [https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_en)

<sup>7</sup> [https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/11/202011\\_EPSR-Action-Plan-Consultation-Response.pdf](https://www.eurodiaconia.org/wordpress/wp-content/uploads/2020/11/202011_EPSR-Action-Plan-Consultation-Response.pdf)

<sup>8</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-long-term-care-facilities-surveillance-guidance.pdf>

up capacity and preparedness;<sup>9</sup> we note again that the focus is mainly on health care, diagnosis and disease prevention while the social care strand is submerged under the umbrella of health care.

## **What our members are telling us**

Eurodiaconia holds regular network meetings with members which offers an opportunity first for our members to interact with one another and share good practices, secondly, get updates on EU level actions and have a chance to provide recommendations to policymakers. These meetings provide an avenue to listen to experiences from our members on the ground. This is what they are telling us:

### **Increase in demand for services and the lack of funding to meet that demand**

As people live longer, there is an inevitable increase in demand for care services by the ageing population. Despite this increase in demand, this has not been matched by investment. Eurodiaconia's members have incurred extra unforeseen costs during the pandemic, they have succeeded in continuing service provision, though often with the use of self-raised funds. The challenge of funding that plagued the sector before has been deepened with the crisis; the providers often bore the extra spending burden for the procurement of personal protective equipment and some other unforeseen expenditures. This is an unsustainable approach. Private funds cannot be the only source of financing for LTC neither in a pandemic or any other time.

### **Impacts of migration on the LTC sector**

Our members tell us that migration has an impact on employment in the care sector. For example, our Polish member tells us of young people of working-age frequently leaving to take up better-paying jobs in Germany, Norway, Sweden, Netherlands and the UK. This movement has a double impact: first, it leaves a shortage of care workers in the country, and; secondly, there is a shortage of informal carers because the young people may leave behind their parents who subsequently depend on institutional care as they grow older. Due to the low level of income in older age, many do not have the funds to pay for care, leaving them in a very difficult situation. During the current COVID period, measures such as recruiting staff for care services from third countries, such as Ukraine, has not been possible due to restrictions on movement.

### **Isolation and loneliness**

Eurodiaconia members see loneliness as increasingly prevalent among older people. Before the pandemic, people aged between 75-85 often suffered from decreased physical mobility and autonomy and relied on occasional visits from family, but with the outbreak of COVID-19 and subsequent lockdowns, visits to friends and relatives have been limited, with visits to care homes suspended in some countries. This has

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<sup>9</sup> [https://ec.europa.eu/health/funding/eu4health\\_en](https://ec.europa.eu/health/funding/eu4health_en)

led to an increase in loneliness and a decline in mental health. Older people living with dementia, for instance, had difficulties with the disruption of their routine.

## Quality in LTC

Substantial differences exist between countries on basic quality measures. Long-term care is organised, funded and provided differently across EU member states. It is important to set a standard for quality in LTC. There is a need to agree on indicators of quality between the different member states.

## Unattractiveness of the sector

Our members report that the difficulty to attract and retain staff in care services is because of the negative perception of the sector amongst others. This is related to the difficulty of the job, as well as low wages. In Poland, for instance, our member says a full-time senior carer earns about PLN 1.940,00 net per month (~EUR460,00). This amount is low when compared to earnings in other sectors which make retaining staff in the care sector difficult as people continually move to better-paying jobs.

## Preparedness for future pandemics

Europe is now experiencing a second wave of the pandemic. In the Czech Republic, for instance, our members say there was no clear information from authorities on how to adapt ways of working or guidelines from the public health professionals. This has been a common problem in other countries too. Frequent changes in legislation made it difficult for care providers to adapt to the changes. Our member in Austria told us that at times the managers of care services sometimes got new guidelines at the same time as the residents and their families with no time to first understand the regulations before implementation.

Our members would like to see the development of a 'handbook', in preparation for subsequent crises. There should be synchronised information between the Ministry of Social Affairs and public health authorities. There should be a single EU standard to follow by care providers.

## Eurodiaconia's Recommendations to National Authorities and EU

- The EU and national authorities should work on standardising the quality framework across Europe. Everyone should have access to good quality and affordable long-term care.
- National authorities must work on preparedness, prevention and resilience of care services.
- National authorities must think long-term, making good their commitments to invest more in preventive care.
- National authorities should develop integrated health and social care systems to reduce barriers in effective service provision as well as promote an exchange of knowledge throughout the cure and care sectors.
- Relevant funds should be made available to social service providers to continue providing services; public authorities should ensure stable funding, including

investments to enable the sustainable provision of LTC. Sustainability of funding will ensure the sustainability of services.

- The European Commission and member states should initiate campaigns that aim at changing public perspective about a career in the social care sector. Efforts should be made to retain and train social services staff and to increase the employment recognition of the sector.
- National authorities should develop the workforce; with a better long-term strategy to make working in the social care attractive. Increased salaries, training and retraining, and opportunities for lifelong learning and growth within the sector.
- National authorities should recognise informal and family carers by ensuring a right to a pension, for instance, and, where needed, provide financial support.
- National authorities must work towards adequate minimum income schemes. The European Commission should intensify support given to member states, facilitating policy and practical exchange.
- On-going studies by the Commission on informal care and the LTC market should be in consultation with civil society organisations that provide direct social services.
- When tendering for social services, contracting authorities should award contracts to provide social services based on the 'best quality for money'; best value rather than the cheapest offer. Tenders in the social sector must include consideration of independently verified quality criteria.
- National authorities should invest in researching new ways of providing varied and flexible forms of residential, community, respite and home care.

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