

Eurodiaconia input to the Commission Consultation on a European Care Strategy

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Eurodiaconia is a network of 55 organizations founded in the Christian faith, operating in 32 European countries, providing care and social services, and advocating for social justice. Our members provide integrated care services dedicated to enabling everyone to actively participate and contribute to society. As a not-for-profit network consisting of over 30,000 organizations with decades of experience in providing quality care, we urge the Commission to consider the following considerations in the upcoming Care Strategy.

Overall, we believe that a European Care Strategy must support Member States in developing a resilient ecosystem for care services, contributing to building quality, affordable, available, and accessible care infrastructures in all Member States. It should propose a Care Guarantee that approaches care not just as a service, but as a right people have throughout the life cycle, including children, adults with care needs, and the elderly. This is key to enable all people to reach their full potential and lead lives of dignity.

Our members are also providers of short-term¹ and long-term care services. Long-term care services and Early Childhood Education and Care services will be specifically addressed in separate submissions, however, we would stress that in any Care Strategy both approaches to care need to be included.

Currently, our members report the following key challenges in the provision of care. Most of those challenges have been observed for several years, but emphasized through the COVID-19 pandemic and they urgently need to be addressed by the European Care Strategy:

- **Evolving Demand:** The demand for social care services has increased significantly due to our aging population, changing family and household patterns, the complexity of life and as a result of economic and territorial shocks and changes. As long as the increased demand of care services is not met, the most vulnerable will be most affected by the lack of care services. The increase our members see is also related to changes in the scope and coverage of our social welfare systems. Furthermore, expectations are changing, and people want to choose the care services they receive, as well as when and where they receive them. This emphasis on user choice requires a much more ‘building blocks’ approach to care where care needs can be designed by the user.
- **Isolation and Loneliness:** Isolation and loneliness (leading to feelings of meaninglessness) have been identified as issues of concern in the care sector and which have been clearly exacerbated by the COVID-19 pandemic. With increasing numbers of single person care receivers and extended family not always being nearby, social service providers are stepping in to provide not only traditional social and health care support but also comfort, companionship and the building of new social networks, which are essential for the wellbeing and mental health of care receivers.
- **Digitalization:** While digitalization can bring many advantages and new possibilities to the care sector, it can also have a strong exclusionary factor, as certain groups of people, especially the

¹ By short term care services we refer to such services as those for people who experience homelessness, or those who live with addictions, or short-term services for good mental health or support to children who have experienced trauma. This is not an exhaustive list, but we wish to underline that care services are provided across the life cycle and across life experience.

elderly, lack the tools and skills to access online services. It is therefore crucial to maintain face-to-face offers in parallel to digital solutions.

- **Variable quality:** Whereas our members seek to ensure the highest level of quality in all that they do they are often restricted by the funding available to them. A second issue around quality is that the quality indicators may be different from one care setting to another. We therefore have to take a more in-depth look at the Voluntary Quality Framework at EU level to see if it could be revised and if it could be tailored to specific care environments.
- **Workforce Shortages:** The care sector struggles to attract and retain staff due to low wages, precarious working conditions and negative perceptions of the sector. There is also a very clear gender profile of the sector with few men interested in this work. Those who work in the sector do not get the benefits of skills development and career progression is limited. Much of the problem is related to a lack of budget to invest in staff conditions and training which should be addressed in any future actions on financing. However there is also the need to work to change the image of the care sector and to work with schools and higher and vocation education institutes to promote careers in the sector.
- **Migration and Care Drain:** Emigration from East to West to work in the care sector is a widespread phenomenon. Attracted by higher salaries, care professionals chose to move to other countries to work in the care sector, leaving children and the elderly behind. This outflow of care professionals is undermining the capacity to ensure quality care provision in these countries. However, where planned and supported migration flow takes place, care should be taken to ensure fair and decent work and appropriate entry into the welfare system. Where care workers undertake training in another EU or non-EU country systems need to be in place to recognise qualification already gained and there should be immediate access to training for upskilling, cultural knowledge and other needed skills.
- **Underfunding:** The care sector is facing the current challenges because it has suffered from years of underfunding and underinvestment, limiting innovation and the development of new and more effective and attractive ways of providing care. Although efforts have been made to address some issues through the 2011 revision of the Public Procurement Directive and the potential of using both GBER and Altmark criteria in State Aid they are not having the impact on the amount of financing that is given to providers of social services to run a service. In particular, not for profit social service providers are increasingly struggling to compete against some private providers who are part of bigger conglomerates which may find their origins with investment houses and venture capital. Whereas competition in the provision of the sector could bring quality, it is our experience that instead it is driving down quality as competition is increasingly based on price. Finally, we are seeing evidence of some 'for-profit' provider refusing to provide services to people whose care may be financed by the State. If continued, this will result in multiple tiers of care provision where income inequality will affect the level of quality care available.

We recognise the reality of a mixed economy of providers – profit and non profit making - and that in the right circumstances and with the right eco-system both can thrive and provider all the services that are needed.

Therefore, the following guiding principles should be considered within the European Care Strategy:

- **Life-Span Approach:** The EU Care Strategy should encompass access to quality and affordable social care for everyone at every moment in life. This also needs to take into account specific needs of vulnerable groups with various vulnerabilities.
- **Person-Centered Approach:** The EU Care Strategy needs to reflect the paradigm shift towards person-centered and enabling services, which emphasizes the social inclusion of those receiving

care services. This approach must include service-users having choice and control in their lives and steering the services they receive.

- **Home and Community Based Services:** The Strategy needs to support the development of a broad and diverse offer of care services, including home and community-based care. Following a needs and demands based approach, persons in need of care should be able to choose the type of care service that responds best to their needs.
- **Integrated Services:** A coordinated, smooth and appropriate integration of public, health and social care services is vital to guarantee a decent quality of life for all. Holistic and integrated approaches are needed to address the multiple needs of service-users across providers.
- **Essentializing Social and Care Services:** It must be recognised that social and care services are essential and that chronic underfunding, with increased demand, is a barrier to ensuring accessible, affordable, and high-quality services to promote social inclusion and quality of life

To respond to the identified challenges and promote these principles, we have identified key actions which should be included in the Commission's Care Strategy.

- **EU Care Guarantee:** Following the examples of the Youth and Child Guarantees, a European Care Guarantee should be established, guaranteeing everyone living in the EU access to affordable and quality care services, whenever needed throughout the life cycle. It should provide a cohesive framework for Member States to deliver high quality services, which are rights-based and person-centered, and life-cycle care strategies, including decent working conditions and training opportunities for carers and support to informal carers.
- **European Care Platform:** The European Commission should implement a platform for stakeholders, such as representatives from Member States, and civil society organizations, to monitor the Care Strategy within Europe, promote mutual-learning and identify effective funding models.
- **EU Skills for Care Initiative:** The European Commission should commit to an EU Skills for Care Initiative to improve up- and re- skilling opportunities for professionals in the care sector. This initiative would help identify skill gaps and needs, promising practices and successful initiatives. It should also develop a framework to recognise skills acquired through experience, such as through informal care work to facilitate access to formal employment in the sector.
- **Develop the role of Public Employment Services** and other agencies to be able to promote working in the Care sector and consider a Europe wide campaign to promote the opportunities and rewards of working in the sector.
- **Undertake a review of the Voluntary Quality Framework for Social Services** with a view to identifying approaches on quality for various sectors in the care environment. The EU should also provide financial support to upskill staff in the care sector +on quality in line with the EU framework as further developed.
- **Introduce EU-wide Standardized Data Collection:** Enabling frameworks for care provision need to be based on reliable, standardized and up-to date data of the care sector. We therefore encourage the European Commission to develop such EU-wide standardized data collections, which will help to better address care needs and assess the implementation of the Care Strategy on national level.
- **Promoting Sufficient and Sustainable Funding:** A cornerstone of service-users accessing quality, available and affordable care is the care sector's access to adequate and sustainable funding. Social investment should be a priority within EU funding instruments and promoted through the ERDF and ESF+ funds, and other financial instruments such as the Recovery and Resiliency Facility. Reporting obligations should be kept to the necessary minimum to reduce unnecessary burden for care service providers.

Furthermore, the Care Strategy should promote the use of alternative funding methods, such as authorization and licensing procedures, reserved markets, and user-led funding models to best meet the funding demands of the care sector. This includes the need to reform EU fiscal rules, state aid and public procurement policies, which must prioritise quality of the service and not the lowest price. The European Commission should work with member states and beyond to identify and map the various ways in which care services can be commissioned, financed and invested in and develop recommendations for the future commissioning and financing of care services in Europe.

- **Undertake an evaluation of how the ‘social clauses’ of the 2011 Public Procurement Directive and of State Aid rules** have been used in Member States and prepare recommendations for their future amending and implementation.
- **Develop Ambitious Quality Indicators:** As the Care Strategy aims to promote dignity and quality of life, ambitious common quality indicators to measure the impact services play on the quality of life of service users are crucial to judge success.