EASPD Position Paper on the EU Care Strategy

EASPD

European Association of Service providers
for Persons with Disabilities

www.easpd.eu info@easpd.eu +32 2 233 7720 RN 0478.078.455

Handelsstraat 72 Rue du Commerce B-1040 Brussels - Belgium

European Association of Service providers
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EASPD Proposals for the EU Care Strategy

Position Paper - October 2021

With the financial support of the European Union Programme for Employment and Social Innovation "EaSI" (2014 - 2020)

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About EASPD

The European Association of Service Providers for Persons with Disabilities (**EASPD**) is the European not-for-profit organization representing over 20,000 social service providers in 34 European countries.

EASPD's aim is to promote equal opportunities for persons with disabilities through effective and high-quality service systems across Europe, in line with the principles of the UN Convention on the Rights of Persons with Disabilities and the European Pillar of Social Rights.

Our members are active in a wide range of activities, especially in care and support services, employment, education and training, and early childhood intervention. It is based on this expertise and know-how that we put forth our proposals for the EU Care Strategy.

EASPD is registered at the Transparency Register under the following number: 120906010805-50.

This policy paper has been written by **Thomas Bignal** (Head of Policy EASPD), **Irene Bertrana** (Senior Policy Officer) and **Konstantina Leventi** (Senior Policy Officer) in cooperation with EASPD members.

For further inquiries contact:

Thomas Bignal
Head of Policy
EASPD
thomas.bignal@easpd.eu
+32(0) 2 233 77 20

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Executive Summary

The EU Care Strategy will need to propose a **common vision of Care** in Europe today and for the coming decade.

For the European Association of Service providers for Persons with Disabilities (EASPD), **"care" is about the full range of activities that enable people with support needs to live as independently as possible**, to actively participate in society, and to enjoy their rights on an equal basis to others. This goes for all adults with support needs, including older adults, as well as children who may benefit from childcare services to complement the role of families in enabling children to grow, learn and enjoy their rights. Although it is part of the story, **care goes beyond getting the medical attention** one may need. It is about being **empowered to enjoy life on an equal basis to others**, which includes of course being healthy.

To implement this **vision of care in practice**, there is a need for a **wide range of measures**: to develop home and community-based social care services (including long-term care), integrated with similarly community-based healthcare services, as well as social, financial and other measures for those who draw from care and informal/family carers. It is also necessary to ensure an accessible and inclusive local community planning. Institutional care settings (large, segregating and patronising) are detrimental to the wellbeing of their residents, in contrast with this 21st century vision of care, with the UN Convention on the Rights of Persons with Disabilities, and even -in philosophy at least- the European Pillar of Social Rights. This applies for care services for all people, including older persons with disabilities.

The EU Care Strategy must also provide guidance and solutions to the numerous challenges affecting Care in Europe; namely:

- **The Transition from Institutional to Community-based Care,**
- **The Increase in Demand for Care,**
- **Unlocking Job Creation through Care,**
- **The Social Care Funding Gap,**
- **The Sustainability Question,**
- **The Digital and Green transitions, and**
- **Guaranteeing the Quality of Care**

The EU Care Strategy must also provide both **policy guidance and use the EU's own instruments** to provide practical support and an enabling eco-system to Member States and social care providers; most of which are part of the Social Economy. Such initiatives can include:

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- **Streamlining** a Council Recommendation on **Long-Term Care** and a review of the **Barcelona targets** with initiatives set-out in the **European Disability Rights Strategy 2021-2030**, all of which should consider and provide solutions and orientation to the above vision & challenges
- Developing **indicators for Care** for the Social Scoreboard and improved **data collection** on care
- Creating a **European Expert Group on Care**, including EU NGOs involved in this field
- Promoting social and civil dialogue in Care at both national and EU level
- Ensuring the **Social Economy Action Plan is supportive** of social economy care providers
- Facilitating the **Green and Digital transitions** in care and for care providers in particular
- Enabling EU legal and fiscal policies; such as on a review of **public procurement**, improving the take up of opportunities offered by **state aid rules** and a reform of the **Stability and Growth Pact** rules to focus on the quality of the social spending. The objective should be to facilitate investment into community-based and home care services, as well as similarly **smart social investments**.
- **Maximising the impact of EU Funding programmes** in Care, for instance with the European Social Fund+, the European Regional Development Fund, the Recovery and Resilience Facility, InvestEU, Erasmus+ and others.

This Executive Summary summarises in short EASPD's position paper on the EU Care Strategy and more details are to be found in the next pages.

I. A Vision for EU Care

a. What vision for EU Care?

The EU Care Strategy will first need to be based on a common vision of Care.

There is no single definition of care at EU level, with terms such as social care, long-term care, healthcare & social services having different meanings in each country. This is often due to historical, cultural, economic and social differences across the European Union, as well as the evolving variety of care needs that people may have.

The European Commission has been very effective the last few years in building consensus not-so-much about a definition of care – in the strict sense- but about the role of care: what should care aim to achieve? It has moved – and rightly so – away from medical understandings towards an understanding of care based on human and social rights principles; for instance, through the European Pillar of Social Rights (and

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its Action plan)and the European Disability Rights Strategy 2021-2030, as well as the Child Guarantee, the Green Paper on Ageing, the EU Gender Strategy, the Sustainable Development Goals and the European Voluntary Quality Framework for Social Services. This process consolidates similar developments at national and regional level, across the European Union.

The debate has shifted beyond considerations such as "how can care protect and keep people healthy" towards discussions around "**how can care help people to enjoy their rights on equal basis to others".** Care today is about the type of services people -usually people with support needs- need to enjoy lives on an equal basis to others. It goes beyond services that enable people to be healthy – at least in the traditional sense – and towards services that empower and enable all people to live the lives they want, where they want and with whom they want. This is not to deny any disability, impairment or illhealth, but to focus on tearing down environmental & socially constructed barriers that stop people in such situations to live the lives they want. This includes health services, but also includes a range of care and support services that cater to the individual support needs of those who draw on care.

Under such an understanding, "care" is about the full range of activities that enable people with support needs to live as independently as possible, to actively participate in society, and to enjoy their rights on an equal basis to others. This goes for all adults with support needs, including older adults, as well as children who may benefit from childcare services to complement the role of families in enabling children to grow, learn and enjoy their rights.

Today in Europe, most care is done by family and informal carers, generally women. The availability of affordable and quality formal care services and early childhood intervention services (if paired with information, recognition and social and financial support) is crucial to reduce the pressure and responsibility of care that may be experienced by family and informal carers and provides them with more life choices, career options and work-life balance.

In this shift to a human rights-based model of care, the difference may appear slight at first, but it requires a transformation to the way in which care – and indeed society – is organised. Under such a vision, care is organized primarily around the needs and wishes of those who draw on care services. It is about how to make sure care services can enable all people to enjoy the same rights as others, as well as to actively participate in society. **The rights of those who draw on care should drive the organizational arrangements of those who formally provide the services, not the other way around**.

Although it is part of the story, care goes beyond getting the medical attention one may need. It is about being empowered to enjoy life on an equal basis to others, which includes of course being healthy. EASPD

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therefore strongly recommends **the EU Care Strategy to define a vision for care based on its social and human rights principles: about empowerment, about being supported to enjoy your rights and about having choice and control over your own life. This is what "care" in Europe is about today.**

b. What does this mean for social care services?

To implement this vision of care in practice, there is a need for a wide range of measures: develop home and community-based social care services (including long-term care), integrated with similarly community-based healthcare services, as well as social, financial and other measures for those who draw from care and informal/family carers. It is also necessary to ensure an accessible and inclusive local community planning.

Home and community-based social care services are a range of services which aim to enable people with support needs to live at home, in their community and to engage in such communities. They can include services such as homecare, day care, personal assistance, respite care, supported living, integrated housing services and family-type and -size residential settings. Perhaps most important of all is the way in which care and support is provided; meaning that it is planned and implemented for and with the person in need of support and around these questions: how can the care and support enable people to live where they want and with whom they want? How can the care and support enable people to live how they want, do what they want -including the job they want- on an equal basis to others? How can the care and support enable people to have choice and control over their lives on an equal basis to others? These are the important questions a care service should respond to. They should also form the basis on which the quality of care services are assessed; not merely if people are healthy and well-fed.

For EASPD, **Long-Term Care and Support (LTCS)** is defined as support people need to enable Independent Living and to be safe, well and fully involved in the life of their community, whatever their support and care needs. Home and community-based social care services are the types of services needed to implement this definition.

Every child has the right to grow up in a family, which is fundamental for their healthy development. Families need support to fulfil their role, and in particular when their children have complex support needs, and this can avoid the risk of institutionalisation. Public authorities should ensure that children can grow up in their biological, extended families or in foster care families. To make this happen quality early childhood intervention services systems should be in place to support families. Foster care should be available. These measures and others are effective at preventing institutionalisation and empower families. Only when no family-based care option is available can small family-type & -size residential

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services be acceptable and only under the basis that they function under the human rights principles of support, of empowerment, of choice and control.

Institutional care settings (large, segregating and patronising) are detrimental to the wellbeing of their residents, in contrast with this 21st century vision of care, and with the UN Convention on the Rights of Persons with Disabilities, or even -in philosophy at least- the European Pillar of Social Rights. This applies for care services for all people, including older persons with disabilities. In fact, this is already supported by European Union policy with the shared management funds (European Social Fund+, European Regional Development Fund, etc.) unable to be spent on such institutional forms of care and deemed incompatible with EU social policy objectives. This is largely because **institutions function with standardized processes, with the consequence that the needs and rules of the institution overrule the needs of those who draw on the services**. The consequences of the COVID-19 pandemic in nursing homes, for instance, have exacerbated this situation.

As such, in line with the European Pillar of Social Rights and the European Strategy on the Rights of Persons with Disabilities, **the European Care Strategy needs to fully commit to the transition from institutional to community-based and home care services.** It must promote forms of services which empower people to enjoy their rights on an equal basis to others. It must disengage from supporting practices which are unsuitable and unable to do so. This goes for all social care services, including long-term care, and is irrespective of age.

II. Trends & Challenges in Care

As important as it is, a vision alone does not solve the difficulties affecting care in Europe. The EU Care Strategy needs to discuss and tackle the many trends and challenges affecting the delivery of this 21st century vision for care.

a. Transition from Institutional to Community-based Care

Given the role of care to empower, the first priority is the transition from institutional to community-based care. What does this mean in practice?

For EASPD, the smart transformation of services to more enabling and empowering forms of care and support needs to be based on the principles of participation, inclusion, non-discrimination, equality, choice and control over life and on the right to receive support adequate to individual needs.

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The following elements are important to be integrated in any deinstitutionalisation (DI) process to ensure a successful transition and the development of high-quality support systems:

- **Preventative measures** to avoid institutionalisation. This includes the development of early childhood intervention services, access to mainstream services, inclusive education and care services, developing foster care and other measures.
- **Facilitating legal frameworks.** This includes both the adaptations of existing legal frameworks and the adoption of new ones. This suggests frameworks for the newly formed community-based services, reforms in the field of legal capacity and supported decision-making, self-advocacy and others.
- **Correct and adequate funding.** Sufficient and earmarked financial resources will ensure a successful DI process, as well as the sustainability of the reforms. This should include the development of innovative funding models, such as personal budgets, allowing individuals to be at the centre of planning and to organise their own care and support services.
- **Well-trained workforce.** Training and re-training of the workforce is crucial to implement new methodologies and further ensures that institutional practices will not be continued in the newly formed community-based services. It is also essential to ensure that there is sufficient staff to provide such services, especially given the important staff shortages in many if not all EU Member States.
- **Co-productive approach and partnership.** From the planning and design stage of a DI process through to its implementation, people with care and support needs, their families and carers, their representative organisations, social services providers and policy makers need to work together. All sectors involved in the process (health, transport, housing, education, social welfare..) need to take part in the planning and implementation. This will lead to Plans that take into account all different perspectives, thus facilitating a smoother implementation.
- **Cooperation and shared responsibilities within the public bodies.** Synergies between ministries, central government and local authorities, shared responsibilities, and ownership are also key factors for a successful DI process.

Additionally, the following procedures are seen as key to successful deinstitutionalisation:

- The situation in each country and even in each region is diverse, therefore, a **state of play** in each one of them is required before the development of strategic actions. Data collection, such as how many people live currently in large residential institutions or how many people need care and support services are crucial.
- The development of a **strategy** and an **action plan** should be accompanied by clear objectives, timeframes and comprehensive responsibilities.

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- The benchmark for success of the DI process lies in the development of a **monitoring and evaluation plan**, focusing on the quality of the support provided and whether there have been improvements on the quality of life of the people with support needs. To measure this, John O'Brien and Connie Lyle O'Brien have proposed five areas which are widely agreed to be important in shaping quality of life: 1. Sharing ordinary places, 2. Making choices, 3. Developing abilities, 4. Being treated with respect and having a valued social role, 5. Growing in relationships. Accounting only the number of people who have transitioned to community-based services does not suffice to ensure the success of a DI process.
- **Person-centred and family-centred planning** must be a key part in the development of community-based care services. This will provide individualised and needs-based information which will allow for a clear overview of the types of services required. The planning stage must reflect the principles of voice, choice and control.
- **Social services** which do not comply with the principles and values of international legal frameworks need to be restructured to services based in the community, which empower people to live independently and enjoy their human rights in an equal basis with others. And where there is lack of adequate support systems, these services shall be reinforced with additional ones.
- **Awareness raising programs for the communities** facilitate the DI process. This will help society to be well informed on the principles and values of living independently and being included in the community for persons with care needs. This results in minimizing resistance to change on a community level.

It is essential that the deinstitutionalisation process is inclusive of all people with support needs, even people with higher support needs. It requires thoughtful planning and an appropriate transition period that will not lead to certain individuals being left without the care and support they need.

b. The Increase in Demand for Care

Alongside changing expectations towards what care means, there is growing demand for care services across the European Union. This growing demand has several explanations.

- Europe is ageing, which means that more and more people are expected to need care in the decades to come.

- The growing relationship between human right principles & how care relates to their implementation means that people are less seeing social care services as a "social benefit" and increasingly -and rightly so- as a tool to enjoy their rights. This comes with evolving responsibilities for Public Authorities, who thus have to ensure the availability, accessibility and affordability of social care services if they are to fulfil their

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human rights obligations; for instance vis-à-vis the UN Convention on the Rights of Persons with Disabilities. In many cases, this means the need to increase and improve the provision of care services in each country.

- Care is strongly linked to gender equality, primarily – but not only- given the fact the very significant majority of carers -both informal and professional- are women. Due to a lack of formal care services and gender stereotypes, informal carers very often find themselves in the situation where they have to provide the care themselves; thus often obstructing them (women) from life and career opportunities in comparison to men. Increasing the provision of care services is therefore key to provide more options for informal carers over their life choices and consequently contributing to greater gender equality and better work-life balance. Whilst this is particularly the case for childcare, it is important to note that it is also the case for care for adults with support needs (older persons, persons with disabilities, persons with mental illhealth, etc).

- The existing shortages of formal care services increases the demand for such formal care services too; not only because of the direct shortages that need to be met, but also because of the unmet costs that a lack of social care can have on a person's care needs (for instance, therapeutical support). This was confirmed by the COVID-19 pandemic. There is also a need to meet existing gaps in today's welfare systems.

c. Unlocking Job Creation through Care

The Social Care sector has significant job creation potential, in large part due to the increase in demand for such services. 8 million new and meaningful jobs are expected to be created over the next decade in both social care and healthcare. This comes on top of the over 2 million new jobs created in social care alone the last ten years.

In addition to these direct jobs within social care itself, it is also important to acknowledge the indirect impact the sector has on employment. First of all, access to social care services can help adults with support needs, including persons with disabilities, to access jobs. This is especially the case given that social care is organized in a way to enable and empower people to be active in society, including in employment (rather than the traditional segregating and protective methods). This would contribute to reducing the disability employment gap (See new Social Scoreboard statistics). Secondly, access to social care services can also help informal carers get employment if they choose to do so; therefore, also diminishing the gender employment gap.

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At a time when there is a risk of increased unemployment, the European Union cannot miss out on the triple job creation potential the social care sector offers in terms of direct and indirect employment. This is especially the case as many of the jobs created will be available for people often excluded from the labour market (migrants, persons with disabilities, long-term unemployed women and men, etc). In other words, the Social Care sector will be crucial to helping the European Union to meet its three EPSR Action Plan headline targets, vis-à-vis employment, training and poverty levels.

Yet, despite the huge potential, there are significant staff shortages in social care across all EU Member States. This is partly down to what is broadly considered to be low paid jobs, as wages in social care are on average 21% less than the average national hourly earnings. Other important reasons for the staff shortages are the lack of attractiveness of the jobs, which are deemed to have poor working conditions, career paths and opportunities for training. The fact that the sector struggles to attract men contributes to the issue. Competition with jobs in the healthcare sector is also problematic given that these jobs tend to be better paid and with better working conditions; meaning that staff trained within social care tend to subsequently leave for jobs in healthcare. Whilst this solves challenges in healthcare, it creates more problems in social care. More recently, obligations to get the COVID-19 vaccination has increased staff shortages in at least several countries. Last but not least, the social care sector also broadly relies on migrants, either from within or outside of the European Union. Many workers -who get trained in some countries- leave to go and work in better paid jobs in other EU countries; thus leaving staff shortages and difficulties around the continuity and development of social care in the country of departure. Such challenges require EU action to complement national or regional support.

Strategic measures are required to tackle the staff shortages. The single biggest action needed is to meet the funding gap (more on this later) which is pushing the quality of the jobs down. To successfully address these problems, care sector job profiles must be made fundamentally more attractive to address the shortages in qualified staff. To achieve this long-term goal, better working conditions such as improved work-life balance, the provision of training and skills development opportunities, including in informal care, and professional recognition of acquired skills are required for care workers. Resilient employer structures are necessary so that Social Partners can discuss and negotiate how the growing need for care can be met over the long term with high-quality personnel services.

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d. The Social Care funding gap

To have a real impact, the EU Care Strategy must help Member States address the funding gap around care across the European Union. Although different from country to country, social care services are still reeling from the impact of the economic crisis of 2008 and the subsequent cuts to public expenditure in the following years; partly -at least- coming from the strict EU Fiscal Rules. Although not the sole factor, it has also contributed to many of the challenges addressed in this section: limited progress made in deinstitutionalisation, staff shortages, insufficient formal care provision & limited digitalization and greening of care services.

Austerity has caused doubts around the continuity, availability, adaptability and affordability of formal social care provision itself, with an impact on the human rights and -in practice- day-to-day quality of life-obligations that public authorities have towards millions of people with support needs and their informal/family carers in Europe. For instance, if Europe does not meet the staff shortages gap – in large part caused by underfunding – then there will simply be a shortage of social care provision across the continent.

The COVID-19 pandemic has brought many of these challenges to light, highlighting the structural weaknesses of social care provision today. It is also feared that the economic consequences of the pandemic will lead to similar cuts to public expenditure in social care in the coming years; worsening the structural challenges the sector – and the people involved – are already experiencing. There are strong concerns that the prioritisation of digital and green transitions will shift investment away from social inclusion measures. This is already visible in the way that the multi-annual financial framework – the EU's long-term budget – is formed; for instance, the Recovery and Resilience Fund which earmarks for digital and green but not for social investment.

To reduce the funding gap issue to numbers alone is missing part of the picture. Another challenge is to find the best mechanisms through which to fund the provision of social care and to bring most value out of such investment. In terms of pure economic policy, this will be discussed later. In terms of funding models, the EU must address the shortfalls of public procurement in social care, which is – simply put – not a suitable instrument to fund the provision of such complex services, or at least in most cases. The lack of suitable promising practices identified by the European Commission in its Guide for Socially Responsible Public Procurement, by Member States such as the Netherlands, as well as by social care providers fully demonstrates this. The main concern -however- is not that the European Commission is promoting public procurement as a possible tool, but that it is promoting public procurement as THE tool for funding social care without giving equal promotion to other -better suited- funding models.

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There are plenty of other – more effective, more efficient, more user-driven – funding models to deliver the type of care services identified above; such as the triangular model, reserved markets or user-funded models such as the personal budgets. The innovative nature of personal budgets is particularly relevant to implement an empowering form of care as the funding from public authorities goes to individuals - based on a needs assessment- who then decide which services they want. Personal budgets systems are a demand driven funding system. This places people with support needs as the main driver for how social care is provided; which changes from the other more traditional models which are supply-driven funding systems and place public authorities and/or the providers as the main drivers. Of course, this is not to say that personal budgets are the perfect instrument either; as they also come with weaknesses. It is simply to say that public procurement is not the right instrument to fund most forms of care and the European Commission must pay attention to this growing consensus.

The EU Care Strategy must therefore solve and bring practical solutions to help Member States meet the funding gap in social care across Europe. It must also identify how some of its legal and financial tools can be adapted to make a real difference in care; for instance: the stability and growth pact, public procurement, state aid, and others.

e. The Sustainability Question

Given the expected significant growth in demand, the changes required to how care is provided and the difficult fiscal situation in many Member States, there are many questions as to how to ensure the financial sustainability of the funding of social care. In other words, how can Europe afford its care? There are no simple answers to this question; but there are pointers.
Firstly, the EU and its Member States' responsibilities towards **the UN Convention on the Rights of Persons with Disabilities – which all have signed- brings obligations** for them in terms of tearing down barriers to inclusion for persons with disabilities. The same goes for the European Pillar of Social Rights. The **provision of empowering care is one of the biggest solutions**. The challenge is therefore not a question of "if" care is important, but an issue of how to organize political structures in order to ensure that care is provided.

Thus, a balanced discussion on sustainability requires being able to **talk about public income** as well as public expenditure. It should not be a taboo to discuss how a society can have sufficient means to ensure people can have access to the care they need. In short, it is important to talk about **taxation**. Are we as societies doing enough to ensure we collect enough taxes? Are we effectively tackling tax avoidance? Are we doing enough to ensure new tech corporations pay their fair share? Is the corporate tax rate sufficiently high? What about financial transaction taxes or green taxes? Can we create specifically created and fair taxes dedicated to funding care? These questions are as equally important as to discuss the

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sustainability of public expenditure, yet are rarely part of the debate (at least at EU level). **These reflections should not be a taboo** for the EU Care Strategy.

There are also strong concerns about the capacity of Member States to be able to afford the expected significant increase in demand for social care provision. This is particularly the case for countries with high public debt. There is no doubt that **more social impact can be achieved with the same money**, yet it would be wrong for policy-makers to have or state unrealistic expectations to have a healthy care system by spending less in total than they do today. This is why talking about public income is so important. The question today is if we are spending public funding on the right type of care today or **if we can make more of an impact on the quality of life of citizens by shifting the model of care towards more empowering, community-based forms of service**s. There are several reasons for this. There is significant evidence pointing that you can achieve far more impact through community-based and home care than by financing outdated segregating institutional care settings. In short, you can achieve better outcomes with the same investment. Better outcomes -especially for persons with disabilities- also leads to more societal participation and employment; thus meaning an improved return on investment. There is also little to no existence of data proving that large segregating institutional care is cheaper and better value for money than community-based and home services. Thus, for the same money, why not invest in more and better impact. This is also why **many Public Authorities are shifting their policies along the lines of deinstitutionalisation**. The EU Care Strategy should encourage and support Member States in doing this.

Another question is about **the cost of not investing in care**; both on a social level but also from a financial perspective. If formal care provision is not provided, it has to be picked up by someone; very often a family carer and women. This can often push both the individual with support needs and the (family) carer out of work and into poverty; thus also coming with a financial cost (loss of tax revenue, loss of employment, further reliance on social benefits, etc). Thus, **not investing into social care is simply shifting the "cost" to other areas**: both a social cost, as well as a financial one. This argument is also too rarely considered in discussions around sustainability and the role of social protection systems as social investors leading to more sustainable public debt.

Public investment into social care provision – in particular not-for-profit services - also has a significant **impact on local economy development**, including in rural areas where they are one of the largest employers. The return on investment is in fact multiple. On top of the social return, you also have the employment, economic and community return. On average, approximately 80% of the expenses from NGO social care providers are on staff; primarily on salaries. This means that 80% or so of money invested by public authorities in such organisations goes to creating employment for local people, who in turn pay

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their taxes and spend their salaries locally. On top of this, you also have to count the indirect impact of care services on job creation; for instance, helping informal carers to gain employment or supporting persons with disabilities to live more independently and including to get a job. The economic boost that social care providers give to local authorities is also very impactful given that social care providers – often non-profit- also do other non-staff related expenses locally: for instance, in buying local services (cleaning, repair work, construction, etc) and products (food, etc). It is important to note that most care providers in Europe are private not-for-profit and that – by definition – they re-invest any of their profit back into the organisation; thus furthering their social impact or spending more locally. This is Social Economy at its best. This is different from the growing number of for-profit care companies who re-invest their profit towards their shareholders. Last but not least, social care providers – in particular not-for-profit providers – often contribute a lot to their local community by organizing or participating in events and other activities. Local community spirit is boosted by the millions of volunteers who support care providers throughout the continent.

Last but not least, there is also a lot of interest in **exploring the role of private investment** in social care systems. On this topic, it is important to **avoid ideology**; on both sides of the argument. Evidence points that there are private investment needs in social care and support; yet this is primarily in the forms of loans (for instance, bridge loans or infrastructure loans). Other more innovative -yet controversial- models such as Social Impact Bonds and Social Outcome Contracting are very strongly pushed by the industries favouring them. In practice however they are extremely limited in scope and -as evidence by a European Commission report- often lead to more negative social outcomes than first expected or used through more traditional mechanisms. The EU Care Strategy should therefore be cautious in over presenting private investment as the solution to the funding of social care, primarily due to its limited scope. Yet it should also propose solutions to improve access to loans for social care providers; for instance, through InvestEU.

To summarise, the sustainability of funding to social care systems is an important, but also very complex debate. When examining this issue, it will be crucial for the EU Care Strategy to also refer to the important social, economic, financial and community return on the public investment made in social care, including in rural areas. It will equally be important to raise the issue of shifting the cost of care onto people with support needs and informal carers, when insufficiently investing in the social care system. Last but not least, private investment can also play a complementary role in the funding of social care systems; but primarily in the field of loans (for instance, for infrastructure development). Social Outcome Contracting tools are very often deemed to be ineffective in the field of care.

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f. Digital and Green transitions

Like all sectors, social care is also going through a digital and green transition; albeit to a much slower degree that most other sectors.

Digitalisation can have a major impact on care; both by enabling assistive technologies for people with support needs, boosting the quality of the care provided, as well as improving working conditions in social care. Equally possible is that digitalization can further hinder care in Europe; by augmenting the digital divide, further undermining working conditions in the sector or by fragilizing the organization of care itself. The Green transition can also have a positive impact on care; for instance, by reducing the costs of energy to enable service providers to re-invest into the quality of the care or by reducing pollution which affects the quality of life and health of many persons with support needs. The Green transition can also have a negative impact on care; with the prioritization of funding towards green causes rather than social ones; meaning more public investment for subsidizing renewable energies leaving less public investment for funding quality care.

On both the Digital and the Green transition, there is a danger that "care" is left behind; both in terms of the prioritization of funding towards these two issues (ahead of social concerns), but also because of a lack of investment into digitalizing and greening the social care sector itself.

An EU Care Strategy must ensure that care itself benefits from these two digital and green transitions.

g. Guaranteeing Quality of Care

Defining what high-quality care means and how it can be ensured and measured is as important as defining care itself. Only a few Member States have a broad official definition of quality in the healthcare sector and/or the social services sector, including Long-Term Care. When regional or municipal government bodies organise support services, there can be significant variations in what quality means and on how to assess it.

There have been advancements in this regard, such as the work of the Social Protection Committee on developing common EU-level indicators for social protection and inclusion, the EU Voluntary Quality Framework for Social Services and upcoming ones, such as the framework for Social Services of Excellence for Persons with Disabilities, anticipated by 2024 by the European Commission.

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The trends & challenges of care, presented in this paper, are closely linked with quality. There are a number of factors affecting the quality of care, such as:

- the way services are developed and delivered,
- the social care funding gap and the sustainability of funds,
- workforce challenges and technological advancements in the sector.

A common definition on quality is a crucial element for of the EU Care Strategy and its common vision for care. Such a definition may help address the discrepancies among quality within Member States.
This common definition of quality needs to go beyond minimum standards and quality guidelines. It needs to look beyond structures and processes (for instance, number of beds or food provided) and focus on how the provision of care can further empower individuals and enable them to lead a life in dignity, and enjoy their rights on an equal basis with others. The Quality of Life framework developed by Schalock and Verdugo is a good starting point, as well the Framework of Accomplishment proposed by John O'Brien and Connie Lyle O'Brien. It needs to include clear and comprehensive objectives, based on international legal frameworks, such as the UN CRPD.

In accordance with Article 19 of the UNCRPD, people with disabilities have an equal right to live in the community, with choices equal to others; and states must take effective and appropriate measures to facilitate the full enjoyment by people with disabilities of this right, and their full inclusion and participation in the community.
The prevalence rates of disabilities potentially giving rise to long-term care needs significantly increase with age, and are especially high among the very old (aged 80 or over).

This definition should go hand in hand with the establishment of a EU vision of care which underlines the importance of quality care for our societies and the well-being of all people, including people with care and support needs. This vision should include:

- an overarching definition of care and support services
- define how future services should be provided
- describe the existing funding models;
- address workforce development matters, (including training, recruitment, retention and attractiveness of the sector)
- foster innovation to create resilience in the social sector
- and link social services to all EU policies and the EU budget.

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In conclusion, this may also incentivise a Member States to prioritize care in their funding and policy planning.

EASPD has commissioned a study to describe innovative models for measuring the quality of services for person with disabilities and to identify quality indicators relevant to measure the quality of services for persons with disabilities. The findings of this study will be published in early 2022.

III. Policy Recommendations for the EU Care Strategy

EASPD welcomes the announcement of the European Commission to launch a **European Care Strategy**, with the aim to *support men and women in finding the best care and the best work-life balance for them.* This is particularly the case given the significant impact a European Care Strategy could have for implementing the following articles of the Treaty on the Functioning of the European Union (TFEU):

- "Article 8: In all its activities, the Union shall aim to eliminate inequalities, and to promote equality, between men and women.
- Article 9: In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion and a high level of education, training and protection of human health.
- Article 153: With a view to achieving the objectives of Article 151, the Union shall support and complement the activities of the Member States in the following fields:
  - (h) the integration of persons excluded from the labour market(…)
  - (i) equality between men and women with regard to labour market opportunities and treatment at work
  - (j) the combating of social exclusion."

It is important to understand that the EU Care Strategy will have limited scope to radically solve all issues in Care across the continent. This is primarily – and for somewhat good reasons – because the organization of care is a national or even regional competence. This is why the **EU Care Strategy should be ambitious in setting out a vision of care** in Europe – as ultimately it is about human rights and thus applicable to all people in Europe irrespective of where they live. It should however **be practical in terms of providing data, support, guidance and funds to Member States to deliver on the vision set-out, in line with the TFEU**. The European Union has **many tools at its disposal** to do just that and the following recommendations aim to inspire the development of the EU Care Strategy.

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First of all, the EU Care Strategy needs to set-out a vision for care for all people in Europe. What does Care mean and look like in 2022 and in the decade to come? In our view, it should follow the approach promoted above: **about empowerment, about being supported to enjoy your rights and about having choice and control over your own life.**. **Without this vision for care, the needed action and reforms will be difficult to sell for policy-makers, but also citizens**. Yet, it should not only be about a vision. It should also **aim to tackle and provide guidance on the trends and challenges** set-out above; which are the main barriers to implement such a vision. And last but not least, the EU Care Strategy should be **backed-up and supported by targeted EU action**. EASPD recommends the following initiatives:

The European Commission should propose a **Council Recommendation on Long-Term Care** across Europe, setting the scene of the EU Care Strategy, including recommendations on how to implement this vision of care and including EU-wide targets in the field of care in view of monitoring progress. It is also essential that Long-Term Care considers a lifelong approach to Care; starting from newborns with support needs all the way to older persons with support needs. Long-Term Care is certainly not reserved for older persons. The Council Recommendation on Long-Term Care should also be streamlined with the **Guidance on Independent Living** the European Commission is planning to do in the European Strategy on the Rights of Persons with Disabilities. In fact, to maximise impact, why not integrate the Guidance into the Recommendation on LTC as independent living applies to all people drawing on long-term care, irrespective of age. This work should also pave the way for the **European framework of social services of excellence for persons with disabilities**, as set out in in the Disability Rights Strategy.

There are important data gaps on Care at EU level; which hinders the **effective development of indicators** needed, for instance, for the **Social Scoreboard** and the **European Semester**. The EU Care Strategy should pro-actively facilitate the **development of data on Care** at EU level; notably on funding, on shortages, on affordability, on quality of life, etc. Additional research is needed at EU level to better understand the development of Care across the continent. To develop such indicators and data gaps, and to provide advice on the implementation of the Strategy, it will also be necessary to create a **European Expert Group on Care**, bringing together public authorities, European NGOs representing people who draw on care, European NGOs representing service providers, as well as other researchers.

The **promotion of social dialogue** between employers and workers representatives in social care services will be crucial to finding solutions to staff shortages and creating a more attractive workplace; thus helping to unlock the potential 8 million new jobs to be created in social and health care. Social dialogue structures in the sector are often weak, in particular (but not only) in Central and Eastern Europe.

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Even at EU level today, there is still no sectoral social dialogue committee for social services, including social care, despite the willingness of the Federation of European Social Employers and the European federation of Public Service Unions to engage in such formal dialogue. The EU Care Strategy should promote social dialogue in social care services, at both national and EU level.

Civil dialogue between civil society NGOs and public authorities is also extremely important in view of creating **effective social care policy solutions** which fit the needs of people on the ground. It is especially weak in several EU countries; further weakening their capacity to provide effective solutions. Civil dialogue should be further promoted in the EU Care Strategy; both at national and EU level.

As many social care providers are not-for-profit, they are also part of the Social Economy. Thus the **Social Economy Action Plan**, being developed by the European Commission, must also include initiatives which support social care providers to grow and have more social impact. This must include a Pact for Skills for the Proximity and Social Economy eco-system, which picks up on the skill needs addressed by this paper. The EU Care Strategy should be pro-actively seen as a tool to implement other EU social policy such as the Child Guarantee, the EU Gender Equality Strategy and much more.

The EU Care Strategy should not only focus on social policy agenda itself. It should also consider **how to facilitate the digital and green transition in care**, and how to build bridges between the social care sector and digital and green stakeholders; perhaps through a "**Digital and Green Care Summit"** or through exchange of promising practices: policy initiatives, legal initiatives, social care initiatives, etc. Social care providers are also very important for **local economic and social development**, including **rural development**; often being the largest employers in rural areas. This is on top of the fact that social care provision in rural areas in somewhat more complex and requires more investment. The EU Care Strategy should thus promote the development of social care in rural areas as well and examine solutions to providing effective care in these areas, including with the use of digital technologies.

The **EU's legal and fiscal policies** are very important. The EU Care Strategy should clarify how **public procurement could be best applied** for social care services; but also discuss and **promote alternative models** (triangular, reserved markets, personal budgets, vouchers). Particularly important is for the funding models to fully consider the needs, wishes and preferences of those who draw on care services. **EU State Aid rules** are also relevant for developing a financially balanced social care system. Last but not least, the European Union should **reform the Stability and Growth Pact**, its fiscal rules, before re-establishing them once the General Escape Clause comes to an end. It should include measures which provide Member States with the **flexibility to invest into community-based and home care services** – as well as other similarly smart social investments. Applying the rules without reform will simply lead to

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worsening the already structural challenges affecting the provision of care today. As previously discussed, not investing in community-based and home care today simply means **shifting the cost on to other areas of public expenditure and further pushes people – often excluded groups and women – into poverty and unemployment**. Simply put, further austerity is not a solution for social care. The EU Care Strategy should be clear on the need to **strengthen public investment into smart investments** into community-based and home social care, not promoting cuts..

The EU budget is a very important instrument to support the implementation of the EU Care Strategy. The **European Social Fund+** dedicates 25% of its budget to social inclusion projects, many of which are in the field of social care services. Efforts are however needed to ensure the money is used in the right way and supports the right types of projects. For instance, ESF+ is a good instrument to finance the re-skilling of social care staff towards human rights-based principles (see the European Care Certificate) or to pilot innovative social care projects. The **European Regional Development Fund** is also a crucial programme; although it has no dedicated budget. EASPD recommends that 10% of ERDF goes towards supporting deinstitutionalisation programmes or the digitalization or greening of social care systems. **Erasmus+** should support the upskilling and re-skilling of social care workers.

InvestEU facilitates access to finance (primarily loans) through a public guarantee and other instruments. Its Social Investment and Skills Window is dedicated to supporting projects in the social field, including in social infrastructure. Historically, InvestEU and its predecessor have targeted either very small projects (through financial intermediaries) or very large ones; including the financing of large institutional care settings (such as in Spain). The EU Care Strategy must ensure that **InvestEU is used in a way that helps the implementation of EU social policy and not to building outdated residential care models** (large, segregating, patronising). In other words, InvestEU should follow the same rules as ESF+ and ERDF on social infrastructure investments. InvestEU should also look into how it can reach medium-sized social infrastructure care projects ranging from 1 to 10 million €; for instance, for supported living facilities.

The **Recovery and Resilience Facility is also being used to fund outdated social care facilities**; such as for instance in Slovenia, Latvia and Bulgaria. The EU Care Strategy should instead ensure that RRF targets community-based and homecare services, in line with EU social policy.

The European Expert Group on the transition from institutional to community-based care have developed numerous European tools to ensure that EU funds, including InvestEU and the Recovery and Resilience Facility, are used to support the implementation of the EU's social policy agenda. These practical documents should be included and referred to as important tools to help Member States apply the EU Care Strategy in practice.

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IV. Conclusion

The EU Care Strategy is an essential instrument to help Member States reform their care models in view of ensuring equal opportunities for all people in Europe.
An EU-wide vision of care, based on human rights-based principles, should be set-out by the Strategy. It should avoid simplifying care to simply medical care; but instead focus on how care can empower people to live the lives they want. The Strategy should also set-out the type of care services that are needed to implement this vision, as well as provide guidance to Member States on how to put this in practice. It should also further promote the development of community and family services.

Such a strategy cannot be implemented in practice without also recognizing and providing solutions to the challenges experienced in the field of care, including in the field of social care services. This includes the transition to community-based services, improving the attractiveness of jobs in such services, ensuring adequate and sustainable funding sources and models, as well as meeting the digital and green transitions the sector needs.

Last but not least, whilst most of the responsibilities for care lies at national or regional level, the EU Care Strategy should also use the powers the EU has at its disposal to strengthen the development of care at national level. This includes guidance to Member States, appropriate fiscal measures, reforming public procurement, unlocking EU funds for social services and much more.

Perhaps most importantly, the EU Care Strategy should listen and engage with stakeholders involved in the field of care: those drawing on care themselves, family carers, the service providers and others. This civil dialogue should help to ensure the EU Care Strategy meets the needs of the people on the ground and provides real solutions to people.

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EASPD Position Paper on the EU Care Strategy

EASPD

European Association of Service providers
for Persons with Disabilities