

Long-term care

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Introduction

AGE welcomes this peer review which raises issues of particular relevance in the context of the present financial and economic crisis. Indeed, all Member States committed to ensure accessible, affordable and quality LTC to those who need support but AGE members are concerned that with the present crisis, public finances will be put under such pressure that MS and local authorities will no longer have the capacity to meet adequately the LTC needs of their ageing populations.

Our contribution addresses the three main questions of the questionnaire sent to the participating Member States, i.e.: the balance between collective and individual arrangements and responsibilities; the relationship between long-term care and related schemes; and how to guarantee in the future qualified personnel.

1. The balance between collective and individual arrangements and responsibilities

The balance between collective and individual arrangements and responsibilities has evolved in the last few years and will even more in the coming decade. This is a topic of great interest in public debates and attention should be paid to avoid creating a competition between citizen groups and opposing generations. AGE would like to stress the importance of adopting a holistic long term view and of reconciling the interests of all in a life course approach. We understand that against the background of demographic ageing and today's unprecedented crisis, reforms are needed to ensure the long term financial sustainability of our LTC services. These reforms should be done with the interest of all generations in mind and should promote solidarity between and within generations. This may indeed mean that some responsibilities need to be put back on the individual, but this should be done in such a way as to ensure that everyone in need will still have access to the LTC services they need. When introducing new reforms of their LTC systems, governments should keep in mind that they are dealing with vulnerable persons who are going through a difficult time in their lives and feel quite distressed. Reforms need to be explained carefully to the target groups and information about alternative solutions should be provided to those who are no longer eligible to public support.

When the OMC was extended to health and long term care, Member States agreed to aim at ensuring accessible, affordable and quality LTC to all whose condition required support, leaving MS full flexibility to organise and finance their LTC services as they wish in compliance with the subsidiarity principle.

For the users and their carers, the issue is not so much how the system is funded (through fiscal taxation or mandatory care insurance) but rather what impact has the funding source on the accessibility, affordability, quality and long term sustainability of the LTC system.

Some MS have started to shift part of the responsibilities to the individual. Yet little is known on the impact these reforms will have on universal access and extend of coverage of LTC needs in the future in particular among vulnerable groups, such as older women or migrants with little or no employment record, persons with low income, etc.

As in the field of healthcare and education, we are concerned that a growing number of individuals are opting out of the publicly funded system and move to privately funded systems. The same happens in the LTC field. This trend is encouraged by the development of private insurance schemes which accompanies the reforms which shifts responsibility to the individual. In our view, this will lead to the creation of a two tier system where the wealthy and healthy gets a much better/generous package and those who cannot afford such private insurance products or who are excluded because they present a higher risk, have to rely on a impoverished publicly funded system. If LTC coverage is privatised, there is a significant risk of discrimination for those who present a higher risk (women, persons with chronic diseases or medical history, etc.). According to the new proposal for a Directive on equal treatment outside employment, private insurance companies will have the right to apply different rates to individuals based on the risk they present.

AGE members believe that everyone, regardless of age, income, health condition, employment record, should have access to the LTC services they need to live a dignified life in the community they reside. The content of their LTC package should vary according to their health and social needs and the costs to the individual can be adapted to their income or financial ability to pay (for example based on income tax) but not on the level of risk they present.

Finally we would like to raise our concern on the challenges faced by some groups, in particular vulnerable groups such as socially excluded older people or older women living alone and migrants, who do not know where to ask for support and what their rights are. This applies also to those who do not fit into the clear cut categories of eligible citizens and do not know if there are alternative ways to be covered.

AGE recommendations: LTC coverage needs to be universal and should provide equal package to all based on the needs of each individual and not on their ability to pay. More needs to be known about the impact of privatisation of LTC insurance on the right to equal opportunities and universal access.

2. The relationship between LTC and related schemes

In most countries, costs related to accommodation and catering of LTC users are charged distinctly from costs related to “medical or nursing care” and individuals are often expected to contribute to part, if not all accommodation and catering costs. This can make residential care very expensive, in particular for older people with low income, because the accommodation and catering costs are quite high compared to what they usually pay for staying in their own home.

Medical treatments are usually distinct from other LTC costs and fall under the general health insurance scheme. Until a decade ago the distinction between “medical” and “nursing” care services was not so clear in several MS. But faced with a growing demand for LTC, MS are now trying to limit the number of persons eligible for in-kind LTC by raising the criteria for eligibility or moving some LTC services from the “health” fully covered provisions to the “social” services for which users have to contribute financially.

Setting clear boundaries between LTC and related schemes is a way that MS use to change the balance between collective and individual responsibilities and to re-individualise some of the risks linked to dependency. Whilst we understand that reforms are necessary to ensure the long term financial sustainability of our LTC systems, we are concerned that, unless special attention is paid and measures set up to provide extra support to those most vulnerable (persons with low income or those who need LTC for a very long period), this trend could in the future exclude a significant number of older people from accessing the LTC services they need.

Re-individualising some of the dependency risks will also have an impact on the family carers who run the risk of being overburdened with care duties no longer covered by the LTC system. This in turn will have an impact on the employability of family or informal carers.

AGE recommendation: The Commission should make an impact assessment of the reforms implemented in some MS which shift part of the dependency risks to the individual. This study should not only look at the impact on the individual, but also address issues around family and informal carers' employability and gender equality.

3. How to guarantee in the future qualified personnel

Many MS are faced with increasing challenges to find and retain qualified staff and they rely more and more on imported workforce from within or outside the EU. In some countries the majority of LTC services are provided by non qualified staff or even undeclared staff.

This of course has a huge impact on the quality of LTC and quality of life of end users as well as the working conditions of carers.

Much more needs to be done in all MS to develop better working conditions for care professionals. This includes better training and life long learning opportunities. The care sector is the sector with the highest potential for job development. Yet little is done to help attract and retain workers. Most people working in the LTC system are there "by default", i.e. because they have not been able to find a job in another sector due to lack of training or social exclusion/discrimination.

Only few MS have understood the potential benefits of ICT in the LTC field. New technologies can respond to staff shortages and improve the working conditions of carers. They can boost the economy and result in a quick return in investment, as they help reduce calls on care professionals and improve their employability. If MS would pay more attention to the potential use of ICT in LTC, this would create a strong incentive for the ICT industry to invest research to develop sustainable and acceptable models for ICT assisted long term care. It would help recruit and retain qualified staff and would help workers' mobility.

AGE recommendation: The EU should devote a significant part of its efforts to boost social innovation in the area of LTC. These efforts should not be limited to exchange of good practice but should also mobilise EU financial instruments such as the Structural Funds and the ESF.