

## Growing demand, precariousness and austerity:

### The long way to universal and quality long-term care in Europe<sup>1</sup>

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#### Challenges facing long-term care provision in Europe

The provision of long-term care in Europe is characterized by a high degree of diversity regarding the type of entitlements available, the quality of the services as well as funding systems. Whereas the coexistence of highly disparate public provision of welfare is a permanent characteristic in all fields of social policy in Europe, differences in the provision of long-term care have been found to be “more pronounced than in any other field of social protection”<sup>3</sup>.

Against such a landscape of persistent differences in the way countries organize their long-term care systems, the status quo presents however some realities and challenges that are common to the 28 countries of the European Union<sup>4</sup>. These include:

- **Relatively low public spending on long-term care as a percentage of GDP** compared to other services and benefits to which older people have access (mainly healthcare and old age pensions)<sup>5</sup>. The most recent European Union estimations put the level of public spending on long-term care between a maximum of 4.1% of GDP in the Netherlands and a minimum of 0.2% of GDP in Slovakia, with an average of 1.7% of GDP across the block<sup>6</sup>. As a consequence of the low levels of public spending, affordable and quality long-term care services are largely inaccessible for big numbers of older persons with care needs<sup>7</sup>; the International Labor Organization estimates that around 30% of older Europeans lack access to quality formal long-term care<sup>8</sup>.

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<sup>2</sup> AGE Platform Europe is a Non-Governmental Organization (NGO) and European network of organizations of older people, with 118 members across Europe. This paper reflects the views of the author and does not necessarily reflect the positions of AGE Platform Europe.

<sup>3</sup> European Commission: *Long-term care in ageing societies. Challenges and policy options*, Staff Working Document, 2013, p. 4

<sup>4</sup> Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom (until 29 March 2019)

<sup>5</sup> Rodrigues, R.: *Long-term care – the problem of sustainable financing. Synthesis report*, European Commission, 2014, p. 6

<sup>6</sup> European Commission: “The 2015 Ageing Report. Economic and budgetary projections for the 28 EU Member States (2013-2060)”, in *European Economy* 3, 2015, p. 160

<sup>7</sup> European Union: *Adequate social protection for long-term care needs in an ageing society. Report prepared jointly by the Social Protection Committee and the European Commission*, 2014, pp.17-18

<sup>8</sup> Scheil-Adlung, X.: “Long-term care protection for older persons: A review of coverage deficits in 46 countries”, *Extension of Social Security*, Working Paper No. 50, International Labor Organization, 2015

- **A growing demand for long-term care services in the coming years.** Despite sensible differences in fertility rates, all European Union countries are ageing rapidly. Overall, the numbers of Europeans aged 65+ will increase by 80.5% between 2008 and 2060; for the same period, the projected increase in the population aged 80+ is 185.4%<sup>9</sup>. As a result, it has been projected that public spending on long-term care could increase by 67% until 2060, to reach an average of 2.7% of GDP in the European Union. If all European Union countries reached by 2060 the same rates of people needing long-term care and were to have the same levels of spending for care needs per person the projected average could reach 4.1% of GDP<sup>10</sup>.
- According to available data and the experiences commonly shared by users, **services are often insufficient and/or of poor quality.** Social protection systems often cover only a limited share of care at home<sup>11</sup>. Whereas this support is usually adjusted to the care needs of the person, care hours covered may be insufficient, especially to address the needs of older persons with high levels of support needs, and the involvement of informal carers<sup>12</sup> may become indispensable as a result. The high intensity of the tasks combined with the little time available puts care professionals under pressure, which compromises quality – an issue that is common to residential care. Comprehensive and comparable data about quality, equivalent to quality measurement efforts in healthcare, is missing, though, as only few countries monitor quality of long-term care systematically<sup>13</sup>.

An important factor to add to the equation, which is closely linked to the three dimensions, is **the precariousness of jobs in the care sector**, which results from the lack of adequate training – especially around the rights of those receiving care –, the insufficient professionalization, the overburden and staff shortages, and the underinvestment in the sector, accentuated in recent times in Europe as a result of the adoption of austerity policies. An underlying reality, which is both a cause and a consequence of those factors, is the lack of societal recognition across countries of the importance of care work. Persistent negative societal perceptions of long-term care jobs relate also to long-lasting negative reputation of care services for older people and are often driven by pervasive ageism.

Given the link that exists between the skills and working conditions of care professionals and the quality of services, it is critical to explore the impact of precariousness and austerity in long-term care on the quality of services and the rights of care recipients.

### **Precarious working conditions, inadequate training, quality of the services and human rights**

Both at European and global levels long-term care is seen as an unattractive working sector. Difficult working conditions and low wages dissuade motivated and qualified professionals

<sup>9</sup> European Union: *Adequate social protection for long-term care needs in an ageing society*, p. 30

<sup>10</sup> European Commission: “The 2015 Ageing Report. Economic and budgetary projections for the 28 EU Member States (2013-2060)”, p. 162

<sup>11</sup> Muir, T: “Measuring social protection for long-term care”, *OECD Health Working Papers*, No. 93, OECD Publishing, 2017, p. 7

<sup>12</sup> We use here the definition of Eurocarers, the European network of organizations of informal carers, according to which an informal carer is “a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework” [www.eurocarers.org](http://www.eurocarers.org); this includes typically relatives, friends and neighbors.

<sup>13</sup> OECD and European Commission: *A Good Life in Old Age? Monitoring and improving Quality in Long-Term Care*, Policy Brief, 2013, p. 2

from working in long-term care<sup>14</sup>. Low retention of workers and workforce shortages are a consequence of low pay and difficult working conditions – including unsociable working hours and overburden. Moreover, care professionals experience a lack of social recognition and appreciation for their work<sup>15</sup>.

The long-term care workforce is characterized by inadequate or no training and low qualifications. The biggest share of the formal care workforce across the OECD, around 70%, is composed of personal care workers for whom, in many countries, no standard or minimum training requirements apply – the remaining 30% being composed of nurses with at least three years of training<sup>16</sup>.

Such precarious working conditions and the low levels of qualification required have attracted to the sector groups in the population that face greater difficulties in accessing the labor market, especially middle-aged women – who represent over 90% of the formal care workforce in several European Union countries<sup>17</sup> – and migrants. They contribute critically to the delivery of long-term care across Europe but are too often subject to situations of exploitation and informality that prevent them from enjoying basic rights<sup>18</sup>. Such exclusion includes the impossibility to follow trainings, upgrade skills and value their experience in view of improving their living and working conditions. Research has found out that even in situations of formality migrant care workers might not have access to decent working conditions and decent wages<sup>19</sup>.

Such precariousness has a direct impact on the quality of the services. Low investments on staff, which manifest in the scarcity or absence of opportunities to undertake trainings and upgrade skills, contribute to perpetuating models of service delivery that overlook the dignity of older persons in need of care.

Several initiatives have sought to palliate the lack of or inadequate training by highlighting the need to put the rights of users at the heart of care delivery, stressing the considerable gains in terms of quality of the services that can be achieved even without substantial investments. The basic idea is that such gains can be obtained by triggering a shift in the culture of care towards a rights-based approach, both in policy and in practice. The European Charter of the rights and responsibilities of older persons in need of care and assistance<sup>20</sup> and the European Quality Framework for long-term care services<sup>21</sup>, two voluntary frameworks that were developed in 2010 and 2012 respectively by a wide diversity of stakeholders across Europe, including organizations of older people, service providers and academia, have contributed to positive change by raising awareness among care professionals and by contributing to shaping policy reforms in long-term care. Such initiatives stress the importance of considering quality and rights in a comprehensive way to prevent neglect, abuse and maltreatment in care. The underlying idea being that, whatever the contextual

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<sup>14</sup> European Network of National Human Rights Institutions (ENNHRI): *“We have the same rights”*. *The Human Rights of Older Persons in Long-term Care in Europe*, 2017, p. 32

<sup>15</sup> UNI Europa – UNICARE: *What is the future of care in Europe*, 2016, p. 21

<sup>16</sup> European Union: *Adequate social protection for long-term care needs in an ageing society*, p. 19

<sup>17</sup> Idem

<sup>18</sup> UNI Europa – UNICARE: *What is the future of care in Europe*, p. 15

<sup>19</sup> AGE Platform Europe: *“Private care and domestic work is characterised by underemployment, insecurity and low wages” - An interview with experts Zenia Hellgren and Barbara Hobson*, Families and Societies European Union research project, 2015

<sup>20</sup> EUSTACEA European project: *European Charter of the rights and responsibilities of older people in need of long-term care and assistance*, 2010

<sup>21</sup> WeDO European project: *European Quality Framework for long-term care services*, 2012

conditions, older persons in need of care should never see their human rights violated, as it is generally accepted for other groups in need of care and assistance.

This message is seen as vital in order to fight pervasive structural ageism in our societies and also in care services, which have longtime lacked a rights-based approach and overlooked the individual wishes of older persons. However, research has shown that actions to improve the quality of the services and ensure the enjoyment of human rights by older persons in need of care need to combine such a message with addressing the negative impact of difficult working conditions. An analysis of residential care in six European countries – Belgium, Croatia, Germany, Hungary, Lithuania and Romania – revealed that, in all six countries, the enjoyment by older persons in need of care of most human rights identified to be relevant to long term care was at risk. This was due to a lack of understanding among care staff of their human rights obligations, but also to issues related to qualifications, motivation and understaffing. The analysis detailed that “there was some evidence that [discontent among care workers] was a contributing factor to some infringements of older persons’ human rights”, which “reinforces suggestions that most infringements of human rights in LTC settings occur due to inadequate working conditions and lack of skilled personnel in care homes”.<sup>22</sup>

### **Decent work and quality services in times of austerity**

The precariousness and the issues around the quality of services in a context of growing demand and staff shortages have been exacerbated in recent times across the European Union due to the policy responses given to the economic and financial crisis, whose first signs appeared in 2007 and are still felt in 2018.

Following a period of counter-cyclical fiscal policies, after 2010 European governments adopted policy reforms to make labor markets more flexible and reduce public deficits and debts. In order to achieve the latter objective, cutting public social spending was the first choice in some countries<sup>23</sup>. After an automatic increase in social spending in 2008-2009 as a result of the bigger numbers of people in unemployment, total spending on social protection decreased in the majority of countries in 2010-2011, in spite of persistent high levels of unemployment and poverty<sup>24</sup>. Total public spending fell by 10% of GDP in Greece between 2009 and 2011, and Spain, Portugal, the United Kingdom and Hungary, for instance, planned cuts equivalent to 7 to 8% of GDP<sup>25</sup>.

Cuts on public spending and on social policy in particular also affected long-term care. Data reveals that spending on sickness and disability benefits was substantially cut in Cyprus, Greece, Ireland and Spain<sup>26</sup>. For instance, cuts of between 5 and 8% in disability and long-term care benefits were implemented in Ireland between 2008 and 2012. Cuts also increased

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<sup>22</sup> European Network of National Human Rights Institutions (ENNHRI): *“We have the same rights”*, pp. 62-65

<sup>23</sup> Council of Europe’s Commissioner for Human Rights: *Safeguarding human rights in times of economic crisis*, Issue Paper, 2013, pp. 15-16

<sup>24</sup> Vaughan-Whitehead, D.: “Is Europe Losing Its Soul? The European Social Model in Times of Crisis”, in Vaughan-Whitehead, D. (ed.): *The European social model in times of economic crisis and austerity policies*, International Labor Organization, 2014, p. 20

<sup>25</sup> Idem

<sup>26</sup> United Nations General Assembly: *Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights on his mission to institutions of the European Union*, Human Rights Council, 2017, p.13

waiting lists in access to long-term care benefits and services<sup>27</sup>. An analysis of austerity-driven reforms of long-term care in Belgium and the Netherlands showed that, as a result of the reforms implemented, vulnerable groups of older people were at risk of losing access to affordable care services<sup>28</sup>.

Fiscal austerity policies did not only affect the entitlements of older persons with care needs, but also affected directly care professionals through cuts in staffing, a worsening of working conditions and reduced wages. Labor market reforms undertaken in Europe have had a negative impact on the quality of employment and the right to decent work<sup>29</sup>; workers in the long-term care sector have faced those difficulties in addition to the worsening of the traditional sector-specific precariousness. Cuts in wages and reductions in staff in social services through redundancies, freezes in recruitment, early retirement and an increase in short-term contracts were reported in several European Union countries<sup>30</sup>. Increased precariousness manifested itself also in situations where workers could not work enough hours, as a result of reductions in care services for older persons<sup>31</sup>.

In his mission to the institutions of the European Union, the United Nations Independent Expert on the effects of foreign debt expressed his concern about the serious impact of the austerity policies implemented on the health and social welfare entitlements of persons with disabilities. He added that, while reduced spending does not automatically translate into reduced quality of services, states have limited capacity to make “‘efficiency gains’ within few years without affecting the quality, accessibility and affordability of public services for rights holders”<sup>32</sup>.

The worsening of working conditions in long-term care as a result of the reforms undertaken across Europe indicates that quality might have been compromised by an accelerated pursuit of “‘efficiency gains’”. For instance, the aforementioned analysis of the reforms of long-term care in Belgium and the Netherlands showed that such reforms also put at risk the person-centeredness of care services<sup>34</sup>. There is evidence that inadequate levels of staffing in residential care is one of the factors that have a greater impact on the treatment of residents and their ability to live with autonomy and enjoy privacy and freedom of movement<sup>35</sup>. Media reports on the increasingly difficult working conditions of care workers as a result of insufficient public funding and the impact on quality go in the same direction; in 2017, for instance, France witnessed the longest strike in its history (117 days) through which professionals in a care home protested for the long shifts, understaffing and low pay. They

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<sup>27</sup> European Foundation Centre: *Assessing the impact of European governments' austerity plans on the rights of people with disabilities*, 2012, p. 7

<sup>28</sup> Janssen, D., Jongen, W., Schröder-Bäck, P.: “Exploring the impact of austerity-driven policy reforms on the quality of the long-term care provision for older people in Belgium and the Netherlands”, in *Journal of Aging Studies* 38, 2016

<sup>29</sup> Council of Europe's Commissioner for Human Rights: *Safeguarding human rights in times of economic crisis*, p. 18

<sup>30</sup> European Foundation Centre: *Assessing the impact of European governments' austerity plans on the rights of people with disabilities*, p. 6

<sup>31</sup> AGE Platform Europe: *“Private care and domestic work is characterised by underemployment, insecurity and low wages” - An interview with experts Zenia Hellgren and Barbara Hobson*

<sup>32</sup> United Nations General Assembly: *Report of the Independent Expert on the effects of foreign debt*, p.14

<sup>34</sup> Janssen, D., Jongen, W., Schröder-Bäck, P.: “Exploring the impact of austerity-driven policy reforms on the quality of the long-term care provision for older people in Belgium and the Netherlands”

<sup>35</sup> European Network of National Human Rights Institutions (ENNHRI): *“We have the same rights”*, p. 65

reported treating residents in an undignified manner as a result<sup>36</sup>.

Such situations of undignified treatment and increased prevalence of elder abuse are another effect of the diminishing coverage of long-term care needs by the public sector and of austerity policies more generally. Informal carers, most of whom are women, have found themselves playing a greater role in the care of their older relatives, often involuntarily and without enough support. As reported by the Commissioner on Human Rights of the Council of Europe after a visit to Portugal, many families have withdrawn their older relatives from residential care facilities to benefit from their pension income in the context of the crisis; in his view, such a process, without enough support from the state, can lead to an increase in the levels of abuse<sup>37</sup>. As it was stated during the discussions on elder abuse at the 8<sup>th</sup> session of the UN Open-Ended Working Group on ageing, there is little monitoring of the way reforms in fields such as pensions or unemployment benefits, which may appear to be disconnected from long-term care policies, have an impact on the prevalence of elder abuse<sup>38</sup>.

### **Towards adequate investment and a right to long-term care in Europe?**

In 2013, and in dissonance with the economic and political environment, the European Commission published a communication on “Social Investment for Growth and Cohesion” that called on European Union countries to consider social policy at least partly as an investment. This policy package devoted a specific document to long-term care. The social investment approach, conceptualized in Scandinavian countries in the 1990s, was presented as a way to ensure the sustainability of long-term care systems through policies to prevent care needs and, for those with such needs, to allow for rehabilitation and prevention of further dependency. The document made the case for more professional services as a critical element to ensure access to prevention and rehabilitation and contribute to sustainability<sup>39</sup>. The main communication also called on addressing the shortage in the long-term care workforce through incentives to boost employment and by improving working conditions in the sector<sup>40</sup>.

Workforce issues have also been addressed in specific policies. The European Commission encouraged countries to concentrate efforts in the creation of jobs in the care sector, which has been identified among those with the biggest job creation potential. Among the policy orientations, the European Commission reminded that “to ensure quality services, workers should have a stable employment with a minimum of working hours, the right skills as well as good working conditions. Public intervention could therefore be warranted regarding certain aspects concerning the quality of the services”<sup>41</sup>. European trade unions have recalled that such a policy should involve ensuring access to training and qualifications and addressing

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<sup>36</sup> Le Monde: « *On ne les met pas au lit, on les jette* » : enquête sur le quotidien d'une maison de retraite, 18 July 2017

<sup>37</sup> Council of Europe: *Report by Nils Muižnieks, Commissioner for Human Rights of the Council of Europe, following his visit to Portugal from 7 to 9 May 2012*, 2012, p. 2

<sup>38</sup> AGE Platform Europe: *Statement on violence, abuse and neglect for the 8th Session of UN OEWSG*, 2017

<sup>39</sup> European Commission: *Long-term care in ageing societies. Challenges and policy options*, Staff Working Document, 2013

<sup>40</sup> European Commission: *Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020 - Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions*, 2013, p. 14

<sup>41</sup> European Commission: *Commission Staff Working Document on exploiting the employment potential of the personal and household services*, 2012, p. 13

low pay. In their view, shortages in workforce should be addressed with solid recruitment and retention strategies, public procurement of services should take into account employment conditions and care quality standards, and the improvement of jobs should include covering all workers in the care sector in collective bargaining<sup>42</sup>.

Despite the good intentions reflected in policy guidance and the consensus around the importance of developing good quality services on the premise of ensuring good working conditions, the overall European policy orientations in this field remain blurry. The calls on access to services and professional development remain confronted to challenging short-term financial goals. For instance, the European policy guidance for reforms in economic and social policies at the national level for 2018 called on enhancing cost-effectiveness of long-term care, ensuring its fiscal sustainability as well as guaranteeing quality and affordable access to services<sup>43</sup>, all at a time. Given the fact that European economic and financial governance establishes compulsory deficit and debt targets, and that social policy does not have comparable weight in EU's policy processes – as, unlike fiscal targets, it remains essentially a national matter – it is likely that, as for the past decade, cost saving and containment measures continue to take precedence over improving the accessibility, availability and quality of long-term care services.

The situation might change, though, if the European Union keeps up its promises for a better balance between financial and social concerns. On 17 November 2017 the European Union, in the presence of most heads of state and government of the member countries, proclaimed the European Pillar of Social Rights<sup>44</sup>, a non-binding policy statement. The pillar, ratified by all European Union institutions, recognizes a set of 20 social and employment rights, including the right to fair working conditions and adequate wages, and it also includes, for the first time in a European-level policy, a specific right to long-term care. This initiative might be a game changer if it is effectively integrated in the formulation of fiscal reforms in Europe and policy reforms at national level. Next years will be critical to assess the impact of such initiative in ensuring better access to quality long-term care services and fairer working conditions.

## Recommendations

Future actions to address employment precariousness in the care sector and guarantee the quality of services should include the following:

- Acknowledging the centrality of working conditions in ensuring access to quality long-term care services; the implementation of a right to long-term care should therefore include actions to improve working conditions.
- The improvement of working conditions should include providing training and upskilling opportunities to professionals, improving the transparency of work contracts and improving the coverage of collective bargaining. The possibility of enabling a career

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<sup>42</sup> UNI Europa – UNICARE: *What is the future of care in Europe*, pp. 10-12

<sup>43</sup> European Commission: *Annual Growth Survey 2018 – Communication from the Commission to the European Parliament, the Council, the European Central Bank, the European Economic and Social Committee, the Committee of the Regions and the European Investment Bank*, 2017, p. 11

<sup>44</sup> European Commission's website on the European Pillar of Social Rights: [https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights\\_en](https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en)

development that involves transiting between long-term care and other care services such as childcare should be explored.

- More widely, governments should aim at triggering a positive change in societal perceptions of care work. This would create an enabling environment to implement policy reforms that improve social protection for long-term care, to design public procurement of care services not exclusively focused on costs, and to preserve the role of public services.
- Combatting ageist attitudes prevalent within society and in care services is a key step towards ensuring quality of services, and is not necessarily dependent on working conditions. Raising awareness of the need for older people with care needs to enjoy their human rights as equals should be part of comprehensive policies to ensure access to quality care. A new specific international human rights instrument would create the adequate framework to promote such message and combat persistent forms of neglect and discrimination.
- Better awareness among national, regional and international authorities of the impacts of fiscal austerity on working conditions and quality of care services – and, subsequently, on labor rights and the dignity of people receiving care – is needed. Such impacts can be far-reaching and affect seemingly disconnected areas, such as labor market participation – as a consequence of an increased need for informal care –, gender equality – given women's overrepresentation among informal carers –, or income security and consumption levels – as a consequence of increased out-of-pocket costs of care for the person in need of care and their relatives – among others. Such impacts should be better monitored and taken into account before implementing or recommending the implementation of fiscal austerity measures.