

PRINCIPLE 18

Long-term care

“Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.”

- Principle 18 of the European Pillar of Social Rights



Long-term care as a determinant of health

“Long-term care services help people live as independently and safely as long as possible when they can no longer perform everyday activities on their own.” This involves being able to actively participate in society and benefit from services that maximise a person’s ability to grow, learn, and enjoy all human rights.

As the population ages, older persons are increasingly carrying a disproportionate burden of ill health. The percentage of EU citizens above 80 is expected to reach 13% by 2070 (in comparison to 6% in 2019). This will lead to a higher demand for long-term care, with projections indicating that the number of EU citizens in need of the long-term care will reach 38.1 million in 2050.

Labour shortages in the care sector

Such demand is further exacerbated by labour shortages in the care economy, which is also the result of the generally poor working conditions in the sector. Care workers are often relatively underpaid as compared to other professions in the field, and there are significant challenges for live-in carers working in family settings. Few or poorly developed benefit systems are not able to offer adequate socioeconomic support to carers.

The cost of long-term care

Additionally, it is estimated that more than 75% of older persons in need of long-term care would see their remaining income reduced to below the ‘at risk-of-poverty’ threshold, if they purchased home care services at the full market cost.

Shedding light on the question of affordability, a recent study shows that across OECD countries and the EU, total costs of long-term care can be between a half to as much as five times the average disposable income of individuals in retirement and living off their pensions.

Investing in healthy ageing and equal access to long-term care

Existing approaches to long-term care tend to perpetuate gender, social and health inequalities, failing both the recipients and providers of care, and [putting the resilience of such services under more strain](#).

Emerging models provide more person-centred care. Based on principles of health promotion, they optimise the functional ability and health of care recipients along their care paths. These models enable older people to live independently in their own home for as long as possible, so that they can participate in their communities and take part in society for longer. This is achieved through stronger collaboration across service providers for better integrated services.

The “health promoting” aspects of these models extend to providers of care too. There is a strong focus on improving their working conditions through skills and training and improved work prospects. Besides leading to better outcomes, ensuring greater collaboration across sectors can also enhance work-satisfaction of care providers.

Such new models of long-term care can help delay care needs and use resources more effectively. This can improve workforce participation, job creation and higher quality services. Effectively employed, these new models of care can also improve community participation, social cohesion, intergenerational solidarity and health and wellbeing outcomes, and reduce the systematic inequalities that persist across care systems.

What does the EPSR Action Plan say?

The [EPSR Action Plan](#) sets out **two key goals** for EU Member States:

- ✓ Investing in health and care workforce, to improve their working conditions and access to training.
- ✓ Boosting the **digitalisation** of their health systems and **tackling health inequalities**.



Where are we now?

The [Social Scoreboard](#) measures progress on the principles of the EPSR. Linked to the principle of long-term care, the Scoreboard* outlines that in the EU:

- ✓ Self-reported unmet need for medical care, as a percentage of population above 16, has increased between 2017 to 2021, from 1.6% to 2%.
- ✓ General government expenditure in social protection and healthcare, as a percentage of GDP, have both significantly increased (social protection: from 19.2 percentage points in 2018 to 21.9 in 2020; healthcare: from 6.9 in 2018 to 8.0 in 2020).
- ✓ Healthy life years for women at age 65 dropped by 0.3 percentage points between 2019 and 2020 (10.4 in 2019 to 10.1 in 2020).
- ✓ Healthy life years for men at age 65 dropped by 0.7 percentage points between 2019 and 2020 (10.2 in 2019 to 9.5 in 2020).



What are public health actors doing?

The following actions taken by public health actors at (sub)national level can support the implementation of this EPSR principle.

Slovenia - Long-term care as a pillar of social security

Due to its demographic shift, Slovenia's Ministry of Health, introduced an [umbrella bill](#), which defines long-term care as a unique pillar of social security, connected to health, social care and pension systems.

The bill foresaw the implementation of [three pilot projects](#) in urban, semi-urban and rural settings. Financed in part by ESF+, these pilots tested an eligibility scale for long-term care, and attempted to integrate health and social services, and improve independent living and e-care.

An [evaluation](#) has highlighted the importance of investing in the skills of health professionals to protect their health, improve services, and protect the wellbeing of informal carers.

Sweden - Mobilising the shift towards homecare for older groups

[Active ageing policies](#) in Sweden have been integrated into various policy areas, including housing, the labour market, social care and healthcare.

With respect to long-term care, a greater focus is placed on homecare instead of residential care, and on enabling most older people to live at home.

Sweden's local and regional authorities, who are responsible for specialised housing, health care and social care for older people, promote a range of homecare services to enable people to live at home for longer. These include:

- Care services to support with personal care and day-to-day needs, health care services to avoid hospitalisation (including recently established mobile care teams)
- Daily ready-made food deliveries offered by most municipalities
- Training and provision of digital monitoring devices to empower older people to monitor their health situation at home and provide self-care.



Belgium - Community Health Centres approach (Nieuw Gent)

[Community Health Centres](#) (CHC) Nieuw Gent was founded in 2000 under the remit of the Department of Family Medicine and Primary Health Care of Ghent University. The CHC team comprises of several professionals, including a care coordinator — a person who is responsible for convening meetings to encourage cooperation between all professionals and disciplines.

This person makes sure that a common vision and strategy are co-created with the professionals of the team to facilitate goal-oriented care. Prevention and so-called “lifestyle medicine” are also discussed at the meetings.

Austria's Care Reform Strategy

The [Care Reform Strategy](#) aims to improve the nursing profession via bonuses, training, and extended leave, offering informal carers compensation.

The [Community Nursing Project](#) helps provide older people with low-threshold and needs-oriented care close to home. Nurses act as the central network point, linking the population with other health and social care service providers.

The project is being developed and implemented by the Federal Ministry for Social Affairs, Health, Care and Consumer Protection and the Austrian National Public Health Institute and is funded under the [Austrian Recovery and Resilience Plan](#).

Read more about Austria's use of EU Recovery and Resilience Facility to improve public health and health equity in our [2022 analysis](#).



Iceland - Health Promoting Communities

34 municipalities, covering 93.5% of the Icelandic population, now participate in the Health Promoting Communities (HPC) Program, which is led by the Icelandic Directorate of Health.

The main aim of the programme is to support communities to create environments and conditions that promote healthy behaviour and lifestyle, and health and wellbeing for all.

Each municipality has a HPC coordinator in a full or part-time capacity. They bring together a steering group of stakeholders such as representatives from schools, older people's organisations, and sports clubs. Together they discuss health trends in the community, with a strong focus on the key determinants of health.

The outcomes simultaneously reflect what issues in the municipality need most attention, and what can be done to improve them.

The Netherlands - "Living at home for longer" care programme

This [governmental programme](#) led by the Ministry of Health, Wellbeing and Sport, encourages older people to live at home for longer by:

- Investing in digital innovation in long-term care and e-health
- Stimulating exchange between formal and informal care givers and the receivers of care, to enable better provision of care.
- Mobilising funds for training and hiring of more medical specialists in elderly care to providing home health care services.

There is, additionally, an emphasis on supporting informal caregivers in various forms, including training programmes around the demands of informal care, projects to improve collaboration between formal and informal caregivers and pilot projects that aim to relieve some of the demands of formal caregivers on informal caretakers.

The government programme also aims to improve the transition from homecare to temporary residential care and back home when possible.



EU tools that help implement Principle 18

There are a range of other **policies and instruments at the EU level** that can help relevant actors in the field, including in public health, to work together to achieve EPSR Principle 18 on long-term care.

More information about the EU institutions and programmes is available on EuroHealthNet's Health Inequalities Portal.

The European Care Strategy

Within the context of long-term care, the [2022 European Care Strategy](#) outlines EU-level measures to strengthen Member State action and reform of social care. Among others, it encourages Member States to:

- **Strengthen social protection** for long-term care and improve the adequacy, availability, and **accessibility of long-term care services**.
- Put forward a set of **quality principles** and **quality assurance guidance**.
- **Improve working conditions and upskilling and reskilling opportunities in the care sector**, while highlighting the significant contribution made by informal carers and their need for support.
- Set out several principles of **sound policy governance and sustainable financing**.
- Tap into **digital solutions** when designing, implementing, and monitoring policies and related funding for care, together with social partners and civil society.



The proposal also encourages Member States to draft their own national action plans on long-term care and appoint corresponding focal points.

The Green paper on Ageing

The European Commission's '[Green Paper on Ageing](#)' (2021) underlines the challenges and opportunities of demographic ageing, taking a life-cycle perspective and framing intergenerational solidarity as the foundation for further action.

It draws into focus the importance of healthy and active ageing, access to education and training in a lifelong learning perspective, the need for adequate, fair, and sustainable pension systems, and the growing needs of an ageing population with respect to health and long-term care, mobility, connectivity, and accessibility.

The European Care Strategy was accompanied by two proposals for Council recommendations, one being on affordable high-quality long-term care. A [Council recommendation on affordable high-quality long-term care](#) was adopted on 25 November 2022.

EU strategy on “Shaping Europe’s Digital Future”

The [EU’s digital strategy](#) (2020) aims to ensure that technology improves the daily life of citizens by putting people first. It also sets out a proposal for a regulation to set up the [European Health Data Space](#) (EHDS), creating a **health data ecosystem** among EU Member States.

The proposal for the EHDS is built on the aim to develop an EU-wide data infrastructure to enable **access to health data** for better healthcare, research, and policymaking, and to foster the development, deployment, and application of **digital services for the provision of healthcare**. This could in turn have an impact on the provision of long-term care, the interaction of citizens and health professionals with the health and care systems.



The EU “Rural Pact”

This [EU Rural pact](#) (2022) sets out a **long-term vision for rural areas by 2040**. It offers a framework for collaboration among authorities and stakeholders at all levels of government, facilitating **interaction on rural matters** between public authorities (including health and social sectors), civil society, businesses, academia and citizens.

The pact addresses access to health services, educational facilities, and job opportunities in rural areas, where care is a major employer.

Council recommendation on affordable high-quality long-term care

On 25 November 2022, the Council adopted a [recommendation on affordable high-quality long-term care](#). The long-term care recommendation proposes actions to **make care more accessible, affordable and of better quality**.

- It recommends **closing the territorial gaps in availability of and access to long-term care**, in particular in rural and depopulating areas, ensuring compliance with quality criteria and standards across all long-term care settings and promoting autonomy and independent living.
- It also recommends that Member States **support quality employment and fair working conditions for carers**, including attractive wages.
- Furthermore, Member States, in collaboration, where relevant, with social partners, long-term care providers and other stakeholders, should **improve the professionalisation of care and address skills needs and worker shortages in long-term care**. For example, Member States should design and improve the initial and continuous education and training to equip current and future long-term care workers with the necessary skills and competences, including digital ones, and establish pathways to a regular employment status for undeclared long-term care workers.

The Social Economy Action Plan

Launched in 2021, the [Social Economy Action Plan](#) is focused on providing the **right conditions for social economy organisations** (entities which put social and environmental purposes first, reinvesting most of their profit back into the organisation) to thrive.

It also makes links to the [European Care Strategy](#), noting that both instruments can **boost the care economy** as well as highlight the strong added value of the social economy in this sector, also helping improve working conditions.

The Directive on adequate minimum wages in the EU

The aim of the [Directive on adequate minimum wages](#), which was adopted in 2022, is to establish new EU rules that **promote adequate statutory minimum wages** in Europe and help to **improve working and living conditions** for employees in Europe. This would equally apply to those within the care economy, who often face precarious conditions and/or limited financial support.



Member States shall adopt the measures necessary to comply with this Directive by 15 November 2024.

More about the EPSR as a tool for regional and national action

The EPSR can therefore be a strategic tool to shed light on national or subnational priorities on childcare and support to children. It could in turn **highlight possible entry points for public health professionals** within existing initiatives and resources created as a result of other EU instruments and encourage strategic linkages between public health and non-health stakeholders.

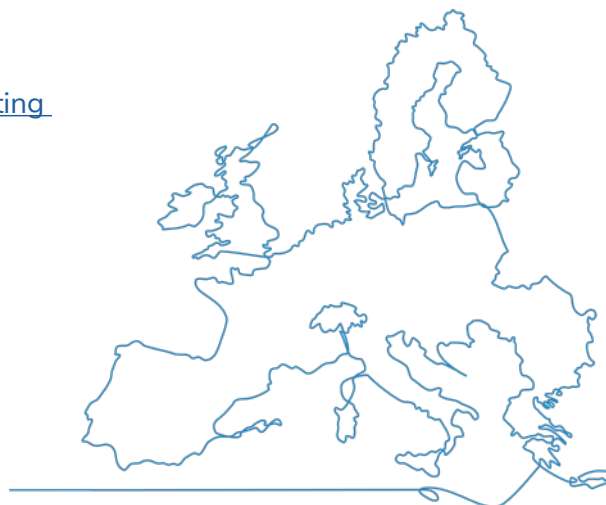
Available resources

Available EU funding

- [EU funding explained](#) - A EuroHealthNet briefing
- [EuroHealthNet's E guide on Financing Health Promoting Services](#)

Contact points for further assistance

- [AGE Platform Europe](#)
- [European Social Network](#)
- [European Association of Service providers for Persons with Disabilities](#)
- [WHO Office on Quality of Care and Patient Safety \(Greece\), WHO Health and Ageing Unit, Geneva](#)
- [European Association for Palliative Care](#)
- [OECD webpage on Ageing and Long-Term Care](#)



Technical resources

- EuroHealthNet Policy Précis on [Reducing inequalities by investing in health promoting care](#)
- European Commission [Long-term care report : Trends, challenges and opportunities in an ageing society](#)
- EuroHealth Observer article on [Challenges in Long-term Care Europe](#)
- WHO Baseline [Report for the Decade of Healthy Ageing 2021–2030](#)
- [OECD – Resources on end of life care](#)
- [UN Decade of Healthy Ageing Platform](#)

Have your say

Does your public health institute have any promising policies or practices in place that support the implementation of this EPSR principle? Send your thoughts to EuroHealthNet's Policy Assistant, Emilia Lindquist at e.lindquist@eurohealthnet.eu.

References and more flashcards

All EPSR flashcards are available at epsr-flashcards.eurohealthnet.eu. Scan the QR code to view more flashcards and to access the links to the references in this flashcard.



The European Pillar of Social Rights

Flashcard tool

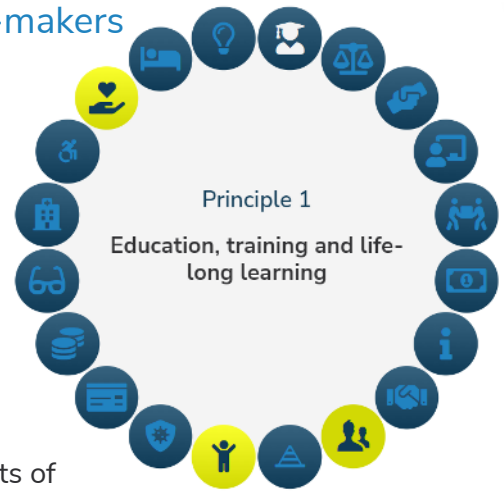
- A guide for public health professionals and decision-makers

What is the European Pillar of Social Rights?

The EPSR sets out 20 key principles, agreed upon by EU Member States, to **achieve sustainable and inclusive societies**.

The **EU Action Plan on the EPSR** sets out actions at European level to turn the principles in concrete actions. It also proposes headline targets for the EU to reach by 2030.

The EPSR sets the **aspiration and implementation priorities for a more social Europe for all**. A more social Europe paves the way for a healthier Europe. By addressing the underlying determinants of health, the European Pillar of Social Rights can be considered a **European Pillar for Health**.



About the EPSR flashcards

The flashcards are designed to **demonstrate how EPSR principles can contribute to achieving health and wellbeing**. Each flashcard explores a different principle and sets out what public health authorities across Europe are doing to help build progress.

Each flashcard sets out

- ✓ How the EPSR principle is relevant to public health
- ✓ Concrete goals set out by the EPSR Action Plan
- ✓ The EU tools available to implement the EPSR principle
- ✓ What European public health authorities across Europe are doing to implement the principle
- ✓ Available EU funding and contact points for further assistance

About EuroHealthNet

Building a healthier future for all by addressing the determinants of health and reducing inequalities.

EuroHealthNet is the Partnership of public health agencies and organisations building a healthier future for all by addressing the determinants of health and reducing inequalities. Our focus is on preventing disease and promoting good health by looking within and beyond the health system.

Structuring our work over a policy, a practice, and a research platform, we focus on exploring and strengthening the links between these areas.

Our approach focuses on integrated concepts to health, reducing health inequality gaps and gradients, working on determinants across the life course, whilst contributing to the sustainability and wellbeing of people and the planet.

To find out more about us, visit www.eurohealthnet.eu.



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