

Contribution for the EU Care Strategy

18 February 2022

1) Introduction

Social Services Europe (SSE) is a network of eight European umbrella organisations – comprising Caritas Europa, CEDAG, E.A.N., EASPD, EPR, Eurodiaconia, FEANTSA and the Red Cross EU Office – representing over 200,000 not-for-profit social and health care organisations. We are active in a sector employing over 11 million people, of which about half are employed by social economy organisations. The sector is also characterised by a strong employment growth dynamic in the last 10 to 15 years (with a workforce increase by more than 10% between 2013 and 2018), also due to growing social needs. The COVID-19 pandemic clearly showed its relevance as essential services, its resilience, but also exposed challenges and weaknesses.

Our national members **support millions of people in various stages in life**, such as children, the elderly, persons with disabilities, people at risk of or experiencing poverty and social exclusion, people experiencing homelessness, migrants, refugees, and asylum seekers, LGBTIQ+, and other groups in situations of vulnerability. Our members all recognise the many intersectionalities that people who require care face and so they offer **care**, **support**, **guidance**, **education**, **and training services**, as well as addressing barriers and situations of discrimination with the aim to empower the people relying on their support. This is often done through integrated approaches in partnership with public authorities and other service providers. Social services are a **core part of national social protection systems** and are **services of general interest**.

SSE's contribution to the European Commission's Consultation on the Roadmap for a European Care Strategy is structured in three parts:

- Section 2) contains SSE's reflections and proposal on the directions for developing social care should take. It covers eight aspects: a) Raison d'être of Social Care; b) Evolving Demand; c) Paradigm Shift; d) Social Care in Crisis; e) Detrimental Impact on Gender Equality; f) Detrimental Impact of the Care Drain; g) Strategic Advantage N°1: 100,000 Not-For-Profit Providers; h) Strategic Advantage N°2: 11 million workers
- Section 3) focuses on the facilitating framework conditions. It deals with ten aspects: a) Varying and Often Outdated Framework Conditions; b) New Strategies; c) Quality of Life Indicators; d) Social Innovation; e) Digitalisation; f) Integration of Social and Health Sector; g) Social Infrastructure Development; h) Workforce Challenges: Lack of Attractiveness, Staff Shortages, Upskilling and Re-skilling; i) More Public Funding; j) Promote Effective Funding Methods
- Section 4) concludes with concrete policy recommendations for the EU Care Strategy. It elaborated more in detail on twelve proposals: a) Enabling Framework Conditions; b) EU Care Strategy promotes a modern vision of Social Care in the EU; c) EU Care Guarantee; d) Modern Vision of Care; e) National Action Plans; f) European Care Platform; g) EU Skills for Care Initiative; h) Campaign to improve attractiveness of jobs in the social care sector; i) EaSI: Annual call for proposals for innovative projects in the field of social care; j) Horizon Europe Programme: Targeted calls for research and innovation into social care; k) InvestEU: Boosting investment into social care; l) European Competence Centres for Social Innovation: Priority focus on social care

2) What Direction for Social Care?

a) Raison d'être of Social Care

The objective and raison d'être of social care services is to enable persons with support needs to live independently, be active, support a full involvement in society and have a decent quality of life. This requires a range of quality care and support services which best respond to the individual needs and wishes of those drawing on such services. Such services are also provided in complementarity with other forms of services through holistic and integrated approaches, e.g., addressing multiple needs with a single approach and ensuring seamless transitions between the required services.

Generally, older persons with support needs, persons with disabilities, children, people at risk of or experiencing poverty and other groups in situations of vulnerability may be reliant on such services - temporarily, including in a particular life phase, or on a permanent basis over many years.

In addition, the variety of services can be both "long-term" and "short-term" or a mixture of both. Social care services often complement existing care generally provided by informal/family carers, mainly women, many of whom are migrants or have a migrant background.

The coordinated, smooth, and appropriate integration between services is key to enabling social care to achieve its objective.

Currently, much of social care is in crisis due to underfunding, staff shortages and other chronic challenges. This crisis was building prior to the COVID-19 outbreak but the pandemic and its impact on the social care sector made the crisis more visible. The crisis in social care has an impact on the ability of social care providers to implement and achieve their objectives in practice.

b) Evolving Demand

The demand for social care services is increasing significantly, which can be explained by the ageing society, evolving family and household patterns, and the increases scope and coverage of our social welfare systems, amongst others. It is also important to acknowledge the (preventive) role improved social care provision can have in reducing the prevalence of other forms of services (judiciary, police, hospital, etc).

This increase in demand is also to be understood in the context of evolving expectations as to how social care services are provided; by service users, by family/household members (especially for childcare) and by public authorities. These expectations move in the direction of care services that enable people to live where they want, how they want and with whom they want. By and large, there is a strong demand to shift from institutional care services – i.e., people turn to where the service is – to home and community-based services – i.e., the service goes to where people choose to live and call home.

The European Pillar of Social Rights and the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child also highlight and re-affirm this transition and the need to enable care that serves the best interest of the recipient of care.

c) Paradigm Shift

This transition reflects a paradigm shift emphasising the social inclusion of those who draw on care services, whilst also ensuring that the services help them have a choice and control over their lives. Social care services need to focus on promoting the independent living of service users through

person-centred and community-based care. Social care services should be about helping people who draw on care to enjoy their rights on an equal basis as others. Furthermore, this means that service users should steer the services they receive. This is slightly different when it comes to children as the role of childcare services is to complement the role of families in enabling children to grow, learn, enjoy their rights and once adult, to live independently.

Moreover, the impact of the service on the quality of life of the beneficiary should be of prime concern when it comes to measuring impact.

Of course, this also requires access to relevant healthcare provision, in particular as those who draw on social care services often have difficulties in accessing appropriate healthcare. This being said, the medical approach should not be the main driver in the provision of social care. Such a change in philosophy is complex, yet undoubtedly the way forward for quality social care provision.

d) Social Care in Crisis

The crisis experienced by the social care sector in Europe stems from unsustainable underfunding — which limits innovation and the implementation of more effective types of services. Additionally, the sector has many employment challenges. Social care jobs are not particularly attractive to many (young) people and women are overly represented in the work force due to the high level of part time work in the sector. The underfunding challenge means that salaries are not high, thus adding to the unattractiveness of the work. As a result, there are major staff shortages and an overreliance on EU mobile and migrant care workers, underinvestment in the training and qualifications of care workers as well as in the digital and green transition.

Furthermore, there is a lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment into home and community-based solutions. All combine together to create a social care sector that needs targeted attention and support.

e) Detrimental Impact on Gender Equality

Unequal access to social care (and the social care crisis) has a major detrimental impact on gender equality in Europe.

Around 80% of care provided in Europe is provided informally (i.e. not by professional care providers). As a consequence, carers do not enjoy their rights fully such as gaining employment, having a career path, hence being economically independent, having leisure time and work-life-balance. The fact that 75% of informal carers are women highlights significant gender inequalities that are produced by unbalanced gender distribution in care. This situation is further aggravated given the unequal access, the high costs, and the growing waiting lists for professional social care services. There is also a distinct lack of respite-type services. This imbalance is a major contributing factor to the phenomenon of the feminisation of poverty in Europe, with women more likely to experience poverty in later life than men.

Additionally, over <u>80% of social care professionals are women</u>; many of whom are underpaid and have unattractive working conditions due to historical misrecognition of the role of carers and their essential contribution to the running of the welfare state. Also, this is largely down to the lack of recognition given to social care services; resulting in the social care crisis referred to above. It is also important to acknowledge that whilst most of the front-line workers are women, most of the

managers are men, highlighting the remaining glass ceiling and gender equality challenges within the social care sector itself.

There is little doubt that the poor attention given to care (both formal and informal) by policy makers has a hugely detrimental impact on women and gender equality in Europe.

f) Detrimental Impact of the Care Drain

The emigration of a significant part of the population, commonly from Eastern European to Western European countries, is also proving detrimental to the children and families left behind as a result of people migrating to perform care work duties elsewhere. The impact of emigration on family structures remains problematic, sometimes even dramatic, considering the negative effects of 'care drain', labour force depletion and rural exodus (IOM). The loss of human capital not only affects local development, but it contributes to aggravating an already poor situation for children due to the emigration of adults in many countries as (typically) mothers leave their children to work abroad. While the intention is positive, to earn money to provide for the family, the result can often be painful for the children left behind, with lasting impacts on their social and emotional development.

Such emigration can also impact negatively in terms of economic development, working and pay conditions and social cohesion on the country of origin, evident for instances in countries like Romania where there is already a skills gap and shortage of qualified care workers. In countries where the social care sector is already under-resourced with limited educational infrastructure and funding, there tends to only be a small pool of skilled candidates. This in turn makes it extremely difficult to replace those qualified care workers. Outflow of social care personnel to other countries has the potential of further undermining the capacity to ensure quality care provision in these states, negatively impacting the costs, quality, and availability of care services (IOM ibid) and also investments to improve the pay, working and staffing conditions. The benefit of remittances being sent home to sending countries does not compensate for the loss of talent and skills, the important loss of tax contributions, and the detrimental impact of care drain on the workforce in the sector and on abandoned children.

However, we do believe that there are opportunities for the development of Social Care in Europe and have identified **two specific strategic advantages** that can be leveraged as the European Union addresses the care challenge:

g) Strategic Advantage N°1: 100,000 Not-For-Profit Providers

Compared to other continents, Europe has a significant strategic advantage when it comes to delivering quality care services. On the one hand, it has a ready-made built-in network of over 100,000 not-for-profit and social economy organisations which have decades of experience in providing quality social care across the continent. Such not-for-profit providers have the advantage of their expertise and know-how built over decades, close connections to the local needs and community, values and organisational principles that come with such an organisation, i.e., having the obligation to redistribute any profit back into the social objective. This network of not-for-profit social service providers throughout Europe, is a ready-made platform able to deliver on the ambitions of the EU Care Strategy; if given the opportunities and the right framework conditions by which to do so.

h) Strategic Advantage N°2: 11 million workers

The second strategic advantage for Europe is the 11 million-strong social services workforce in Europe. Given the increase in demand for social care, there is also a significant job creation potential in the social sectors as was confirmed in the European Pillar of Social Rights Action Plan. Yet, although the potential is huge, the current reality is that Europe is not really looking after this workforce with the respect, recognition and support it is due. In large part due to the underinvestment by national and regional governments in the social care sector as well as the fact that working in social care is considered by many to be unattractive, significant staff shortages exist across Europe; a situation which is - by and large - only worsening during the COVID pandemic and will have its impacts in the years to come.

Building on these strategic advantages and recognising the challenges that must be faced it is essential that Europe has an **EU Care Strategy that Should Set the Pathway**.

To contribute to finding a pathway to sustainable, high quality care services and real solutions to the social care system, the EU Care Strategy must affirm the direction and role that social care should take to achieve jointly agreed objectives. It should then make proposals to create appropriate framework conditions for the sector to achieve its ambitions, and in turn for people with support needs, for informal carers, and for society more broadly, in order to benefit from these developments.

Social Services Europe understands that the role of the EU Care Strategy is primarily to support Member States in providing policy solutions to the care sector crisis. For us, this implies that the Strategy also offers and supports concrete solutions for not-for-profit social care providers to implement the direction and orientations set-out and adopt a coordinated EU-wide approach.

The EU Care Strategy should also be in complementarity of other EU strategic frameworks such as the European Pillar of Social Rights, the Social Economy Action Plan and the Strategy on the Rights of Persons with Disabilities.

3) Enabling Framework Conditions

a) Varying and Often Outdated Framework Conditions

Social care services act within quite clear frameworks at national, regional and local levels. These frameworks differ significantly from country to country or even region to region. Yet, although varying in degree, social care providers experience common challenges throughout the continent. This is because the framework conditions do not always enable social care providers to do their job in the way desired; thus, impeding them in their efforts to provide person-centred community-based care services, and in dealing with and mitigating many of the challenges described above.

The EU Care Strategy must set out what can be considered to be enabling framework conditions for social care across Europe, thus helping to guide Member States in their efforts.

b) New Strategies

A first criterion for an enabling framework condition is to have a clear up-to-date governmental strategy on what type of care is needed, what should be promoted, the steps required to achieve it, and a timeline by which to achieve the intended care strategy/ies. Far too often, national, regional or local strategies are outdated, are unable to deliver on the challenges faced by the sector, or do not set out a clear and converging direction for the sector to take.

Developing a pan-EU Care Strategy should support convergence of policy objectives and empower and make it easier for the respective national and regional levels to develop their own strategies in the years to come. The lack of strategic convergence between Member States contributes to continued ambiguous or ill-suited strategies in response to the needs of the sector (for instance, the care drain) as well as - and even more importantly - to the needs of those drawing on social care (differing application of rights from country to country through different quality and access to social care services).

c) Quality of Life Indicators

As important a strategic approach is, developing the right quality indicators by which to measure the impact made by the service is also crucial. Social Services Europe recommends the EU Care Strategy to promote indicators which focus on measuring the impact of the service on the *quality* of life of the beneficiary, in particular through direct user involvement in all stages of the process. Focusing on processes alone is insufficient in measuring the success of a social intervention.

d) Social Innovation

The capacity of social care providers to innovate is also crucial to the development of a healthy and effective social care system. Too often — and for different reasons outlined in this section — social care providers are not encouraged or do not have the flexibility to innovate even though social innovation can have a long-lasting positive impact; both on the social impact, on the delivery, as well as on the financial side (improved effectiveness and efficiency for same investment). Enabling framework conditions need to empower social care providers to be in perpetual search for innovative ways with which to provide services. Trust and partnerships between stakeholders are key to this, as well as financial flexibility and having sufficient staff and a well-trained workforce (see sections on staff shortages and re-skilling below). An emphasis on the financial sustainability of the social innovation once proved effective is also needed given that some innovations may be financed on the short term, but with little consideration given to the sustainability of the innovation once proven effective.

e) Digitalisation

Although not always, innovation can also mean digitalisation. There is significant potential for the use of digitalisation to deliver better quality of life outcomes through social care provision. Yet, again, this requires forward-looking ambition, creativity and sustainable financial support in order to deliver on digitalisation to its full extent. It requires trial and error, investment into the digital equipment as well as the involvement and training of both support staff and service beneficiaries.

f) Integration of Social and Health Sector

An integrated social services approach to social care delivery can be broadly described as a range of services from different sectors (health, housing, social etc.) and social care providers, which are implemented to achieve more effective coordination between interventions and improved outcomes for service users. Service users often have a range of needs and depend on different services for support, which may be provided by different sectors. Integrating services which are based on meeting the needs of service users not only improves outcomes, but it is also, potentially, more cost efficient. There is evidence which underlines the benefits of integrated services for various groups, such as children and families, marginalised young people, those needing professional rehabilitation services and older people.

g) Social Infrastructure Development

Social care provision often relies on outdated infrastructures (IT, energy inefficiency, buildings, vehicles, etc.), which is not suitable to the modern forms of community-based and person-centred services. This again requires plans for social infrastructure development as key to successful framework conditions.

h) Workforce Challenges: Lack of Attractiveness and Staff Shortages – Upskilling and Re-skilling

The existing staff shortages and the lack of attractiveness of the social sector is without doubt the biggest barrier to ensuring quality social care services around Europe today. Indeed, without any workers, there is no service. Enabling framework conditions need to provide solutions to this, which in large part rely on creating better quality jobs and working conditions for the workers. The single biggest solution to making the most of the job creation potential is to increase investment in the field to create better quality jobs and working conditions. It is also important to note the very significant potential for job creation, in particular in Central and Eastern Europe, given the current number of jobs in social care are generally far below the EU average.

Another workforce challenge is that many employed in the social care workforce have not received the re- or up-skilling needed to deliver on new and modernised ways of delivering social care; both through new digital technologies but also new ways through which support should be provided (for instance: supported decision-making). This also undermines both the EPSR training target, but also limits the attractiveness of jobs in the sector. This must also change in any successful framework condition.

i) Clear Message for More Public Funding

Last but not least, the most significant ingredient to successful framework conditions is of course the adequate funding of social care itself. It is and should be widely acknowledged that sustainable public funding is crucial to guaranteeing the quality, continuity, accessibility, availability, and affordability of social care services for people who require them. The current funding levels, as well as competition-driven funding instruments (i.e., public procurement) have proven to be far from perfect to providing such guarantees.

It should also be widely acknowledged that the chronic underfunding of social care services, especially in response to the increase in demand for and complexity of services, is the biggest barrier to delivering upon Europe's ambitions in the social field. This is largely due to the lack of recognition towards how essential social care provision is for people, society, and the economy. It is also true that discussions around social care by and large focus on how to cut public expenditure instead of how to ensure sufficient public income is gathered to pay for such essential services.

Ongoing efforts to decrease the overall expenditure in social care will only deliver on poor/less quality care services and result in increased social expenditure elsewhere (healthcare bills, social benefits in form of income transfers (including minimum income), unemployment benefits, lower levels of employment, etc). It may be possible to make improvements by delivering better quality care for the same expenditure or possibly decreasing the expenditure per individual for the same quality care.

The current underfunding is leading to the existing challenges experienced by the social care sector: staff shortages, lack of investment in continued professional development and re- and upskilling, waiting lists, lack of social innovation, reduced digitalisation, lack of progress towards transition to

home and community-services, overreliance on cheaper migrant workers and undeclared work (in particular in-home care), etc.

The EU Care Strategy must deliver a clear message that additional efforts and measures are required to ensure that social care provision is adequately funded across Europe. EU funds could be used to cover some of these challenges (innovation, digitalisation, transition to home and community-services, upskilling, etc); yet remain largely insufficient to deliver effectively on all.

j) Promote Effective Funding Methods

The methods through which social care providers are funded should also be part of this discussion.

There is a significant lack of evidence that public procurement, often promoted by the European Commission, can be an effective model to fund quality community-based services. Private financing models, such as Social Outcome Contracting instruments such as Social Impact Bonds have also proven to be ineffective.

Other models – for instance, authorisation or licensing procedures, reserved markets, or user-led funding models – have demonstrated to be far more successful; primarily because they promote a partnership culture between public authorities, social care providers, service users and other stakeholders. The EU Care Strategy should promote such instruments ahead of public procurement or social outcome contracting, which remain instruments in a toolkit, yet far from priority ones.

4) Policy Recommendations for EU Care Strategy

a) Enabling Framework Conditions

In short, the EU Care Strategy needs to promote the development of enabling Framework Conditions that can empower social care providers to deliver on the shift to person-centred and community-based services as set-out above in part 3) and in the European Pillar of Social Rights. Such Framework Conditions should include:

- A Strategic Vision, setting out the direction for social care providers towards home and community-based provision of care services
- Setting-out Quality Indicators to measure social impact focused on quality-of-life principles
- Promoting social innovation, through trust, partnership and flexibility between public authorities, social care providers and service users
- Investing in digital technologies; and taking advantage of creativity in the sector
- Modernising social infrastructure
- Using Europe's strategic advantages of a strong not-for-profit/social economy sector and an 11million-person workforce
- Creating attractive jobs and career paths, good and safe working conditions and decent paying social care
- Funding more and better social care

To help create such enabling frameworks, and given the relevant division of competences and responsibilities between the EU and its Member States, **Social Services Europe calls on the EU Care Strategy to include the following proposals**:

b) EU Care Guarantee

The European Commission should propose an EU Care Guarantee. As stated above, the current COVID-19 pandemic has highlighted the dire need for a more wholesome approach in social care. There is a need for a comprehensive EU Care Guarantee that adequately addresses care demands from a life-cycle perspective. This means shifting the focus from only childcare and elderly care to embracing an approach that looks at care needs from 'cradle to the grave'. As such, an EU Care Strategy should ensure access to quality and affordable social care for everyone whenever it is needed, particularly for persons in vulnerable situations. Moreover, an EU Care Guarantee would complement other initiatives such as the child and youth strategies. It would also help to deliver high quality services and enabling framework conditions for social care services across Europe and equally support upward convergence amongst Member States' care strategies. Also, as part of the Care Guarantee, Member States could adopt care schemes allowing workers wishing to exit their current job to provide care for relatives to receive poverty-proof wages. This should be in combination with adequate education and training opportunities for the carer.

c) Modern Vision of Social Care

It is also very important that the EU Care Strategy promotes a modern vision of Social Care in the EU, capable of upwards convergence and providing a compass to the development of social care systems across the EU. This vision should follow the strategic vision Social Services Europe have set out in this position paper.

d) National Action Plans

The Social Care sector remains undervalued and under-recognised across the European Union. The EU Strategy should ensure that Member States develop clear national action plans in order to guarantee a sustainable future for the provision of social care in the years to come. The national action plans would follow the lines of the Enabling Framework Conditions set-out in this paper.

e) European Care Platform

The European Commission should create a European Care Platform, which would work on a similar basis to the Disability Platform and be made up of representatives from Member States and European civil society representatives. The European Care Platform would

- Monitor the situation around Europe, promote upward convergence and identify bottlenecks
- Identify measurable quality of life indicators to improve impact of care
- Identifying effective funding models and facilitating exchange of promising practices

f) EU Skills for Care Initiative

The European Commission should also create an EU Skills for Care Initiative to help in the up- and re-skilling of professionals in Social Care. The initiative would help to identify skill gaps and needs, promising practices, and successful initiatives.

Along the lines of the blueprint for sectoral cooperation on skills in work integration social enterprises, the European Commission could fund a blueprint for sectoral cooperation on skills in social care, in particular for instance in homecare.

g) Campaign to improve attractiveness of jobs in the social care sector

The European Commission could launch – together with relevant stakeholders as the sectoral social partners – a Campaign to improve attractiveness of jobs in the social care sector. The European Commission should also approve the application by the Federation of European Social Employers and the European Federation of Public Service Unions to set-up a European sectoral social dialogue committee for social services; which would largely cover the social care sector.

h) EaSI: Annual call for proposals for innovative projects in the field of social care

EaSI has proved to be an effective instrument to promote innovation in social care. The EaSI programme should launch an annual call for proposals for innovative projects in the field of social care.

i) Horizon Europe Programme: Targeted calls for research and innovation into social care

The Horizon Europe Programme is also underutilised in Social Care and by Social Care providers. The Horizon Europe Programme should also launch targeted calls for research and innovation into social care.

j) InvestEU: Boosting investment into social care

The Strategy should also refer to InvestEU and its ability to boost investment into social care. It should also highlight how the InvestEU partners will help to boost demand for InvestEU support within the social care sector.

k) European Competence Centres for Social Innovation: Priority focus on social care

The European Commission is also planning to set-up European Competence Centres for Social Innovation. It must be ensured that social care is high-up on the agenda of these Centres.