

Without greater investment in Care, the European Union will fail to rebuild resilient societies at the service of people

Eurocarers analysis of the 2021 National Resilience and Recovery Plans

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Based on a rapid analysis of the 2021 National Recovery and Resilience Plans, this Position Paper aims to provide some pointers as to how the unprecedented efforts undertaken at European level to rebuild resilient societies should also apply to Care, if they are to reach their target. Most of the plans, be it by lack of focus, political will or sufficient resources, indeed fail to meet the challenges faced by the formal care sector and by informal carers, who make up 10 to 20 % of the EU population.

Our analysis underlines the main gaps, as well as **positive examples** of countries that have seized the opportunity of the Recovery and Resilience Fund to improve or redesign their care systems. The adoption of the much-needed EU Care Strategy, later on this year, must translate into greater investment in Long-term Care through the Semester process, in line with common values and goals, and in response to specific needs at national and regional levels.



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Introduction: are we on good track from the carers' point of view?

Since 2015, Eurocarers has been monitoring the European Semester, which has become an important forum for discussing EU countries' fiscal, economic, employment policy challenges and priorities under a common annual timeline. This process has become even more relevant to the Care community since it has broadened its focus to social issues, integrating the principles of the European Pillar of Social Rights and the Sustainable Development Goals. In the last few years, Eurocarers has been pleased to see informal carers and, more generally, care and caring issues, benefiting from increased attention via the Semester (Eurocarers, 2019) - though this trend was partly refuted in 2020.

Against the backdrop of a major sanitary and economic crisis, the usual Semester cycle was suspended in 2021 and gave way to the implementation of the European Recovery and Resilience Facility tool, which put a budget of up to 672 billion euros at the disposal of member states to support reforms and investments by the end of 2026. As a result, 26 National Recovery and Resilience Plans (NRPPs), aiming to address the challenges previously identified in the European Semester and advance the green and digital transitions (at least

in principle), were assessed by the European Commission and agreed upon by the Council in 2021.

This Position Paper builds on an examination of these NRPPs with regard to informal carers' concerns, it was carried out in the same way than our previous annual reviews of the Semester process. As in past years, the aim was to evaluate **the extent to which these powerful policy processes are being mobilised for the benefit of informal carers**. Do they take them into account? Do they support the most-needed policy reforms with a bearing on their situation (e.g., digital transition, work-life balance, health, and long-term care)? Despite noticeable developments as **highlighted below**, our review highlights many shortcomings.

The tremendous financial effort made by the European Union aims at a fair and resilient recovery by 2026. We argue that, in the absence of continuous attention to care over the coming years, the Recovery and Resilience Facility will fall short of its objective. For instance, support to innovative reforms fostering a fair (re)allocation of caregiving responsibilities as well as the provision of dignified care to the most vulnerable should be prioritised.

Long-term care: a lack of prioritisation at odds with the severity of the issues at stake

➔ Long-term care is given very uneven attention across countries

At a time when the Covid 19 crisis has shone a bright light on the shortcomings of long-term care (LTC) provision in Europe and underlined a range of issues faced equally by all member states, notably concerning access, affordability and quality of LTC, or shortages in the care workforce (European Commission; Social Protection Committee, 2021), a greater attention to care should be promoted across Europe.

On a positive note though, some NRRPs do reflect a comprehensive approach to LTC, addressing at least the three dimensions of access to, quality and community-based care (BG, CY, CZ, HR, LV, PT, SI). For some of these countries, this indicates a clear intention of the national government to engage in comprehensive reforms, such as in the Czech Republic where 'Important legislative reforms are also foreseen in the area of(...) long-term care (...)', Slovakia

where *"a comprehensive reform of the long-term care system is expected to increase the inclusion of disabled persons into society and alleviate pressures on families caring for vulnerable", or Cyprus where "local authorities are involved in the National Strategic Planning on Gender Equality through the implementation of programmes for the provision of care infrastructure for children and other dependents that promote equality at local level"*.

On the other hand, for some countries, there is **no (or extremely limited) reference** to LTC (DK, DE). For some others, LTC is only considered in terms of financial sustainability (AT, LUX, MT). Yet, these countries are also facing important challenges with regard to LTC provision, including staff shortages, quality, accessibility...

Between these two extremes, most of the NRRPs include references to LTC, although **not in a comprehensive way**. They only tend to focus on some dimensions, be it sustainability, quality, access or the shift to community-based care. In some cases, the weaknesses of the LTC provision are well identified, but the documents remain disappointingly vague when it comes to describing the country's planned investments. This is the case for Estonia, for example, where *"the crisis has aggravated the difficulties in providing affordable and available social services, especially for the elderly, people with disabilities and for low-income earners" and "developing an integrated care system for enhanced service delivery would contribute to improving the effectiveness of the social safety net"*.

Besides, the fact that a NRRP highlights issues related to LTC does not necessarily mean that they are addressed in the actions planned. In the case of Greece, while the Commission notes an *"underdeveloped long-term care sector, which leads to unmet needs"*, the plan focuses solely on healthcare and does not entail any specific action in the area of LTC.

➔ LTC remains the poor relation in planned investments

The narrative of NRRPs often considers health and LTC together, which tends to undermine the focus on LTC. While reforms and investments should consider the need to improve coordination between health and LTC, it is also key for LTC to benefit from a dedicated approach.

In keeping with its lack of visibility, investments are only marginally targeted at the domain of LTC. In September 2021, only 3% of the social investment targeted LTC. At that time, social spending (including health) in 25 member states was equivalent to around EUR 150bn, approximately 30% of the total effort (European Commission, 2021). For example, even Slovenia, where a comprehensive plan envisages setting a LTC system, including through “*creating a new social security system that integrates healthcare and social care services for all age groups and increases their accessibility across the country; supporting the development of community-based services while ensuring professional institutional care for those with more complex needs*”, only foresees to gear €79 million out of a total of € 2.5 billion towards LTC.

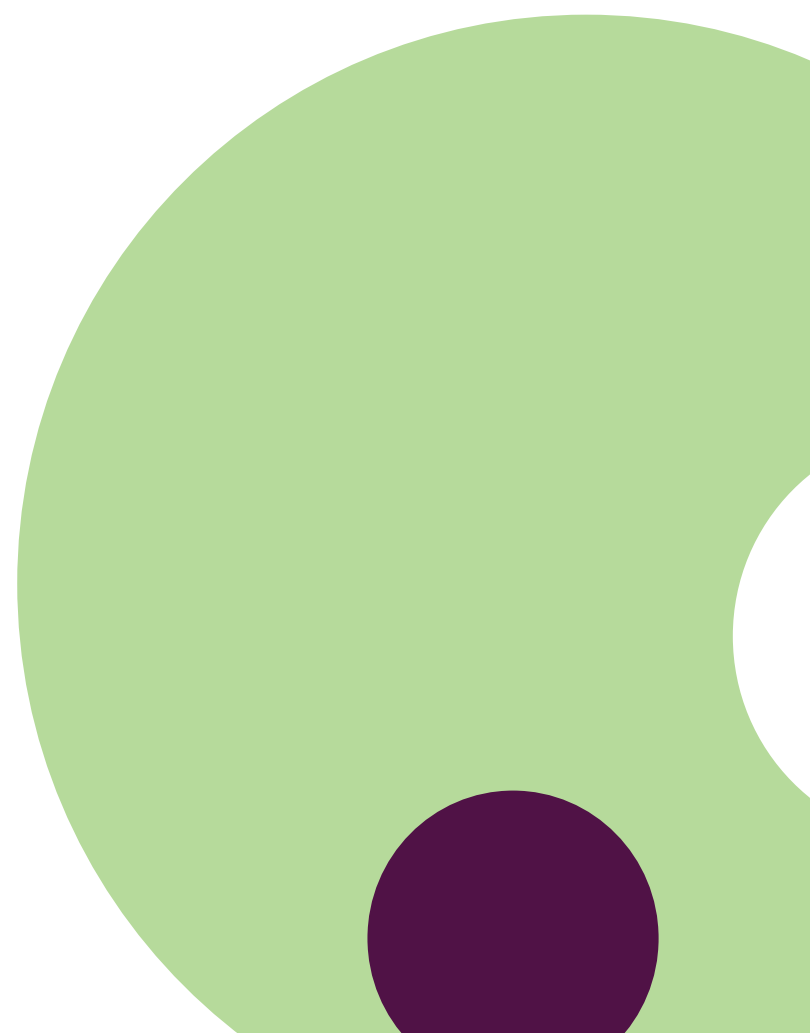
This state of play highlights the lack of a strategic approach regarding LTC on the side of member states as well as the difficulty to overcome the fragmentation of policies and stakeholders in the field and put in place necessary reforms, likely to justify the need for EU funding. Discussions are ongoing in some countries concerning the adoption of an overall strategy (AT, FR), that have not yet been completed.

Issues related to the workforce are not addressed adequately

Most member states face common challenges when it comes to the care workforce (staff shortages, precarious working conditions, the importance of undeclared work, intra-European ‘care drain’ ...), which have been exacerbated during the Covid 19 pandemic. While some of the NRRPs refer to these issues (CZ, DK, FR, DE, EL, IR, IT, ES), they mostly focus on the health sector, overlooking their importance in the LTC sector. Moreover, **only a few of these plans** include concrete initiatives to address the issues, **like in the Czech Republic (“systemic measures and investment (...) to tackle the growing shortage of healthcare workers”, and France (make “care professions more attractive”).**

Remarkably, the Italian and Spanish NRRPs take a broader perspective on care work. For Spain, “a strong investment in training is necessary to increase qualification and professionalisation” “in the care sector, to improve (...) working conditions and reduce precariousness and the shadow economy”, as part of a “shock plan for the care economy”. For Italy, the plan refers to the “recognition of the value of care”, and the need to “encourage employment in the care services sector”,

“strengthening outreach and home care support services”, aims at addressing the gender pay gap through supporting women with caring responsibilities and create employment opportunities. This represents an all too rare consideration of the role of carers, as well as a recognition of the need to alleviate their burden through improved access to care services at home, and to open new pathways towards work within the formal care economy building on care competencies acquired through experience.



Informal carers are still not identified consistently, and their needs are not addressed

The outbreak of COVID-19 has dramatically exacerbated the challenges informal carers face and many had to manage complex care situations in a context of restricted health and social care services, acute isolation and constant worry for the health of their relative as well as their own. In our analysis of the 2020 Semester, we deplored that, while the wording 'informal carer' has now been adopted at EU level, the terminology is not yet homogeneously applied through the analysis of the plans by the European Commission itself. This is still the case in NRRPs and this, just a few months after EU institutions jointly adopted a report that identifies and recognises informal carers as part of the care workforce, stressing that they are taking on "tasks often similar to those of formal carers", mostly on a "long-term basis" (European Commission; Social Protection Committee, 2021).

Informal care is simply not mentioned in the analysis of 10 of the plans (AT, BE, BG, CZ, DK, FI, DE, IE, RO, SE), in which we did not find any occurrence of the following phrases: 'carer', 'caregiver', 'informal carer', 'family carer', or even 'family' (in relation to their caring role for the elderly). These plans either do not apply to

LTC, or mention shortcomings in the LTC sector, without identifying their impact on carers. This is the case for Romania, for example, where "improvements to primary care, outpatient care and long-term care" are needed. Notably, some plans include the deinstitutionalisation of care for the elderly as a priority (BE, BG), but do not mention informal carers, even though such reforms rely in part on adequate support to informal carers.

While the caring role of families is mentioned for some countries, it is noteworthy that **they are not referred to as 'informal carers'**. This is the case for Croatia, for example, where "LTC investments amount to EUR 82 million and are aimed at supporting the development of **family** and community-based services, for Slovakia where "it is needed to alleviate the pressure on **families** caring for vulnerable", or for Estonia where "shortage of home care services and excessive financial burden in institutional care raises the poverty risk of **family** members".

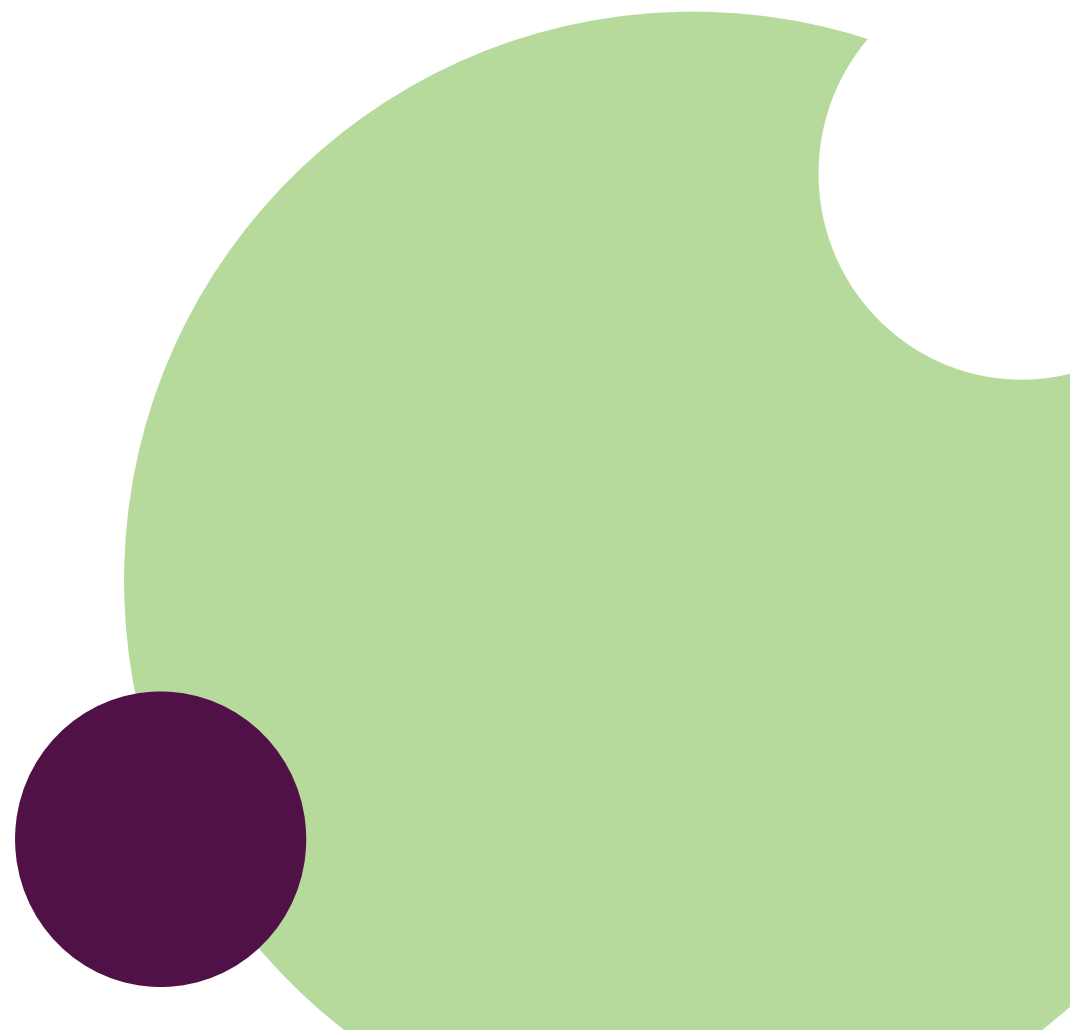
Along the same lines, EC documents make references to the role of **women** in the care provision, without adopting the term 'informal carer', as for Estonia where "the difficulty for **women** to reconcile work and family life" is noted, for Spain where "a model geared towards community care, would take better account of the needs and preferences of people in need of support, while ensuring in parallel support to the families **caring for them**". It is noticeable that the Commission's assessment of the French plan does not mention 'carers' while the national plan itself refers to 'aidants'... By focusing on women and the family, these narratives fail to encapsulate the rich variety of informal care arrangements, which may involve friends, neighbours, and men, reinforcing representation according to which caring is mainly a women's problem, rather than that of society as a whole. For Malta, reference is made to "**people with unpaid care responsibilities**", which is close to the notion of informal carers but may exclude informal carers benefiting from a care allowance. **On a positive note, the Commission echoes the recognition of 'informal caregivers' in Portugal and in Latvia where "the Social Integration State Agency (SIVA) will develop skills training programmes for informal carers of persons with functional disabilities (mainly family members, but also others - neighbours, friends if necessary)".**

At a time when the Commission has announced the launch of "a new European care strategy to address both carers and care receivers", it is essential to adopt a common and unambiguous terminology, contributing to the understanding and recognition of informal care beyond gender and borders. This is a prerequisite to keeping informal carers on the policy agenda and developing exchange

of knowledge and good practices regarding their contribution, and how they can be supported.

Work-Life Balance, which is a major concern among informal carers across the European Union, and a key factor in their capacity to retain employment and remain included in society, is addressed for 10 countries only (EE, FR, IT, LV, LT, MT, PT, SL, SK, ES). Again, this is at odds with the need to better support informal carers against the well-documented negative impact of their caring role on their income (European Commission; Social Protection Committee, 2021).

For several countries, while the unbalanced gender distribution of informal care responsibilities is rightly underlined, the main objective of LTC reforms seems to foster exclusively a greater participation of women in the formal labour market, thanks to the development of formal LTC services (EL, LT, SK, SI). While this is in line with the Social Pillar principles regarding equal opportunities and access to the labour market, it is important to delineate a comprehensive approach to informal care, whereby access to formal LTC provision goes hand in hand with adequate support to those willing to provide care to a relative, so that their choice and preferences, as well as those of people in need of care, are respected. **In this respect, the Italian plan to “strengthen the role of territorial social services (...) aiming at the definition of personalised models for the care of families, young people, adolescents and elderly people, as well as people with disabilities” (Italy’s Recovery and Resilience Plan, 2021) is particularly promising.**



Priority for Health: are investments likely to support informal carers?

Informal carers are key public health stakeholders. They indeed provide irreplaceable support to patients, notably in the case of non-communicable diseases. They greatly contribute to the efficiency and adherence to treatment (which are more and more often delivered at home), the coordination of care services and, importantly, the well-being of their relatives. At the same time, they should also be regarded as a group at risk, since informal caring responsibilities can have a negative impact on their physical and mental health. Our health systems will be resilient and sustainable only if they support carers and deliver integrated care, centred around people's needs and preferences. Even if health is prioritised in all the NRRPs, we are concerned that these criteria are not met for most of the countries.

Indeed, national governments seem to prioritise investments addressing the most pressing challenges, such as *"infrastructure to ensure critical medical supplies"* (DK), *"renovation of buildings"* or *"the availability of proper equipment"* (FR) for instance. But the need to improve **care integration** is mentioned in only less than half of the cases. Besides, when mentioned, the contribution that the

NRPP would bring to this aspect is not clear. This is the case for Estonia where, even if *"measures to provide health and social care in an integrated way can be expected to improve the accessibility and quality of social services"*, *"there is no specific commitment in the RRP to implement the Action Plan on integrated care"*.

On the bright side, for Spain where reform of the health system is foreseen, the analysis is pointing to the need to ensure the "integration of health and social care" and "to adapt to the needs of the ageing population, as nearly 60% of Spaniards aged 65+ have at least one chronic disease".

As for the need to support **informal carers as partners in health care**, it does not appear at all in the plans.

While the development of digital health solutions is rightfully seen as a core priority in most of the plans, as a key tool to boost access to health, facilitate the sharing of data, and the coordination of care services, we cannot find any reference to the potential offered by ICT-based solutions targeted at informal carers despite their well recognised added value.

Moreover, the promotion of digital health solutions is not systematically accompanied by **initiatives aimed at addressing the digital divide**, despite their remaining importance for fully inclusive health systems. **In this regard, the French national strategy for inclusive digitalisation can be considered a promising practice.**

Alongside other EU stakeholders active in the public health sector (EuroHealth-Net, 2021), we call on member states to adopt an ambitious approach to health systems resilience, considering all aspects and all stakeholders involved, in order to strengthen health and well-being in an equitable and sustainable way.

The Care Strategy should be the starting point for building resilient, fair, and sustainable caring societies

→ The Care Strategy must bring about a paradigm shift

While LTC has been taken into consideration at varying degrees in the Semester process over the recent years, reflections were firstly driven by concerns regarding the economic and fiscal sustainability of the system. We therefore very much welcome the statement made in the Annual Growth Survey that *“the recovery and resilience plans also aim to enhance social resilience by investing in healthcare and better access to services, including (...) long-term care”* (European Commission, 2021).

We expect the Care Strategy to encourage the development of **ambitious objectives, putting the needs and rights of vulnerable people and their carers at the core of a roadmap** likely to guide investment in Care through the Semester (Eurocarers, 2021). Investing in Care is indeed key to implementing the European Pillar of Social Rights, in particular principle 18. It is also an important leverage to boost employment and social inclusion, and should also be considered as such by member states in their pursuit of the European social targets agreed in 2021 (Porto Social Commitment, 2021). Future EU initiatives aiming to meet the challenges and seize the opportunities created by the demographic transition should be properly articulated by the EU Care Strategy.

→ Participation is key to the design of innovative and sustainable LTC systems

Consultation on the preparation of NRRPs has been very limited in almost all countries (Caimi V., 2020). Yet, the active participation of all stakeholders in the design, delivery, and ongoing evaluation of services is a prerequisite to their success. Only participatory approaches can help to overcome the fragmentation of actors involved in LTC and to design the best ‘fit for purpose’ solutions around the needs of diverse ageing populations in various contexts (Ilinca S., 2021). Meaningful participation must be organised at the level of local communities and at the national and regional levels. We expect the upcoming **European Semester cycles to foresee a systematic involvement of stakeholders when it comes to re-building LTC systems**, as clearly recommended in the Annual Growth Survey (European Commission, 2021). The participation of informal carers, who remain mostly under-represented, should be supported.

Conclusion: the EU Care Strategy should be a game changer in the implementation of the Recovery and Resilience Facility

Given the circumstances and the urgency under which the Recovery and Resilience Facility has been put in place, it is understandable that it concentrates only on a limited number of priorities for which a common approach was pre-existing. It seems that, in the absence of a common strategy to implement principle 18 of the Pillar of Social Rights, LTC has been given attention only in countries where governments have engaged reforms. However, both formal and informal care represent a major challenge for our societies, at the same time as a tremendous driver of innovation, employment and economic development.

We sincerely hope that the Care Strategy, to be adopted later this year, will seek to make things right. We also expect the European Union to **take more of a leading role in supporting member states as they develop accessible, quality, and sustainable care systems, built around the needs and preferences of users, including informal carers.** All of the relevant EU instruments at disposal should be aligned towards the achievement of common objectives in this area.

As far as we are concerned, it goes without saying that our network will continue to review the Semester process, the implementation of the Recovery and Resilience Fund and assess their contribution to the enhancement of informal carers' life and wellbeing across Europe and for the years to come.



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Methodology

Contrarily to the last years, it was difficult to focus the analysis on the original documents produced by the national government, as they were not available in English for a large majority of them, and consisting in very long documents the structure of which varied, making it difficult to use automatic translation tools. Therefore, the analysis focus primarily on the assessment of the national plans published by the European Commission in the form of Staff Working Documents (SWDs), while more detail was searched in the original NRPP when the SWD reported a relevant policy development. This is a limitation of the review, as some minor aspects of the original plans may not have been included in the SWDs.

Key content of relevance for carers, concerning the policy areas of Health, LTC, Gender Equality, Work-Life balance, Digitalisation has been identified and gathered **in this template**. Besides, the occurrence of certain key words has been systematically noted ('carer'/'caregiver'/'informal carer'/'family carer'/'family' (in its role as care provider); 'women' (in their role as care providers); 'primary care', 'sustainability' (in relation to the health care system); 'digitalisation' (in the health sector), 'digitalisation' (of society); 'gender equality'; 'integrated care approach'; 'sustainability' in relation to LTC provision), 'digital solutions' (for LTC), 'quality' (in relation to LTC), 'access' (in relation to LTC) .

Unless otherwise specified, the quotes are taken for the SWDs.