



**Thematic Discussion on Long-term Care in the context of the 2022 SPC**  
**Multilateral Implementation Reviews**  
*(February 2022)*

**1. Background**

The care sector was hit hard by the COVID-19 pandemic, with difficulties in ensuring continuity of care affecting the well-being of care recipients and care providers alike. While the pandemic has put the Member States' long-term care (LTC) systems under unprecedented stress, many of the weaknesses in the sector (for example related to access to and affordability of care, quality of care and the care workforce) were structural and existed before the outbreak of the pandemic. In addition, projections show how population ageing is expected to lead to a strong increase in demand for quality long-term care, while less people of working age will be available to provide and finance such services.

Over the years, a varying number of Member States have been receiving country-specific recommendations (CSRs) in the context of the European Semester. In 2019, there were eight LTC-related CSRs, focusing on sustainability, cost-effectiveness, access, affordability, quality and female labour participation. In 2020, given the extraordinary circumstances, the CSRs were streamlined and three Member States received such CSRs, while some relevant aspects were reflected in the recitals. In 2021, given the comprehensive and forward-looking policy nature of the recovery and resilience plans<sup>1</sup>, no (non-fiscal) CSRs were proposed.

In this context, reform implementation in the area of long-term care continues to be monitored by the Social Protection Committee by means of a thematic discussion, as well as by country-specific reviews of the past CSRs, where relevant.

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<sup>1</sup> Fifteen of the twenty two Recovery and Resilience Plans, adopted at the time when this review was organised included long-term care related measures.

The thematic discussion on **long-term care** took place on 25 February. At the meeting, the Member States engaged in an exchange around two steering questions focused on social protection for and quality of LTC. The scene for the exchange was set by presentations from the European Commission and relevant case studies from Spain, Slovenia and Germany. The exchange was moderated by Stefania ILINCA, researcher at the *European Centre for Social Welfare Policy and Research*.

## **2. Outcome of the discussion**

The first set of interventions focused on the question of **social protection systems ensuring that everyone in need has access to long-term care, also taking into consideration regional disparities in the provision of care**. The presented case studies were from Spain and Slovenia.

- The exchange clearly demonstrated the significant differences in the supply and organisation of long-term care, the corresponding social protection systems and public expenditure levels across the Member States. At the same, the interventions confirmed that - against the backdrop of population ageing - Member States are facing common challenges in relation to long-term care.
- In many of the intervening Member States the sector is characterised by horizontal (health and social care) and vertical (national, regional and local) fragmentation, whereby the responsibility for provision, funding, quality assurance and regulation is divided between multiple actors. As a result, differences in the criteria for entitlement to long-term care, the needs assessment, the depth of social protection and the services and benefits offered may exist at national and regional levels leading to disparities in the provision of care.
- The discussion also confirmed that social protection coverage for long-term care needs varies considerably across the Member States and even when available, it is in some cases insufficient to ensure that people in need of care are not pushed into poverty. For example, out-of-pocket costs for homecare can be extremely high for older people with severe care needs, or for older people with low incomes, even if they have only moderate care needs. In many cases, the high financial burden is an obstacle to accessing formal care, which results in either unmet care needs, or forcing persons in need to arrange care informally. This, in turn, comes with

significant financial and non-financial costs for the informal carers in both the short and long run.

- The exchange also provided evidence for the diverse sets of measures being implemented to address the challenges described. Some Member States are strengthening the role and recognition of long-term care as part of their social protection systems. Several are also reviewing and streamlining eligibility criteria, needs assessment processes and pathways to access care, in order to ensure that all in need have access to care in a timely and equitable manner.
- In some cases, efforts are also being made to increase the allocation of financial resources for the LTC systems. Such efforts include measures to reduce the financial burden on care users, to increase investment in infrastructure and the formal care workforce and to promote innovation. At the same time, the Member States recognized the need to ensure that the available resources are deployed in the most effective manner both in terms of facilitating access to care and promoting care system sustainability.
- Workforce challenges are also being addressed, with some Member States taking measures to reinforce formal care services and provide support to informal carers. Relevant support measures include counselling and training, the provision of care benefits, health insurance coverage, improved remuneration, or the provision of pension credits for care periods.
- The delegates also discussed the importance of reorienting care models from a purely medical view to a person-centered perspective. This entails integrated delivery of services focused on personal needs, while respecting individual choices, ensuring continuity of care, and supporting independent living in all care settings.

The second part of the meeting was dedicated to ***reflections on ensuring and measuring the quality of care in various settings***. The presented case study was from Germany.

- The discussion illustrated how the degree of development of quality assurance mechanisms varies significantly between countries, with significant differences in the degree of enforcement and monitoring. Further, while many Member States have a strong set of regulations and standards applicable to residential care, there is more variation when it comes to homecare services.
- The exchange showed that there is a need to elaborate and/or expand quality standards to respond to structural weaknesses revealed by the Covid 19 pandemic, while reflecting the increasing diversity of care services and care settings and care users preferences.
- The importance of strengthening the national stewardship of long-term care systems, while supporting regional and local level authorities and promoting the convergence of service delivery standards and processes was recognized by a number of interventions.
- Many Member States agreed that further efforts are needed to ensure the availability of high quality and timely data. This could aid surveillance efforts, required during health emergencies and support authorities in their efforts to continuously assess service delivery and performance and to be able to respond with corrective, evidence-based interventions.