



**COUNCIL OF
THE EUROPEAN UNION**

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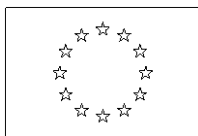
10406/14

**SOC 403
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COVER NOTE

from: Social Protection Committee
to: Permanent Representatives' Committee (Part I) / Council (EPSCO)
Subject: The Social Dimension of the EU/EMU
d) Adequate social protection for long-term care needs in an ageing society
- Endorsement of key messages

Delegations will find attached the above-mentioned key messages for endorsement by the Council (EPSCO) on 19 June 2014. The full report will be found in doc. 10406/14 ADD 1.



Adequate social protection for long-term care needs in an ageing society:

Report jointly prepared by the Social Protection Committee and the European Commission¹

- Key Messages -

1. In our ageing societies, a rapidly increasing proportion of Europeans can expect to reach an age in which they are at risk of becoming frail and developing multi-morbidity conditions requiring both medical and social care on a continuing basis. EU citizens aged 65 can expect less than half of their remaining years to be free from conditions affecting their ability to manage daily living activities. The risk of needing long-term care (LTC) rises steeply from the age of 80. Our ability to manage it will have major implications for the wellbeing of ageing Europeans and for public expenditure.

Social protection against the risk of long-term care dependency is needed for equity and efficiency reasons

2. Dependency on LTC is a significant health-related economic and social risk for individuals and for their families. Often social care needs are not covered as comprehensively as the health care needs of LTC dependant people with the primary responsibility of obtaining the required care shifted to the dependent persons and their relatives.

¹ For the full report please see document 10406/14 ADD 1.

3. With little to no social protection against the risk of needing LTC, the living conditions of the dependent will hinge on his/her means and the family's ability and willingness to provide or pay for care. This may have negative impacts both on equity, as some families will be much more affected than others, and on overall economic performance, as relatives may need to withdraw from employment to provide informal care. In addition, neither the quality nor the efficiency of informal care can be guaranteed.

A large and widening gap between the need for and the supply of long-term care is likely to develop

4. Long-term care will face three major, related and simultaneous challenges: (a) a *huge increase in need*. Over the next five decades the number of Europeans aged over 80 requiring LTC is expected to triple; (b) a threat to the *supply of long term carers* from the decline in the number of people of working age and from social changes making it less likely for families to provide in the future the same level of informal care as they do today; and (c) the pressure that rapid growth in demand, and the expectations of the “baby boom” generation, will place on ensuring *care quality*.
5. Thus there are solid equity and efficiency reasons for Member States to establish social protection against the risk of LTC dependency, and for ensuring adequate access to affordable quality care, as well as support to informal carers, including through a better recognition of care duties in labour law and corporate practice. Member States, who are responsible for LTC provision, can collaborate on achieving these aims with the support of the EU including through mutual learning.

Closing this gap requires proactive approaches to contain the growth in needs and to meet them in the most efficient way

6. There is a need for Member States to move *from a reactive to an increasingly proactive policy approach* seeking both to prevent the loss of autonomy and thus reduce care demand, and to boost efficient, cost-effective care provision in homecare and in residential institutions. Facing these challenges requires both short term solutions, such as improving LTC delivery through better use of existing human, financial and technical resources - and longer term approaches such as containing the needs through prevention and rehabilitation policies on central, regional and local level.

7. The main elements of the proactive response to social protection against LTC dependency include measures aimed at: *preventing* people from becoming dependent on care, by promoting healthy life styles, tackling the major causes of dependence and promoting *age-friendly* environments in homes and neighbourhoods through design for all ; early *detection of frailty; rehabilitation and re-enablement* for those whose health and fitness have been impaired to restore their ability to live independently; realising the *full potential of technology* to help older people remain at home, to *raise the productivity of care services* and to compensate for the decline in the number of carers; *fully integrating* the health care and social elements of LTC provision; enhancing *support for informal carers* and making it easier for them to *reconcile employment and care* responsibilities; and using the potential of the NGO sector in providing care services.

There are many examples of good proactive practices: a more systematic assessment of what works and what is most cost-effective will add further value

8. Several Member States are already experimenting with innovative and proactive approaches. Analysis shows that many of these can help prevent or postpone the onset of frailty and morbidity and halt or even reverse a further deterioration of health and well-being. Importantly proactive approaches combining re-enablement and smart assistive technologies can raise and maintain frail older people's capacity for independent living, including through elements of self-care. Assistive technologies are cost-effective and when used in existing delivery frameworks, they can improve the quality of life of recipients while saving working time and resources.
9. Thus, the investment in the development of these approaches can contribute to tackling ageing related challenges in LTC. However, to enhance the possibilities of mutual learning, a more solid-knowledge base is needed on what works and what is most effective, including when seeking to design mechanisms for sustainable financing of LTC services.

Adequate social protection against LTC dependency is a major aspect of gender equality in old age as well as in working age

10. LTC is an issue that affects men and women differently. Women have a higher life expectancy and greater morbidity in old age than men, so most LTC recipients are women. The vast majority of informal and formal carers are also women. In countries with extensive formal provision for LTC, care work generates significant labour market opportunities for women in particular. By contrast, informal care duties, if not accompanied by appropriate support services; can represent an impediment to female labour force participation.

11. Responding to the challenges of a great increase in the number of people 80+ also offers important opportunities. Meeting the care needs of a growing population of older people, notably women, is an essential part of what is often called "Silver Economy". Many more jobs for women and men could be created in the LTC sector, notably where formal services are least available, and as result of the rising demand for goods and services for older people, including assistive technology.

Given the diversity of LTC policies there is scope for better mutual learning and for a common European knowledge base

12. Differences between Member States in the way LTC needs evolve and services are provided are larger than in any other area of social protection offering possibilities for knowledge transfer for example through peer reviews and mutual advantages from sharing some of the cost of research and development at EU level.
13. The EU can help by facilitating the exchange of best practices, by researching and testing new solutions and fostering technical and social innovation. The European Innovation Partnership for Active and Healthy Ageing has been established for that purpose. Moreover, the EU can improve its support by developing better ways of exchanging knowledge about the costs, benefits and quality of LTC. Yet LTC-related activities at EU level need to be better coordinated and linked up such as through the improved cooperation between the SPC and the WPPHSL².

² The Council Working Party on Public Health at Senior Level.

There is a need to further clarify the common objective of adequate social protection against LTC dependency and to set out how EU support for the LTC efforts of Member States can be enhanced including through better collaboration between ministers of health and ministers of social affairs

14. The Social Protection Committee, which has developed common objectives for Member States in social protection, including long-term care, has a key role to play in the further development of collaboration on this. A crucial step would be to develop a better understanding of the effectiveness and efficiency of current LTC provisions in the Member States and improving the portfolio of indicators to assess progress in relation to the common objectives of access, quality and affordability.
15. For this to be possible, a number of data and knowledge issues need to be resolved: the main surveys on income and living conditions and on the labour force (i.e. EU-SILC and LFS) could be adjusted to better highlight the social and employment challenges posed by dependency and the demand for and supply of LTC; a better overview on the legal and administrative aspects of LTC policies in Member States could be developed, as well as methodologies for comparing LTC provisions to which people are entitled in typical cases of need; data on social protection spending on LTC could also be collected as a separate function in ESSPROS.
16. These activities at the EU level aim at making mutual learning more effective in the context of the Open Method of Coordination. The responsibility for designing LTC systems and securing their financing remains fully with the Member States.