



Delivering on the European Pillar of Social Rights

Long-term care and Assistance for the homeless

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GENERAL
ASSEMBLY



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Overview

- The European Pillar of Social Rights
- Our contribution to underpin Principle 18 (long-term care)
- Our findings in the area of homelessness (Principle 19)
- Recommendations for better intergovernmental cooperation



What is the European Pillar of Social Rights?

20 principles and rights

Equal opportunities and access to the labour market

- Education, training and life-long learning
- Gender equality
- Equal opportunities
- Active support to employment
- Secure and adaptable employment

Fair working conditions

- Wages
- Information about employment conditions and protection in case of dismissals
- Social dialogue and involvement of workers
- Work-life balance
- Healthy, safe and well-adapted work environment

Adequate and sustainable social protection

- Childcare and support to children
- Social Protection
- Unemployment benefits
- Minimum income
- Old age income and pensions
- Health care
- Inclusion of people with disabilities
- Long-term care
- Housing and assistance for the homeless
- Access to essential services

Employment,
Social Affairs
and Inclusion

- A new opportunity to strengthen the social dimension of the EU?
- A changing paradigm?
- A way to initiate a broader discussion on social rights and convergence in the EU?

Our focus



Principle 18

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

Principle 19

a. Access to social housing or housing assistance of good quality shall be provided for those in need.

b. Vulnerable people have the right to appropriate assistance and protection against forced eviction.

c. Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.

Access to good quality long-term care**What is at stake?**

- A focus on older people in need of care, work-life balance, consumer protection: informal care, quality of formal care services and facilities
- Not a real domain for a Directive (unless social protection)
 - Recommendations and selected regulations regarding the delivery of services are conceivable
- The Commission is preparing policy options and a potential initiative
 - Study coordinated by EFTHEIA with CEPS, the University of Leuven, and the European Centre

Access to good quality long-term care**Evidence provided**

- Mapping quality assurance mechanisms in LTC in EU Member States
 - Huge differences, but mostly inspection of structures and processes
- Clustering national approaches to quality assurance in LTC: 4 regime types
 - Rudimentary: BG, CR, CZ, EL, EE, HU, PL, RO, SK, LT, LV
 - Paternalistic: AT, ES, FR, IT, LU, IE, PT, SI (FI, DK)
 - Market-oriented: BE, DE, ES, FI, NL, SE, DK
 - Outcome-oriented: first attempts in BE, NL

	TYPE 1: Rudimentary governance of QA	TYPE 2: Paternalistic QA governance	TYPE 3: Market-oriented QA governance	TYPE 4: Outcome-oriented quality improvement
Status of LTC system				
Public expenditures on LTC in % of GDP	low	medium	medium-high	based on assessed needs
Expenditures for home care in % of expenditures for residential care	low	low	low-medium	equal distribution, according to needs
Public QA agency established	no	yes/no	yes, partly with public reporting	yes, incl. public reporting
Type of provider mix				
Share of private for-profit providers in residential care	low	medium-low	medium-high	Level playing-field for all providers, networking, partnerships
Share of private for-profit providers in home care	low	medium	medium	
Share of private non-profit providers in residential care	low	high	medium-high	
Share of private non-profit providers in home care	low	high	medium-high	
Pathway of LTC system development				
General assessment	late mover	traditional welfare-mix	from public to market: choice & competition	future forerunner
Key mechanisms to ensure quality in LTC				
Residential care	authorisation, inspection	accreditation, inspection, (QM)	accreditation, QM, public reporting	joint accreditation, QM across settings (case management), QM at system level
Home care	-	accreditation, inspection	inspection, consumer satisfaction	
Informal care	not foreseen	restricted	(consumer satisfaction)	
Countries	BG, CR, CZ, EL, EE, BG, HU, PL, RO, SK, LT, LV	AT, ES, FR, IT, LU, IE, PT, SI (FI, DK)	BE, DE, ES, FI, NL, SE, DK	Some aspects in BE, NL, PT

Access to good quality long-term care**Evidence provided –
Promising examples of good practice**

- Voluntary quality assurance via a National Quality Certificate (AT)
- PREZO (NL, BE): a voluntary quality framework based on training, self-assessment and external auditing
- Assessment of quality in care homes through the observation of 'key situations' (Bavaria, DE)
- A large scale programme of quality improvement and a novel framework for the quality of long-term care in residential settings (NL)
- A new approach to external monitoring of quality in LTC settings (DE)

Access to good quality long-term care**Recommended EU policy options**

- Defining a set of key principles for long-term care in Europe
 - Based on the Voluntary European Quality Framework for Social Services (2010), the European Quality Framework for long-term care services and the EU Charter of rights and responsibilities of older people in need of long-term care and assistance
- Guidelines to establish essential elements of quality assurance mechanisms (“from inspection to continuous improvement”)
 - National level: QA agency dedicated to LTC, LTC human resource strategy, developing integrated and person-centred long-term care systems
 - Organisational level: Establish processes of continuous improvement, ensure resources (time and money) and capacities of quality management

Access to adequate housing and assistance for the homeless

Principle 19 in the EPSR Action Plan

New in 2021

- Launch of the '**European Platform on Combatting Homelessness**' (exchange of best practices and innovative approaches)
- **Affordable Housing Initiative** (as part of EU Renovation Wave Strategy) to pilot 100 renovation districts

Ongoing

- **European Semester Process** – monitoring of housing policies in EU Member States, but so far little attention to the issue of homelessness

Access to adequate housing and assistance for the homeless

Evidence provided

Mapping trends and policies to tackle homelessness in Europe

- European Centre project commissioned and funded by the Swedish Ministry of Health and Social Affairs
- A multi-dimensional framework with indicators:
 - Adequate housing (affordability, habitability, security)
 - Homelessness services
 - Social security benefits and services
 - Healthcare (including mental health)
- Analysis covering 10 EU countries with focus not only on access, but also on rights and entitlements

Access to adequate housing and assistance for the homeless

Some key findings and recommendations

Adequate housing – security of tenure and protection from forced evictions

- Need for preventative and integrated measures that can detect problems at an early stage (debt counselling, housing advice, outreach measures)
- Forced and unlawful evictions could be avoided by providing free legal aid and assistance

Homelessness services

- Insufficient resources, limited supply and issues related to quality of emergency or temporary shelters are among the most frequently reported problems
- Alternative and complementary modes of housing provisions offering quick and long-term accommodation are of utmost importance (scaling-up of housing-first services)

Access to adequate housing and assistance for the homeless

Some key findings and recommendations

Social benefits and services – eligibility conditions and administrative barriers

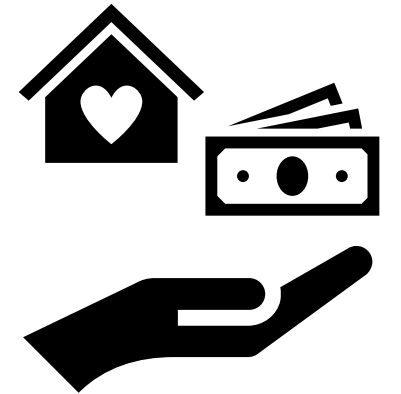
- Conditionalities related to activation and inclusion measures should consider the situation of homeless people (establishing low-threshold services)
- Problems with postal address/proving local connection prevents homeless people receiving benefits (e.g., ‘address point’ in Ireland to facilitate access and take-up)

Healthcare – follow-up care and coordination upon discharge

- Very few policies/initiatives to ensure continuity of care for homeless people (e.g., Safetynet clinic in Dublin, HOGAR SÍ in Madrid)
- Need for integrated health and social services (esp. housing services)
- Hospitals should establish discharge policies that refer homeless people to housing services, coordinate outpatient care and ensure follow-up

Housing allowances to enhance housing affordability

- One in ten households is **overburdened by housing costs**
- Most EU countries provide (means-tested) housing allowances
- **Limited research** on the effect of this benefit → potential for improvement?



Non-take-up

- Non-take-up: despite being eligible households **don't claim the benefit**
- Reasons:
 - Lack of information
 - Administrative burden
 - Stigma

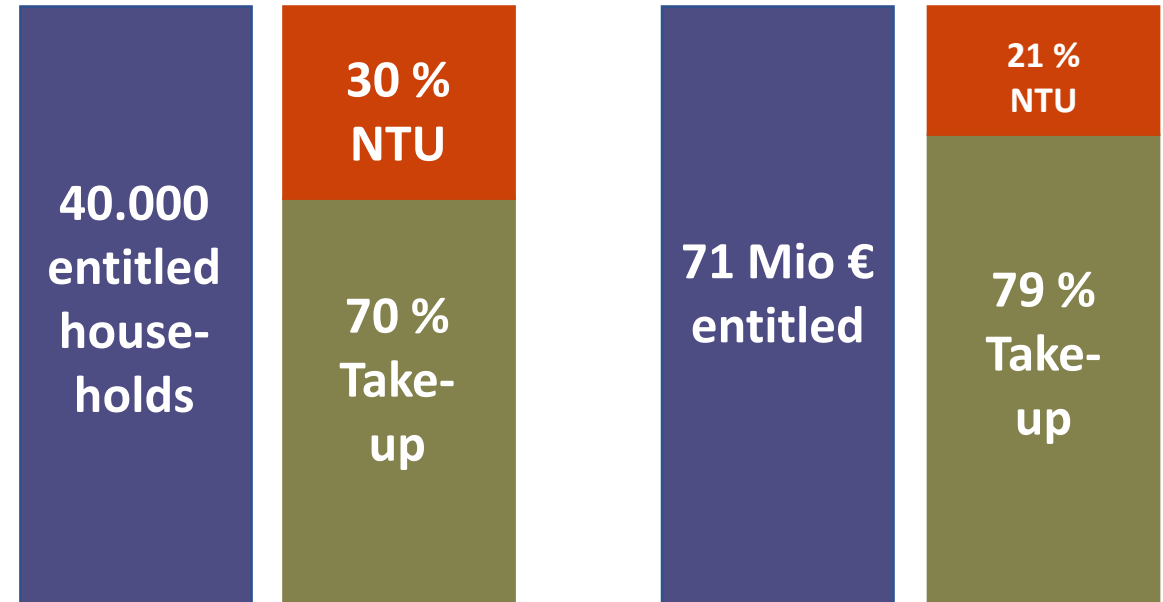


Non-take-up rates in Europe

Country	Year	Non-take-up rate of housing allowances in % of households
Czech Republic	2010	70 %
Denmark	1992	33 %
Netherlands	2003	27 %
	2010	18 %
United Kingdom	2010	21 %
	2015	19 %
	2019	19 %

Example: Non take-up (NTU) in Upper Austria

- 30 % of households: **12.000**
- 21 % in expenditure: **15 Mio €**
- **Single-person** households and **third-country nationals** affected most



What is needed?

- Provision of more and better **information**
- **Simplification of application process** + better guidance and **support**
- **Automatic enrolment**
- Influence public discourse to **reduce stigma**



Conclusions

- ‘New’ social risks are getting more attention also at intergovernmental level
- Intergovernmental cooperation:
 - Mutual learning and exchange of good practice
 - ‘Trickle-down effects’?
 - Integration of related issues in bridge-building activities
- Towards rights-based approaches?

Questions? Comments?



More information on long-term-care

<https://www.euro.centre.org/projects/detail/3964>

More information on housing

<https://www.euro.centre.org/projects/detail/3656>

<https://www.euro.centre.org/projects/detail/3938>