

EuroHealthNet feedback on the European Care Strategy, including for the revision of the EU targets for Early Childhood Education and Care, and a Long-Term Care initiative

- March 2022

EuroHealthNet is a not-for-profit European partnership of organisations, agencies and statutory bodies working on public health, health promotion, disease prevention, and reducing inequalities. With a long-term **commitment to health, equity, and wellbeing EuroHealthNet recognises the importance of integrated, enabling, people and communities-centered care settings** that boost good health and wellbeing in early years, continuing well into older years with healthy and active ageing across European Member States.

EuroHealthNet welcomes the European Commission's efforts to launch a European Care Strategy to address care across the life-course, including a proposal for a Council Recommendation on Long-term care and a proposal for a Council Recommendation on the revision of the Barcelona targets on early childhood education and care.

People need to access quality services that provide care when they need it, how they need it and where they need it, and be able to afford it regardless their socio-economic status – and yet [large inequalities in access to for example healthcare exist](#). Acknowledged as social rights (as per the European Pillar of Social Rights' principles), [a set of comprehensive care services spanning across domains has been considered for long by public health as key determinants of health. It is also](#) what has defined the European Social Model to-date – access to affordable quality healthcare, early years development, education and care, housing, long-term care. We recommend that the EU institutions' strategic approach to care spans as a continuum along one's life-course, 'kicking off' in early years by boosting children, adolescents and young people with skills and competences needed for future healthy lives. Further it would support families and working adults well into their older years enabling them to age healthy and actively would be a good vision to start with. **We applaud the proposal for the long-term care to include interventions on healthy and active ageing, as keeping people healthy, delaying their need for curative care and treatment will be good for society and communities.** The proposed European Care Strategy fits well with a Wellbeing Economy model (also [promoted by EuroHealthNet](#)) where care is seen as an investment and where enabling and protective policy and intervention frameworks are central. The Wellbeing Economy model offers many potential entry points for valuing care and improving lives of European citizens.

This response consists of a collated input to three interlinked consultations run by the European Commission – on the general vision for a European Care Strategy, a proposal for a Council Recommendations on the revision of the Barcelona targets for early childhood education and care, and a Council Recommendation on affordable quality long-term care. **EuroHealthNet takes the opportunity to recommend EU institutions to consider:**

- **Prevention-based approaches:** The prevention of ill-health throughout the life course is a fundamental principle behind public health and for the overall improvement of

population's health. **A large part of care services provided is associated with the need to address health problems.** The implementation of well-designed health promotion and disease prevention policies has therefore a direct impact on the number of people in need for care, thus on the costs and the sustainability of care systems at large. **Disease prevention and health promotion policies should therefore be fully rooted in the setting up of care strategies** in national, regional and local contexts to reduce the demand of people in need for care in the first place. In doing so, the **EU's strategy should consider an ambitious, life-long and society-embedded vision of care – the caring society - and a strong social foundation, highlighting the multidimensional value of care and the return on investments.** This would encourage Member States to invest in care from young to old age, close the under-investment gap, boosting investments in the health promotion and prevention systems. EuroHealthNet recommends the **Economy of Wellbeing approach to guide the European Care Strategy design** – as also [recommended by the Council of Ministers](#).

- **Person- and community-centered care and co-creation process:** Person-centered approaches allow to tailor the delivery of care [accordingly to specific needs as well as to better assess challenges across social gradients and to different groups](#). This would certainly be the case for the revision of the EU targets for early childhood education and care, where **children and their families should be placed at heart of care systems**, and offered the opportunity to co-create solutions that best suit their circumstances on the ground. Providers should not expect people to adapt to care systems; instead, systems should adapt to people. A [principle of deinstitutionalisation](#) should be further promoted. This also provides individuals with the opportunity to better contribute to their own health and incentivise preventative behaviours. Person-centred care not only takes into account the individual's physical and mental needs, but also a number of [vital underlying and structural socio-economic and environmental determinants of health](#) that influence their lifestyle, healthy choices and well-being.
- **Innovation for integrated approaches to provision of and governance for care:** the European Care Strategy should **foster more holistic and integrated approaches to care, by supporting coordination and maximising an enabling and health-enhancing effect of care across services from different sectors (such as health, social, education, employment)**. In particular, actions addressing the social determinants of health, that is the conditions in which people are born, grow, work, live, and age, should be taken into consideration in a coordinated manner. **Integrated care is also especially important for more effective management of chronic diseases, and for people with complex needs**, as [shown by EU-funded JA Chrodis+ that developed a set of Recommendations and Quality Criteria in this field](#). Furthermore, as we recover from the COVID-19 pandemic, we should seize the opportunity to innovate and **re-organise the care systems toward more efficient and integrated ones to better and quicker address the current**

challenges, apply foresights, prepare for, and withstand future crises. For example, the Emilia Romana region in Italy promotes integrated approaches in governance models for re- and upskilling professionals in competences needed to work in an inter-sectoral environment in order to face multiple societal challenges in a coordinated way. EuroHealthNet is also involved in the Erasmus+ funded project under the Skills for Health Pact where we will look into multidisciplinary skills, including role of digitisation, for public health professionals.

- **Actions across the social gradient:** while it is important that the European Care Strategy dedicates particular **attention to deprived and vulnerable groups, actions should be taken across the whole social gradient in line with the principle of proportionate universalism.** This is to ensure that no one is left behind and care is provided through a balanced approach according to everyone's (unmet) need. It will be particularly important now as numbers of people at risk of poverty and social exclusion are likely to increase, due to the rising costs of living, conflicts and insecurity. Our learning from the [DRIVERS project](#) still proves relevant, especially on early childhood development, fair employment and social protection.
- **Improving access to and quality of care for children:** Children' accessibility to free healthcare, with a due **attention to health promotion and preventative measures, should be strengthened.** Often access to services is hindered by administrative, status-linked, and financial barriers, especially for the most vulnerable children and their families. Indeed, many EU states make healthcare services for children free of charge, but the definition of 'free' differs greatly with e.g., pre-payments constituting a real barrier for free care. In addition, there are great unbalances between socioeconomic groups. [For example, poor children in Belgium are five times more likely not to access dental care they need than their wealthier peers.](#) Access to mental health care for children in many EU states is [suboptimal](#) as well, an issue put higher on the agenda now due to the pandemic.
- **Reinforcing access to and investments in healthy and active ageing:** as part of a comprehensive approach to long-term care in the context of the European Care Strategy, **new attention should be given to EU actions that should strengthen a greater focus on health inequalities and healthy life years, and interventions on healthy and active ageing.** Three quarters of inequalities in health outcomes in older age are due to determining factors of the physical, social and economic environments in which people are born, grow, live, work and age. These result in accumulative negative impacts throughout the life-course, starting in early years. As recommended in [our response to a consultation on the Commission's Green Paper on Ageing](#), an EU's vision for long-term care must reflect changes in how we understand and act towards healthy and active ageing, plus develop communities in ways that foster the abilities of people along the

life-course. We called to bring forward attention to the inter-sectoral workforce for ageing populations, rebalance the unequal distribution of power, means and resources for healthy and active ageing, and systematically include health and health equity in assessments of disparities in ageing. **Health promotion interventions among older people** (fall prevention, physical activity, nutrition, socio-emotional resilience) **are cost-effective and contribute to healthier older people**, can embrace social and intergenerational innovations and new ways of looking at health improvements (like social prescribing). Maintaining a healthy ageing population may also lower demands for health and social care services. Many good examples have been developed by EU-funded [JA Chrodis+](#) or WHO Europe [Age-friendly environments network](#).

- **Strengthening primary care:** Primary care is the level of health care closest to the population. It plays a crucial role in ensuring people receive quality comprehensive care, including health promotion and disease prevention, treatment, palliative care and more, as individually assessed. Strong primary care particularly benefits from integrated approaches. Several countries (for example [Austria](#) and [Slovenia](#)) are setting up cross-sectoral teams at primary care level to foster social innovation and equity. These promising examples were included in our [2021 health equity analysis of the European Semester and the Recovery and Resilience Plans](#).
- **Addressing under-investments and public expenditures on care:** adequate levels of public expenditure should be allocated to care settings. With huge [under-investments in social care and social infrastructure](#), and in prevention and health promotion specifically (on average only 3% across the EU), a challenge of steering investments in healthy/active ageing, and integrated preventive/wellbeing-enhancing approaches throughout the life course will remain. Other issues related to [high and growing out-of-pocket payments](#) (including for prevention/health enhancing intervention to ensure healthy/active ageing, as well as early childhood education and care) will also have to be addressed. Commercialisation, privatisation and in case of healthcare and long-term care – medicalisation – of care setting and provisions, reliance on informal care and affordability of it for disadvantaged groups will need to be debated further.
- **Gender equality and the informal carers:** the current care model, which **disproportionately impacts women and relies on informal, unpaid and undervalued care**, must be challenged and transformed, as decision makers progressively and adequately invest in quality and affordable care services and working conditions. This debate should be linked with the imminent European Commission’s proposal for a review of access to essential services and a Council Recommendation for adequate minimum income schemes in the EU, to which [EuroHealthNet submitted its response](#) to as well.

- **Monitoring frameworks, quality integrated statistics:** the use and outcomes of public funding and quality frameworks for health and social services should be within the frame of the European Care Strategy and be adequately monitored at national level. A **European Care Platform for exchange of good practices and annual progress reports should be established**, ideally linked with other mechanisms of this type within the European Commission. There is an acute need for improved data collection on various aspects of care services, users, working conditions, including how disaggregated it is and how often the Eurostat/EU-SILC ad hoc module on health is performed (currently only every three years). We commend the Commission's proposal to **link the monitoring of the implementation of the Council Recommendation on the revised Barcelona targets and the Long-Term Care to the European Semester cycle**.

The issue of care is complex and has repercussion on many other policy frameworks, processes and tools. **A wide range of EU initiatives are related to and respond to the need to guarantee sustainability, quality and access to various care services and settings.** Worth mentioning are the Work-life Balance Directive and the Gender Equality Strategy, the EU Child Guarantee (especially through its aim to improve access to health, nutrition and early years care), the EU Strategy on the Rights of the Child, and the Council Recommendation on High-quality Early Childhood Education and Care Systems. Further, the Green Paper on Ageing (through its focus on healthy and active ageing), the Strategy for the Rights of Persons with Disabilities, the Council Recommendation on Access to Social Protection and Basic Services, and the Council Conclusions on the Economy of Wellbeing. Finally, psychosocial aspects of care workforce of the EU Framework for Occupational Health and Safety, and the newly proposed initiative on adequate minimum income schemes in the EU should be integrated with the EU's vision on care. **Clearly, there is a need for a comprehensive, coordinated approach to maximise the effectiveness and impact of care provision in the EU.**

EuroHealthNet is ready to support the European Commission in their further work on the care strategy in particular with regards to skills for health, healthy and active ageing and early years conditions, , We will support dissemination, communicate the strategy across our network, promoting the proposal, encouraging sharing of good practice among the EU countries and our members, as well as stimulating research and innovation towards integrated and enabling interventions across the life-course. We systematically include good practice in the care-related fields into our online [Health Inequalities Resources Repository](#), as well as have plans for reinvigorating our Healthy Ageing website.

EuroHealthNet, **as part of the EU Alliance for Investing in Children, further contributed to two specific child-focused consultation response** on the revision of the Barcelona targets, and the European Care Strategy. Both inputs can be [accessed here](#).

Further resources:

[Making the link: Improving Health and Health Equity through Strong Social Protection Systems](#)

[Tackling health inequalities requires good socio-economic and health data](#)

[Recovery and Resilience Plans: drivers to promote health and well-being in the European Union?](#)

[The Economy of Well-being revolution: A new paradigm for future fit funding – European Health Forum Gastein \(Virtual\) – EuroHealthNet speaking](#)

[Response to Consultation on European Child Guarantee for Vulnerable Children](#)

[EuroHealthNet contributes to the EU strategy on the rights of the child \(2021- 2024\)](#)

[EuroHealthNet Country Exchange Visit: child health inequalities and the European Child Guarantee](#)

[Health for the People, by the People: Building People-centred Health Systems – OECD December 2021](#)

[Realising the Potential of Primary Health Care – OECD May 2020](#)

[EuroHealthNet responds to the Green Paper on Ageing](#)



EuroHealthNet is funded by the European Union. However, the information and views set out in this document are those of the author(s) and do not necessarily reflect the official opinion of the European Commission. The Commission does not guarantee the accuracy of the data included in this document. Neither the Commission nor any person acting on the Commission's behalf may be held responsible