



*Association Européenne des Institutions Paritaires*  
European Association of Paritarian Institutions

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## **AEIP Position Paper on the European Care Strategy and long-term care**

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European Association of Paritarian Institutions- AEIP

## *Introduction*

The [European Association of Paritarian Institutions – AEIP](#) strongly supports the European Commission’s commitment in ensuring timely access to good quality affordable healthcare to European citizens at all life stages in the framework of the European Care Strategy. AEIP believes that this initiative is an opportunity to foster EC’s work in all relevant fields, such as the provision of long-term care (LTC) and informal care.

AEIP considers that the involvement of the European paritarian institutions of social protection is crucial in supporting EU citizens in the process of finding high-quality care and ensuring work life balance for carers both at the EU and national level. Being established and managed by social partners, paritarian institutions can help in implementing policy solutions in the delivery of social protection, that meets the expectations and the needs of specific sectors and reflect the current labour market trends. Paritarian institutions are key for the development of more effective healthcare and provident funds, new approaches in the provision of adequate occupational healthcare and long-term care (LTC) benefits as well as in the management of work-life balance for healthcare workers. Paritarian redistribution-based systems of social protection have shown their resilience and important role over the years. Their efficiency and transparency are evident not only as a result of their tight budgetary control but, importantly, due to their good governance and active involvement of social partners. Therefore, the EU should promote paritarian institutions and the paritarian model across the EU as basis for sustainable and inclusive social protection.

On healthcare and long-term care, the European Commission should better target its Country Specific Recommendations within the European Semester and help governments to consider the resources allocated in this branch as a valuable investment rather than an economic burden. Moreover, healthcare and long-term care are two branches addressing different problems, which should also be explored separately.

AEIP believes that an EU policy framework on long-term care LTC should build on two elements. Firstly, when considering how to develop this branch of social protection, stakeholders should shift the focus of the debate from the mere disease to the person, by taking into account not only the clinical profile but also the family, economic and environmental context. Secondly, it should encourage stakeholders to adopt an integrated approach which would build on the synergies between social and healthcare services providers, operating both in the private and public domain.

*AEIP key messages*

- AEIP calls on the European Commission to set up a permanent group at EU level on LTC
- AEIP calls for the development of comparable data and EU indicators
- AEIP calls for minimum quality requirements for LTC providers and income protection for informal carers
- AEIP calls for strengthening of dependency insurance coverage
- AEIP calls the European Commission to foster its commitment started with the EU Work-life Balance Directive to improve the social and fiscal framework in support of informal carer
- AEIP calls for workplace adaptation and working conditions flexibility
- AEIP calls for investing in prevention
- AEIP calls on national policy makers to make a better use of vocational rehabilitation services

**AEIP calls on the European Commission to set up a permanent group at EU level on LTC**

Overall, the European Commission should dedicate more resources to increase the evidence about LTC practices within the EU. In its contribution for the European Pillar of Social Rights (EPSR), AEIP called to set up a permanent group (an institutionalized platform or a steering group) at EU level on LTC, where interested stakeholders could share views and practices on the topic. AEIP also invited the EC to support countries in developing minimum quality requirements for LTC providers, as this would increase pressure on policymakers to better monitor the provision of services in this area.

**AEIP calls for the development of comparable data and EU indicators**

In relation to long-term care, considering the context of the existing health gaps and inequalities and the different territorial dimensions, one of the main challenges remains the development of comparable data and EU indicators to support Member States in ensuring evidenced-based policies. As highlighted by the European Commission, data used by countries to measure access, adequacy, quality and sustainability of LTC are very diverse and this makes it hard for policy makers to assess the efficacy of their policies. Likewise, a similar exercise could also be used to provide common criteria and definition of LTC provision, since today requirements concerning the quality of these services widely differ. Availability of common indicators and assessments of national provisions that would derive from them would also help steering EU macro-economic processes that have an impact on Member States policies. For example, it could help the European Commission to better target its country specific recommendations within the European Semester and help governments to consider the resources allocated in this branch as a valuable investment rather than an economic burden.

**AEIP calls for minimum quality requirements for LTC providers and income protection for informal caregivers**

AEIP calls on the European Commission to support countries in developing minimum quality requirements for LTC providers and income protection to informal caregivers, as this would increase pressure on policymakers to better monitor the provision of services and social protection in this area. This would contribute to shed light and bring to the attention of decisionmakers a crucial feature of LTC, which is the substantial contribution provided by the informal carers. In fact, recent data show that within Europe, and without exceptions, almost 80% of LTC is provided by informal carers such as relatives,

spouses and friends of the care recipient. This situation entails several risks. First of all, it might negatively affect the quality of the service that is provided to the person in need: as informal carers, per definition, did not receive any training, they might inadvertently take the wrong decision with detrimental effects for the recipient. In addition, the responsibility and the tasks performed by informal carers heavily impact their personal and professional lives. It exposes them to a considerable amount of physical and mental exhaustion that can negatively affect their personal life, professional performance and their labour market participation. Their tasks often involve periods of absenteeism from their real professions, for example, to bring the person to the hospital, to carry out routine controls etc. Because of this, informal carers are obliged to ask for sickness or -even worst- unpaid leave, ultimately weighing on their wellbeing and on their work life balance.. This scenario is highly concerning, especially in light of the demographic trends - that are expected to increase the demand of LTC.

### **AEIP calls for strengthening of dependency insurance coverage**

Another main challenge identified by paritarian institutions in the provision of adequate LTC concerns the loss of autonomy, management and its occupational aspects. This problem affects all ages through disability, severe disability, illness or simply in the context of aging and it is mainly addressed through home support provided by caregivers. This solution can be expensive, and it is often not completely covered by public funds, being therefore financed by insurances.

Therefore, paritarian institutions urge the European Commission:

- To reinforce measures towards education on collective insurances and information on the support provided by informal and formal caregivers at national level. The diversity of insurance guarantees, the complexity of contracts, the random factor of the loss of autonomy, the denial of individuals faced with a possible situation of loss of autonomy, as well as the hesitation of the public authorities to modify the public base constitute current obstacles to a process of subscription to long-term care insurance by individuals.
- To promote tax and social security exemptions for collective agreements essential to encourage employees and their companies to protect themselves from the risk of loss of autonomy as soon as possible. This may include lowering the average age for such contracts. At the same time, it is necessary to promote complementary insurance solutions and services (prevention, assistance, and paid leaves) for caregivers who exercise a professional activity.
- To promote innovative solutions, such as guarantees and financial aid, to support the hiring and retention of professional carers.
- To promote adequate collective guarantees for managing the loss of autonomy. Pension and provident institutions were the first to offer long-term care collective insurance guarantees to reduce out-of-pocket costs for people in the event of loss of autonomy. These guarantees have been put in place within companies or professional branches to avoid that this situation weighs on the purchasing power of the employee and his family. These collective guarantees can constitute a form of adequate response to the preparation of a management of the loss of autonomy, in addition to public schemes.
- To support the development of institutions to welcome people with loss of autonomy. This support can take the form of both participation in infrastructure financing programs (through direct investments or specialized funds), and one-off financing programs decided by the social security institution (reservation of beds, financial support, foundations, etc.).

### Example at national level

- The AEIP's French member Technical Center for provident Institutions (CTIP) is actively contributing to the debate in France on managing the loss of autonomy.

The publication, in 2015, of the law on the adaptation of society to aging made a new contribution by strengthening public support for home support for people with loss of autonomy and by identifying the main role of caregivers. The publication in 2021 of a new law identifying a dedicated pillar of social security system to loss of autonomy contributes also to improve national policy regarding that major topic. This problem affects all ages through disability, severe disability, illness or simply aging. Despite the latest advances and huge public funding of € 22.8 billion, the management of loss of autonomy remains a major societal challenge for the years to come and the use of insurance regimes cannot be conceived without referring to the evolution of public insurance.

Therefore, CTIP propose to contribute , with the social security system, to global solutions (insurance, social and services, prevention), which would intervene in addition to this public base, in order to improve assistance to people with loss of autonomy and their informal caregivers who exercise a professional activity.

- The AEIP's Italian member, ASSOPREVIDENZA, actively operates at national level as part of a working group called "Pact for a new welfare for non self-sufficient people", which brings together most of the Italian organisations involved in assisting non self-sufficient elderly people, their families, professional associations and service providers.

The Pact aims to participate in the complete revision of the first pillar Long-term Care coverage and in the construction of a generalized "second pillar for non self-sufficient people". This activity is facilitated by the National Recovery and Resilience Plan, which plans to implement a reform in Italy that introduces "an organic system of assistance to non self-sufficient elderly".

### **AEIP calls the European Commission to foster its commitment started with the EU Work-life Balance Directive to improve the social and fiscal framework in support of informal carers**

To address the risks entailed by the provision of LTC by informal carers, AEIP welcomes the measures included in the EU Work-life Balance Directive and calls the European Commission to foster its commitment in reforming the social and fiscal framework in their support through the promotion of best practices implemented at member states level.

Furthermore, AEIP is convinced that the European Care strategy is also an occasion to foster research at pan-European and national level to provide a comprehensive and updated picture of informal carers situation. This knowledge base would be critical to support policymakers' work in recognising informal carers as a "special category" and to improve their access to social protection rights, such as income protection in case of unpaid leaves, for those who still are at work.

The recognition of informal carers as "special category" must give also access to carers' rights, including flexible working time, and lead towards comprehensive policies to reconcile work and informal caregiving. Flexibility should be also granted in terms of working from home or from abroad.

In this regards, Paritarian Institutions, thanks to collective agreements, can play a pivotal role in elaborating specific flexible work schemes or social protection coverage for informal carers who exercise a professional activity.

### Example at national level

Paritarian social protection schemes have started this process some years ago. For example:

- The AEIP's French member Agirc-Arrco developed a guide ("Helping employees") to help employees to better manage this reality. The guide provides a list of existing solutions which include financial and technical assistance, legal holidays, working time arrangements, respite solutions, sources of information, support associations, etc.
- Another AEIP French member, the Technical Centre for provident Institutions (CTIP) since a couple of years promotes a set of services and occupational schemes for informal carers who are still at work that range from psycho-social support to financial help or short paid leaves. This last tool is paramount to compensate workers for the unpaid leave that they have to take, as informal caregivers, while avoiding a further burden for the social security systems.

We believe that many other examples exist across Europe, which would benefit informal carers through a structured change of best practices and might also lead to a reform of the social and fiscal framework in their support.

### **AEIP calls for workplace adaptation and working conditions flexibility**

The adaptation of workplaces and working conditions through the framework of a sound health & safety policy it is necessary to meet the needs of older employees or employees with disabilities.

AEIP believes that the EU, via its occupational safety, health, social inclusion, and equal treatment policies, could play an important role in addressing workplace adaptation and flexible working conditions. Indeed, the Principle 10b of the European Pillar of Social Rights, calls for workers to have the right to a working environment adapted to their professional needs, which enables them to prolong their working life.

Moreover, as highlighted in the European Pillar of Social Rights Action Plan, due to the outbreak of COVID-19, teleworking is becoming the norm for many workers bringing new opportunities for work flexibility and employment opportunities for persons with disabilities. Paritarian institutions can play a key role in ensuring the necessary adjustments for disabled workers and for employers in meeting the needs of their employees.

Workers not only require reasonable and flexible work arrangements in their employers' premises, but many also require adjustments in their homes for teleworking. Policy makers should develop policies that allow older and disable people to work from their own homes, while benefitting of assistance for adapting them to their needs. In fact, to keep these vulnerable categories safe in their houses, adaptations are often needed, for example, to provide automatic lighting for staircases and easy accessibility to the bathrooms, toilets, stairs etc.

### Example at national level

- The AEIP's French member Agirc-Arrco, which puts at disposal of the elderly a network of 500 ergo therapists who evaluate the possibility of adapting the homes to the needs of these population in an efficient and affordable way. Last but not the least, policymakers, especially at municipal level, should also make sure that as many facilities, services and infrastructures as possible are accessible to older people, who often experience physical limitations. As it is only in recent years that the planning of our cities/towns take these needs into account, more adaptations, and hence investments, are needed to allow older people to continue carrying out their tasks and remain involved in their communities.

**AEIP calls for investing in prevention**

Member States should create more awareness on the repercussions that ageing has on people's lives, labour markets and institutions of social protection. For example, they could organize informational initiatives with the support of schools and all those entities that provide social services at national level, including occupational social protection providers.

This would translate, for example, on informing individuals on the importance of consumption and nutrition aspects as well as physical activity to develop healthy habits from early stage and prevent diseases in later stages of their life.

The EU should evaluate the investments that Member States make in life-long learning and, if needed, guide them to relevant reforms through the Country Specific Recommendations of the European Semester and through the actions foreseen by the Pillar of Social Rights. Structural funds and other EU resources can help them to achieve goals related to life-long learning in line with their conditionality requirements.

Last but not the least, policy makers should implement policies that ensure a better transition from an active working life to the retirement age, by promoting, for example, part time activities or progressive retirement before reaching the retirement age.

**AEIP calls on national policy makers to make a better use of vocational rehabilitation services**

At national level, policy makers should make a better use of vocational rehabilitation services. Likewise, the EC should make use of the available tools, such as the European Semester and the EPSR, to promote human and economic resources into these services, which are currently not adequately considered. In fact, today, very little is done to support individuals who experience health issues and, as a consequence, loose their job and/or experience long absences at work that eventually compromise their return into the labour market. Vocational rehabilitation services can play a crucial role in this regard as they can help in keeping people in employment despite related limitations that might be related to health and/or ageing. Policymakers should then develop a sort of "steering ability" within social security systems, to equip them with automatic mechanisms for directing individuals who are at risk of early exit pension routes (because of disability) towards the rehabilitation services.



#### **AEIP Disclaimer**

Founded in 1996, the European Association of Paritarian Institutions – AEIP is a Brussels-based advocacy organization, representing Social Protection Institutions established and managed by employers and trade unions on a joint basis within the framework of collective agreements.

The Association has 15 Associate and Affiliate members – all leading large and medium-sized Social Protection Institutions, from 11 European countries, as well as 14 Task Force Members from 6 European countries. All AEIP members are not-for-profit organizations.

AEIP represents its members’ values and interests at the level of both European and International Institutions. In particular, AEIP - through its working groups - deals with EU coordinated pension schemes, pension funds, healthcare schemes, unemployment schemes, provident schemes and paid holiday schemes.

For more information: [www.aeip.net](http://www.aeip.net)