



The Care of Older Persons

1 As a result of the Covid-19 crisis, countries throughout Europe have been confronted with the
2 consequences of the privatisation of the care of older people. Older people (65+) were locked in
3 their rooms in residential care homes and family members were not allowed to visit them. Even
4 though we owe the Europe as we know it today to them, whether they we're born in the EU or have
5 a migration background, many died in loneliness inside large-scale facilities during this pandemic.

6 At the same time, due to COVID measures and lockdowns, a very large number of older people still
7 living at home have been deprived of informal care from family members, caregivers or
8 professional in-home caretakers. Those older persons who live independently in their own homes
9 have received little or no. assistance during the crisis. [Furthermore, many elderly live in homes
10 which do not meet the minimum requirements that would allow them to lead an independent life.](#)

11 [Moreover, as has been evidenced by the COVID-19 pandemic, the elderly are more vulnerable to
12 certain current threats, like pollution and the temperature increase caused by climate change. It is
13 clear that people of different genders have different needs when they grow old. Chronic pain, for
14 example, is more common amongst the female population. A gender perspective is therefore
15 necessary when designing plans to take care of the elderly.](#)
16

17 ~~How could this happen? Why weren't the rights of older people respected? How can
18 we ensure that their care is maintained to higher standards? Now is the time for
19 the UN convention on the (human) rights of older people to take shape!~~

20 **1. Socialisation of care**

21 In a growing number of European countries, the public authorities do no longer ensure the delivery
22 of high-quality long-term care services. No efforts are being made to eliminate the huge waiting
23 lists. On the contrary, older people in need of care have been abandoned to their fate and have to
24 find help in their immediate environment. Access to professional care is determined on the basis
25 of an extensive number of criteria or 'points'. In other words, it is not the older people in need of
26 care and assistance who decide whether and when they should get help but the public authorities.
27 This shift in policy towards older people
28 has far-reaching consequences.

29 It is based on the concept of the traditional family, whereas today many family members
30 have full-time jobs. We often see women taking on this informal care, resulting in gaps in
31 their curriculum vitae and extending the current gender pay gap. In the long term, this also
32 leads to a gender pension gap, creating a higher risk of poverty and social exclusion for
33 older women.

34 There is no formalising of the role and status of these informal caregivers, let alone their
35 support, coaching or supervision. [The increase of life expectancy has led to people living to
36 more advanced ages, and therefore we need care for longer than before. When it is the
37 offspring who take care of the elderly, both will be affected by aging, and that will affect the
38 health of both parents and children.](#)
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41 □ Today, as in the past, older people also used to still take up the role of informal caregivers
42 for their grandchildren. This often leads to stressful situations which can affect the health
43 of the elderly. To prevent such situations, affordable childcare should be available for all.
44 Moreover, due to a higher legal retirement age in many European countries now, it is no
45 longer possible for many older people, who wish to take care of the young, to do so.
46 However, due to a higher legal retirement age in many European countries now, it is no
47 longer possible for many older people to take up this role.

48 **2. Access to professional care**

49 When public administrations determine when and how frequently people can access professional
50 care, they apply a ranking to measure and determine the need for care in order to decide whether
51 someone is entitled to live in a residential care home. An immediate consequence of this approach
52 is that when older people arrive in a residential care home today, they often need much more
53 professional care than before. It would appear that residential care homes are no longer a place to
54 live, but a place to die.

55 The offer of facilities run by public authorities is insufficient. People have to turn to privately owned
56 residential care homes where the bills become unaffordable. Furthermore, we see that care
57 workers in these homes do not receive the necessary support and supervision to enable them to
58 cope with the permanently high work pressure resulting from the residents' needs. In this context it
59 the use of robotics and digitalisation as a complement in caregiving to relieve caregivers and give
60 them more time

61 Explore the use of robotics and digitalisation as a complement in caregiving to relieve caregivers
62 and give them more time for emotional attention and conversations, which older people need just
63 as much as pills or exercise offers should be explored. In general, we have a nursing shortage in
64 Europe. The robotisation can make the technology more user-friendly. It's not to replace people but
65 it is to augment how people care for people.

66 Those people who are considered as not being sufficiently in need of care have to rely on their
67 immediate environment. Sometimes, because private services are costly, irregular recruitment
68 takes place in care services, creating bad working conditions for care takers, who are typically
69 women who have come from poorer countries to find themselves taking jobs without the basic
70 labour rights. In some countries, like The Netherlands, people receive a 'care budget' and have 'to
71 shop around' to see what is on offer and how best to pay for their most urgent needs. This
72 financing method is the ultimate example of a neoliberal policy that leaves (the organisation and
73 offer of) care to the market. A Care budget should lead to more freedom of choice for older People
74 and should not be used by the governments to reduce the budget for the Care for older People.
75 Private nursing homes mainly save on the number of employees and the quality of care is not
76 adequately controlled. During the pandemic, controls were often suspended altogether. This
77 financing method is the ultimate example of a neoliberal policy that leaves (the organisation and
78 offer of) care to the market. A Care budget should lead to more freedom of choice for older People
79 and should not be used by the governments to reduce the budget for the Care for older People.

80 **3. Care of the elderly in the hands of the market: silver economy and pursuit of profit**



81 As public authorities continue to withdraw from the care of older people, more
82 and more private companies are operating in this market. They are turning it into an economy of its
83 own: the so-

84

85 called 'silver economy'. These companies are listed: they have to make enough profit to be able to
86 pay dividends to their shareholders. Consequently, their care homes have no other choice but to
87 reduce the costs for care as much as possible. We were confronted with the results of this policy
88 in undercover documentaries about the harrowing goings-on in care homes across Europe. In the
89 meantime, major players ~~like Orpea~~ keep channelling their funds to the mother company, while
90 creating the impression of being on the brink of bankruptcy with the help of some clever tax
91 engineering.

92 We also note that these groups take advantage of European rules on the freedom of movement.
93 For some years now, a real social dumping at the European level has been going on, whereby
94 caregivers from European countries with lower wages are being employed under worse conditions
95 than regular workers in that country. The social dumping is also present in in-home care, as the
96 budget that older people can spend to provide for their needs often proves to be insufficient. This
97 has led to distressing situations.

98 More often than not, big multinationals are also able to circumvent legislation to install European
99 Works Councils. In this way, the trade union is side-lined and no social dialogue can take place.

100 **4. Future-proof care of the Older People: respect for older people and their right to a dignified** 101 **existence**

102 [We Greens want to promote the self-determination of seniors and people in need of care.](#)

103 When people are asked about how they imagine they would like to be taken care of, they often
104 express the desire to live in their own house and neighbourhood for as long and as independently
105 as possible.

106 Older people throughout the EU have the right to access a care system that caters for their needs,
107 is of high quality and is aligned to how they themselves would like to grow old. [The care should be](#)
108 [on neighbourhood-oriented in-home care services that rely on the cooperation of neighbours and](#)
109 [relatives. We should create small units, shared nursing homes and serviced housing complexes](#)
110 [rather than large anonymous nursing homes. However, the main focus is to reach a situation where](#)
111 [the elderly can be as independent as possible. It is necessary that the elderly remain in control of](#)
112 [their own situation, and of the care that is given to them, for as long as possible. We want the](#)
113 [homes to be transformed into small facilities or residential complexes for all generations, with an](#)
114 [inclusive range of care for the residents who depend on it. In this way, special facilities become](#)
115 [places where everyone can meet and live. Municipalities play a key role in providing people with a](#)
116 [healthy environment worth living in. They are responsible for central areas of services of general](#)
117 [interest and must be more closely involved in the planning, control, and design of care in the future.](#)
118 [The care should be culturally sensitive and multilingual, as migrants often revert to the world of](#)
119 [their mother tongue as they age. It should also take into account the living environment of queer](#)
120 [older people, who have mostly lived a life of secrecy and now need a space where they can be met](#)
121 [without prejudice.](#)



122 Therefore, it is very important that we take action now and push for a proposal
123 of the UN convention on the rights of older Persons.

124 **Therefore, we ask the Commission, the European Parliament and the Council to:**

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126 Call on the EU and its Member States to actively collaborate on drafting a proposal for a UN
127 convention on the rights of Older Persons in which the right of dignified care for older
128 citizens is included as well as the right to live independently as long as possible;

129 Ensure the signing of this convention by the EU Member States and its ratification at the EU
130 level;

131 Guarantee that older people in EU Member States can enjoy the right of access to timely,
132 qualitative, affordable and nearby community-oriented health services and long-term care
133 services adapted to individual needs and wishes. An intersectional perspective shall guide
134 these assessments taking the needs of women, LGBTIQ*, disabled persons and people
135 from all ethnic, linguistic, religious and cultural backgrounds into account and preventing
136 and without discrimination of any kind;

137 Design a European care strategy that delivers European standards on, amongst others, the
138 coaching and supervision of informal caregivers and formalisation of the role and status of
139 informal caregivers;

140 ;The quality and education of home carers and nursing personnel must rise in general

141 Design a European strategy whereby public authorities make the transition to a better
142 modulated intersectional integration of housing concepts for older people in the urban
143 environment and public space. This should also be climate proof;

144 Call upon all Member States to offer targeted training/education for informal caregivers
145 with a view to certify them as trained carers in the field of i.e. geriatric care or care for older
146 persons with neurodegenerative conditions (dementia).

147 Ensure Caretakers should also have access to professional and emotional support to help
148 to deal with the stress derived from the intense situations in which they may find
149 themselves. Preventing irregular recruitment of caretakers is also a priority -the granting of
150 care credits for both men and women, so that they can assume care tasks on an equal
151 basis;

152 Ensure that the relevant public authorities exercise proper oversight of care facilities,
153 whether public or private, through periodic audits. When irregularities are detected,
154 competent authorities should take swift and effective action to address them, including by
155 sanctioning the individuals and companies involved;

156 ~~Forbid private companies from receiving public funds to organise the care of older people~~
157 ~~only to become a listed company on the stock market;~~

158 Ensure that private companies receiving public funds can only use these funds to improve
159 the quality of care, the safety of patients and the working conditions of the caregivers and
160 not to grow profits on the stock market;



- 161 Call upon the European Commission to monitor whether Directive 2009/38
162 EC * is being applied correctly by Member States where international private companies in
163 the field of residential care homes operate;
- 164
- 165 [The pension systems and the organization of the work market should not penalize future](#)
166 [pensions of those who have been forced to leave their jobs to become informal caretakers.](#)