

The Care of Older Persons

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

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

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

1. Socialisation of care

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

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

There is no formalising of the role and status of these informal caregivers, let alone their support, coaching or supervision. The increase of life expectancy has led to people living to more advanced ages, and therefore we need care for longer than before. When it is the offspring who take care of the elderly, both will be affected by aging, and that will affect the health of both parents and children.

- Today, as in the past, older people still take up the role of informal caregivers for their grandchildren. This often leads to stressful situations which can affect the health of the elderly. To prevent such situations, affordable childcare should be available for all.



Moreover, due to a higher legal retirement age in many European countries now, it is no longer possible for many older people, who wish to take care of the young, to do so. However, due to a higher legal retirement age in many European countries now, it is no longer possible for many older people to take up this role.

2. Access to professional care

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

The offer of facilities run by public authorities is insufficient. People have to turn to privately owned residential care homes where the bills become unaffordable. Furthermore, we see that care workers in these homes do not receive the necessary support and supervision to enable them to cope with the permanently high work pressure resulting from the residents' needs. In general, we have a nursing shortage in Europe. The robotisation can make the technology more user-friendly. It's not to replace people but it is to augment how people care for people.

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

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

As public authorities continue to withdraw from the care of older people, more and more private companies are operating in this market. They are turning it into an economy of its own: the so-called 'silver economy'. These companies are listed: they have to make enough profit to be able to pay dividends to their shareholders. Consequently, their care homes have no other choice but to reduce the costs for care as much as possible. We were confronted with the results of this policy in undercover documentaries about the harrowing goings-on in care homes across Europe. In the meantime, major players keep channelling their funds to the mother company, while creating the impression of being on the brink of bankruptcy with the help of some clever tax engineering.



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

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

4. Future-proof care of the Older People: respect for older people and their right to a dignified existence. We Greens want to promote the self-determination of seniors and people in need of care.

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

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

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

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

- Call on the EU and its Member States to actively collaborate on drafting a proposal for a UN convention on the rights of Older Persons in which the right of dignified care for older citizens is included as well as the right to live independently as long as possible;
- Ensure the signing of this convention by the EU Member States and its ratification at the EU

level;

- Guarantee that older people in EU Member States can enjoy the right of access to timely, qualitative, affordable and nearby community-oriented health services and long-term care services adapted to individual needs and wishes. An intersectional perspective shall guide these assessments taking the needs of women, LGBTIQ*, disabled persons and people from all ethnic, linguistic, religious and cultural backgrounds into account and preventing discrimination of any kind;
- Design a European care strategy that delivers European standards on, amongst others, the coaching and supervision of informal caregivers and formalisation of the role and status of informal caregivers;
- The quality and education of home carers and nursing personnel must rise in general;
- Design a European strategy whereby public authorities make the transition to a better modulated intersectional integration of housing concepts for older people in the urban environment and public space. This should also be climate proof;
- Call upon all Member States to offer targeted training/education for informal caregivers with a view to certify them as trained carers in the field of i.e. geriatric care or care for older persons with neurodegenerative conditions (dementia).
- Caretakers should also have access to professional and emotional support to help to deal with the stress derived from the intense situations in which they may find themselves. Preventing irregular recruitment of caretakers is also a priority
- Explore the use of robotics and digitalisation as a complement in caregiving to relieve caregivers and give them more time for emotional attention and conversations, which older people need just as much as pills or exercise offers. In general, we have a nursing shortage in Europe. The robotisation can make the technology more user-friendly. It's not to replace people but it is to augment how people care for people."
- Ensure that the relevant public authorities exercise proper oversight of care facilities, whether public or private, through periodic audits. When irregularities are detected, competent authorities should take swift and effective action to address them, including by sanctioning the individuals and companies involved;
- The pension systems and the organization of the work market should not penalize future pensions of those who have been forced to leave their jobs to become informal caretakers.
- Ensure that private companies receiving public funds can only use these funds to improve the quality of care, the safety of patients and the working conditions of the caregivers and not to grow profits on the stock market;
- Call upon the European Commission to monitor whether Directive 2009/38 EC * is being applied correctly by Member States where international private companies in the field of residential care homes operate.