

Long-term Care as a Transnational Issue: The Policies and Politics of the International Organisations

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Structure of the Talk

- LTC as a ‘problem’
 - Some facts on the state of LTC
 - Main lines of academic analysis of what needs addressing
- The policy positions of
 - EU
 - ILO
 - WHO
 - Sustainable Development Goals
- Overview and assessment

Some Facts

- 80% of the LTC in Europe is provided by informal carers - women's contribution in unpaid care globally is equivalent to 9% of global GDP
- Some 8% of Europe's children are involved in informal provision of LTC
- Increased investment in the care economy globally in line with the Sustainable Development Goals would see 200 million additional jobs globally by 2035
- In the most economically-developed countries social protection systems cover less than 40% of the total costs of LTC – people can be 'care poor'
- Across 11 OECD countries the median wage of LTC workers is €9 an hour – while wages of hospital workers average €14 an hour
- LTC is expected to be the fastest-rising, ageing-related public expenditure item, projected to increase to 2.5% of GDP in the EU by 2050
- On average, in the EU 31% of people aged 65+ living in private households were in need of long-term care in 2019

What Is (Pre)occupying Academic Work?

Theme

- Nature and significance of unpaid care
 - Conditions and standards in the care sector
 - Care as contributing to inequalities
 - Care as systemically marginalised
 - ‘Care first’ perspective
- Messages/questions for policy
 - Heavy reliance on informal’ care , overloaded/even ‘depleted’ –what can we expect of unpaid carers?
 - Working conditions and service standards are below par and are potentially exploitative and abusive – what can we expect of paid carers?
 - How to change the unequal access to care and redistribute the responsibility to provide it and address gender, family status, socio-economic background, ethnicity, living location?
 - How to raise the status of care and what kind of integration with the health system is appropriate
 - How to treat care as a source of societal renewal and economic and social reorganisation – arrange care/society to support well-being and core values

EU – European Care Strategy (Sept. 2022)

- What is problematised?
- Adequacy, availability, accessibility and quality of LTC services
- Gender imbalances, associated with labour market weaknesses
- What are the solutions?
- A proposal for a Council Recommendation on LTC which will
 - Encourage member states to strengthen social protection and improve service provision
 - Develop a set of quality principles for services
 - Improve working conditions and upskilling/reskilling of LTC workers
 - Set out principles of sound policy governance and sustainable financing
- The EU to offer technical support towards person-centred integrated care, research funding for studying integration and the value of care, promote a sectoral social partnership dialogue for social services, contribute to skills mapping and development, monitor the new rights in the 2019 Work-Life Balance Directive

European Care Strategy

- What is new/good?
- The focus on affordability, accessibility and availability
- The attempt to specify the meaning of quality (8 principles: respect, prevention, person-centredness, comprehensiveness and continuity, focus on outcomes, transparency, workforce, facilities)
- Aiming for social dialogue in the sector
- Where are the silences or gaps?
- Little or nothing on informal care/carers
- No targets set for funding, access, quality, sustainability, etc
- Little of a rights-based approach or equity
- Little or nothing on EU financing
- Little or nothing on the integration of health and social care
- Nothing much about the public/private split

ILO – Decent Care Work (2018 on)

- What is problematised?
- Lack of decent work: job creation, rights at work, social protection, social dialogue
- Gender inequality
- Reliance on unpaid care work and links between decent work and unpaid work
- Lack of a rights basis to care and other work and protection for the most marginalised
- What are the solutions?
- “Achieving a high road to care work with gender equality” through “transformative care policies”
- The 5 Rs (re unpaid and paid care) of decent work are
 - Recognise
 - Reduce
 - Redistribute
 - Reward
 - Represent

ILO – Decent Care Work

- What is new/good?
- It helps to 'gender' the decent work framework
- A structural transformation approach focused on care
- Recognition five sets of relevant policies – care, macroeconomic, social protection, labour, migration
- Where are the silences or gaps?
- It is ambivalent on unpaid care
- Elements of standard employment relationship still underlie it
- It does not set out clear responsibilities regarding implementation

WHO – Integrated LTC Continuum (2021)

- What is problematised?
- Healthy aging stymied by: lack of joined up care, poor integration of LTC into health and social care systems, weaknesses in addressing chronic and complex needs, lacking technical capacity in many countries/regions
- What are the solutions?
- Concept/vision: an integrated continuum of long-term care systems: “national systems that insure integrated long-term care that is appropriate, affordable, accessible and upholds the rights of older people and carers alike”
- In practice: person-centred care, optimising functional ability over time, provided in the community, providing integrated services on a continuum, support for carers and care workers

UN – Sustainable Development Goals (5.4)

- UN Women
- What is problematised?
- Women's lacking economic empowerment
- Gender inequality in unpaid work
- What are the solutions?
- Recognise and value unpaid care and domestic work through the provision of:
 - public services
 - Infrastructure
 - social protection policies
 - the promotion of shared responsibility within the household and the family as nationally appropriate

WHO/SDGs

- What is new/good?
- The systemic emphasis, the use of the continuum idea
- The human rights emphasis
- Taking on board domestic work
- Where are the silences or gaps?
- Unpaid care is under-considered in the WHO
- LTC a relatively minor consideration in the major UN institutions

Overview

- Need for reform is quite widely recognised
- A trend towards recognition of LTC as requiring a response through the social protection system
- Some consensus on an ideal care system: person-centredness, integration with or into the health care system, accessibility, affordability and availability, improved conditions of the care provider (with a main focus here on paid workers)
- Some inequalities being recognised and addressed (e.g., gender)
- But
- Little evidence of fundamental reform or of a ‘care first’ perspective which would: move us beyond production-centred notions of value and towards a caring economy and society wherein people would give and receive care on the basis of their capacities and needs and there would be action from governments at all levels to support and value care

On a Final Note: LTC as a 'Wicked Problem'

- Three features/challenges:
- Problem Complexity: for example, a multiple set of issues involved, emergent and dynamic, scientific uncertainty
- Social/Political Pluralism: wide range of stakeholders, lack of representation of some stakeholders (e.g., unpaid carers, paid carers, service recipients), lack of agreement on values, 'politicking' among vested interests
- Institutional Complexity: fragmentation, different levels of governance, funding shortfalls and competition for funds
- We need all the activities and policy measures of the organisations reviewed + more..