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DRAFT REPORT

on access to care for vulnerable groups
(2013/0000(INI))

Committee on Employment and Social Affairs

Rapporteur: Jean Lambert

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on access to care for vulnerable groups

(2013/0000(INI))

The European Parliament,

– having regard to the Treaty on European Union, in particular Article 3(3) thereof, and the Treaty on the Functioning of the European Union, in particular Articles 9, 151, 153 and 168 thereof,

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 7, 21, 23, 24, 25, 26, 34 ~~and~~ 35 and 36 thereof,

– having regard to the revised European Social Charter, in particular Articles 30 (on the right to protection against poverty and social exclusion) and 16 (on the right of the family to social, legal and economic protection) thereof,

– having regard to the Commission Communication entitled 'Solidarity in health: reducing health inequalities in the EU' (COM(2009)0567),

– having regard to the Commission Communication entitled 'European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe' (COM(2010)0636),

– having regard to the Commission Communication entitled 'An EU Framework for National Roma Integration Strategies up to 2020' (COM(2011)0173),

– having regard to the Commission Communication entitled 'Europe 2020: A strategy for smart, sustainable and inclusive growth' (COM(2010)2020),

– having regard to the Commission communication entitled 'The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion' (COM(2010)0758),

– having regard to the third report of the Social Protection Committee of March 2012 entitled 'The social impact of the economic crisis and ongoing fiscal consolidation'

– having regard to its resolution of 9 October 2008 on promoting social inclusion and combating poverty, including child poverty, in the EU[1],

– having regard to its resolution of 6 May 2009on the active inclusion of people excluded from the labour market[2],

– having regard to its resolution of 19 February 2009 on Social Economy[3],

– having regard to its resolution of 16 June 2010 on EU 2020[1],

[1] OJ C 9 E, 15.1.2010, p. 11.
[2] OJ C 212 E, 5.8.2010, p. 23.
[3] OJ C 76 E, 25.3.2013, p. 16.

– having regard to its resolution of 6 July 2010 on promoting youth access to the labour market, strengthening trainee, internship and apprenticeship status[2],

– having regard to its resolution of 20 October 2010 on the financial, economic and social crisis: recommendations concerning measures and initiatives to be taken (mid-term report)[3],

– having regard to its resolution of 7 July 2011 on the Scheme for food distribution to the most deprived persons in the Union[4],

– having regard to its resolution of 9 March 2011 on the EU strategy on Roma inclusion[5] (2010/2276(INI)),

– having regard to its resolution of 8 March 2011 on reducing health inequalities in the EU[6],

– having regard to its declarations of 22 April 2008 on ending street homelessness and of 16 December 2010 on an EU homelessness strategy,

– having regard to its resolution of 14 September 2011 on an EU Homelessness Strategy[7],

– having regard to its resolution of 25 October 2011 on mobility and inclusion of people with disabilities and the European Disability Strategy 2010-2020[8],

– having regard to its resolution of 17 June 2010 on gender aspects of the economic downturn and financial crisis[9],

– having regard to its resolution of ..... on employment and social aspects in the Annual Growth Survey 2013[10],

– having regard to the report of Doctors of the World entitled 'Access to health care for vulnerable groups in the European Union in 2012',

– having regard to the OECD report entitled 'Health at a glance - Europe 2012'

– having regard to the ILO publication entitled 'Social security for all – Addressing inequities in access to health care for vulnerable groups in countries of Europe and Central Asia',

– having regard to Rule 48 of its Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs and the

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[1] OJ C 236 E, 12.8.2011, p. 57.
[2] OJ C 351 E, 2.12.2011, p. 29.
[3] OJ C70 E, 8.3.2012, p. 19.
[4] OJ C33 E, 5.2.2013, p.188.
[5] OJ C199 E, 7.7.2012, p.112.
[6] OJ C199 E, 7.7.2012, p. 25.
[7] Texts adopted, P7_TA(2011)0383.
[8] Texts adopted, P7_TA(2011)0453.
[9] OJ C236 E, 12.8.2011, p. 79.
[10] Awaiting adoption.

opinions of (A7-0000/2013),

A. whereas fundamental values of the EU should be respected even in a crisis situation and access to care and healthcare should be seen as basic right for all in the EU; on the contrary health, care and social services have been cut in the majority of Member States as a consequence of the implementation of austerity policies, thus undermining universal access and quality of services;

B. whereas the inequality gap is growing in a number of Member States as the poorest and most deprived ~~become~~becomes even poorer;

C. whereas the most vulnerable groups are being hit disproportionately in the current crisis as they suffer the double impact of income loss and reduced care services;

D. whereas costs of services to service users are rising, which means that many people are no longer able to afford an adequate level of service to meet their defined needs, resulting in a loss of independence, additional stress in their domestic or employment circumstances or potentially damaging effects on their health;

E. whereas some social security systems are changing to remove or limit access to healthcare for certain groups, with additional risks for personal and public health;

F. whereas the right to a range of in-home, residential and other community support services, including personal assistance, is enshrined in Article 19 of the UN Convention on the rights of persons with disabilities;

G. whereas reports point to increasing difficulties for some EU nationals and others with legal entitlement to access their right to care in a cross-border situation;

H. whereas reports of growing social division and aggression resulting in verbal and physical attacks against minorities are increasing;

I. whereas in some Member States regression in policy with regard to people with disabilities, learning difficulties or psychiatric illness is leading to a move away from a rights-based approach towards the more institutional approach of the past;

J. whereas many jobs in the care sector are of lower quality than in the total economy (poorly paid, prevalence of part-time work and temporary contracts, atypical working patterns, ~~and~~ may offer little training and career development opportunities) and gender imbalance is rife;

K. whereas young people leaving care settings for an independent life are particularly exposed to poverty and social exclusion;

1. Is frustrated by the difficulties in obtaining comparable and current data relating to access to care;

2. Recalls that Member States agreed to adopt an approach that shifts from ‘curative’ measures addressing the symptoms of exclusion and ill health ‘towards preventive

measures as a strategy to improve quality of life and reduce the burden of chronic diseases, frailty and disability'[1]; stresses the long-term cost of non-action;

3. Considers that leaving vulnerable individuals without access to healthcare or care is a false economy as this may have a long-term negative impact on healthcare costs and individual or public health;

4. Considers it regrettable that social stigma attached to certain medical conditions deters individuals from seeking necessary care, leaving communicable diseases untreated, with a subsequent risk to public health;

5. Considers that many of the short-term cost-reduction measures currently being implemented have not been fully assessed for their wider social and economic consequences or potentially discriminatory effect and long-term implications;

6. Points to the long-term negative effects of cuts to preventive care measures in times of crisis; considers that preventive measures, if they need to be reduced, at least should be maintained, even if at a lower level, so as to preserve the continuity and not to destroy the infrastructure;

7. Considers that austerity measures should not undermine innovation and quality in social service provision and should not reverse positive trends in policy development, such as the transition from institutions to community-based services;

8. Is concerned that persons with disabilities across the EU are being disproportionately affected by cuts in public spending, as a result of which they are losing support services which allow them to live independently in the community;

9. Considers that this is leading to an increase in the number of people living in long-term institutional care and the further social exclusion of persons with disabilities in the EU, which is in direct violation of the EU's commitments under the UN Convention on the Rights of Persons with Disabilities and the European Disability Strategy 2010-2020;

10. Considers that any cuts to care and support services for young people or other vulnerable groups are liable to undermine existing EU policies on active inclusion;

11. Recognises the importance and cost-effectiveness of early-years investment in children, in terms of developing their full potential; recognises that investing in high-quality social services is essential for the development of appropriate and effective child protection services and for the establishment of comprehensive prevention strategies;

12. Recognises the social contribution made by informal and family carers and the increasing responsibilities placed upon them by reductions in service provision or the rising costs thereof;

13. Recognises the work done by third-sector and voluntary organisations, but considers that this should not be a substitute for the state's responsibility to ensure effective and ~~reliable~~ quality and affordable care delivery accessible to all;

[1] Council Conclusions on healthy and dignified ageing, 2980th Employment, Social Policy, Health and Consumer Affairs Council meeting, November 2009.

Recommendations

14. Calls on the Commission to require Member States to carry out social impact assessments of austerity measures and to make recommendations tackling the social impact of such measures in their country-specific recommendations; calls on the Commission and member states to promote the investment in the health, care and social sectors, sectors which are needed considering demographic changes, the social consequences of the crisis, and have great potential of job creation;

15. Calls on the Commission and the Member States to monitor and address in the national reform plans which national policies run counter to the 2020 poverty reduction target; calls on the Member States to place a special focus on the most vulnerable groups and to remove access barriers, improve take-up and preventive measures so as to return to a rights-based approach and avoid long-term damage and costs stemming from non-action;

16. Calls on the Commission to include social safeguards protecting care and social services and social protection systems in agreements with countries in receipt of financial assistance;

17. Calls on the Commission to examine the tensions that may arise between social security rights under Regulation 883/2004[1] and the operation of Directive 2004/38/EC[2], with a view to recommending any changes that may be required to close gaps in coverage;

18. Urges the Member States to take action against hate crime and to promote anti-discrimination policies, if necessary by strengthening their national anti-discrimination bodies and promoting training within public authorities;

Urges the Member States to adopt the Article 19 Directive in order to prohibit discrimination based on religion or belief, disability, age or sexual orientation and to put into effect the principle of equal treatment in the areas of social protection, including social security and **health care**, education and access to and **supply of goods and services** which are commercially available to the public, including housing;

19. Urges the Commission and the Member States to ensure that any policy or funding programmes designed to support social innovation and/or care-related services target those services that better meet social needs and improve people's quality of life;

20. Urges the Commission and the Council to work with Parliament to reinforce funding to programmes that target vulnerable groups, and urges the Commission to take all the measures available to it to ensure full take-up of the European Social Fund and other relevant instruments addressing the needs of people who are vulnerable or at risk of exclusion, ~~and~~ to support Member States' efforts to meet the Europe 2020 poverty target, and to promote innovation and quality in the health and care sectors ;

21. Urges the Member States to maintain support measures for carers and the voluntary sector in the interests of providing more personal, quality and cost-effective measures; calls on the Commission and member states to develop a coherent framework for all types of care

[1] OJ L 166, 30.4.2004, p. 1.
[2] OJ L 158, 30.4.2004, p. 77.

leaves;

22. Urges the social partners to develop a formal social dialogue ~~relating to the~~ to promote quality employment in the care sector; calls on the Commission to establish a common reference for qualifications and training in the health and care sector, to define clear career paths and raise the professional status of carers;

23. Urges Member States to ratify the ILO Convention 189 on domestic workers;

24~~3~~. Instructs its President to forward this resolution to the Council, the Commission and the governments of Member States.

EXPLANATORY STATEMENT

The Employment and Social Affairs Committee (EMPL) has been concerned for some time as to the effect of so-called austerity measures on society in general and vulnerable groups in particular. This has been expressed via various actions such as: our reports on the Annual Growth Survey[1], where we have expressed the view that the social dimension must be included as an integral part of the EU's crisis response; the report on Youth and the Crisis[2]; our opinion on Women and the Crisis[3] and the forthcoming report on Homelessness[4]. We also have a number of reports dealing with the EU2020 Strategy, especially in relation to the Inclusive Growth and Anti-Poverty Platform, where we have made clear our view that we should aim to prevent poverty as it offends human dignity, but also as a focus on prevention generally proves more cost-effective in the long-term. EMPL has argued for 20% of ESF funding to be dedicated to tackling poverty and is currently developing its position on the proposed Fund for the Materially Deprived[5] where the Committee has already reported on certain issues in depth, your Rapporteur has sought not to duplicate that work.

In this initiative report, your Rapporteur aims to identify a number of issues arising for those groups known to be vulnerable, some groups where needs are becoming more evident and new, and potentially vulnerable groups developing as a result of current changing conditions, such as personal indebtedness. The Committee is very grateful to the various organisations which have provided us with up-to-date information. The need for accurate, comparable data which is as recent as possible has been clearly identified as a priority.

It is clear that the care sector for older people, those with physical or learning disabilities and those providing support for children or young people, or others with specific needs is under increasing stress as spending is reduced yet demand increases. Healthcare provision faces similar challenges. These cuts, whether in services or social benefits, affect both those who need care and those who provide it. Public sector budgets are being cut. Third-sector providers report diminishing income from public sector contracts, grant-funding and public donations: a number fear for their future: even voluntary effort requires an infrastructure. We could see short-terms cuts giving rise to long-term problems.

There is growing evidence that social inequality is continuing to develop within parts of the EU due to a deteriorating situation for already vulnerable groups, where many of the poorest are becoming poorer.[6] This has major repercussions for the poverty reduction targets and inclusive growth dimension of the EU2020 Strategy. Some social security systems, especially those which assume a certain family-based structure, or where entitlements may be conditional on certain work patterns, also appear less able to cope with the increased pressures of the crisis, not least in respect to child-poverty.[7]

One clear issue of social responsibility in this crisis is the role of access to healthcare. While

[1] Cornelissen report 2012 and Lope Fontagné report 2013 on the Annual Growth Survey (2011/2320(INI) (2012/2257(INI))
[2] Turunen report on promoting youth access to the labour market (2009/2221(INI))
[3] Zimmer report on the impact of the economic crisis on gender (2012/2301(INI))
[4] 'Delli' report on social housing
[5] Proposal for a Regulation on the Fund for European Aid to the Most Deprived
[6] Employment and Social Developments in Europe 2012 and 3rd European Quality of Life Survey, Eurofound 2012
[7] Social Protection Committee Advisory report to the European Commission on Tackling and preventing Child Poverty and promoting child well-being June 27, 2012 –

public health itself is the concern of another Committee, barriers are created in a number of Member States by social security rules. For example, health insurance terminating after a period of unemployment or systems barring certain groups, such as undocumented migrants, from primary or non-urgent care, or which are based on full-time work which disadvantage part-time or casual workers. Women in general, but especially women of ethnic minority background such as Roma and migrant workers, are particularly disadvantaged[1]. A number of Member States are modifying or reforming social security systems: such changes should be assessed to ensure that people are not excluded from coverage. The number of people who are homeless or in short-term accommodation is rising in a number of Member States, this is resulting in many having no continuity of care: some children are not receiving basic immunisations and it is clear that certain communicable diseases are re-appearing amongst those who are poorly housed and lack access to services. It would appear that some EU nationals are unable to access care in another Member State, despite the provision of Regulation 883/2004[2], due to the way in which Directive 2004/38/EC[3]is implemented: this should be explored and coverage gaps closed.

Rising costs of co-financing or prescriptions, when compared to the incomes of those in need, are deterring people from seeking care at an early stage and thus requiring more expensive and urgent care later. This may also result in an inability to continuing treatment programmes which may result in absence from work or, tragically, negative medical outcomes. The shame or stigma of seeking care for certain conditions, such as HIV/AIDS, STDs or even cancer in some societies is also reported to be a barrier. Rates in some Member States are rising. Some countries are aiming to reduce the cost of pharmaceuticals themselves by greater co-operation between purchasing bodies concerning procurement. Healthcare staffing has significantly reduced in a number of countries which has also affected the provision of services, including in rural areas where provision was already weaker. Staff have suffered pay cuts in some countries with one result being staff leaving to work in another job or another country: both have implications for the long-term sustainability of healthcare delivery.

The Committee was also told of a developing concern relating to those on short-term or casual contracts who are likely to lose out on workplace health benefits in addition to problems caused by irregular income.

It should also be remembered that in some Member States**,** complex access procedures to social security and welfare provision may also deter some people from claiming or receiving their due entitlement, which has implications for their ability to cope. This is also an issue for some in a cross-border situation. Staff reductions, inadequate training or high staff- turnover may also mean that the quality or accuracy of information may be compromised and thus render people more vulnerable.

Low, uncertain or lack of disposable income, coupled with rising utility costs may also mean people being cut off from essential services in some Member States and thus having no access to heating or cooling with consequent health outcomes, especially in extreme weather conditions. Care in a home setting becomes virtually impossible in such a situation. Access to basic utilities should be assured.

[1] Paper 8 Social Security for All, Scheil-Adlung and Kuhl, ILO 2011
[2] Regulation (EC) No 883/2004 on the coordination of social security systems
[3] Directive 2004/38/EC on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States

Reductions in benefits and/ or services are reported as having a direct, negative effect on people with disabilities and their quality of life. The Committee was told that, in a worst-case scenario, care was being reduced to "cleaning and feeding" and no longer promoting independent living and the social model of disability in line with the EU's commitments under the UN Convention on the rights of persons with disabilities. Some Member States are no longer moving away from institutionalised care and more innovative, empowering approaches to care are being set aside, even when they are more cost-effective. There is also increased experience of "hate-speech", bullying and assault against people with disabilities, those with mental health problems and other vulnerable groups such as (undocumented) migrants and Roma: people who are viewed as "costing too much to care for". This attitude is fanned by certain political movements and media and some political rhetoric. Discriminatory behaviour should not go unchecked, both for the safety and dignity of the individuals attacked and those working with them.

Care for older people with particular needs is also under stress in many countries. Long-term care benefits do not exist in all Member States and, even where they do, may still be accompanied by costs for additional services. Care is often informal, provided by family members who may also be employed or have other care responsibilities, and services which help them are under pressure. They may find themselves providing relatively demanding medical attention with little or no training or support. Costs of support services such as home-helps may be rising or help withdrawn. Child-carers may also be supporting adults with challenging or addictive behaviours and effectively raising their own siblings. This informal care effectively saves national governments an enormous amount of money and it would be a false economy to undermine support for those who do it. There is also the question of the longer-term sustainability of informal care in light of the changing composition of households.

As regards professional care, this is a sector renowned for low pay, poor working conditions and often rapid staff turnover, and it is no surprise there are staff shortages. In some Member States care may be provided by private individuals at home, with little or no effective regulation: Parliament has declared the importance of the ILO Convention on Domestic Workers in this regard. Industrial relations are often weak, so a social partner sector approach could help to raise standards.

With regard to child development, we know the importance of high-quality early years experience. Evidence shows that social factors are particularly critical in the early years of life, which have a strong impact on a child's future health, educational development and life-chances. It is worth highlighting that the highest rate of return to human capital investment is found in early childhood years[1], while public expenditure is typically lowest for this age group [2] Almost 1 million children are estimated to be living in alternative care in the EU: the disadvantages they face are well known as is the need for high-quality social service intervention to either prevent their going in to care, or having a more community-based, supported experience while there, and during their transition to independence.

[1] The case for investing in disadvantaged young children, James J. Heckman University of Chicago and University College Dublin, European Experts Networks on Economics in Education, January 2012
[2] "The Benefits of Early Child Development Program: An Economic Analysis", Van der Gaag, J. and Tan, J.P.,

The potentially serious consequences for society of increasing insecurity and an inability to deliver effective care have been stressed to our Committee. The involvement of the “troika” in national budgets means that the EU is seen as having a direct effect on areas which are primarily Member State responsibilities, so the EU should also be seen as promoting solutions. At the very least, comprehensive social impact assessments of changes in social security systems and provision of care services are essential in order to avoid making a bad situation worse, creating long-term problems and undermining other policy goals: that is a task for the EU in the “troika” and in the assessment of National Reform Plans.