Eurofound

Access to care services: Early childhood education and care, healthcare and long-term care

Introduction

This report investigates the issue of access to three types of care services that are essential for social protection and inclusion: early childhood education and care (ECEC), healthcare and long-term care. It develops a theoretical framework for access to such care services, and outlines barriers to the take-up of care services and differences in access issues between population groups in the EU.

The report then focuses on three areas that have the potential to improve access to services: ECEC for children with disabilities and special educational needs, e-healthcare and respite care. It presents an overview of the current situation in various Member States, Norway and the UK.

Policy context

The European Pillar of Social Rights states that people in the EU should have access to good-quality ECEC, healthcare and long-term care. It emphasises that children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities. For healthcare, it emphasises that access should be timely and comprise both preventive and curative healthcare. For long-term care, the emphasis is on home care and community-based services.

Access to these services contributes to reducing inequalities throughout the life cycle and achieving equality for women and persons with disabilities. By reducing deprivation and inequalities, guaranteeing access to these services can further contribute to achieving the UN's Sustainable Development Goals.

Key findings

Access problems can emerge throughout the process, from perceiving care needs to meeting those needs. They are caused by a combination of household, organisational and societal-level factors.

ECEC

Many people with children report no unmet needs due to informal care arrangements, but many who use ECEC have difficulty affording it. Continuing professional development (CPD) can improve the quality and inclusiveness of ECEC.

Healthcare

Unmet needs spiked around 2013, suggesting a delayed impact of the 2007–2008 global financial crisis and the austerity measures which followed. Employment, especially under a permanent contract, protects people from the insecurity of being unable to pay for healthcare. Besides the income from employment, supplementary private insurance, often provided by employers, acts as an additional buffer.

E-consultations and e-prescriptions were already offered in some countries, such as Lithuania, to prevent viruses from spreading – even before the outbreak of the COVID-19 pandemic. Other countries have followed suit with ad-hoc measures during the pandemic, albeit often temporary ones without proper structures. Some countries have more experience with national telephone lines (Austria, Estonia and Latvia) and electronic reimbursement structures (Denmark, the Netherlands and Norway). Experiences with screen-to-screen consultations are limited, but larger scale examples can be found in France, Germany and Sweden. E-prescriptions that only require patients to identify themselves at the pharmacist are fast gaining ground.

Long-term care

Rises in quality ratings and expenditure are mainly found in countries which already had relatively well-developed care systems, reinforcing a previous finding that access needs to be developed in Member States with lower-income levels in particular. Respite care has been a marginal or unfamiliar concept in many countries but now features in policy discourse in nearly all countries.

Policy pointers

General

- Policymakers should pay attention to the various outcomes across the spectrum of access problems, not just unmet needs. People may eventually meet their care needs but face difficulties throughout the process. Furthermore, people may anticipate access problems if they were to need care, leading to feelings of insecurity.
- Voluntary non-use of services should not be taken at face value. People may be more likely to use services if they were cheaper, better-tailored or of higher quality.
- A narrow view of access problems risks ineffectiveness. For instance, lowering the cost of care services may not address unaffordability if household income and expenditure, under-the-table payments and transport costs are not considered.
- To effectively enforce the right to access, it is important to focus on the multiple dimensions in this report's framework, along the whole process from identifying and meeting needs, to addressing household, organisational and societal factors.

ECEC

- Access to ECEC needs to be improved, particularly in some countries, to reduce inequalities among children and facilitate employment for informal child carers (the majority of whom are women).
- Unaffordability is a key barrier, but subsidising ECEC may not remove other barriers such as reachability, lack of trust or the inclusion of children with special educational needs.
- Updated EU targets for ECEC use could incorporate reasons for unmet needs, rather than just focusing on the proportion of children in ECEC. Furthermore, a wider age group than children under three could be taken into account to monitor progress on the European Pillar of Social Rights.

Inclusive ECEC

- More assessment of the effectiveness of training programmes is needed, and useful aspects of training should be better disseminated and applied.
- Staff and programme costs are important barriers for CPD.

Healthcare

- To become more resistant to economic shocks, access to healthcare should rely less on income and employment.
- To ensure the right to healthcare, inequalities associated with (often employer-provided) supplementary insurance should be monitored.
- Investing in healthcare infrastructure has limited potential to improve access if other factors, such as affordability and staff availability, are not addressed simultaneously.

E-healthcare

- The EU can help Member States learn from the wide range of (often small-scale) e-consultation practices across the EU.
- Financial incentives for doctors, hospitals and health insurers to apply e-consultations need to be appropriate. Legal frameworks often need to be properly adjusted.

Long-term care

- Formal long-term care provision needs to be expanded and made more flexible in most Member States. This can help to provide more adequate care, free up beds in hospitals, facilitate employment and reduce social exclusion and healthcare needs for informal carers.
- To provide flexible, tailored care and to support both early identification of increasing long-term care needs and prevention, it is important to facilitate access to some level of long-term care early on.

Respite care

- Diversifying the forms of respite care, to include alternatives to hospitals or residential facilities, can improve its use and usefulness.
- Better engagement with care recipients and their carers is needed for effective take-up of respite care. This can help to establish formal care contact earlier, making informal care more sustainable and improving carers' quality of life.

Further information

The report *Access to care services: Early childhood education and care, healthcare and long-term care* is available at http://eurofound.link/ef20015

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