Impact of the crisis on access to care for vulnerable groups

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The Committee on Employment and Social Affairs adopted the own-initiative report by Jean LAMBERT (Greens/EFA, UK) on the impact of the crisis on access to care for vulnerable groups. It notes that the inequality gap is growing in a number of Member States, since in 2011 some 24.2 % of the EU's population were at risk of poverty or exclusion. Furthermore, self-reported health among low-income earners has worsened, with an increasingly large health gap as compared to the 25 % of the population with the highest income.

In this context, Members call on the Commission to require Member States to provide information on the austerity measures being implemented and to **carry out social impact assessments of austerity measures** and include recommendations tackling social and economic impact of such measures in their country-specific recommendations.

Members call on the Commission and Member States to encourage and **promote social investment in social services** such as the health, care and social sectors, particularly for **vulnerable individuals** without access to healthcare or care services.

They consider that many of the short-term cost-reduction measures currently being implemented, such as the introduction of up-front access to healthcare fees, higher out-of- pocket expenditure or exclusion from access to care of vulnerable groups have not been fully assessed. Preventive measures are required to ensure access to care.

Austerity measures: Members emphasise that the economic and financial crisis and the so-called austerity policies imposed on some Member States **should not be cause for disinvestment in national health services** but that efforts should, on the contrary, be made to consolidate these services to meet the needs of society, particularly its most vulnerable groups.

Austerity measures should not under any circumstances deprive citizens of their access to basic social and health services or innovation and quality in social service provision

Certain measures are recommended:

- for disabled people's access to services to which they are entitled;
- for the long-term unemployed to main their access to the public health system, social security and healthcare;
- for children, in order to maintain the appropriate level of care (for example, the recent measles pandemic has shown how important free vaccinations for children are for public health);
- recognising the huge social and economic contribution made by family members acting as carers and volunteers (informal care), and recognising the expertise of carers and guaranteeing high-quality work.

Members ask Member States to **strengthen health education**, especially for vulnerable groups.

Recommendations : the report makes a series of recommendations which may be summarised as follows:

1) The Commission is called upon to:

- obtain comparable data in the form of a fundamental analysis relating to access to care;
- include social safeguards protecting care and social services and social protection systems in agreements with countries in receipt of financial assistance;
- promote equal access to early childhood education and care, and provide adequate financial support for these services;
- take all the measures available to it to **ensure full take-up and maximum disbursement under the European Social Fund, the Fund for European Aid to the Most Deprived and other relevant instruments** which address the needs of people who are vulnerable or at risk of exclusion;
- develop a package of objective and subjective indicators with a view to measuring soci-etal progress and not just economic development;
- improve the public image of the care sector as employer;
- propose a **directive on carers' leave**.

2) Member States are called upon to:

- cooperate in seeking to implement a maximum number of programmes to improve health standards among the most vulnerable groups, in particular children and young people;
- adopt policies that promote health and the prevention of disease by guaranteeing free, universal and quality healthcare for the most disadvantaged groups;
- eliminate obstacles and barriers regarding disabled people's access to public transport, services and information;
- reinforce their health services, focusing on improving women's health and access to care, particularly for women living in areas remote from urban centres, and ensuring appropriate assistance to women during and after pregnancy and lactation;
- offering free caring/consultation services, especially to those running the risk of poverty and social exclusion because of the recent economic crisis;
- provide accessible and clear information on the rights of migrants;
- adopt the directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation in order to prohibit discrimination;
- **prevent homelessness**, to provide the necessary care for homeless people, and **not to criminalise homelessness in their national legislation;**

- integrate all potential actors at local, regional and national level, including the social partners, into initiatives concerning prevention, health and social services;

- promote the training programmes required by the care and support sectors, and to offer grants to those undertaking relevant studies;

- support national, regional and local authorities in setting up sustainable funding schemes for care services and in developing training and retraining schemes for the workforce with the help of ESF funding.

3) The Commission and Member States are called upon to:

- monitor and address in the national reform plans which national policies run counter to the 2020 poverty reduction target;
- place a special focus on the most vulnerable groups, to remove access barriers, improve and strengthen take-up and preventive measures at an early stage;
- close gaps and provide effective access to health services for vulnerable groups including poor women, migrants and Roma, by ensuring the affordability of healthcare,
- treat maternity and neonatal care, especially in cases of premature birth, as a public health priority in public health strategies;
- organise the necessary education and continuing training courses for all health professionals working in pre-conception, maternity and neonatal care units;
- ensure that any policy or funding programmes designed to support social innovation and/or care-related services target those services that best meet social needs and improve people's quality of life;
- work with Parliament to reinforce funding to programmes that target vulnerable groups;
- explicitly recognise the invaluable contribution made by informal carers;
- develop a coherent framework for all types of care leave;
- draw up clear definitions of professional profiles in the care sector which enable rights and obligations to be precisely delimited.