



European Federation
for Services to Individuals

Personal and Household Services: a key sector for the forthcoming European Care Strategy

May - 2022

About EFSI

The European Federation for Services to Individuals (EFSI) represents the Personal and Household Services' (PHS) sector at the European level. Actively operating through its members across 21 EU Member States, it brings together PHS national associations, employers' organisations, providers, and companies involved in the enhancement of personal and household services. Moreover, EFSI is recognised by its trade unions counterparts as PHS employers' organisations representative.

Established in 2006, the EFSI's mission is to foster a favourable environment for the PHS sector in Europe, especially by improving the image and perception of the sector and promoting adequate policies in support of its development. Furthermore, EFSI's Members vision is to ensure that the specificities of the sector are acknowledged and guarantee that the provision, access to high quality and affordable PHS services are granted resulting from adequate economic, social, and legal conditions.

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Introduction



Personal and Household Services (PHS) comprise a broad range of activities that contribute to the well-being of individuals, their families and work-life balance. First, the sector includes **household activities** (i.e., housework, ironing, gardening, small repair work, delivery of food, etc.) or tutoring (i.e., school help, IT assistance etc.). Likewise, it covers **care-related activities** to enable disabled, dependants and older people to continue to live in their own home, early childhood education and care (ECEC) and childcare. In sum, PHS – also termed domestic work at international level – take place in the private homes of individuals, involving both direct and indirect care and household services that overlap and intersect.

It should be foregrounded that the sector is embodied by a multiplicity of actors and employment models. The traditional model – implying a bilateral relationship – is the **direct employment model**, where the end-user of the service personally employs the PHS worker. Furthermore, there is an in-between model where workers are recruited by **third-party organisations as mandated by the client** to take care of administrative duties and formalities as the employers, be it private not-for-profit or private for-profit. Then, the classical **provider organisation model** where the organisation is the employer that recruits and despatches its workers in the homes of those in need of services, based on a tripartite configuration – worker-provider-user –. Here, the service beneficiary buys the service on the market, receives it from public entities or thanks to public financial support. Moreover, on account of digitalisation, platform-based work gained popularity in the sector, especially as it was already a rapidly developing and evolving global phenomenon. This significantly increases the number of **self-employed domestic workers** in PHS as much as it can potentially reduce the number of undeclared workers through facilitated access to declaration tools¹.

When it comes to the workforce however, the picture in the sector is not as diverse. Indeed, **out of the 9.5 million PHS workers, 90% of them are women**. Moreover, the ILO identified that in 2013, from the totality of migrant workers in Western, Southern and Northern Europe, **54.6% were migrant workers**

¹ C189 European Alliance 2021, Step up efforts towards decent work for domestic workers in the EU: 10th Anniversary of ILO Domestic Workers Convention, 2011 (No. 189), p. 22.

of which the main share is female². This includes both mobile workers – cross-border movement of workers from EU countries to EU countries – and third-country nationals (TCN) or migrant workers that migrate from outside the EU into EU Member States³.

To this day, the sector is still undervalued, insufficiently recognised and supported by public authorities. Yet, as demonstrated throughout the COVID-19 pandemic, PHS was decisive in the contribution to pursue support and care for the people in need, often more at risk of contamination than the rest of the population. Therefore, the short-term notice and consideration of PHS during the health and social crisis must generate proportional long-term policies as much as political attention and implications. Ergo, to fully commit to this shift, **PHS should be exhaustively integrated into the European Care Strategy**. In fact, domestic workers endorse the essential role of meeting the needs of the European population for all kinds of home services throughout people's lives, be it in a work-life balance perspective or to provide support to dependent people. As pointed out by the ILO, PHS workers must be incorporated within the care sector, as "*care provision includes not only personal care but also non-relational, indirect care work*"⁴. Domestic services endorse the pivotal role "[providing] the necessary preconditions for personal caregiving"⁵.

To best understand and articulate the requirements for the sector in the forthcoming European Care Strategy, it is important to highlight four interconnected aspects. The first requisite is to guarantee excellent care services for Europeans and ensure that all individuals in the Member States are entitled to affordable and accessible high standard PHS and care services. Then, by adopting a human-centred approach to social and care services, that Member State can achieve highly qualitative service provisions. Indeed, to ensure such quality, both PHS providers and end-users need to be included and put forward. Thereafter, the PHS sector should be considered, recognised, and tapped into for its employment and inclusion prospects. The potential of the personal and household services is not appreciated at its true worth, hence, to remedy to that, there is a need for increased social dialogue and collective bargaining. Undeniably, to fully embrace the opportunities and advantages offered by PHS, there is a necessity for a development and growing Silver Economy as much as a digital and technological expansion.

Therefore, EFSI calls on the European Commission to:

- **Recognise the important contribution played by the PHS sector** in addressing societal care and domestic needs as much as the challenges raised by the ageing population. Acknowledge that there is **a need for concrete, and long-lasting actions to improve the sector**, as everybody will eventually rely on PHS, be it on at a specific point in life or on a constant base,
- **Commit to engage with all PHS stakeholders in the implementation of the EU Care Strategy**, as their influence and expertise are crucial. The European Commission is also invited to take note of the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT), the European Federation for Family Employment and Home Care (EFFE), the European Federation for Services to Individuals (EFSI), and UNI Europa's mutual recognition as PHS social partners and commitment towards increased recognition for the PHS sectors⁶,
- **Ensure follow-up mechanisms based on an Action Plan, concrete objectives, time constraints and indicators** to help guide the Member States to properly implement the EU Care Strategy.

² International Labour Organisation (2015), *ILO Global estimates of migrant workers and migrant domestic workers: results and methodology*, International Labour Office, pp. 16-7.

³ Barslund M, De Wispelaere F, Lenaerts K, Schepers W. & Fried-Tersch E. (2021), *Policies for long-term carers*, Publication for the committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg, p. 17.

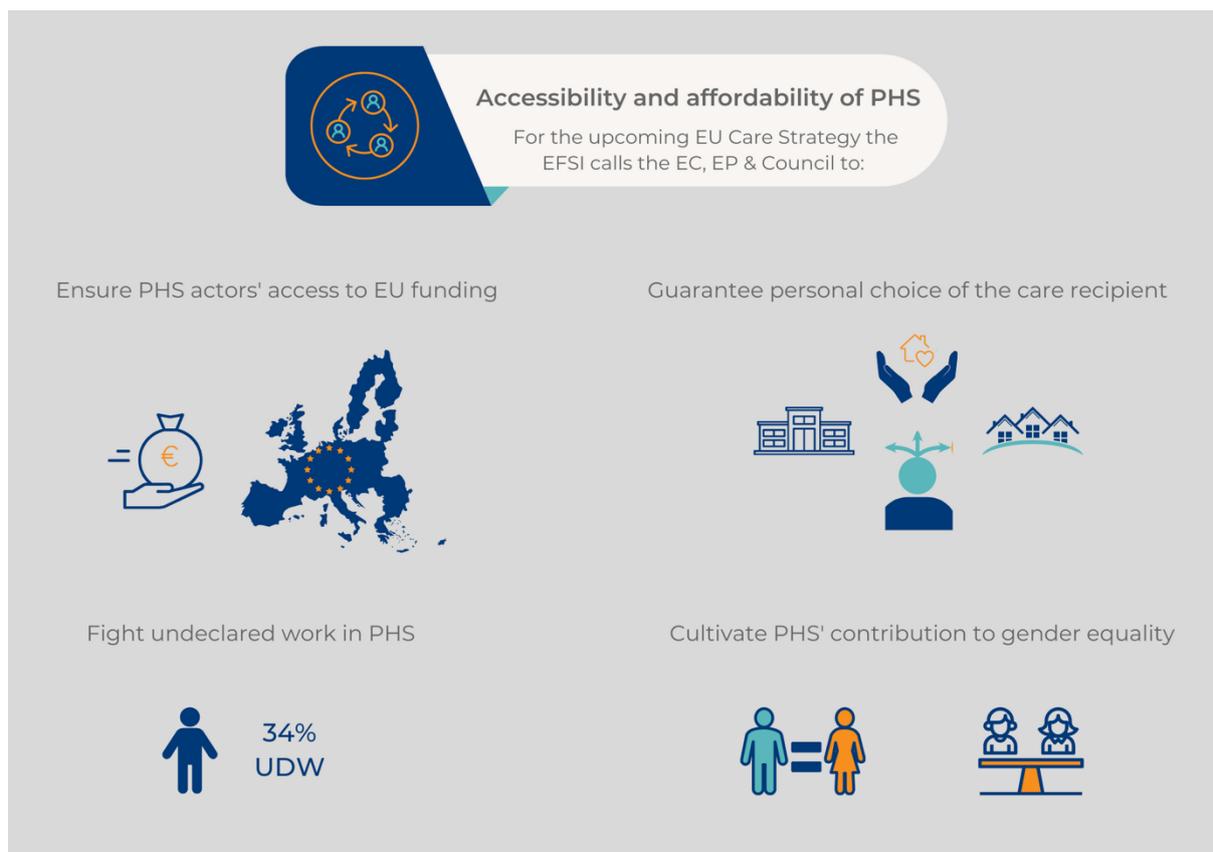
⁴ International Labour Office (2018), *Care work and care jobs for the future of decent work*. International Labour Organisation (ILO), Geneva, p.168.

⁵ *Ibidem*.

⁶ EFFAT, EFFE, EFSI, UNI Europa Joint Press Release, Employers and Trade Unions in the PHS sectors join forces and adopt new strategy to raise the profile of the sector in Europe, 10 March 2022, http://www.efsi-europe.eu/fileadmin/MEDIA/Press/2022/EFFE_EFSI_EFFAT_UNI_Joint_Press_Release_final.pdf

- **Adopt a comprehensive approach to LTC, prioritising home and community-based services** established on the following key principles: **quality, accessibility, and affordability**. Acknowledge the economic opportunities arising from the LTC, resulting from the increasing amount of older people in need – that tend to have longer life expectancies – hence requiring care services for a longer period,
- **Set compulsory access targets** similar to the Barcelona targets to measure progress in the access to LTC and support, especially in community and home-based services,
- **Acknowledge the complementarity of ECEC with the familial role** – through externalisation of care towards professional services – **for children’s development, growth, and education**,
- **Promote and revise the Barcelona targets to close the gender employment gap** resulting from care responsibilities in childcare and education. In this regard, childcare services for children under mandatory school age should be developed as well as after-school and holiday childcare services,
- **Advocate for measures to ensure that all children** – independent of their background – have **access to highly qualitative, accessible, affordable, and inclusive early childhood education and care**,
- **Foster data collection at EU and national level on care services** and in particular on personal and household services, in order to allow for comparison between the different countries and/or care services models. This data should be made public so as to enable both service users and decision-makers to take informed decision. Good data collection is key to guarantee transparency and accountability.

II Accessibility and affordability of PHS



Personal and Household services are an integral part of the care sector, therefore, **recognising them as such will render them more accessible and affordable**. To further this and empower the PHS sector to adequately address the growing demand for quality care services, all operating models must be treated equally. Either the public, private for-profit or private not-for-profit – each having its respective dynamic, albeit complementary and interdependent –, aim to meet the needs of the demographic ageing in motion in the EU. Similarly, collaboration and joint work between the entire stakeholder pool is required to ensure that end-users have the opportunity to choose the services that best suits their needs. Hence, individuals should be able to decide whether they want their formal care to be provided at home, in community-based settings, in semi-residential frameworks or in residential facilities. Moreover, to foster access to care, social services and PHS, **support for an increased capacity and the outreach quality of the sector is imperative** to provide approachable and affordable full spectrum services based on the people's requirements and particularities.

In addition, ensuring affordable and accessible high-standard formal PHS and care services through **investment, targeted social and financial policies** is paramount to guarantee that the formal market is and remains more interesting and advantageous than engaging workers on the undeclared market. It must be noted that the PHS sector has one of the highest proportions of its workforce providing undeclared work in the hidden economy⁷. Hence, to remedy to such issues, national measures must be taken to ensure that the users in need of PHS and care services can benefit from subsidies (near cash or in-cash payments, social vouchers, or in-kind benefits), income tax deduction or exemptions, as well as employers' contribution and VAT reductions and exemptions. The latter is an effective policy measure to ensure service affordability as long as all PHS activities are included and eligible for such reduction rates independent of the provision model (public, private for-profit or not-for profit) or the type of services (direct or indirect care services). Moreover, at the European level, access to EU structural funds (ESF+, InvestEU) is a prerequisite to ensure that PHS actors can properly endorse their role. Hence, information diffusion campaigns would promote and explain the modalities required to benefit from such funds. Correspondingly, the mechanisms to access EU funding must apply to all PHS activities. Also, the EU

⁷ Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas, R., & Vanhercke, B. (2018) *Challenges in Long-term Care in Europe: A Study of National Policies*. European Commission, Brussels, pp. 4-5.

should encourage Member States to mobilise the Technical Support Instrument (TSI) to assess and monitor their policies' effectiveness, support strategic reforms and conduct earn-back effects analysis.

The cost of formal PHS and care provision is expensive and not necessarily adapted to a case-by-case basis – through income-based fees for example – as much as it is not equally accessible amongst the different members of society (i.e., low income, migrants, etc.). To this day, **the existing demand for PHS and care services in the EU exceeds the formal supply of workers**. Thus, households have the tendency to opt for self-production of work or to the undeclared market. Also, when it comes to self-production, it is mostly women that undertake such burden, often resulting in part-time paid activities or them completely departing the labour market to fully dedicate themselves to their care and household responsibilities⁸. Women represent 24% of the EU-average of individuals engaged in part-time activities whereas men only make up for 7.46%⁹. Moreover, unpaid care duties are the predominant justification for women's exclusion from the labour market¹⁰. Conversely, men's principal reason for not being in employment is “*being in education, sick or disabled*”¹¹. In this sense, **PHS as an invaluable role in the contribution to gender equality**. By means of affordable household and care services, women can more easily stay or re-enter the labour market as they can delegate their informal responsibilities to formal and professional PHS workers. Moreover, demand and supply side incentives that generally aim to make formal care and household services affordable and accessible to the greater number have proven to be effective. They ensure that women do not need to “make a choice” between paid and unpaid work as there are, accessible, high-standard, and affordable PHS and care alternatives. Furthermore, by providing increased, affordable, and qualitative access to after school childcare options and during school holidays or when children are sick, women can further engage in their paid activities.

Therefore, EFSI calls on the European Commission, the Council, and the European Parliament to:

- **Guarantee the personal choice of each individual to have recourse to external professional care support and services** or to be in charge of their own care duties. Nobody should be forced into choosing one path above the other due to ideological policy objectives. Likewise, the social and economic value of informal care should be acknowledged,
- **Call for a revised mindset of policy makers**, allowing for-profit, not-for-profit, and public providers' complementarities to be better recognised, so that the actors can push towards cooperation. National care regulations and systems should enable care recipients to choose amongst the various providers of the service that best supports their need for care,
- **Encourage public investment in PHS** to increase the possibilities for care recipients to access and choose the formal PHS that best suits their needs and to guarantee an adequate supply of care services be it institutional care, household services, home care or even live-in care. In this regard, **the European Commission should assist Member States to assess the effectiveness of their policy measures**, through notably the Technical Support Instrument (TSI). Enabling Member States to closely monitor these policies and conduct earn-back effects analysis is paramount to ensure sustainable financing on the long-term,
- **Ensure PHS actors' access to EU funding** by diffusing the information on how to access these funds and make them approachable to the sector. Earmarked funding opportunities for PHS should be structured by the Structural Funds, especially in the European Social Fund + (ESF+) and InvestEU,
- **Pay attention to current regulations on the internal market of services, fiscal regimes and taxation (especially VAT) as well as competition rules and working time regulations** to ensure that it does not hamper the development of adequate and innovative care services nor add red tape and unnecessary financial or bureaucratic burden for care providers. A tax and regulatory neutrality with respect to all care providers must be guaranteed by national and European laws,

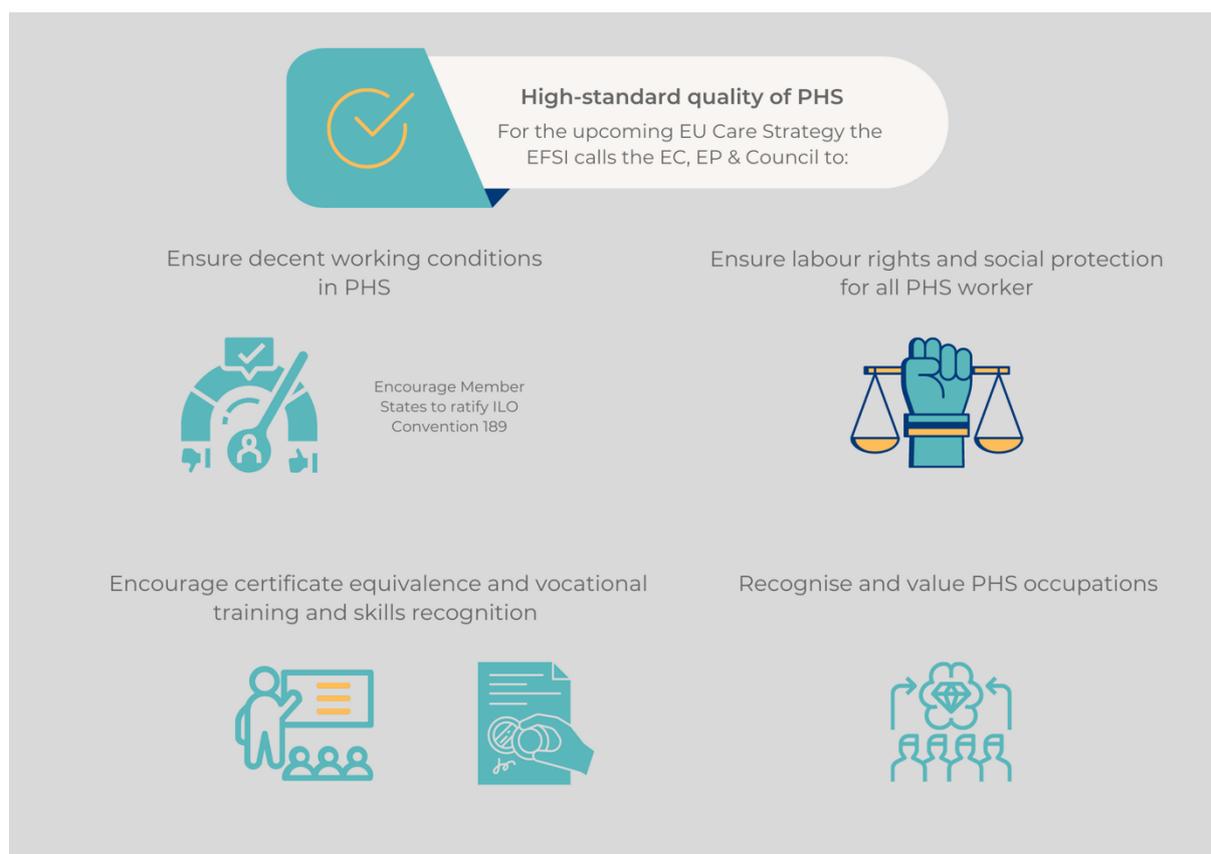
⁸ Barslund, M., et al. (2021), *Policies for long-term carers*, Publication for the committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg, p. 84.

⁹ Foundation for European Progressive Studies (FEPS), (2022), EU Care Atlas, accessed on April 6, 2022, at: <https://www.fepe-europe.eu/articles/36-project/94-eu-care-atlas>.

¹⁰ International Labour Office (2018), *Op Cit.*, p. 83.

¹¹ *Ibidem*.

III High-standard quality of PHS



Having high-quality care and PHS services depends as much on the quality standards of the work than on qualified personnel. Therefore, when it comes to formalising the PHS and care sector, action must be directed towards both the end-users and the workforce equivalently. This implies higher wages – to the level of the social and economic value –, and decent working conditions **these occupations should be valued based on their contribution to society's well-being**. In this regard, guaranteeing access to labour rights and social protection comparable to standard labour law is a necessity. It is more likely to lead to self-aware workers that engage in sectoral organisations and cultivate social dialogue. Moreover, all these measures would invigorate the workers and lead to higher quality services as it contributes to the attractiveness of the sector¹² as much as the personal involvement and societal recognition of the workforce.

A proper working environment in the PHS and care sector also requires flexible working hours and choice. For most, daytime work is the best option as it allows them to organise and balance their work to best fit with the personal duties. This might even attract workers from other low-wages sectors and positively influences their work-life balance. A special attention in this regard should be given to the live-in workers and the direct employment provision model as both face additional challenges regarding better wages and working conditions, training access, collective bargaining power and social dialogue.

More specifically, live-in care can be the right fit for certain categories of dependent people in need of professional care around the clock and who wish to stay at home. Due to current constraints on working time regulations in EU Member States, professional live-in care offers cannot be developed as the cost associated with around the clock care (at an hourly rate) makes it unaffordable. This situation has contributed to the development of an informal live-in care sector with high risks of abuse for both carers and dependent people. To enable the development of formal and professional offers, which would prioritise both quality of care for beneficiaries and quality of employment for carers (with adequate working conditions and training), Member States should introduce national labour regulatory changes to make use of derogations included in Article 17 of the EU Working Time Directive: where carers are paid

¹² Angermann, A., & Eichhorst, W., (2013), *Who Cares for You at Home? Personal and Household Services in Europe*, IZA Policy Paper, No. 71, Institute for the Study of Labour (IZA), Bonn, p. 10.

for an average number of hours worked in a payroll reference period. **Addressing the specific challenges of such working arrangements must occur through reinforced social dialogue and collective bargaining.** Additionally, the PHS sector gives a changed meaning to households as it is both the place of work of caregivers and the care recipients' home. It is a very specific workplace; thus, social dialogue could contribute to overcome the challenges faced by such issue.

In addition to improved and appropriate working conditions, **the workforce needs to be professionalised** through vocational training and courses – rewarded by official documents attesting for their achievements – including reading, writing, digital literacy, and legal knowledge to optimise the service standards. This requires sustainable financing at a more general level but also adequate time for workers to attend said training, fostering the workforce's interest, and implying social valorisation.

Personal and societal image is essential for self-esteem. Therefore, **recognition of PHS sector as a qualified one** in the eyes of public authorities is needed to improve the industry's portrait. Through training, courses and skill recognition, workers gain personal satisfaction and feel more valuable resulting in better provision of household and care services. Moreover, public authorities tend to devalue the profession and shape domestic work as a “transition”, in between better prospects. Conversely, **working in the PHS sector is socially, personally, economically worthy** and should not be shamed.

In sum, professionalisation of the sector coupled with suitable working environment as well as legal rights, representation and protection ensure qualitative services as much as it boosts the sector's attractiveness for both men and women. Ultimately, leading to better inclusion and job-creation opportunities for the PHS and care services.

Therefore, EFSI urges on the European Commission, the Council, and the European Parliament to:

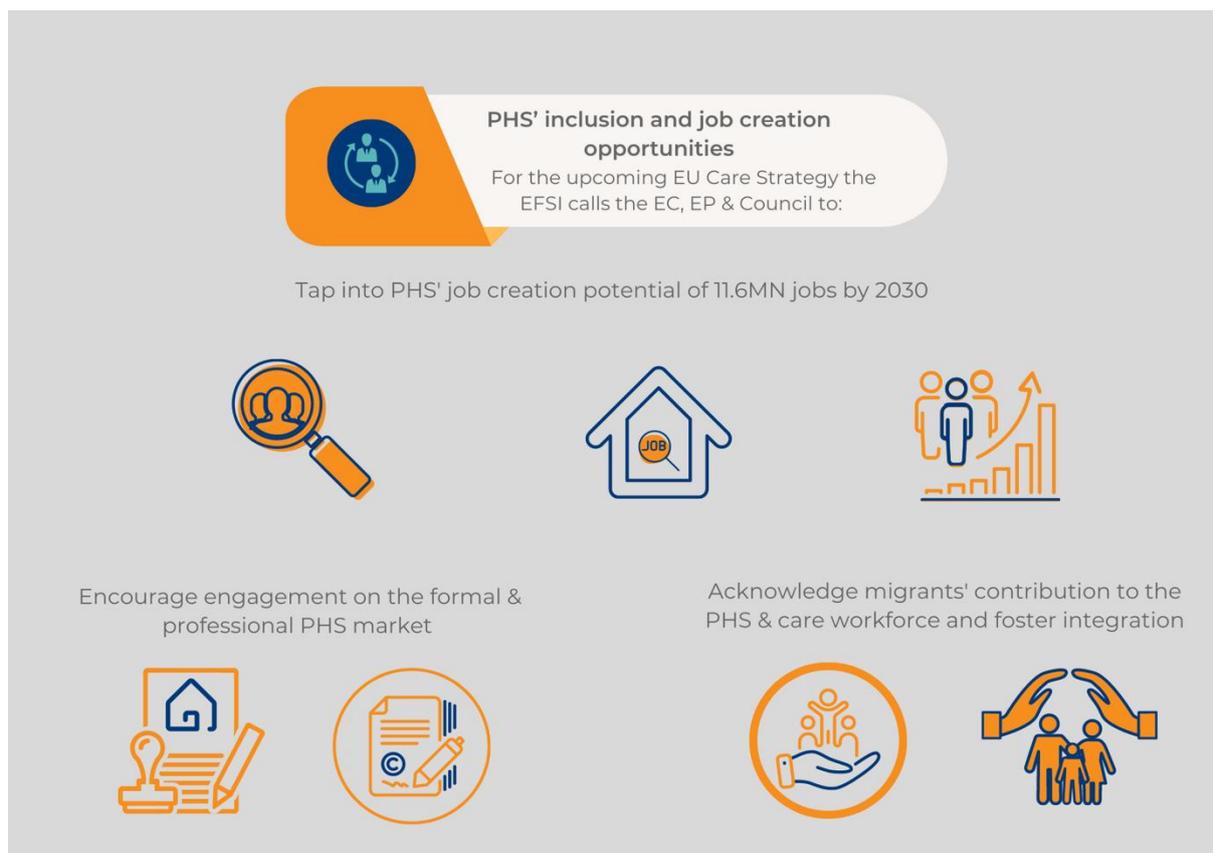
- **Adopt a more holistic and human-centered approach** focusing on prevention rather than solely curative procedures, which builds and develops new and up to date models for a more integrated approach to care,
- **Promote quality provision** of LTC services **based on older people's' individual needs and preferences to assist self-determination, participation, and a safe and secure ageing.** As such, the Technical Specification (TS) 17500 on quality care and support for older people published in January 2022 could be used as a starting point for a European initiative on a quality framework in LTC services,
- **Call on the Member States to recognise and reward care work** in a way that reflects its high societal and economic value,
- **Endorsing PHS activities as being fully part of the care sector** and ensure that personal and household services are **recognised as qualified professional work.** Reverse the image deficit of PHS occupations through national and European awareness-raising campaigns,
- **Support decent and improved working conditions** for the entire care workforce, and more particularly in PHS as they are most likely to face undeclared work situation and/or limited access to labour rights and social protection benefits¹³. All PHS workers regardless of their work arrangements (live-in, live-out, single, or multiple employers) and employment relationship (placement agencies, provider organisation, contract concluded directly with the end-users or more recently care workers operating as self-employed) should be considered,
- **Call on Member States to guarantee all PHS workers improved working conditions** (including adequate wages) **and access to labour rights and social protection benefits** not deviating from standard employment rights and protection, in line with the ILO Domestic Workers Convention 2011 (No. 189),
- **Assist PHS social partners in developing national capacity** through earmarked EU funding (such as ESF+) so that PHS national social dialogue and sectoral observatories can be created. At present, PHS stakeholders are insufficiently organised and recognised by

¹³ International Labour Office (2018), *Op cit.*, p. xxxix.

public actors in most Member States. This hinders the development of a collaborative approach toward the aim of raising qualification, training requirements, wages as well as health and safety at work. The European Commission should foster the structuration of PHS stakeholders towards the establishment of systematised national social dialogue,

- **Encourage vocational training and skills recognition** for PHS workers to gain experience and qualifications. In addition, **certificate equivalences should be put in place and nationally recognised** between Member States,

IV PHS' inclusion and job creation opportunities



Acknowledgment of a profession by public authorities is an essential step to amplify a sectors' visibility as much as it can influence the labour market. Therefore, increasing the public value of PHS and care services would allow the sector to make use of **the untapped job creation potential of the sector**. As pointed out by the European Center for the Development of Vocational Training (Cedefop), the PHS sector alone – as a possible unexploited job-creator – could lead to **11.6 million job openings between 2021 and 2030**¹⁴. To sustain such potential, fitting policy frameworks that provide low-skilled, migrants, men, and women stable positions in the PHS and care sector are needed. In fact, developing PHS through sustainable policies offers various benefits.

In parallel to the increased employment possibilities, the gendered aspect of the question must be highlighted. Indeed, as aforementioned, most of the unpaid informal care is done by women, often at the expense of their paid job. Hence, by providing women with informal care and household responsibilities with alternative support systems – Personal and Household Services – **contributes to balancing the existing gender gaps**. Having access to affordable and high-quality services allows informal carers to hire external and professional help on the job market. Moreover, it implies that informal caregivers are alleviated from their unpaid care and household activities, allowing them to (re)enter the labour force as they delegate their responsibilities to professional help. This is mutually beneficial as it increases employment rates both for the informal carers – into the job market – and for the PHS and care workers – to provide the needed services –. Besides, higher employment in PHS and care will increase the social contributions and tax revenues, hence leading to earn back effects for the Member States¹⁵.

As a consequence of a rising older population and women's increased participation to the labour market, the demand for household and care services is accelerating. However, the demand is either unmet and assumed by informal carers or it is filled up in the undeclared market. Therefore, it is fundamental to

¹⁴ European Centre for the Development of Vocational Training (Cedefop) (2022), Skills forecasts, accessed on April 6, 2022, at: <https://www.cedefop.europa.eu/en/tools/skills-forecast>.

¹⁵ Angermann & Eichhorst, (2013), *Op Cit.*, p. 4.

promote a better image of the PHS profession – both for men and women – to recruit and retain a qualified and professional workforce to meet the multiplying needs for care and household services.

More than half of the PHS workforce is composed of migrant workers (54.6%) – be they intra-EU mobile workers of third-country nationals – in the Northern, Southern and Western Member States¹⁶. Hence, the essential role and contribution these workers play in the PHS provision must be acknowledged and included in the forthcoming European Care Strategy. Their particularities and challenges need to be addressed. Also, their entitlement to social rights and protection, access to formal employment or work permits must be secured¹⁷ as all these factors could **foster integration of the migrant workforce** into the host Member State.

One must bear in mind that, **the PHS sector is** – in contrast to the other sectors – **significantly open to diversity**. The PHS and care sector is a forgotten system when it comes to workers' integration. Cultural integration best occurs at work, in this case, in the recipients' household. Indeed, in such line of work, the worker is in an ideal environment to learn the language, the culture, and the way of life of a nation. To properly operate such social and labour market integration, investment in the sector is required to make it sustainable. There is a need for support, to help migrant domestic workers to integrate in the host country's society. Moreover, what better way to learn about the culture, language, and traditions of a country than through sharing between the worker and the family for which they provide care and household support. It is mutually beneficial as the family learns new cultures and the worker can integrate into the society of the country he is working.

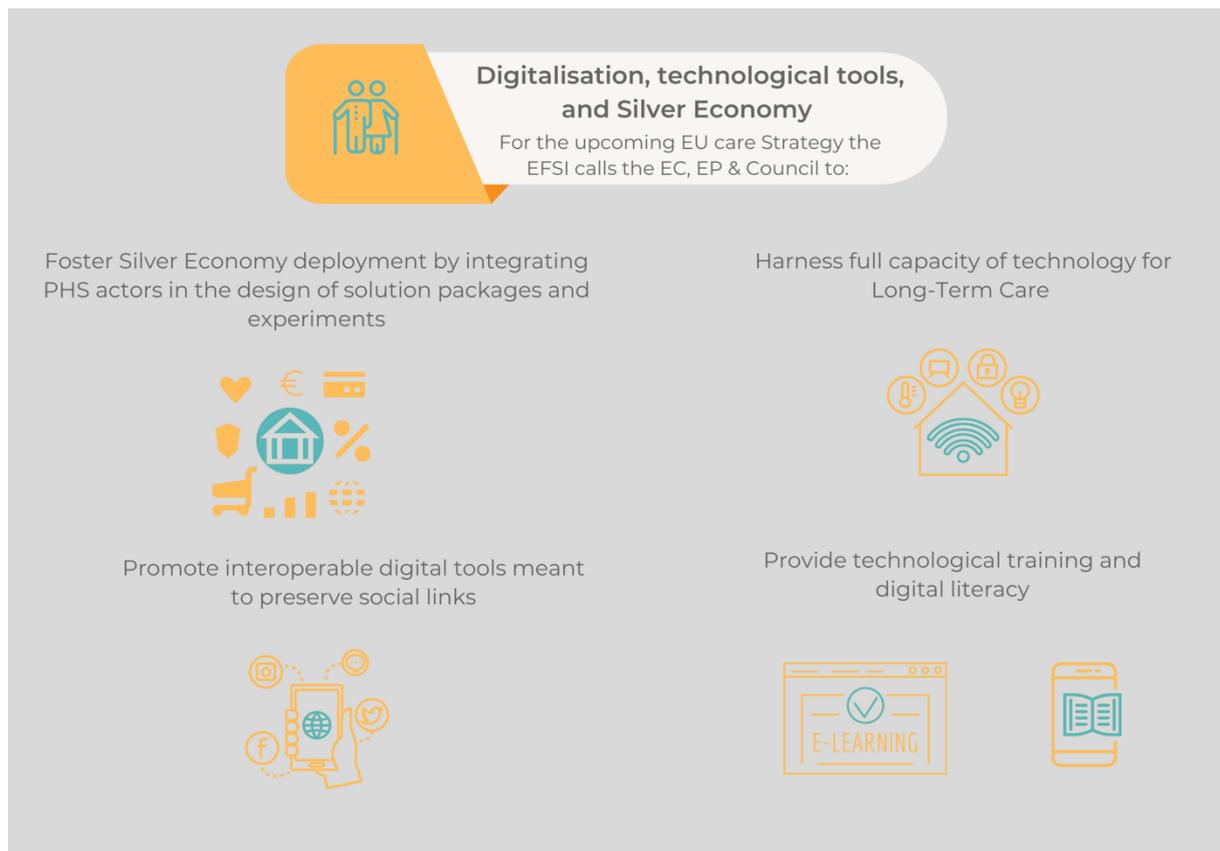
Therefore, EFSI calls on the European Commission, the Council, and the European Parliament to:

- **Incentivise the workforce to enter the formal declared market of care** by rendering it more advantageous than the undeclared one – by means of online information hub – through available information on the prerequisites of a formal employment relationship in PHS. It should be highlighted that formalising PHS services requires actions towards both PHS workers and PHS users, including socio-fiscal incentives,
- **Recognise the gendered aspect of care provision**, as women represent both the bulk of the care workforce and the main beneficiaries of care services as either care recipients or informal carers. Hence, the European Care Strategy should address the issue of the imbalanced division of unpaid care among women and men as well as the gender employment, pay and pension gaps,
- **Acknowledge that the care workforce is increasingly relying on migrants** (mobile migrant workers as well as third-country nationals). Therefore, **migrants ought to be included in the forthcoming European Care Strategy**. Migrant care workforce's specific challenges, such as access to work permit or formal employment and social protection coverage should be adequately addressed.

¹⁶ 17 C189 European Alliance, (2021), *Op cit.*, p. 24.

¹⁷ For more information on the migrant care providers and service users, please refer to the following Joint recommendations for the European Care Strategy, March 2022, http://www.efsi-europe.eu/fileadmin/MEDIA/publications/2022/Joint_recommendations_EU_Care_Strategy_migrant_care_providers_and_service_users_17_March.pdf.

V Digitalisation, technological tools, and Silver Economy



Technologies and digitalisation can be a facilitator for transition from the traditional hospital-centred care models to home and community-based care putting peoples' needs first¹⁸ as much as it can circumvent systematic institutionalisation¹⁹. As pointed out by the European Commission, if allocated cost-effectively and consciously modelled, “*digital solutions for health and care can increase the well-being [...] and radically change the way [...] care services are delivered*”²⁰. Furthermore, in the context of the COVID-19 pandemic, it has been highlighted that digitalisation has an important place in the EU's health and care sector's resilience and economic recovery²¹. Hence, to provide access to qualitative, sustainable, and affordable PHS and care services, it is interesting to tap into the full potential of digitalisation and technology. It can enhance monitoring, ensure better and personalised prevention mechanisms, and help treat or delay certain conditions²².

Furthermore, both the care and non-care activities provided by PHS enable the older people to stay longer in their homes as much as it contributes to their duration and quality of life²³, well-being and

¹⁸ European Commission, (2018), *Enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society*, Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, Brussels, p. 1, accessed on April 9, 22, at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018DC0233&from=EN>.

¹⁹ Zigante, V., (2021), *Social Situation Monitor – The Role of New Technologies in Modernising Long-term Care Systems: A Scoping Review*, Publications Office of the European Union, Luxembourg, p. 25.

²⁰ European Commission, (2018), *Op Cit.*, p. 1.

²¹ European Council, (n.d.), *A digital future for Europe A digital future for Europe*, accessed on April 8, 2022, at: <https://www.consilium.europa.eu/en/policies/a-digital-future-for-europe/>.

²² Greenhalgh, T., Procter, R., Wherton, J., Sugarhood, P., Hinder, S., & Rouncefield, M. (2015), *What is quality in assisted living technology?* The ARCHIE framework for effective telehealth and telecare services. *BMC medicine*, vol. 13, no 1, p.2.

²³ *Ibidem*.

independence²⁴. Moreover, as far as long-term care (LTC) is concerned, technology allows to change the way to care for the senior population through various tools such as Gerontechnology, Smart homes, or Information and Communication Technology (ICT). The former aims to harness the full capacities of technological progress for the senior population²⁵. The latter, as a role in the reduction of social isolation among older people²⁶. Likewise, Smart homes can contribute to overcome the feeling of isolation of the end-users and amplify socialisation²⁷. Also, the care and household service beneficiary, the workforce and the informal carers need to be digitally trained, leading to better job performance and enhanced service quality. It can enable better communication, facilitate bureaucratic burden, and ease case management²⁸.

In order to guarantee their successful deployment, PHS stakeholders must be involved at all stages of the design of new technological solutions regarding the support or adaptation for the older people. The household and care services play a decisive role in life projects of older people. Hence, PHS actors must be truly included in the development of the Silver Economy as it considers the preferences and needs of the senior population (50+)²⁹. Furthermore, digitalisation and technical innovation have a huge job opportunity potential, especially with regards to the attractiveness of the sector for younger PHS workers that aim to be engaged in jobs with huge social dimensions. In the same way, the pension systems and retirement saving tools must be adapted to accompany employers' possibilities to tap into the full value of the Silver Economy. This part of the economy allows to shift from a medicaly-centered approach to care for the older people toward a well-being and preventive one.

Therefore, EFSI urges on the European Commission, the Council, and the European Parliament to:

- **Recognise technology as a driver for cost-effectiveness** in the long-term care sector. Whereas technology will never replace the human contact and benefits, it can facilitate the way of providing care by alleviating care workers' job load and increasing the degree of independence of the care recipient,
- **Integrate the various home care and support professionals into the process of co-designing regional and local experiments in the Silver Economy.** While many local authorities have initiated experimental schemes for the senior population (coordination platforms, remote management systems, etc.), they may not have systematically involved homecare services stakeholders and older persons' representatives. Home and community care providers, or their institutional representatives, provide a valuable contribution, making the new technological services all the more relevant,
- **Promote the emergence of solution packages that integrate and articulate remote service tools, combining technological performance and face-to-face human intervention.** Co-designed with professionals from the Silver Economy, housing and PHS, these packages would be tested on a voluntary basis, in conjunction with the public authorities concerned. The solutions would include PHS associated with the necessary connected tools (remote assistance, etc.) and should be made available to the people being helped. Furthermore, their development and launch should be supported through Structural Funds,
- **Invest in technological training and digital literacy** to enable care workers and care recipients to better take advantage of the opportunities provided by the Silver Economy,

²⁴ Cook, E. J., Randhawa, G., Guppy, A., Sharp, C., Barton, G., Bateman, A., & Crawford-White, J. (2018), *Exploring factors that impact the decision to use assistive telecare: perspectives of family care-givers of older people in the United Kingdom*. Ageing & Society, vol. 38, no 9, p.1914.

²⁵ Piau, A., Campo, E., Rumeau, P., Vellas, B., & Nourhashemi, F., (2014), *Aging society and gerontechnology: A solution for an independent living?*, The journal of nutrition, health & aging, vol. 18, no.1, p. 98.

²⁶ Chen, Y. R., & Schulz, P. J., (2016), *The effect of information communication technology interventions on reducing social isolation in the elderly: a systematic review*. Journal of medical Internet research, vol. 18, no. 1, p.6.

²⁷ Marikyan, D., Papagiannidis, S. & Alamanos, E., (2019), *A systematic review of the smart home literature: A user perspective*, Technological Forecasting and Social Change, vol. 138, p. 148.

²⁸ Zigante, V., (2021), *Op Cit.*, p. 21.

²⁹ Worthington, H., Simmonds, P., Farla, K., & Worthington (2018) for the European Commission, Directorate-General for Communications Networks, Content and Technology, *The silver economy: final report*, Publications Office, p. 6, accessed on April 9, 2022 at: <https://data.europa.eu/doi/10.2759/685036>.

- **Promote the development and deployment of digital tools designed for care professionals and meant to preserve social links.** As such, the interoperability of software tools should be promoted from the establishment of calls for tenders' specifications. The deployment of these tools should also be fostered thanks to the implementation of funding aiming at the modernisation and upskilling of care occupations,
- **Deploy Silver Economy solutions for the rural ageing population** resulting in job creation, attractiveness for the young care workers seeking to work in jobs with a strong social dimension. Increased communication and coordination among all stakeholders should be guaranteed. Initiatives taken by public authorities, tech companies, care, and health providers, as well as older persons' and family carers' representatives should be coordinated through structured and regular dialogues. Furthermore, peer exchanges must be introduced at European level between remote and rural regions facing similar challenges in the deployment of silver economy solutions.

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