

SOCIAL WELFARE AROUND THE WORLD

Long-term Care for the Elderly in Europe

Development and Prospects

Edited by
Bent Greve

ROUTLEDGE


Long-term Care for the Elderly in Europe

Long-term care is an increasingly important issue in many contemporary welfare states around the globe given ageing populations. This ground-breaking book provides detailed case studies of 11 EU-member states from different welfare regimes within Europe to show how welfare states organize, structure and deliver long-term care and whether there is a social investment perspective in the delivery of long-term care. This perspective is important because the effect of demographic transitions is often used as an argument for the existence of economic pressure on welfare states and a need for either direct retrenchment or attempts to reduce welfare state spending. The book's chapters will look specifically into how different welfare states have focussed on long-term care in recent years and what types of changes have taken place with regard to ageing populations and ambitions to curb increases in public sector spending in this area. They describe the development in long-term care for the elderly after the financial crisis and also discuss the boundaries between state and civil society in the different welfare states' approaches to the delivery of care.

Bent Greve is Professor of Welfare State Analysis at the Department of Society and Business, Roskilde University, Denmark.

Social Welfare Around the World

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Foreword

This book was written in an attempt to describe and analyse a latecoming area in social policy and an often neglected area in comparative welfare state analysis. Long-term care is at the same time an area with growing awareness due to demographic ageing and economic pressure in most welfare states.

Contributors to this book come from a variety of countries in Europe. Several of the contributors (from Denmark, Finland, Greece, Hungary, Lithuania, Poland and Portugal) are working together in the EU-supported Horizon 2020 project SPRINT (Social Protection Innovative Investment in Long-Term Care).¹ We acknowledge support received from this project, which has helped in writing this book. Naturally, the usual disclaimer exists that each author is responsible for his or her own work.

The book will play an important part in describing and analysing recent trends, since the financial crisis starting in 2008, in the development of long-term care. Further, it provides input to future understanding of the position of long-term care, including how and to what extent there will be a possible pressure on the welfare states due to demographic ageing.

Roskilde, May 2016
Bent Greve

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1 Long-term care

What is it about?

Bent Greve

1.1 Introduction

Long-term care is a rising and important issue in many contemporary welfare states around the globe given the demographic changes, expectations on size and quality of service, use of new technology in the years to come and the economic pressure on the welfare states.

This book will, for a selected group of EU-member states that covers all the classical depictions of welfare state regimes within Europe, present how welfare states organise, structure and deliver long-term care and also, albeit in a limited way, focus on whether there might be a social investment perspective in the delivery of long-term care.

This perspective is important as the demographic transitions' possible impact on public sector expenditures is often used as an argument for the (especially economic) pressure on the welfare states and a need for either direct retrenchment, increase in efficiency or at least attempts to reduce welfare state spending. The chapters in this book will look specifically into how different welfare states have focussed on long-term care (LTC) in recent years and what types of changes have taken place in the wake of the expected demographic changes and ambitions to curb increases in public sector spending in the area. The chapters will describe the development of long-term care for the elderly (mainly after the financial crisis) in different countries and also discuss the boundaries between state and civil society in the different welfare states' approaches to the delivery of care, with an eye to the private-sector ambition to provide and sell care. The distinction between state, market and civil society is also gaining importance in this field. The pressure has also raised the issue of how to ensure innovation in the area of social service (Sirovatka and Greve, 2014).

One central issue is what the individual responsibility is when elderly people are living together. Another is who takes care, and what is the implication for quality of life and labour market participation when civil society is doing the main part of the caring versus if relatives and/or friends. This will be discussed in the chapters. Has there been an increased role of families and private companies, and what might the implication be for the elderly and for society as a whole? Further, this book probes into how the welfare states use rehabilitation and welfare technology

Table 1.1 Spending on long-term care as a percentage of GDP in 2013

<i>Country</i>	<i>2013</i>	<i>Expected change 2013–2060</i>
Denmark	2.4	2.0
Germany	1.4	1.5
Hungary	0.8	0.4
Greece	0.5	0.4
Italy	1.8	0.9
Lithuania	1.4	0.9
Austria	1.4	1.3
Poland	0.8	0.9
Portugal	0.5	0.4
Finland	2.2	2.1
UK	1.2	0.4

Source: Eurostat, long-term care spending projection (http://ec.europa.eu/economy_finance/structural_reforms/ageing/health_care/index_en.htm).

to try to reduce pressure on public-sector spending in this area. Finally, the chapters discuss quality measures and how different approaches define and discuss what quality of care for the elderly means in different countries.

Chapter 12 will, using the information in the national chapters, sum up and try to depict commonalities and diversities in the development, and will include data related to selected aspects of long-term care.

At the outset, it can be seen that there are large differences in the spending on long-term care, (see Table 1.1) and differences in the projection of the development of spending.

Naturally, as the book also will show, these figures about public-sector spending do not inform about overall size, quality or actors in long-term care, where the split between state, market and civil society is important in all countries, although some countries rely more on civil society (especially the family) as a central and core provider of care. The data for the reference scenario are a clear indication that long-term care due to demographic changes, new technologies and continued expectations for better-quality long-term care will be important social policy areas in the years to come.

1.2 What is long-term care and the quest for quality?

Long-term care is a relative newcomer to the area of social policy. This is partly because historically care was provided by families and also because life expectancy (and hence more years outside the labour market) has increased over the last 50 to 60 years. This, combined with changes in family structure, has resulted in earlier access to informal care support for some. Looking for quality long-term care has therefore become more important (OECD, 2013). Although defining quality in health care might be possible (moving from sick to cured), this is more difficult in the area of long-term care. Long-term care involves assistance with

daily living, given that the ability to take care of ordinary daily tasks decreases over time. Long-term care also involves human contact and ensuring the best life possible for the individual. In many countries, long-term care has been and still is mainly an issue within the health care system. To put it simply, unless they are hospitalised due to illness, elderly people will largely have to take care of themselves with help from family and friends. This distinction between health care and long-term care is also one of the reasons why there is little comparative data in the area.

Having a good life is an old quest. However, with the change in family structure and longer life expectancy, this implies a risk that more elderly people will have fewer relatives to take care of them. This especially seems to be the case for women, given that they live longer than men. In the cases of couples living together, this means that men are more likely to have someone to care for them than are women.

Quality of care elements can include the following:

- Effectiveness and care safety
- Patient-centeredness and responsiveness
- Care co-ordination

The many and varied approaches to measuring quality also imply that no common agreement can be found. For recent discussions, see Mot et al. (2012) and OECD (2013); see also Chapter 12. This lack of a common understanding of what quality is implies difficulties in measuring and analysing the impact of ongoing changes in long-term care and in evaluating long-term care (Rodrigues, 2017). Many elderly people want to stay in their own homes rather than in institutional care (Leichsenring, Billings and Henk, 2013). This also implies that support to the elderly will still be very different, given historical traditions in the different countries. Supporting the individual's ability to live at home as long as possible is a central aspect of quality of care; there is, however, a risk of individuals being lonely in this situation.

The mix between different actors involved in long-term care is a good reason also to look into state, market and civil societies' involvement in the financing and delivery of long-term care (Daly, 2012).

1.3 Overview of the book

The choice of countries in the book reflects classical analysis of welfare state clustering (Castle et al., 2010; Greve, 2013). It also reflects an ambition to cover the different geographical areas of Europe and the historical and current approaches to long-term care in selected welfare states. The following countries are included in the chapters:

Nordic welfare state model: Denmark and Finland
Central European model: Germany
Liberal model: UK

Southern Europe: Greece, Italy and Portugal
Eastern Europe: Hungary, Lithuania and Poland.

The choice of countries examined in the book, with the exception of one country from the liberal model and the continental welfare state model, ensures a variety within the different welfare state models and a clear deviation between countries in historical and geographical positions to the provision of long-term care. Naturally, one can question whether Eastern Europe forms a specific cluster or it should be split among the other clusters given the development over the last 30 years. For the sake of simplicity, the choice has been to use this distinction among countries, but at the same time be open to the possibility of having three very different Eastern European countries depicted in the study. In the concluding chapter, similarities and varieties will be analysed.

Hungary, one country from the former Eastern European group of welfare states, is presented in Chapter (2) (by Gal). Long-term care seems to be of low priority compared to other central issues for the elderly, such as pensions. In the wake of the financial crisis, there has been a tightening of the conditions for receipt of long-term care. There is a strong expectation that the care will mainly be provided by members of the civil society, but here, as in the other welfare states, this has a disproportionately negative impact on the women's lives because they are usually doing the informal care.

Lithuania, one of the Baltic countries in Eastern Europe, is described in Chapter 3 (by Poskute). Lithuania has a strong growth in the number of dependent elderly, which implies a strong pressure on the long-term care system. Despite this, long-term care is not recognised as a separate social policy provision; there is some support, however, and there is an expectation that the elderly stay in their own homes as long as possible. There is also some institutional support for the very frail elderly. Due to the very fragmented approach, there is no clear knowledge of the level of spending on long-term care. The use of welfare technology is still in its infancy.

In Poland (Chapter 4 by Rutkowska), there is no clear definition of what long-term care is. The blurred boundaries between health and long-term care are an issue in Poland; here, members of civil society and migrant workers (for those who can afford to pay them) are used in the provision of long-term care. Thus, the official long-term care is limited and state involvement is fragmented; in addition, the boundaries to health care imply that for some in need of care, health care provision is the main possibility. The fragmented development also implies that welfare technology has limited implementation.

Portugal, an example of the Southern European welfare state model, is depicted in Chapter 5 (by Lopes). This chapter shows that there has been a rapid development of long-term care in Portugal, including higher coverage in formal care and a mixed system, in which the nonprofit sector is a strong actor in the provision of long-term care. This system, as in some other countries, is trying to integrate health and care while focussing on the role of the family. A combination of state financing and delivery from various actors are also characteristics of the system.

In Italy, which is analysed in Chapter 6 (by Pavolini, Ranci and Lamura), coverage is similar to that in Eastern European countries, but with a catching up towards continental welfare states' levels of provision. Here there is also a problem in defining when and to what extent individuals need public support and care and when the care can be done by the civil society. This is partly supported by individual cash allowances, but there is also an increased focus on market provision and migrants delivering care. Thus, a strong marketization is not the approach in Italy; instead there is adaptation of an informal based-family model.

Greece, another Southern European welfare state (Chapter 7 by Tinios), is an example in which the family plays the central role; for those without close family or friends, it might be difficult to get the care needed. The attempt to introduce a decentralised system of formal long-term care in the 2000s never had credible source of funding; as a result, the attempt was interrupted by the fiscal crisis. Greece also presents a case of retrenchment and cuts in the wake of the fiscal crisis, and inequality in access has probably widened, including differences in level of care dependent on geographic location.

In the liberal welfare state model of the UK, as analysed in Chapter 8 (by Glendinning), explicit austerity policies have led to major cuts in public spending that have increasingly impacted funding for, and the provision of, social care. Political devolution, both within and between countries in the UK, means the effects of these cuts are far from uniform; however, their impacts are probably most acutely felt in England. More and more care responsibilities are left to families, and people who need care (and their families) are under increased pressure to pay for care from their own private resources. The decline in public funding is also affecting the stability and quality of formal care services, with care providers struggling to meet minimum standards (including a new legal minimum wage requirement that affects many care workers). Meanwhile, new devolved funding responsibilities are likely to further increase variations between individual local authorities and hence widen geographic inequalities in access to publicly funded care.

Germany is presented in Chapter 9 (by Mätzke and Wiß). This chapter examines a latecomer in the long-term care system and also a paradoxical development including both retrenchment and a broadening of the scope of long-term care. Within residential care there are substantial user charges, implying inequality in access to care for the elderly. At the same time, there is a stronger focus in home-based care that the elderly should stay in their own homes longer.

Finland, discussed in Chapter 10 (by Linnosmaa and Nguyen), is a story about expansion of LTC provision until the financial crisis in 2008 and then overall retrenchment when taking the increase in the number of elderly into consideration. Finland has a lot of support from the informal sector and people are encouraged to live in their own homes as long as possible. The chapter also contains some information related to the other Nordic countries, including the increasing old-age dependency rate.

Denmark, as well as some information on other Nordic welfare states, is presented in Chapter 11 (by Greve). The chapter depicts the development of long-term

care in Denmark, showing that two central issues have been at stake. One issue is an increased focus on the elderly living as long as possible in their own homes; another issue is a tendency towards marketization of care. Civil society still has a central role, but the use of rehabilitation, reablement and welfare technology are prominent features of the development.

Chapter 12 (by Greve) provides a comparative analysis of the countries presented in the book with the aim of looking for commonalities both from systemic and development perspectives. The chapter shows, for example, that there are strong differences in the use of marketization of long-term care, but there are also differences in retrenchment and in some countries no real retrenchment. Further, the ambition that elderly should have the option to stay in their own homes as long as possible, with the necessary support, is common among the countries. Finally, the chapter illustrates that use of informal care varies, as does the degree of use of welfare technology or ways of thinking about the possible impact of social investment in the field.

1.4 Delimitations

Given the size of the book, there are limitations in its scope and breadth. For example, the book does not try to present good examples of care, as this would require a framework where one could define what is a high level of quality and how has it been achieved. As the focus mainly is on long-term care for the elderly, issues of disability are only touched upon; see instead Gori and Wittenberg (2016).

Further, the book provides a limited look into good governance of long-term care and the different institutional structures in the welfare states; also discussed are the ways that welfare states have structured their responsibilities such that different, often local, actors are involved in decision making with regard to long-term care.

The possible impact on labour market participation (particularly for women) as a result of the lack of care is given only limited coverage.

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Reference 0.8 1.2

High life expectancy 0.8 1.3

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Shift to formal care 0.8 1.9

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