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## 2nd NEWSLETTER



The SPRINT project aims to *give meaning to the concept of social investment as applied to long-term care provision.*



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**SPRINT** is a three-year research project seeking to elucidate how long-term care (LTC) can be located within the concept of social investment. It conducts research with a view to define the “social” character and impact of LTC schemes and to propose a set of tools, guidelines and policy recommendations that will support successful implementation of investment in LTC.

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**SPRINT was presented in Ciência 2017<sup>[1]</sup>**

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SPRINT was presented in [Ciência 2017](#) in one of the sessions dedicated to the agenda on innovation, by Prof. Alexandra Lopes of the Porto University. The session took place on the 3rd of July under the title of Social Inclusion and Citizenship. This was an opportunity to bring SPRINT to a wide audience of non-experts and gather some input on how the core principles of social investment applied to Long-Term Care are perceived. Most participants were surprised by the approach SPRINT offers and acknowledged they had never thought about LTC from a social investment perspective. You could view the presentation of Prof. Lopes [here](#).

[1] [Ciência](#) is the annual meeting of the Portuguese science and technology community. The meeting promotes an open debate on the main subjects and challenges driving the work of the Portuguese scientific community. [Ciência 2017](#) brings together researchers and invited participants from all sectors of society. It is supported by the Ministry of Science, Technology and Higher Education, and it is organized by Fundação para a Ciência e Tecnologia in collaboration with [Ciência Viva - Agência Nacional para a Cultura Científica](#), and the Education and Science Parliament Committee. The programme of the meeting was designed in collaboration with the scientific community and includes plenary sessions, presentations, debates, poster sessions and demonstrations.



**“Long-Term Care for the Elderly in Europe”  
book published!**

The book on [Long-Term Care for the Elderly in Europe](#) is already published in February 2017 by Routledge.

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’ welfare regimes within Europe to show how welfare states organize, structures 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 type 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.

A scientific work carried out mainly by SPRINT project partners.

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



### **Determination of Success Factors of Investing in Long-term Care**

The SPRINT project conducted a survey on Long-Term Care (LTC) stakeholders' perceptions on success stories and success factors in long-term care for elderly. Stakeholders of LTC for elderly from eight (8) EU countries representing different welfare traditions and very distinct approaches to responsibilities and resourcing of care for elderly provided their evaluations what is success story in LTC on various levels:

national, institutional and individual.

These perceptions of the stakeholders allow to get insights on which attributes are associated with desirable LTC outcomes and broader objectives for future development of the system in line with values and perceptions of those who are closely related or involved in shaping, providing or receiving LTC.

Success of LTC is associated with holistic, professional, integrated, preventative, interdisciplinary approach to LTC for elderly on national level.



Such approach enables elderly to have accessible and equitable care. Customer oriented approach is seen as providing successful LTC outcome on institutional level. As for individual level, preventing, enhancing and re-habilitating physical, psychical, social and cognitive abilities of elderly enabling them to live at home as long as possible is a desired LTC outcome.

Furthermore, the Report provides typology of success factors as identified by the stakeholders. There were three types of factors distinguished as crucial for a successful LTC in a country:



Among the biggest threats in LTC for elderly stakeholders indicated demographic factors (high migration, emigration and low birth rates), shortage of carers (formal and informal), loneliness and isolation of elderly, low remuneration for care employees, inadequate old age income preventing choice of service from private sector when public services are not available.

Stakeholders provided insights on unused or insufficiently used possibilities to improve LTC for elderly: inclusion of technologies and training of carers on their use, formal recognition of informal carers and their training and better cooperation with private and non-governmental organisations providing care. All these measures would help in reducing demand for public care services according to the surveyed stakeholders.

Finally, stakeholders clearly indicated that there is very little familiarity with the concept of social investment among them. However, after some clarifications, many insights and examples on potential social investment in LTC for elderly were provided. Stakeholders argued that return on most of social investments could be evaluated, however financial measures should not be used as the only indicator.

**Dr. Virginija Poskute,**  
**Vice dean of academic affairs**



**Vilnius, LITHUANIA**

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**Save the date!**  
**9th November 2017**  
**12:30 - 17:15**

**Investing in long-term care: A social investment approach**

What is “social investment” and how can it support improvements to long-term care for older people through new ways of funding and service development? Social investment “involves strengthening people’s current and future capacities” and helping people to ‘prepare’ for life’s risks rather than simply repairing the consequences. The SPRINT project is exploring how this could be applied to the provision of long-term care across Europe.

The SPRINT event of November will focus on social investment in long-term care. It will include interactive discussion with all delegates and panels with speakers from the SPRINT consortium as well as external speakers, who will discuss key issues regarding social investment and long-term care.

Venue: **The London School of Economics and Political Science**, London, UK

More details, speakers and titles will follow.

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### **Informal long-term care provision: features and trends**

Informal care by family members is one the main pillar of most long-term care systems. The term “caregiver” encompasses a wide range of experiences and situations. Caregiving may include caring for a relative or friend in the caregiver’s home, the care recipient’s home or in an institutional setting. It may include attending to an individual’s emotional well-being and/or physical health. It may involve long-term caregiving for an individual with a chronic illness or physical disability, or may be intermittent and sporadic as in the case of caring for someone with an acute illness or an acute episode of a chronic illness.

Informal carers are usually individuals already in contact with elderly care recipients as a result of direct personal ties, i.e. family, friends or neighbors; they are non-professionals and often not trained to provide care, but in some cases they may benefit from special training; they rarely have contracts regarding care responsibilities; they are not paid although they may obtain financial contributions; they perform many tasks, in some cases also performed by formal carers including emotional support and assistance; there are no formal limits to time spent on care; and general entitlements to social rights are not very diffused. Halfway between the formal and informal care, a mixed offer of LTC services supported by cash-benefits provisions is widespread in some countries. In economic terms, a definition of informal care adopted here is the one of Faria et al. (2012) stating that informal care provision consists of a non-market or quasi-market commodity consisting of heterogeneous tasks produced by unpaid caregivers or caregivers who receive some nominal payment or state benefits and provided by one or more relatives, friends or volunteers.

It may be difficult to distinguish informal care activities from “usual” household activities, which should not be included as caregiving. Estimates suggest that the economic value of unpaid informal care as a percentage of the overall cost of long-term care in EU Member States ranges from 50 % to 90 %. There is evidence that in most European countries (except for the Scandinavian countries), informal carers still provide most of the care delivered to older people in need of LTC, including hands-on care. Caring for an elderly parent is more frequent in Northern Europe than in Southern Europe, but the care provided is far

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more intensive in Southern Europe. For instance, Italy (as well as Spain) has shifted over the last decade from family-based type of care towards a model that still relies heavily on informal care, but less so on family care-givers (Hoffmann and Rodrigues, 2010).

From the data of SHARE (Survey of Health, Ageing and Retirement in Europe) project, in 2013, formal care covers half of the sample (59%) and it is supplemented almost in equal part by informal (31%/28%). Formal care is prevalent in the northern Europe and informal care support is strong in centre Europe; in the South and East informal has the larger part. Approximately, 40% of informal carers are in full employment across Europe, and this number is likely to rise in the future. Soon, informal carers will not be as available as they are today. Despite falling family sizes and decreasing fertility rates, it is likely to be a decline in the proportion of people with no surviving child over the next years. These trends could affect women more than men and vary between countries. The second issue relates to the ability or propensity to provide unpaid care (Pickard, 2015). It is argued that a decline in the rate of intergenerational care provision in future will arise from such factors as the decline in co-residence of older people with their children and the continuing rise in labour market participation by women. It is sometimes suggested that the increase in care provided by spouses and partners will compensate for the potential decline in care by children. However, there are limits to the extent to which care by spouses or other older people can compensate for a shortfall in the supply of care by children (Pickard, 2015).

EU data reports that most informal carers are women, but the proportions of women are a little lower than in formal care: 71% in Hungary; 66-64% in Italy, Poland, Portugal; 62-60% in France, Austria, Germany, Belgium; 58-57% in the Netherlands and the UK; 54% in Denmark. Over 90% of people providing regular informal care have a family relationship with the people they care for. Informal carers are typically spouses, middle-aged daughters or daughters-in-law. Belgium at 20.6% has the highest percentage of informal carers aged 50+ followed by Italy (which has the fewest paid LTC carers) and the UK. The lowest percentage of informal carers is found in Denmark, with Sweden (the country with the highest percentage of paid carers) and Poland only a little higher. On average across OECD countries, 66% of informal carers provide daily care, the rest weekly care. However, there is a wide variation between countries in the intensity of caregiving. In Portugal, Italy, and Poland, where there is a strong tradition of family caring, at least 3 in 4 informal carers report caring daily; but in Sweden and Denmark where more caring is done by paid LTC workers, the proportion of informal carers providing daily care is much lower (European Union, 2014).

Provision of informal care varies within and between countries: rising age, lower education levels, and being a woman all are connected to higher likelihood of providing informal care. Regarding international differences, it is shown that provision of informal care is also strictly connected to differences between LTC systems (Riedel, 2012).

**Dario Barbieri, Gruppo Cooperativo Gino Mattarelli**

**Pierluca Ghibelli, Gruppo Cooperativo Gino Mattarelli**

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Contact us for further information:

email: [info@sprint.eu](mailto:info@sprint.eu)

Project Coordinator: Mr Alan Glanz

email: [A.Glanz@lse.ac.uk](mailto:A.Glanz@lse.ac.uk)



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