

International Network for Social Policy Teaching and Research Conference

Challenges of Welfare Policies in Central and Eastern Europe

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Long-term Care for the elderly in Central and Eastern Europe in the making

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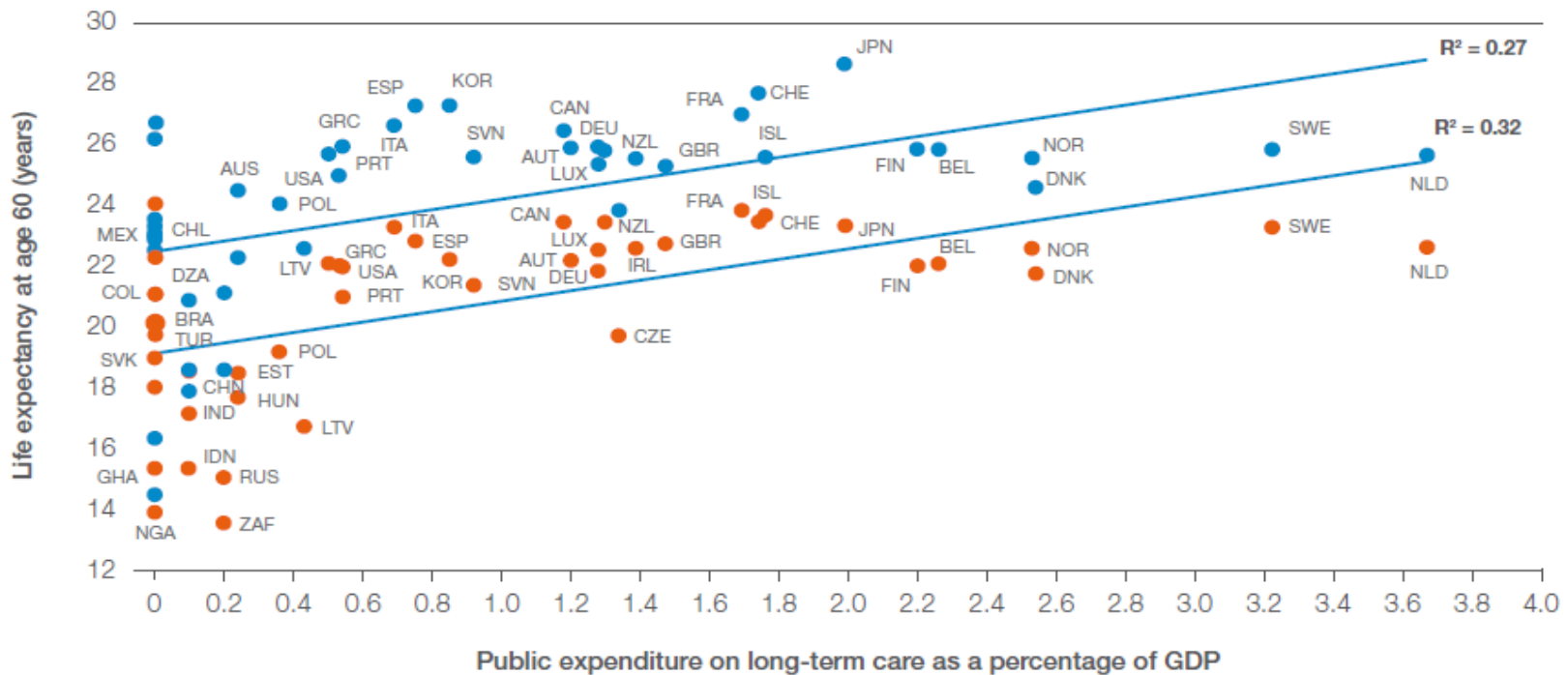
OUTLINE OF THE TALK

- I. The EU as a 'leader' in LTC provision for the elderly?
- II. Access and affordability of long-term care provisions for the elderly in CEECs?
- III. Insights into national reforms and debates

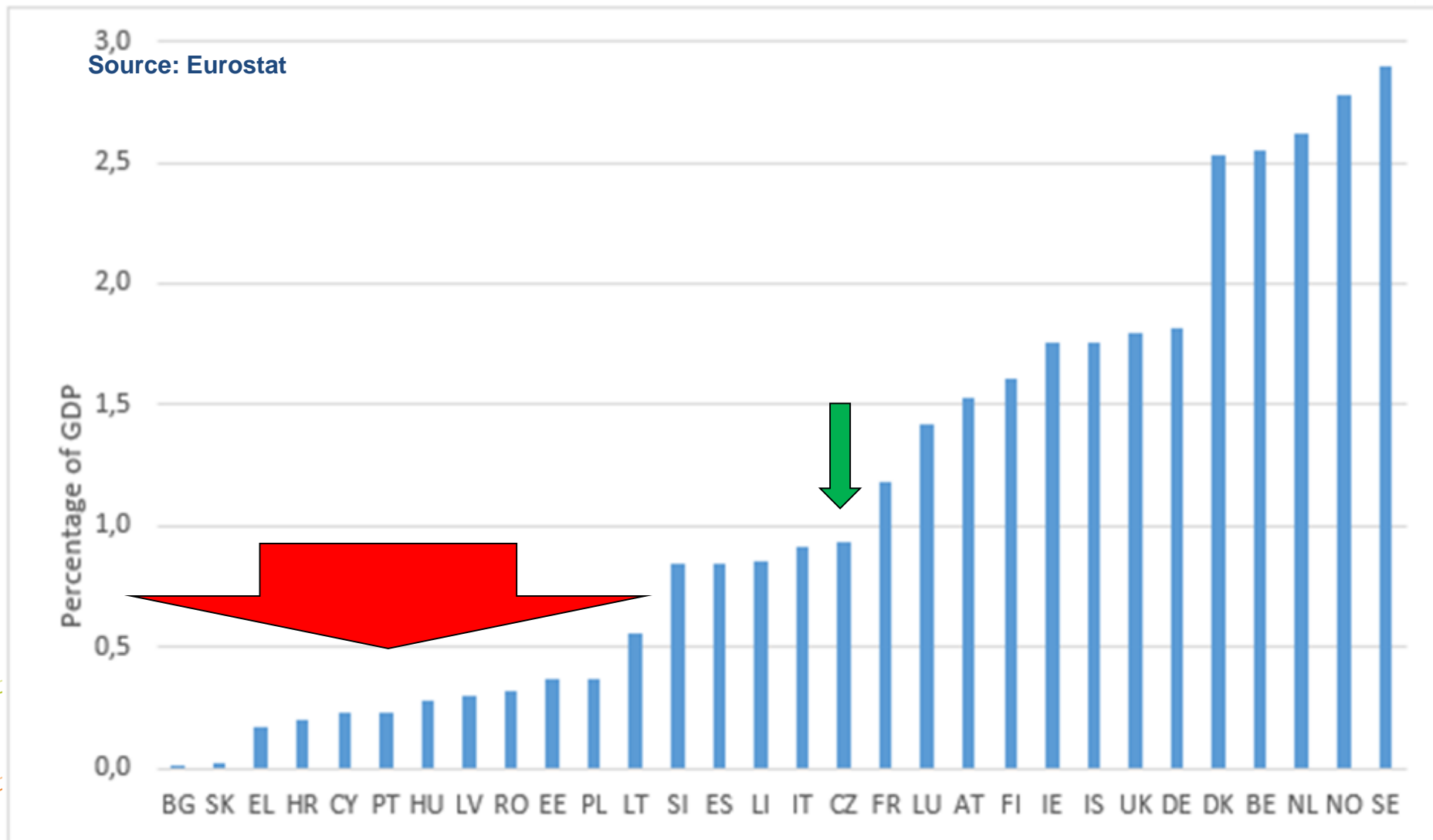
I. The EU as a 'leader' in LTC provision for the elderly?

- Long-term care provision for disabled people and the elderly is 'close to non-existent' in most African, Latin American and Asian countries (ILO 2018)
- Public expenditure on long-term care in the EU among the highest in the world but important differences among Member States...and especially the CEECs

Public long-term care expenditure as a percentage of GDP, and life expectancy at age 60 in 45 countries, by sex, 2010–15, ILO (2018)

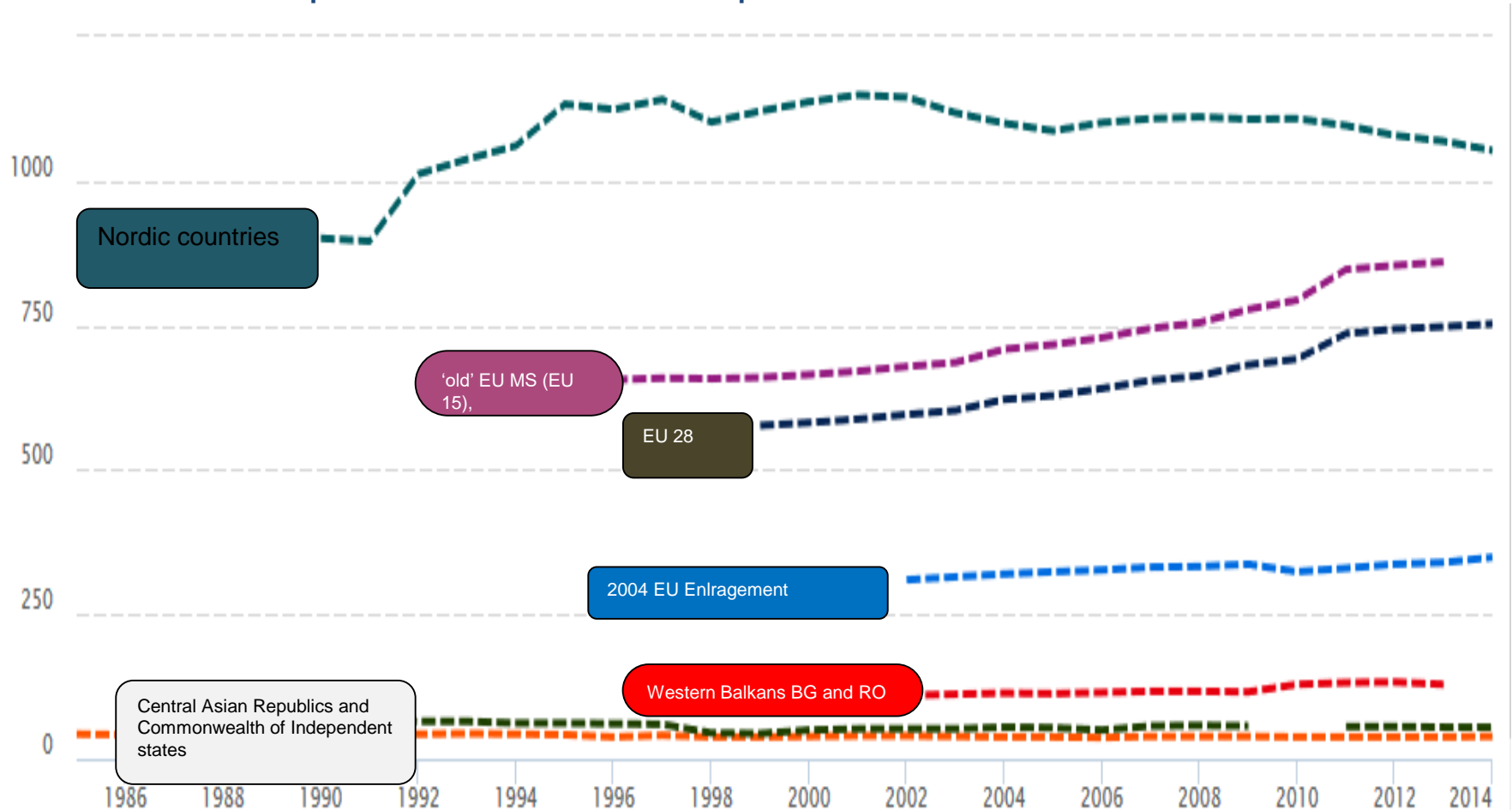


Long-term care expenditure (health) in terms of GDP, 2015

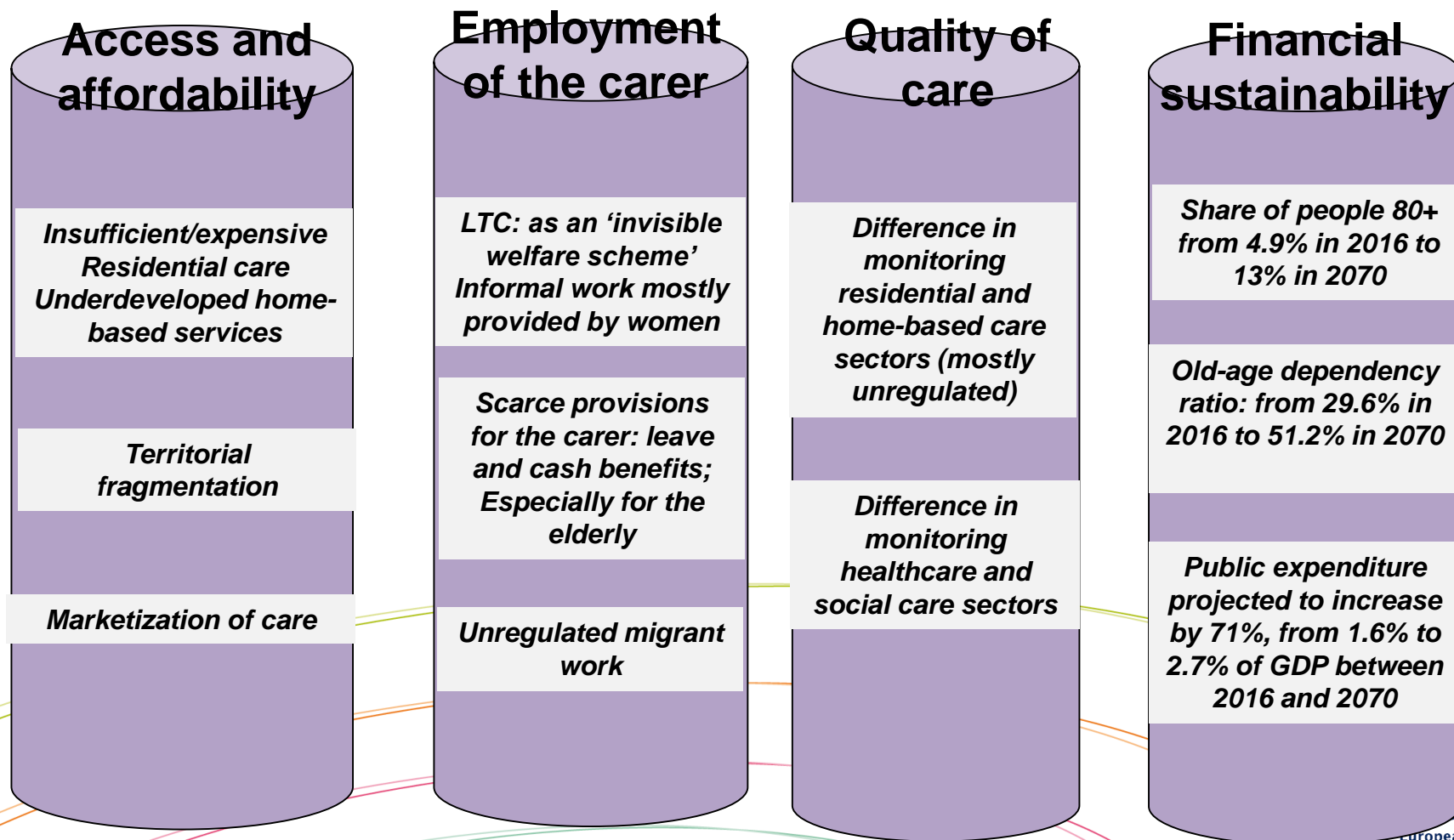


Nursing and elderly beds per 100,000 population, (1990- 2014), WHO 2018

- EU 28: 753 beds
- “Old” MS (‘EU 15’): 860 beds
- 13 ‘New’ EU MS (2004 Enlargement): 349 beds
- South-Eastern Europe (Western Balkans, BG and RO): 123 beds
- Central Asian Republics and Commonwealth independent states: 39 beds



What challenges for national systems with regard to LTC?



II. Access and affordability of long-term care provisions for the elderly in CEECs?

- 1. Governance and financing**
- 2. Access to residential care**
- 3. Access to home-based services**
- 4. The unknown factor: affordability of LTC**

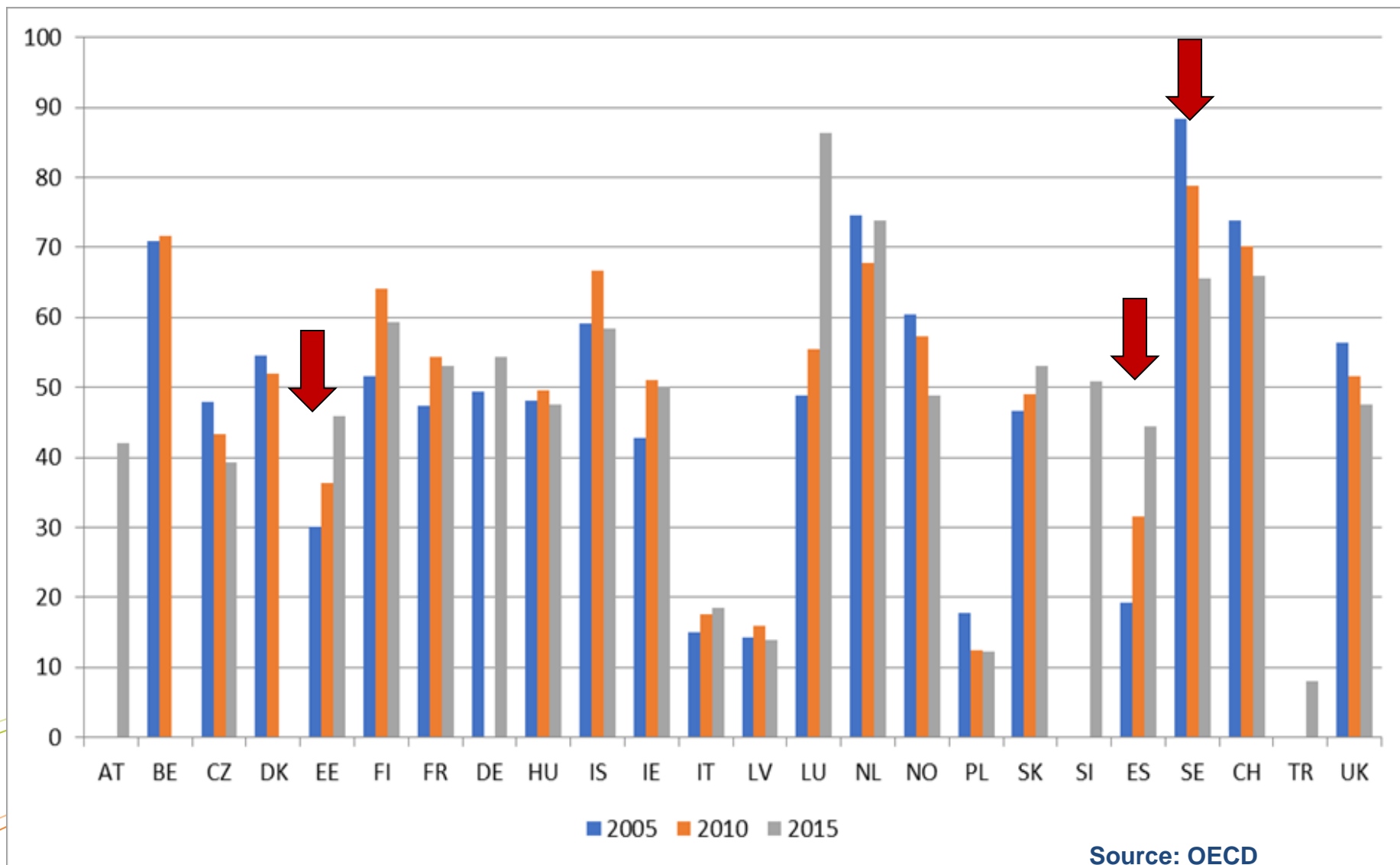
1. Governance and financing

➤ Interinstitutional and territorial fragmentation

- Division of responsibilities between the healthcare and the social sectors
- LTC in the healthcare system: national level
- Social care (activities relating to daily help)
 - ✓ At the national level (e.g. BG, CY, EL, HU, IE, IT, LU, MK, MT, SI)
 - ✓ At the regional or local level (e.g. DK, FI, LV, UK)
 - ✓ A mix between these three levels (e.g. AT, BE, ES, FR, HR, HU, LT, NL, PL, RO)

2. Access to residential care

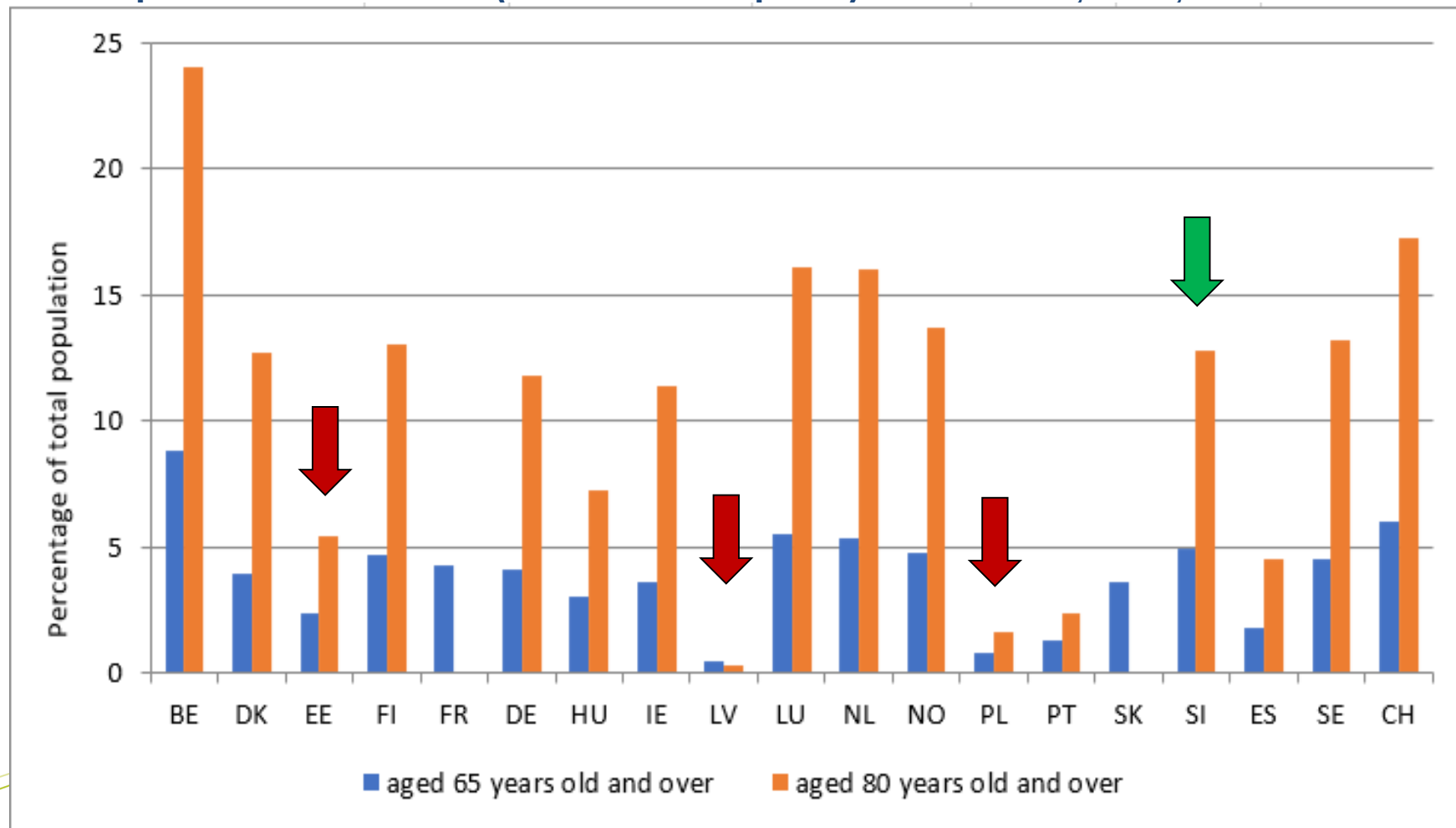
Beds in residential LTC facilities (65+, per 1000 population) 2005, 2010, 2015



Source: OECD

2. Access to residential care

LTC recipients in institutions (other than hospitals) 65+ and 80+, 2014, OECD



2. Access to residential care

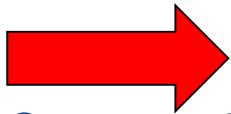
- **Nordic** countries: deinstitutionalisation
 - residential beds for persons aged 65+ has steadily diminished since 2005 (DK, NO, SE)
 - becoming a common trend after 2010 (FI, IS, NO, SE).
 - however still among the highest percentages of LTC recipients in residential facilities.
- **Continental** Europe: towards a slow increase
- **Southern** Europe (e.g. CY, ES, IT, MT, PT) clearly a trend towards an increase in residential beds
 - changes in the labour market structure (more women working)
 - increase in the pensionable age (esp. women)
 - changes in family structure

2. Access to residential care

- **Central and Eastern European countries:** steady creation of institutional places.
 - Slight decrease in the number of residential beds since the 2000s but depending on the sector (e.g. CZ, LV, PL)
 - ✓ Czech Republic in 2016, there were 37,247 beds in homes for the elderly and almost 67,000 unsettled applications.
 - Steady increase in the number of residential homes (e.g. BG, EE, LT, RO, SI, SK)
 - ✓ Romania, public residential homes for the elderly increased from 98 in 2009 to 123 in 2016. A spectacular increase in private homes from 51 to 246, for the same period.
 - Decrease of number of pending applications: 40% in 2009 to about 14% in 2016
 - However in most countries the demand ***largely*** exceeds the supply of residential LTC
 - ✓ In Lithuania, in 2014, 47% of the elderly in need of LTC were on a waiting list for residential care, average waiting time of six months.

2. Access to residential care

- Reasons for increasing demand similar to those in the Southern countries:
 - steep increase in the old-age dependency ratio (EU 28: 30.5% in 2018)
 - ✓ Bulgaria: 26% (2008) to 32.5% (2018)
 - ✓ Croatia: 26% (2008) to 30% (2018)



Comparable or even higher than in Nordic and Continental countries but scarce residential provisions

- changes in the family structure
- increase in the pensionable age (esp. for women, equalization of pensionable ages m/f)
- emigration (young and middle-aged people)

➤ Access to residential care and privatisation/marketization of care

- Long-term trend towards the privatisation and marketisation of LTC (e.g. BE, DE, FI, LT, UK)
- Private for-profit care institutions qualify for public funding (e.g. BE, DE, DK, EL, ES, FI, FR, SI, SE, UK) or public authorities contract a number of beds in private homes (e.g. MT, TR)
- In some Central and Eastern countries exceeding demand led to the privatization and marketization of the LTC and rapid growth of commercial sector (e.g. HU, LT, LV, RO)

➤ However issues with quality and management

- Romania (2012) *minimum standards for service providers of residential and non-residential care* for elderly and disabled people --- ➤ withdrawal of accreditation of many providers.

3. Access to home-based services

Prioritization of home-based care

Nordic countries

'Continental' countries

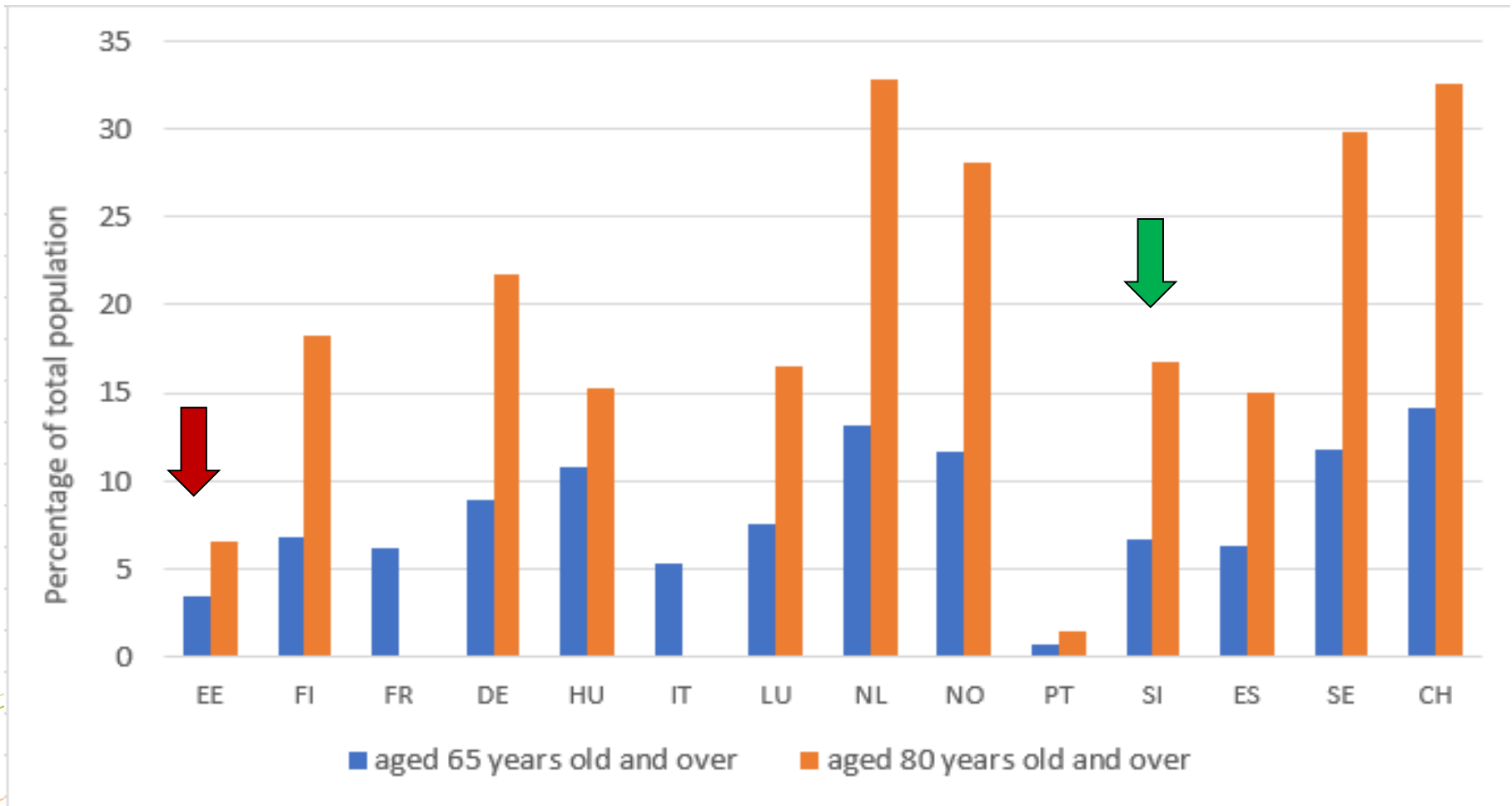
Home care provision underdeveloped

Southern countries

Central and Eastern European countries

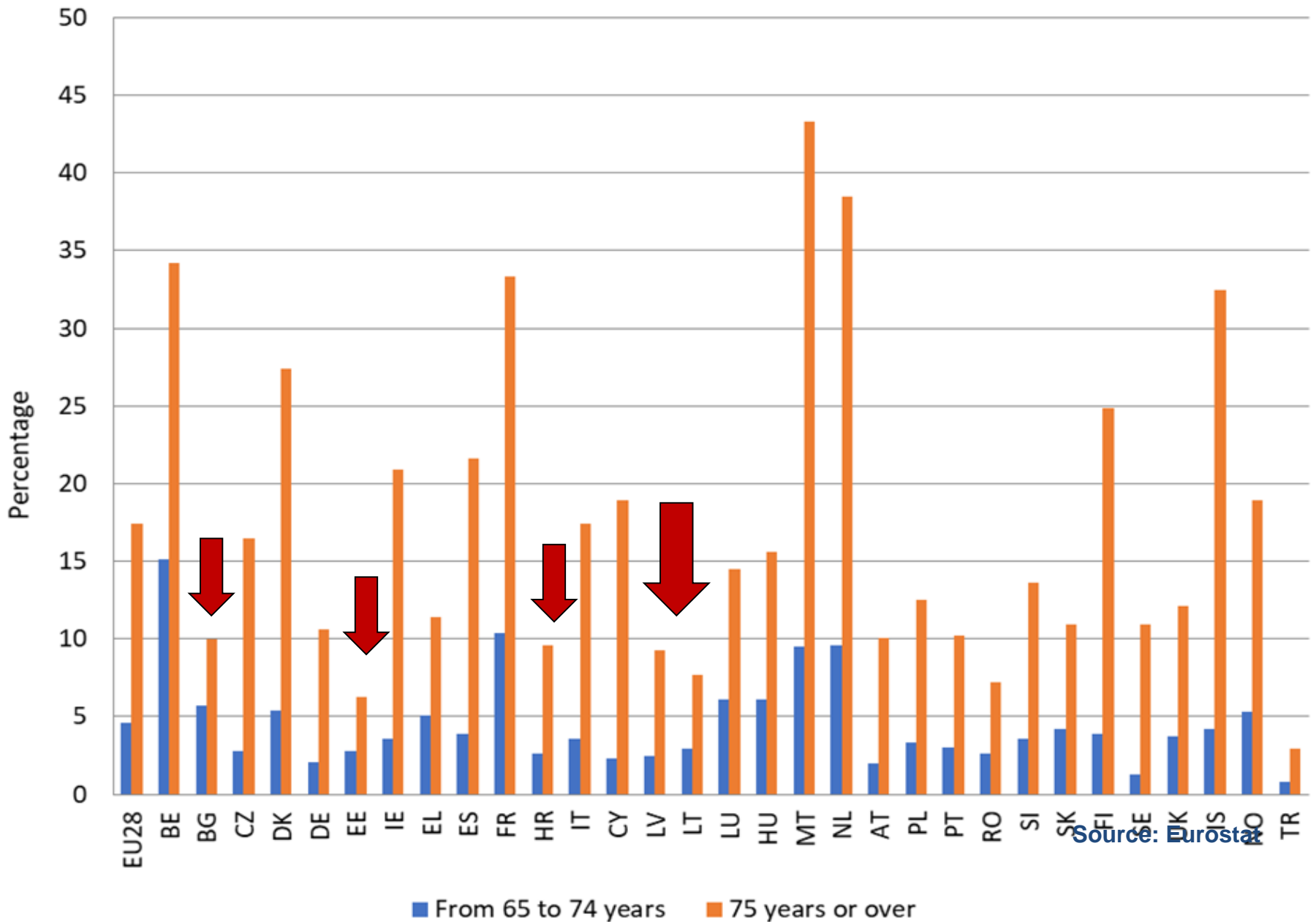
3. Access to home-based services

LTC recipients at home (65+ and 80+), 2014, OECD



Source: European Social Observatory

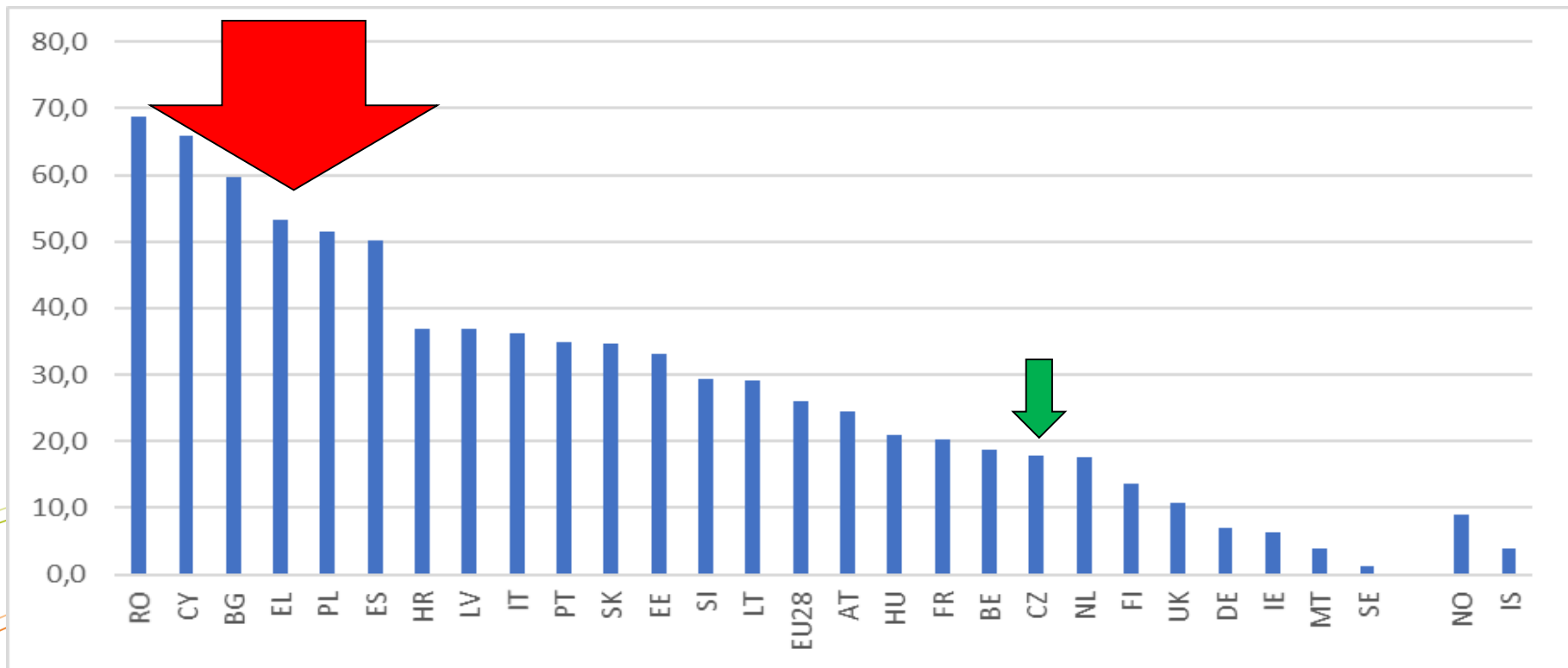
Self-reported use of home-based care services by age, 2014



4. The unknown factor: **adequacy** of LTC

- **How to measure sufficiency and affordability?**
- Blatant lack of data

Persons, 65+ not using professional homecare services for financial reasons, 2016, Eurostat



➤ Country- specific examples (residential and home-based services)

- In Germany, the purchasing power of benefits has decreased considerably. In 2014, the private costs of LTC amounted to 36.6% of the total expenditure on LTC.
- In Flanders (Belgian federated region): home care estimated affordable; the total cost of 1 h of home care: 34 euros, of which 4.94 euros was an own contribution from the user, i.e. 14.5% of the total cost.
- **Central and Eastern European Countries:**
 - Croatia: scarce places in institutions: for only 3.68% of those older than 65. Home care: “assistance at home” service was provided to only 3,258 persons older than 65 at the end of 2015
 - Czech Republic: the monthly care allowance for heavy dependency would cover only approximately 2.5 hours of care per day
 - Romania: significant decrease in state subsidies ➔ increase in beneficiaries’ contributions. Public homes from 26% in 2012 to 30% in 2016; In private homes: from 56% to 74% over the last 4 years.
 - Lithuania: only 3 out of 60 municipalities were able to provide a sufficient variety of services for elderly in 2017

III. Insights into national reforms and debates

- LTC provisions subject to several reforms in most of the EU countries over the past 10 years (2008-2018)
- Three main trends with regard to different aspects of LTC care:
 - **Readjustment of the LTC policy mix**
 - ✓ Moving away from residential care towards home care and community-care (e.g. AT, BG, DE, DK, EE, FR, FI, MT, SI)
 - **Measures addressing financial sustainability**
 - ✓ Budgetary restrictions: crisis period (e.g. DK, ES, PT, IE, UK)
 - **Better access and affordability of provision**, including improvements to the status of informal carers
 - ✓ Increased LTC funding (e.g. EE, RO)
 - ✓ Improving eligibility conditions and benefit levels (e.g. AT, DE, IT, MT)
 - ✓ Tackling interinstitutional and territorial LTC fragmentation (e.g. AT, DE, FI, PL, RO, SE)
 - ✓ Recognizing & improving the status of informal carers (e.g. AT, FR, CZ, PT, PL)

Some forward looking points: LTC in Central and Eastern Europe

- LTC for the elderly still “invisible welfare schemes”, especially in Central and Eastern Europe
 - Nevertheless: difference among CEECs: Czech republic and Slovenia: outliers?
- LTC gaining visibility in policy discourse a part of a *‘wider agenda of recasting welfare states’* to respond to ‘new social risks’ linked to, e.g. the combination of paid employment with care for the elderly

- **What role for the EU?**
 - Principle 18 on long-term care (LTC), European Pillar of Social Rights
 - ✓ ‘Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services’
 - Use of EU funds
 - ✓ In some countries important efforts have been made recently to strengthen home care (HU, LV), often with the support of EU funds (BG, EE, HU, LT, LV)
 - ✓ In BG, even if many municipalities implemented the EU-supported model of integrated care at home, a well-established funding mechanism is missing
 - A role for the SEC GEN Structural Reform Support Service?

Read more

- **Spasova, S., Baeten, R., Coster, S., Ghailani, D., Peña-Casas, R. and Vanhercke, B. (2018).** Challenges in long-term care in Europe. A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission reports (available soon on the ESPN [website](#)). The 35 ESPN Thematic reports on Challenges in LTC (available soon the ESPN [website](#))
- **Bouget, D., Spasova, S. and Vanhercke, B. (2016),** Work-life balance measures for persons of working age with dependent relatives in Europe. A study of national policies, European Social Protection Network (ESPN), Brussels: European Commission Synthesis [report](#). The 35 ESPN Thematic [Reports](#) on work-life balance measures for persons of working age with dependent relatives in Europe
- **Bouget D., Saraceno C. and Spasova S. (2017),** ‘Towards new work-life balance policies for those caring for dependent relatives?’, in Vanhercke B., Sebastiano S. and Bouget D. (eds.), *Social Policy in the European Union: State of Play 2017*, Brussels: European Trade Union Institute and European Social Observatory, pp. 155-179
- **Ghailani, D.,** ‘Brief overview of measures related to work-life balance in the European Union’ [Download](#)

THANK YOU!

Feedback most welcome now or to

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