Long-term care services for the elderly across the UN-Europe region

Facts & Figures

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Output of the MA:IMI project
Setting the scene for the discussion

1. Challenges facing long-term care in Europe
2. Overview of home & institutional care
3. How sustainable is informal care?
4. Could migrants be part of the answer?
5. The role of ICT
6. Some food for thought
1. Challenges facing long-term care in Europe
Long-term care: a latecomer in social policy

- A “new” social risk: only recently integrated in social protection;
- At the boundaries between health and social care;

Health Care System
- differentiated, professionalised, hierarchical, funded, rights-based

Social Care System
- local, less professionalised, badly funded, discretionary
A diversified picture of long-term care

• Different approaches to long-term care
  • Cash benefits (Austria, Germany, Italy, Czech Republic);
  • Means-test (UK);
  • Public provision of care services (Sweden, Denmark).

• Hybrid rather than pure models of care
  • Cash benefits: within the tax envelope (Austria, Czech Republic) or through social insurance (Germany);
  • Regulated (France) and unregulated allowances (Italy);
  • Universal public provision of care (Denmark) or targeted “universalistic” provision of care (Sweden);
  • Provision of care (institutions): public (Sweden), private “for profit” (Spain, UK), private “non-profit” (Germany).
Long-term care – a complex array of services

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Source: ECV graphic
2. Overview of home and institutional care
Home is where you’re cared for

Institutional care confined to a minority

Home care is key for more people accessing care

Source: ECFIN (2009), European Centre 2009
Where are public resources going?

Public expenditure on long-term care (% of GDP) and its distribution (2007 or most recent date)

Most public resources go into institutional care

In comparison: EU15 spends 7.6% GDP on health and 9.1% GDP on old-age pensions

Source: Own calculations based on national sources, NOSOSCO, Więckowska (2010), OECD and Huber et al. (2009).
Home care critical to sustain *ageing in place* however...

To remain active in their community older people often need support or they may end up socially excluded: among Europeans 70+ who have mobility constraints, only 12% live in an adapted home.

To combat ‘spatial exclusion’:

- Accessible transport for older people to support independent living
- Designing dementia friendly buildings

Currently in the UK:

1. 12% of older people (1.1 million) feel trapped in their own home
2. 7% go out less than once a week
3. 3% of older people *never* go out
4. 4.6 million older people consider TV as their main form of company

Source: Help the Aged, 2008; Laferrère, 2009; Kronauer (1997)
Provision-mix in transportation services (in %)

Eurofamcare Study 2004-5: Poland, Greece, UK, Italy, Germany, Sweden

Source: G. Lamura, E. Mnich, B. Bień B. Krevers, K. McKee, L. Mestheneos & H. Döhner on behalf of the EUROFAMCARE research group, [www.uke.uni-hamburg.de/eurofamcare](http://www.uke.uni-hamburg.de/eurofamcare)
Example of good practice: ‘Warm Home Programme’

• In Israel vulnerable subgroup of elderly population is that of immigrants, who have particularly limited social networks. Since early 1990s, some 150,000 elderly individuals have immigrated to Israel from former Soviet Union.

• The "Warm Home" program developed by ESHEL – The Association for the Planning and Development of Services for the Aged in Israel for elderly, especially immigrants.

• “Warm Home” consists of elderly couple/individual (not recent immigrants) who host elderly people in their home once/twice a week. Participation is free, and content of meetings is determined by participants, some of whom also help organize the informal, intimate activities.

• At present, with funding and at the initiative of ESHEL, associations for aged, and local authorities, over 100 warm homes are active throughout Israel, attended by some 2,200 elderly participants, most of them immigrants from former Soviet Union.

Source: http://brookdale.jdc.org.il/?CategoryID=192&ArticleID=78
Benefits of programme

Main reasons for joining program were to:

- **meet new people** (96%)

- gives them feeling **belonging to the community** (93%)

- helps them **overcome loneliness** (90%)

- Participants met (63%)/called (28%) each other outside meetings, and asked one another for help (18%)

- Participants were very satisfied (80%) or satisfied (an additional 17%) with program

Source: http://brookdale.jdc.org.il/?CategoryID=192&ArticleID=78
"Man is a social animal."
- Benedict Spinoza, Ethics

Institutional care can further socially exclude elderly person

For example in Germany the ‘definition of care’ in the Long-Term Care Insurance Act limits care to medical and nursing provision, with physical care in the foreground.

The emotional and social aspects of the care relationship, on the other hand, are largely excluded.

Source: Eichler and Pfau-Effinger, 2010
In which areas do older people need more help? (in %)

Eurofamcare study 2004-5: Germany, Greece, Italy, Poland, Sweden, UK

- **DOMESTIC CARE**
- **CARE ORGANISATION**
- **EMOTIONAL SUPPORT**
- **HEALTH CARE**
- **TRANSPORTATION**
- **PERSONAL CARE**
- **FINANCIAL SUPPORT**

Source: G. Lamura, E. Mnich, B. Bień B. Krevers, K. McKee, L. Mestheneos & H. Döhner on behalf of the EUROFAMCARE research group, [www.uke.uni-hamburg.de/eurofamcare](http://www.uke.uni-hamburg.de/eurofamcare)
Quality of life in nursing home becoming an end in itself

• Recent trend to measure the quality of life of frail older people in nursing home despite challenges (residents suffering from Dementia etc)

• Performance Indicators to measure social interaction in nursing home

• flexibility of visiting times, % of residents taking part in social activities

• Has the ‘privacy’ argument gone too far?

Source: Nolan et al. 2008
3. Informal care: the backbone of long-term care

“A long-term care policy that ignores informal caregivers neglects the elephant in the room“ (Josh Wiener)
Informal care: The “workhorse” of LTC

Current portrait of informal carers in Europe:

- Women
- Late 40s till early 60s (ave.)
- Not employed (country diversity)
- Family members:
  - Daughters
  - Spouses

Targeted by EU Employment Policies
Decreasing fertility rates:
Less siblings sharing the “burden of care"
Changing living arrangements

Public support for informal care

- Cash for care benefits: care allowances and attendance allowances;
- Linked with a consumerist (choice) rhetoric.
Trade-offs in generosity – attendance allowances

Amounts of attendance allowances in percentage of net wage of APW and its beneficiaries (2007 or most recent date)

Higher but targeted amounts „Generous“?

„Everyone gets by with little“

Source: Huber et al. (2009)
Demographics bound to change picture?

“Support ratio”: number of women aged 45-64 for each 80 year-old (2006 or 2005)

Source: Eurostat
How will changing living arrangements impact care needs?
Home alone...even more so for the 80+

Living alone for people aged 60-79 and those aged 80+, Eurostat 2001 Census data

Loneliness in very old-age...

Living arrangements for older people, by gender (based on 2001 Census data)

Older Northern Europeans likely to live alone...

... unlike older Southern Europeans (albeit less and less so)

Source: UNDESA/Population Division (2005), Eurostat 2001 Census data.

Karagiannaki (2005), Greek Household Budget Survey.
Living alone explaining institutionalisation of women?

Living alone is positively related to institutionalisation

Source: Own calculations based on OECD, Eurostat and national sources. Huber et al. (2009).
Who cares?

- Responsibility to care for older people lies primarily with children themselves:
  - least strongly felt in **Scandinavian** countries (Sweden: 16%) and
  - most strongly felt in **Mediterranean** countries (Greece: 89%)

- The notion that the family should take responsibility does not always readily lead to the provision of informal care in practice

Source: Pommer, Woittiez and Stevens, 2007 based on SHARE
• 35% older persons in **Italy** do not receive the help they need

• Compared with ~23% older persons needing help in **Belgium, Austria, Denmark** where formal services more developed

• In **Portugal** one in four users cited isolation or family conflict as the main reason to being admitted to a care home

Source: Pommer, Woittiez and Stevens, 2007 based on SHARE; Nogueira, 2009
Diffusion of loneliness
“feeling lonely often or sometimes” by age group
in %

Source: ESAW (European Study on Adult Well-being) 2003
However is full dependency on family care sustainable? desirable?

- Carers often forced to retire early to care for their elderly relatives due to lack of alternatives (unreliable, poor quality, too expensive)

  Carer=Career?

- Being full-time carer can lead to their poverty in old age due to the ‘wage/pension penalty’ they suffer during their career if they have to leave workforce early

- Full-time ‘personal care’ requires round-the-clock support, leaving carer feeling overburdened and often socially excluded if s/he cannot easily leave the house

Sources: Badelt et al. 1997, Heitmueller and Inglis, 2004
Overburdened Carers?

In your opinion, do dependent older people rely too much on their relatives?

Lack of care services...

Providing care to co-residents...

Heavy care...

... explaining carers’ burden?

Source: EUROBAROMETER (2007)
Who cares for the older person when the primary family carer stops care-giving? (after one year, excluding elder’s death, in %)

Eurofamcare study 2004-5: Germany, Greece, Italy, Poland, Sweden, UK

4. Could migrant carers be part of the answer?
Migrant carers: a solution to gaps and shortages?

- Labour shortages in the care sector, pressure on informal care;
- Demand for care to support *ageing in place*: e.g. 24h care;
- Budgetary constraints: state and household level;
- Favourable policy settings: unregulated cash benefits.

Targeting immigration of skilled labour for health and LTC sector:
- “Legal” carers” (e.g. nurses employed by health sector)

Allowing /incentivising “grey markets of care”, particularly in home care:
- Undocumented carers hired by private households
Migrant carers
Vienna and Bratislava: tale of 2 cities

Austrian LTC context

- Unregulated LTC allowance;
- Limits on subsidised care;
- Financial constraints: real decrease of benefit value;
- Lack of social services, especially 24h assistants.

Supply-side:

- Cultural and geographic proximity;
- Wage differentials: average SK wage of €596 (OECD) against Austrian LTC allowance between €148.30 and €1562.10;
- Labour market situation: higher unemployment rates in SK.

Grey market of care based on migrant carers
Most burdening difficulties experienced by migrant care workers

- Emotional and psychological tension
- Fear that something might happen
- Physical burden
- To see the older person in this (bad) condition
- Lack/reduction of spare time
- Cannot get out of home
- Lack of rest
- Lack/reduction of friendships
- Others
- None

Source: Lucchetti et al. 2005
Care drain risks in migrants’ home countries

- Migrant women’s left behind children: well-off but socially deprived, missing maternal support & cared-for by grandmothers

- Mental illnesses of migrant women returning home after long years of isolated care work

- Educational & training costs saved by “destination” countries and borne by “sending” countries

- Sending countries are themselves becoming receiving countries of migrants from poorer/closer regions to fill the new care gaps
'Being busy with their grandchildren, older people do not have sufficient time to socialise. This sense of isolation is especially evident in urban settlements where the kinship links are less strong than in rural areas'
Dilemmas surrounding migrant carers

- **Financially convenient**: key to the sustainability of systems (policy-makers); source of income (migrants); value for money (patients);
- **Tailored to needs**, hard to get in the care market (e.g. 24h care);
- **“Ageing in place”** as an alternative to institutional care;

  But on the other hand...

- **Ethical issues**: exploitation, lack of social protection; two-tier labour market through imperfect formalisation (Austrian Home Assistance Act);
- **Integration with formal care**;
- **Quality of care?** both for carer and person in need of care;
- **Integration of migrants** in receiving societies.
5. The potential role of ICT in long-term care
5. The (potential) role of ICT in LTC

• The ICT in real world economy:
  • Efficiency/productivity gains;
  • Wide use found in service sector.

• The (potential for) ICT in LTC:
  • Improved coordination between health and social care (e.g. information sharing through electronic health records);
  • Patient focus;
  • Enhance independent living;
  • Improve quality of care: embedded in care practices, quality management, increased transparency.
  • Training and empowerment of carers (e.g. improving the social integration of migrant carers).
Why has ICT use in LTC fallen short of its potential?

- The real use of ICT in LTC
  - Limited services (e.g. telecare, alarm services)...
  - Pilot programmes or initiatives not become mainstream
  - Overall limited role.

- Perceived low ICT literacy of users, both carers and those in need of care
- Cost barriers and lack of evidence-based results
- Ethical concerns
- Fear of carer to lose employment and fear of older person to receive less visitors/social contact
Some conclusions for further debate

*On migrant carers:*

1. Migrant carers are key to the fiscal sustainability of many LTC systems, even if based on unsustainable arrangements
2. Undocumented carers follow opportunities, but are also a conscious if not always recognised policy option
3. Not a “silver bullet”, but it’s unwise to ignore their potential or otherwise take half-hearted measures to integrate them

*On ICT use in long-term care:*

1. ICT use and impact falls short of its potential in LTC systems
2. Can help migrants to communicate and feel less isolated
3. Advances in ICT might reduce proportion of older people needing personal assistance (Hoenig et al. 2003) however fear among older people that it will replace some of their care
6. Some food for thought

On family carers:

• Family care safety net against social exclusion of older people: but need to avoid ‘trapping’ carer out of work/social environment

• However during current times of financial crisis there has to some degree been a ‘refamiliarisation’ of care

On formal care:

• A lot of resources going into institutional care, sustainable?

• Issue of labour shortage/turnover
Thank you for your attention!

Questions?

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