



Population ageing and challenges for long-term care policies*

Ramani Davare, Felix Kreis & Amara Scheitlin

Introduction

Ramani Davare
Davare_Ramani@student.ceu.edu

Felix Kreis
Kreis_Felix@student.ceu.edu

Amara Scheitlin
Scheitlin_Amara@student.ceu.edu

This is the second policy brief about the socio-economic effects of population ageing in Europe. The first policy brief noted that population ageing comes with challenges for health systems and gender equality, in particular by increased pressure on the disproportionately female health and long-term care (LTC) workforce. This is true for both formal care, which includes paid services provided by institutions or healthcare workers, and informal care, meaning unpaid services most often provided by untrained relatives or friends. Also, the restructuring of the labour market to respond to a general supply shortage poses a challenge that is not sufficiently considered in current policies. However, with currently promoted policies towards 'Active and Healthy Ageing' in a life-course perspective as well as 'Mainstreaming Ageing' it is possible to identify opportunities to create more equal, sustainable and resilient societies under conditions of population ageing.

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This brief will synthesise challenges around long-term care provision related to population ageing with a focus on tangible policy proposals to activate solutions in the area. Related policies' relevance and potential impact will be discussed in four national contexts in Eastern and Western Europe. Finally, context-specific policy recommendations are presented.

While most European countries differ greatly in their health system benefits, health attainments and access to healthcare, they all share an unequally high reliance on family members and migrants to provide informal care to older people. Almost every European knows someone who provides LTC for a family member – and the vast majority of those informal carers are women. As a matter of fact, the stability of European LTC systems hinges upon the contribution of women.

* Felix Kreis and Ramani Davare were students of the Erasmus Mundus Masters Programme in Public Policy at the Department of Public Policy at *Central European University* during the 2021-22 Academic Year. Amara Scheitlin was a student in the one-year Master of Arts in Public Policy Programme at the Department of Public Policy at *Central European University* during the 2021-22 Academic Year. Thank you for the comments received from Magdi Birtha, Kai Leichsenring and Eszter Zólyomi. We also thank Sonila Danaj for review and Amália Solymosi for editing and layout.

At the same time, as populations age, the likelihood of growing numbers of people with LTC needs increases also due to a rising number of individuals with multimorbidity. Because of the still rather weak expansion of public LTC systems and issues with the affordability of private LTC services, it is likely that the burden will shift further towards women and informal care among older people themselves, unless appropriate policies are established. Additionally, with rising care intensity of people with multimorbidity and/or cognitive decline, the reliance on informal care and care by untrained carers will reduce the quality-of-care provision. Current policies on LTC systems and workforce supply are not sufficiently incorporating future effects of population ageing and risk to become unsustainable both in quantitative and qualitative terms.

Main Challenges and Policy Implications

Three main challenges stand out in the areas of work and healthcare

Upon extensive revision of the existing literature and policies around the impacts of population ageing we identified three main challenges that stand out in the areas of work and healthcare. Apart from other challenges faced by policymakers dealing with population ageing, the shortage of care workers, health inequalities and age-friendly labour conditions.

Challenge 1: Shortage of long-term care workers

The shortage of healthcare personnel in general and LTC workers in particular is a multidimensional issue within EU Member States and beyond that affects the future of public healthcare systems, labour markets and gender equality (European Commission, 2018). As if this would not be enough in the context of ageing societies, the COVID-19 pandemic has further strained healthcare systems on a global scale, exacerbating already existing issues such as burn-out, understaffing of physicians and nurses, and the migration of healthcare workers out of Eastern and Central Europe (Michel & Ecarnot, 2020).

The overreliance on women as informal carers reduces their participation in the formal labour market

Moreover, the overreliance on women as informal carers reduces their participation in the formal labour market, contributes to gender inequalities in employment and exacerbates long-term inequalities through resulting lower contributions to pension systems (Ilinca et al., 2016). Related to this is the recruitment of migrant women as domestic care workers or live-in carers, often without work permits or employment contracts in many European countries. This informal or semi-formal employment of migrant women as caretakers raises questions about qualifications, working conditions, and exploitation. These women are often not protected by labour law and work for low wages on a very flexible basis, hence the reason they are preferred alter-



natives to unaffordable formal care provision. However, this comes with the trade-off that many migrant domestic workers are not properly trained on certain health issues, such as dementia care (European Commission, 2018).

Differences in overall economic prospects, in the relative and absolute size of state budgets allocated to health and social care, and in wage levels across the EU have created a situation in which health and social care workers from Central and Eastern Europe are incentivised to migrate to Western and Southern Europe. As a result, the overall shortage of care workers in Central and Eastern Europe is exacerbated by these migration patterns.

**Accessible training
programmes for care
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help ensure
skilled work in LTC**

As a result, there are two key shortcomings to be addressed. First, policies need to attract more personnel to the healthcare sector. In Eastern and Central Europe, low wages encourage migration to countries offering higher incomes in this field. Some countries, like Slovenia, Lithuania, and Hungary have already taken action by raising wages in the health sector quite significantly since the COVID-19 pandemic (Tverdstup & Bykova, 2021). However, these raises have not benefited all workers in the health sector equally as they were mostly targeted at doctors. Additionally, the number of geriatric specialists has been shrinking over the last decades. Second, accessible training programmes for care workers, including (semi-)formal carers are needed that help ensure that they are properly skilled in LTC to allow easier (re)entry to the formal labour market at all ages.

Challenge 2: Inequities in healthy ageing

The opportunities for healthy ageing are not equally distributed in European societies. These depend on educational attainments, income and wealth, occupation and thus on socio-economic status (SES), i.e. some societal groups are significantly disadvantaged compared to others when it comes to maintaining good health in later life. In general, disabilities and illnesses occur more frequently and earlier in people with lower SES (Jong et al., 2018), which can significantly affect their healthy life years compared to people of higher SES. This reduction in healthy years also relates to challenges in accessing healthcare systems, including financial barriers, limited health literacy and availability of transportation. For example, in Germany, both men and women with lower SES aged 50-64 and 65-85 reported higher rates of unmet care compared to those in higher socio-economic groups. This unmet care includes medical and dental care, medical prescriptions, and mental health services (Hoebel et al., 2017).

Furthermore, lower-income groups are more likely to provide daily care for relatives, thereby forgoing paid work due to care responsibilities (Ilinca et

al., 2016). The resulting income constraints can limit their abilities to afford appropriate treatments, which causes a negative impact on the healthy ageing process. In addition, depending on the severity of the illness of the person being cared for, care work can have a significant negative effect on the health of the carer (Thomas et al., 2015). Ensuring a higher overall socio-economic and educational equality would thus improve health outcomes significantly for groups with lower SES. For instance, a more equal division of care work between socio-economic groups could reduce economic disadvantages to improve health outcomes in later life. Overall, the effect of SES on healthy ageing highlights the importance of policies that promote work-life balance and increased support for home-based care to counter inequalities.

**Financial barriers to
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Preventative approaches are needed to reduce the prevalence of chronic conditions and multimorbidity among older people as healthcare personnel is scarce and medical treatments are more costly (Chipman & Kielstra, 2012). Greater equality in terms of healthy ageing would therefore help to limit rising costs in healthcare. Countries with a high share of out-of-pocket payments for medical treatment need to reduce the share of private payments to make health systems more accessible, especially for the most vulnerable individuals. Given the higher risk of ailing health in older people with lower SES (Jong et al., 2018), any kind of financial barriers to healthcare hamper universal access to quality care as a human right and produce higher societal costs in the long run.

Challenge 3: Expanding working life and the age-friendly employment of older workers

The shortage of LTC workers makes it crucial to analyse labour market reforms and policies focused at retaining older workers and expanding their working life. Many such policies have been formulated and implemented over the past three decades, but with inconsistent outcomes. This is due to the complexity of different stakeholders' interest structures and conflicting goals between labour market policies, pension policies, and a lack of 'mainstreaming ageing' across policy fields.

A clear divide can also be observed between the existing policies revolving around social security systems in the Western and Eastern European countries. Germany and the Netherlands are to increase their statutory retirement age (SRA) to 67 whereas Hungary and Estonia are at 65 (OECD, 2021b). This reflects on the problem of conflicting goals, such as out-migration for Eastern European countries, while addressing the challenges of ageing societies. The provision and availability of opportunities varies among nations along with working conditions (Vargas, 2019) which results in different kinds of policies. These



differences also reveal the complex nature of social security systems, where pension policies focusing on expanding working lives to reduce the fiscal burden are not sufficient to address the challenges of population ageing. Smarter and more effective policy design based on the 'mainstreaming ageing' approach is needed.

Policies aimed at reskilling or retraining can help in tackling fiscal issues

For instance, policies aimed at reskilling or retraining can help in tackling fiscal issues while providing further incentives to various groups of older people to stay employed for longer periods. An important aspect to note here is the difference between jobs in hazardous conditions or requiring arduous work and jobs that are more sedentary (Vargas, 2019). In this context it is necessary to design more effective lifelong learning policies, e.g., by promoting training programmes which can tackle employment gaps and labour shortages such as in the area of LTC. Not everybody is able and ready to enter the care sector, but those who are should be given respective opportunities at any age over the life-cycle. Employer incentives are also key in developing these opportunities for older workers as they have a central role in implementing as well as benefitting from such reskilling and retraining. Policy design needs to take one step ahead for a better integration of age to overcome the traditional ideas of life-long learning at the micro (individual), macro (social policies) and meso (company) level (Leichsenring, 2018).

Leave policies and supportive measures for LTC

This section details current policies in the four observed countries and showcases shortcomings and successes in addressing LTC needs. Generally, comparisons need to consider the huge differences between countries regarding the state of LTC and the implementation of support systems. For instance, while Germany and the Netherlands both spend a larger percentage of GDP on LTC provision (2.2% in Germany and 4.1% in the Netherlands), Hungary and Estonia are spending less than 1% (OECD, 2021a). Table 1 offers a brief overview of the scope of selected programmes and schemes in these four countries to further illustrate their different approaches.

Informal carers require much more flexible schedules with extended or frequent leaves

Care leave policies serve as one type of mechanism to support employees with care responsibilities, but they are not sufficient to address the needs of carers. The recently adopted EU Directive 2019/1158 on work-life balance for parents and carers provides that all Member States must allow at least 10 days of paternity leave, four months of parental leave, and five days of leave per year for carers to support relatives, and it extends the rights of parents of children aged eight years and under to request flexible working arrangements. These foundational principles to support the work-life balance of parents and

carers within the EU are, however, largely insignificant in the context of LTC, given that informal carers require much more flexible schedules with extended or frequent leaves. Parental and caregiver leaves are just one relevant scheme in this policy field. Other measures that are vital to support people in need of LTC entail benefits in cash, accessible and affordable services, and investment in community-based care. Table 1 outlines the main schemes and programmes provided by the four selected Member States.

Table 1: Policy measures to support people in need of long-term care and informal carers

Policy Measures	Hungary	Estonia	Germany	Netherlands
	<i>The Labour Act:</i>	<i>The Care Benefit Act:</i>	<i>The Caregiver Leave Act:</i>	<i>The Work and Care Act:</i>
Parental Leave	<ul style="list-style-type: none"> • all employees are eligible for leave except non-resident parents, same-sex parents, and asylum seekers 	<ul style="list-style-type: none"> • all employees are eligible for leave except self-employed workers and asylum seekers 	<ul style="list-style-type: none"> • all employees are eligible for leave except non-resident parents and asylum seekers 	<ul style="list-style-type: none"> • all employees are eligible for leave except self-employed workers and asylum seekers
	<ul style="list-style-type: none"> • maximum of 2 years of unpaid leave for the care of permanently ill relatives 	<ul style="list-style-type: none"> • up to 14 days for care of children aged 12 and under (up to 60 days if the child is being treated for a malignant tumour), and up to 7 days for the care of other relatives 	<ul style="list-style-type: none"> • up to 6 months of complete or partial leave from work to care for a relative 	<ul style="list-style-type: none"> • 10 days of care leave per year (can be used sporadically throughout the year by full-time workers only)
	<ul style="list-style-type: none"> • unpaid leave to parents to care for a child under the age of 3 or – if the child is permanently ill or disabled – under the age of 10 	<ul style="list-style-type: none"> • one day of paid leave per month for parents of a disabled child under age 18 	<i>Family Caregiver Leave Act:</i> <ul style="list-style-type: none"> • up to 24 months of partial leave from work (minimum working time of 15 hours/week) 	<ul style="list-style-type: none"> • 70% of regular wage during leave
		<ul style="list-style-type: none"> • 10 unpaid days per year for all parents with children under age 14 (under age 18 if disabled) 		<ul style="list-style-type: none"> • unpaid, long-term leave for a maximum of six times the employee's weekly working hours (must be taken all at once)



Policy Measures	Hungary	Estonia	Germany	Netherlands
Long-Term Care Provisions	<p><i>The Care Allowance:</i></p> <ul style="list-style-type: none"> • Provided to long-term (informal) carers of severely disabled family members • Standard: €115/month • Increased: €172/ month • Extra: €210/ month 	<p><i>The Care Benefit Act:</i></p> <ul style="list-style-type: none"> • Allocated at the discretion of local government and paid by the Estonian Health Insurance Fund • Average monthly benefit is €45/ adult and €70/child for eligible carers • Eligibility and amounts vary by regions • There is no legal definition of LTC and no separate system for LTC provision 	<p><i>Long-term care insurance:</i></p> <ul style="list-style-type: none"> • Monthly benefits in kind range from €125 (level 1) to €1,995 (level 5) depending on care needs • Benefits can be used for care facilities or self-employed carers • Reimburses up to €4,000 for expenses to improve the living environment of persons receiving care 	<p><i>Long-term Care Act:</i></p> <ul style="list-style-type: none"> • Provides benefits in kind for people requiring permanent or 24-hour care • Monthly benefits range between €24.40 and €899.80 for residential care without housing costs, and up to €2,469.20 for residential care with housing costs included
	<p><i>Home Nursing Allowance for Children (gyod):</i></p> <ul style="list-style-type: none"> • €310/month for parents of permanently ill or disabled children 		<p><i>The Act to Improve Reconciliation of Family, Care and Work:</i></p> <ul style="list-style-type: none"> • Carers are eligible for an interest-free loan to compensate for LTC leaves 	<p><i>The Personal Budget Scheme (PGB):</i></p> <ul style="list-style-type: none"> • Can be used to finance formal and informal carers, but only if the latter sign contracts • Informal carers do not receive compensation directly

Sources: European Commission, 2018; EIGE, 2021; Gál, 2019; Vörk et al., 2016; Kelders & de Vaan, 2018; MISSOC, 2021.



Hungary's care allowances are important for recognising unpaid care as work and they also serve to formalise a very gender unequal situation

The “home nursing allowance for children” (gyod) represents one of Hungary's strongest attempts to remunerate care work. It amounts to 91% of the net minimum wage (Gál, 2019). However, carers for other relatives (i.e., other than one's own children) are not eligible for this benefit. As a result, the majority of carers rely on the other types of care allowances, the standard of which only provides 34% of the net minimum wage (Gál, 2019). Further, while Hungary's care allowances are important for recognising unpaid care as work, they also serve to formalise a very gender unequal situation, given that informal carers are overwhelmingly women relatives. Still lacking is the provision of public formal care, especially home-based services.

Also in Estonia there are limited options for LTC benefits. The greatest challenge here is the lack of consistency in care benefit eligibility and amounts between regions. This indicates a need to establish national standards for determining who can receive benefits – including not only parents but also those caring for older relatives – as well as the need for more substantial benefits for carers. In both Hungary and Estonia, benefits are largely targeted at people with high degrees of care dependency, such as severely disabled persons.

The Netherlands and Germany have a longer tradition of provisions to support care work, namely through the Long-term Care Act and the social LTC insurance, respectively. Moreover, both countries have a relatively well-developed infrastructure of formal and community-based care. For this reason, the burden of shortcomings in LTC policies is more severely felt by informal carers in Hungary and Estonia. In Germany, the limited use of the caregiver loan – which received only 1,472 applications in 2019 compared to the approximately 93,000 applications for caregiver leave submitted that same year – indicates a rather failed policy as this option is not attractive for carers (European Commission, 2020). More important compensations, including for informal carers, are offered by the German LTC insurance and the possibility of cash benefits according to different levels of care needs. Although informal carers have no access to care allowances in the Netherlands, the Personal Budget Scheme (PGB) allows for using cash benefits to pay for informal carers based on a signed work agreement. Furthermore, the LTC Act entitles persons in need of LTC to other forms of formal care in the community or in residential care. Germany and the Netherlands also provide some form of respite care for carers (Ogg, 2021). This is not the case in Hungary or Estonia, where informal carers are more likely to perform care work on a full-time basis with less access to institutional support such as respite care, home help, and community-based services.

In Hungary or Estonia informal carers are more likely to perform care work on a full-time basis

There is also an absence of policies to upskill informal care workers as well as live-in migrant carers in all countries. Opportunities for re-training would need

to be strengthened with a view to necessary skills and knowledge required in dealing with new challenges, e.g., with mental health issues, end-of-life care and – as a learning from the COVID-19 pandemic – with hygiene measures. The longer-term health impact of COVID-19 and related sicknesses should also be incorporated in such trainings that are also needed in the formal care sector to address the shortage of well-prepared LTC workers.

Policies aimed at creating a more rewarding work environment would be influential in addressing the shortage of LTC workers

One option to further counter this shortage in labour supply of health and LTC workers would be to implement a scholarship programme for professional healthcare workers and doctors as already practiced in Hungary (Eke et al., 2016). Central to such scholarships, in particular in Eastern Europe, is to couple them with an obligation to work a certain number of years in the country to avoid a further outflow of trained professionals to other EU countries. However, such policies must be assessed in its national contexts and systemic impacts. Hungarian medical students, for instance, might be incentivised by such scholarships to study abroad because they do not want to be tied to the Hungarian healthcare system, thus aggravating the workforce shortage. This makes good working conditions and a healthy work-life balance even more pivotal in encouraging employment in this sector and in improving the quality of health and long-term care provision. Policies aimed at creating a more productive and rewarding work environment in combination with the scholarship programme would be influential in addressing the shortage of LTC workers.

Still, also in more affluent countries like Germany and the Netherlands financial incentives in the form of a training allowance could increase the attractiveness to start a career in the field. In Germany, section 45 of Book XI of the Social Code (SGB XI) provides that family carers can receive some training free of charge covered by the LTC insurance. While such training can improve the quality of informal care, the problem of forgone income due to caretaking responsibilities, particularly among women, remains unaddressed through this programme. It could be possible, however, to expand such training programmes to prepare hitherto informal carers at working age for taking up formal employment in the care sector.

Further, the 2015 LTC reform in the Netherlands reflects a general trend towards the increased reliance on informal care provision. Formal care provision in the Netherlands operates at a higher level than in other EU countries, as illustrated by the residential and community-based care provisions of the LTC Act. This high quality of formal care provision for large numbers of patients caused an increase of expenditure to the Dutch government. Therefore, the reform was introduced to save costs of the publicly funded LTC system. But the withdrawal of national funding that came with the reform led some municipalities to abolish

the provision of professional domestic care completely (Kroneman et al., 2016), making informal care the only de-facto option in some districts. This shifted the burden to family carers, who are mostly women, and thereby sustained gender inequalities in the Dutch society. Also, it lowers the quality of care provision as it did not go along with proper training programmes to ensure that untrained informal care workers could gain appropriate skills. In terms of preparing European societies for the socio-economic effects of population ageing, this approach seems to be short-sighted as it fails to improve the sustainability of the LTC system and threatens other policy goals. Exacerbated gender inequality, a lower overall quality in provided care and a lower labour market participation of women are likely effects of the reform. Thus, incentives should be restructured by introducing publicly available quality standards and indicators to measure the quality of care and restricting the PGB scheme to covering only institutional care (Alders & Shut, 2019).

Recommendations and conclusion

Policy solutions must consider the rising needs due to population ageing in terms of socio-economic inequities

This policy brief has shown that policies to address the challenges of emerging LTC systems have to cut across multiple dimensions, including the regulation of labour markets, the gendered division of care work, training and educational programmes, and migration patterns. Policy solutions must therefore consider the rising needs due to population ageing in terms of socio-economic inequities regarding opportunities of healthy ageing and structural inefficiencies in the provision of public LTC services. Concerted efforts are needed to mobilise the older population in the development of solutions to advocate their needs and demands. Reforms in the area of LTC will be high on the agenda over the next few years across Europe, though competing with mega-challenges such as climate change, socio-economic consequences of wars and the pandemic, digitalisation and sustainable development.

Compared to Hungary and Estonia, Germany and the Netherlands have a longer tradition of LTC provisions through formal services, including residential care and in-kind benefits. However, the precarity of live-in migrant carers in Germany raises concerns about potential exploitation and inadequate employment protections. Moreover, the limited qualifications and training of such carers showcases the need for stronger regulation in this sector, including through training programmes and greater integration of live-in migrant carers into the formal labour market. Given that the rate of persons with dementia, in particular, is predicted to increase among Germany's older population (Thyrian et al., 2020), this skills gap is cause for concern. To mitigate such a gap and improve quality standards in care work overall, state-funded training sessions run by professionally educated LTC workers are attractive policy options.



Policies focused on work-family reconciliation are important to strengthen the formal care sector and reduce gendered divisions of care work

In both Hungary and Estonia, homecare services are still largely underdeveloped, and large proportions of the older population are not informed on care options and the eligibility for services. For the OECD, both countries are among Member States with the lowest expenditure on LTC (OECD, 2021a). Combined with the shortage of LTC workers and insufficient service provision, they are struggling to meet the LTC needs of their older populations. Hungary's provision of care allowances, i.e. cash benefits paid directly to carers, brings it one step closer to formalising care work through recognizing its importance as a form of labour. However, the allowance is targeted at family carers only, most of whom are female relatives providing care full time with limited opportunities to participate in the labour market. This arrangement runs the risk of exacerbating rather than mitigating gender inequalities in informal care. For this reason, policies focused on work-family reconciliation – including care leave, flexible working arrangements, and respite care – are important to strengthen the formal care sector and reduce gendered divisions of care work by encouraging greater involvement of men. In addition, health training programmes for informal carers could help not only mitigate the gaps in expertise that affect the quality of care, but also strengthen the homecare service sector.

Importantly, information campaigns are also necessary to ensure that older populations are aware of the services available that they are entitled to. This knowledge provides older people in need of care with the information they need to identify insufficiencies in care provision. For Estonia, the training of health workers is again vital to promoting participation in the LTC sector. In particular, Estonia's population of informal carers is under-skilled and under-protected in the labour market. As such, Estonia would also benefit from the provision of care training programmes to advance the quality of home-based care, as well as promoting the use of formal agreements for informal carers.

As the quality and quantity of professionally provided LTC increases, women at working age are less burdened

It is argued that, by ensuring more efficient LTC delivery, high professional standards and improved working conditions, the 'triple aim' of better health (including the health of care workers), improved care experience (quality) and lower cost – usually used for public health policies – could also be realised in the realm of LTC. As the quality and quantity of professionally provided LTC increases, women at working age are less burdened and more independent as they have the possibility to ensure their financial sustainability for retirement by formal work. The future of women lies not in informal care but in a self-determined way of life. More professional service delivery will also improve the situation for those who receive care as they will enjoy a higher quality of service provision. In addition, other policies that focus on the improvement of health over the life course can lead to better health outcomes in older age that reduce multimorbidity and public health expenditures over time. Healthy ageing

initiatives would have to focus not only on the promotion of healthy lifestyles, but also actively seek to remove barriers to accessing healthcare.

The policies in place need to tackle the challenges triggered by population ageing and reap the existing potential for growth

Our analysis of ageing populations in Europe, including the elaboration on current challenges in four Eastern and Western European countries, we conclude that the policies in place need revision to better tackle the challenges triggered by population ageing and reap the existing potential for growth and socio-economic development. To fulfil these opportunities of societies with ageing populations, it is necessary to build smarter systems to mitigate the shortage of labour, to develop LTC systems and to combat inequities within and across Member States.

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ABOUT THE PROJECT

Policy Labs are part of the MA curriculum of the Department of Public Policy at the Central European University. They give an opportunity for small teams of students to work for or with external clients by producing and presenting policy relevant research that can be used for advocacy, assessment and development. Clients are civic organisations, donors, research centres and international organisations. The Policy Lab with the *European Centre for Social Welfare Policy and Research* focusing on ageing societies was mentored by Andrew Cartwright and Márton Leiszen from the CEU Department of Public Policy. Kai Leichsenring, Magdi Birtha, and Eszter Zólyomi were the lead contact persons from the *European Centre for Social Welfare Policy and Research* to provide feedback and support on two policy briefs resulting from this project.

ABOUT THE AUTHORS

Felix Kreis and Ramani Davare were students of the **Erasmus Mundus Masters Programme** in Public Policy at the Department of Public Policy at Central European University during the 2021-2022 Academic Year. Amara Scheitlin was a student in the one-year **Master of Arts in Public Policy Programme** at the Department of Public Policy at Central European University during the 2021-2022 Academic Year.

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DEPARTMENT OF PUBLIC POLICY CENTRAL EUROPEAN UNIVERSITY

Quellenstraße 51
A-1100 Wien, Austria
dpp@ceu.edu
<https://dpp.ceu.edu>

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Berggasse 17
A – 1090 Vienna
Tel: +43 / 1 / 319 45 05 - 0
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