



Systems in transition: Responding to changing attitudes, expectations and preferences on long-term care in the Balkans

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Key findings

- ▶ Cost and availability remain the largest barriers in accessing home and residential care across Balkan countries
- ▶ Strong familial values in providing care for one's family and a significant reliance on informal care are prevalent across the Balkan countries, despite large negative impacts on career and health/well-being of carers
- ▶ There is a large divergence between the current systems' design and societal preferences, as attitudes and preferences in these countries lean towards a care system that places more responsibility on the state to organise and provide care than on the family

Introduction

The population in Balkan countries are young in European comparison, however, countries are expected to age fast over the next decades. Demand for long-term care is projected to increase as the number of older people in need of care increases, highlighting the necessity of strong, sustainable and well-developed long-term care systems moving forward. As in other European countries, the COVID-19 pandemic led to a disruption of long-term care and other services and highlighted gaps and fragmentation of these services in the Balkans. This has led to a growing awareness among the public and policymakers as to the urgency for addressing issues in the long-term care sector. As long-term care across the region is in its early stages of development and quite limited in some countries, this presents challenges for meeting future demand and supply of care. At the same time, it presents

ample opportunities for optimally designing long-term care systems from the start in line with individuals' preferences. In this research note, we present the results of the InCARE survey on attitudes, experiences and expectations on long-term care (LTC) for select Balkan countries (Albania, Kosovo, North Macedonia and the Republic of Moldova), the first data of this type collected for these countries.

Background

In many countries in the Balkan region, long-term care is not yet its own system, but rather various services provided within the confines of health and other social protection systems. Availability of long-term care services is generally limited in these countries, however, this masks variation in the degree of system development across the region [\[1-3\]](#). Third-sector organisations play a key role in these countries, particularly in the pro-

vision of community-care programmes. A wider move towards deinstitutionalization in the region has also had implications on policies around residential care for older people and expansion of community-based services. Affordability of services (particularly by private providers) and poor quality of available services are also prominent issues across the region and prevent individuals from accessing needed care.

Informal care, particularly by women, plays a major role in the provision of long-term care in the region, as the result of strong family-oriented values and barriers to accessing formal care services [1]. Care and household responsibilities impede women from (re)entering the labour market, resulting in female participation rates well below the EU average [3-4], however, there are notable trends in the region of women increasing their participation in the labour market in recent years, further diminishing the availability of informal care. High levels of out-migration among younger age groups further fuel the situation as this leads to a decline in available informal carers but also of contributors to social security systems.

Data and Methods

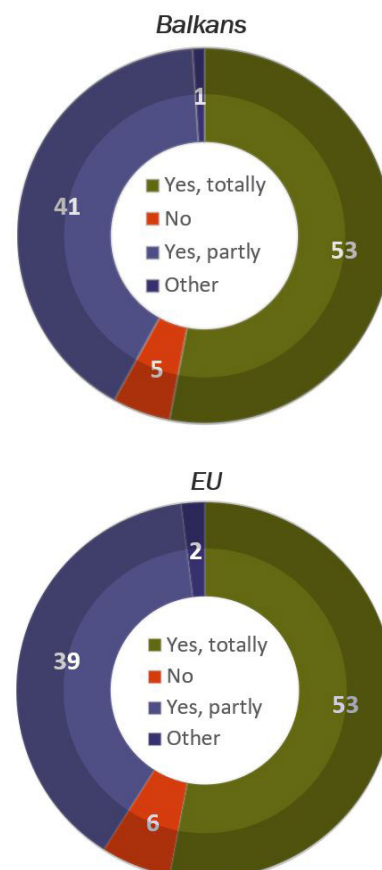
The findings reported in this research note are based on the InCARE survey on attitudes, experiences and expectations on long-term care collected online between September 2021 and March 2022. The questionnaire was modelled after the Special Eurobarometer 283/Wave 67.3. We present descriptive results for a select number of Balkan countries where 881 observations were collected and compare these findings to those from the EU-27 countries (n=2.373). Where possible, we additionally present individual country results for the four countries under review¹. The data presented is not representative of the population in each included country, with the sample biased towards middle-aged individuals, women, those living in urban areas, and with a university degree or higher. In addition, there is likely self-selection bias of individuals with care experience, which may negatively bias the results throughout.

Results

Experiences with care

About half of men and women responding to the survey from the four Balkan countries report that either they themselves or someone close to them had been in need of care over the last ten years, lower than among respondents from EU countries (60%). Among the four Balkan countries in this survey, the highest share is found in North Macedonia (57%). Experience with care for the Balkan and EU sample increases with age, although people aged 30-59 years are most likely to report experience with care (Balkans: 49%, EU: 62%). Based on the literature, not only does this age group tend to experience double care responsibilities (i.e. children as well as older adults), but they're also likely to experience economic impacts of caring on their income and pension if they need to give up work due to care.

Figure 1: Share of individuals in the Balkans and in the EU who stated their cared-for person received the appropriate care



¹ Moldova (n=332), Albania (n=128), North Macedonia (n=331) and Kosovo (n=83).

Regarding the appropriateness of help and care given to the person in need (Figure 1), more than half (53%) of respondents in the Balkan countries report that care received was totally appropriate, similar to EU countries. Around 40% thought the care provided was partly appropriate and in a minority of cases (5%), care was not appropriate at all.

Gender appears to intersect with perceptions of the appropriateness of care provided. Across the four countries (Moldova, Albania, North Macedonia, Kosovo) a larger share of women report that care was totally appropriate, while a larger share of men (with the exception of Kosovo) report care as partly appropriate. There was no difference regarding the share of respondents from the Balkans with experience of care need and whether they live in urban or rural areas.

The perception of care systems in terms of affordability, availability and quality are quite low, and in most cases, worse than in the EU countries. Asked about how easy or difficult it is to access home and residential care services, a larger share of respondents from the Balkan countries rated home and residential care as unavailable, unaffordable and of poor quality, than in the EU countries. Among the individual countries, a larger share from Albania and Kosovo were positive in their perception of the quality, access and affordability of care than from North Macedonia or Moldova.

Availability, affordability and costs of care

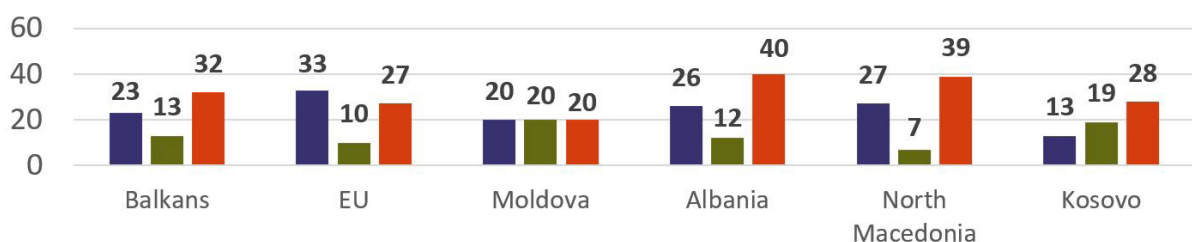
Significant barriers remain in the way of accessing care for many individuals in the Balkan countries (Figure 2). Affordability was the largest barrier reported in accessing home care, followed by availability of services and quality. These findings stand in comparison to home care, where availability is the largest barrier, followed by cost, for EU countries. A slightly greater share of respondents from the Balkans report barriers to accessing care at home due to cost (Balkans: 32% vs. EU: 27%) and concerns about poor quality (Balkans: 13% vs. EU: 10%) than at the EU level, while 33% of EU respondents report barriers to care due to availability issues vs. 23% of Balkan respondents.

In line with the different country contexts and policy landscapes, the extent to which these barriers are reported across countries varies. Barriers due to cost (40%) and access and availability (27%) are more frequently reported in Albania and North Macedonia than in Moldova and Kosovo. On the other hand, a larger share of respondents from Moldova and Kosovo (20%) report barriers due to poor quality.

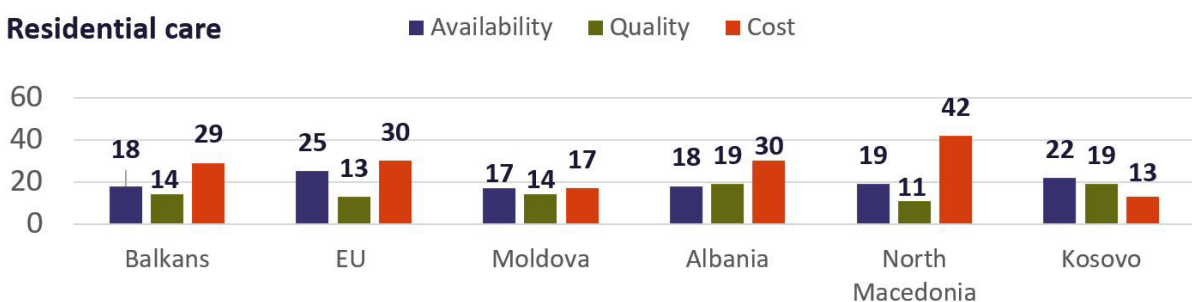
Similar proportions of respondents from Balkan- and EU-countries report barriers to care due to cost and poor quality (around 30% and 13%, respectively) for residential care. Availability for residential care is a larger issue in EU countries (25%) than that reported from the Balkans (18%). At the individual country level, cost barriers to residential care are more prominent in

Figure 2: Share of respondents reporting barriers to accessing care services in the Balkans (in %)

Home-based care



Residential care



North Macedonia (42%) and Albania (30%). Issues with access and availability are rated similarly across the four countries. Quality of care concerns are reported among a smaller proportion of respondents in Moldova (14%) and North Macedonia (11%) than in Albania and Kosovo (19%).

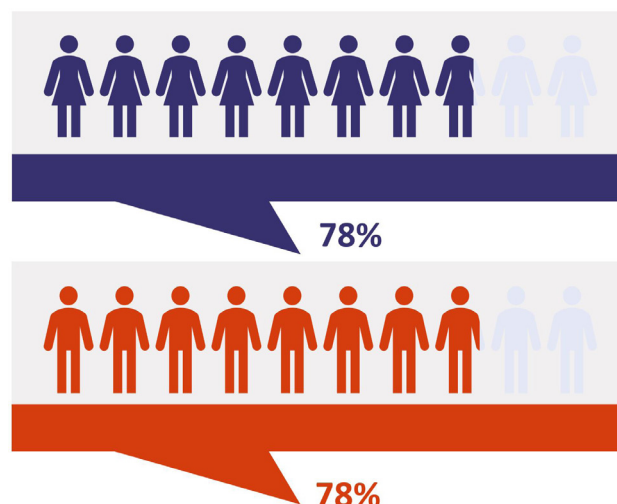
Informal caregiving

A slightly smaller proportion of male (37%) and female (40%) respondents from the Balkans report providing care than at the EU level (men: 51%; women: 54%). This gap is largest in North Macedonia (9 p.p.), lowest in Kosovo (0 p.p.), and even reversed in Albania where more men provided care than women (6 p.p.), although this likely reflects, in part, sample bias. Respondents across the Balkan countries most frequently report providing care to their parents, followed by grandparents and other relatives and acquaintances. The proportion of women (41%) reporting providing care to a parent (in-law) is greater than the proportion of men (26%) in the Balkans.

Alongside a strong reliance on informal care to meet a majority of care needs in the region, gender norms regarding informal care are evident: women are perceived as more natural carers than men by many Balkan respondents (41%), quite a bit higher than amongst EU respondents (30%). Nearly 1 in 2 men tended to agree with this statement, versus 2 in 5 women. A gradient of support for this view can be seen across countries, where 1 in 2 respondents have this gendered view in Moldova (52%), while this prevalence sits at or near par with the EU rate in Kosovo (32%), North Macedonia (33%) and Albania (38%).

The negative impact of providing informal care on one's career is evident, with over 30% of men and women from the Balkans reporting that they had to reduce their work due to their care responsibilities and 10% that they had to quit their job entirely. This is in comparison to 23% of women and 11% of men at the EU level, who had to reduce their working hours, or 9% of women and 4% of men, who had to quit their jobs. Informal care has also been detrimental to many respondents' health. Almost 80% of individuals (regardless of gender) from the Balkans report a negative impact on their well-being which is more than at the EU level (Figure 3), where half of men and two-thirds of women report this.

Figure 3: Share of respondents in the Balkans who perceive pressure to provide informal care in 2021 (by gender, in %)



In terms of familial obligations to provide care in spite of negative impacts on health and well-being, we find greater agreement with this in Balkan- (26%) than EU-countries (14%). Similarly, many respondents perceive an obligation to provide care even if it means sacrificing one's career (34%), more so than at the EU-level (17%).

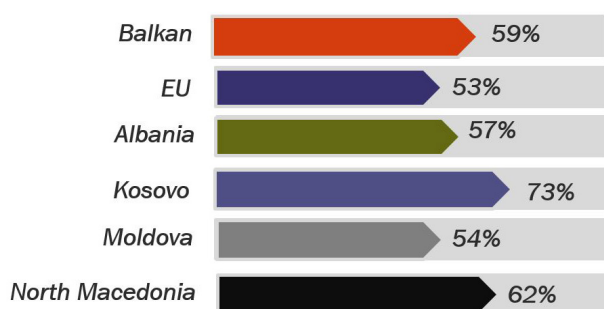
Expectations of long-term care

Respondents in the Balkans are less likely to expect to need care at some time in their life compared to their EU counterparts (62% vs. 71%), with varying degrees of expectation across the individual countries and limited gender differences. Half of respondents in Moldova expect to need care at some point, while as many as 71% in Kosovo and North Macedonia hold this view. While expectations of requiring care is lower than at the EU level, expectations are increasing with age. Likely the result of limited experience with care, middle-aged and younger adults were the least likely to expect to need care at some point in their life (62% and 66% respectively), compared to older adults (70%).

Respondents in the Balkan countries are also more optimistic in their expectations of receiving the appropriate care needed in the future. While 3 in 5 Balkan respondents expect to receive the appropriate care, about 1 in 2 EU respondents hold this view (Figure 4). Nearly 1 in 7 in the four Balkan countries find it difficult to gauge whether the LTC system will be able to respond to their needs. There are strong age and gender differences in this certainty in the Balkan countries studied, with older adults being the most optimistic as well as men.

Middle-aged individuals may be the most pessimistic in their expectations of the system, given that they tend to be at an age where their parents require care and thus may be more aware of issues in the care system. Cross-country differences in the perception of LTC systems also exist: confidence in the LTC system to provide the appropriate care needed is highest in Kosovo (73%) and lowest in Moldova (54%).

Figure 4: Share of respondents that trust they will receive appropriate care in future if needed (by country or region, in %)



Despite an overall high confidence in the ability of the care system to respond to care needs, 85% of individuals do not expect to receive the care they would prefer. There is a strong expectation amongst respondents that they will have to rely on informal care alone (41%), despite more individuals preferring to rely on formal care in their home (33%).

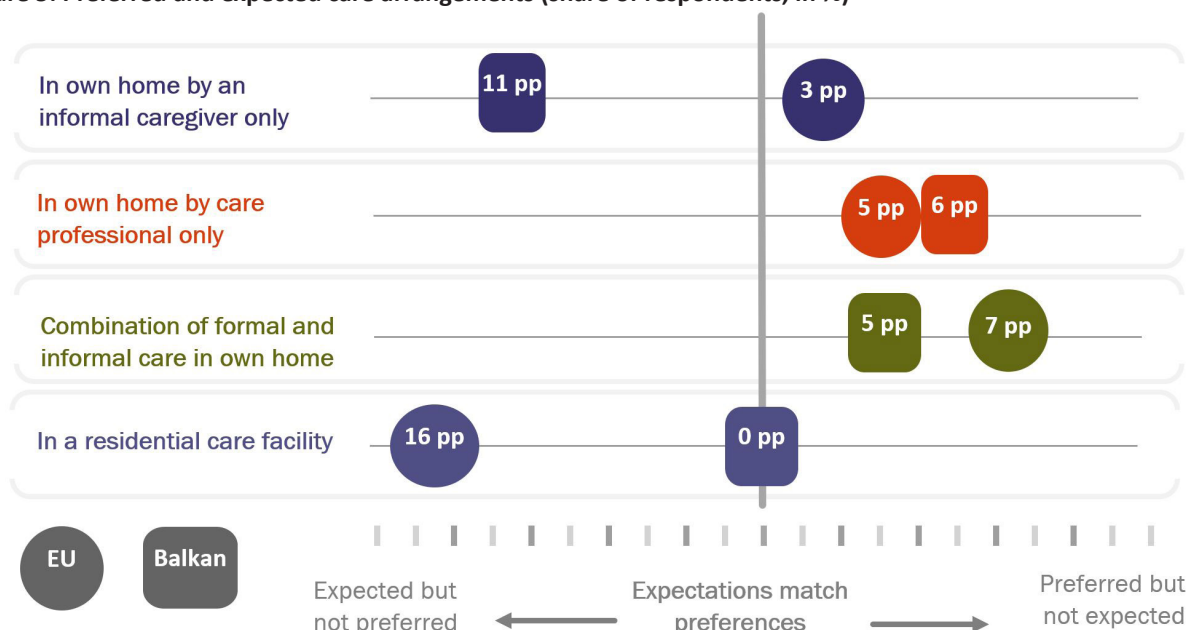
The largest gap between preferences and expectations among Balkan respondents is found with informal care (11 p.p.) (Figure 5), while this gap is miniscule for EU countries. Expectations and preferences are on par for residential care in Balkan countries, while the largest difference for EU respondents is for residential care (16 p.p. difference).

Financing long-term care

As in EU countries (97%), there is strong agreement among respondents in the Balkan countries studied that public authorities should organise and provide long-term care (94%). In spite of this commonality, respondents across regions diverge in their views as to how care should be funded. LTC insurance schemes are strongly supported by respondents in the Balkans (74%), particularly in EU comparison (62%) (Figure 6). Support for LTC insurance is strikingly high in Kosovo (91%) and Albania (84%), and slightly less so in North Macedonia (78%) and Moldova (63%).

Familial obligations to finance care if needed is strong amongst families and shows a strong divergence to that at the EU level: Nearly twice as many respondents in Balkan countries than in EU countries (60% vs. 35%) believe that children should step in and pay for care when their parents are unable to (Figure 6). Most respondents in Albania and Kosovo strongly believe this (4 in every 5) and less so in North Macedonia (56%) and Moldova (51%). This belief is held equally by men and women, but

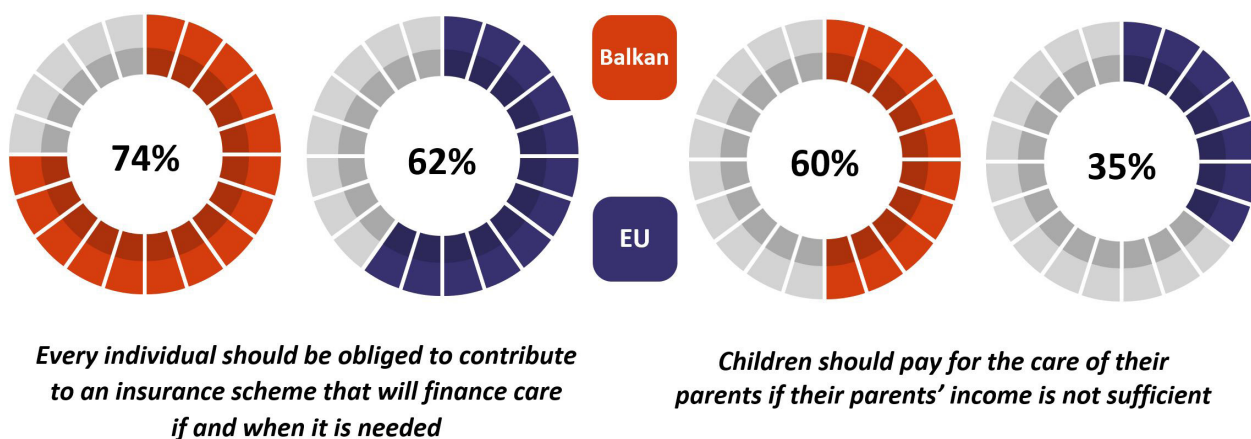
Figure 5: Preferred and expected care arrangements (share of respondents, in %)



is more strongly felt by younger adults, indicating strong intergenerational solidarity within families. This hints towards a silent mutual agreement between generations to be financially responsible for older family members given that low pension incomes cannot entirely cover care services.

Cost is the largest barrier, whether home-based or in residential settings, followed by availability. Quality is the least reported barrier, likely because cost and availability are initial barriers to using care services. Increasing financial support towards the costs of care would be a start towards improving individual's ability to access care.

Figure 6: Share of respondents in the Balkan countries studied and in the EU who agree with the statements ...



Respondents in Balkan countries strongly favour more responsibility on the state to cover the costs of home and residential care as opposed to cost-sharing arrangements dependent on a care user's means. Most believe the state should cover basic home care costs with the option for users to top-up or pay for better quality (44%) or all care costs entirely (27%). Fewer support cost-sharing arrangements dependent on a care user's income and wealth (23%) and hardly any expect individuals to cover their care costs entirely regardless of their means (1%). Similar figures were reported for residential care. While limited gender differences exist in views on cost-sharing arrangements with the state, an age gradient again indicates intergenerational solidarity is strong in that younger adults aged 18-29 most strongly support full or basic coverage by the state (nearly every 4 in 5) compared to those middle-aged and 65+ (7 in 10).

Conclusions

Findings from the InCARE survey indicate a number of key considerations in the development of long-term care systems in the four Balkan countries moving forward. First and foremost, there are a number of barriers in the way of accessing formal care services across these countries.

It is crucial that states continue to invest in infrastructure for formal care services and in the quality of services, to ensure that good quality services are available should individuals wish to use them. At the same time, care drain from formal health and care services in these countries towards EU countries will prove challenging for further developing the availability and quality of formal LTC systems and will need to be considered as LTC systems expand.

Respondents in the Balkans have a lower expectation of needing care at some point in their life compared to those in the EU. This could be problematic, as individuals and their families may not sufficiently prepare for the possibility of needing care support in older age and the potential financial implications of this. It is imperative that states continue to invest in the development of long-term care to ensure that care needs are met, particularly given the anticipated projected increase in demand for care.

Strong familial values in providing care for one's family and a significant reliance on informal care remains across the Balkan countries, despite large negative impacts on career and health/well-being of carers. Similarly, many perceive a financial obligation of family to finance care and believe that children should contribute to their

parents' costs of care if needed. Inegalitarian gender norms are also prevalent across countries, with women seen as the default carers. While family remains the backbone of the care system to provide care in absence of affordable, accessible and high-quality care services, this has large implications for informal carers and family members and on other areas of society. Increased support towards family carers, such as increased financial protection and recognition of informal care as work with the associated social benefits, as well as development of formal care services, can help to alleviate this burden on informal carers.

At the cross-roads of familial values and accessibility of services, there is a strong divergence between expectations and preferences for care. Most individuals would prefer to receive formal care services in their home, although they expect to have to rely on informal care from their family. At the same time, significant out-migration by younger adults poses a threat to the availability of informal care, particularly in the future as demand for care rises. This goes hand in hand with the general consensus that the state should be responsible for organising and providing care and that the state should cover basic services, with the option for care users to top up or pay for better quality care. These findings suggest a divergence between the current systems' design and societal preferences, as attitudes and preferences in these countries lean towards a care system that places more responsibility on the state to organise and provide care than on the family. LTC insurance presents one feasible way to cover the costs of increased investment in LTC systems given an increased role of the state in the provision of care. Investment in LTC should also align with individuals' preferences and should be targeted towards building community-based care to enable people to remain in their own homes.

Finally, in spite of these common broader level trends seen across the Balkan countries, there is still significant variation across countries as the result of varying degrees of LTC system development. Policymaking concerning the design of long-term care systems, therefore, must take a tailored approach based on the country context and local challenges.

Community voices

Respondents were welcome to leave comments at the end of the InCARE survey on their experience and views on LTC. All quotes have been translated from their original language.

"In our family, one of the family members is a regular doctor and has carried the burden of managing the medical needs of a family member who has now died. Many services that should be provided in institutions are organised by individuals privately." - Woman, 45, Kosovo

"The given problem needs to be discussed and prioritised by the state, because the population is aging, children are going abroad and the local support structures for such categories require improvement and the establishment of a concrete annual budget. We will all reach an age when we need help." - Woman, 43, Moldova

"I wish that there would be more nursing homes and professional services for the elderly, because in Kosovo they remain very lonely and without a caregiver. The payment for the treatment of the elderly should be provided by the state and the pension of the person being treated." - Woman, 42, Kosovo

"I consider the health care system in Albania in very bad condition, so I don't expect its revitalization in the near future. We are taking care of our parents, because we have seen this model of care with our grandparents. But the dynamic life and long distances will make it difficult for our children to take care of us in the future." - Woman, 43, Albania

"My biggest fear is that I will be powerless to support myself, because my family will be in a difficult financial and physical situation and my future salary and pension will not be enough to cover all expenses." - Woman, 45, Moldova

"I cannot obtain care for another person. It is not possible to make an appointment for the care of another person. It is difficult to provide funds for a carer to take care of an elderly person, given the amount of the pension." - Man, 58, North Macedonia



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