

# Long-term care & social investment: issues for social services

**ESN discussion note**

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The European Social Network brings together people who design, manage and deliver social services in public authorities across Europe. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.

## Challenges in ageing societies

The European Commission 'staff working document' [Long-term Care in Ageing Societies – Challenges and Policy Options](#), which forms a part of the Social Investment Package (SIP), outlines the future challenges posed by an ageing European population for the period 2010-2060. These challenges include:

- the rise in the number of Europeans aged 80 and above
- a shrinking working-age population
- the growing number of women in employment and the changing structure of informal care workforce
- changing family structures
- public spending on long-term care doubling for the EU27

## Policy options

In line with promoting social investment throughout an individual's life, the paper argues for the implementation of national social investment strategies in long-term care. The European Commission views long-term care as a social protection issue; in order to find solutions to the increasing demand for long-term care with fewer resources, the working document proposes a social investment approach to social protection which prevents (or at least decreases) the need for long-term care.

The paper outlines different European long-term care systems according to their organisational structure (profit, non-profit or public providers), funding and delivery (in either home or institutional care settings), and whether the systems focus on informal care, predominantly provided by family carers, or formal care, predominantly provided by social services. The report discusses both the strengths and challenges of each system, taking into account the need to prevent future increases in the demand for long-term care.

Public spending varies between European countries and depends heavily on the amount of formal care provided in each state. Formal care appears to be more costly; however, the paper lists the "hidden costs" of informal care, such as out-of-pocket payments made by families and the loss of tax contributions from family carers no longer able to work. The paper advocates a shift from informal to formal care which would relieve families financially, ease their work load and make the hidden costs of informal care visible. The paper also stresses the impact of formal care on service quality: *"Importantly, it will not be possible to ensure equality of access to long-term care, guarantee its quality or develop productivity unless most of the current informal care is lifted into the formal sector."* ESN has serious concerns about such an argument, both in terms of cost implications, but also the loss of family and community solidarity with older people.

## Responding to challenges

The report calls for policy makers to implement social investment strategies which have social and economic returns, such as limiting the growth of public spending on long-term care provision. The working document recommends the following:

- Reducing disability in old age via prevention, health promotion and rehabilitation
- Reducing dependency by improving older people's capacity for independent living and managing self-care
- Increasing productivity in long-term care delivery focused on strategies to deliver better care with fewer resources. This can be achieved through improving organisation, providing financial incentives, monitoring quality control and innovations and ICT solutions in service provision.

## ESN members' response to a social investment approach on long-term care

The SIP paper was discussed during the recent meeting of the ESN working group on 'Leadership, Performance, Innovation'. Group members stressed that the recommendations in the document can help policy makers to identify strategies, goals and objectives to form their policy and law. Moreover, examples of national and local "hands-on" approaches can help to promote learning across leaders within the EU.

Investing in prevention, rehabilitation and independent living arrangements for older people, such as age-friendly environments, assistive living and assistive devices can help to prevent the burden of long-term care. This is consistent with the results of the 2012 ESN Autumn seminar "[Retaining and Regaining Independence in Later Life](#)", in which ESN members underlined the importance of a shift from intervention to early prevention, health promotion and rehabilitation in services and long-term care systems. However, measures of prevention and rehabilitation often concentrate on a health care focus. John Powell, Director of Adult Social Services and Housing in the London Borough of Redbridge in the UK, noted: *"Complete rehabilitation is not simply a health or medical model. There is a risk of medical assessment being priority because of the way in which services are delivered. Activities of daily living and the individual person as a whole are important aspects to consider."*

Other aspects of prevention, such as social, functional and mental capacity, should be also taken into account. *"In a number of European countries there is a risk of a medicalisation in care, so we should also look at how we can prevent loneliness and social exclusion amongst older people"*, said Jukka Lindberg, Director of Purchasing services, Health and Welfare services and Senior Citizen services in the City of Hämeenlinna in Finland. Non-medical approaches, such as community volunteering programmes and free access to supportive equipment, can contribute to preventing social exclusion and promoting independent living. A holistic approach of **linked social and health services** with integrated case management is therefore important in responding to older people's needs, not only in medical terms, but also in questions about their care and living situation. In addition, our members' experience demonstrates that moving away from the role of passive patients to participants through **involving service users** helps to empower them and can also lead to more effective and

efficient planning. Service users may require fewer or entirely different services from the ones social care professionals offer.

ESN members also discussed how to provide high quality care with less resources. There is a tension between quality assurance and cost, in that members testified that it is difficult to reduce cost without adversely affecting quality. In many European countries, directors of social services confronted with budget cuts questioned the affordability of a shift from formal to informal care, which would also bring about changes to the financing (e.g. tax or insurance-based) of the long-term care sector. Michaela Sopová, who is the Head of Social Affairs in Bratislava Self-Governing Region in Slovakia, added: *“We shouldn’t take the responsibility away from families. Family carers should be encouraged and get financial and social support. This can also reduce the financial burden on the state.”* Prevention and rehabilitation, the quality and costs of care are also linked to different care settings.

ESN members stressed that a **shift from residential care to home care** can be cost efficient and improve the quality of older people’s lives. *“In Germany, rehabilitation after a hospital stay is provided in a residential care setting. Rehabilitation at home would probably help older people to perform everyday tasks more and would limit costs“*, said Guido Kläser, Director of Social Services in Erfurt in Germany. Many of our members are already working with efficient integrated approaches between the health sector and social services to help older people to stay longer independent at home. ESN will continue these discussions in a policy & practice workshop this autumn on long-term care and active ageing.

### **Next steps at the European level**

The European Commission has stressed its role as a facilitator of good practice exchange, for example through [the European Innovation Partnership on Active and Healthy Ageing](#) (here too, ESN has concerns about a health-led approach to long-term care). The Commission will also develop a ‘policy makers’ manual’ to assist Member States in designing long-term care strategies. At Member State level, the Social Protection Committee (SPC) has agreed objectives which focus on providing access to financially sustainable, high-quality long-term care for all. Further to this, an SPC working group will discuss innovative approaches to social protection in view of long-term care risks, and will publish a report on its findings in 2013.

In order to develop innovative approaches to long-term care it is crucial to involve local social services and, furthermore, to exchange experiences of successful examples of integrated and holistic services which focus on prevention, rehabilitation and user involvement.

### **ESN resources on long-term care**

- [ESN's Contracting for Quality Report](#)
- [Good practice library – a collection of practice examples from ESN's events and projects](#)
- [Notes and Practice Examples from ESN's Seminar “Retaining and regaining independence in later life”](#)