Trends in Home Care for Older People in Europe

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Structure of the presentation

- Trends in home care: data problems
- Changes in formal care in Europe
- Deinstitutionalisation trends
- Home care trends in context
- The case of Finland
- The case of Austria
- The case of Ireland
- Conclusions
Trends in home care: data problems

- Huge problems with data remain
  - International comparability/reliability
  - Comparability over time

- These problems are caused by
  - Variety of care services
  - Development of care services
  - Changing definitions (e.g. of institutional care)
  - Lack of coherence in national statistical practices
### Changes in Nordic formal care, mid-1990s-2005/7 (Huber et al. 2009)

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Changes in CE formal care, mid-1990s-2005/7 (Huber et al. 2009)

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Changes in SE formal care, mid-1990s-2005/7 (Huber et al. 2009)

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<td>4.1</td>
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### Changes in NWE formal care, mid-1990s-2005/7 (Huber et al. 2009)

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<td>Ireland</td>
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Changes in CEE formal care, mid-1990s-2005/7 (Huber et al. 2009)

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<td>1.0</td>
<td>1.2</td>
<td>1.6</td>
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<td>Hungary</td>
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<td>2.2</td>
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<td>1.9</td>
<td>1.4</td>
<td>1.5</td>
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<td>0.8</td>
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<tr>
<td>Slovenia</td>
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<td>9.0</td>
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<td>4.0</td>
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Nordic formal care trends 1995-2008 (NOSOSCO 2009)

Figure 6.2.3 People living at institutions or in service housing and people receiving home help, as percentages of the age group 65 years or more, 1995-2008
De/institutionalisation trends, mid1990s-2005/7 (Huber et al. 2009)

Figure 5.3: Moving towards more home care, staying put or increased institutionalisation

Share of 65+ beneficiaries cared for at home (evolution from the mid-1990s till most recent date)

Percentage of beneficiaries aged 65+ receiving long-term care services at home

- Israel
- Iceland
- Ireland
- Sweden
- France
- Italy
- Latvia
- Spain
- Russian Federation
- Denmark
- Austria
- Norway
- England
- Finland
- Canada
- Slovenia
- Switzerland
- Armenia
- Slovak Republic
- Ukraine
- Czech Republic
- Germany
- Hungary
- Lithuania
- Estonia
- United States

Most recent • Mid 90’s ← Directions of change
Home care in context

It is impossible to fully understand trends in home care without understanding

- Trends in institutional care
  - Traditional (social) care homes
  - Service housing
- Trends in health care
  - Nursing homes/health care wards
  - Home nursing
- Trends in informal care
  - Family care
  - Payments for care
  - Undeclared live-in (migrant) care work
Contradicotry home care trends

**De/institutionalisation**
- Deinstitutionalisation: cutting down institutional care
- (Re)institutionalisation: building new institutions
- Semi-(re)institutionalisation: boom of service housing

**De/medicalisation**
- Medicalisation: strengthening pharmaceutical approach
- Demedicalisation: ’dumping’ to social care
- Semi-medicalisation: integration of social & health care

**De/familisation**
- Defamilisation: welfare state expansion
- Refamilisation: welfare state retrenchment
- Semi-familisation: payments for care, undeclared (migrant) care work
Home care in context

- Institutional Social Care
- Institutional Health Care
- Service Housing
- Home Nursing
- Integrated Home Care
- Semi-Formal Care
- Informal Care
The case of Finland

Table 1. Older users of home help services in Finland 1990-2009, number and % of
+65 age groups

<table>
<thead>
<tr>
<th>Year</th>
<th>65+ (number)</th>
<th>65+ (% of age group)</th>
<th>65-74 (number)</th>
<th>65-74 (% of age group)</th>
<th>75-84 (number)</th>
<th>75-84 (% of age group)</th>
<th>85+ (number)</th>
<th>85+ (% of age group)</th>
<th>Change (%)</th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>125464</td>
<td>18.6%</td>
<td>36451</td>
<td>9.3%</td>
<td>67018</td>
<td>29.0%</td>
<td>21995</td>
<td>42.3%</td>
<td>-17.4%</td>
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<tr>
<td>1995</td>
<td>86748</td>
<td>11.8%</td>
<td>20087</td>
<td>4.6%</td>
<td>42484</td>
<td>18.2%</td>
<td>23885</td>
<td>35.7%</td>
<td>-38.7%</td>
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<tr>
<td>2000</td>
<td>83148</td>
<td>10.7%</td>
<td>15938</td>
<td>3.6%</td>
<td>39930</td>
<td>15.2%</td>
<td>27280</td>
<td>34.8%</td>
<td>-54.4%</td>
</tr>
<tr>
<td>2005</td>
<td>86604</td>
<td>10.2%</td>
<td>13754</td>
<td>3.1%</td>
<td>41361</td>
<td>13.6%</td>
<td>30489</td>
<td>34.4%</td>
<td>-63.4%</td>
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<tr>
<td>2009</td>
<td>103656</td>
<td>11.4%</td>
<td>16632</td>
<td>3.4%</td>
<td>46572</td>
<td>14.6%</td>
<td>40452</td>
<td>37.2%</td>
<td>-49.7%</td>
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<tr>
<td>Change (%)</td>
<td>-17.4%</td>
<td>-38.7%</td>
<td>-54.4%</td>
<td>-63.4%</td>
<td>-30.5%</td>
<td>-49.7%</td>
<td>+83.9%</td>
<td>-12.1%</td>
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</table>

Source: Own calculations based on data from SOTKAnet (www.sotkanet.fi)
## The case of Finland

Table 3. Users of regular home care in Finland 1995-2008, number and % of +65 age groups

<table>
<thead>
<tr>
<th>Year</th>
<th>65+ (number)</th>
<th>65+ (% of age group)</th>
<th>65-74 (number)</th>
<th>65-74 (% of age group)</th>
<th>75-84 (number)</th>
<th>75-84 (% of age group)</th>
<th>85+ (number)</th>
<th>85+ (% of age group)</th>
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</thead>
<tbody>
<tr>
<td>1995</td>
<td>53293</td>
<td>7,3 %</td>
<td>11 999</td>
<td>2,8 %</td>
<td>26 371</td>
<td>11,3 %</td>
<td>14 923</td>
<td>22,3 %</td>
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<tr>
<td>1999</td>
<td>53297</td>
<td>6,9 %</td>
<td>10 663</td>
<td>2,4 %</td>
<td>25 884</td>
<td>10,2 %</td>
<td>16 750</td>
<td>21,7 %</td>
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<tr>
<td>2003</td>
<td>51323</td>
<td>6,3 %</td>
<td>9 361</td>
<td>2,1 %</td>
<td>24 850</td>
<td>8,7 %</td>
<td>17 112</td>
<td>20,7 %</td>
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<tr>
<td>2008</td>
<td>55763</td>
<td>6,3 %</td>
<td>8 840</td>
<td>1,9 %</td>
<td>25 769</td>
<td>8,2 %</td>
<td>21 154</td>
<td>20,4 %</td>
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<tr>
<td>Change (%)</td>
<td>4,6 %</td>
<td>-13,7 %</td>
<td>-26,3 %</td>
<td>-32,1 %</td>
<td>-2,3 %</td>
<td>-27,4 %</td>
<td>+41,8 %</td>
<td>-8,5 %</td>
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Source: Own calculations based on data from SOTKA.net (www.sotkanet.fi)
The case of Finland

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<th>9-16</th>
<th>17-20</th>
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<th>Total</th>
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<td>18,1</td>
<td>4,1</td>
<td>15,6</td>
<td>12,5</td>
<td>100</td>
<td>8</td>
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<td>1999</td>
<td>43,8</td>
<td>17,2</td>
<td>3,9</td>
<td>14,4</td>
<td>20,7</td>
<td>100</td>
<td>10</td>
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<tr>
<td>2005</td>
<td>43,8</td>
<td>13,0</td>
<td>2,9</td>
<td>15,2</td>
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<tr>
<td>2009</td>
<td>40,8</td>
<td>11,2</td>
<td>2,4</td>
<td>17,3</td>
<td>28,2</td>
<td>100</td>
<td>14</td>
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<tr>
<td>Change (%)</td>
<td>-17,9 %</td>
<td>-38,1 %</td>
<td>-41,5 %</td>
<td>10,9 %</td>
<td>125,6 %</td>
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Sources: Vaarama et al. 2000, 84; Vaarama et al. 2004, 47; Counts of Regular Home-Care Clients 1999, 2005 and 2009.
The case of Finland

- Semi-reinstitutionalisation
- Semi-medicalisation
- Semi-familisation & Refamilisation
- Stricter targeting
- Intensification
- Refocusing (from household to care tasks)
- Privatisation (outsourcing + vouchers)
- Attempts to taylorisation
The case of Austria

- Undeveloped home care services (despite the incorrect data in e.g. OECD publications)
- The introduction of uncontrolled cash for care scheme in 1993 (cf. Italy): from full familisation to semi-familisation
- Support for family carers
- Emergence of undeclared grey markets of live-in female CEE 24-hour care workers (2007: attempt to legalisation of these ’personal carers’)
- Source: Österle/LIVINDHOME
The case of Ireland

- Home care provisions (e.g. eligibility) and financing (e.g. user fees) have been very uneven across the country, no determined policy (vs. institutional care)
- Until 2000: familialisation + non-profit provisions
- Since 2001 new investment in home care (2001-08: 102 M€ → 331 M€; 16,000 → 65,000 receivers)
- Deintensification (8 h/week → 5 h/week)
- Privatisation (though non-profits still larger)
- Source: Timonen/LIVINDHOME
Conclusions

There are a large number of changes going on in European home care system but getting a full picture of the trends is difficult because
  – The data is not reliable enough
  – Home care has to be seen in a larger context
  – Trends are partly contradictory
    • Between welfare regimes
    • Within welfare regimes
    • Even within individual countries
Conclusions

On a very general level, it can be said that
- In Southern Europe, both home care and institutional care are (finally) growing
- In CEE there are (at least) two different groups of countries: in the first, both kinds of services are rather broadly available and stable; in the other, neither kind of services actually exist nor are they developing
- Also in the Nordic region, there are two different trajectories: one of decreasing coverage levels (Swe & Fin) and another of more stable and broad coverage (Den, Ice & Nor)
Conclusions

- On a very general level, it can be said that
  - Deinstitutionalisation is impossible if the institutions have not yet been built
  - Besides (or sometimes: instead of) deinstitutionalisation, there are strong tendencies towards re-/semi-institutionalisation
  - Both de- and semimedicalisation are taking place at the same time
  - Semi-familisation is a strong trend but defamilisation and refamilisation trends do exist, as well
Conclusions

There are also many other changes going on within home care in many European countries
- Intensification
- Privatisation
- Managerialisation
- Taylorisation
- Personalisation
- Deprofessionalisation
- ...

Dept of Social Sciences & Philosophy