

Reforming home care services in Europe: Common drivers, diverse responses

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The LIVINDHOME Project

Investigate reforms in home care/home help systems:

- Drivers of change
- Content, organisation, funding, delivery, regulation, quality of home care services
- Outcomes for users

Country experts: Denmark, Ireland, Sweden, Norway, Germany, Finland, Austria, England, Italy

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Common drivers for reform

- Demographic trends
 - Population ageing
 - Changing availability of family care
 - Supply of paid home care workers
- Public spending pressures
 - Managing demand
 - Improving efficiency and cost-effectiveness
- Changing expectations of welfare state
 - Choice, personalisation and quality

Broad approaches to reform

Reforms reflect welfare state traditions – limited convergence

- Traditional family-oriented welfare
 - Corporatist response – new social rights (Austria, Germany)
 - Limited central government involvement (Ireland, Italy)
- Tradition of extensive home care services
 - Denmark, England, Finland, Norway, Sweden
 - Delivered by local authorities, central government regulation
 - Reforms emphasise
 - » Market and consumer mechanisms
 - » Quality and efficiency
 - » Targeting those with highest needs

Governing home care

- Major roles for national governments
 - Levels, content, eligibility criteria, user charges, quality assurance
 - Responsibilities of regional/local governments
 - Regardless of funding mechanism
- Regional/local governments
 - Implementation and delivery
- Without central government responsibility, major regional inequalities in coverage and quality (Italy, Ireland)

Containing costs, promoting efficiency

- Measures initiated by both central and local governments include:
 - Cash allowances
 - Competition between providers
 - Restricting scope of services
 - Restricting eligibility
 - Regulating workers' tasks/time
 - Tackling demand:
 - » Self-help/self care (Denmark)
 - » Reablement (England)
 - » 'Preventive' visits (Denmark)

Cash allowances for home care

- Multiple objectives and outcomes:
 - Stimulate market development
 - Support family care
 - Contain costs
 - Increase choice and quality
 - Empower users
- Variable importance:
 - Cornerstone (Germany, Austria, Ireland, Italy)
 - Limited role (Denmark, Sweden)
- Variable outcomes:
 - Germany – support family care
 - Austria, Italy – employ migrant care workers
 - No evidence of stimulating new services

Boundaries between public and private care

- Multiple intersections – funding, organisation, status of care workers
- Common patterns: public funding, private provider organisations, family care supplement
- Shifts from state to family/individual responsibilities
 - Freezing cash allowances (Germany)
 - Tax deductions (Sweden, Finland)
 - Limiting scope of home care (Ireland)
 - Raising eligibility thresholds (Sweden, England)

Recruiting and retaining paid home care workers

- Common problem
- Efficiency and marketisation reforms can exacerbate challenges
- Responses include:
 - Training
 - Professionalisation and career paths
 - Attracting migrant workers
 - » Formal employment (Sweden, Ireland, Denmark)
 - » Informal sector (Germany, Austria, Italy)

Regulating quality

- Audit and accountability regimes (Norway)
- Registration and inspection (England)
- Functional integration (Austria, Germany)
- Care/case management
- User feedback/surveys (Denmark, England, Finland, Sweden)

Equality and equity

- Wide local variations in coverage and access – Italy, Ireland
- Major geographic inequities can prompt major reforms and new universal social rights - Austria, Germany
- New universal procedural rights – Sweden, Norway
- Cuts in services – new socio-economic inequalities
- Emerging age-related inequalities

Conclusions

- Common drivers
- Limited convergence:
 - Improving efficiency
 - Reducing costs
- But national political, organisational, cultural contexts shape responses:
 - Constitutional factors
 - Types of entitlement
 - Modes of organisation and delivery
- Many unanswered questions, including:
 - Sustainability of reforms, including workforce
 - Impacts on quality
 - Impacts on user outcomes - increasing inequalities?



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