

Reforms in long-term care policies in EU countries: an interpretation

Costanzo Ranci and Emmanuele Pavolini

Polytechnic of Milan

University of Macerata

London

2nd International Conference on Evidence-based
Policy in Long-term Care

Focus of the presentation

1. *Reforms contents over time (20 years)*
2. *The drivers of the reforms; problem pressures and diagnosis*
3. *Actors and Coalitions*
4. *Mechanisms and forms of institutional change*
5. *The impacts of the reforms*

The LTC policy field before the main reforms

Country	Coverage at the beginning of the 90s			LTC regime (beginning of the 90s)	Integration - Fragmentation
	Home care	Residential care	Relevance of cash programs		
Denmark	20	4,1	Low	Universalist	Integration
Sweden	12	8,4	Low		
Netherlands	8	10	Low		
Great Britain	14,2	3,9	Medium-Low	Semi-universalist	Fragmentation
Germany	7,3	3,3	Low	Residual (partially based on residential care)	Fragmentation
France	2,5	2,4	Low		
Austria	13,2	2,8	Low		
Spain	1,1	2,8	Low		
Italy	1,8	2,2	Medium		
Czech Republic	n.g.	2,8	Low		

The reforms' drivers: problem pressures

1. *Socio-demographic pressures*
(*population ageing, changes in family care arrangements*)

2. *Financial pressures*
(*Public deficits and debts; other WS policies*)

3. *Socio-cultural pressures*
(*freedom of choice, ageing in place*)

The politics of LTC reform: actors and coalitions

1. Social and economic actors

(- elderly associations; + adults disable associations; + social services providers; +/- trade unions and private enterprises)

2. Political Actors

(political parties did not play a major role in fostering reforms; often strong role of local governments)

Residual and universalistic care regimes: different coalitions at work

The contents of the reforms in last 20 years

Country	Situation in 1970-1980	Main reform since the 90s	Other reforms following the main one (if present)
Sweden	Universalist regime	None	Disability Act (1993); Support for family carers (1999); Rationalizing elderly care: falling coverage (since 90s); Adel reform (1992); Municipal Act (1993); Introduction of market practices (1991-2010) Tax deduction on household services and personal care (2007)
Denmark	Universalist regime	None	Re-centralization (90s); Restructuring (e.g. "Common Language" (1998); "Free choice" in home-care (2002))
The Netherlands	Universalist regime	None	Health-care reform (2005); Restructuring and retrenchment reforms (since 1990) (e.g. cost-containment: de-institutionalization; co-payments; limiting access); Personal budget (1995); Marketization of service delivery (since 1990); Social Support Act (2007)
England	Semi-universalistic regime	None	Community care reforms (90s) Consumerist initiatives (direct payments and personal budgets) (2000s)
Austria	Residual regime	The Cash-for-Care Reform (1993)	Cost-containment policies (since 2000s); Support for informal care (since 1998); Regularization of migrant care (2007)
Germany	Residual regime	The Care Insurance Reform (1994)	Cost-containment policies (since 2000s) with an increase in benefits in 2008; Complementary Nursing Act (2002)
France	Residual regime	APA (2002) with previous experimentations (PSD - 1997)	Ongoing discussion on the role of private LTC insurances vs. a 'fifth' pillar
Italy	Residual regime	None	Piecemeal regularization of migrant care work (since 90s)
Spain	Residual regime	Dependency law (2006)	Slow and fragmented implementation of the new care system
Czech Republic	Residual regime	Act on Social Services (2006)	Several adjustments (soon after the reform)

Mechanisms and forms of institutional change

	Continuity	Discontinuity
Incremental	Reproduction by adaptation	Gradual transformation
Abrupt	Survival and return	Breakdown and replacement

Mechanisms and forms of institutional change

LTC Care Regime (early 90s)	Type of institutional change	First/second order policy change Provisions	Third order policy change Entitlements
<i>Universalist:</i>			
Denmark	Reproduction by adaptation	Quasi-markets and Consumerism	---
Sweden	Gradual transformation	Quasi-markets and Consumerism	(Hidden) attack to Universalism
The Netherlands	Reproduction by adaptation	Quasi-markets and Consumerism	---
<i>Semi-universalist:</i>			
England	Gradual transformation	Quasi-markets and Consumerism	(Hidden) attack to (Semi)-universalism
<i>Residual:</i>			
Germany	Breakdown and Replacement	Tightening regulation on provision	LTC as a “universal” right
France	Breakdown and Replacement	Tightening regulation on provision	LTC as a “universal” right
Austria	Breakdown and Replacement	Tightening regulation on provision	LTC as a “universal” right
Spain	Breakdown and Replacement	---	LTC as a “universal” right
Italy	Gradual transformation	Migrant Workers regulation	(Hidden) marketisation of LTC
Czech Republic	Breakdown and Replacement	Partially tightening regulation on provision	LTC as a (partial) “universal” right

Mechanisms and forms of institutional change

PROVISIONS



ENTITLEMENTS

	Entitlements	Provisions
Universalist and semi-universalist LTC models	No explicit changes in entitlements	Incremental transformation in the public regulation of provisions
Residual LTC models	Explicit changes in entitlements in DE, AU, FRA, ES Institutional inertia in ITA	Incremental adaptation focused on provisions that partially modified the impact of reforms

The impacts of the reforms: coverage of needs

Retrenchment

Restructuring

Expansion

SW

EN

NL

DK

Italy

FR

CZ

SP

AU

GER

The impacts of the reforms: LTC labour market

Sweden	Increase in occupation in the field but taylorization of care tasks Strengthening of a cash-based (voucher-based) option
Denmark	No impact on the quality of work Ambivalence between: Mix of control/standardization and choice/flexibility
The Netherlands	Taylorization of care work; De-professionalization of care work; substitution of formal with informal care
England	Increase in occupation in the field but also de-qualification (migrant care work)
Austria	Increase in occupation in the field but also de-qualification (migrant care work)
Germany	Increase in occupation but also Taylorization, deterioration of employment conditions, substitution of formal with informal care (and rise of a semi-formal, grey care market)
France	Strong increase in occupation; APA scheme has significantly increased the number of qualified workers, even though they remain insufficient with precarious working conditions
Italy	Expansion of the care labour market but dequalification of work (migrant work)
Spain	Expansion of the care labour market but dequalification of work (migrant work)
Czech Rep.	Limited expansion of the care labour market but risks of dequalification of work (possible migrant work in the near future)

Conclusion: the impacts

A partial convergence in LTC systems over Europe

while the universalist regimes have reduced the extension and generosity of their care systems, most of the residual care regimes have expanded entitlements and public expenditures

Increasing risk of dualisation

restrictions in the public supply of care and in the quality of professional services. this could push more and more dependent people out of the public care system