Between reforms and formulations: Long-term Care policies in Poland and the Czech Republic

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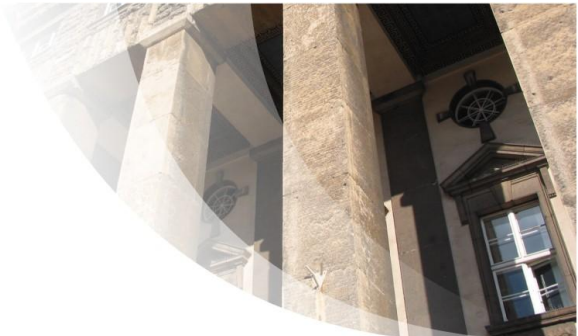


The objectives of the presentation

- **evaluate** and **compare** policy developments in LTC for the **elderly** in Poland and the Czech Republic

- **examine the LTC reform options** in Poland and the Czech Republic

Structure of the presentation

1. Why study LTC policy in Poland and the Czech Republic?
2. Determinants of LTC policies : the role of informal care
3. LTC policy in Poland and Czech Republic: International comparative analysis
4. Policy implications and research perspectives

Why study LTC in Poland and the Czech Republic?

- „**Where next for long-term care reform**?”
  → look at the Central and Eastern Europe!

- Poland and the Czech Republic – two CEE countries with different LTC policies

Determinants of informal care

- High supply of informal carers
- Prevalence of intergenerational coresidence or „near –coresidence”
- Strong public support for informal care

The importance of the abovementioned determinants is likely to change due to demographic and societal transitions

Intergenerational coresidence

Elderly parent lives in the same household or in the same building

Child lives in the same household

Poland (N = 368)	**15.7 %**	Poland (N= 1624)	25.2 %
Czech Republic (N = 505)	**6.7 %**	Czech Republic (N=1789)	14.2 %

Source: SHARE (wave 2)

Help for the dependent elderly – example of Poland

	Members of the family	Social care worker	Neighbours, friends
older people who do not live alone	96.1%	2.2%	5.3%
older people who live alone	87.7%	9.0%	22.7%

Source: *PolSenior* study

LTC policies in Poland and Czech Republic

- LTC is financed and provided in **health care** and **social assistance**
  (in Poland also **pension system**)

  Thus the boundaries of LTC policy are very blurred

- the main focus in the presentation on social care (social services/social assitance), however, one can see also diiferences in the health care system

LTC in health care: markedly distinct tendencies

Poland:

- Restrictive eligibility criteria → 40 points on the Barthel scale
- Payment for the accommodation in nursing homes: hospital wards for LTC have been closed down

Czech Republic:

- Long-term care hospitals have persisted without amendments
- The crucial role of GP in prescribing home health care

LTC beds in heath care sector per 1000 persons aged 65. and more

	Poland	Czech Republic
2001	2.75	5.09
2005	3.24	5.11
2008	3.44	4.62
2012	4.10	4.07

Own calculations based on data from various national sources

Social care in Poland and the Czech Republic

- Czech Republic: **comprehensive refom: new paradigm** since 2007 - universal care allowance for people who are dependent on the help of others

- Poland: **only minionr changes** related mainly to the new legislation concering social assistance in 2004

Reform in the Czech Republic

- **Direct payment** to users of social care
- **IV levels of dependency**, the amount of the care allowance **depends solely on the needs**
- The amount of the benefit (in 3rd and 4rd level) is considerable (in comparison to the average pension)
- No direct compensation for informal carers

- Macro level: reform brought about the profound changes in the governance of social services (registration of providers, quality assurance etc.)

Evaluation of the reform in CZR

- Recipients of the care allowance predominatly opt for **informal care** and thus they do not allocate the money to registered providers

- High demand for institutional care and „considerable **distrust of formal domiciliary care services** and its potential to ensure help in case of considerably reduced self-sufficiency” [Kubalčíková, Havlíková, 2011]

The utilization of different forms of care by the recipients of the care allowance (in percentages)

	III level of dependency		IV level of dependency	
	informal	institutional	informal	institutional
2007	80.1	15.2	68.5	26.6
2010	66.9	23.1	52.6	38.3

Source: *Socialni służby na roztesti* , 2013, p. 90; own calculation

LTC policy in Poland in **3 distinct systems**

Services:

- Health care
- Social care (social assistance)

Cash benefit:

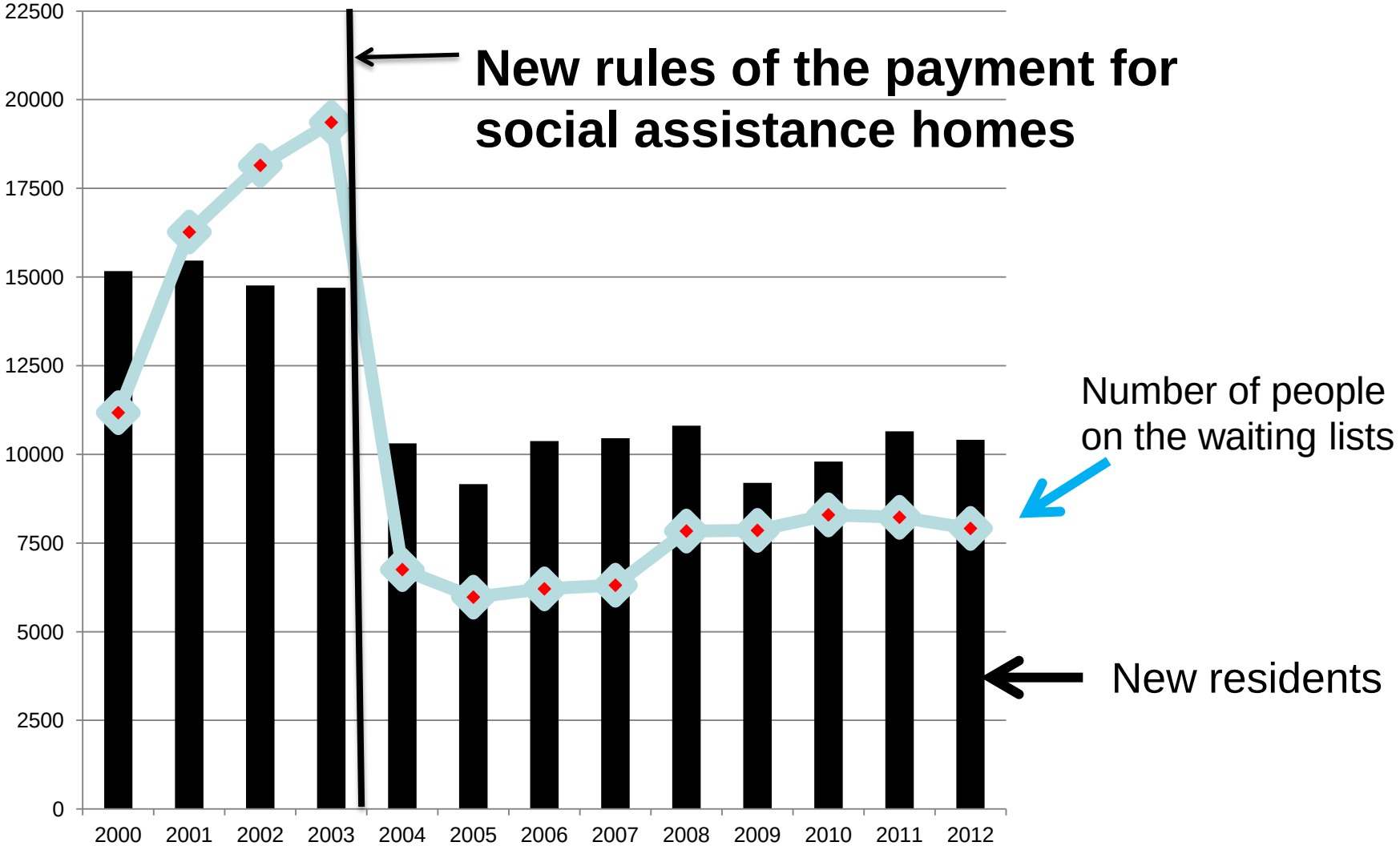
- nursing benefit in the social insurance system (*dodatek pielęgnacyjny*)

Social care in Poland

- Eligibility for services (community and institutional) is based on the principle of **subsidiarity**

- **the family situation** of the frail elderly in need is taken into account. Consequently, entitlement to care **is restricted only to those who could not receive support from their families even if they live apart** (community care)

- since 2004: obligation of the families to pay the costs of accomodation in social assitance for the elderly


New rules of the payment for social assistance homes
Number of people on the waiting lists
New residents
22500
20000
17500
15000
12500
10000
7500
5000
2500
0
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012

Czech Republic → The reform in 2007 brought this country to the forefront of the LTC policies in the CEE region.

Suport in case of a dependency as a **universal social right.**

Poland → increasing the involvement of private resources in the LTC systems; **social risk privatization** [Hacker 2004];

	Poland	Czech Republic
Entitlement to services	Subsidiarity / Slectivity/ means-testing (concering payment)	Universalism – regardless of income and family situation
Choice of providers	Service users do not have a choice of providers	Service users have a choice of providers
Payment fot the services	Payment is obligatory. The amount depends on income (wealth i.e. homeownership is not included).	Payment is obligatory. Care allowance is used as a subsidy.
Support for informal carers	Very limited	Very limited

Czech Republic → some pre-reform predictions concerning the usage of the formal home care have not been fulfilled.

Why?

- Supply side problems
- Demand side problems

Policy implication

1. Implementation of policies concerning the LTC should take into account specific determinants of informal care in the CEE countries, such as high rate of coresidence of elderly parents and their adult children.

2. The importance of this aspect is especially crucial with regard to policies aiming at **increasing the supply of the home-based formal LTC** i.e. by raising the number of providers operating on the quasi-markets.

   Thus, one can ask: is a direct payment the best solution to achive this aim in the context of CEE?

Policy perspectives

- **Integration** of financing and delivery – crucial problem in both countries
- Policy formulations:
  LTC social insurenece – in accordance with Bismarckian tradition
- (Ongoing) social risk **privatization** - any chances for a private LTC insurance?

Research perspectives

How research on CEE could enrich our knowledge and understanding of LTC?

- policy diffusion vs. specific determinants concerning institutions and informal care

- **LTC policy reforms-informal care nexus**

Thank you very much for your attention!

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