

Keynote address
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Tine Rostgaard
Professor
Department of Political Science
Aalborg University

Agenda

- Characteristics of Nordic long term care and care work
- Demographic and financial challenges
- Past and present policy changes:
 - Shifting boundaries
- New perspectives:
 - Trust and reablement

Nordic social care model

Public service model

Universalism

Public, formal and de-centralised approach
(organisation, regulation and financing)

Although increasingly market based and increasing recognition of and reliance on informal care

Services intensive but also cash

Tax-based; affordable

High coverage and take-up rate, no stigma associated

High quality of care services: regulation
professionalised, trained staff, relatively well paid



But with variation...

Generous, accessible and formalized	Denmark, Sweden (the Netherlands)	High spending, low private, low informal care use, high informal care support, cash benefits modest
Informal care oriented, high private financing	Finland (Austria, England, France, Spain)	Medium spending, high private cost, high informal care use, high informal care support, cash benefits high

Extensive services -

Main social services for the elderly in Denmark

Main principle: Ageing in place

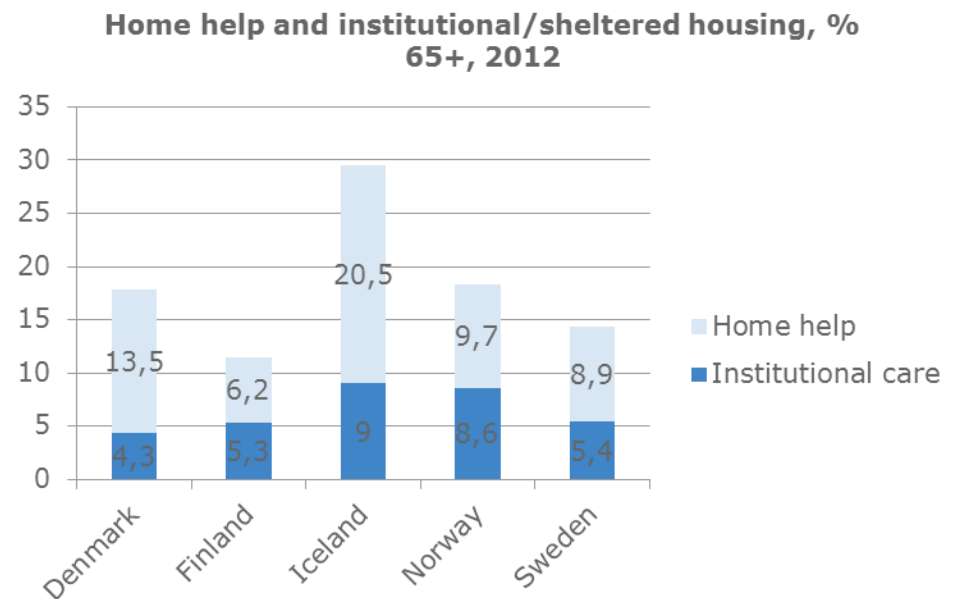
- Home based care services (personal care and domestic chores)
- Nursing homes
- Service housing
- Transport scheme
- Adaptation of the home
- Meals on wheels
- Carer's allowance
- Day centres
- Senior citizens' council
- Preventive visits
- Reablement (Rehabilitating)

Nordic LTC model providing for many older people

Home care extensive, but different coverage, reaching btw. 6-21% 65+

More similarity in institutional care coverage, btw. 4-9 % 65+

(Expectations of) generous care model challenged by changing demographics



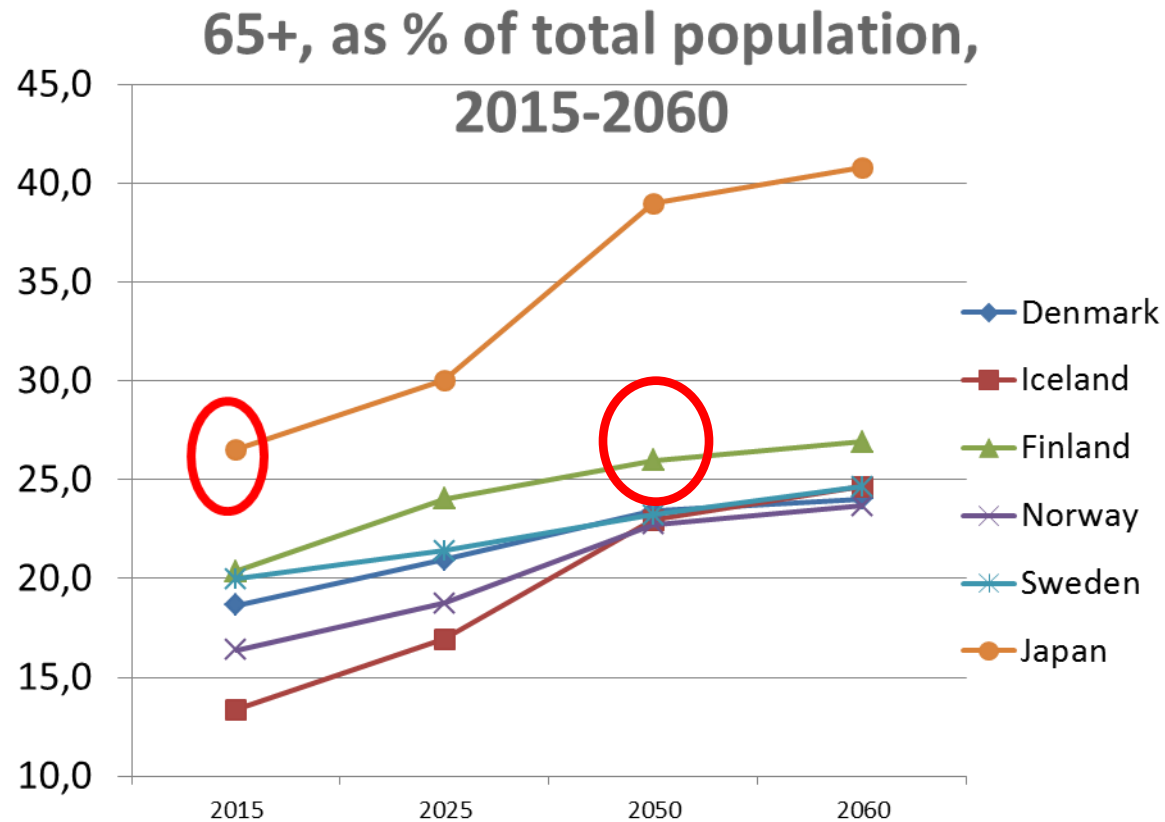
Source: NOSOSCO, 2013

Demographic and financial pressures

Ageing of Nordic
populations

Similar pattern of ageing in
2060 as Japan at
present

But much more extensive
formal care provision



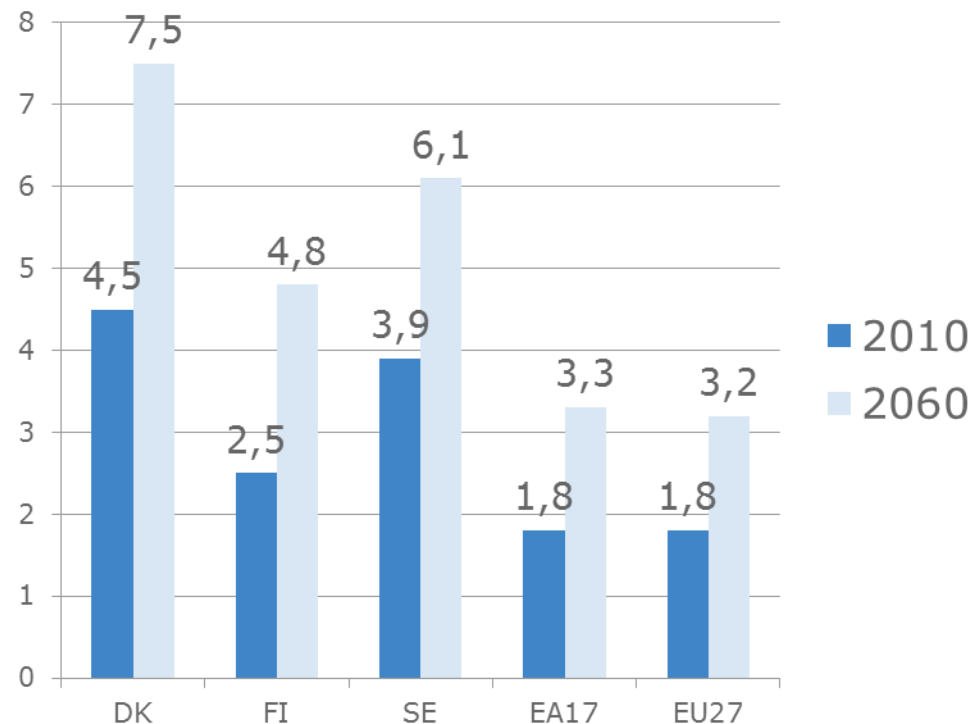
Source: UN Population Data, 2012 Revision

Living longer, living better?

Compression of morbidity likely to prevail

But even with constant disability scenario, likely and nearly doubling increase in GDP related LTC costs

Total public spending on LTC as % of GDP, 2010 and 2060



Source: EU Ageing 2012 report. Using constant disability scenario: Assuming gains in life expectancy are spent in good health

Policy trends – transforming care and care work

Ageing in place: De-institutionalisation

Qualification – complex needs requiring better skilled staff

Decentralisation – Structural reforms giving more responsibility for provision (and decision) to local authority

Preventions and repair – social investment agenda focussing on reablement. Part of Active ageing

Active ageing

- Activation
- Engagement
- Social relations
- Physical exercise
- Preventing and repairing
- Individualisation? Inclusion/exclusion?



EU Video

Reablement

First Swedish Östersund model (1999) – in DK widely spread since 2007 and highly recommended by Home care commission ('Hverdagsrehabilitering'), used in Norway, Australia and UK

To maintain, develop or (re-)gain physical functioning.
Also with social focus

Often physical exercise, taking place in the home,
assisted by social care worker and/or fysio and/or occupational therapist

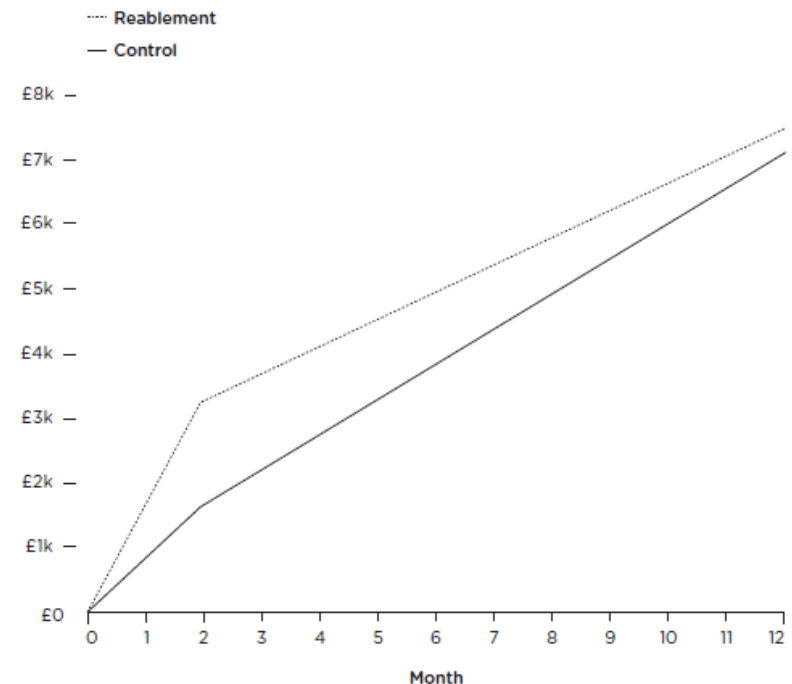
Sparse evidence from Nordic countries, in DK (RCT) evaluation 2014-2016

Convincing UK results: suggest reduction in need for social care (63% with no need, 26% with reduced needs), and decrease in cost

But including start-up costs and health care costs, no significant difference in total cost

Only right to active care.
Inclusion/exclusion.

Figure 4 Total costs, including health and social care, over the 12-month study period



Source: Demos analysis of Glendinning data

Policy trends, cont.

Targeting –

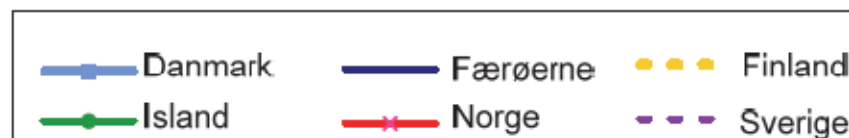
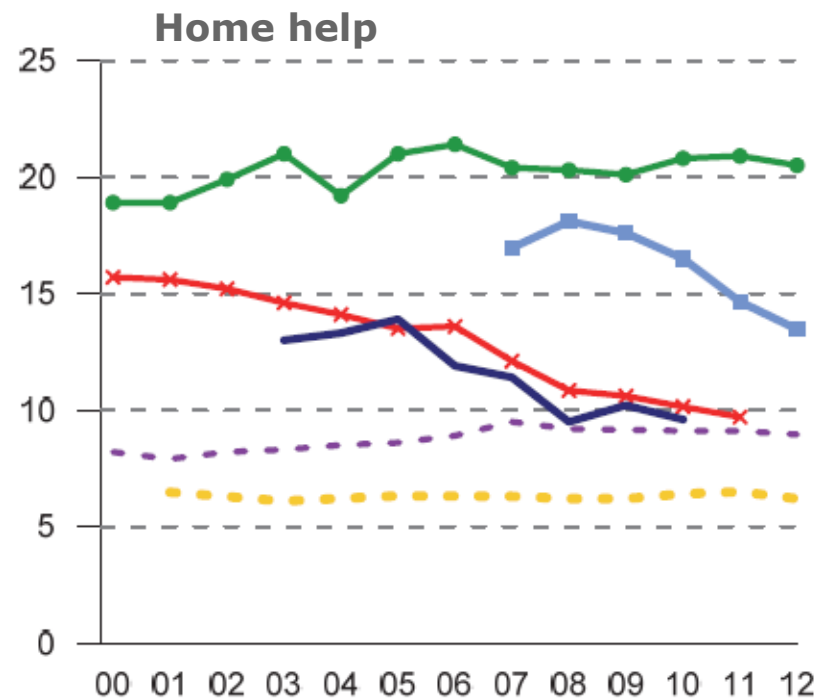
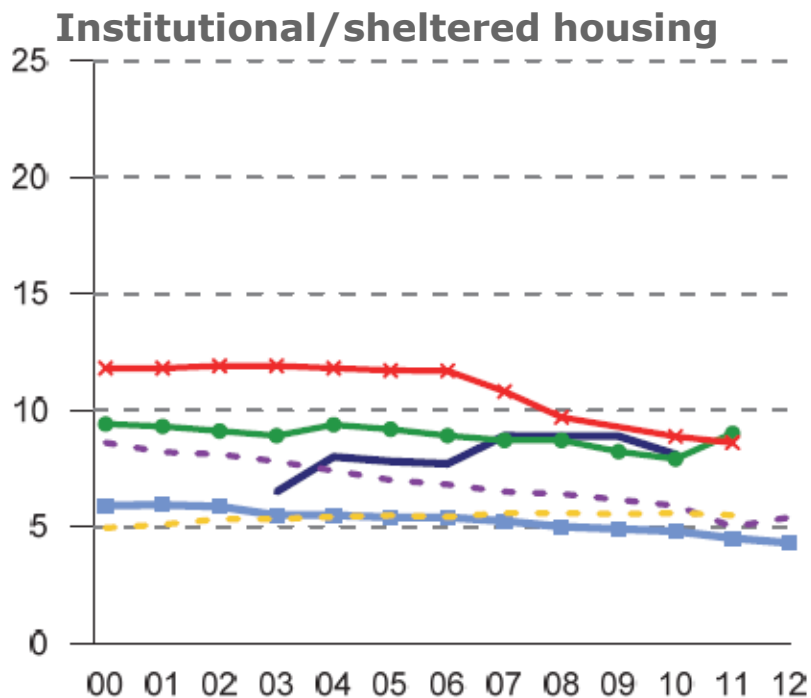
Reduction in % of older people with home help services

From help with domestic chores to help with personal care

E.g. in Norway, users with domestic care only reduced from one in two to one in four.

Changes 2000-2012

Proportion older people 65+ with institutional/sheltered housing or home help



Trends - Shifting boundaries

(Semi-)Informalisation

Ethnicization

Privatisation/individualisation

Marketisation

(Zechner and Rostgaard, 2011)

Shifting boundaries

(Semi-)Informalisation

- Widespread, especially spousal care
- Often in combination with formal care
- Cash for care

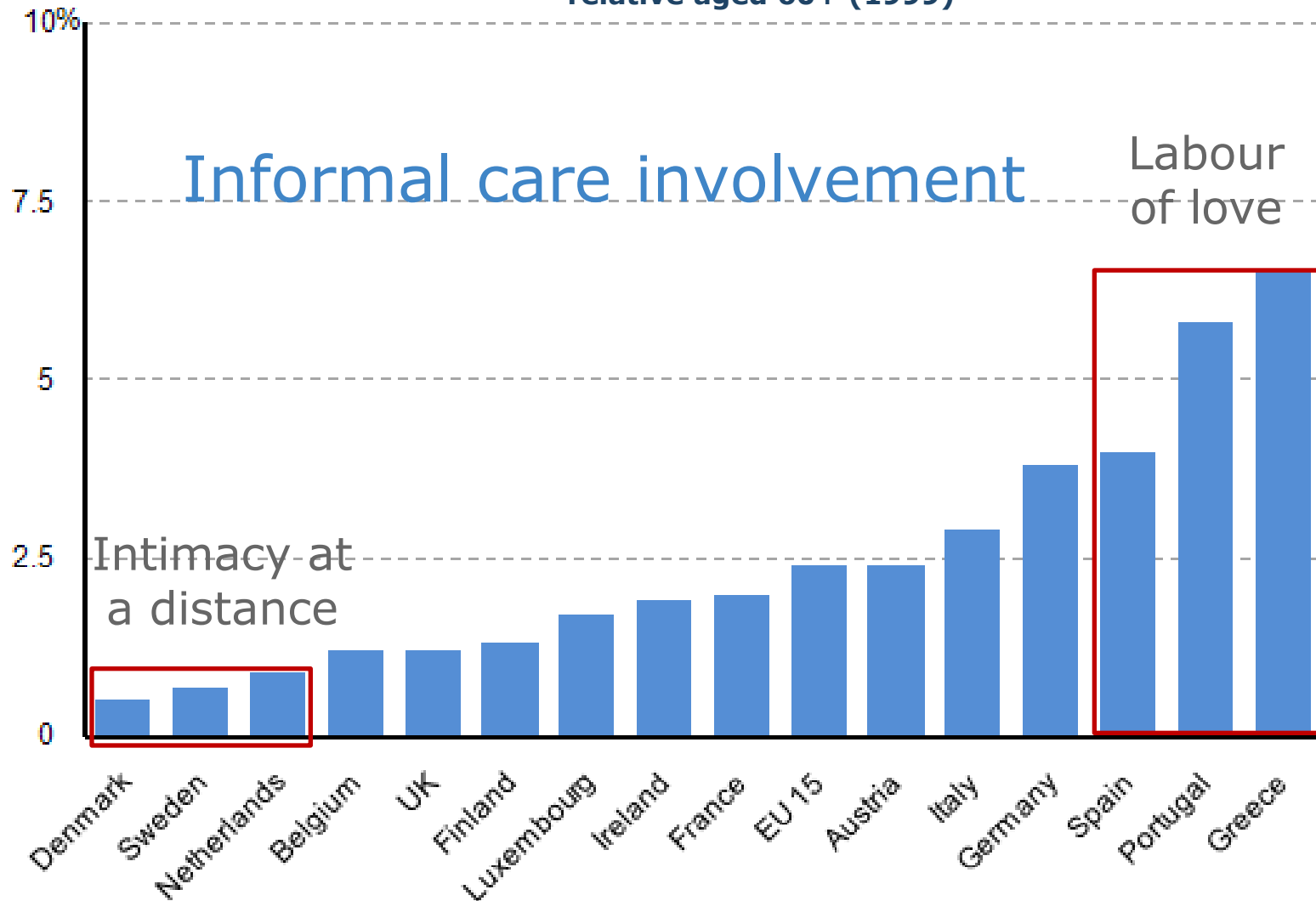
Ethnicization

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(Zechner and Rostgaard, 2011)

Percentage of the population aged 15+ providing informal care to a co-resident relative aged 60+ (1999)



(Semi-)informalisation

Informal carers, main providers of care:

Spouse/partner, adult children, extended family, neighbours,
friends

Also in the otherwise 'public care service states' where in particular
spouse/partner is important, and increasingly also children:

"The Nordic countries have sometimes been accused of having been
so charmed by their abundant public care services that they
have ignored the significance of informal care" (Kröger, 2005)

Process of informalising hitherto formal responsibility for LTC. Ex. cash for care as substitute for social services
– involvement of relatives, friends

But cash for care also expression of formalisation:
Substitution of informal (unpaid) care by formal arrangements of care to a degree hitherto not experienced: care contracts
-> Informal care increasingly managed and controlled by state/municipal authorities.

Informalisation with different implications

'Dependant people have to rely too much on their relatives'

<i>Country</i>	<i>% of adult citizens that agree</i>
Denmark	42
Finland	50
Ireland	65
Ireland	65
Germany	66
UK	67
Sweden	70
Austria	70
EU27	71
Italy	75

Source: Eurobarometer 2007

Shifting boundaries

(Semi-)Informalisation

Ethnicization

Low status, low paid, demanding work

Recruitment potential, but changing status?

Privatisation/individualisation

Marketisation

(Zechner and Rostgaard, 2011)

Shifting boundaries

(Semi-)Informalisation

Ethnicization

Privatisation/individualisation

Recourse to other actors, incl civil society and voluntary organisations

Marketisation

(Zechner and Rostgaard, 2011)

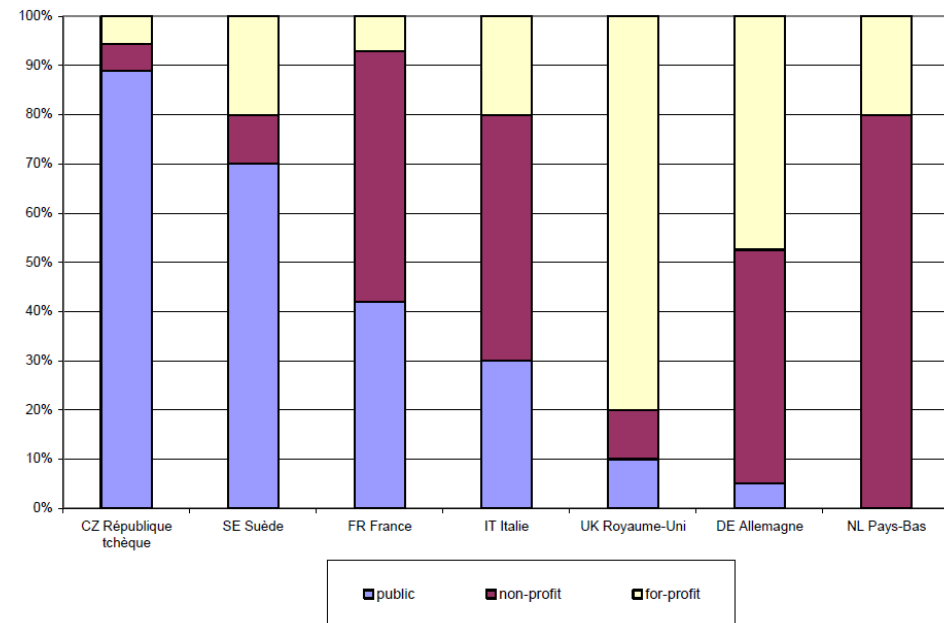
Privatisation and non-profit sector

Interest in the non-profit sector as “alternative professional provider” in elder care

Also increasing demands for volunteer work at the local level

New forms of collaboration - Public authorities new steering function. Potential conflicts professionals/non-professionals

Graph 3 – Long-term care providers: weight of public services, non-profit services, for-profit services



Source: Huber et al, 2006

Volunteering and implications for the individual

A new policy strategy to avoid social exclusion and to make use of available societal resources

Persons above retirement age targeted as a potential resource in an ageing society with a retiring work force.

In DK older persons volunteer less often: Likelihood of volunteering tops at the age of 40 and then decreases.

25 % of 65+ volunteers. Especially active within activities related to social and health care

Older persons are more likely to state a lack of interest (21 % among 65+, vs. 15 % among 30-49 year olds).

Shifting boundaries

(Semi-)Informalisation

Ethnicization

Privatisation/individualisation

Marketisation

- Private for profit providers

- New Public Management (NPM) principles

(Zechner and Rostgaard, 2011)

Strengthening economic principles

Establishment of welfare markets and provider competition:

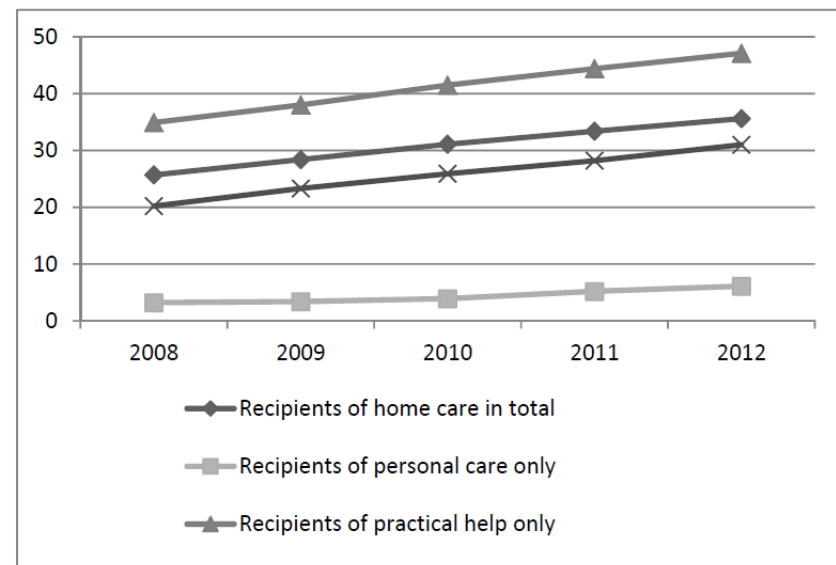
Separation purchaser and provider

Introduction of free choice, in DK obligatory; 1/3 home care recipient with private provider, mainly domestic chores; slightly higher satisfaction scores. In Sweden, voluntary.

Tax rebates and vouchers

Privatisation of responsibility, contractual relationship user-care provider

Figure 2. Percentage of users of home care 65 and older included in the free choice scheme who use for-profit provider, in total and by type of assistance, 2008-2012

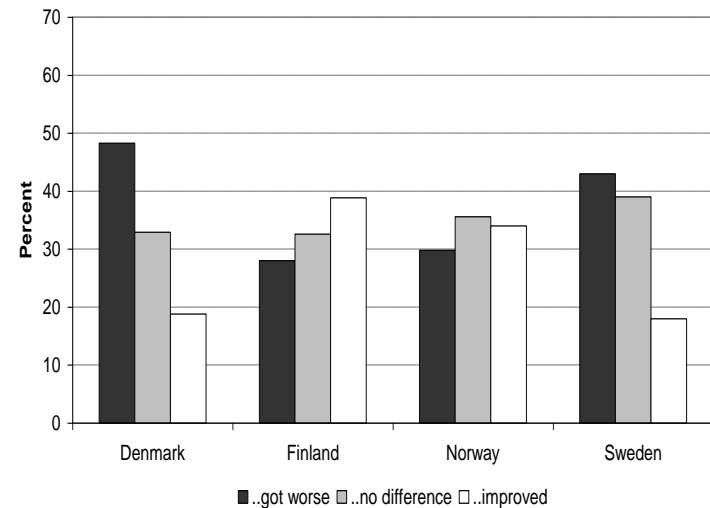


Source: Statistics Denmark, StatBank Denmark: AED12.

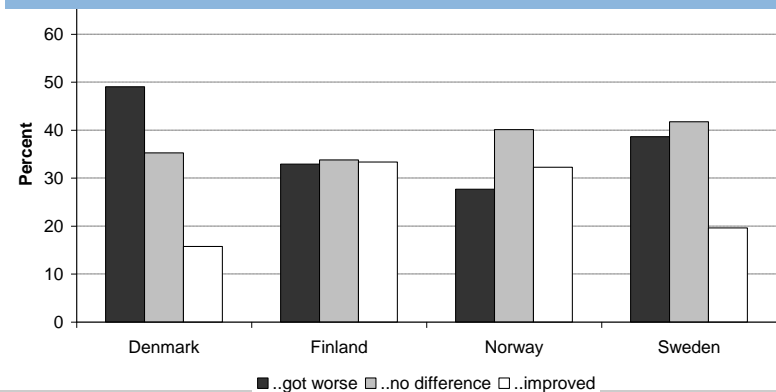
Introduction of New Public
Management principles:
documentation, time control

Poor working environment, stress,
loss of motivation

Has working environment in nursing home within last 5 years...



Has quality of care in nursing home within last 5 years...



New perspectives within and outside the Nordic countries?

From New Public Management to New Public Governance:

- Still focus on measurement and documentation:
 - Focus on outcomes - quality of life (ASCOT studies in DK and FIN)
- But introducing trust – trust-based organisation of care and management, trust-based relationships ->Room for professionalism; increasing motivation and reduced absenteeism [Link](#)

Summing up

Nordic LTC model common characteristics of public social service model, with some variance

Due to formal care system, common need for orientation towards new solutions

Tendencies of formalisation, informalisation, privatisation and marketisation

New trends in organisation of care and care work (trust) and in focus of care (prevention and reablement)

Implication for society and the individual – new steering modes, roles and responsibilities, new focus on professionalism and new focus for care



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The International Association of Gerontology and Geriatrics
European Region Congress 2015, Dublin, Ireland

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Unlocking the Demographic Dividend



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Abstract Submission Deadlines:

Symposia 15 September 2014

Individual papers/posters 15 October 2014

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Thank you!