

Long-term care: the role of local government

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Rapid population ageing has dramatically increased the social and economic cost of elderly care. In their search for financial sustainability, all the EU countries have introduced reforms that have shifted an increasingly heavy burden onto the family, thus calling for greater public support for families in their daily care duties and in the reconciliation of work and care. Municipalities are the main providers of care for older people, either in kind or, increasingly, in cash. Experience in the cities involved in the Active Age project described in this paper helps us to identify some crucial points upon which health and social care policies for elderly people should focus.

Introduction

The elder care sector is at the core of a radical restructuring process. In their search for a financially sustainable response to the challenges posed by demographic and social change, all the EU countries have introduced various reforms aimed at making care affordable. The quest for financial sustainability has been pursued in two ways: reduction of entitlements, by targeting services more closely on the population in greatest need, and reduction of care costs. The likely outcome of this process will be a change in the state-family-market care mix which, by shifting a greater burden onto the family, will call for greater support from the public authorities. Experience in the cities of the Urbact

project "Active Age", described in this paper, helps us to identify some crucial points upon which health and social care policies for elderly people should focus.

The organisation of the care market

Although the majority of care is provided informally, mostly by female carers, there are significant differences between countries in the role played by the state, the market, and the family in the provision and financing of elderly care.

Two common trends have been observed in Europe since the 1990s:

- A shift from residential to home care and
- a shift from in-kind¹ services to cash transfers.

These developments have shifted an increasingly heavy burden onto the family, thus calling for greater public support for families in their daily care duties and in the reconciliation of work and care. Various levels of government are called upon to cooperate. Time-related provisions – such as targeted and general leave schemes and flexible working time arrangements – and most monetary transfers – as in the case of

¹ In-kind services refer to those services delivered by public services and others in the form of a staff input e.g. meals on wheels, home helps etc.

the disability allowance in Italy or long-term care insurance in the Continental countries - are set at the national level. Conversely, services are mostly set at the local level. Municipalities are the main providers of care for older people, either in-kind through traditional service delivery, or, increasingly, in cash. They support families with information, coordination, counselling; with financial help - care allowances, subsidized access to home and residential care - and with services - home care, respite care and semi-residential care (day-centres, outpatient clinics), community social services, sheltered homes, residential care and nursing homes.

The local authorities also have to ensure an adequate provision of qualified private and public care workers to supplement the care provided by families. This involves the training of care workers (and family carers); accreditation of care workers and private firms (profit and no-profit); implementation of measures to favour the regularisation of irregular/immigrant care workers; and coordination (and governance) of the various sources of care labour supply (formal and informal, voluntary and for profit).

The scope of the problems to be tackled accounts for the great differences within, as well as between, countries in the implementation of measures in

support of families and communities. This wide range of experiences can provide an useful basis for exchange and learning.

From general policies to local experiences: some case studies from the municipalities of the Active Age Project

Within the Active Age project, involving nine cities of the Urbact network, the focus on "age and care" has produced a number of interesting case studies that were presented at the Transnational Exchange Workshop (TEW) in Maribor² held in February 24th-26th 2010. The participants singled out some core problems and reported on the different responses activated by the Municipalities: from residential care, to respite care, training of formal carers, resort to technology and other innovative solutions to improve quality and increase efficiency. Here we report some of the case studies in order to provide an overview of the many aspects of long term care that the various local authorities are dealing with.

Poor quality, isolation, and estrangement are the most common risks incurred in residential care: even the best structures run the risk of creating a "happy island" that isolates the residents from the rest of the

² <http://urbact.eu/en/projects/active-inclusion/active-age/homepage/>

society. The city of Maribor (Slovenia) presented the case of a residential care institution - the "Senior Citizen Home Tezno", active since February 2004 and currently accommodating 200 residents with different levels of dependency – organised with the principle of maintaining close links with the surroundings by opening the structure up to various social actors as well as encouraging the residents to participate in the life of the city. A number of different areas of the building are devoted to socializing activities: a reading room and a library, a computer room, and workshops for various types of manual activities. Residents are encouraged to spend their time together participating in community events (birthday parties), groups with specific interests and self-help groups, as well as excursions, picnics, workshops and cinema and theatre shows.

With large families rapidly disappearing, the share of frail elderly people living alone, or with weakened family links, is rapidly increasing. Greater public support for these dependent persons becomes essential, especially if institutionalisation needs to be postponed. In most countries home social care is still underdeveloped and not sufficiently supported by public funding. The city of Rome is running a

project³ aimed at providing concrete response to family needs in their daily care. Through its network of volunteers it provides domestic and personal services (shopping, day care, helping with bureaucratic matters, and so forth). Moreover, in the course of this activity, it has succeeded in creating a link between the various networks of volunteers and social actors in the area working to provide support for elderly people and their families.

Technology is expected to provide an economically efficient answer to the problem of assisting elderly people at home, especially when they are living alone and/or have weak family ties. Seville is participating in the "Ambient Assisted Living" service, a joint research and development funding programme implemented by 20 Member States⁴ (which runs the H&H (Health at Home) project. The H&H targets people affected by chronic cardiac pathologies with the aim of improving the quality of their life by enabling remote constant monitoring. It will also experiment with an innovative integrated European model for management of information through adoption of international healthcare standards.

Finally, one crucial factor for the financial and social sustainability of an ageing population rests in delaying

³ <http://urbact.eu/en/header-main/documents-and-resources/documents/?project=62>

⁴ <http://www.aal-europe.eu>

dependency. Can care and active ageing move together? This can be achieved if the “dependent” elderly person can feel that he/she is still contributing to society. Experience in Prague is emblematic in this sense. The “Societa Social Service⁵” is based on the principle of mutual aid. Its aim was to provide services for disabled and elderly people by employing people with disabilities. The service provides transport, delivery, personal assistance, emergency care (using new technologies), support for an independent living, guide and reading services for people with sensorial disabilities. The service is also connected to day care centres, care homes and social services through an efficient communication network. The strength of this experience lies in the capacity to combine enhanced labour market access for disadvantaged groups with the provision of high quality health and care services.

Experience at work. Innovative solutions for long term care: the Local Action Plans of the Active Age network

Building upon the experience of case studies, some of the cities participating in the Active Age project are drafting their Local Action Plans with the aim of studying innovative solutions and/or

improving upon or developing their experience.

As the dependent person’s disability progresses from mild to severe, integration of health and social care becomes of the utmost importance. Severe disabilities necessitate, in fact, both specialized and professional support and social care. Building upon its previous experience – professional training combining the skills of both the “Social assistant” and the “Home assistant” - the city of Dobrich is working on the development of its home care services with the creation of a new professional figure, the “Personal assistant” (PA), with the qualification needed to provide health and social care. The PA may be a family member, a relative, a friend or a neighbour whom the user trusts, will be employed and paid by the Dobrich municipality, and will be trained by the service provider. While responding to the immediate needs of the elderly person and his/her family, by contributing to the training of qualified carers to respond to the increasing care needs of an ageing population, this policy may help in preventing or postponing institutionalization, while favouring reconciliation of work and care.

The Rome project⁶ focuses on respite care, to be realised through co-participation between Municipalities and

⁵ <http://urbact.eu/en/header-main/documents-and-resources/documents/?project=62>

⁶ <http://urbact.eu/en/header-main/documents-and-resources/documents/?project=62>

firms. A number of private firms have already developed a “welfare policy” designed especially to support mothers employed in the company. The city of Rome is trying to extend this experience to welfare for elderly people, offering respite services to the employees of the firms participating in the project. The LAP aims at building partnerships between the firms and the Municipality in order to create day-care centres close to the firm, capable of providing assistance both to elderly relatives of firm employees and of residents in the neighbourhood.

Concluding remarks

Experience in the cities described in this paper helps us to identify some crucial points upon which health and social care policies for elderly people should focus.

Firstly, there is the need for closer cooperation between the different social actors operating at the local level in order to create the operational network **and** the informative system essential to improve the effectiveness of

interventions and to ensure the widest possible access to services for the elderly and their families.

Secondly, focus should also be brought to bear on possibilities to favour the implementation of projects making the most of the human resources at all ages. For example the tight cooperation of the “Active age” and “My Generation” projects within the Urbact network has shown that there are common issues between project working with young and old people. There are also new possibilities opening up for intergenerational working as well as for the old to work with the very old. The experience of the “Societa service” of Prague offers an excellent example of innovative care solutions implemented to combine care and active ageing.

Finally, it is important to develop proposals for public and private actors to find a common field of action in order to relieve the care burden of families, arriving at solutions that integrate individual and collective interests (Rome LAP).

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