

# Home care in Europe

## *Structure and challenges*

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in home care and nursing homes  
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# This presentation

- Definition and relevance
- The EURHOMAP project
- Overview of home care in Europe
  - Governance
  - Financing
  - Organisation and service delivery
- Clients and citizens
- Conclusions

## Our definition of Home care

“Formal care<sup>\*)</sup> delivered in the home situation to clients with a formally assessed care need, enabling them to stay at home, despite functional limitations.”

<sup>\*)</sup> Formal care includes:

Nursing care

Personal care

Domestic aid

Respite care



# Relevance of home care in a broader perspective

# Drivers of change in health and social care

- Demographic developments
- Rising expenditures in times of econ. downturn
- Diminishing returns on health investments
- Changing health risks (more related to lifestyle)
- More complex care demand (multi-morbidity)
- More demand for home-based care
- Greater diversity of patients (migration)
- Better informed patients / clients
- Technological developments
- Developments in care human resources
- .....

# What change is needed?

- Patient/person/people-centred care (*rather than disease-centred*)
- Pro-active population based approaches (*in addition to and combined with individual 'reactive' care*)
- Re-design of tasks (*e.g. delegation within teams*)
- More explicit care coordination
- Innovation of care processes (*e.g. transmural care chains*)
- Better use of information
- More use of modern technology
- Medical and nursing education better tuned to changing practice (*e.g. new functions*)

# EURHOMAP project

2007-2010

- 31 countries
- Information gathered on:
  - Policies and regulation
  - Financing
  - Organisation and delivery of services
  - Role of clients and informal carers
- Sources:
  - National and international databases
  - Expert panels in each country
  - Vignettes with questions



*European Observatory, 2013*



# Governance



# Governance on home care is fragmented

- Home care usually belongs to different policy domains / ministries
  - Nursing = health care sector
  - Domestic aid = social sector
  - Personal care = health care or social sector
- *Result: lack of coherent vision and regulation*
- Home care is often (partly) decentralised
- *Result: frictions between services that have been or have not been decentralised (also inequalities)*
- Home care programmes are often categorical:
  - For specific age groups
  - Disabled people
  - Disadvantaged groups (safety net)

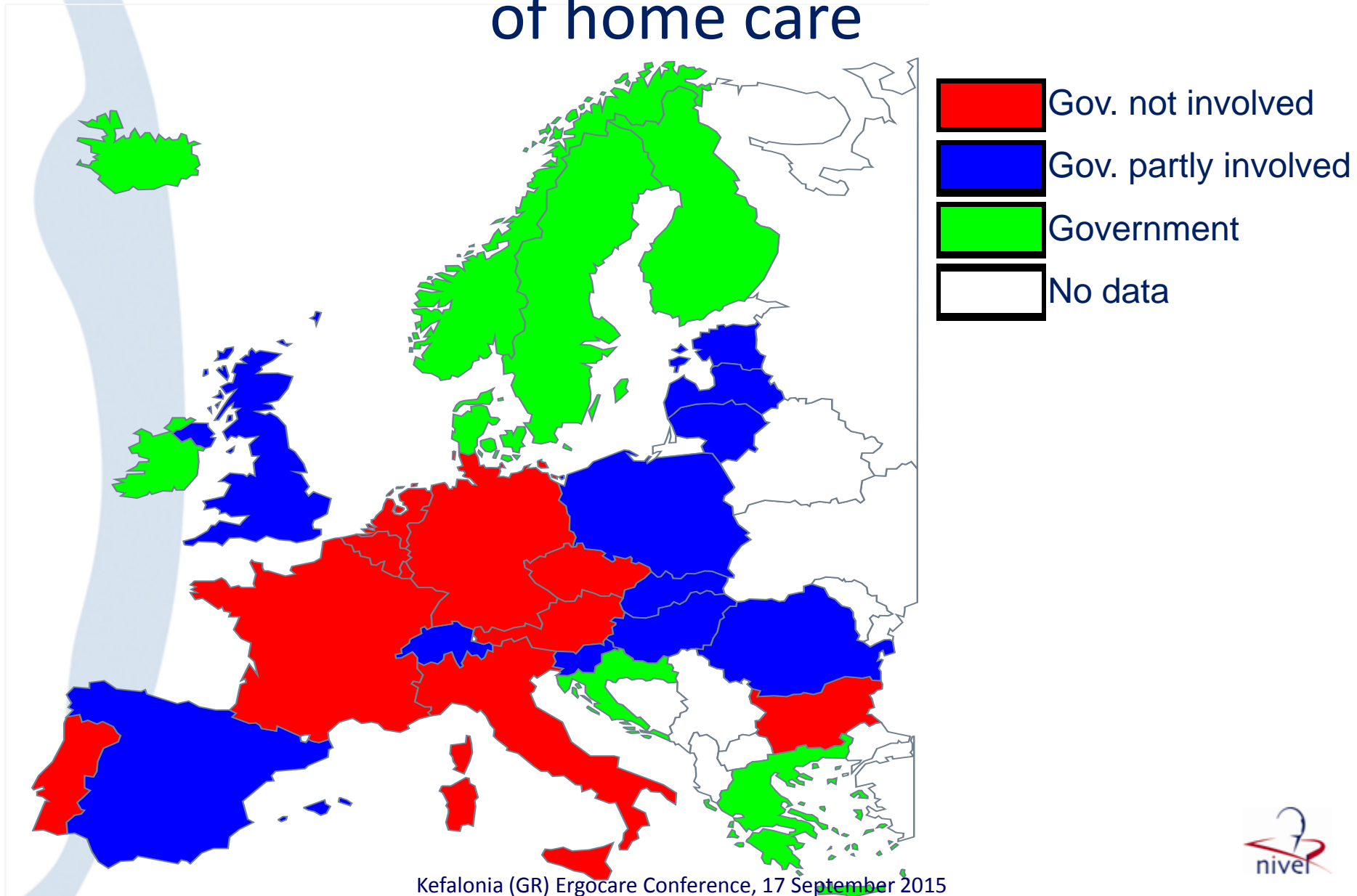
# Topics in home care-relevant policy visions

- Home care usually addressed ‘in context’:
  - Demographic trends (ageing)
  - Long term care ; care for the elderly
  - De-institutionalisation
  - Broader societal issues (smart technology)
- Frequently addressed topics:
  - Informal care support
  - Fragmentation; need for coordination
  - Support of independent living; better quality of life
  - Promotion of quality of care
  - Prevention of loneliness
  - Intersectoral issues (e.g. fighting unemployment)

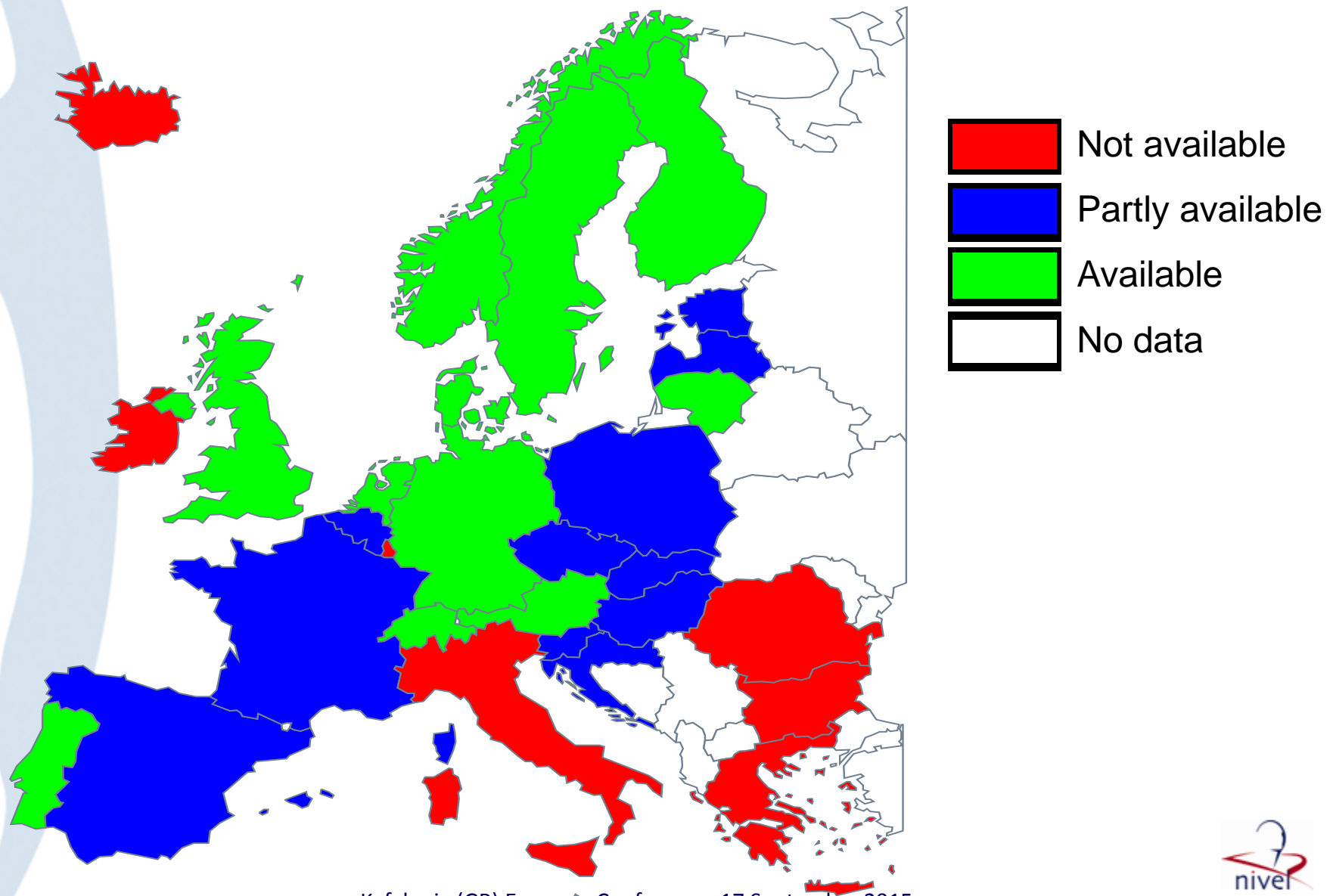
# Governmental steering and involvement

- Governmental involvement in the delivery of home care services
- Availability of national criteria for quality of care
- Availability of national eligibility and access criteria for home care services
- How are criteria applied (assessment of clients)

# Governmental involvement in delivery of home care



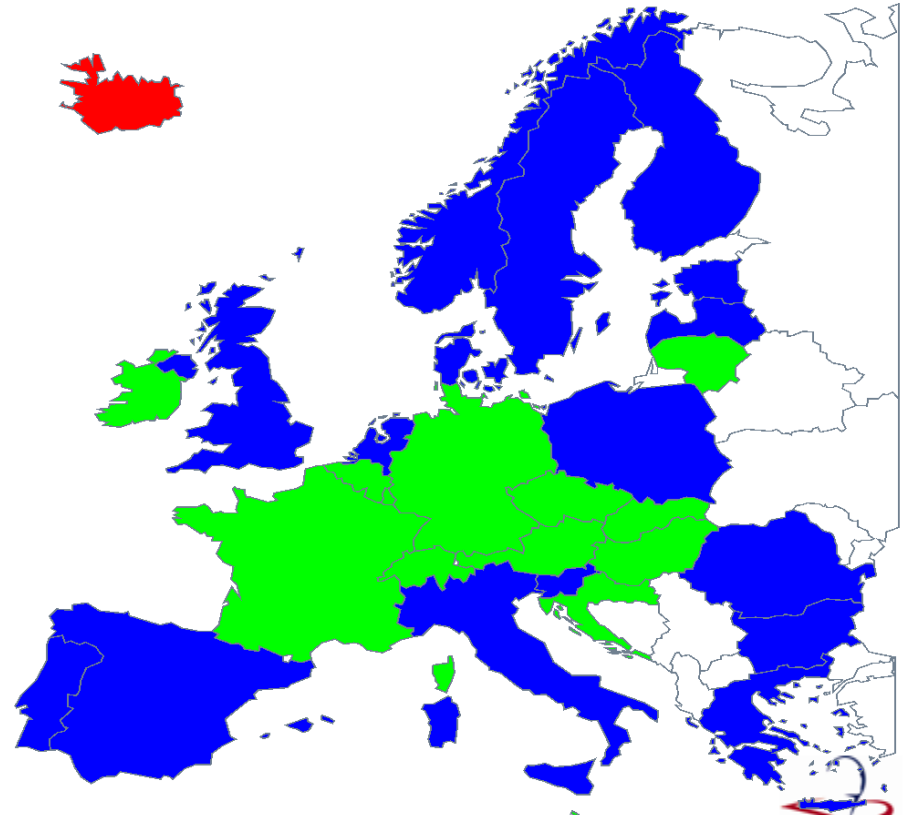
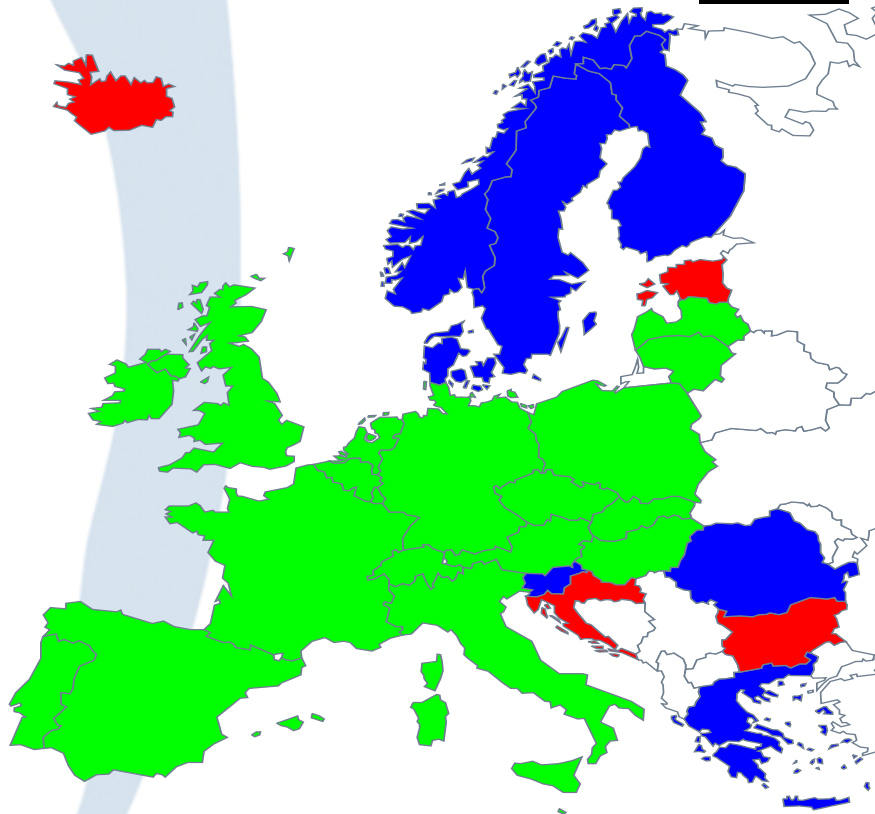
# National criteria for quality of home care



# Criteria for access to home care services

Nursing

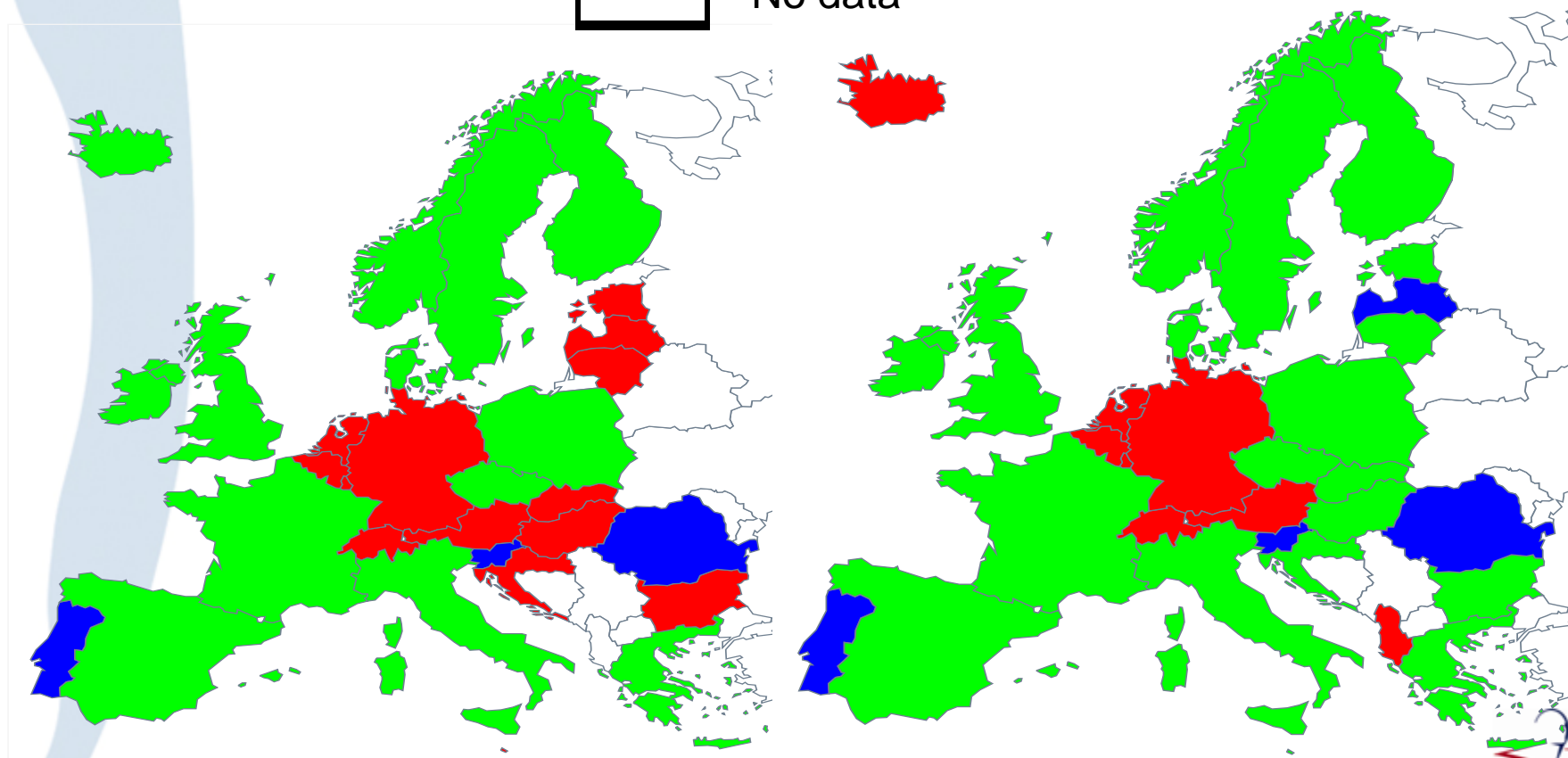
Personal care



# Assessment of eligibility ('indication')

Nursing

Personal care

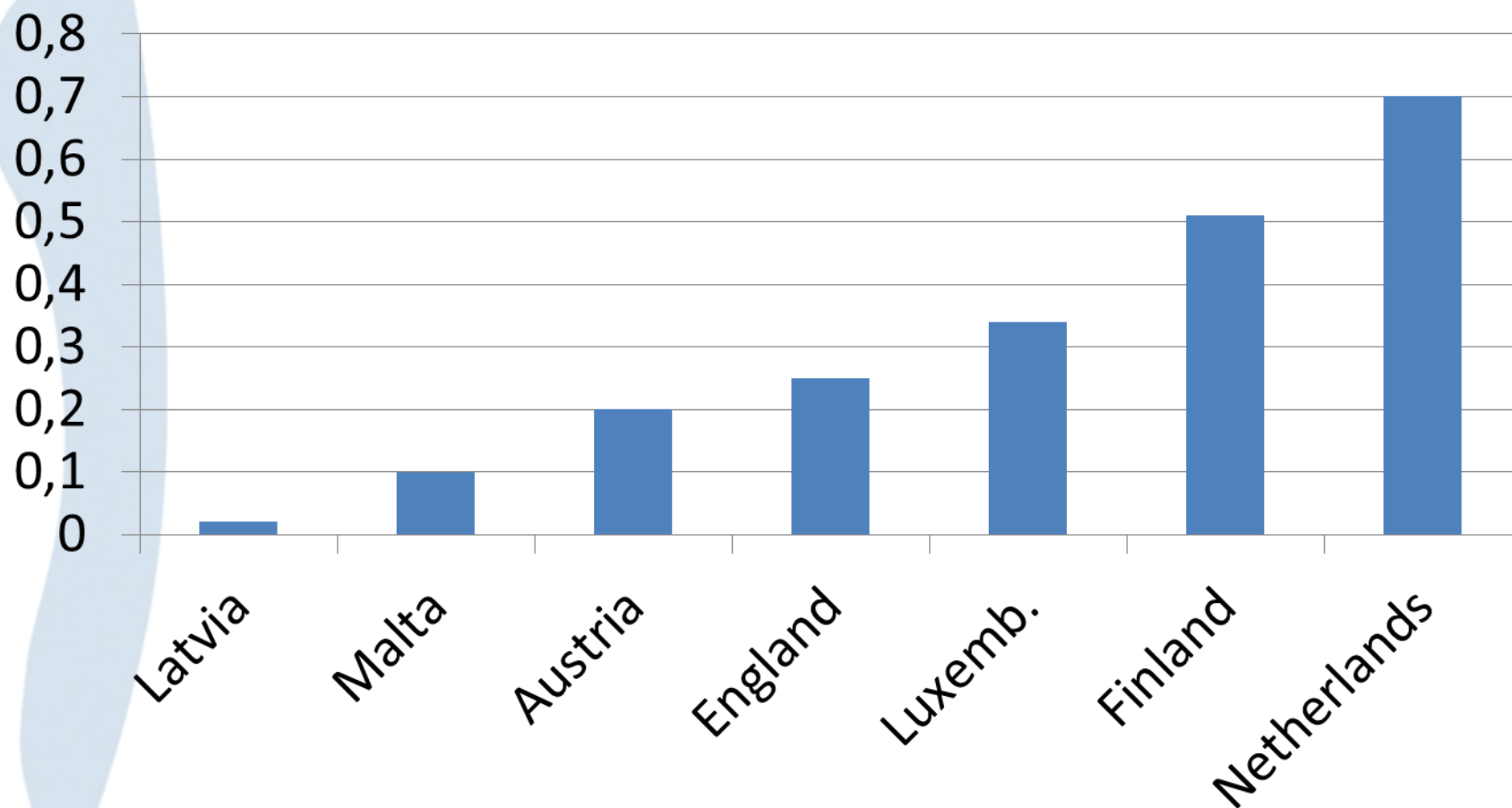


# Financing



# Expenditure for formal home care

(2008; % of GDP; excl. domestic services)



# Sources of financing

- Copayments of clients (usually income-dependent, with exemptions below certain level)
- Taxation (in 27 countries)
- (Social insurance) premiums (23 countries)
- Charity donations (7 landen)

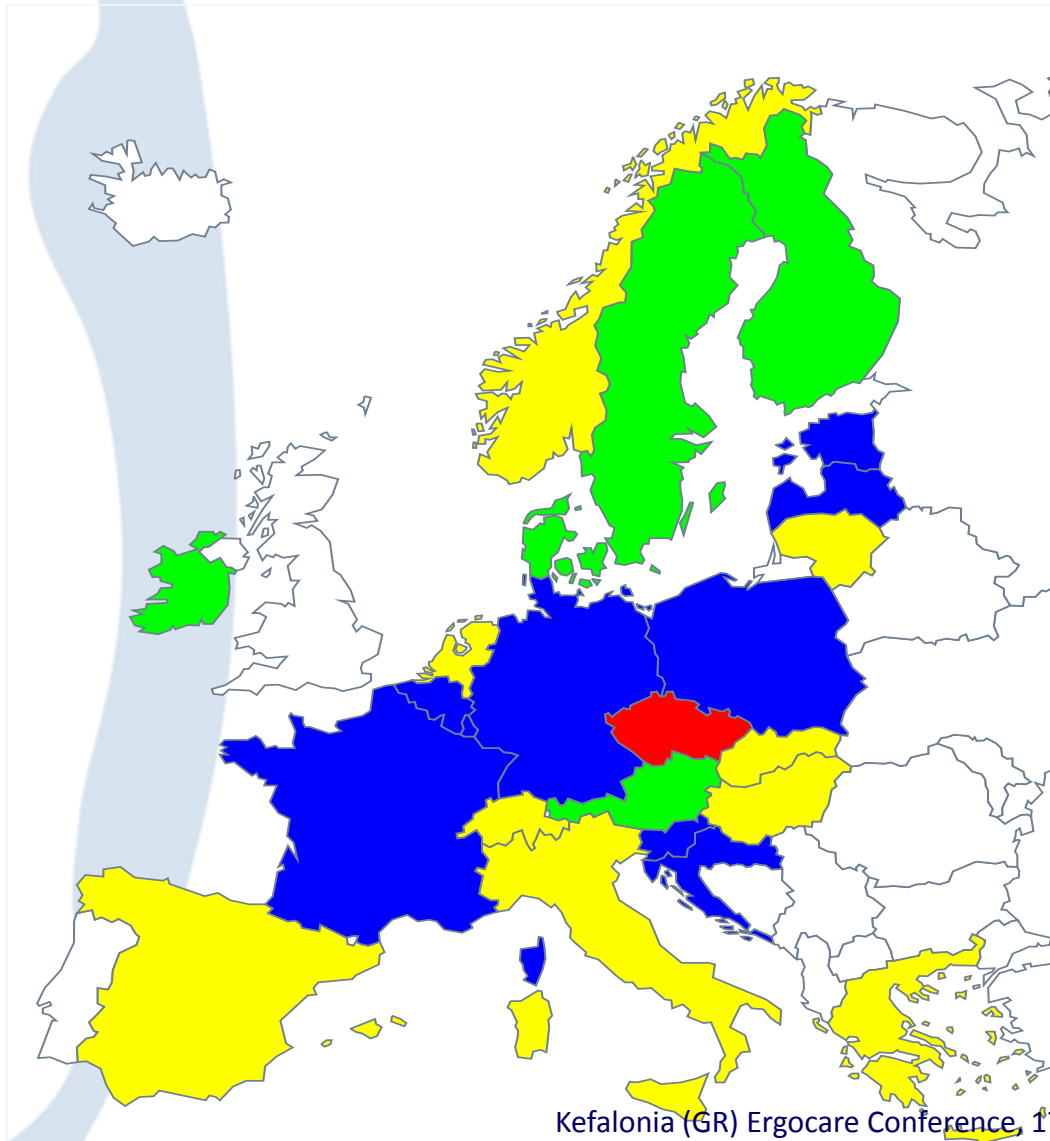
# Payment of care providers

- Nursing:
  - Publicly financed:
    - Per visit / service / time unit (14 countries)
    - Lump sum (11 countries)
  - Private:
    - Per visit / service / time unit
    - Paid by client directly to service provider
- Personal care:
  - Per visit/ time unit / number of clients (14 countries)
  - Lumpsum (10 countries)

# What services are paid for?

- Nursing care
- ADL care
- Domestic tasks
  - Household work (25 countries)
  - Meals-on-wheels (20 countries)
  - Support with administration (17 countries)
- Simple walking aids (24 countries)
- Support to informal care givers:
  - Counseling (18 countries)
  - Respite care (17 countries)

# Who determines the level of co-payment?




- Not formally regulated
- Insurer
- Municipality/region
- National government
- No data

Nursing

# Privately financed home care

- Little information available
- Mostly frequently provided as personal care
- Estimated share of private care:
  - Nursing: relatively high in Belgium en Spain (around 20-25%)
  - Personal care: relatively high in Slovenia (around 40%) and Austria and Germany (between 25 and 30%)

(problem: quality under pressure)



# Trends and challenges in governance and financing

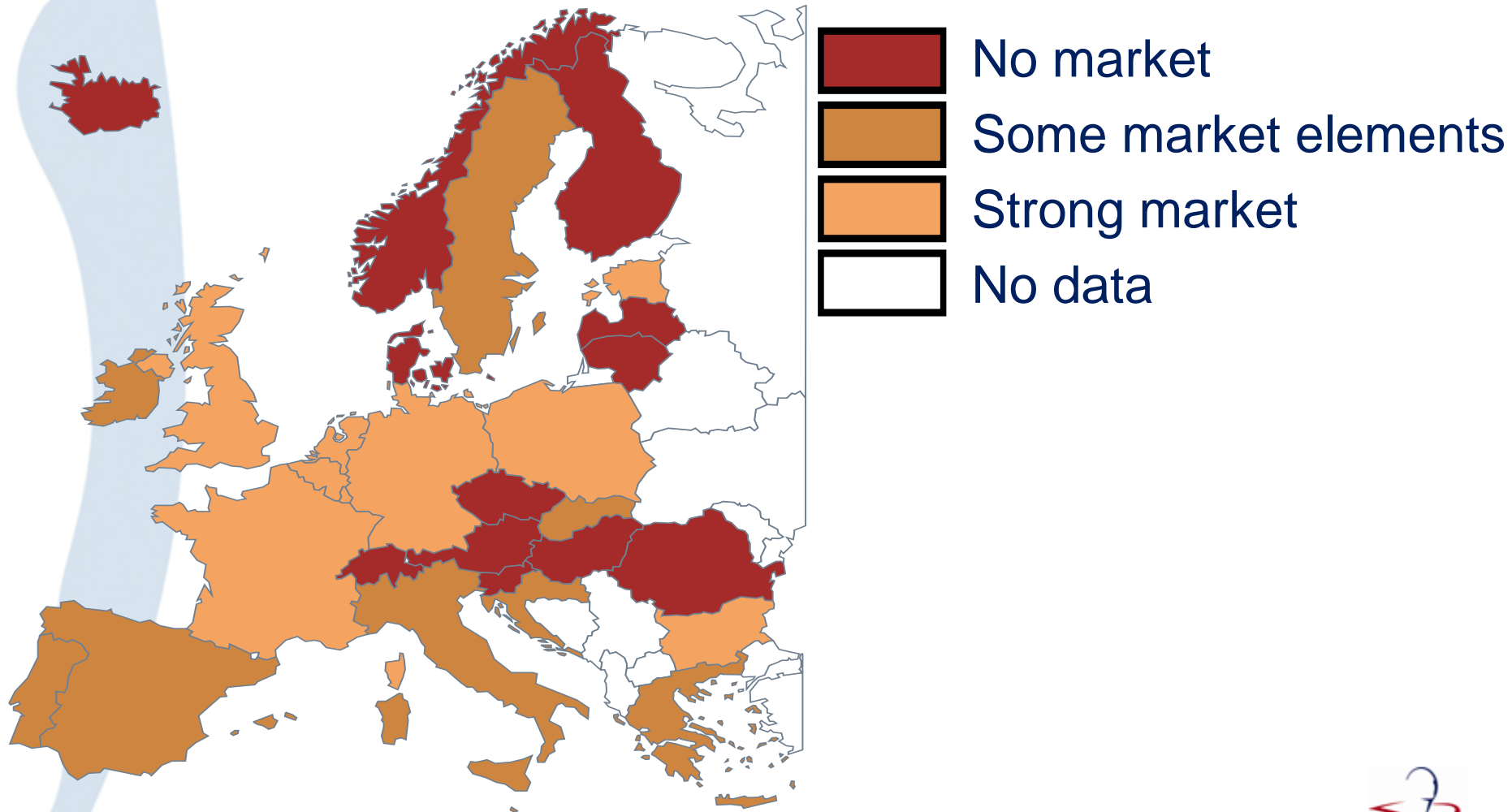
# Trends & challenges

- Withdrawing governments
- Widespread financial shortages
  - Budget cuts by municipalities (Fin, Hun, Lat)
  - Compensations too low (Aus, Hun, Ger)
- Poor payment of workers
- Threatened access
- Cost savings by new modes of financing
- More important role for clients (experiences taken as a quality indicator)
- Decentralisation, resulting in inequalities
- Lacking regulation for the growing private sector

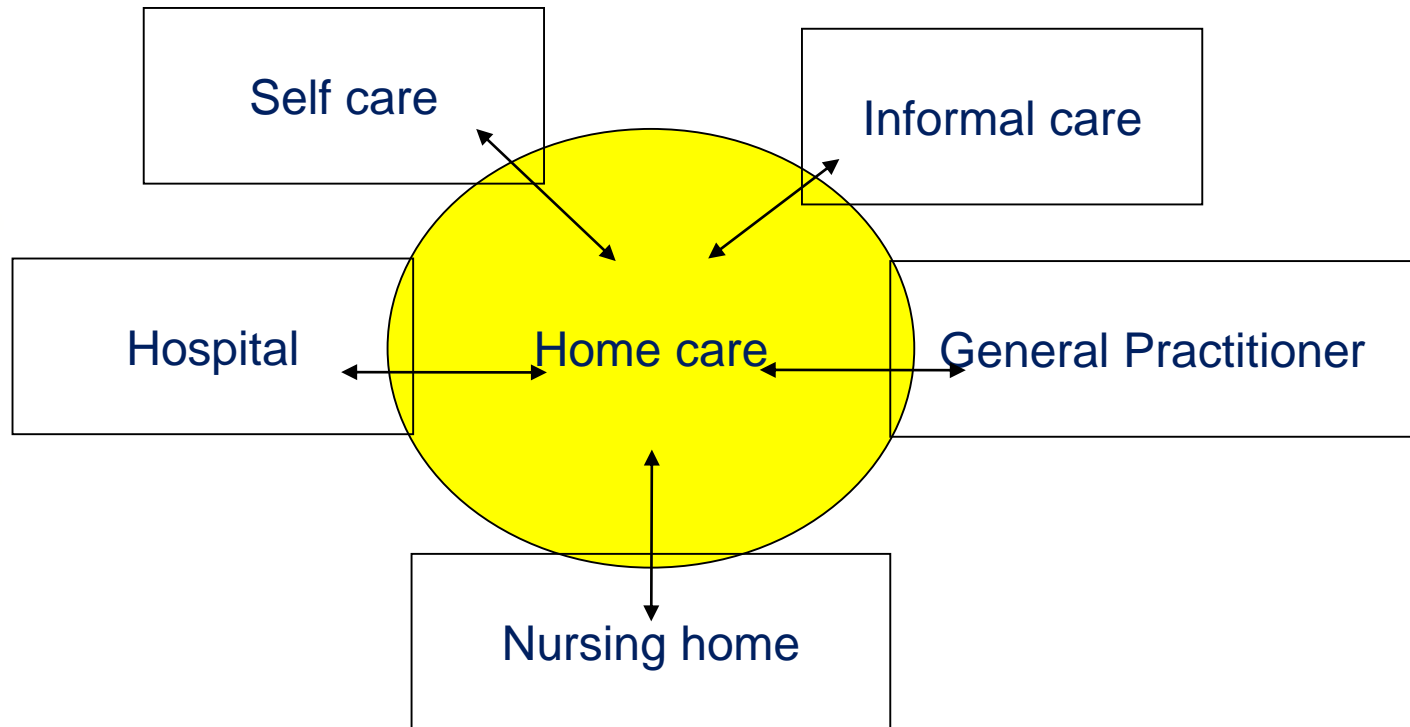


# Organisation and delivery

# Market elements in home care



# Coördination between home care and other sectors

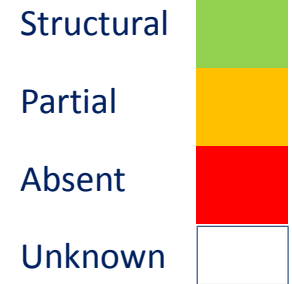


# Coordination :

- With GPs
  - Referral by GP may be needed (10 countries)
  - GPs often work in teams with district nurses and other primary care and social workers
- With hospitals
  - Liaison nurse
  - Shared (electronic) patient files
  - Structured joint meetings
  - Multidisciplinary geriatric networks
- With nursing homes
  - Less formal collaboration
  - Joint assessment of clients

# Integration of home care with other services

Country	With primary care (GP)	With hospital	With nursing home / elderly home
Sweden	Structural	Structural	Structural
Finland	Structural	Structural	Structural
Netherlands	Partial	Structural	Structural
Belgium	Partial	Structural	Structural
Germany	Structural	Structural	Partial
Denmark	Partial	Structural	Partial
England	Partial	Structural	Partial
Spain	Partial	Structural	Partial
Italy	Partial	Partial	Partial
Luxemburg	Partial	Partial	Partial
Ireland	Partial	Partial	Absent
Portugal	Partial	Partial	Unknown
Austria	Partial	Absent	Absent
Greece	Absent	Absent	Unknown
France	Absent	Absent	Absent





# Trends and challenges in organisation and delivery

# Trends and challenges

- Competition among providers
- Privatisation
- Decentralisation (especially in personal care)
- More fragmentation (poorer coordination)
- Larger role for privately purchased care (leaner benefit packages)
- Need to assure the quality of services
- Shortage of qualified staff
- Better (joint) information systems

# Solving fragmentation at different levels

## Solutions

**Social care**  
Governance

**Health care**  
Governance

**Coherent policy  
& financing**

Access

Access

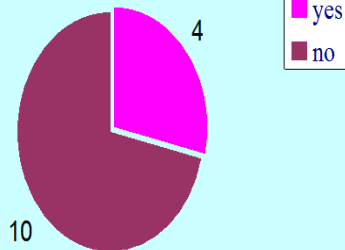
**One-stop window**

Delivery

Delivery

**Integrated  
provision**

Direction: in the hands of one  
governmental entity? 14 countries







What do clients and citizens  
think about it?

# Clients

- Prefer to stay in their own home as long as possible
- If not possible: live with one of the children
- The state should financially contribute to care they need
- But children can contribute as well
- Worries about:
  - lower availability of informal care
  - threatened access
  - threatened quality of services

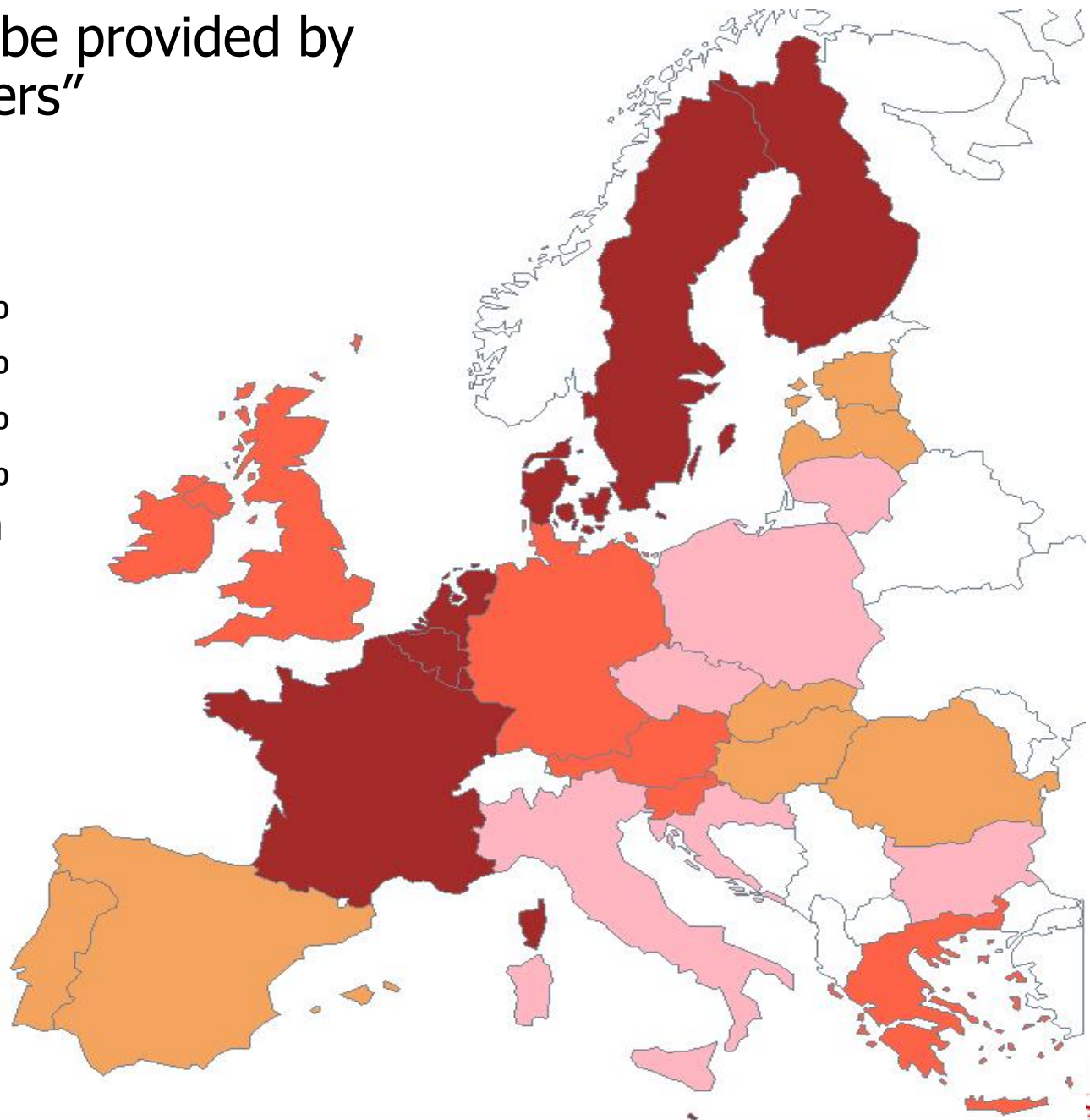
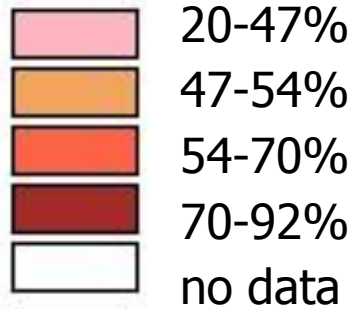
# The social context: citizens

## Should

- ..... family members provide care?
- ..... children (co)pay for their parents' care?
- ..... they be prepared to take a dependent parent in their home?

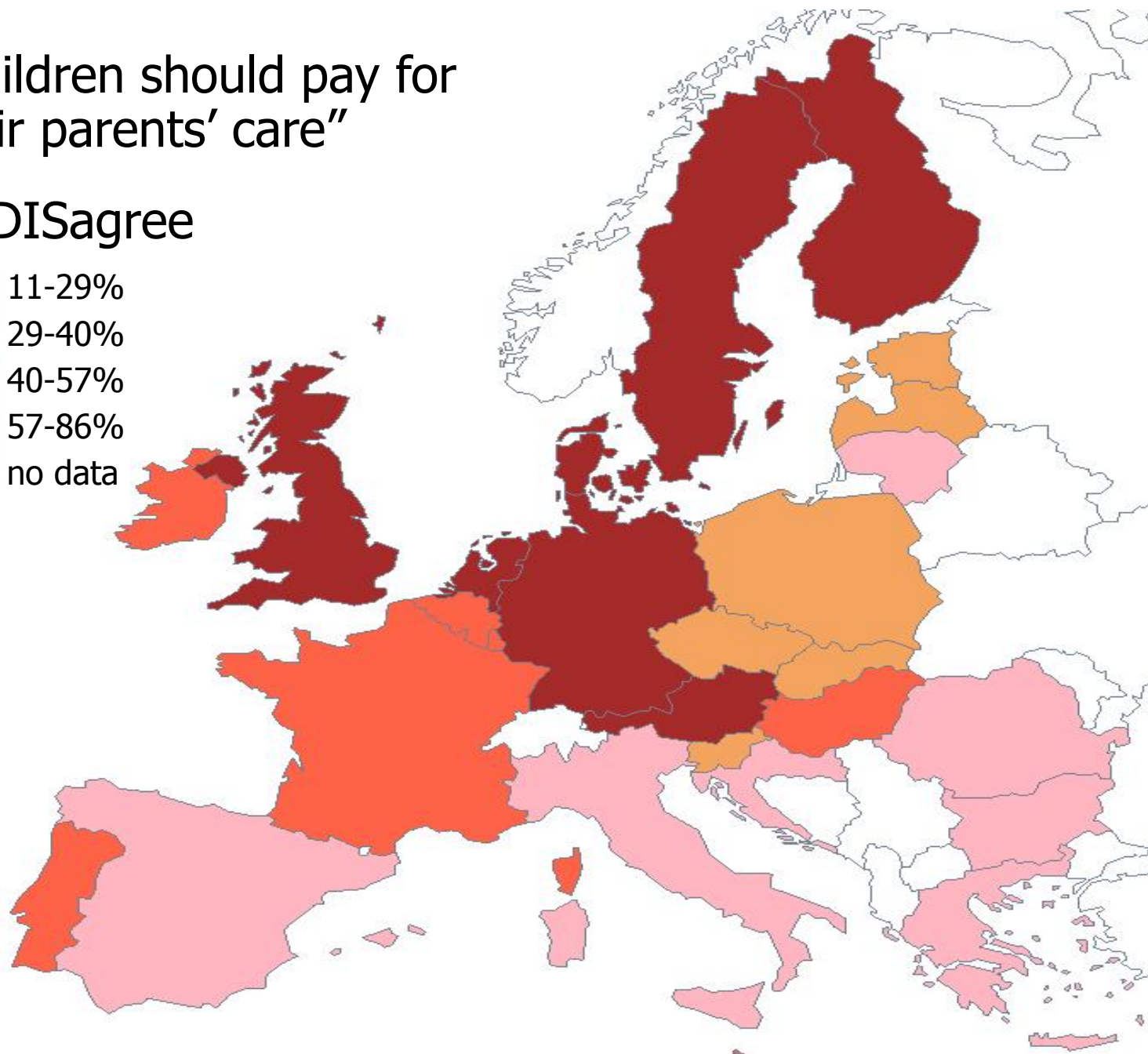
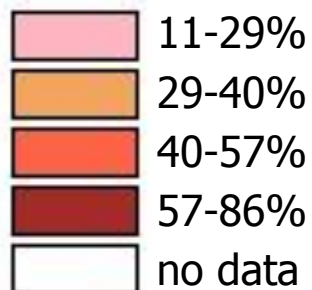
"Care should be provided by family members"

% DISagree

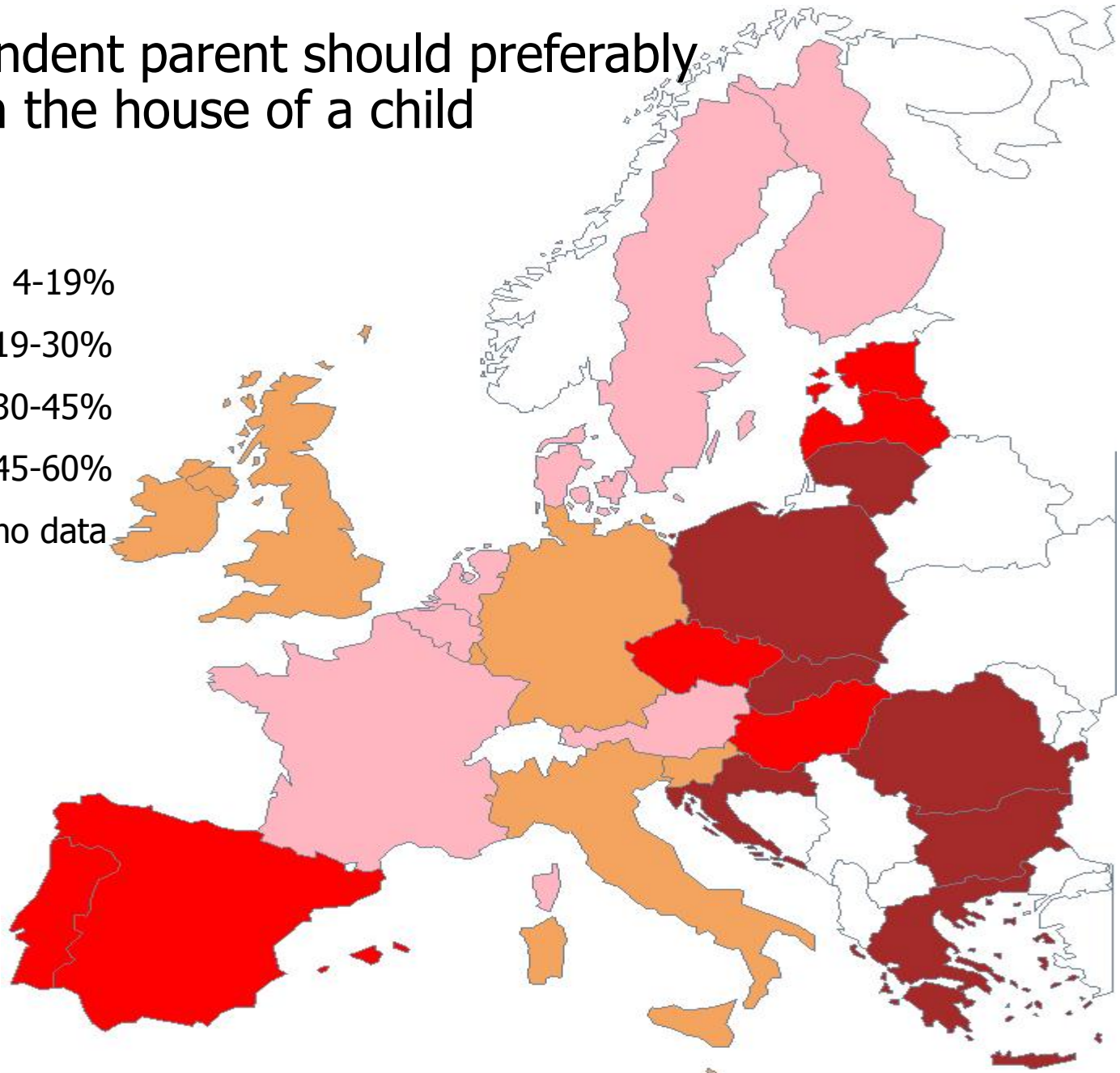


“Children should pay for  
their parents’ care”

% DISagree

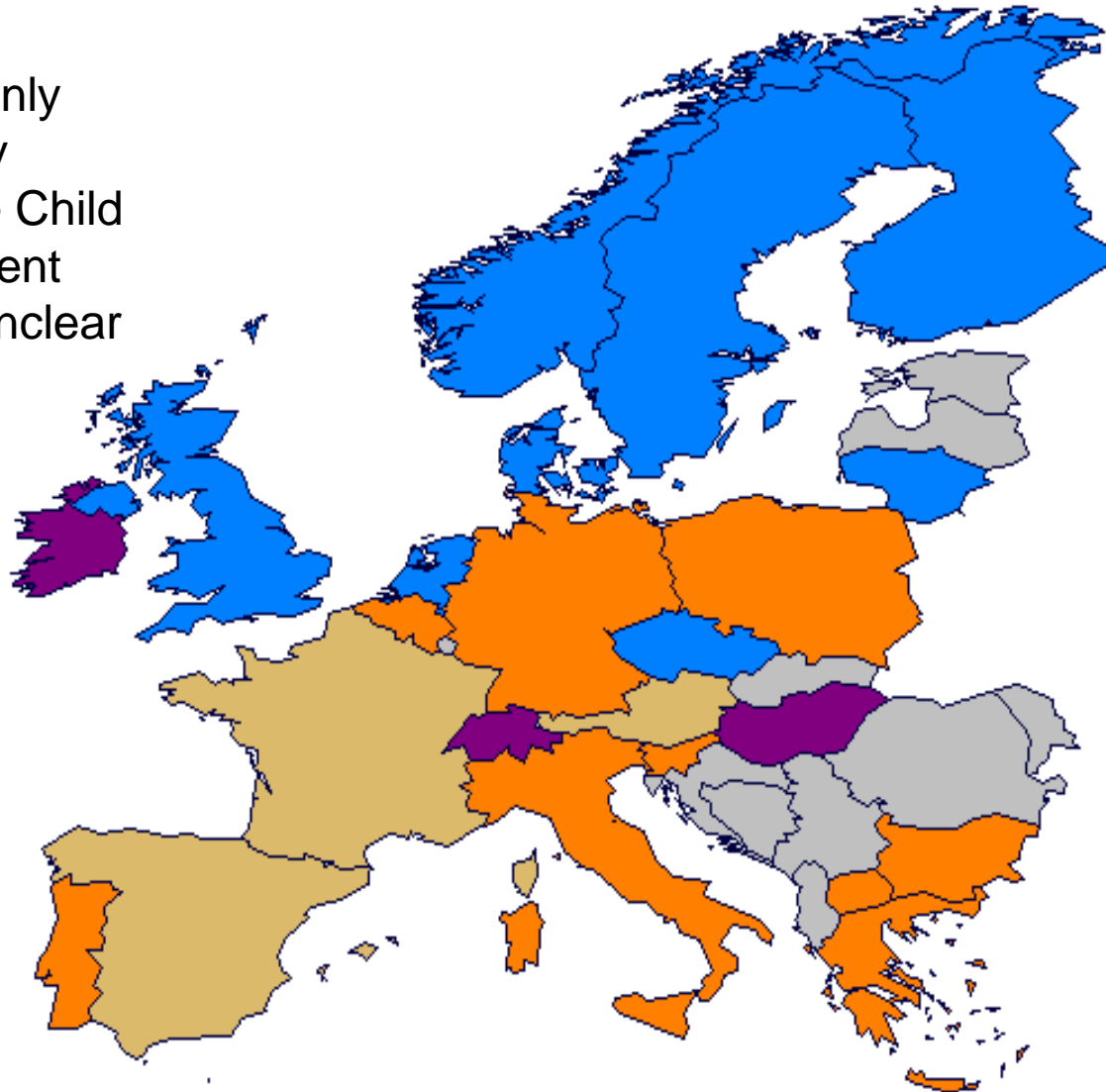
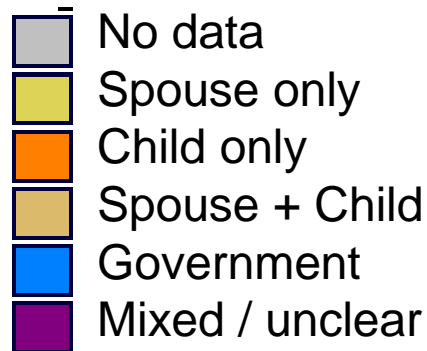



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# Who bears financial responsibility for the care for parents?





# **Trends and challenges on clients and informal care givers**



# Trends and challenges

- Shortages of formal care may result in lower access and unmet needs
- In south and eastern Europe informal care is preferred, but less available (as result of mobility and ageing)
- As the share of informal care is growing support for informal care givers and respite care are becoming more important

# Conclusions

# Conclusions

- Need for integration in a context of fragmentation
- In many countries current systems are financial unsustainable; choices need to be made
- Systems tend to become less generous
- Quality of care is under pressure as governments withdraw
- Tendency of increasing inequalities (e.g. resulting from decentralisation)
- Comparable data on home care in Europe are poorly available



# Thank you for your attention

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