

Public and private providers in the EU

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EAHSA – E.D.E. Congress

Is there a future of Long-term Care in Europe?

Prague, 14th September 2018

Fastest-growing large-employing jobs		Employment		Employment composition (%)						Job quintile				
Occupation	Sector	2016 (millions)	Average annual % growth		Female	Age 55+ years	Age <30 years		Part time		W	E	JQ	
ICT professionals	Computer programming, consultancy, etc.	1.6	7.0	↑	15	8	21		7		5	5	5	
Legal, social and cultural associate professionals	Education	1.0	6.1	↓	79	16	27		46		3	4	3	
Drivers and mobile plant operators	Warehousing and support activities	0.6	5.8		4	↑	20	↑	15		5	3	2	1
Business and administration professionals	Activities of head offices; management consultancies	0.7	4.6		44	↑	22		13	↓	18	5	5	5
Health associate professionals	Residential care activities	0.6	4.5	↓	84	↑	19	↑	23	↓	35	2	4	3
Food preparation assistants	Food and beverage service activities	1.1	3.8	↓	59		11		41		53	1	1	1
Legal, social and cultural professionals	Legal and accounting activities	1.1	3.2	↑	47	↑	19		11		9	5	5	5
Stationary plant and machine operators	Manufacture of food products	0.8	3.2		42	↑	14		22	↓	8	2	1	1
Business and administration professionals	Financial service activities (excluding insurance)	0.7	3.1		49		9		19		8	5	5	5
Personal care workers	Residential care activities	2.0	3.1		87	↑	20	↓	22	↓	40	2	3	3

Source: European Jobs Monitor 2017

EU Policy context

- 2018 Ageing Report: Projected demographic old-age dependency ratio almost doubling and long term care public spending increasing more than healthcare or pensions by 2070.
- Focus on cost containment:
 - Belgium: Pursue the envisaged pension reforms and contain the projected increase in long-term care expenditure.
 - Slovenia: Adopt and implement the healthcare and health insurance act and the planned reform of long-term care.
- Focus on service quality
 - Annual Growth Survey 2018
 - European Pillar of Social Rights
 - Social Protection Committee Indicators Sub-group

Care homes for older Europeans

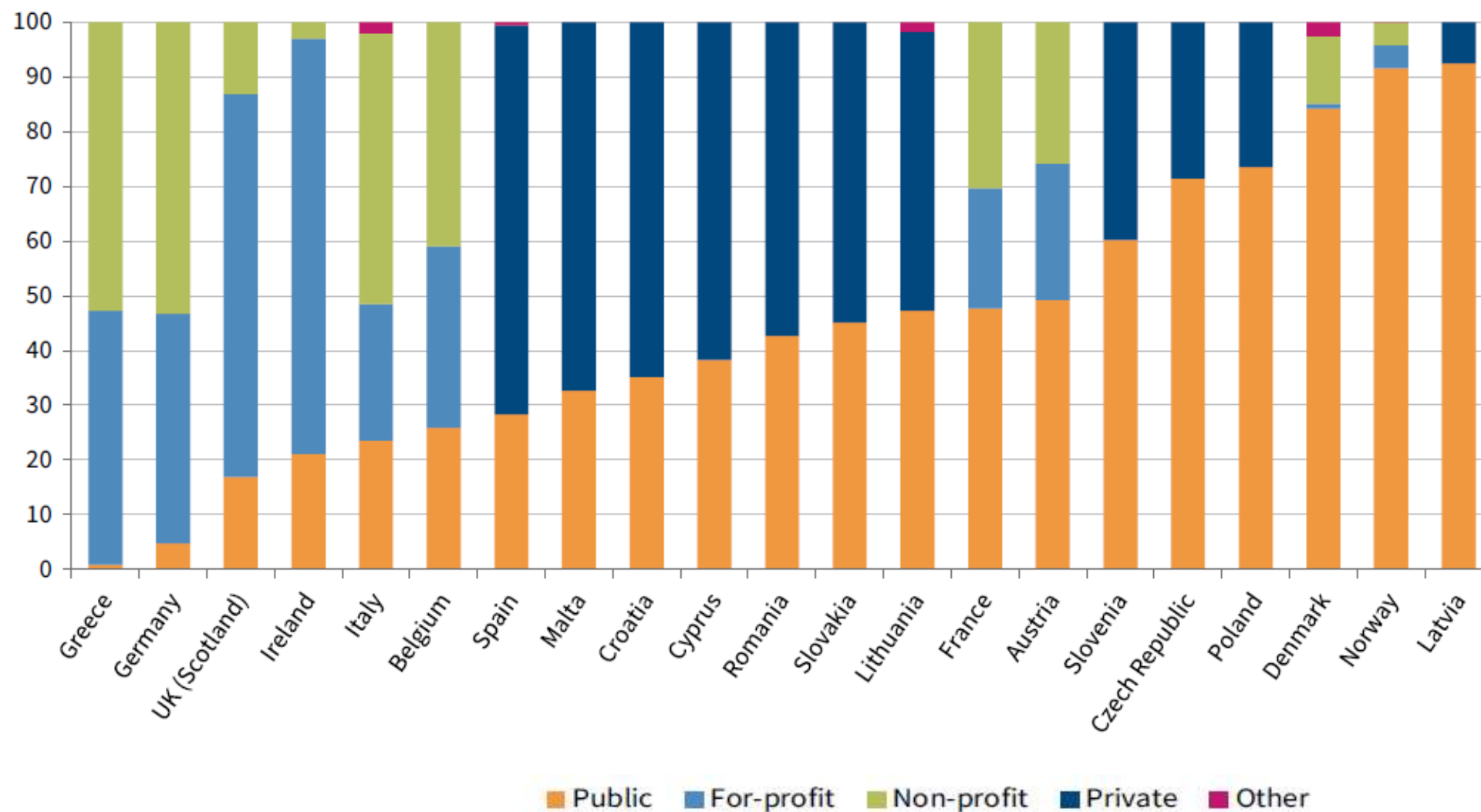
At the moment there is no data at the EU level about the number of care homes and/or beds disaggregated by ownership.



Scope and definitions

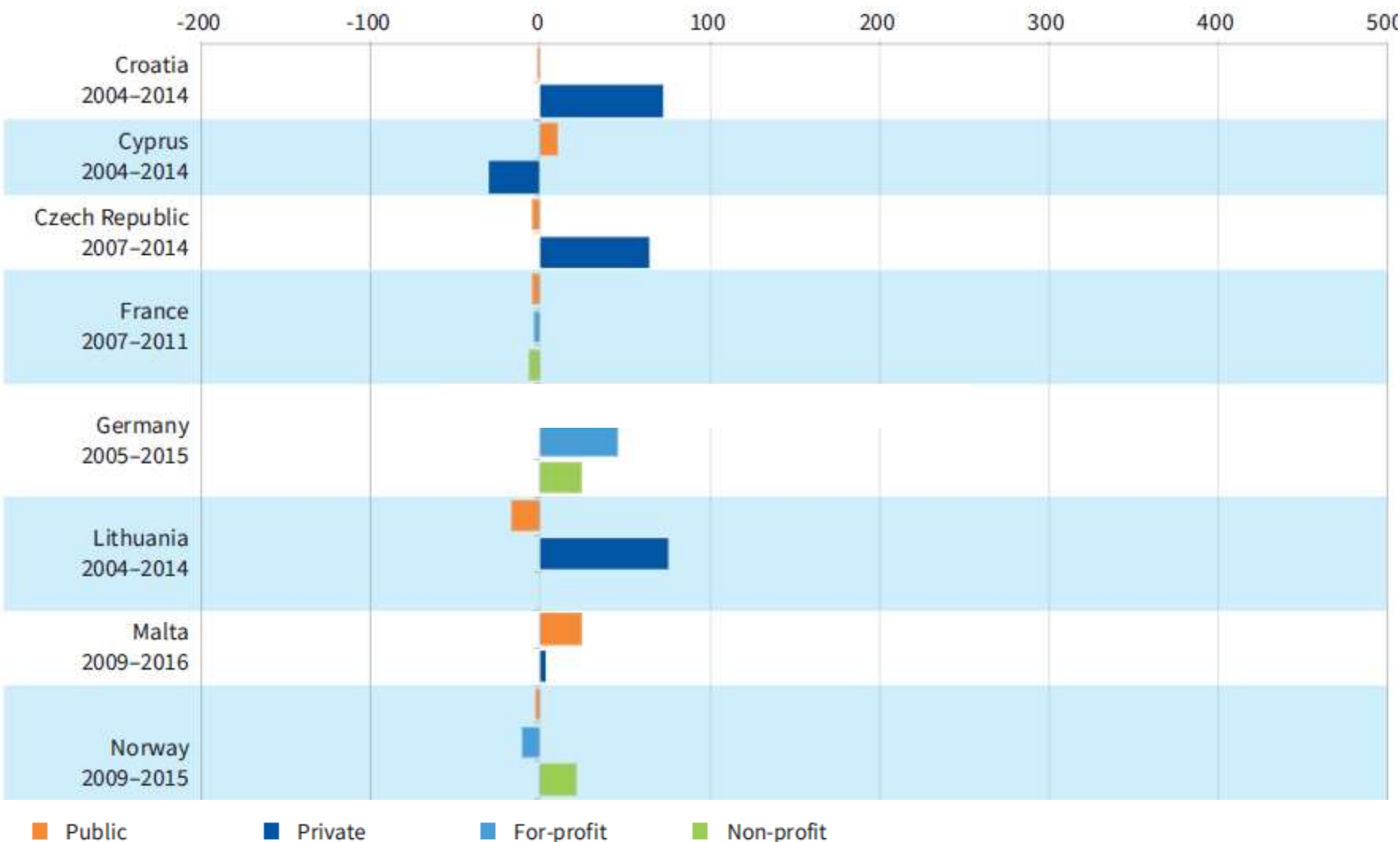
- Residential care: Accommodation and support for people who cannot or who do not wish to live at home.
- Nursing homes: High dependency care facilities primarily engaged in providing inpatient nursing and rehabilitative services to individuals requiring nursing care.
- Public: organizations in which public authorities directly manage or have power to appoint management.
- Private: providers which are not public authorities or other bodies governed by public law.

Share of care homes by ownership type (%)



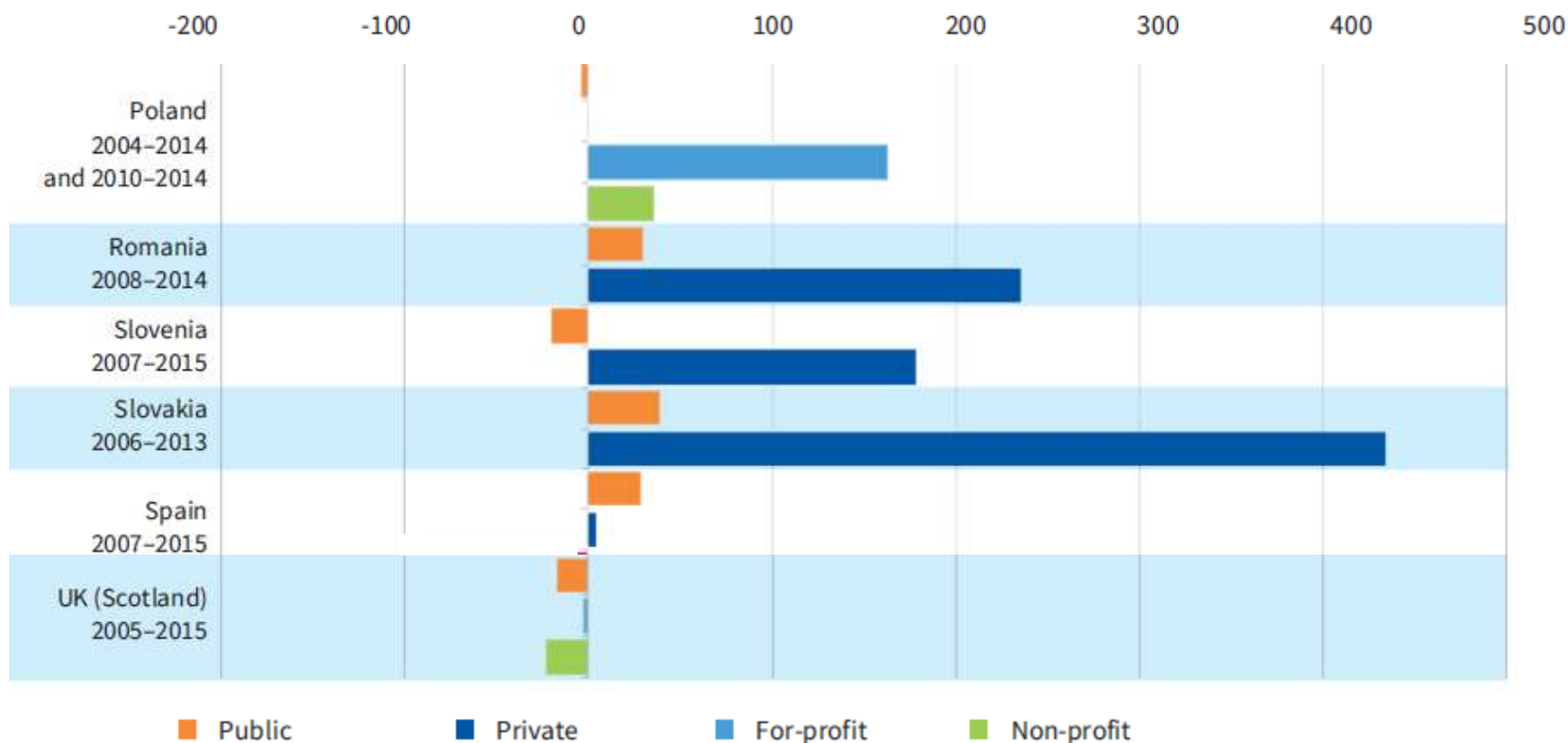
Note: All data are from latest year available for each country. Private encompasses both for-profit and non-profit.
Source: Eurofound's Network of European Correspondents.

Changes in the number of care homes in the last 10 years (%)



Note: Private encompasses both for-profit and non-profit.

Changes in the number of care homes in the last 10 years (%)



Source: Network of European Correspondents

Note: Private encompasses both for-profit and non-profit. Data on for-profit provision (economic activity) and non-profit provision (statutory activity) in Poland correspond to establishments ensuring 24-hour care (placówki zapewniające całodobową opiekę).

Source: Network of European Correspondents.

Average number of places

**CZECH REPUBLIC
(2014)**



116

72

MALTA (2016)



180

85

SLOVENIA (2015)



260

124

NORWAY (2015)

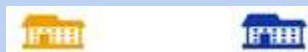


40

65

52

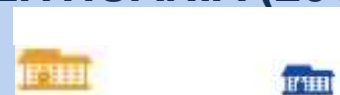
IRELAND (2014)



50

51

LITHUANIA (2015)



53

37



Public



Private

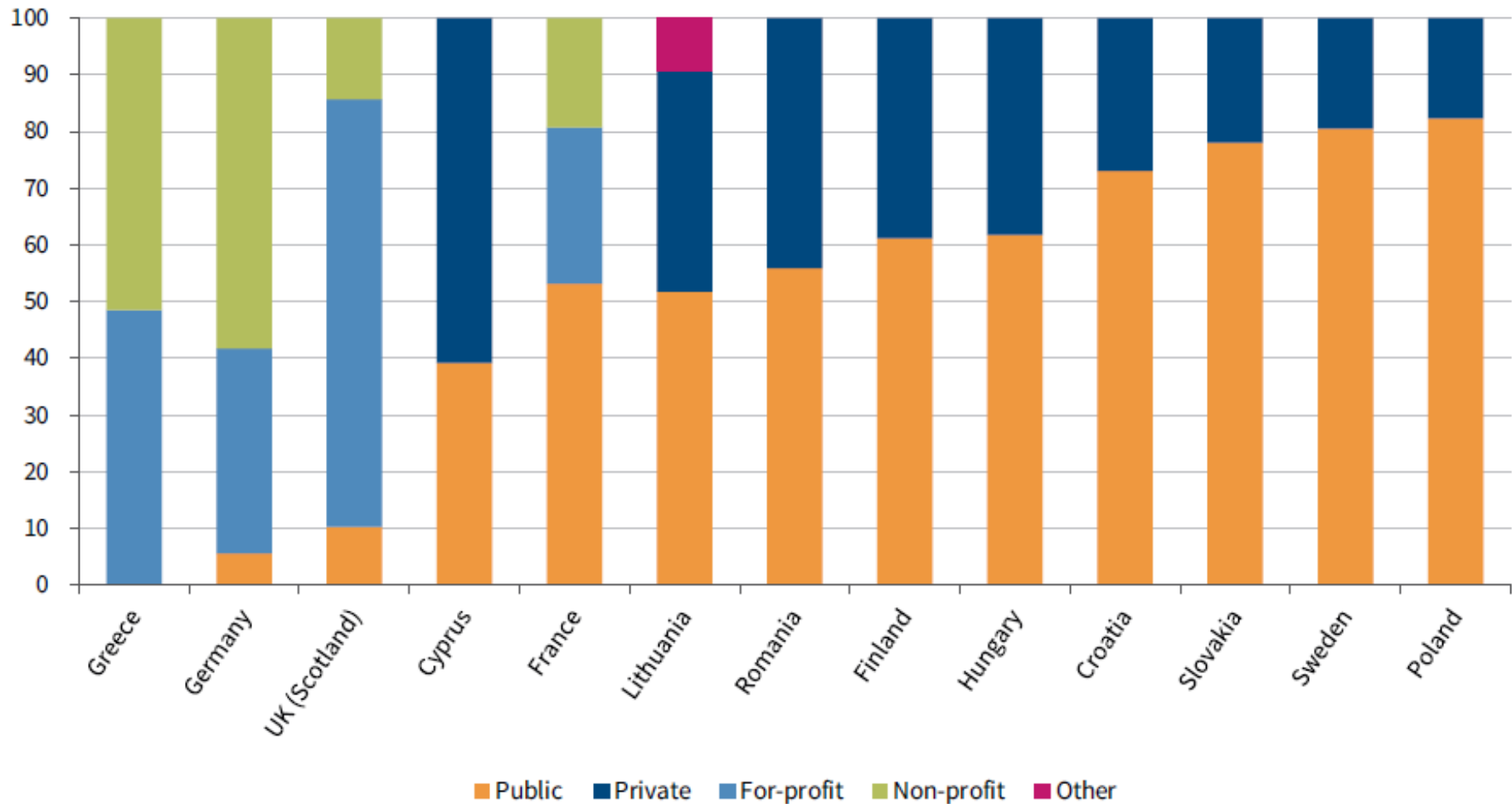


For profit



Not-for-profit

Share of service users by ownership type (%)



Note: Private encompasses both for-profit and non-profit.

Source: Network of European Correspondents.

State of play and future trends

- Increase over the last ten years in the number of private care homes and beds in a context of slow increase or decrease in the number of public care homes.
- *Luxembourg*: In 2050, the number of persons living in residential care and nursing homes will increase to between 15,000 and 20,000 (three to four times more than at present)
- *Belgium (Flanders)*: The sector will have to grow by 46% over 15 years (2014–2029) in order to deal with ageing population
- *UK*: Share of local authority/NHS beds for residential care will decrease further, with private for-profit sector beds increasing from 381,000 in 2012 to 400,000 in 2020
- Need to have data disaggregated by ownership, including common definitions of for profit and not for profit and of long term care services.

Difference in public and private services

- Quality:
 - Differences in likelihood of having single room, access to amenities/facilities, hygiene, safety standards
 - Number of employees per resident/bed lower in private sector in several countries (DE, BE, SE, FR, SI, EE)
- Accessibility:
 - Difference in prices caused by profitability and lower wages in private care homes (DE)
 - Private care homes in prosperous regions and urban areas
 - Differences in level of dependency (BE, FR)
- Efficiency:
 - differences in staffing, pension rights and working conditions (NO)

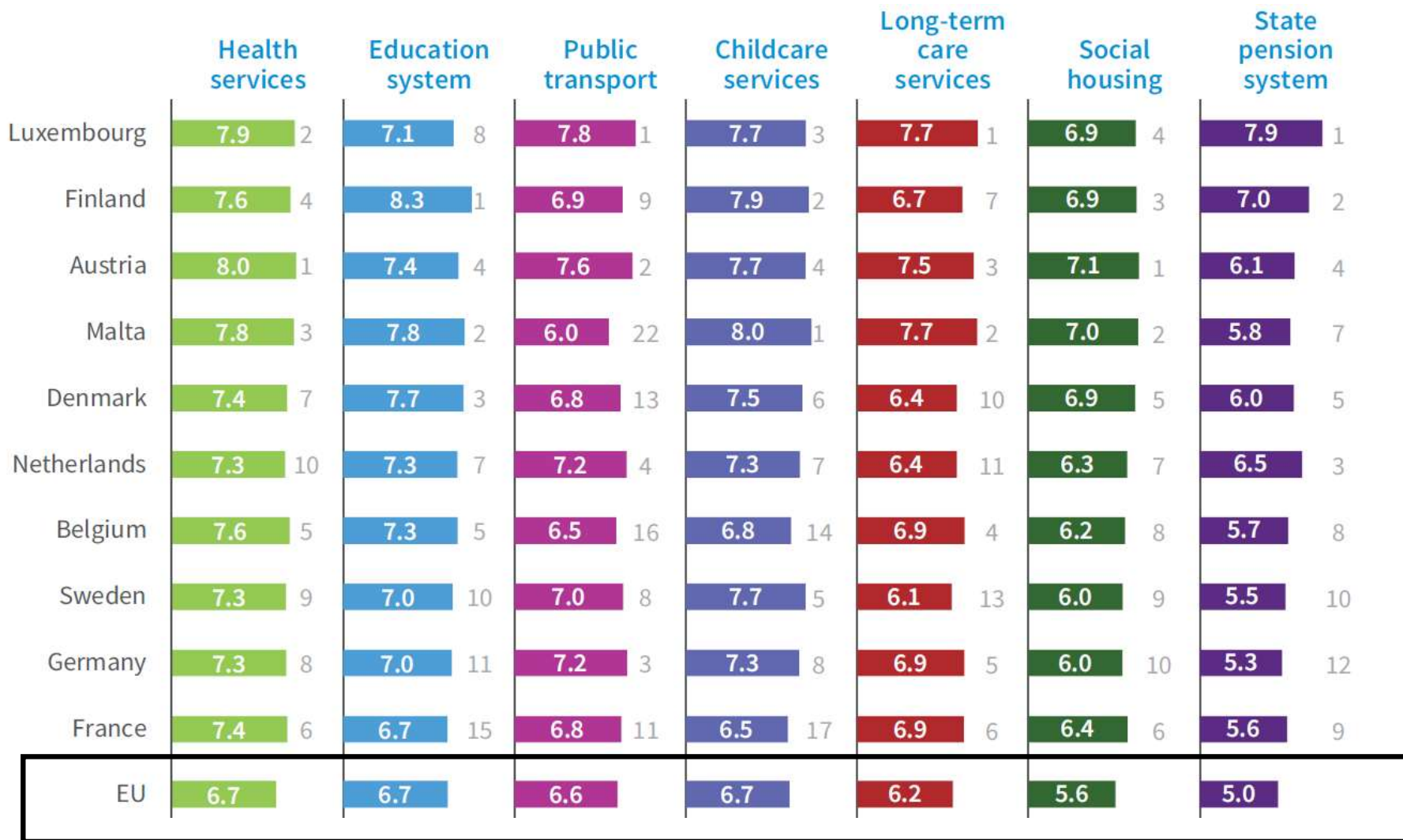
European Quality of Life Survey (EQLS)

Rounds	2003, 2007, 2011 , 2016
Target population	Resident population 18+ years living in private households. 28 EU Member States and 5 candidate countries (AL, ME, MK, RS, TR)
Fieldwork	September 2016 – February 2017
Sample size	Minimum N=1000 Increase in DE (n=1600), UK (n=1300), FR (n=1200), IT (n=2000), TR (n=2000)
Sampling methodology	Random probability sampling: 17 EU and TR (6 individual, 11 address registers) Random route enumeration: 11 EU and 4 CC
Sample stratification	By region and urbanisation level (except MT)
Interview type	Face-to-face, CAPI in all 33 countries; CATI recruitment in SE (and partially in AT) Average duration: 40 min



<https://www.eurofound.europa.eu/eqls2016>

Quality ratings for seven services



In general, how would you rate the quality of each of the following public services?  Eurofound

Quality ratings by type of service and funding (EU 28)

In general, how would you rate the quality of long term care services in your country? Please tell me on a scale of 1 to 10, where 1 means very poor quality and 10 means very high quality

	Free of charge/100% funded	Partially funded	Fully paid by the user
Respondent - nursing care services at your home	7.0	6.6	5.6
Someone close to you - nursing care services at this person's home	6.5	6.2	5.3
Respondent - home help or personal care services in your home	7.1	6.6	6.4
Someone close to you - home help or personal care services in this person's home	6.5	5.9	5.6
Respondent - residential care or nursing home	6.8	6.5	6.6
Someone close to you - residential care or nursing home	6.7	6.1	5.8

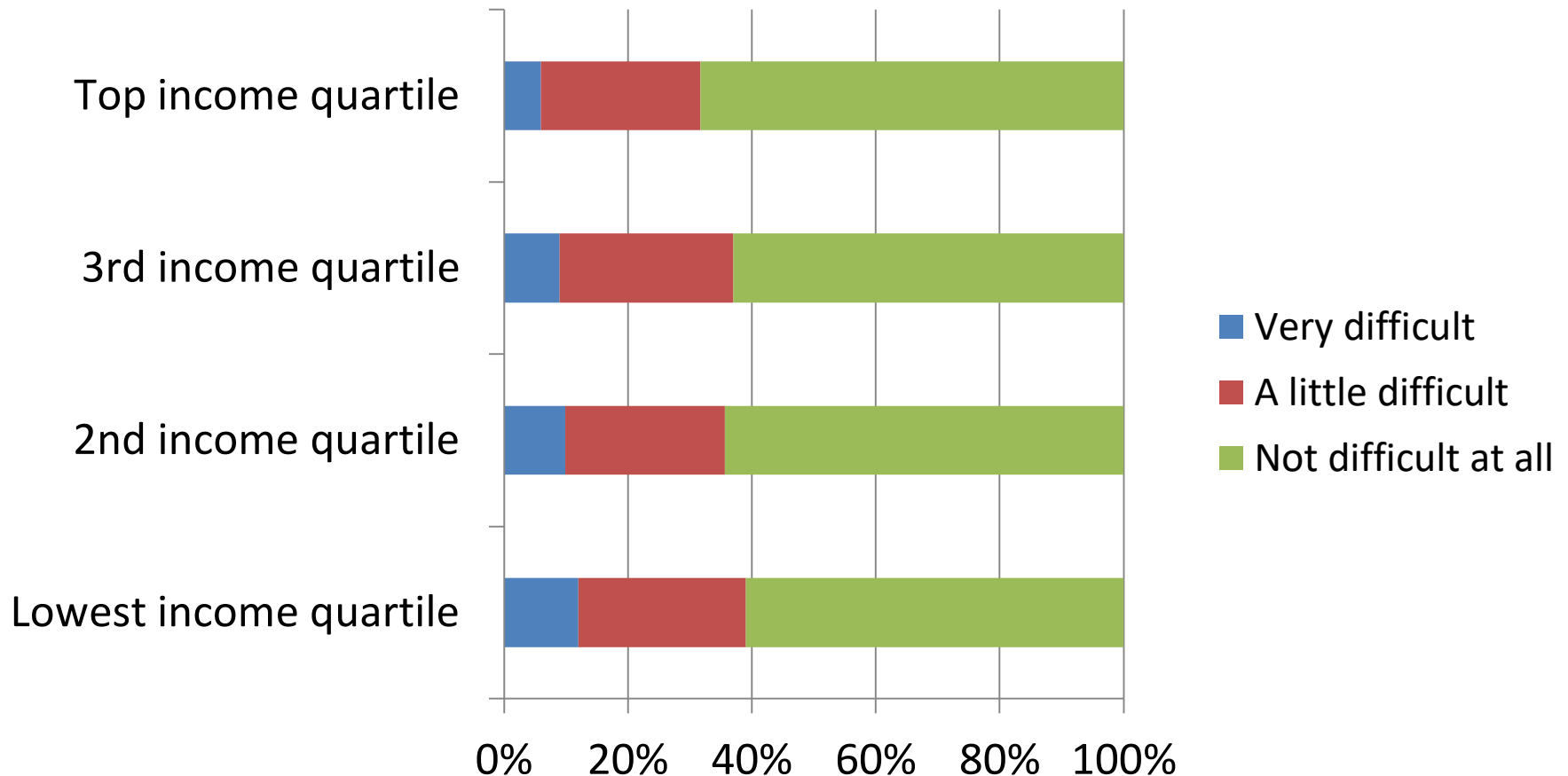
Satisfaction with health, care and education (EU28)

	GP	Hospital	Long-term care	Childcare	School
Quality of the facilities	7.9	7.8	7.4	8.1	7.7
Expertise and professionalism of staff	8.0	7.9	7.5	8.2	7.7
Personal attention given	7.9	7.6	7.4	8.2	7.6
Being informed or consulted about care	7.8	7.6	7.3	8.1	7.6
Equal treatment	7.6	7.3	7.1	7.7	7.6
Absence of corruption	7.1	6.8	6.8	7.2	7.3

	Home care		Residential care or nursing home	
	Free of charge	Full or reduced price	Free of charge	Full or reduced price
Quality of the facilities	8	7.2	7.3	7.1
Expertise and professionalism of staff	8.1	7.2	7.7	7.1
Personal attention given	8.2	7.2	7.7	6.9
Being informed or consulted about care	8.2	7.0	7.8	6.7
Equal treatment	8.1	6.7	7.9	6.5
Absence of corruption	7.7	6.8	7.6	6.9

Source: European Quality of Life Survey 2016

To what extent did cost make it difficult for you to use long-term care services? (EU28)



Source: European Quality of Life Survey 2016

Thank you!

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**Care homes for older Europeans: Public, for-profit and
non-profit providers:**

<http://eurofound.link/ef1723>

**Access to and quality of key public services in the EU
(Forthcoming): <http://eurofound.link/ef18034>**