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INTRODUCTION

Facing the Challenges in the Development of Long-Term Care for Older People in Europe in the Context of an Economic Crisis

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Deinstitutionalization and privatization are framing and shaping long-term care (LTC) in Western societies. Most countries in the world are facing the challenge of aging societies while at the same time financial resources are becoming scarcer. As a result, there is an urgent need to evaluate how LTC for older people is being developed and organized in different countries. How are deinstitutionalization processes in European countries being implemented? Furthermore, what have been the consequences of the 2008 economic and financial crisis on LTC policies and its effects at the local and household levels?

In this special issue, incorporating eight articles, the authors evaluate recent changes and developments in LTC for older people in European countries, most particularly from the perspective of restructuring taking place in the LTC for older people. The economic and state financial crises are the most important drivers behind widespread overall restructuring processes. The tsunami of the 2008 economic crisis hit particularly hard most of the southern European countries, which at a certain point had been making efforts to catch up by providing more services and resources addressed to old age welfare, looking toward the more successful northern and central European welfare states as reference points in their own LTC policies.

The processes of deinstitutionalization and privatization, often accompanied by marketization trends, have been strongly present in northern and central European countries and have been introduced in the eastern and southern European countries as well, with their diverse models of welfare states (Anttonen & Meagher, 2013; Bode, Gardin, & Nyssens, 2011; Bönker, Hill, & Marzanati, 2010; Brennan, Cass, Himmelweit, & Szebehely, 2012; Karsio & Anttonen, 2013; Ranci & Pavolini, 2013; Salamon, 1993; Yeandle, Kröger, & Cass, 2012). Marketization refers to different, and often parallel, processes such as outsourcing, use of vouchers, or also competitive tendering. There are similarities when evaluating the processes of marketization, as well as disparities in the ways services are provided and how restructuring and retrenchments take place (Kröger, 2001; Lehmann & Havlíková, 2015; Rostgaard, Timonen, & Glendinning, 2012). All these processes will be addressed in this special issue. The earlier common trend toward a fuller universalism of LTC in Europe, beginning in the 1990s, is clearly shifting toward increasing differentiation due to the growth and importance of the market-oriented sector since the 2008 economic crisis (León, 2014; León, Pavolini, & Rostgaard, 2014); this being also reflected in the set of articles included in this special issue.

The importance of taking into account social and cultural systems, welfare production diversity, and the variety of care regimes in the provision and implementation of LTC (Anttonen & Sipilä, 1996; Pfau-Effinger, 2005) can also be evident in household or individual strategies responding to individual needs; for example, in a context of socioeconomic crisis. Its manifestations range from a macro level of policy analysis and structure to a micro level of household or family strategies and their capacity of agency. There is a reluctance for different generations to live under the same roof and yet, at the same time, a preference for care, not only due to traditional values but also because family care is considered to be of better quality (Da Roit, Le Bihan, & Österle, 2007; Eichler & Pfau-Effinger, 2009; Jensen & Møberg, 2011; Pfau-Effinger, 2005).

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In Mediterranean countries, a new model of care has been emerging, combining traditional family care, semi-informal migrant care work in households, and formal skilled care work (Bettio, Simonazzi, & Villa, 2006; León, 2010; Lyberaki, 2011). This phenomenon can also be found to some extent in Nordic countries, and even there, there has been an increase in family care burden (Da Roit & Weicht, 2013; Jolanki, Szebehely, & Kauppinen, 2014), partly because of "*the lack or decrease of public provision of care and the marketization and personalization of care*" (Van Hooren, 2014, p. 77).

We can observe that there is a trend toward refamiliarization and the giving of preference to family care in European countries as has been pointed out in other studies (Eichler & Pfau-Effinger, 2009). Refamiliarization is a strategy by which governments (national and local) as well as households cope with the 2008 economic crisis and its severe effects on public spending for welfare purposes. Social policies not only have undermined social justice claims (Williams, 2010), but also have suffered important retrenchments: they cannot cope with the amount of home care needed, as is clearly stated in the article on LTC in Iceland by Sigurveig H Sigurdardottir, Omar H. Kristmundsson and Steinunn Hrafnsdottir mentioned here after in this Special Issue. Moreover, economic factors are also shaping other processes, such as the choice of public or private service, as is shown in the article written by Mathew Puthenparambil and Kröger. All these factors have reinforced the prevalence of family care, along with the continued application of traditional care values and the concept that the best quality of care is provided to older adults by their families (Eichler & Pfau-Effinger, 2009).

Our analysis covers a wide range of European countries from north to south and east to west and addresses both deinstitutionalization and marketization processes as well as trends in the social context of the economic crisis: whether or not the crisis has been felt.

This special issue features a set of case studies, most of them dealing with the municipal or local level of care provision, focusing on how austerity measures, many retrenchments in LTC services, and an intensified implementation of New Public Management (NPM) have affected countries like Britain, Finland, Iceland, and, to a lesser extent, Spain.

Another issue we have focused on is how the 2008 economic crisis has affected different European countries differently. It has had a huge effect in southern European countries such as Spain and has not had any discernible effects in the Nordic (with the exception of Iceland) and eastern European countries.

A more general context of the articles in this special issue is population aging. The demographic transition is a worldwide phenomenon affecting developed as well as developing countries. Forecasts for 2050 are predicting a future increase in the population of people over 80. These figures show that for OECD countries, on average, 11% of the population will be over 80 years old; the average being 12% in EU-27 (that is, figures for all countries of the European Union [EU] except the twenty-eighth member, Croatia, which is not yet included in those statistics).

Japan will be the country with the highest number of older adults; the respective figure is expected to be as high as around 17% of the population in the over 80 age group, followed by Spain and Germany with 15% and 14.5%, respectively (Carrera, Pavolini, Ranci, & Sabbatini, 2013; OECD, 2013). The increase in life expectancy will bring about a huge growth of care needs, from assistance with daily activities to more specialized care to meet the demands of increased disability rates associated with aging.

Population aging will bring to the forefront the impossibility for women to carry the main responsibility for all the care burden in our societies and the consequent crises of care and the threat of insufficient social reproduction of societies if these tendencies continue (Benería, 1981; Carrasco, Borderías, & Torns, 2011). There are more women than men in aging populations, in Europe and around the world, and it is women who are the main caregivers, either within-family or professional. This again links to the importance of gender, women's position in the labor force, and the lack of male involvement in careers in this sector.

At the macro level, the economic crisis has clearly brought to light the difficulties for public sectors to finance and provide adequate care services for frail older adults. When studying old age, a wider context of social policies needs to be taken into consideration; along with care services, we need to pay attention to pensions, health-care systems, and adaptable housing in later years (Wiles, Leibing, Guberman, Reeve, & Allen, 2011).

All the authors contributing to this special issue are part of a researchers network entitled "COST Action IS 1102: SO.S. COHESION—Social services, welfare

state and places" subtitled "The restructuring of social services in Europe and its impact on social and territorial cohesion and governance" (See COST Action IS1102, n.d.). European Union funds under COST (European Cooperation in Science and Technology; see http://www.cost.eu) were awarded to this network, bringing together researchers from almost all EU countries, as well as some other countries eligible for COST funding. The main aim is to assess the social consequences of restructuring and other recent major changes in European welfare states. *Restructuring* is understood to be any notable structural change in the organization and delivery of welfare services but, more specifically, when it takes the shape of:

- cuts;
- marketization, or the introduction of markets and market competition;
- vertical subsidiarity, in the sense of a change in provider through a move of provision from one level of governance to another, such as the moves of responsibility to provide or finance particular services from one level of government to the other; for example, central to regional or municipal government (usually downward moves but potentially upward ones also);
- horizontal subsidiarity, or any outsourcing of services to nongovernmental nonprofit or for-profit entities (similarly also, for the purpose of completeness, including also its reverse—non-government to government); or
- any rationalization or management reform, whether in the form of NPM or of any other type or inspiration.

The central aim of this international research network has been to compile evidence of how restructuring affects social solidarity, the latter being viewed under the following seven social or solidarity perspectives:

1. quality or, more specifically, service quality or resultant life quality or social well-being;
2. efficiency—that is, quality/cost;
3. democratic governance, mainly referring to whose voice is empowered;
4. social cohesion, or inclusiveness or solidarity among different social classes or groups;
5. territorial cohesion—that is, equity or inclusiveness among different geographical areas;
6. labor conditions and employees' qualifications within social care; and
7. gender.

All authors in this special issue were engaged in the process of exploring the social consequences of restructuring, deinstitutionalization, and marketization along with other major changes in service and care provisions. However, different authors have slightly different focuses and approaches when studying these phenomena. The countries represented in this special issue also illustrate both differences and similarities among the issues and responses highlighted.

Previous studies agree that there is a large diversity among EU countries in the way LTC has been implemented and in the way changes and restructuring processes haven taken place since the early 1990s, as was previously mentioned. When looking specifically at social care, and particularly elder care, at least three distinctive models were identified. The Nordic, central European, and southern European social care models differ from each other in relation to the coverage of services, mechanisms of financing LTC for older people, and the roles that families and women are expected to take up (Anttonen, Baldock, & Sipilä, 2003; Anttonen & Sipilä, 1996). Against this background, it is very interesting to know in which directions these models have been developed. In the universalistic welfare states, typical of northern European countries, the processes of privatization and marketization have started to restructure the Nordic model. Thus, we had been experiencing more convergence between European social care models since the 1990s, while southern and eastern European countries have been trying to catch up with Nordic countries, alas unsuccessfully. Marketization along with deinstitutionalization is a fairly strong driver of change. Marketization is mainly based on outsourcing through public tendering, competition, and free choice of providers by users, as well as the introduction of several techniques and practices typical to the private sector, now adopted via NPM, into the public sector (Anttonen & Meagher, 2013; Meagher & Szebehely, 2013; Ranci & Pavolini, 2013).

New forms of paying for care schemes have been introduced to purchase not only formal but also informal care, such as that performed by immigrant care workers in the black economy, as widely happens in southern European countries (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012; Anttonen & Meagher,

2013; Carrera et al., 2013; Da Roit, 2010; León, Ranci, & Rostgaard, 2014; Pfau-Effinger, 2005; Pfau-Effinger & Rostgaard, 2011).

There is little discussion in the literature about the many consequences of the economic crisis on LTC policies and how, at the micro level, crisis affects such processes as deinstitutionalization most typical in eastern European countries and defamiliarization in southern European countries, not forgetting to mention the effects of marketization in this context.

Important questions to raise are how social care is organized after the 2008 economic crisis and what are the degrees and patterns of retrenchment on social policies in the different EU countries. In which ways are care services now organized at the macro level, from the point of view of the horizontal division of labor among suppliers (public sector, market, and voluntary organizations) and the vertical level of governance (country, region, and municipality)? Shifting focus from a macro to a micro level, what kind of domiciliary services, informal care, and arrangements are offered to older adults? What are the consequences of the processes of marketization and retrenchments and, in the height of the crisis, austerity measures that are deeply affecting most countries, all the way from northern to southern Europe?

Although it has been pointed out that important aspects of LTC for older adults have been radically reformed, compared to many other service fields, there has not been any significant increase in public spending, with 1.2% of the gross domestic product (GDP) being the average in EU countries (Carrera et al., 2013, p. 32). Since 2008, and in particular since 2011, the consequences of the crisis have affected European countries in different ways. Nordic countries have been less stricken by the economic crisis and by retrenchments and austerity, albeit not in the case of Iceland. Meanwhile, transformation processes on care policies have been severely hampered in several eastern and southern European countries, as will be shown through the national case studies described in the articles. By *transformation* we refer to the processes of deinstitutionalization in Nordic, central, and eastern European countries, focusing on policies that promote the idea of aging in place—that is to say, in an environment as close as possible to a service user's own home and community. This then begs the following questions: How well established has this been? What are the resources and services provided to enable aging in place? How is this being implemented?

Our special issue begins with an article by Professors Anneli Anttonen and Olli Karsio, both from Tampere University, which theorizes about how the concept of deinstitutionalization is applied in long-term care policies in Finland. The article conceptualizes and highlights two tendencies in the processes and discourses of deinstitutionalization: explicit and implicit ones. By using these concepts, Anttonen and Karsio were able to gain benefit from an analysis of the official discourses expressed about public LTC policies in Finland and the problems expressed in the interviews carried out among administrators of LTC policies at the municipality level. There are both visible and hidden aspects clearly underpinning deinstitutionalization policies in Finland.

In the second article, Professors Teppo Kröger and Jiby Mathew Puthenparambil from Jyväskylä University analyze free choice of care services for older adults in the Finnish care system. The two main questions raised by the authors are how to understand why people choose private or public services in Finland and whether there is a real free choice for older adults to exercise or, conversely, are there factors that force older adults in choosing services.

Jana Kubalčíková and Katherina Havlíková from Masaryk University and the Research Institute for Labor and Social Affairs focus their analysis on the conditions and manner of implementation of care services, such as domiciliary care, as implemented at the municipal level in the Czech Republic. They show that deinstitutionalization was implemented to increase supply, which brought about the tendency for residential care and the emergence of quasiservices or low-quality care services. The authors analyze processes of both deinstitutionalization and marketization in the Czech Republic care system.

Gábor Szüdi, Jaroslava Kováčová, and Stanislav Konečný analyze the currently proclaimed process of transformation of care services in Slovakia from the models prevalent under the communist regime to a more community-based model. The authors underline path dependency mechanisms, including precommunist influences, whereby services to some extent were developed after the model of central European countries but also decelerated the change process due to a lack of finance and resources.

Several articles address how marketization processes have strongly affected LTC policies, as well as austerity measures implemented in countries such as Spain. The study of Leeds (UK) by Sue Yeandle tackles how retrenchments have affected care services in terms of tensions between the micro and macro levels and how threats to social care quality can be visibly perceived. The study also points out changes in the provisions of care, a decline of home care services, and, conversely, an increase in the expenditure on equipment and adaptations for older people living at home. In addition, there has been a rise in cash-for-care transfers received directly by older adults. This also shows an important trend in the implementation of NPM as well as other mechanisms relating to cost and efficiency, such as the use of emergent ICT technologies in the field of elder care. At the same time, these are ways of improving safety and well-being among older adults and reducing the care burden they generate. Another issue concerns the lack of support for caregivers.

The article about Iceland by Sigurveig H. Sigurdardottir, Omar H. Kristmundsson, and Steinunn Hrafnsdottir is clearly marked by the economic collapse of 2008 and its adverse effects in Iceland. It also points out the insufficient home care provision to cope with deinstitutionalization and all care needs, which puts pressure on families and increases their care burden. The article also tries to take concerns on board about decentralization and devolution; to put it clearly, focusing on the economic difficulties of the municipal governments in tackling all their care services requirements. It finishes with another issue of relevant importance, also mentioned in other articles: how the process of marketization and the effects of the economic crisis can point at the questionable quality of care services.

In the Spanish case, January 1, 2007, marked the coming into force of the so-called Dependence Law (LAPAD). It was an important attempt to fill an enormous and long-standing gap in LTC policies by aiming to relieve women from caring activities and trying to develop the LTC labor sector. Deusdad, Comas-d'Argemir, and Dziegielewski underline the important cutbacks in LTC that soon followed, which applied the brakes to the changes as a consequence of austerity measures, bringing with them mechanisms of false deinstitutionalization. In terms of gender issues, there is a double tendency: on one hand, a reinforcement of women's role as caregivers and, on the other hand, the process of refamiliarization as a response strategy to the economic situation, often shifting the burden onto older adults' pensions. Nevertheless, this economic context of high unemployment rates has, at the same time, made male caregivers an option in the meeting of family care needs, mitigating the prevalent female caregiver stereotype.

Finally, we have the case study of Malta, where Charles Pace, Sue Vella, and Sophia Dziegielewski see no restructuring in LTC as a consequence of the 2008 economic crisis, which hit Malta only mildly. The visible sign of a resulting soft austerity is that nonexpansion of state services is failing to catch up with users' demands, rather than actual cuts taking place. The article underlines that a residential model is still strong, but little has been done through growth in community care to stem its demography-driven expansion. Like other southern European countries, Malta still relies heavily on informal care, especially by women and female relatives (Hochschild, 2001), who now, however, tend to be increasingly employed; care by home-based immigrant care workers is being increasingly resorted to only by those who can afford it.

To conclude, it can be stated that the current process of deinstitutionalization is being carried out in European countries, irrespective of care services. "Prioritization of home" in policy discourses is implicitly shifting older adults' responsibilities for their own care needs. Privatization of care services is not helping in this endeavor of deinstitutionalization either. Furthermore, the process of deinstitutionalization through marketization is not an assurance of obtaining good quality of care services for end users, and access to such services is not always guaranteed due to affordability.

Moreover, there are long waiting lists for public services in countries such as Iceland, the Czech Republic, Slovakia, and Spain. These end users have access to services, but some are only quasiservices, or dominated by recourse to care by irregular immigrants. A process of false deinstitutionalization, meaning aging in place with no resources other than family care, is being observed in countries such as Spain. A false deinstitutionalization is also underlined in the Finnish case study at the level of policy discourses, where there is no clear distinction between old and new institutions. In Malta, although it has suffered no retrenchments,

expansion did not cope well with the increasing need for care services for its aging population.

Some of the important findings of this set of articles are based on a critical view of the latest trends and issues in LTC in Europe. Retrenchments and austerity measures in a context of economic crisis have also been cited to justify a market-oriented tendency, increasing marketization and privatization of public services, going toward residualism, with more residual benefits. As a result, some countries are suffering a double effect of the crisis on their already weak care systems. Issues addressed in this special issue range from what free choice of services really means to how privatization is often accompanied by increasing copayments and the exclusion, in different ways, of citizens who cannot afford care services.

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