

Care homes in Europe: public and private provision over the last decade

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Objectives

- To document the changes in the provision of care homes for older people in the last decade, looking at public, for profit and non-profit provision.
- To analyse what are the differences between service providers regarding the accessibility, quality and efficiency of services.

Scope

- Residential care:

Accommodation and support for people who cannot or who do not wish to live at home.

Establishment ensuring 24-hour care (placówki zapewniające całodobową opiekę)

Social assistance house (DPS, dom pomocy społecznej)

- Nursing homes:

High dependency care facilities primarily engaged in providing inpatient nursing and rehabilitative services to individuals requiring nursing care.

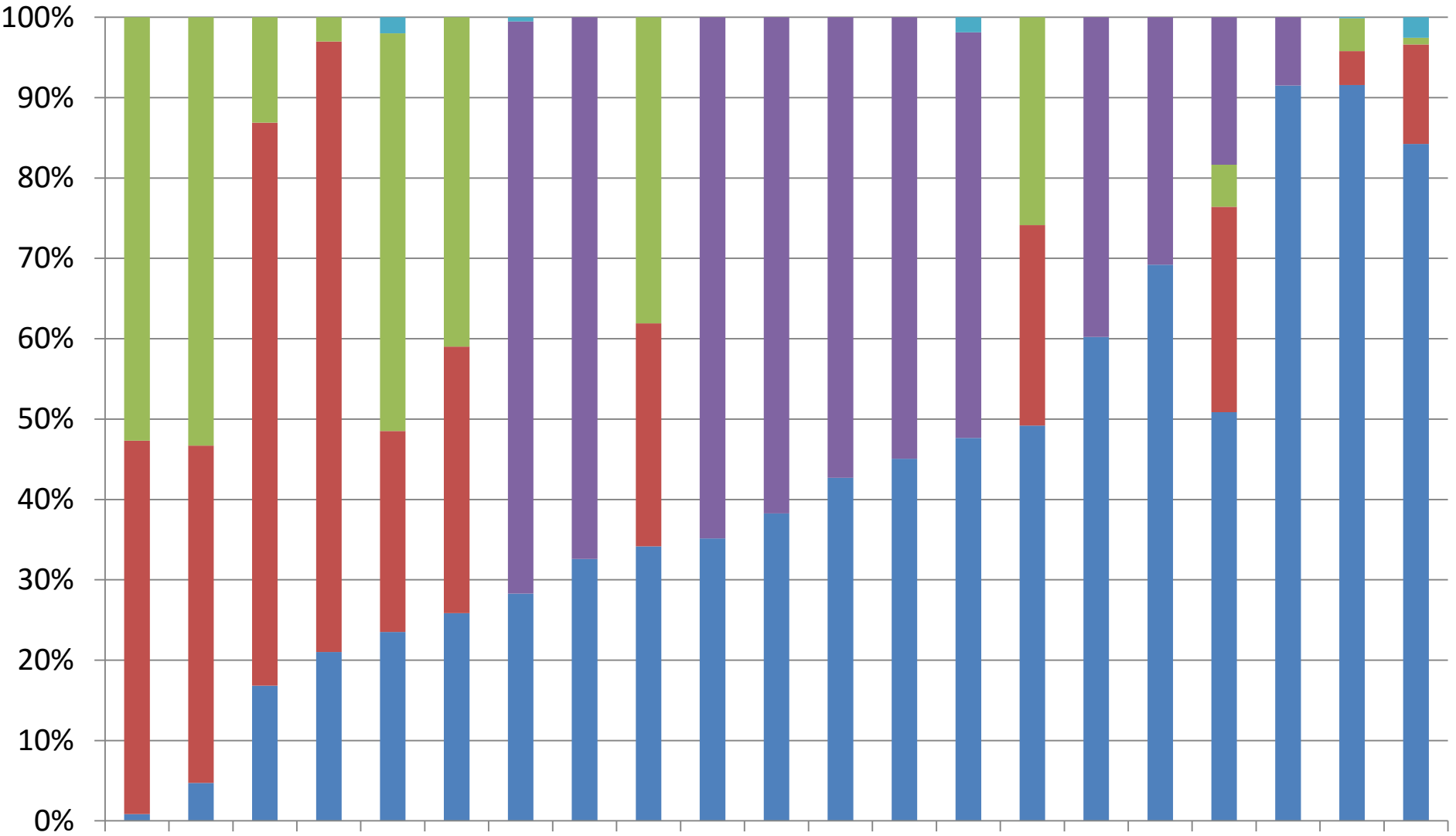
Chronic medical care home (zakład opiekuńczo – leczniczy, ZOL)

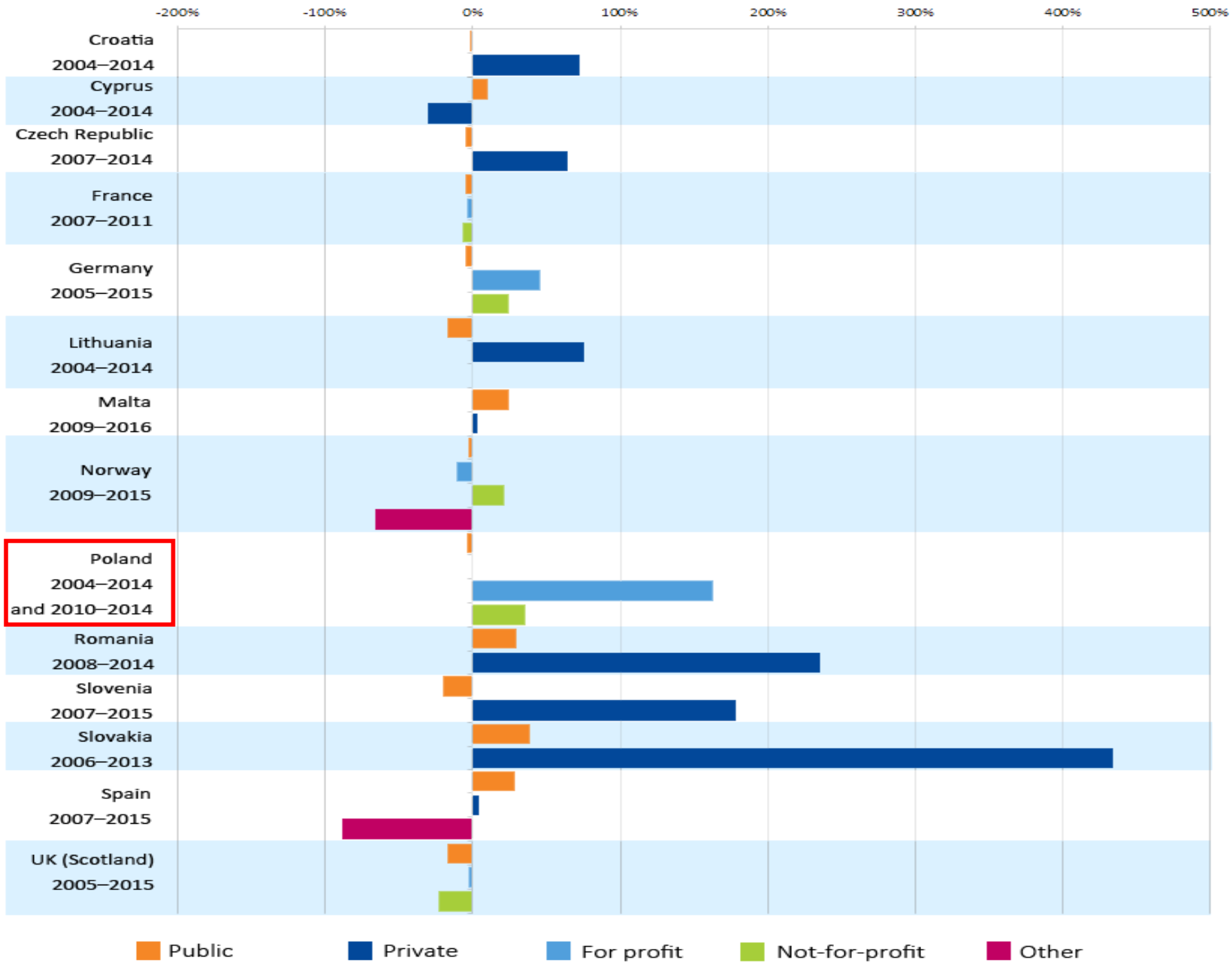
Nursing home (zakład pielęgnacyjno – opiekuńczy ZPO)

EU policy context

- Projected expenditure on long term care to increase more than in the case of healthcare and pensions (Ageing in Europe 2015).
- Emphasis on containing costs, improving the quality and accessibility of services and shift to home care:
 - European Semester: Annual Growth Survey & Country Specific Recommendations
 - Horizontal Assessment Framework
 - European Pillar of Social Rights
- No data about number of care homes and/or beds disaggregated by ownership.

Public For profit Not for profit Private Other





Average number of places

 Public  Private  For profit  Not-for-profit

POLAND (2014)



109

66

CZECH REPUBLIC (2014)



116

72

SLOVENIA (2015)



260

124

IRELAND (2014)



50

51

AUSTRIA (2010)



83

66

112

NORWAY (2015)

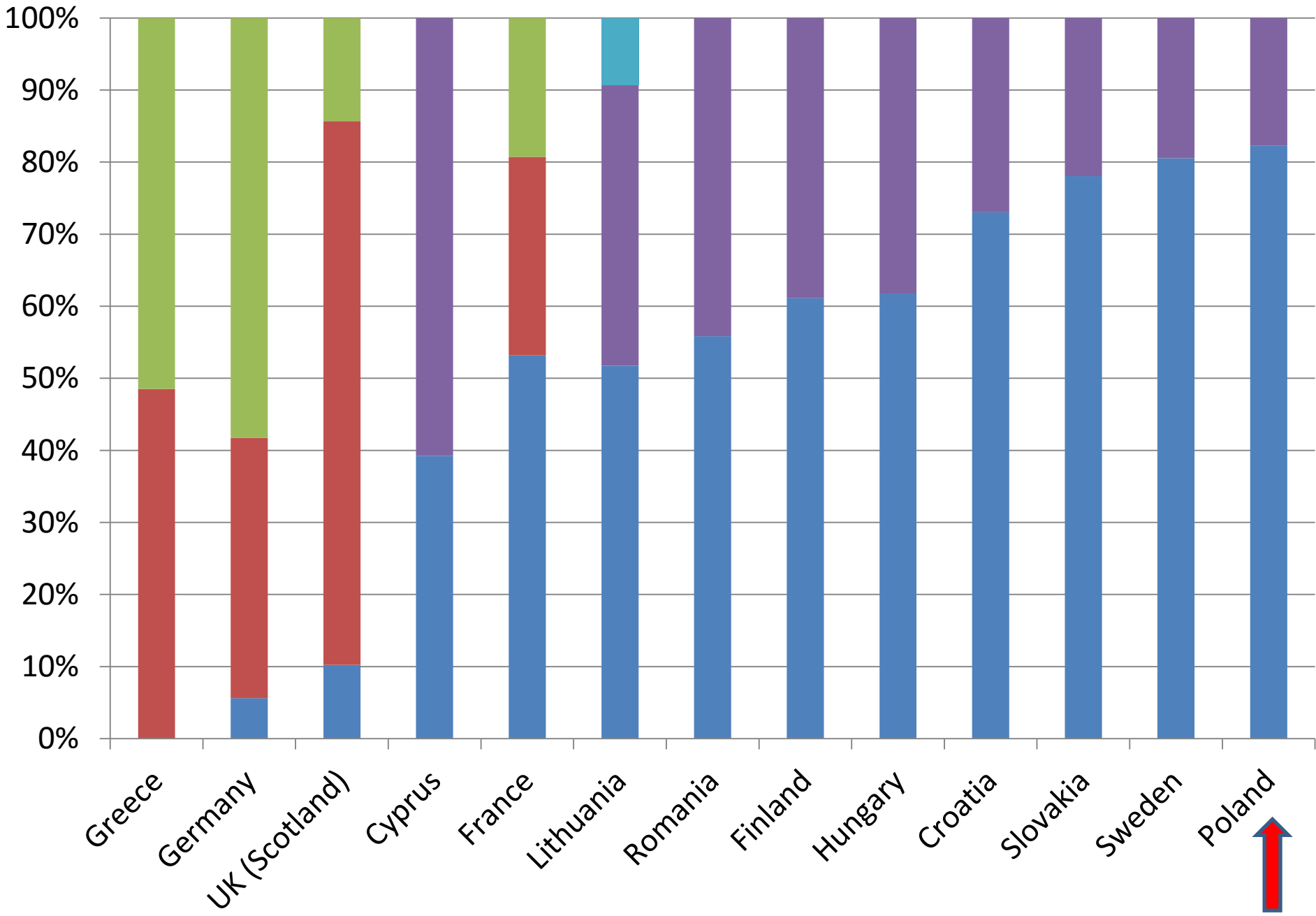


40

65

52

Public For-profit Not-for-profit Private Other



Differences in the services provided

- Studies gathered by Eurofound's Network of European Correspondents
- Survey amongst members of AGE Platform Europe
- Broad definitions of **accessibility**, **quality** and **efficiency** → limited evidence available
- Widening the knowledge base rather than establishing clear causality links:
 - Bringing together evidence (often from grey literature) in different languages
 - Description of which aspects of service delivery are influenced by the type of ownership.

Accessibility

- Difference in prices:
 - Profitability, services provided, location, lower wages in private care homes (DE).
- Location: Concentrated in prosperous regions (UK, NO, SE, NL), cities and bigger towns (EE, FI, IT, PL, RO, DE), usually in parts of the city in which the housing costs are lower (IT).
- Characteristics of patients: differences in the level of dependency (BE, FR)

Quality

- Likelihood of having a single room and access to amenities/facilities, hygiene and safety standards
- The number of employees per resident is significantly lower in the private sector in several countries
- Mixed effects of competition on the quality of services
 - Trade off between quality and remaining competitive (IT)

Efficiency

- Private nursing homes in Norway have significantly lower costs and slightly higher quality than municipal homes
 - important to take into account risks and transaction costs
 - differences in staffing, pension rights and working conditions
- Losses in public nursing homes in Belgium and Sweden
 - high staffing numbers in the public sector
 - private actors have taken over facilities and resources to a price well under their actual value
 - public and private actors work under different conditions
- Budget cuts lead to referrals (and higher occupancy rates) in private care homes in the UK

Conclusions

- 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.
- Mixed findings regarding the differences in services delivery
 - Some common themes (e.g. prices, staffing)
- Need to have data disaggregated by ownership, including common definitions of for profit and not for profit
- Need to aggregate the findings of different studies to have a better overview of differences in service delivery (e.g. systematic review)

Thank you for your attention

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