ESPN Thematic Report on Challenges in long-term care

Greece

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

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Summary

In Greece, long-term care (including prevention and rehabilitation services) continues to be an underdeveloped policy area, given that there are no comprehensive formal long-term care services guaranteeing universal coverage. The state's involvement is rather limited and consequently long-term care remains a 'family affair'. In 2014, Greece allocated only 2% of overall health spending to long-term care, which is far lower than the EU-27 average of 15%. Long-term care is based on a mixed 'quasi-system' of services comprising formal (provided by public and private entities) and informal care, with primary responsibility for the financial and practical support of dependants resting firmly on the family.

State support for non-self-sufficient elderly people and disabled people (children and adults) in Greece includes disability and welfare benefits, limited direct provision of institutional care, coverage of some care needs through public social insurance and a range of community-based services. The services provided are of limited coverage, and their supply falls well short of demand; they are inadequate to meet the ever-rising needs in this area. Thus, informal care is estimated to cover the lion's share of the need for long-term care among the Greek population; it makes up for the weaknesses and inadequacies of the Greek health and social care system.

Increasing the system's coverage and improving the quality of services provision and governance are among the main long-term care challenges in Greece. Concerted action is needed to ensure that the challenges are adequately addressed. All the indications are that formal care is available only for a small number of beneficiaries, and there is an imbalance of service provision due to the geographically uneven development of such services. Existing services for the elderly and disabled (including the disabled elderly) fall far short of meeting their specific needs, in terms of both quality and quantity. Moreover, most of the existing public formal long-term care services entail rather strict eligibility criteria, and thus many persons in need of such care are excluded. Ensuring universal coverage and providing adequate levels of care to those in need are considered to be the overriding long-term care challenges in Greece. This becomes even more imperative, given the pressure imposed by the rapidly ageing population, driven by low fertility rates and increasing life expectancy. The old-age dependency ratio, which is projected to grow from 33.4% in 2016 to 67.2% in 2060, confirms this demographic pressure on the long-term care system.

The quality of long-term care services remains low and no action has thus far been taken to improve the situation. The projected increase in demand for long-term care – mainly due to the acceleration in population ageing – risks the quality of services provision even more. The challenge therefore is not only to increase capacity, so as to meet the demand for long-term care services, but also most importantly to ensure sufficient quality. This requires, among other things, appropriate governance arrangements and mechanisms, as well as an adequate number of skilled professional carers, along with trained and well-informed informal carers. Ensuring the availability of formal carers and providing support for informal family carers are among the main challenges. A common denominator in addressing these challenges effectively is the need to secure adequate financial resources; this is a challenge in itself, given the current fiscal constraints.

There is an imperative need to take concrete action to implement a major reform of the long-term care system, which remains grossly inadequate to meet the ever-rising need. Efforts should be concentrated on removing the barriers that restrict access to and availability of long-term care services. Among the main ingredients of such a system should be the creation of a regulatory framework and quality standards in the provision of long-term care, the establishment of coordination mechanisms to link the different long-term care structures and the setting-up of a well-organised monitoring and evaluation system. This reform should entail, among other things, the establishment of new upgraded long-term care units to extend availability and thus improve access to service provision across the country. Particular emphasis should be placed on introducing

specific measures aimed at legal recognition of the profession of carer and at the provision of support for family carers, including specific arrangements for the reconciliation of caring responsibilities with working life.

1 Description of the main features of the country's long-term care system(s)

It should be stated at the outset that there is no universal statutory scheme for long-term care in Greece. Long-term care (including prevention and rehabilitation services) has, for years now, been an underdeveloped policy area, given that there are no comprehensive formal long-term care services that guarantee universal coverage. The state's involvement in this policy area is rather limited, while governance and organisational arrangements are grossly inadequate. Long-term care is based on a mixed 'quasi-system' of services, comprising formal care (provided by public and private entities) and informal care, where primary responsibility for the financial and practical support of dependants rests squarely on the family. The family plays the dominant role in the provision of long-term care, and that is the main determining feature of the Greek long-term care system.

State support for non-self-sufficient elderly and disabled people (children and adults) in Greece includes disability benefits, limited direct provision of institutional care, coverage of some care needs through public social insurance, and indirect support via tax reductions. Social insurance coverage entails the provision of old-age and disability pensions by the social insurance funds, which, since January 2017, have been integrated into a single Unified Agency for Social Insurance (EFKA). In addition to disability pensions and benefits, EFKA also provides funding for health care services for insured people with disabilities and people who need long-term health care. These services are provided in public institutions and hospitals through the National Organisation for the Provision of Health Services (EOPYY), while a number of private clinics contracted with EOPYY also provide long-term health care (mostly to terminally ill people).

Moreover, there are some other state-financed (non-contributory) disability/welfare benefits (in cash and in kind) that target people who are in need of care because of a specific chronic illness or incapacity.[1] These benefits are provided by the newly established Organisation for Welfare Benefits and Social Solidarity (OPEKA).[2] However, it should be noted that, within the framework of the Supplemental Memorandum of Understanding for Greece (5 July 2017), a new unified regulatory framework is to be set up by mid-2018 to handle all (contributory) disability and welfare benefits in Greece.[3]

Public formal long-term care services are financed by the Ministry of Health and the Ministry of Labour, Social Insurance and Social Solidarity, as well as by EFKA. They entail mainly the provision of institutional/residential care and community-based care services. In particular, residential and semi-residential care for disabled adults and children and for indigent people aged 65+ who live alone and are in need of care is provided by the state through 12 regional 'social welfare centres', which (in 2015)[4] consisted of 44 'social care

[1] Depending on the invalidity/disability level and the kind of chronic illness, recipients are entitled to different levels of care provision. The level of disability is evaluated by the Centres for Certifying Disability (KEPA). These centres, which in practice function as health committees, are authorised to assess the level of disability, which is the necessary prerequisite for eligibility to receive the benefit. The level of the benefit is positively related to the level of disability. The disability levels are set at: 50%, 67% and 80%.

[2] OPEKA, which has replaced the old Farmers' Insurance Fund (OGA), is a single payment authority for all welfare benefits, including disability benefits, 'Social Solidarity Income' benefit, children's benefits and other welfare benefits.

[3] This is part of the disability benefits reform which is under way and concerns, among other things, the move from the current impairment assessment to a functional assessment as the basis for determining eligibility for disability benefits. In this respect, a pilot programme has been adopted by the Greek parliament, to run for the period February-June 2018.

[4] These are the latest available data; the survey on social care units is carried out every 2 years.

units':[5] 21 chronic illness nursing homes for disabled adults and old people, 13 social protection centres for children, 6 rehabilitation centres for disabled persons[6] and 4 other relevant structures (legal entities of public law)[7] (ELSTAT, 2016). All these care centres are financed by the state budget and by per diem fees paid by EOPYY.

As regards the 21 chronic illness nursing homes for disabled adults and old people, it should be noted that each of them has various sub-units that provide both residential and semi-residential care. Most of these branches/structures focus on disabled adults (including the disabled elderly), but some of them provide care exclusively for the deprived elderly. The admission of old people (aged 65+) follows referral by the social services of local authorities, the regional social welfare centres or public hospitals. The referral is based on criteria such as economic hardship (though existing legislation does not define a specific income threshold) and severity of need (isolation, exclusion, family crisis, lack of both family support and financial means, etc.). The care services provided in these public units and sub-units are free of charge. But the number of available places falls short of demand, and there are long waiting lists.

Available data (ELSTAT, 2016) show that in 2011 there were 95 social care units, providing care services to 13,377 patients (in- and outpatient care); by 2015 there were only 44 left, providing services to 9,472 patients. In all, these centres employed 2,446 people in 2015 (2011: 3,361). Given the right conditions, these units, which operate under the authority of the Ministry of Labour, Social Insurance and Social Solidarity, could play a positive role in both quantitative and qualitative aspects of long-term care. Yet, there are definite indications that several of them operate inefficiently and with serious shortcomings to the detriment of patients.

There are also 485 community residential structures for mentally ill persons. These provide accommodation, care and protection services (sheltered boarding houses and apartments, sheltered workshops, etc.) to about 3,800 beneficiaries. They are operated by public and non-profit organisations, and they are financed by the state and EOPYY. In these structures, there are about 2,000 beds in sheltered boarding houses (or hostels) for old people with mental health problems that can be counted as long-term care beds. In addition, there are 338 beds in public psychiatric hospitals that can be used for the long-term care of chronically mentally ill persons.[8]

Long-term care for frail, incapacitated elderly people (mostly indigent or living alone) is also provided by approximately 240 care homes (residential and nursing care facilities) that are run by private (for-profit and non-profit) organisations[9] (Eurofound, 2017b) and are mainly located in urban areas. Yet, official reliable data regarding the actual number of these facilities and their capacity are not available. Estimates suggest that non-profit and for-profit residential care homes for the elderly have a total capacity of about 12,000 beds (Eurofound, 2017b), though the president of the Greek Care Homes Association (PEMFI)[10] puts the figure at about 15,000. Almost half of the care homes are situated in the Greater Athens Area, and the vast majority are run by private (for-profit) enterprises; the remainder are managed by the Church, charitable organisations and local authorities. The non-profit care homes are partly subsidised by the state and partly

[5] Social care units include: units for people with special needs/chronic diseases, units for child protection, units for the recovery and rehabilitation of people with disabilities, centres of physical and medical rehabilitation, miscellaneous (diagnostic and therapeutic centres for pervasive developmental disorders), other legal entities of public law.

[6] The rehabilitation services (outpatient) provided by the centres for recovery and physical and social rehabilitation (KAFKA) and the centres for education, training and social support for disabled persons (KEKYKAMEA) have been transferred to the National Health System and the public hospitals and are now provided through the centres for physical and medical rehabilitation.

[7] These include: the National Centre for Social Solidarity (EKKA), the National Foundation for the Deaf (EIK) and the Centre for Education and Rehabilitation for the Blind (KEAT).

[8] Data obtained from the Ministry of Health.

[9] These include two care homes run by local authorities.

[10] PEMFI represents the legally registered care homes in Greece providing residential care and nursing facilities for elderly people with long-term care needs.

funded by donations (and per diem fees paid by EOPYY for those entitled to social insurance). The for-profit residential homes are privately paid for by the persons in care and their families; the occupancy of these homes is significantly lower than before the economic crisis (Eurofound, 2017b). It is also worth noting that 'some for-profit providers have concentrated more on dementia care or rehabilitation, as opposed to non-profit providers who provide only basic nursing care' (Eurofound, 2017b).

Public care facilities and services for dementia and Alzheimer's disease – which affect an increasing number of people in Greece – have, until very recently, been rather negligible; specialised care was mainly provided by a small number of non-governmental organisations (NGOs). To address this gap, in 2014 the government established the National Observatory for Alzheimer's and Dementia, and in 2016 adopted the National Action Plan, which includes the creation of special care units (day-care centres, etc.) and the provision of support for carers (Minister of Health, 2016). In this context, in September 2017, the government announced the establishment of seven day-care centres, six memory and cognitive disorders clinics and five palliative care hospices for the terminally ill (Greek Association of Alzheimer's Disease and Related Disorders, 2017). The plan also aims to facilitate the linkage of these services with all the other social care services and programmes targeting the elderly population. Yet, there are no data available either on the progress of their actual operation to date or on the extent of their coverage.

Turning now to other forms of formal long-term care, it should be noted that since the beginning of the 2000s, largely thanks to EU co-funding (European Social Fund), there has been a significant increase in long-term care services that provide social support and care for the elderly at home and in the community. These are: a) (semi-residential) day-care centres for disabled people, b) (semi-residential) day-care centres for elderly people (KIFI) and c) services provided to elderly and disabled people at home ('Help at Home' programme).

As regards the day-care services for the elderly in the community, these are provided through the 68 day-care centres for the elderly (KIFI)[11] currently in operation (EETAA, 2017). These centres undertake the day care of old-aged people who cannot care for themselves, who have serious economic and health problems and whose family members cannot look after them because of their work (or other reasons). In the majority of cases, they are operated by municipalities, municipal enterprises or joint municipal enterprise partnerships and cooperate with local social and health services. Since their establishment, they have been funded mostly by EU resources.[12] At present, they accommodate about 1,500 old people (and have a staff of about 300), though official data are not publicly available.

Another important initiative in this area is the 'Help at Home' programme, which has so far been operated by municipal enterprises and has been mostly funded by EU resources. The programme was launched in 1998 in a limited number of municipalities, but since 2001 it has been rolled out across Greece. Until 2015 it received financial support from the European Social Fund; since then, the programme has been financed by national resources alone, and its funding has been secured until December 2019 (Law 4483/2017, article 153). At present, there are 860 'Help at Home' schemes in operation, run by 282 agencies (municipalities, municipal enterprises, non-profit organisations, etc.) and providing services to about 71,563 beneficiaries (EETAA, 2017). The schemes provide nursing care, social care services and domestic assistance to elderly (aged 78+) and disabled people (irrespective of age) who live alone and face severe limitations (mobility problems, etc.) in their everyday activities, and who fulfil specific – rather strict – income

[11] There are also open protection centres for the elderly (KAPI) operated by municipal enterprises and non-profit entities. However, these have primarily a recreational function (the prevention and medical care services provided are limited).
[12] EU funding for the operation of these centres has been secured until June 2019.

criteria. About 3,150 people (social workers, nurses, physiotherapists and home helpers) are employed in these schemes, most of them on a term-contract basis.

In conclusion, although there are various public measures and actions concerning the provision of long-term care services in Greece, they are inadequate to meet the ever-rising needs in this area, do not operate under a rationalised, well-organised and institutionalised competent body and are not planned on the basis of social need. In short, long-term care in Greece is not underpinned by an integrated approach and lacks the basic ingredients of a system. There is a clear imbalance between formal and informal care provision. Informal care (provided by family carers and paid carers) is estimated to cover the lion's share of the need for long-term care; it makes up for the weaknesses and inadequacies of the Greek health and social care system. Yet, public support for carers is virtually non-existent. All in all, long-term care in Greece is in need of urgent and drastic reform.

2 Analysis of the main long-term care challenges in the country and the way in which they are tackled

It is generally accepted that long-term care in Greece has never been given due attention by governments or policy-makers, and is a rather neglected policy area. The shortage of formal support services, combined with greater longevity and the increased need for care, have forced Greek families to find their own solutions to the provision of care. The main solution for those with adequate income was, until the outbreak of the economic crisis, to privately employ live-in migrant care workers (Kagialaris et al., 2010); for the remainder, mostly the women of the family had to undertake caring responsibilities. However, the current economic crisis has resulted in an increase in the number of family members who take care of their dependent relatives, since public responsibilities and formal service provision continue to be limited and fall short of meeting the ever-rising need in this area. Besides, the system continues to be highly fragmented and unstructured, while public formal long-term care services provision remains of rather low quality.

It is evident that increasing the capacity (and thus the coverage) of the public long-term care system, improving the quality of services provision and governance, and ensuring financial sustainability are among the main long-term care challenges in Greece. Concerted action is needed to ensure that these challenges are adequately addressed. This need becomes even more imperative, given the pressure imposed by the rapidly ageing population, driven by low fertility rates and increasing life expectancy.

2.1 Ensuring universal coverage and providing adequate levels of care to those in need

Although relevant official statistical data concerning both demand for and supply of long-term care services/facilities are not available, all the indications are that formal care is available to only a small number of beneficiaries. This is supported by Eurostat data, which show that in 2015 for every 100,000 inhabitants there were only 17 long-term care beds in nursing and residential care facilities; this is by far the lowest ratio among the EU Member States.[13] Moreover, there is an imbalance of service provision due to the geographically uneven development of care services, since the majority of the existing services are located in the urban areas of the country (mainly Athens and Thessaloniki). This implies that access to long-term care is heavily dependent on where the person in need lives. This constitutes one of the main barriers of access to long-term care, especially for those living on the islands and in isolated rural areas of the country.

[13] The number of long-term care beds in nursing and residential facilities in the great majority of EU Member States ranged from 400 to 1,100 per 100,000 inhabitants. See Eurostat [hlth_rs_bdsns].

There are several other barriers that have been identified concerning access to and availability of long-term care services (including home care services). According to the latest available data (European Quality of Life Survey 2011 – Eurofound, 2012), more than 80% of long-term care service users in Greece experienced difficulties with availability (e.g. waiting lists, lack of services), while over 70% of service users experienced difficulties over access (e.g. because of distance or opening hours). An example in this respect is the fact that the care services provided through the public day-care centres for the elderly and the 'Help at Home' programme are available only in the morning and early afternoon, and for up to 8 hours per day.

What is more, most of the existing public formal long-term care services entail rather strict eligibility criteria; that makes them inaccessible to many persons in need of such care. As Tinios (2017) argues 'those left out are probably the majority of those who need long-term care; they would be excluded either *de jure* through the exclusion criteria or *de facto* through the limited places available'.

It should also be underlined that, despite the fact that disability is one of the main factors driving the demand for long-term care services, the capacity of such services in Greece falls far short of meeting the needs of people with disabilities, the great majority of whom are aged 65+. According to the latest available data (European Health and Social Integration Survey – Eurostat, 2012), 1.7 million people aged 15+ (or 18% of the total population 15+) are recorded as 'disabled'[14] in Greece, of whom 1.03 million people are aged 65+ (just over 60% of the total 'disabled' population). What is of rising concern, however, is that more than 50% of those 1.03 million people (i.e. 519,400) reported being in need of assistance. Moreover, the data reveal that 552,700 people aged 65+ reported difficulty with personal care activities, while almost two thirds of them (i.e. 340,600 people) needed assistance. Although these data are not up to date, they reveal that disability is prevalent among older age groups, and thus demand for long-term care services is likely to increase. While there are still some 'closed' institutions for the disabled of all ages, those continue to operate inefficiently and with serious shortcomings to the detriment of patients; the existing community-based long-term care services for the disabled of all ages remain very limited.

Overall, there is an urgent need to increase the system's capacity, so as to meet the demand for long-term care services. That constitutes the most profound challenge in this policy area. Still, and most importantly, action to increase the system's capacity should go hand in hand with efforts to ensure sufficient quality of long-term care services provision.

2.2 Improving quality of services provision and governance

It should be pointed out that the issue of quality in the provision of long-term care services has never gained the attention of either the competent ministries or policy-makers. This situation can partly be attributed to the fact that the Greek long-term care system relies heavily on informal care, and as a result, the state places very low priority on action to improve the capacity and the quality of the services provided. Thus, both the capacity and the quality of long-term care services remain at low levels, and no action has yet been taken to define quality standards or monitor the quality of services provided. The only data available with regard to quality (European Quality of Life Survey 2016 – Eurofound, 2017a) reveal that the perceived quality of long-term care services in Greece was 4.4 in 2016 (on a scale of 1-10), against an average of 6.2 for the EU-28.

[14] Data come from the 2012 European Health and Social Integration Survey (Eurostat). According to the definition used in this survey 'people with disabilities are those who face barriers to participation in any of the 10 life areas, associated inter alia with a health problem or basic activity limitation'. Therefore, a person identifying a health problem or basic activity limitation as a barrier in any life domain is categorised as disabled. For more info, see: http://ec.europa.eu/eurostat/cache/metadata/en/hlth_dsb_prve_esms.htm

The low quality observed goes hand in hand with the fact that long-term care in Greece today still lacks appropriate governance mechanisms and arrangements. In general, weak governance – or even a lack of it – in social policy-related areas, especially in the case of long-term care, is chronic and has a profound bearing on the low quality of care services provision. Among the main drawbacks which continue to prevail in the long-term care policy area are (a) a lack of hard evidence, (b) lack of a comprehensive legislative framework, along with a clear-cut strategy underpinned by an integrated approach and (c) lack of mechanisms and arrangements for monitoring and evaluation.

It becomes evident, therefore, that efforts should be concentrated on improving quality and on setting up appropriate governance arrangements. The need to address these challenges becomes even more imperative in the context of population ageing, given that Greece has one of the highest shares of persons aged 65+ in the total population among the EU Member States. Indeed, population ageing puts a serious strain on the long-term care system in Greece with regard not only to demand – and consequently public spending on long-term care – but also to the quality of services provision. In any case, increasing the capacity of the system so as to meet demand should not be done at the expense of the quality of services provision. Nevertheless, addressing effectively the challenge of quality requires, among other things, an adequate number of skilled professional carers, as well as trained and well-informed informal carers.

2.3 Ensuring availability of formal carers and providing support to informal family carers

As already noted, there is a shortage of public long-term care services, which implies that the number of personnel engaged in the provision of formal long-term care is likely to be very limited (though relevant official data are not available). Apart from the fact that long-term care in Greece relies heavily on informal care services, it appears that the job of professional carer (formal carer or formal carer of the elderly) has not yet been accorded any recognition. As a result, carers face significant difficulties in finding appropriate jobs; on top of everything else, there are hardly any opportunities for their professional development, training or lifelong learning.[15] The lack of recognition is related to the fact that long-term care provision in Greece is not underpinned by a clearly defined comprehensive policy, and it hardly complies with certain minimum quality requirements. That is, it lacks any specific regulation and legislation that would ensure that appropriate standards of provision, quality assurance arrangements, staff ratios, staff training, etc. are put in place. This, in turn, implies that there are neither specific working conditions nor specific types of employment contracts for those employed in the formal care sector. Employment contracts in the sector vary, depending mainly on the specialisation of the carer (social worker, nursing staff, etc.) and on whether the carer is employed by a public or a private agency.

As for informal carers, it should be noted once more that informal care in Greece is mainly provided by family and relatives, as well as by unskilled female migrant carers, mostly with informal employment arrangements (undeclared work),[16] though the relevant updated data are not available.[17] Yet Greece continues to lack a clearly formulated policy and policies for the regulation of informal (paid) carers and for the

[15] It should be pointed out that no initiatives have been taken so far by the state as regards the validation of carers' skills. The only exception is the learning course (200 hours) entitled 'Vocational Training in Providing Care to Elderly People at Home', offered by the University of Macedonia since 2017. This course targets both formal and informal carers and aims to provide the basic knowledge required to work in the care sector. Still, though, the acquisition of a certificate does not imply professional recognition as a carer.

[16] The vast majority of the female migrant carers are hired (and paid) by the dependant's family – or in some cases by the dependent person – on the basis of an oral agreement, rather than a formal employment contract. The carers often live with the dependent person, providing care on a 24-hour basis, while the responsibility for monitoring care resides – by and large – with the women of the family.

[17] The latest relevant data for Greece are on the number of informal carers in 2006 (i.e. 273,000 persons). See European Commission (2016: 360).

support of informal family carers. Indeed, there are no provisions in Greece with regard to in-kind benefits and in-cash support for family carers. There are no benefits such as cash, pension credits/rights or allowances to compensate informal family carers for care services they provide. By and large, family carers in Greece are viewed by the state primarily as a resource and are hardly considered to have their own need of support.

The only support services available to carers are those provided by a small number of NGOs, operating mainly in Athens and other big cities and offering – among other things – information, practical advice, psychological support and group training. Most of these services target family carers of persons suffering from specific diseases, such as dementia or Alzheimer's disease and – to a lesser extent – blindness and cancer. It is rather evident that the capacity of such services can hardly meet carers' needs all over Greece (although no actual data are available to support this).

2.4 Facilitating women's participation in employment and reconciling caring responsibilities with working life

Undoubtedly, the shortage of public formal long-term care services has hindered female labour market participation in Greece – and continues to do so. In many cases, women in Greece have been prevented from taking up full-time jobs and have opted for part-time employment. Moreover, those women who do work often opt for early retirement, so as to be able to perform caring duties. Indeed, various studies show that many choices that women make in Greece during their work-life cycle are correlated to gender stereotypes and roles. For example, many women choose to work part time on account of their traditional attitudes and the gender roles related to care and domestic duties. This is considered one of the main factors affecting the female employment rate in Greece, which has been kept low over the years.

Labour Force Survey data reveal that in 2016, the employment rate among women in Greece aged 20-64 lagged 19 percentage points behind the rate for men (i.e. 46.8% for women against 65.8% for men) and was much lower than the EU-28 rate (i.e. 65.3%). In contrast, the part-time employment rate among women aged 15-64 was almost double that among men: 13.7% and 6.9%, respectively. Family or personal responsibilities are among the main reasons for women to work on a part-time basis (i.e. 10.6% against 4.3% for men). Moreover, 39.6% of women aged 15-64 were found to be inactive, compared to 23.8% of men. It is worth noting that 20.8% of the inactive female population is not seeking employment due to family/caring responsibilities (against 1.3% for men); a further 13.6% are not seeking employment for family or personal responsibilities (against 1.2% of men).

Following from the above, it may be said that ensuring proper and adequate long-term care provision is one of the essential prerequisites for facilitating an increase in women's participation in the labour market. It is worth noting that prior to the crisis, the task of care provider was given to female immigrant domestic workers, thus allowing native Greek women to (re-)enter the labour market; this was reflected in the increase in the female employment participation rate. But at the same time, it resulted in an increase in undeclared work (Lyberaki, 2008; 2011). Today, under the current conditions of high unemployment and a significant drop in both average household income and the annual average wage, women have to undertake caring duties, especially for the elderly. There is thus a need for specific measures to support either the withdrawal of women from such duties (so as to facilitate their participation in employment) or the reconciliation of caring responsibilities with working life.

2.5 Ensuring financial sustainability of the long-term care system

In order to extend and upgrade public formal long-term care services in Greece, sufficient financial resources are needed; but this challenge is barely being addressed, given the current fiscal constraints. OECD/EU (2016) data reveal that in 2014 (latest

data available), Greece had the lowest share of spending on long-term care as a percentage of overall health spending in the EU-27. In particular, in 2014 Greece allocated only 2% of overall health spending to long-term care – far below the EU-27 average of 15%. Moreover, according to European Commission projections (baseline scenario), public spending on long-term care as a percentage of GDP in Greece will increase by 0.4 percentage points, from 0.5% of GDP in 2013 to 0.9% in 2060. In spite of this increase (almost double), public spending will remain well below the EU average (1.6% in 2013 and 2.7% in 2060). Thus, questions are being raised as to whether the financial sustainability of public expenditure on long-term care in Greece can be ensured, so as to cover the ever-increasing needs in this area, especially under the high pressure imposed by population ageing.

Indeed, the ageing ratio for Greece is already at a record level: for every 100 children, there were 148.3 people aged 65+ in 2016 (compared to 145.5 in 2015, 141.8 in 2014 and 138.3 in 2013); the figure is expected to surpass 230 in 2030 (ELSTAT, 2017; European Commission, 2017). Moreover, Eurostat data reveal that the share of people aged 65+ in Greece is continuing to increase, from 20.9% in 2015 to 21.3% in 2016. This is also the case with the share of people aged 80+ (6.3% in 2015; 6.5% in 2016). The challenge that this demographic development poses to long-term care becomes even more pressing when one considers that, according to the 2018 Ageing Report, the proportions of people aged 65+ and aged 80+ are projected to reach 35.4% and 17.2%, respectively, by 2060, while the old-age dependency ratio (people aged 65 or above relative to those aged 15-64) is projected to grow from 33.4% in 2016 to 67.2% in 2060 (European Commission, 2017). In addition, Eurostat data reveal that life expectancy at age 65 follows an increasing trend over recent years, standing at 19.9 years in 2015.

What is also of rising concern is the fact that the health expectancy indicator (Eurostat), which measures the number of years that a person at age 65 is still expected to live in a healthy condition, shows a decreasing trend for both men and women over the period 2008-2015. In particular, in 2015, men aged 65 could expect to live in a healthy condition for 7.9 years (against 9.0 in 2008), while women aged 65 could expect to live in a healthy condition for 7.5 years (against 8.4 in 2008).

Demand for long-term care is expected to rise even more, given that the percentage of people aged 65+ who indicate severe self-perceived long-standing limitations on their daily activities increased in the period 2008-2016 (from 24% in 2008 to 29% in 2016), which is well above the EU-28 average of 16.9% (2016). Worse still, projections indicate that the number of people depending on others to carry out activities of daily living in Greece is estimated to rise over the next 50 years (European Commission, 2016).

The data presented above suggest that population ageing is expected to trigger an ever-increasing demand for long-term care services; this, in turn, will increase pressure for higher public spending in this policy area in a medium- and long-term perspective.

2.6 Recent policy developments

As has been repeatedly emphasised in this report, long-term care in Greece has never been given due attention by either governments or policy-makers, and is a rather neglected policy area. And this remains the case: only a few initiatives have been taken. These concern the establishment of (a) an official registry of all agencies (both public and private organisations) involved in the provision of social and welfare services, including long-term care services (Law 4445/2016) and (b) a national registry of private non-profit agencies providing social care services (Law 4455/2017). These are considered steps in the right direction. Another positive development is the establishment in 2014 of the National Observatory for Alzheimer's and Dementia. This was followed by the adoption in 2016 of the National Action Plan (Minister of Health, 2016), which, among other things, envisages the creation of special care units (day-care centres, etc.) for persons suffering from such diseases, as well as the provision of support for carers of these persons. Finally, according to recent announcements made by the Minister of Social Solidarity, a

government plan is being drawn up to establish an institutional setting for the provision of 'Integrated Care for the Elderly'; this will take care of the coordinated operation of the existing care services for the elderly, namely open protection centres for the elderly (KAPI), KIFI and the 'Help at Home' programme.

2.7 Policy recommendations

As the preceding analysis shows, there is a need for concrete action to draw up and implement a comprehensive long-term care policy, which is long overdue in Greece. This need becomes even more imperative in the context of population ageing and the negative impacts of the financial crisis/economic recession (e.g. cuts in public spending, deterioration in population health status, increasing hardship among households, etc.).

To this end, a major reform of the long-term care system should be undertaken, along with drastic changes aimed at promoting the reconciliation of caring responsibilities with working life. Among the main ingredients of such a system should be the creation of a regulatory framework and quality standards for the provision of long-term care, the establishment of coordination mechanisms that will link the different long-term care structures, and the setting-up of a well-organised monitoring and evaluation system. This reform should entail, among other things, the establishment of new upgraded long-term care units so as to extend availability and improve access to service provision all over the country.

What is also needed is legal recognition of the profession of carer, especially of the elderly; that will provide more opportunities for the professional development of carers, their training and lifelong learning. As regards increasing the employability of family carers, what is needed is targeted active employment measures, along with specific working conditions – on the one hand, to facilitate carers' entry into employment and on the other hand, to make it easier to combine work and care responsibilities (Ziomas et al., 2016). Finally, carer support centres should be established to provide support for family carers at any time, and to help them deal with the specific needs of the persons cared for.

3 Analysis of the indicators available in the country for measuring long-term care

It should be underlined that neither statistical data nor relevant indicators are available at the national level concerning access to and the adequacy, quality and sustainability of long-term care in Greece. Nor are there any statistics on those who need long-term care.

The only exception to this is the Survey on Social Care Units, which is carried out by the Hellenic Statistical Authority (ELSTAT) every 2 years, pursuant to Law 3832/2012. This census survey aims to collect non-financial data on social care units that operate as legal entities of public law. It collects data on the number of persons hosted by the units or receiving their services, as well as data on their personnel. The latest available data are from the 2015 survey and were presented in the first section of this report. The data are collected at regional level (NUTS-2). Information on the survey can be found on the website of ELSTAT, at: http://www.statistics.gr/en/statistics/-/publication/SHE27/2015

In addition, the Hellenic Agency for Local Development and Local Government (EETAA), which is the managing authority of two programmes for the elderly – KIFI and the 'Help at Home' programme – compiles data on the number of structures, beneficiaries and personnel. However, these data are incomplete, lacking as they do any demographic or other socio-economic information, and they are not updated on a regular basis.

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