ESPN Thematic Report on Challenges in long-term care

Iceland

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European Social Policy Network (ESPN)

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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.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

For more information on the ESPN, see:
http:ec.europa.eusocialmain.jsp?catId=1135&langId=en

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Summary

Care services for the elderly in Iceland are collectively the responsibility of the government, local authorities and third-sector voluntary organisations (mainly not-for-profit). Governments primarily finance the services directly (both at central and local level), but also via third-sector organisations, which frequently obtain periodic contracts that involve the government paying the operational costs (i.e. charges on a per-bed/person-per-day basis). Voluntary organisations of individuals belonging to particular disease groups are particularly active in providing services to their members. Many service homes for the elderly are of this type, reflecting a very active relationship between the government, local authorities and the civil society voluntary sector in the provision of welfare services. Nonetheless the majority of nursing homes and formal service institutions are publicly operated. In addition to these formal services, significant informal services are also provided by relatives and neighbours, which make a difference in a tightly knit small-scale society, such as the Icelandic one.

In the Nordic community Iceland has for some years had the reputation of having a relatively large number of long-term-care (LTC) beds in institutions, as well as providing extensive home-help services. The long-term trend has been a reduced elderly use of institutional beds and longer stay in own homes. Iceland had, in 2015, the highest proportion of elderly people receiving home help from municipalities amongst both the Nordic and EU countries. While the number of those receiving home-help services has continued to grow, the proportion among the age group 65+ is gradually coming down, with the improving health condition of the elderly.

Access to home help from the municipality and to nursing homes is universal, but there are some waiting lists for access to services, which however have been shortened over the last two decades. In general the goal of reducing the use of hospitals and residential homes for the elderly, and helping people to stay longer in their own homes with improved services, has been very successful. Increased home help and home nursing have been key factors in achieving this, as well as changed attitudes towards elderly lifestyles.

When old-age pensioners move into a nursing home, generally at a very advanced age (80+) and with frail health, their pension goes to the nursing home, and instead they are entitled to a personal benefit for private expenditure, amounting to about 580 Euros per month (figure for January 2018).

The main challenges for the LTC sector at present consist in: keeping up with population growth and the increasing share of the elderly in the overall population; improving the quality of services; and improving job conditions and career options for carers, thus making caring jobs more attractive.

The overall number of elderly people (65+) will grow by about 80% by 2040, while the age group 80+ will grow by about 122%. The older group will grow more slowly from now until the mid 2020s and gallop ahead from then on, increasing the share of the 80+ group from around 23% of the elderly (65+) to about 31% by 2040.

At present, the elderly (65+) in Iceland are still a relatively low proportion of the total population, both compared with the other Nordic nations and with Europe in general (in 2015 around 13.5% of the population of Iceland were aged 65+; in other Nordic nations it was 16-21%). Prognoses also indicate a somewhat lower proportion of elderly people in Iceland by 2040. In that sense Iceland's expected ageing problem is going to be modest by European standards and also facilitated by a strong funded pension system. Hence Iceland's overall financial burden resulting from the growing size of the elderly population is most likely to be one of the lowest in Europe, both in terms of LTC services and pensions.

Iceland generally has rich data sources that can be used for the purposes of evaluating the position of elderly people and eldercare services, but these could be used more extensively. The possibilities for getting special access to registry data, or special runs

from public databases from Statistics Iceland and the tax authorities, have however increased greatly in recent years, making it possible to improve specifically the use of more detailed data for policy-making, evaluations and research purposes.

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

1.1 Legal and administrative basis and the system's characteristics

The legislation that shaped the structure of the present long-term-care (LTC) system in Iceland dates back to 1983. Services in nursing homes, old-age homes or hospitals are presently based on legislation no. 125/1999 on elderly care. This legislation involved a reorganisation as well as a shift from medical considerations to a more social emphasis in shaping policies for these groups (Sigurðardóttir 2008 and 2012, and Guðmundsson and Sigurðardóttir 2009). From then on all services to the elderly were to be defined and operated as local services under the supervision of local authorities. A main goal was to make it possible for the elderly to reside in their own accommodation for as long as possible. The new system was fully implemented by 2012. The state has continued to define policies and supervise the operation of the system so that they are in accordance with the law and its stated aims (see also NOMESCO 2017).

Care services for the frail elderly and disabled or long-term patients in Iceland are collectively the responsibility of the government, local authorities and third-sector voluntary organisations (mainly not-for-profit). Governments primarily finance the services directly (both at central and local level), but also via third-sector organisations, which frequently obtain contracts that involve the government paying the operational costs (i.e. charges on a per-bed/person-per-day basis). Voluntary organisations of individuals belonging to particular disease groups are particularly active in providing services to their members[1]. Many service homes for the elderly are also of this type, reflecting a very active relationship between the government, local authorities and the civil society voluntary sector in the provision of welfare services[2]. In addition to these formal services, significant informal services are also provided by relatives and neighbours, which make a difference in a tightly knit small-scale society, such as the Icelandic one (Egilsdóttir and Sigurðardóttir 2009; Sigurðardóttir 2010 and 2012; NOMESCO 2016 and 2017).

In the Nordic community Iceland has for some years had the reputation of having relatively large number of LTC beds in institutions, as well as providing relatively extensive home help.

This is somewhat surprising, given that the demographic composition of the Icelandic nation is such that it has a lower proportion of people aged above 65, and the numbers of disabled people under 65 are not significantly larger in Iceland either. In some cases this ample supply of places in institutions can be related to the operations of local hospitals in the provincial areas. These and residential and service homes for the elderly were possibly built beyond a well-defined need in earlier decades, partly for regional policy reasons, at a time when the central government carried a larger share of costs than the local municipalities.

But numbers of available beds is one thing, and the use of such institutional beds is another. In Table 1 it emerges that Iceland and Norway have the highest proportion of elderly groups living in institutions or service housing. Denmark and Sweden have the lowest.

[1] See for example www.obi.is; www.saa.is; www.sjalfsbjorg.is.

[2] See for example www.hrafnista.is; www.eir.is; www.grund.is; http://www.island.is/efriarin/busetumal/-hjukrunarheimili-umsokn.

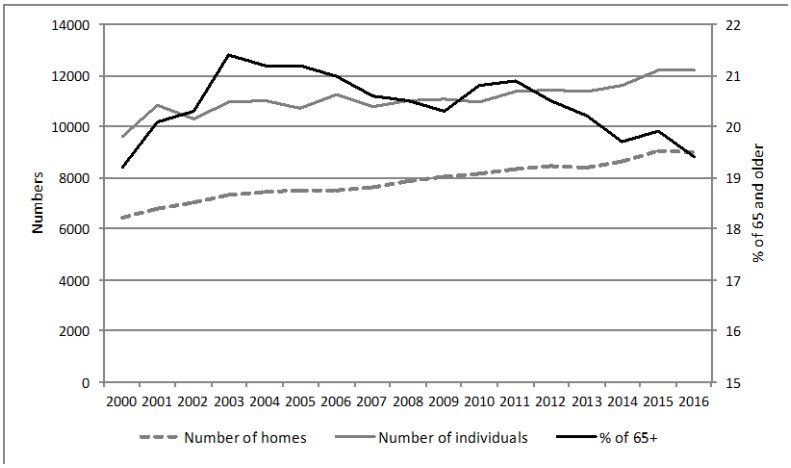
Table 1: Access of 65+ to services in the Nordic countries in 2014-2016 (% of age groups)

	Denmark	Finland	Iceland	Norway	Sweden
Elderly living in institutions/service housing:					
65-74	1.0	1.5	3.0	2.0	0.9
75-79	2.8	3.7	8.3	5.1	3.1
80+	12.1	14.2	18.1	20.8	14.1
Total 65+	3.9	5.1	8.0	7.3	4.7
Elderly receiving home help in 2015					
65-74	3.8	2.8	6.8	2.5	2.3
75-79	9.8	5.0	20.6	5.5	6.5
80+	31.9	16.2	46.0	19.6	23.1
Total 65+	11.3	5.8	19.4	7.3	8.4

Source: NOSOSKO 2016

However it is particularly interesting that Iceland has by now the highest proportion of elderly people receiving home help, amongst both Nordic and EU countries (NOSOSKO 2016; also Fujisawa and Colombo 2009). It has been the major policy goal in recent years to reduce the number of people living in institutions and increase the possibilities for people to stay as long as possible in their own homes (the ratio of home ownership amongst elderly Icelanders is very high; cf. Félagsvísindastofnun 2017; Ólafsson and Jóhannesson 2007). Norway has a lower rate for home help, whereas Denmark comes second to Iceland in that category (NOSOSKO 2016, p. 165).

Figure 1: People receiving home help in Iceland from 2000 to 2016: numbers and proportion of 65+



Source: Statistics Iceland

Figure 1 shows the development of home-help services from 2000 to 2016. While the number of those receiving home-help services has continued to grow, the proportion of the 65+ age group is gradually coming down, with the improving health condition of the elderly (NOMESCO 2017). Almost 90% of those aged 67 or older live in their own accommodation. Of those that receive home help about 85% are satisfied with the service, others would like more services (about 20% would like to get a more intense service, i.e. more hours per week). About 97% of those that receive home nursing are satisfied with that service (Félagsvísindastofnun 2017).

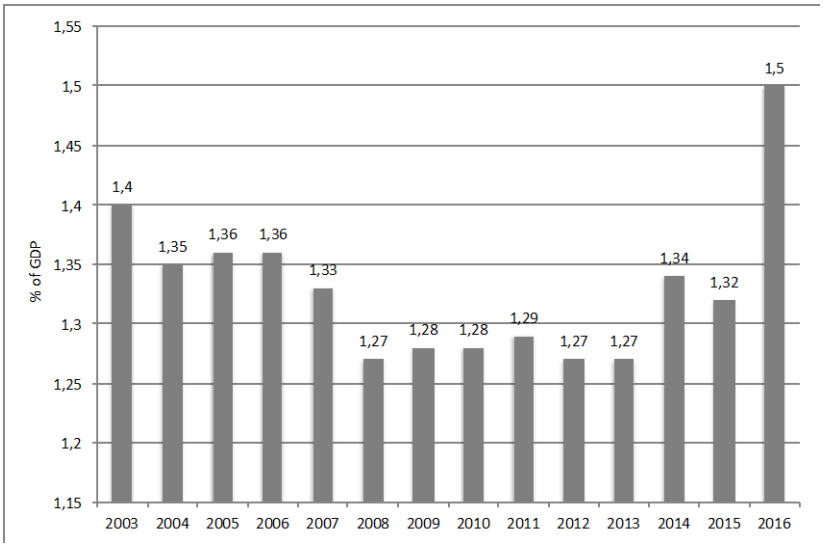
Access to home help from the municipality and to nursing homes is universal, based on age and health condition, but some 9% of the 67+ age group say they had to wait for some time to receive the service after applying (Félagsvísindastofnun 2017).

In general the goal of reducing the use of hospitals and residential homes by the elderly, and helping people to stay longer in their own homes with improved services, has been very successful.

Austerity measures in health care services and public services in general have been defining the context for the LTC sector in Iceland since 2008. In Figure 2 one can see the development of public expenditure on the main service provisions of the LTC sector from 2003 through 2015. The slope was generally downward towards 2013, significantly so from 2007 to 2008, before climbing up again in 2014. The level was still lower in 2015 than it had been in 2006 and before, but a major increase came in 2016, taking it up to 1.5% of GDP.

Iceland was above the EU average but significantly below the level of the Netherlands, Sweden and other Nordic nations (which topped the expenditure league in that sector in 2010). Switzerland, Belgium and France were also above Iceland. One explanation for Iceland's lower ranking is the smaller proportion of elderly people in the total population. In 2015 13.7% of elderly people in Iceland were aged 65 and older, whereas in Denmark it was 18.7%, in Finland 20.2%, in Norway 16.3% and in Sweden 19.7% (NOMESCO 2017, p.18). So if everything else were equal, Iceland should indeed have had a significantly lower proportion of GDP spent on LTC, at least for the elderly. In 2010 Iceland was however in the ninth place in the expenditure ranking, after the cuts of the deep-crisis years.

Figure 2: Public expenditure on nursing homes and convalescent home services for the sick and elderly, 2003 to 2016



Source: Statistics Iceland

When old-age pensioners move into a nursing home, generally at a very advanced age and with frail health, their pension goes to the nursing home, and instead they are entitled to a personal benefit for private expenditure, amounting to about 580 Euros per month (figure for January 2018).

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

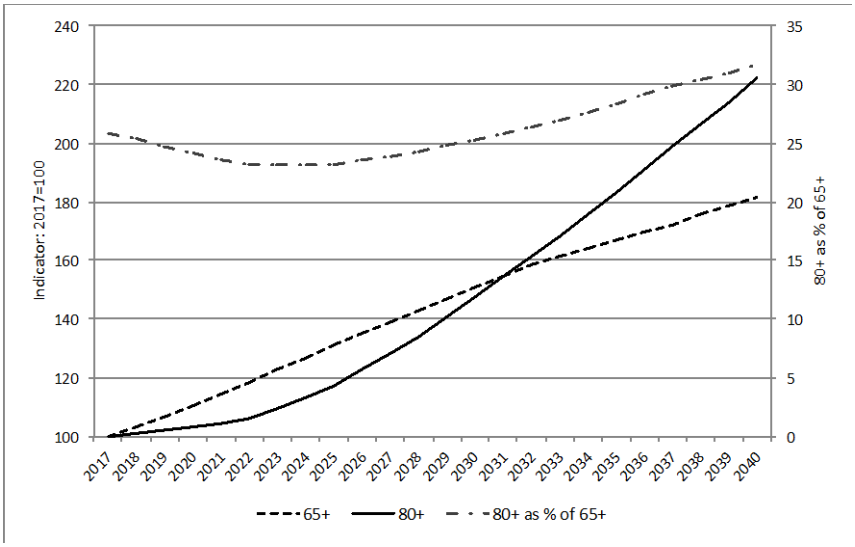
2.1 Care challenges

The LTC sector of the Icelandic welfare system is significantly smaller than the pensions and health care sectors, but it is a fast-growing sector as a result of population ageing and rising levels of ambition for welfare services. Iceland seems to be at quite a high

level in terms of volumes of services and facilities, as well as in terms of quality in this sector (cf. NOMOSKO 2017; NOSOSKO 2016; OECD Health Data 2016; and Fujisawa and Colombo 2009). This applies equally to the area around the capital Reykjavík and the provincial areas.

Hence the main challenges at present consist in keeping up with population growth and the increasing share of the elderly in the overall population. Figure 3 shows the projected growth of the elderly population from 2017 to 2040, as well as the proportion of the age group 80 and older, the members of which will be the main clients for more intensive nursing and care services.

Figure 3: Projections of size of the elderly population from 2017 to 2040 and proportion of 80+ age group in overall elderly population



Source: Statistics Iceland, own calculation

The overall number of elderly people (65+) will grow by about 80% by 2040 while the 80+ age group will grow by about 122%. As is clear from Figure 3 the older group will grow more slowly from now until the mid 2020s and gallop ahead from then on, increasing the share of the 80+ age group from around 23% of the elderly to about 31% by 2040.

At present, the elderly in Iceland are still a relatively low proportion of the total population, both compared with the other Nordic nations and with Europe in general. By 2015 13.5% of Iceland's population were aged 65+ while in other Nordic nations it was about 16 to 21%. In that sense the expected ageing problem in this area is going to be modest by European standards and will also be facilitated by a strong funded pension system. Hence Iceland's overall financial burden from the growing size of the elderly population is most likely to be one of the least threatening in Europe, in terms of both LTC services and pensions.

In a survey in 2016 amongst the elderly (67+) there were indications of a growing concern about the declining quality of health care services. Some 45% said they found the quality of services to have declined during the previous five years. That is a clear indication of the negative impact of the crisis on health care services in general (*Félagsvísindastofnun* 2017).

Regarding access to LTC sector services, the Icelandic National Audit Office (*Ríkisendurskoðun*), which is an independent monitoring body of parliament, published a report on assessments of the quality of nursing homes (*Ríkisendurskoðun* February 2012) and one on general care services for the elderly (*Ríkisendurskoðun* November 2012). The former found that the supply of nursing beds remained constant between

2008 and 2010 despite a 7% increase in inhabitants aged 80+. At the same time waiting lists for such beds were reduced by 45% (due to people staying longer in their own homes). The average length of stay in operational beds was also reduced from 3.8 to 2.9 years. The average length of waiting for such beds decreased from 248 days to 119 days. That therefore indicates an improved operation of the system as a whole. At the same time, however, operational costs increased more than the earnings, making the financial situation somewhat more difficult.

The nursing index (measuring the requirement for services per inmate) rose from 1.02 to 1.03, since on average new entrants were older and frailer when they moved to nursing homes than previously (*Ríkisendurskoðun* February 2012). The overall work volume increased at the same time so it seems that the burden or pressure per employee did not increase.

The other report from the auditors (*Ríkisendurskoðun* November 2012) mapped the transformation in the LTC services described above. Due to reductions in numbers of beds in elderly care institutions, the number of individuals in such institutions decreased by about 27% between 2006 and 2011. Still, the number of those waiting for such places declined by about 61% and the waiting time shortened as well by 50% (see also Directorate of Health, Talnabrunnur 2013 and 2016). Thus, over a different period and looking at the overall sector (not just nursing homes, as the former report did) the outcome pattern is the same. The latter report also finds that the assessment of the need for care by applicants became more professional and coherent at the same time, making it more difficult to get places. The RAI (residential assessment index) is the prime assessment tool. The National Audit Office recommends that the RAI assessment be used more closely as a basis for pricing services in contracts with the government.

Services in care institutions were found to have improved in the period examined, based on number of hours of care spent on each resident as well as the overall work volume of caring. Personal spaces also improved in terms of quality during the period; thus it became more common that people had private rooms with private bathrooms instead of sharing rooms with one or two other persons. The quality of services was found to be best in the Reykjavik area.

Jobs in the LTC sector are generally low-paid female jobs. Since Icelandic women have had very high employment participation rates for decades they have traditionally been the main source of labour for the care sector. This has however changed in recent years, with growing opportunities for easier and even better-paid jobs for low-skilled female service workers. Hence the care sector has had growing recruitment problems.

Elísabet Karlsdóttir (2011) carried out a comparative survey amongst employees in eldercare in Iceland and the other Nordic nations. She found that carers in Iceland are younger, have less education and shorter career spans. Many of them work only part time, the tasks are more basic in Iceland, and a sizable proportion of the employees plan to leave their jobs rather than looking at them as a long-term career option. Since relatively low pay characterises the workforce in eldercare the share of immigrant labour has increased significantly in the last two decades. Immigrants are by now a sizable part of the care labour force. The overall indication from Karlsdóttir's survey is that the skill level and extent of services are lower in Iceland than in the other Nordic countries; hence there is a need to improve the operations and recruitment efforts in this sector further.

2.2 Reform debates

There has been some public discussion about reforming the LTC sector in recent years. The reduction in waiting lists has however eased the strain that previously was a cause for concern and complaints about eldercare services. The improvement of facilities, with more private rooms in new nursing homes, another source for complaints, has also improved, as the reference to the National Audit Office's report above indicated. Thus new nursing homes have been opened in many regions in recent years. The need for improvements on that front is still there and waiting lists still remain, even though the

situation has significantly improved (due also to longer stays by the elderly in their own homes).

Complaints about the large proportion of foreign carers in nursing homes and other institutions are still common. Carers sometimes have difficulties communicating with the inmates. This would best be dealt with by improving language teaching for immigrants, since the use of their labour in the LTC sector does not seem likely to be reduced in the near future.

On the whole, the development of the LTC sector has progressed favourably in recent years, in line with prevailing policies, and that is also reflected in more modest reform debates in the last years.

Given the relatively high level of service provision in Iceland, the need for LTC by parents or other relatives is not a hindrance for the employment participation of women in Iceland. They indeed have one of the highest employment participation rates in the world (OECD 2017).

In September 2016 the Ministry of Welfare published a report on policy aims for services to the elderly (Ministry of Welfare, September 2016), which was based on a status report from the health care sector and wide consultation in the eldercare sector (Ministry of Welfare, March 2016).

2.3 Recommendations

The new policy emphasis is basically a continuation of the prevailing policy, with greater emphasis on quality and coordination of LTC services. The main policy goals are the following:

- better health care and social participation of the elderly;
- stronger rights to independent accommodation and an independent existence;
- the importance of utilising the most recent technology to improve services in the field;
- the development of quality standards and surveillance of outcomes in the various fields of service to the elderly;
- increased stability of carers' tenure in service institutions and better possibilities for increasing skill levels;
- improved services specifically for individuals with dementia;
- the development of better information websites about ageing and the elderly and their rights to services;
- doing more to secure the rights of the elderly, for example by appointing an ombudsman for the elderly as a whole;
- better coordination of services from different providers (clarifying 'grey areas') and increased consultation with service users.

These policy goals can be supported here as our recommendations for improvements.

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

Iceland has rich demographic data of high quality from its national registry and the registry of homes/real estates. This is available in considerable detail from the 1970s onwards. With respect to the elderly this could be utilised more, for example for monitoring at which age people stop living in their own accommodation and move permanently into nursing homes. Similarly it could be used to map at which ages couple

households change into single households. This data could also be used in an interesting way to map geographical mobility associated with ageing, since all the data is based on individual identity numbers.

Periodically the Reykjavík city council, in cooperation with the Ministry of Welfare and the Federation of Elderly Citizens, has financed a comprehensive survey amongst elderly citizens (67+) in the whole country, probing their living conditions and attitudes (Félagsvísindastofnun 2017). These surveys are well suited to give various data on elderly people's: attitudes to the various services that they have access to or use; living conditions (housing); health conditions; needs for help, and how well needs are accommodated by the municipality services; disposable incomes; employment participation and attitudes to that; participation in social activities; and relations to close relatives. All data in these surveys can be analysed by sub-groups (age, gender, region, form of residence, use of services, marital status and the like). The last such survey was done in late 2016 (published in 2017), and that has largely comparable data to similar surveys from 2012, 2007 and 1999. A similar questionnaire has been used in these four waves of surveys.

Tax data from the Internal Revenue Administration can be used to give further information about the elderly. For example, at what age people start receiving pensions, and to what extent they continue receiving employment earnings and for how long (how many years).

Statistics Iceland (http://www.statice.is/) produces various data from municipalities about the use of social services and expenditure on various aspects of the services and benefits. This function could be improved significantly by collecting and publishing more than is done at present, given that manpower is sufficient to undertake more work on these data sources. The possibilities are there for harvesting richer data than at present.

What is perhaps most missing in relation to elderly citizens is more data on evaluations of the operation of services in place, and assessments of rights used or not used. Some of that data could only be obtained by special audits or tailored surveys and there are too few of those.

In that context, though, it is important that Statistics Iceland and the analytical division of the Internal Revenue Administration have now for some years been offering special services to everyone, public or private interests, for obtaining special runs on their data, tailor-made to special needs, conditioned however by data source reliability and availability. Regulations about privacy requirements also have to be adhered to. This service is modestly priced and has greatly increased the possibilities for researchers to obtain richer data than before. This is also of growing importance for policy-making and evaluations. Statistics Iceland is also interested in increased research cooperation with academia, providing researchers with better access to their basic databanks.

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