



# “CARE SYSTEM OF THE REGION OF THESSALY” A Situation Analysis

## PROGRESS IN WHITE

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## 1. Introduction

In Greece there wasn't an organized social protection sector until the Second World War. Since then, they exist various forms of care for the weakest members of society, most notably, the presence of the Orthodox Church, the Ladies of Charity of the upper classes and the care of the various communities or unions to their members.

In the period after the change of regime, begin to form demands of modernization of the country and the state's obligation for social protection for all- mainly long term care services for people who require help for basic activities of daily living over an extended period of life such as the elderly. Generally speaking LTS (long term services) are defined in various ways across EU countries. However, they may cover some combination of domiciliary care services, residential care and community care services in all countries. Although that Domiciliary care can generally include help with bathing, dressing, feeding, shopping and cooking, in Greece is restricted to some home nursing care when needed. So, in the 80s, popular education is promoted, family law is reformed and the **Community Elder Day Care Centers (KAPI)** are established. The great change is being done with the integration of our country into the EC (subsequently named European Union) and especially the open funding of the poorest countries in the Union in order to achieve consistency of member countries. Beginning with the Integrated Mediterranean Programs and the Community Support Framework, Greece in order to absorb EU money "forced" to cope with the design, the programs, the poverty, the exclusion, the people with disabilities, the vocational training and the vulnerable groups. An endless terminology of such kind, which nowadays still seems obscure to general populace, stem from texts, guidelines and declarations of the European Union, particularly in the period which Jacques Delor and the Social Democratic Party was in charge in the European Parliament.

Along with the funding, began to appear also the supply and demand for social care services, the need to achieve social cohesion and the "lifting of the blockage" of certain specific population groups.

Certain groups which hitherto interested a few “weird people” (Gypsies, People with disabilities, Women, street children, etc.). Throughout the 90s, is being presented a real transformation of the map of Social Care in Greece with the expansion of vocational training nationwide, with the continuous improvement of the services of the National Organization for Employment in Greece for the unemployed, with the development of social structures, such as the program for the Elderly “Aid at Home”, the Centers for The Creative Occupation of Children, the Centers for Person with Disabilities, and the first attempts to establish institutional framework with laws for Social Care.

### 1.1 Demographic statistics for the province of Thessaly

Thessaly is being located in the central-eastern part of the mainland of Greece, an area equal to 10.6% of the total territory. The major development and transport corridor MOTORWAY (N-B) passes through its territory, her distance from the two big growth centers of Athens and Thessaloniki is, respectively, 350-150 km and 3-1,5h (which allows to make a round trip within the day), and relatively nearby from her northernmost edge passes through Egnatia highway, which is a major factor in the development of East and West. Therefore, it is located in strategic, readily accessible geographical position.

The Region of Thessaly consists of the following Prefectures:

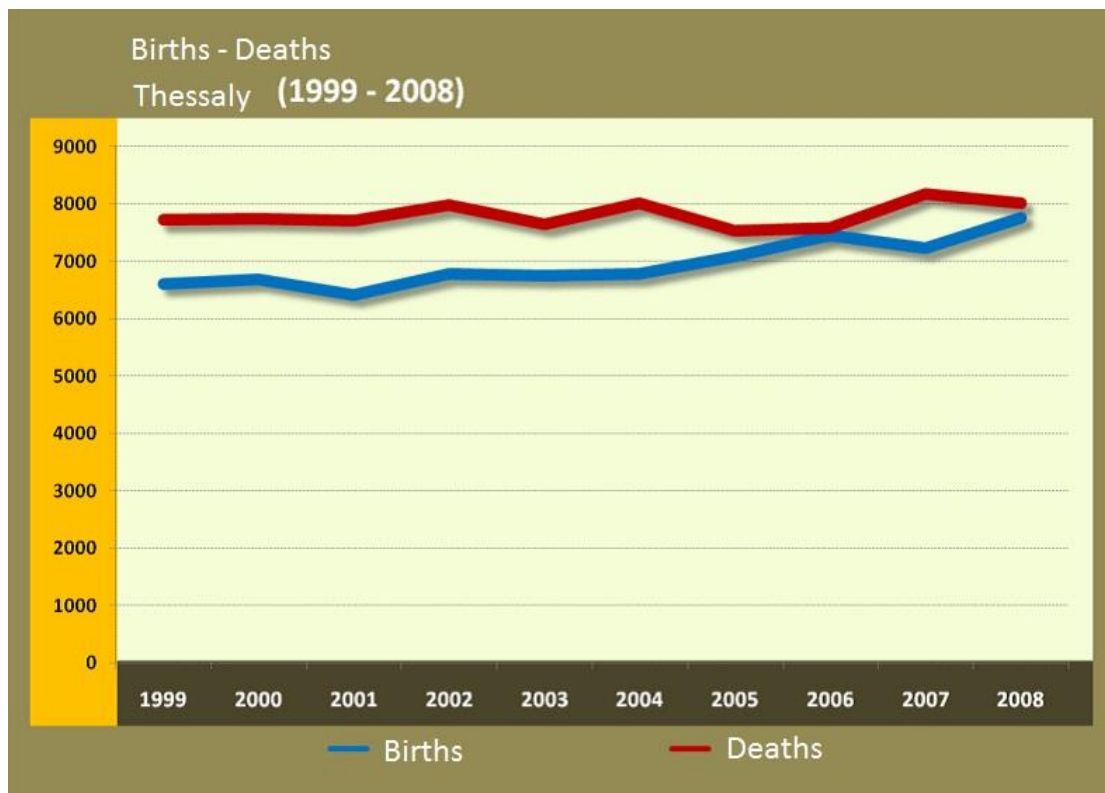
- Larissa
- Magnesia
- Trikala
- Karditsa



The total surface area of Thessaly is 14037 km<sup>2</sup> and it covers the 10% of the country's total surface area. The population of the region of Thessaly is, according to the 2011 Census, 73.0730 people. It is the third most populous region in the country, comprising the 6, 8% of the whole population.

The population density of the region of Thessaly is 52, 1 per square kilometer (km<sup>2</sup>).

In terms of natural increase in population (births minus deaths) of the region of Thessaly it is depicted in the diagram below:



Over the last decade (1991-2001), there has been an extremely small increase in population (+2, 7% versus 6, 6% for the country), and it is ranked next to the last exceeding scarcely the Region of North Aegean (+2, 5%). At regional level, in Magnesia there has been the biggest population growth (+4,5%), whereas in the district of Trikala there has been severe problem with near to nil increase (+0,4% , +2,7% and +2,1% for the District of Larisa and Karditsa respectively).

Except for these four capital Districts which account for almost 40% of the population of the Prefecture, the Prefecture of Thessaly does not have major urban centers in the sense of urban concentration in a built environment. Furthermore, only the urban center of Larisa is over 100.000 inhabitants. On the other hand, a key element is the existence of a relatively large number of small towns which are at the same time service and supply centers of the population of the hinterland. The Districts of Larisa and Magnesia which account for more metropolitan activities, compared to Districts of Trikala and Karditsa, they do have more urban conglomerations.

Moreover, the female population outweighs the men population as a result of the older ages. Similarly, in the urban areas female population outweighs the men population. As far as rural areas are concerned, men population outweighs a little bit, whereas there is an overt lack of young population.

## **1.2 Health Infrastructures**

In the region of Thessaly, there are 5 hospitals up and running, 1 general regional hospital in every capital of region, and the university hospital in Larisa (capacity of 1.865 beds). Are up and running as well, 32 private clinics (capacity of 2.229 beds) and 17 Health Centers (capacity of 103 beds). Among the private clinics the 7 are general, the 4 are mixed and the 21 special (7 gynecological, 11 neuropsychiatric and 3 pathological). It is obvious that the health centers along with regional clinics belonging to them, are not able to support satisfactory a primary care system, as a result, the bulk of cases even those of minor importance to dealt with the hospitals. In Thessaly there are 3.533 active physicians of all specialties.

Health Care is provided by the Regional Health Authorities via the hospitals and their outpatients departments, their primary health centers (rural and the new established urban settings from IKA) and the affiliated private practice doctors (ΕΟΠΠΥ).

## 2. Situation Analysis

It is important to clarify the work of the social Care in general, and the Entities through which is being implemented both in the region of Thessaly and throughout the country. Specifically, **Social service** is:

- Total support operation for individual or groups which ensure their equal participation in everyday life.
- These actions are not aimed at profit.
- People are entitled to Social Service and they are not linked to some kind of task on behalf of individuals or groups of people.
- The market economy is liable to competition and to the promotion of “the best”, and sometimes this can give rise to inequalities to social field.
- Inequalities are threaten in long-term the social cohesion.
- The non-existence of social cohesion is hindering in long-term the economic growth itself and the prosperity of societies.
- A system of Social Care is trying to reduce the implications of social inequality and to increase the social cohesion.
- The Social Care is the operational side of the socioeconomic system and an indispensable mechanism in the process of social cohesion.
- The Social Care does not intend to overturn the status quo, but on its preservation.

Subsequently, Services of Social Welfare are being offered nowadays by:

- ✓ The State (infrastructures of Ministry of Health, Ministry of Employment, Ministry of the Interior and autonomous Public Law Bodies and Institutions as well).
- ✓ The Local Government (through its own actions or through Municipal Enterprises of public utility such as the program for the Elderly “Aid at Home” etc.).
- ✓ The non-governmental organizations (international organizations such as SOS Children’s Village, the Act Up, the Medecins Sans Frontieres, etc., as well as

organizations, local associations and affiliations of the beneficiaries itself, such as the Federations for Persons with Disabilities, the Arsis, the Smile of the Child, etc.)

- ✓ All these providers are often characterized from their “open and public nature”, from their non-profit spirit and most of the times (regarding non-governmental organizations) from voluntary work.

Of course, in this point there are opposite views such as the fact that behind the “non-profit” character it is hidden sometimes the mood of self-preservation of the non-governmental organizations and the Municipal Enterprises of public utility, as well as the tendency of sub-national authorities to use such a kind of actions for patronage. Several times the willingness of the volunteers is being exploited since they are used as unpaid workers.

Many volunteers as well, they “offer” their services in order to gain some kind of exchange, mostly a permanent job in the organization. In general, considering the factors that motivates individuals to volunteer, someone should think that the motivations are (or should mainly be) selfless offer for the common good, on a cause that speaks to the hearts of individuals. Interviewees said that “volunteering is a bug, a good habit”.

A minority of volunteers may be motivated by certain „perks“ that go with volunteering, such as free attendance to cultural events, or a fancy uniform during a sporting event, or even the social status that accompanies a voluntary position on the Board of a high-profile association. These „perks“ however are only added bonuses for most volunteers, while it is their devotion to a cause that is their main motivational factor.

Many organizations also are not non-governmental since they are funded by the State or the E.U by promoting the policies of their funders. Most of the times there is not a possibility of control in their actions, something that is being done in public and community agencies.



## 2.1 SWOT Analysis

The SWOT (Strengths – Weaknesses – Opportunities– Threats) analysis of the social care system in the Region of Thessaly is described in the following table.

<p><b><u>Strengths</u></b></p> <ul style="list-style-type: none"><li>• High-quality services provided only by KAPI. The services provided to the elderly facilitate the assurance of a dignified and healthy living in their own home.</li><li>• Decreased utilization of hospital services. Many cases would end up in the hospital, whereas now, with the program, the stressful contact with the hospital is avoided or minimized. This has also important economic implications, as hospital care is very costly.</li><li>• Satisfied beneficiaries. In their vast majority the beneficiaries are satisfied with the services provided by the program (ANKA, 2006).</li></ul>
<p><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"><li>• Nonexistent policy and strategic plan.</li><li>• No funding resources</li><li>• Unstable regulatory framework</li><li>• Personnel shortages. In many structures there is an urgent need for a physiotherapist and a psychologist, because most of the structure beneficiaries face kinetic problems as well as psychological and emotional distractions.</li><li>• No training for personnel. The program’s workers have not been trained at all. There has been no initial training neither when the structures were established, nor some continued education and training ever since.</li><li>• Shortages of equipment. Many structures operate with severe equipment shortages, not having even a simple computer for the maintenance of their records.</li></ul>

### **Opportunities**

- ✓ Clarification of legal status. Moves to safeguard the future of the structure, such as permanency of staff, may occur because of the increased needs and demands that society raises for the provision of the structure's services.
- ✓ Staff training. There are opportunities that should be exploited to provide training and continuous education for the structures' personnel on many issues, such as management and administration of health services and social services, various health care issues, psychology etc.
- ✓ Strengthening and better exploiting relations with other social structures. Relationships with other structures can be expanded and strengthened to allow broader cooperation, exchange of good practices, joint actions and initiatives, etc.
- ✓ Collaboration with voluntary organizations. Each structure can establish relationships with voluntary organizations in joint activities and initiatives, both by promoting volunteerism and assisted by the same expansion of volunteering.

### **Threats**

- ✓ Unstable regulatory regime. The legislative regime is unclear and there may be changes that threaten the viability of local structures and create disruption in several regions.
- ✓ Economic recession and cuts in social funds. The recent financial crisis could have serious effects on overall social costs and threaten the sustainability of social structures.
- ✓ Loss of funding for some structures. The structures should work with local authorities' own resources or seek funding.
- ✓ Unable to service the increased number of patients. The number of people needing assistance is increasing, partly because of an aging population and because of the increasing difficulty of the elderly's families to meet the increased care needs.

## **2.2 Differences and Similarities of the non-governmental organizations and Municipal Enterprises**

### **The Non-Governmental Organizations**

- Usually, are not restricted to local level but they can act widely, throughout Greece, depending on their capabilities.
- Are not depending on politicians- directly at least.
- Are flexible regarding recruitment (there is no need for the Board of Personnel Selection – ΑΣΕΠ) and they attract easily volunteers.
- They attract easily young people.
- They can be fully specialized (e.g. Association for the support of the physical environment of the Gypsies).
- They are easy to set up.
- They “think” as several Movements and they have special profile, usually of their funders.

### **The Municipal Enterprises of public utility**

- Are subject to the legislation for the Municipalities and the Communities.
- Are directly dependent on political persons.
- They are not flexible as regards recruitment of personnel (for the permanent staff they have to hire personnel through the Board of Personnel Selection- the so called ΑΣΕΠ) and there is a little involvement of volunteers.
- They act mainly in local level only.
- They “suffer” from “diseases” of the broader public sector, such as the gradual indifference of the personnel for their daily work, the unnecessary bureaucracy, the undemocratic character, the limited accessibility for citizens.
- In some cases they are used as an illegal recruitment personnel portal.
- Some projects of Social Care are –almost- exclusively under their supervision (e.g. the program for the Elderly “Aid at Home” etc.)

### **These Entities:**

- Bypass certain rigidities of the public sector in the implementation of projects regarding the Social Care.
- They are more flexible and adaptable to changes than The Public Sector.
- They are more effective mechanisms for the implementation of projects and the absorption of the EU funds regarding the Social Care, than the Public Services.
- The beneficiaries are more involved in their actions.
- They have transnational experience and they are channels of good practices from other EU countries.
- They are significantly depended on the funds of the projects for their survival.
- They are the core part of the so called social economy and they are also the fastest-developed job production economy.
- There are risks of the fragmentation of actions and the lack of synergy and complementarity as well because of their autonomous and local character.
- The "hunt" of funding and projects, in order to survive, in some cases alter the founding purposes.
- The need for projects, thus funding, "ties" such entities to funder's policies- which policies sometimes are contrary to the objectives of the Non-Governmental Organizations or the Municipal Enterprise.
- Some (a few?) of these infrastructures acquire an introversive sense of elite in their field, which becomes an end in itself.
- Sometimes this doesn't stem from their abilities but from political clientelism); political persons grant financing in these entities with opaque manner so as to circumvent the laws and funding individuals or groups of people in which they rely on their political advancement.

## 2.3 Financing

**The funding sources usually are:**

- Contributions of the members.
- Donations of third parties and the revenues from events.
- Sponsorship of big private enterprises.
- Grant (legal or illegal) from local authorities of the State.
- Programs from the Community Support Framework (Γ' ΚΠΣ) and the Community Initiatives (e.g Urban, Equal, Leader, Intereg etc.).
- Programs of the European Commission, especially the 5th Committee for the Social Affairs.
- Aid programs in Third World countries under the Europe Aid (in Greece it is the Greek Ministry of Foreign Affairs who runs these programs).
- Programs of the Council of Europe.
- Programs of International Organizations, such as Unicef etc.
- Of course, there are more funding sources, for example several international Institutes such as the Ford Foundation, the Soros Foundation etc., but in these institutions it is usually difficult the access for the medium-sized municipal enterprises and the Non-governmental Organizations as well.

In Greece the social protection system, part of which it is the social care, exhibits serious weaknesses, such as the lack of guaranteed minimum income. These weaknesses hamper the effective management of problems which they are leading to poverty and social exclusion.

The framework in which it is formed nowadays the system of social services in Greece it is in transitional stage and its main characteristics are the decentralization of responsibilities in local level, the regulation of relations between public and non-profit or voluntary organizations. The latter conclusions arising from research in 80

welfare entities it illustrates clearly the situation, the problems they face and their prospects. Regarding the target groups of the beneficiaries as well as the provided services it is demonstrated that the public entities, the church entities, the non-profit/ voluntary organizations and the private entities for social care provide their services mainly in populations who are facing or are at risk of social exclusion, such as people with disabilities, elderly people, children and some other social groups of particular social-cultural character.

Nevertheless, they provide secondary social care and in limited extent primary and third-level social care. The Non-Governmental Organizations and the Organizations of Local Government are oriented at most to serve the heterogeneous groups who are not adequately covered by the broader welfare system and they provide “innovations of new type” such as education activities/training , integration into employment, reintegration into working life, finding a job, psychological support etc. The services that they provide belong mainly in the primary social care as well as in the third-level social care.

Among the problems and the difficulties that are facing the organizations of social care is the absence of meaningful evaluation of the provided programs. The evaluation applied by the organizations has not received an official, formal and systematic status which evaluates the institution/organization as a system and leading in its improvement. In this direction, could make better use of the know-how gained by the implementation of European programs which require evaluating financial and physical object, focusing mainly on qualitative metrics. Generally speaking, in Greece there is very little provision of external formal care in the country and information on relationship with the very limited use of external providers is not available.

## **2.4 Disabled and Elderly**

Uninsured people are excluded not only from the health system but also from all structures, programs and rehabilitation institutions without the ability to cover the needs from another body or Non-Governmental Organization.

Private clinics of post-hospital care and of chronically ill patients who are affiliated with the National Organization of Health Services (ΕΟΠΥ) nowadays require financial participation something that is prohibitive by many pensioners groups thus increasing their hospitalization intervals in Public Hospitals.

The under-funding and the under-staffing of the Community Elder Day Care Centers results in the restriction and deterioration of provided services to the elderly at a time when a growing number of elderly is addressed to them. The pre-existing poor staffing in scientific personnel in conjunction with the ban of permanent and seasonal personnel recruitment results in the curtailment of basic services such as: physiotherapy, the primary health care, the programs of creative activity.

Characteristic of the curtailments is the absence of doctor from most of the Community Elder Day Care Centers of the country. Obscure remains the continuation of structures like "Aid at Home" as is being transformed in program of "domiciliary care for elderly" covering retirees with high disability rate excluding uninsured and social protection booklet holders. In parallel, the development of research activity in the field of welfare is limited and mainly focuses on disabled people and children. In particular, for people with disabilities the research is about the occupational integration and the removal of barriers faced by people with disabilities in the labor market. But it is absent the appropriate legislative framework that would facilitate the process of social inclusion and psychological support.

Also, the organizations fall short in investigating the measurement of satisfaction of the beneficiaries. An important step to improve the quality of provided services is to record the opinions of the beneficiaries. The cases that the recording is organized and carried out using questionnaires are very limited. In conjunction with the shortcomings mentioned above it is obvious that is difficult the social planning

aiming to improve the quality of provided services in the public and private social care sector.

Regarding human resources and the staff training in areas of welfare services it is clear that there is a significant shortage of staff, especially qualified staff that is able to respond to new social risks, while there is a wide participation of workers in training seminars, workshops and trainings within or outside working. In an era where social needs are growing and their treatment needs specialized care it is understood that the failure to staff limits the possibilities of service modernization.

As for the participation of volunteers in activities of social care services indicated that was great, except for the private entities. But there is no systematic use of volunteer resources and very few entities have developed an organized network of volunteers including: recruitment and enrolment of volunteers, training program, involvement of volunteers, supervision and evaluation.

The main obstacles that they are facing the organizations of social care are: the inadequate financial resources, the lack of staff, the incomplete legal framework, the gaps in legislation, the bureaucracy, the lack of networking and cooperation between institutions and finally the lack in infrastructure. These difficulties result in response to the needs of the users to be limited.

Regarding the involvement and the empowerment of the users of social care services it is indicated that this is very limited. This can be seen from the way information is being delivered to the interested users (few entities are using the entire range of information sources) as well as with the limited involvement of users in the way that services are provided.

A fairly common way of communication policy of the social care services is the printed matter whereas the use of the new telecommunications media, such as the Internet, is of a low priority despite the obvious advantages. On the other hand, cooperation between the public welfare services, the private and voluntary entities, hampers the coordination between them, so as to establish real social networking with similar effects.



## 2.5 The Case of Thessaly

In the Region of Thessaly the development of the welfare system was not different from the rest of Greece. The biggest boost to the development of social care in our region was given by the last two Community Support Frameworks (ΚΠΣ), that is to say the 2nd and the 3rd Community Support Framework (ΚΠΣ). Through these Community Support Frameworks they appeared in recent years elementary social structures such as home help (Aid at Home) for the elderly and the physically disabled which reached every corner of Thessaly.

Moreover, has been organized an advisory help for the long-term unemployed, women and vulnerable populations group (Roma, Repatriates, disabled persons etc.) as well. Both the Western Thessaly (Trikala, Karditsa) and the Eastern Thessaly (Larisa, Volos) they have now many entities of social care, both at local level and at private operators which they have an appropriate operational readiness to submit proposals and implementing social protection programs.

In Magnesia for example they are funding nowadays programs for both communities and populations of small municipalities of the mountains from Agrafa to Pelion and Orthi, through which they are offered counseling and promotion of the employment services, and they are funding as well subsidy programs and aid for farmers.

The "Aid at Home" program runs 93 units in Thessaly, 23 of them are in Magnesia and it covers both the Eastern and the West Pelion, while in conurbations of Volos-N.Ionia are running approximately 10 programs of this kind which are employing 30 persons and they take care at home of 600-700 elderly people. In the same time, they have been created in the last five years at least, two centers of creative activity for Children with Disabilities (at Volos and N.Ionia) with capacity of more than 50 children.

There is the Day use Center for Disabled in Volos, the medical and social center for the Gypsies of Volos and N.Ionia, three Day Care Centers for the elderly, whereas they are being implemented four major counseling and support programs of employment for the unemployed in Volos and N.Ionia targeting in more than 300

people (programs of Urban interventions and Local Employment Initiatives). Magnesia seems to break ground as well compared to other towns of Thessaly both in size and quality of municipal enterprises, since the two main municipal enterprises (a total of more than 150 employees) are considered innovative local businesses throughout Greece.

### **3. Identification and evaluation**

By seeing the infrastructure created and continues to create today we would say that the social care starts to “coming of age” and has created the necessary conditions (human resources, knowledge and infrastructure) to reach the European average. At national level we have a new revised law on Social Services and a National Action Plan for Social Inclusion.

In Thessaly, they broke ground even at national level and they have started (for the first time) a public debate about what takes place in the Fourth Community Support Framework (2007-2013). Additionally, they take place numerous meetings and workshops on employment and social care and they participate voluntarily representatives of public, local, regional and independent social care institutions. The bodies that coordinate these actions are the region of Thessaly and the Voluntary Reporting Network of Rural Population of Thessaly. Through these actions of all entities the following are disclosed:

**The Purpose** of social policy is to provide for the residents of Thessaly a “safety net” both social and economic, depending on the needs and the available financial resources. In addition the purpose of social policy is also to perceive the organizations and the community at large that the social situation of the individuals or groups that need social care affects the entire population, the quality of life and the overall social development.

Not only the family and friends but the broader environment in which a person is being exposed plays an important role in the economic and social position of him- hence in his prosperity. It is a matter how a person can find a job, home and positive outlets for his free time. It is also important being able to avoid the marginalization and the exclusion or to have the opportunity getting offered outlets in order to overcome it. Ensuring the above factors it is part of the process that we call “quality of life” and they tend to reinforce it- especially when they are being combined with the creation of technical infrastructure and ensuring participatory processes.

The policies of social character so having as final aim to strengthen the democracy and the social solidarity among the inhabitants of Thessaly, they promote the economic and social security and the cohesion as well, the equality of living conditions and the active participation in social life.

#### **4. Conclusions and suggestions**

Nowadays, more than ever, it is necessary to reform and above all to support the Primary Social Care both at regional and at state level. It is important to formulate a strategy aiming at:

- To a large range of pluripotent preventative services, health promotion and social support, taking extra care for people who cannot look after themselves (children/elderly/disabled persons) and the high-risk groups.
- To possess a high degree of operational autonomy, regarding staff, the responsibilities according to the needs of its structure, which comes through the appropriate internal and external evaluation of its Entity.
- To get based on team spirit and cooperation something that requires mutual respect of all entities and continuing training in a so crucial area.
- To promote collaboration with the open community through continuous updating so as anyone who is interested can easily and correctly apply at the right time to the Entity in need.

The main objective is to develop and maintain a Social Organizations Network of Public and Private sector, something that has been created in Thessaly the recent years, so as to ensure the quality of provided services, by the consequent improvement of the effectiveness of the system of Social Care.

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