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LONG-TERM CARE FOR THE ELDERLY IN THE CONTEXT OF THE ACTIVE AGEING CONCEPT

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The need for long-term care for the elderly in Europe will increase more and more due to the ageing population in the countries. A deteriorating demographic structure, rising mortality and declining birth rates, longer life expectancy and high external migration are key factors negatively affecting cost-effective pension and healthcare systems. People live and age differently depending on their lifestyle, health status and genetic inheritance. However, they all strive to maintain their economic, social and health status after retirement, as well as to have an active and fulfilling life. This becomes a serious challenge for the social systems of the countries, which must guarantee a dignified way of life for every individual who has reached the retirement age and cannot take care of himself. This article presents the possibilities of providing long-term care for the elderly who have difficulties in their normal daily activities and life challenges due to their old age while trying to live an intensive life in good health and maintaining their previous economic and social status.

Keywords: demographic changes, population ageing, social systems, long-term care, active ageing, active ageing index

1. INTRODUCTION TO THE PROBLEM

The need for long-term care for the elderly in Europe will become increasingly ostensible over time, due to the ageing of the population in the countries. A deteriorated demographic structure, rising mortality and falling birth rates, rising life expectancy and high external migration are the key factors having a negative impact on pay-as-you-go pension and healthcare systems.

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People live and age differently depending on the life they lead, their state of health, genetics. However, they all seek to preserve their economic, social and health status after retirement, and to have an active and fulfilling lifestyle. This is becoming a major challenge for countries' social systems, which must guarantee a dignified lifestyle for every individual who has reached old age and can no longer care for themselves.

This article presents the possibilities to provide long-term care for the elderly who have difficulty coping with everyday life challenges due to reaching old age, while maintaining an active life in good health and with relatively preserved economic and social status.

The objectives pursued by the study are:

1. To prove that Europe's ageing population increases the need for long-term care.
2. To present long-term care for the elderly in the context of the concept of active ageing.
3. To present active ageing as a factor in improving the quality of life of the elderly.
4. On the basis of the conclusions about the need for long-term care for the elderly to make some recommendations about national policies to promote better and active life of older generations and their integration into society.

In order to fulfil the objectives of the study, the following tasks have been carried out:

1. An analysis of the age structure of Europe's population with a focus on ageing.
2. Study of the key factors leading to an ageing population.
3. Showcasing the increasing need for long-term care for the elderly as a consequence of the ageing of the population.
4. Consideration of the concept of active ageing and analysis of the active ageing index of EU countries.

The limitations of the research:

1. The current survey put the focus only on the long-term care for the elderly people and does not represent the problems of the long-term care for people with disabilities, illness or disease.
2. Only the features of active ageing and long-term care in European countries are presented in the analysis. The specifics of these processes in the rest of the countries and regions of the world are also of interest to the author and are partially examined in his other studies.
2. The survey uses mainly Eurostat statistical data because it is focused on European countries. There are many statistical sources that could be used but the author considers that Eurostat data are more applicable and useful for the survey's purposes.

2. OVERVIEW OF THE AGEING POPULATION IN EUROPEAN COUNTRIES

Looking back in time, we can say with conviction that people are living longer and longer almost everywhere in the world and are spending an increasing proportion of their lives in good health. Longer lives are usually seen as a sign of prosperity and people are directing all their efforts to prolong the time they are healthy and fulfilled. The widespread perception of a healthy lifestyle, quitting smoking, visiting preventive medical examinations, playing sports and many other contemporary activities improve people's health and undoubtedly have a beneficial effect on their longevity. This positive trend is testing the pension systems of countries around the world, as it leads to an increase in the number of beneficiaries and to an extension of the period of receiving pensions. European countries apply different measures to address these challenges, taking into account their national pension models and safeguarding the interests of both pensioners and insured persons who fund insurance schemes.

The process of ageing of European citizens has its justification and is primarily due to various factors. We think that some of the most important of them are:

- the decline in the birth rate in the post-war years and the transition to the fourth stage of the demographic transition – low mortality rates and birth rates,
- the decrease in stillbirths and infant mortality generally leads to higher survival rates for children in the family,
- medical advances and lifestyle changes that increase life span duration,
- people's migratory attitudes and relocation of large groups of people, especially after the fall of the Iron Curtain and the lifting of travel restrictions,
- accelerated urbanisation in the last century and more effective access for individuals to quality medical care,
- modification of the family model from a multi-child to a two-child or one-child family, since in the past children were seen as a labour force within the family,
- the changing role of women and the possibilities for family planning. Thus, from a housewife and a main pillar of the family, whose primary function was to take care of the children, the woman becomes an equal partner of the man, often more educated and accomplished in her profession than him.

Defining the elderly and declaring an age after which a person is considered to be old is difficult and ambiguous, since old age is strictly individual. To a very large extent, it depends on the life that individuals have previously led, their health status, the hereditary burden, their social affiliation and, to a very large extent, their personal view of old age. Demographically, ageing is linked to reaching a certain age, which can be different. According to the UN, the elderly are those over the age of 60 or 65, while the World Health Organisation accepts that in developed countries the elderly are over the age of 65. An even more specific definition of the elderly is given in the study "Ageing Europe – looking at the lives of older people in the EU" (Eurostat, 2021), according to which older people are those over 65 years old and very old

people – over 85 years old. Depending on the specific objectives, some studies may cover different age ranges of the elderly – 55-64 year old, 65-74 year old, 75-84 year old, above 85, etc.

Figure 1 shows the structure of the elderly population in the EU-27 countries, as well as the UK, Liechtenstein, Switzerland, Norway and Iceland, presenting the different groups of the elderly population.

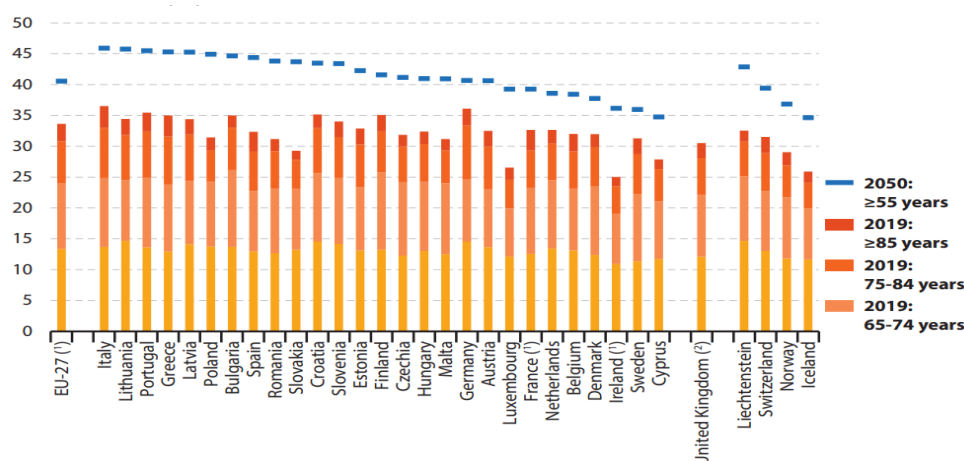


Fig. 1. The structure of the elderly population in the EU-27 countries, 2020
Source: Eurostat: 2020, Ageing Europe – looking at the lives of older people in the EU

Observations in the same study show that population ageing is present in all countries, and in 2019 it was most pronounced in Germany, Italy, Greece, Portugal, Croatia, Finland, Bulgaria, where the share of the population over 65 years of age was the highest. The lowest share of elderly people is found in Ireland, Luxembourg, Slovakia and Poland, where the age structure of the population is most favourable. Logically, those from 65 to 74 years of age predominate the most in the structure of the elderly, followed by persons between 75 and 84 years old and the fewest are those over 85, where the mortality rate is the highest. Eurostat's forecasts are that the population of Europe will continue to age and in the coming years the proportion of elderly people will increase rapidly. By 2050 persons over 55 will have accounted for the largest share of the population in Italy, Lithuania, Portugal, Greece, Latvia, and the smallest – in Cyprus, Sweden and Ireland.

The age structure of the population has also shifted to higher age groups, and this is more pronounced for women than for men. In 2019, the age pyramid still took the shape of a diamond, with young generations at the base being more than the elderly at the top. Among the population in the lower age categories men predominated, and the higher the age, the women took precedence. Eurostat estimates that by 2050, the EU population pyramid will have changed significantly, taking a square shape, as

each age group will have a relatively equal share of the population. The increase in people above working age will mainly be driven by important factors such as reduced birth rates since the late 70s, increasing life expectancy and the ageing of the generation of the so-called “baby-boomers” born between 1946 and 1964, which will gradually move out of working age and retire. It is important to note that the most significant increase in the population will be for those in the highest age group over the age of 85.

In addition, it is important to note that there is a significant imbalance in the ratio between the number of women and men in the different groups of the elderly population. Women predominate in all groups, but the higher the age, the more significant the difference becomes. This gap was highest in the Baltic republics of Latvia, Estonia and Lithuania, where in 2019 women outnumbered men almost three times in this category. The ratio between persons in the highest age groups was best in Cyprus and Greece, where there were on average 1.46 women for every man (Eurostat, 2020, Ageing Europe – looking at the lives of older people in the EU). Eurostat forecasts suggest that this trend will continue until 2050, but that the imbalance will be even more pronounced but with different intensity in different countries.

These trends will also be reinforced by the increase in the average age of Europe’s population (Eurostat, 2020, Ageing Europe – looking at the lives of older people in the EU). In 2019, this indicator was 43.7 years, the highest being in Italy (46.7 years) and Germany (46.0 years), and the youngest population was in Cyprus and Ireland (37.7 years) and Luxembourg (39.5 years). This indicator has an impact on the birth rate because the younger the population, the higher the part of individuals of child-bearing age (15-49 years) but this relation is not always present. According to Eurostat data in 2020 countries with a lower average age do not have a higher total fertility rate – in Cyprus and Luxembourg this indicator is 1,36, The total fertility rate is the highest in France – 1,83 and Romania – 1,80 (Eurostat, 2020, Fertility statistics). The fertility rate in the countries declines over many years and reflects population ageing because fewer births lead to a reduction in the share of young people in the total population (Eurostat, 2021, Population structure and ageing).

Projections show that the average age of the population will continue to rise over the next thirty years on average by 4.5 years, with the highest growth rates in Poland, Slovakia and Malta and the lowest in France, Belgium, the Netherlands and, in particular, Germany and Sweden, where they will only increase by 1.2 years and 2.6 years respectively. This is largely due to the favourable policies pursued by these countries in terms of birth rates, maternity support and responsible parenthood, as well as a targeted integration policy for migrants in younger age groups.

A particularly important indicator monitored with growing attention is the old-age dependency ratio, which has a direct impact on countries’ pension systems. It represents the ratio of people above working age (over 65) to those of working age (between 20 and 64) and gives information on how many pensioners will be supported by working people. the old-age dependency ratio in the world, the EU-27, the USA, China, Japan and India between 1980 and 2050.

The trend of population ageing began decades ago in all countries considered, with Japan accelerating it to 80.7 % in 2050, where one pensioner will be supported by 1.2 people of working age (Eurostat, 2020, Ageing Europe – looking at the lives of older people in the EU). After the Japanese population, the European population will age the fastest, followed by the American, Chinese, global population. India's population will be ageing at the slowest pace, as the ratio of the above working and working age is the most favourable due to the country's high birth rate, relatively low life expectancy and low average age.

3. LONG-TERM CARE FOR THE ELDERLY AS A CONSEQUENCE OF THE INCREASING LONGEVITY OF THE POPULATION

Demographic developments linked to the ageing of the world's population are having serious consequences in all areas of society, particularly in the areas of pensions and health insurance, public finances and the social system. The ageing of the population and the shift of the age pyramid to higher age groups leads to a reduction in the workforce, which, with its social contributions and taxes, supports pensioners and people who are disabled. According to Eurostat data a longer life expectancy is a prerequisite for increasing the dependency of the elderly and their inability to cope with everyday activities on their own (Eurostat, 2021, Population structure and ageing). The same survey indicates also that in the last decade the share of the population at the age of 65 years and more is increasing in EU countries. Between 2011 and 2021 the growth in the EU countries is 3 pp. The growth is most significant in Finland – 5.2 pp, 5.1 pp in Poland, 4.7 pp in Liechtenstein and 4.6 in Czech Republic and it is lowest in Germany – 1.3 pp and Luxembourg – 0.7 pp.

The growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen, at least until 2019 (according to mortality and life expectancy statistics). This development is often referred to as „ageing at the top“ of the population pyramid.

These individuals therefore need to be assisted by their relatives or by persons specialising in providing professional social assistance or “long-term care”.

The term “long-term care” does not have a single definition, so we refer to different definitions. According to the report of the Social Protection Committee and the European Commission, “Long-Term Care Report Trends, challenges and opportunities in an ageing society”, long-term care is understood as “a range of health, social and care services for people who, as a result of mental and/or physical weakness and/or disability and/or old age, over an extended period of time depend on help with daily activities and/or need permanent nursing care”. The American council on ageing considers that “long term care is assistance for persons who can no longer perform these basic day-to-day activities on their own. Relevant to the elderly, the

need for care can be due to the natural process of ageing, a sickness, or the progression of dementia” (American council on ageing, 2022, What Defines Long Term Care? Which Types of Care are Included).

Long-term care includes “different services designed to meet a person’s health or personal care needs during a short or long period of time” (National institute of ageing, 2017, What Is Long-Term Care?). These services help people to live independent, healthy and safe lives and to perform their everyday activities for a longer time.

Long-term care is in the focus of the European Pillar of Social Rights. According to Principle 18 “everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services. That is care for people who have a health condition or serious disability” (European Commission, 2017, The European Pillar of Social Rights).

From the research that we made we can consider that long-term care could be a set of services and care for persons who are unable to take care of themselves due to old age or an existing mental or physical illness. This requires the persons to be cared for periodically or permanently by their relatives or by competent professionals. Everyday activities that they cannot manage on their own are self-care activities (bathing, dressing, eating, getting into and out of bed or chair, moving around, using the toilet, and controlling bladder and bowel functions) or activities related to their independent living (preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework using the telephone, etc.) (Committee, P., Directorate-General for Employment, A. and I., Commission, E., 2014. Qualitative social protection for long-term care needs in an ageing society: 11). In general, people in need of long-term care tend to be in old age, who experience difficulties in taking care of themselves in their daily lives, who need assistance for certain activities on a permanent basis or only for certain activities. Older people often are in good health for their age, but still need additional care.

As the population ages, the need for long-term care will increase. According to EC data (European Commission, 2021, Long-term care in the EU, infographic), the number of people potentially in need of long-term care in the EU will rise from 30.8 million in 2019 to 38.1 million in 2050. Women over 65 will be more dependent on long-term care, with 33 % of them needing such assistance compared to 19 % of men in this age group. The need for long-term care will also affect the labour market in this sector.

A consequence of population ageing is the growth of the long-term care expenditure and its growing share of GDP (European Commission, The 2021 Ageing Report, (2019-2070). According to this survey in the period 2003-2015 public expenditure on long-term care in the EU-28 countries has grown from 0.9 to 1.2% of GDP, with the largest share in 2011, when it slightly exceeded this value. Total long-term care expenditures are even higher than public – in the same period they have grown from 1.1 to 1,5% of GDP and growth is relatively stable.

Different countries make different public expenditures for long-term care. In 2018 they vary as a percentage of GDP between 3.9% in Netherlands, 3.7% in Denmark, 3.4% in Sweden, 2.1% in Germany. Long-term expenditures in France, Belgium and Finland are about 2.3% of GDP, in Austria, Czech Republic and Ireland have the same rate – 1.5%. The lowest share of long-term care expenditures is in Bulgaria – 0.01% of GDP, Slovakia – 0.05%, Greece and Croatia – 0.2%. (Eurostat, 2018, System of Health Account). We can consider that countries with stable and well-developed economies have a larger share of GDP to long-term care expenditures. Central and Eastern European countries, where economic indicators are not at such a high level, can afford smaller investments in long-term care. This is a proof of the indisputable relation between the economic situation in the countries and the quality and efficiency of the long-term care offered.

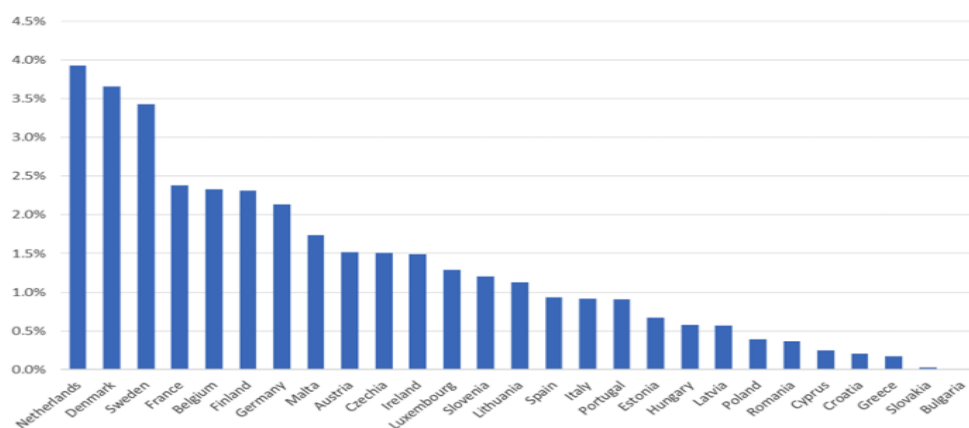


Fig. 2. Long-term care expenditure as a % of GDP (partial data for AT, BE, BG, CY, DE, EL, HR, IE, IT, MT, PL, SK)

Source: Eurostat, 2018, System of Health Account, https://ec.europa.eu/eurostat/data-browser/view/TPS00214/default/table?lang=en&category=hlth.hlth_care.hlth_sha11.hlth_sha11_sum

In the future public expenditure for long-term care will increase. The projections of European Commission made in The 2021 Ageing Report show that these costs will increase in all EU countries. From 1.7% of GDP in 2019 they will be 1.9% in 2030 and 2.5% in 2050. This projection is made on the basis of the Ageing Working Group scenario and it is based on the consideration that all member states will continue to lead the same long-term care policy in all its aspects and half of the elderly people will not have disabilities. In the future we can expect that the growth of the long-term care costs will be biggest in the countries with the most favourable initial parameters – Denmark, Netherlands, Sweden and lowest in Central and Eastern European countries as Greece, Bulgaria, Cyprus and other.

A joint report by the European Commission and Social Protection Committee, „Long-Term Care Report Trends“ from 2021 presents the state and prospects of the social services sector within the community. This report articulates the main challenges facing long-term care, which boil down to: 1. Ensuring accessible and adequate access to long-term care services for all in need; 2. Providing long-term care services of good quality; 3. Ensuring an adequate long-term care workforce for long-term care with good working conditions and support for informal carers; 4. Ensuring sufficient funding for long-term care in the face of increasing demand.

In addition to this on September 7, 2022 the European Commission accepted a European Care Strategy for caregivers and care receivers where one of the key points are the recommendations for the Member States to develop and implement strategies and action plans to provide long-term care to all people in need especially to the elderly. The strategy requires “more available, accessible and of better quality” action plans for long-term care which could make easier the life of people that need long-term care, especially the elderly (European Commission, 2022, European Care Strategy for caregivers and care receivers). The recommendations in this strategy are related to the improvement of the quality and quantity to the long-term care services, diversification and mixing the long-term care services, inclusion of new ones that meet the changed needs of recipients, digitalization the process of long-term care, making them more accessible and visible. Moreover, the European Care Strategy recommends implementing quality standards for the institutions that are long-term care providers, supporting informal care workers and optimizing the expenditure.

The ageing of the population inevitably leads to an increase in the need for long-term care for the elderly and the interest in this type of services. Since countries are affected to varying degrees by this risk, each of them pursues its own policy to deal with it, which differs from the others and reflects national specifics, stereotypes, values and opportunities to implement. Despite universal efforts at the European, national and regional level, many people remain outside the scope of formal long-term care offered in institutions, even though they need them. The reasons for this may be different – from a lack of information on long-term care opportunities, their insufficient funding, limited coverage of health and pension systems, slow administrative procedures and much more. In order to meet their daily needs, a large number of individuals rely on their relatives who are not always available for this or who are not competent enough to provide the necessary assistance in a quality and timely manner.

Workers in the long-term care sector are formal and informal. Formal workers are paid and they usually have an appropriate education. Informal workers are unpaid and in most cases they have a family connection with the people who need long-term care – they are their relatives (daughters and sons) and very often they live together in the same house. In both cases long-term care workers are women and the profession is very feminized – almost 90% of formal long-term care workers in the EU are women. (European Commission, 2021, Long-term care report).

The formal long-term care workers usually work in residential care and they could be social care workers, healthcare workers, live-in caregivers, part time workers in social institutions, nurses and other. We must note that working with elderly people in need of special care is different from working with people with serious illnesses or terminally ill people. Very often elderly people can perform certain activities because they are not sick but due to their advanced age they have some difficulties in their daily life. Therefore, the activities of elderly people caregivers are more specific than the other long term care workers. They should have experience in the elderly care, geriatrics, specific morbidity in the elderly.

According to the data in the long-term care report of European Commission in 2019 67% of long-term care workers were personal care workers, compared with 33% who were nurses. It is important to say that the workforce in long-term care sector is ageing – the middle age of the workers in this sector in EU countries in 2016 is 45 years and in 2019 38% of the workforce is more than 50 years old and the share is increasing (European Commission, 2021, Long-term care report).

We can assume that the ageing of the workers in this sector will lead to an additional shortage of labour force with the necessary characteristics in EU countries. In the near future persons engaged in long-term care, especially for the elderly, will be extremely insufficient due to the accelerated ageing of the population in Europe and the increasing share of persons who will need professional care. According to the cited EC data about 6.3 million people or 3.2% of the working force of EU is employed in the formal care sector and we can predict that the shortages of formal long-term workers will be worsen.

The other long-term caregivers are informal workers. They usually have a family or emotional relationship with the persons they care for but they could provide care for their neighbours, friends or people from the same society. It is considered that between 12% and 18% of the population of EU at the age of 18-74 years is engaged with long-term care for people from their family, relatives or somebody else in their environment (European Commission, 2021, Long-term care report). In most cases informal caregivers perform activities similar to those of the formal ones but they do not have professional education or training about it. Although some of them may have attended vocational training courses, most of the workers do it intuitively without having specific knowledge of it. Informal care is most popular in countries where formal care is not very well developed or underestimated. As well as in formal care, the informal long-term care sector is very feminized – more than 59% of the workers in the sector in EU countries are women.

Very often informal long-term care workers have troubles with work-life balance. Some of them combine the care of their relatives with other paid work but sometimes they are forced to leave work and take care of the people in need. This could lead to very negative consequences related to the lack of income in the family, lack of pension and health protection, unemployment, isolation, problems in the family. Another part of informal caregivers performs both activities – they have paid work and they take care of their elderly relatives that could be very exhausting for them.

Striving to meet the growing needs for long-term care for the elderly leads to an increase in the demand for suitably qualified professionals to help those in need. The shortage of staff with the appropriate characteristics would increase the level of payment for their work and, in the long term, more and more people would turn to this profession. This should under no circumstances be at the expense of the quality of the service offered and applicants must meet the high professional criteria as they are responsible for the life and health of their patients. The work done by long-term care professionals is specific and difficult, which is why many people give up soon after they start practicing it. To a large extent, this is a calling and requires empathy on the part of the workers, who have to serve several patients at the same time, who need not only specific care, but also a person to talk to and who is their connection with the surrounding world.

The shortage of formal long-term care professionals often leads to a grey sector in this profession, as low-skilled staff are sometimes recruited without employment contracts or on part-time contracts. Often, these individuals receive low wages without having to make social security contributions or to pay taxes, which harms not only them but the entire economy and deprives them of social protection at all levels. The so-called “informal caregivers” are mostly women, sometimes immigrants, with a low level of education, who lack adequate professional qualifications and are unprepared to provide quality health care.

An ageing population and an increase in the need for long-term care will lead to an increase in public spending on social services, and covering these costs would be a challenge for the countries' social systems. We can consider that as more and more people reach longevity, the period during which they are dependent on assistance and long-term care will inevitably be extended. This requires countries to have the necessary assets to be able to finance the increasing costs of long-term care.

4. ACTIVE AGEING AND THE PURSUIT OF A FULFILLING LIFESTYLE FOR THE ELDERLY

As people get older, they need not only long-term care, but also a decent life in which to preserve their independence for as long as possible. Elderly people are a very important part of our society and have their indispensable role in it. The notions that as they grow old and retire, people are already withdrawing from full-fledged life are long outdated, and many examples can be given in support of this.

The definitions of the term “active ageing” are many, but most are united around the notion that older people should live as equal members of society who are not subject to age discrimination. For the first time, the idea of active ageing was presented by the World Bank at the end of the last century, considering this to be “a process of optimising the opportunities of older people for access to health, security and participation in various socio-economic activities” (Pavlova, Tosheva et al.,

2021:29). In order to age actively, older people must be able to participate on an equal footing in the economic, social, cultural life of the country.

According to the European Commission, active ageing is related to the perception of the undeniable fact that people are about to live longer and in a better state of health, which makes us lead a more active, fulfilling and independent life to a later age. The promotion of independent living will have a positive impact on the public spending of the state, as it will free more resources for dependent groups of the population who need external help. For people to live longer in good health, they need to strive for a healthier lifestyle with more physical activity, longer years of employment and more social contacts, and less harmful addictions.

We consider that active ageing could be viewed from two main perspectives – from the point of view of the individual and from the point of view of society (Eurostat, 2020a; Council of the European Union, 2012). From an individual point of view, individuals strive to live as long as possible without illness, allowing them to work until a later age, earn a good income, travel, maintain social contacts and feel fulfilled. From a societal point of view, the benefits of active ageing are reduced to increasing labour force numbers, lower social costs, a larger share of the healthy population, fewer dependents, etc.

Active ageing has its consequences on many sectors of our life some of which have been explored partially by the author in other researches (Pandurska, (2019a), (2019b):

- retirement systems – when individuals have good health status, they could work longer or prefer flexible retirement as a form of smooth transition from work to inactivity. Thus, on the one hand, they will increase their social insurance contribution, which is a prerequisite for obtaining higher pensions and, on the other hand, for shortening the period for receiving pensions and reducing the costs of the public pay-as-you-go system,
- healthcare systems – the longer people are in good health, the lower the costs of the health system,
- social care systems – the more independent the elderly, the less will be the need for long-term care and social assistance for the elderly,
- the labour market – it must be able to accept and keep older workers for a longer time as the criteria for their retirement will be raised. Where possible, jobs need to be adapted to the specificities of older workers, and where this is not possible, people will need to acquire the relevant knowledge to be employable,
- the education system – it faces the challenge of preparing staff who will be in the labour market for a longer time and need to be adequate to the increased demand for workers with specific occupations. In this case, lifelong learning is particularly relevant, especially for older people, who will often have to retrain or switch occupations in order to be attractive to employers,
- all other economic sectors that will have to comply with the changed population structure.

The concept of active ageing rests on the understanding that people have the right to age with dignity in good physical and mental health, maintaining their financial and social independence for as long as possible and remaining full members of society as they were in their younger years. They have preserved labour and social potential, which could be exploited more fully and benefit the society and the economy of the country. Strengthening solidarity between generations and putting older people in the focus of social policy could limit the risks of their social exclusion and reduce public spending on tackling poverty in the long term. The most effective approach to tackling poverty is its prevention, and a targeted policy to promote active ageing of individuals is the key to achieving it.

The concept of active ageing cannot be realised without the efforts of many institutions, ministries, public or private organisations, trade unions, employers' unions, NGOs, social enterprises and others. Active ageing should be promoted at all levels, regardless of gender, race, ethnicity, religion, political beliefs, social status, physiological characteristics.

Seeking to optimally promote the active ageing of the population the Employment and Social Protection Committee of the Council of the EU is developing guiding principles for active ageing and solidarity between generations, which can be summed up in general to three – employment, full participation in society and independent lifestyle (Council of the European Union, 2012, Guiding Principles for Active Ageing and Solidarity between Generations).

1. Employment. By living longer, people retain their ability to work longer, allowing them to stay in the labour market. In this way, they would have a greater contribution to the social security and tax system of the country, while at the same time achieving longer financial independence from the state and their relatives. Increasing the employment of older people could be achieved by: Continuing vocational education and training; Ensuring healthy and safe working conditions to guarantee a better health status of workers and the possibility of a longer working career; Modifying workplaces and adapting them to age-changing needs and specifics of older people; Provision of intermediary services and professional counselling to older people in order to make them aware of the current trends in the labour market; Combating age discrimination by removing the age criterion as a requirement to recruit or assess a person's working abilities; An adequate social protection system guaranteeing equal pay for older workers, which is a prerequisite for obtaining a higher income after retirement; Promoting flexible retirement.
2. Full participation in society. As people get older, people change their way of life and their working abilities, but they all need to remain full-fledged members of society and continue to live their lives in dignity. This could be achieved through the following activities: Ensuring secure retirement incomes, adequate to the previous social security contributions of individuals; Ensuring equal opportunities for work, health care, social services, culture, etc.; Creating conditions for lifelong learning and acquiring new knowledge; Putting emphasis on the opportunities for providing quality long-term care by institutions or families of older people.

3. Independent lifestyle. The longer people are independent and do not need external assistance, the more favourable this is, on the one hand, for the country's social spending, as funds are saved for providing long-term care and health insurance, and on the other hand of the persons themselves who deal with life situations on their own. Independent living can be achieved by: Health prevention and screening for early diagnosis of diseases, which is especially important for their successful treatment; Improving the urban environment and adapting it to the needs of older people will facilitate their access to public buildings, public transport, medical facilities, cultural buildings, etc.; Creating goods and services that are suitable for older people and respond to their specific characteristics; Improving the conditions for providing long-term formal and informal care to individuals in order to increase the quality and duration of their lives. It is necessary to take social protection measures not only for the elderly, but also for those who provide them with long-term family care within the family and the time during which they have taken care of their relatives to be considered as employment, so that they can have equal access to social benefits.

5. MEASURING THE AGEING PROCESS IN EUROPE BY THE ACTIVE AGEING INDEX

Ageing is a strictly individual process, and its intensity in different countries is very different and bears the hallmarks of their demographic characteristics, socio-economic development, healthcare system, culture, historical conditioning. In order to have comparability regarding the active ageing of individual countries, the United Nations Economic Commission for Europe and the European Commission introduced an Active Ageing Index, which covers various aspects of active ageing (United Nations Economic Commission for Europe, 2018 Active ageing index, Analytical Report, October 2019). The Active Ageing Index covers 22 indicators grouped into four categories. According to the methodology used, the indicators are calculated separately for both sexes, and the results for countries show the utilisation rate of older people there and their effective participation in economic and social life and society. The index ranges from 0 to 100, with 0 being practically no integration and 100 being the maximum possible integration.

In the presented study, the indicators against which the parties are compared are divided into the following groups: 1. Employment; 2. Social participation; 3. Independent, healthy and secure living; 4. Capacity and enabling environment. The first three sets of indicators refer to the current state of active ageing in countries, and the fourth group refers to future projections of this process. The structure of the Active Ageing Index can be seen in Figure 3:

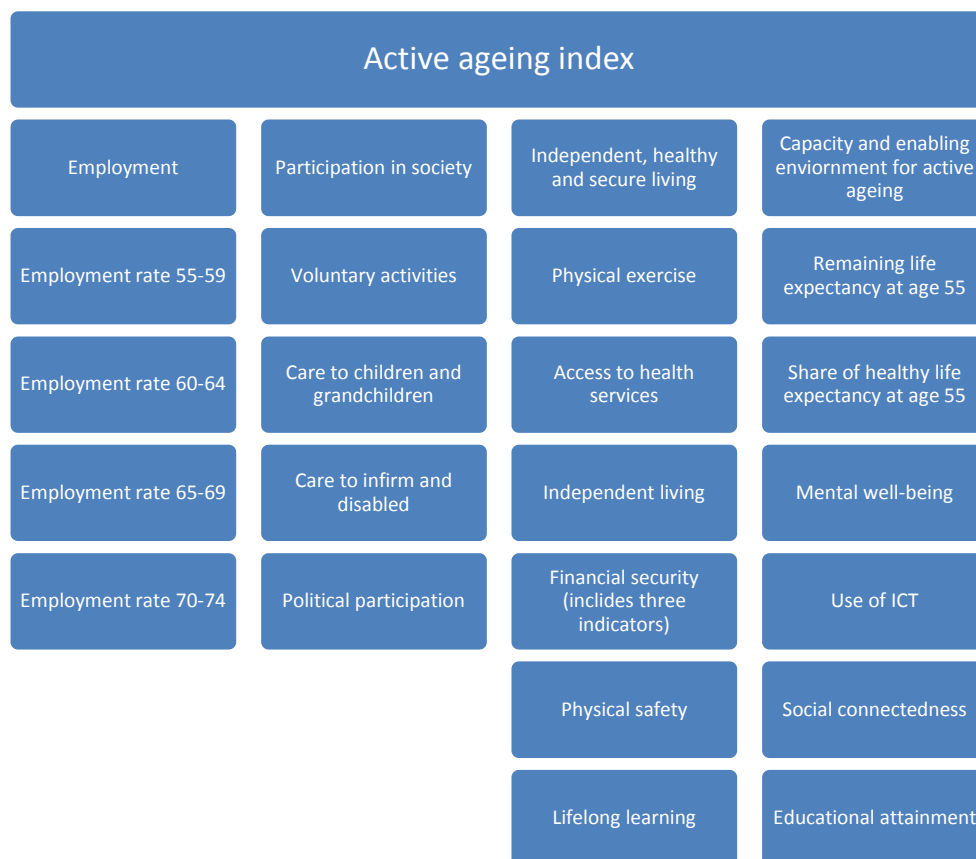


Fig. 3. Structure of the Active Ageing Index

Source: United Nations Economic Commission for Europe, 2018 Active ageing index, Analytical Report, October 2019

The Active Ageing Index can be calculated at regional, national and local levels and makes it possible to identify strengths and weaknesses, as well as to identify areas where improvement in some of these processes can be achieved. The index can be seen in Table 1.

For the purposes of the study, the United Nations Economic Commission for Europe has carried out a cluster analysis of the EU-28 countries, divided into 4 clusters, according to similar indicators, allowing to identify similarities and differences between these groups in order to unify the policy recommendations that can be pursued. The first cluster is the largest and includes a total of 10 Mediterranean and Eastern European countries (Bulgaria, Croatia, Greece, Hungary, Italy, Poland, Romania, Slovakia, Slovenia, Spain). The second comprises six Mediterranean and

Western European countries (Austria, Belgium, Cyprus, France, Luxembourg, Malta). The third cluster includes the Czech Republic, Estonia, Ireland, Germany, Latvia, Lithuania, Portugal, and the fourth is the smallest one covering Denmark, Finland, Netherlands, Sweden, United Kingdom.

Table 1. 2018 AAI for EU28 countries (overall and by domain)

Country	Domain-specific scores				Overall score
	Employment	Social participation	Independent, healthy & secure living	Capacity & enabling environment	
Belgium	23.8	27.0	73.3	62.8	37.7
Bulgaria	30.5	9.7	66.2	55.9	31.8
Czech Republic	34.2	16.2	71.4	58.7	36.5
Denmark	40.6	21.7	78.4	66.5	43.0
Germany	39.4	15.9	74.9	63.6	39.6
Estonia	44.5	14.3	66.5	53.2	37.9
Ireland	35.4	18.8	75.0	63.2	39.1
Greece	20.6	11.8	63.9	50.0	27.7
Spain	25.7	16.2	71.6	59.7	33.7
France	26.9	26.2	75.4	62.2	38.6
Croatia	21.2	15.8	64.2	49.4	29.3
Italy	28.0	17.3	68.0	55.9	33.8
Cyprus	30.8	19.4	71.5	54.9	35.7
Latvia	37.9	17.8	57.7	50.2	35.3
Lithuania	37.9	11.1	65.3	48.5	33.4
Luxembourg	20.2	23.8	74.2	62.2	35.2
Hungary	27.5	11.6	65.6	51.0	30.5
Malta	25.6	20.9	70.6	60.5	35.4
Netherlands	36.3	26.6	77.3	64.7	42.7
Austria	27.2	18.8	77.7	60.0	35.8
Poland	26.5	13.1	66.1	52.7	31.0
Portugal	33.4	11.9	67.7	54.2	33.5
Romania	28.9	13.6	63.7	44.6	30.2
Slovenia	21.3	15.7	71.0	55.5	31.1
Slovakia	26.3	16.1	69.2	52.9	32.3
Finland	35.7	22.6	77.6	63.1	40.8
Sweden	45.4	26.0	79.2	71.2	47.2
United Kingdom	39.3	20.7	75.3	63.9	41.3
EU average	31.1	17.9	70.7	57.5	35.7

Source: United Nations Economic Commission for Europe, 2018 Active ageing index, Analytical Report, October 2019.

Table 2. 2018 AAI by country clusters, overall and domain-specific average scores within cluster

Country clusters*	Domain-specific scores				Overall
	Employment	Social participation	Independent, healthy & secure living	Capacity & enabling environment	
1	25.6	14.1	66.9	52.8	31.1
2	25.7	22.7	73.8	60.4	36.4
3	37.5	15.1	68.3	55.9	36.5
4	39.4	23.5	77.6	65.9	43.0
Total	31.1	17.9	70.7	57.5	35.7

*: Clusters contain following countries (colours refer to those shown in Fig. 1):
1. Bulgaria, Croatia, Greece, Hungary, Italy, Poland, Romania, Slovakia, Slovenia, Spain (green);
2. Austria, Belgium, Cyprus, France, Luxembourg, Malta (red);
3. Czech Republic, Estonia, Ireland, Germany, Latvia, Lithuania, Portugal (blue);
4. Denmark, Finland, Netherlands, Sweden, United Kingdom (yellow).
N.B.: for mean standard deviation values see Table A2 in the Annex

Source: United Nations Economic Commission for Europe, 2018 Active ageing index, Analytical Report, October 2019.

The first cluster countries have difficulties with regard to all groups of indicators, but especially in social participation, employment, independent living, and are best represented in terms of capacity and enabling environment, although by this indicator they are in the last place among the other cluster groups. The second cluster countries have low employment rates for older people and slightly higher than the European average levels of independent living and capacity and enabling environment. Only in terms of social participation indicators they are above the European average. Third cluster countries are close to those of the second cluster with less social participation, as well as capacity and enabling environment. The fourth cluster outperforms all remaining in the four groups of indicators and includes the countries where active ageing is best organised. The last column of the table presents the average of the index by each of the criteria, which can serve as a comparison for the countries and identify their place in any of the clusters.

6. CONCLUSIONS AND RECOMMENDATIONS

Based on the research on the need for long-term care for the elderly people as a result of the active ageing of the population, we can make the following more important conclusions:

- The European population is ageing at an accelerated pace, which is changing the age structure of the population towards older cohorts. This disrupts the age bal-

ance and leads to permanent consequences for the social security and health systems, the labour market, the education and vocational training systems and all other social spheres.

- There is a gender imbalance between the number of women and men in the different groups of the elderly population and the share of women is higher than men. The higher the age, the more significant the difference between women and men becomes.
- Ageing of the population leads to an increased need for long-term care for elderly people. The number of people potentially in need of long-term care in the EU will rise from 30,8 million in 2019 to 38,1 million in 2050 (European Commission, 2021, Long-term care in the EU). At the same time the changes in the families' structure (lower birth rate, postponing creation of a family and birth of children, emancipation of women, single parenthood, full participation of women in work and their desire to advance in their careers, and other) is modifying the traditional family relations and people will be less and less able to rely on their relatives to take care of them. Very often families are separated, children and grandchildren are abroad and many elderly people are left alone and without relatives to care of them.
- The need for long-term care leads also to an increase in public expenditure. According to EC data in "The 2021 Ageing Report, (2019-2070) in the period 2003-2015 public expenditure on long-term care in the EU-28 countries has grown from 0.9 to 1.2% of GDP. On the basis of the research that we made, we can consider that there is a clear relation and interaction between the economic situation in the countries and the quality of the long-term care. The larger share of GDP for long-term care public expenditure is in countries with highly developed economies such as France, Belgium, Finland and other. In the opposite position are the countries of Central and Eastern Europe (Bulgaria, Slovakia, Greece, Croatia, etc.) where economic indicators are lower and the investments in long-term care are insufficient.
- The need for long-term care will also affect the labour market in this sector. Around 6.7 million people are currently working in the field of long-term care in the EU, with an estimated 7 million new jobs to be created by 2030 and the majority of them are women in pre-retirement age. (European Commission, 2021, Long-term care in the EU, infographic). The workforce in the long-term care sector for elderly is mainly women.
- The European Commission's forecast shows that the growth of the public expenditure for long-term care will continue in all EU countries from 1,7% of GDP to 1,9% in 2030 and 2,5% in 2050. On the basis of the analysis performed we can expect that the growth of the long-term care costs will be biggest in the countries with the most favourable initial economic parameters from Scandinavian peninsula and lowest in Central and Eastern Europe.
- The ageing of the work force in the long-term care sector will lead to a deficit of a labour force with the appropriate skills in EU countries. We can estimate that

in the future the caregivers of elderly people will be very insufficient because of the ageing society in EU countries. The working force employed in the sector of long-term care in EU countries is about 3.2% and we could predict that the lack of formal long-term workers will increase.

- Due to the shortage of formal long-term care workers many people are forced to take care of their relatives as informal caregivers. We can consider that between 12% and 18% of EU population at the age of 18-74 years are informal caregivers for a long period – of people from their family, relatives, neighbours or someone with whom they have an emotional relationship. Such as formal workers, most of the informal workers are also women. The majority of informal long-term workers do not have medical or other appropriate education to take care of elderly people and sometimes they are not able to respond adequately to the needs of the elderly. In some cases, they leave work to take care of their loved ones, putting the family at risk of poverty. In other cases, they try to combine their work with taking care of their relatives, which can lead to emotional stress and burnout.
- We can predict that the shortage of a qualified working force in the long-term care sector will increase the salaries in this sector and in the long-term perspective more people will choose to practice this profession. Applicants must be very skilled and qualified as they are responsible for the life and health of their patients. Sometimes the shortage of formal long-term caregivers leads to a grey sector in this profession, employment without contracts, part-time working, lower salary, lack of social protection, etc.
- Moving from employment to retirement, elderly people in some countries are at risk of poverty due to their lower income, deteriorating health, dependence on their relatives and friends, etc. In the modern world it is not enough for elderly people just to be cared for in a quality and timely manner. They wish to continue to lead the active lifestyle they had when they were young and to be independent as long as possible. Due to the accelerated ageing of the population and the increasing need for long-term care, the concept of active ageing of the persons is getting more and more popular.
- Active ageing has its consequences on many sectors of our life – retirement systems, healthcare systems, social care systems, the labour market, the education system and all other economic sectors. Elderly people are playing an increasingly important part in society and their role in the economic and social life of countries is growing. Elderly people stay longer on the labour market and in that way they make more contribution in the social systems which will allow them to receive a higher pension income and to have longer financial independence. The longer people are independent, the more favourable this is for the public spending, for the persons themselves and for their families. Elderly people change their lifestyle and they need to remain active members of society and to live a dignified life.
- The comparison of the countries in terms of the active lifestyle of the elderly allows us to highlight those where the elderly live peacefully and in better conditions. Their experience of integration policies could be used by countries lagging

behind in the active ageing index by studying and applying good practices there. Identifying weaknesses in the process of active ageing of older people is an important starting point for tackling the difficulties in individual countries, outlining the problems and taking certain measures to improve them. They test the stability and solvency of countries' social systems. All over the world, social inequality and poverty have a direct impact on people's quality of life and health, and daily activities and well-being are often linked to household income.

The analysis of long-term care for the elderly carried out in the context of the concept of active ageing allows us to make some **recommendations** to promote a better and more fulfilling life of the elderly generation.

- Taking urgent measures to slow down the ageing of the population and limit its unfavourable consequences for the economic and social sphere in the countries. This could be achieved by raising the birth rate and limiting emigration of the countries.
- Encouraging the active public life of older people through incentives for longer participation in the labour process and a smooth transition from employment to retirement. It is of critical importance to take more effective measures to increase pensioners' incomes and to ensure a favourable and supportive environment for them in all its aspects - family, institutional, health, cultural, etc.
- Identifying weaknesses in the process of active ageing of older people and using them as an important starting point for tackling the difficulties in individual countries, outlining the problems and taking certain measures to improve them.
- Implementation of a coordinated approach, where the institutions involved should focus their efforts on preventive measures aimed at limiting the number of dependent people. Social policy should motivate people to make more informed choices about their lifestyle and behaviour, as this has a direct impact on their health status.
- Promoting the longer participation of older people in the labour market through the mechanisms of active employment policy. In this way, they will not only maintain their financial independence for a longer time, but also will increase the size of the qualified labour force and reduce the deficit of skilled workers. They will have the chance to transfer knowledge to younger workers.
- Flexible retirement is another alternative of active ageing. It gives additional opportunities for individuals to participate for a longer time in the insurance process, thus, on one hand, they will increase their insurance contribution and respectively the amount of the pension due, and on the other hand, they will help to reduce the deficit of funds in the "Pensions" fund of State social insurance.
- Regular preventive examinations are an effective way to reduce health risks and encourage people to take responsibility for their own health, which will respectively reduce pension and health insurance costs.
- Overcoming the shortage of skilled personnel specializing in long-term care and health care. As the formal training system is unable to meet the growing workforce needs in the long-term care sector, it is necessary to use vocational training

- system, and non-formal, self-directed training. These systems must be adapted so that they can provide quality and timely training to informal workers who care for the elderly, who in many cases have age-related physical and mental disorders.
- Countries could implement a system for validation of knowledge and skills of informal long-term care providers to certify the level of their competences and issue a formal document (diploma, certificate or other) that can prove their professionalism. It is possible that this document is universal and recognized in all EU countries so that individuals could prove their abilities and be mobile within the community. It is possible to introduce common standards for the competences of workers in this profession which must be covered by them. This will increase the quality of long-term care for the elderly and potentially could improve and extend their lives.
 - Looking for opportunities to finance informal workers in the sector when they have no other employment. Accepting time spent caring for older people as work experience, as they often fail to meet retirement criteria.
 - The shortage of skilled labour force will increase wages in this sector in the medium and long-term and this may enhance the attractiveness of the profession and can make workers from other sectors practice it.
 - Ensuring sustainable and timely financing of the long-term care system at local, national and regional level, including by using the European structural and investment funds – mainly European regional development fund, European social fund and Cohesion fund.

All studies on population ageing indicate that this is a process that takes place in all countries, but they differ in their intensity of shifting the age pyramid towards the higher age groups. This has an inevitable impact on pensions, health, education, public finances and the structure of the economy. This is not always a negative process, but on the contrary, the elderly can be viewed as a very important buffer whose potential can be used to accelerate the economic progress of countries. Nowadays, older people enjoy an increasingly longer and independent life in good health, financial independence, with income that allows them to live comfortably. However, there is a need to step up efforts by the state and all its institutions, the public and private sectors, social partners and all those concerned with the elderly to promote their active ageing in all its aspects and to focus on an independent living by postponing as much as possible the time in which individuals will need formal or informal long-term care. The Covid-19 pandemic has sharpened society's attention to the elderly, as they have proven to be the most vulnerable to this disease, but even after it has passed, efforts to promote independent living must be a primary concern of the state and society.

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OPIEKA DŁUGOTERMINOWA DLA OSÓB STARSZYCH W KONTEKŚCIE KONCEPCJI AKTYWNEGO STARZENIA SIĘ

Streszczenie

Zapotrzebowanie na długoterminową opiekę nad osobami starszymi w Europie będzie coraz większe ze względu na starzenie się społeczeństwa w poszczególnych krajach. Pogarszająca się struktura demograficzna, rosnąca śmiertelność i spadające wskaźniki urodzeń, dłuższa średnia długość życia i wysoka migracja zewnętrzna to kluczowe czynniki wpływające negatywnie na opłacalne systemy emerytalne i opieki zdrowotnej. Ludzie żyją i starzeją się w różny sposób, w zależności od stylu życia, stanu zdrowia i uwarunkowań genetycznych. Po przejściu na emeryturę wiele osób na ogół stara się utrzymać swój dotychczasowy status ekonomiczny, społeczny i zdrowotny, a także pragnie prowadzić aktywne i satysfakcjonujące życie. Staje się to poważnym wyzwaniem dla systemów społecznych krajów – muszą one zagwarantować godny sposób życia każdemu, kto osiągnął wiek emerytalny i nie może dłużej pracować. Autorka niniejszego artykułu przedstawia możliwości zapewnienia opieki długoterminowej osobom starszym, które mają trudności z wykonywaniem normalnych codziennych czynności i wyzwań życiowych ze względu na podeszły wiek.

Słowa kluczowe: zmiany demograficzne, starzenie się społeczeństwa, systemy społeczne, opieka długoterminowa, aktywne starzenie się, indeks aktywnego starzenia się

