

## A reform of long-term care: Who wins and who loses?

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In my dissertation entitled “*The impact of the long-term care reform in the Netherlands: an accompanying analysis of an ‘ongoing’ reform*” (1), I discussed the latest Dutch long-term care reform, that entered into force on January 1<sup>st</sup>, 2015. The 2015 reform entailed the curbing of public expenditures on long-term care, a general shift in focus from residential to non-residential care provision, a further decentralization of non-residential care responsibilities from the national government to the municipalities, and an increased focus on informal care provision and social participation of vulnerable citizens.

Overarching, it appeared from various studies in my dissertation (2-5) that organising and providing care on a local level with the support of volunteers, social networks and informal caregivers is a new, emerging, reality that probably constitutes the only suitable solution to ensure the sustainability of long-term care provision in the Netherlands. As such, the chosen reform path can be considered to follow (at least partly) a normal evolution process. Simultaneously, the Dutch national government is criticised for the rigorous manner and fast pace with which the recent reforms have been implemented (4). Other research shows that the attention paid to common basic care problems amongst older people (such as pressure ulcers, incontinence, malnutrition, falls, and use of restraints)

appears to be declining, possibly as a result of the attention that is demanded by the big changes in the Dutch healthcare system (6).

The government’s idealistic and ideological reasoning behind the reform – ensuring tailor-made care, delivered closer to home, with the support of a caring and involved society– is considered by many as being mainly rhetoric, with the real driving force behind the reforms being the need for austerity measures. Indeed, cutbacks on healthcare expenditure and social welfare benefits are often seen by policy makers as a short-term solution to alleviate budgetary pressure. This in turn can be considered as a breach of health related values such as solidarity, universality, equity and access to good quality care (4).

The latter argument particularly appears to hold for the new Social Support Act, under which municipalities became responsible for particularly those parts of non-residential care dealing with support directed towards the social participation of people with severe limitations, as well as with the support for informal caregivers. The new law appears to emphasise such ethical principles as social beneficence (through the creation of a participation society, wherein people are expected to take on more individual and social responsibility in fulfilling their long-term care needs) and respect for autonomy (in terms of people’s right

to freedom of choice with regard to the care and support they wish to receive). Simultaneously, however, the lack of emphasis on notions of social justice (in terms of people's capabilities of making use of their right to freedom of choice) threatens to impede the effectuation of the intended goals in practice. Although social justice is considered to be sufficiently present for the majority of people, not everyone (especially vulnerable groups in society) is capable of applying her/his freedom of choice, neither has everyone a social network at her/his disposal to support them in doing so. Moreover, freedom of choice depends to some extent on people's own resources (5).

As such, the Social Support Act insufficiently seems

to provide equality of opportunity with regard to long-term care access, both between citizens within the same municipality, as (and perhaps especially) between different municipalities, due to the large policy discretion municipalities have in executing their responsibilities under the Social Support Act (5). Currently, the Dutch participation society sometimes requires Darwinian survival techniques. Therefore, it is recommended that local governments more proactively support the initiation and development of citizens' initiatives (either by providing financial support, or by providing practical support), as well as more proactively deploy targeted support measures for informal caregivers, in order to structurally contribute to the creation of a true participation society.

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## References

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