

ABSTRACTS

Costanzo Ranci – Emmanuele Pavolini: Not all that glitters is gold: Long-term care reforms in the last two decades in Europe

This article explores changes that took place in long-term care (LTC) policies during the last two decades in six European welfare states. In this regard, it addresses three issues: (1) why reforms took place, (2) the main actors and coalitions driving this process and the institutional mechanisms at work and (3) the main outcomes of reform processes. In order to analyse the development of LTC policies, the article applies theoretical concepts of historical institutionalism. Our interpretation is that institutional change in LTC policy has taken place through a protracted institutional dynamic in which continuity and discontinuity are inextricably linked and where tensions and contradictions have played a crucial role. With regard to outcomes, the article analyses coverage and citizens' social rights, working conditions in the care sector and trajectories of de-/re-familization of care. The final impact is that the level of universalism has generally increased in Europe, but that in part it has adopted a new form of 'restricted universalism', characterized by universal entitlements to LTC benefits constrained by limitations in provision due to financial constraints and budget ceilings.

Csilla Rubovszky: Social assistance for the elderly: social income as supposed to replace pension

The estimated number of those inactive people who have not reached retirement age and could not pay contribution at least 6 months within a year is about 250–500 thousand every year. The Hungarian Pension Authority realised in 2014 that 65,885 people had reached retirement age without having the right to old age pension. So it is rather surprising that the take up rate of social assistance is very low among those who might be in need, only 6,000 people used it. These data seem worrying considering the financial safety of the elderly but on the other hand we have no realistic picture of the effective needs of this social group. This study deals only with the possible reasons for not applying for the assistance for the elderly and is considering the size of possible future risks and does not venture to give proposals on how to strengthen social solidarity.

Tamás Hajnóczky: The Gypsy politics of the stateparty. From the sectorial Gypsy politics to the criticism of the forced assimilation

With the build-up of the state party, the power, just like in the previous period, – except from some initiatives – looked at the so-called „Gypsy-issue” as a public health and a police business. With the publishing of the party decree in 1961, the Political Committee of the Central Committee of the Hungarian Socialist Workers' Party (MSZMP KB) laid the Gypsy politics of forced assimilation, and

it also aimed the improvement of the living, educational and working conditions of the Hungarian Gypsies. The main problems in the 1960s were the schooling of Gypsies, the elimination of the Gypsy camps and providing jobs for the Gypsies. In the second half of the 1970s, with the partial solution of the initial difficulties, the power had to face with new challenges: although the Gypsy children did start the primary school, but they did not manage to finish it, the Gypsy employees had jobs, but these were unskilled labours, the elimination of the camps progressed but the segregation did not disappear, but it started to take new forms. The development of the forced assimilation was obstructed by the local levels of the power: the competent City Councils, educational institutions and companies. There was a serious conflict between the interests of the central directive, the local functionaries and the non-Gypsy residents. It became clear by the 1980s that the politics of forced assimilation failed, and the segregation of the Gypsies was only partially overcome.

Bernadett Kiss: The role of the mental health therapy in the recovery process of sick and homeless people

The definition of mental health is very much shaped by our disciplinary affiliation: whether we are doctors, psychologists, sociologists or social workers. The effects of the social determinants of mental health, such as early childhood development, social safety network and housing are long-lasting, but, if improved, can result in better health outcomes for many. Mental health problems affect homeless people disproportionately. Research shows that the more severe the level of homelessness, the poorer the level of mental health. Homeless people and people with mental health conditions are among the most stigmatised populations in our societies. Homelessness services play a key role in promoting good mental health and well-being, as well as ensuring that if mental health becomes unmanageable for an individual, they can access the help and support they require in a timely way. In this process the mental health therapist can support the recovery of the client with unconditional acceptance and the application of the non-directive method (Rogers).