Analyses of welfare-state reform policies towards long-term senior care in a cross-European perspective

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Abstract The aim of this article is to introduce a systematic, structured conceptual framework for the comparative analysis of welfare-state reform policies towards long-term senior care and the care structures in a cross-European perspective. A welfare state's policies on the long-term care of senior citizens frame the different aspects of their care: the care options of the older people, the employment situation of the different types of caregivers and the care quality. The actual structure of senior care is mainly based on the specific care-provision mix in a welfare state and on the main types of care employment. It should not, however, be treated as a direct outcome of care policies in analyses of welfare-state policies, since the care recipients and care givers all act within the broader framework of the complex and often contradictory cultural, institutional, social and economic context—the specific 'care arrangement' of a country.

Keywords Welfare state reforms · Care policies · Cross-national comparison

Introduction

Change in policies towards the long-term care of senior citizens has been a main element in the reforms of European welfare states during the last two decades. After an era in which female family members were the main providers of

care for older adults, the increase in women's labour-force participation and the 'greying' of society has forced many welfare states in Europe to find new solutions to the problem of long-term care. This change has led to a shift in the boundaries of care, which is the main subject of the thematic section of this volume (Rostgaard and Zechner 2012). For one thing, many countries have considerably expanded financial support and public provision in this field since the 1990s (Kröger and Sipilä 2005). Moreover, European welfare states have supported the formalisation of senior care, so that today formally employed care workers provide this care to a considerable extent in many countries. Welfare states have also started to support family members more in their caring role. The unpaid, informal care done by (mostly female) spouses or adult children of the frail older adults has been substantially transformed into forms of family care paid by state programmes such as 'cash-for-care', or by municipalities (Le Bihan and Martin 2012; Ungerson and Yeandle 2006). This can be termed a 'semi-formalisation' of care, since pay and formal agreements have in part entered informal care work (Geissler and Pfau-Effinger 2005).

At the same time, the new welfare-state policies have in part also strengthened the role of economic principles in this policy field, in that they have introduced or strengthened elements like care markets, provider competition, 'consumer choice' for older people in need of care, the introduction of for-profit providers in the welfare mix, and cash-for-care systems (Pfau-Effinger and Rostgaard 2011; Rummery 2009; Vabø 2006). Nevertheless, this development is far from uniform, and welfare states are not converging in their policies towards long-term care or in the structures actually in place for older people.

The main focus of this article is on the ways in which the welfare states' long-term senior care policies frame the situations of seniors in need of care and care workers in

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European societies, and on the actual care structures. It aims to provide a systematic, structured conceptual framework for future comparative analyses in this field.

Comparative analysis of welfare-state policies towards long-term care

A welfare state's policies on long-term care frame the different aspects of care for older people: options of the seniors who need it, the employment situation of the different types of caregivers, and the care quality. In these aspects, there are substantial differences between European welfare states.

Welfare-state policies affecting the situation of care-needy older adults

With regard to welfare-state policies towards the care situation of older people, it is important to analyse what kinds of social rights exist for old people to receive care, and how accessible and generous these rights are (Knijn and Kremer 1997). Social rights to long-term care are in most cases dependent on needs-testing and only in few cases exist solely on grounds of age. They may be restricted to frail older adults seriously in need of care, to broader sections of older people, or to specific age-groups. Here it is important to recognise how welfare-state policies define care for older people: It may be restricted to physical care, or may comprise different kinds of domestic services besides physical care. Rostgaard and Szebehely (2012) have found that there are differences in this regard even between Nordic welfare states: Older adults in Denmark receive tax-funded home care even if their needs are relatively slight, while older people in Sweden receive public care at home only when their needs are more extensive. Furthermore, the rights of old people to care may be based on care services, vouchers or cash-for-care schemes they can use to 'buy' the care they need on 'care markets' (Le Bihan and Martin 2012). These social rights can mean that public support covers the entire range of care needed, or requires co-payment or unpaid family care in addition to the state-funded care.

Welfare state policies affecting care work

For the analysis of welfare-state policies which affect care work, it is important to consider that there are different types of caregivers. These include caring family members (or people in the closer social networks of the people in need of care), care workers in the formal employment of care agencies or residential homes, as well as care workers who are employed by private households, be it in formal or

undeclared forms. The work situation of these care workers is affected in different ways by welfare-state policies. In different types of welfare states, policies differ in the degree to which caring family members have social rights to wages, social security and job-leave options such as care-breaks or part-time work with retention of the original employment relationship. There are also considerable differences in the ways welfare-state policies frame the jobs of care workers employed by care agencies or residential homes, because states differ substantially in how much they regulate care workers' employment contracts and working conditions. As Kvist (2012) points out, policies may distinguish between two different categories of formally employed care workers, namely those workers who provide the actual physical care, and workers in the field of domestic services like cleaning. Welfare-state regulations often stipulate formal standards of employment for workers giving the direct physical care, but in the field of domestic services like cleaning (often part of the total care effort that older people need), this is in part different. Many welfare states have established a particular type of low-pay job with less social protection (Kvist 2012). Welfare-state policies can also have an—indirect—effect on the degree to which private households employ care workers on an 'undeclared' basis: paid employment that is not registered with the public authorities. This is a frequent solution in welfare states which do not adequately cover the care needs of older people (Theobald 2011).

Welfare-state policies affecting care quality

Welfare states may also differ with regard to their policies towards the quality of care services. They may try to improve care quality by supporting the professionalisation of care work through educational policies and the introduction of minimum wages for qualified care workers. They may also regulate the minimum number of professionally qualified care workers in care organisations, expecting to thereby assure a specific level of care quality. Moreover, they may fix the prices for care services in agencies and residential homes to avoid a race-to-the-bottom in wages for care workers. Also, they can establish regulations for care monitoring and management systems. Differences also may exist in the degree to which welfare states help caring family members improve their own caregiving skills.

Comparative analyses of the structures of long-term care

Another issue in cross-national research is the actual structure of care for senior citizens. It is common to compare the

specific ‘care-provision mix’ of different welfare states, that is, the share of family-, public sector-, non-profit sector- and market-based provision of care (Anttonen and Sipilä 2005). Also, the main type of care employment is an important element in the structure of care. It can be assumed that both factors influence the quality of care and the working conditions of the care workers.

Differences in the structures of the care-provision mix

Over the long term, the composition of the care-provision mix in long-term care for older people has shifted, in that the share of for-profit providers of care has increased nearly everywhere including in the Nordic countries (Kröger 2011). There are nevertheless still huge differences between different welfare states in this regard. In the Nordic countries, care is still mainly provided by publicly financed, professional care workers employed by municipalities (Kröger 2011), but in other welfare states like Germany, the share of care given by close family members, e.g. daughters and wives, is still particularly high (Eichler and Pfau-Effinger 2009; Jensen and Møberg 2011). In other countries, but mainly in South Europe, also market-based care performed as undeclared work is common, mainly as informal care jobs taken by female migrants in private households (Glendinning and Kemp 2006; Rostgaard et al. 2011).

Differences in the main types of care employment

European societies also differ as to whether care employment is based on formal employment or on informal, undeclared employment. Le Bihan and Martin found that in the Netherlands, care work is mainly formal employment, whereas in Italy the organisation of care relies strongly on undeclared employment of mostly female, migrant care workers in private households (Le Bihan and Martin 2012). According to the authors, differences in the generosity of states’ senior-care policies are the main factor which explains such differences. The care policies of the Dutch welfare state are relatively generous, and the state has a main role in the regulation of cash payments, care leave and flexibility of working hours. In Italy, by contrast, the welfare state has a fairly minor role in long-term senior care, and care policies are not generous (Le Bihan and Martin 2012). As the authors show, welfare states also support such practices indirectly when they offer cash-for-care but with only low-level monitoring of the schemes by public authorities.

Differences in the structures of social inequality arising between care workers

Also structures of social inequality among the different types of care workers differ substantially with their employment

conditions. Welfare-state policies clearly influence these structures. The working conditions and income of care workers in formal employment are usually better than those of care workers in atypical employment such as undeclared work in private households, or of family caregivers.

The care policies of welfare states also can have a stratifying effect on the options older people have to get adequate and good-quality care. Rostgaard and Szebehely (2012) show that the effects of welfare-state reforms differ in this regard even between Nordic welfare states: In Denmark, care is still characterised by universalism, in that all social classes equally use formal home-care services, but in Sweden, better-off older adults tend to escape the public system and choose publicly subsidised, market-based solutions instead, whereas old people with little education tend to rely on family solutions which may create problems of care quality. Szebehely (2005) calls this a ‘dualisation of care’.

The interaction of care policies with culture, institutions and actors in the explanation of cross-national differences in care structures

It is important to stress that the actual structures of long-term care for old people are not a direct outcome of care policies. This is because old people in need of care, their families, as well as employed care workers all act within the framework of the complex and often contradictory context of institutional, social and economic factors as well as the specific ‘care culture’, all of which combine to frame senior care in the specific ‘care arrangement’ of a country (Pfau-Effinger 2005). This may lead to behaviour of relevant actors—above all of the care recipients and caregivers—which deviates from the behaviour that is mainly supported by the welfare-state policies. I suggest giving greater attention to this aspect in future research.

Concerning the motivation and orientation of relevant groups of actors, it is also important to ask how the formally employed care workers have reacted to the welfare-state reforms in the field of care for senior citizens. Trydegaard (2012) shows with data from four Nordic countries that, as a consequence of policy changes, the assurance of an adequate workforce of care workers has been seriously jeopardised in the Nordic welfare states, since the reforms have deteriorated the quality of care-worker conditions, their possibilities for meeting clients’ needs, and therefore also their job-motivation.

It should also be considered that welfare-state policies can influence the ways in which the relevant actors in the field of care interact. Zechner and Valokivi (2012) found that in Italy, where the care relationship is mainly organised on the basis of cash-for-care programmes, negotiations

are the main factors in determining the care relationship. In Finland, where care is mainly organised on the basis of public services, there is clearly less need for or possibility of negotiation over care relationships.

Conclusion

The aim of this article is to introduce a systematic, structured conceptual framework for the comparative analysis of welfare-state reform policies towards long-term senior care and the care structures in a cross-European perspective. A welfare state's policies on the long-term care of senior citizens frame the different aspects of their care: the care options of the older people, the employment situation of the different types of caregivers, and the care quality.

With regard to welfare-state policies towards the care situation of older people, it is important to analyse what kinds of social rights exist for old people to receive care, and how accessible and generous these rights are. For the analysis of welfare-state policies which frame care work, it is important to consider that there are different types of caregivers whose work situations are framed in different ways by welfare-state policies. Welfare states may also implement differing policies towards the quality of care services.

While the actual structure of senior care is mainly based on the specific care-provision mix in a welfare state and on the main types of care work, it should not, however, be treated as a direct outcome of care policies in analyses of welfare-state policies towards long-term senior care. This is because the elderly people in need of care, their families, as well as those employed in care work all act within the broader framework of the complex and often contradictory cultural, institutional, social and economic context—the specific ‘care arrangement’ of a country. For this reason, ‘good practice’ in a specific welfare state is not necessarily also ‘good practice’ in another.

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