Extended abstract of: Indicators of Familialism and Defamilialization in Long-Term Care

Background and aim

Governments in ageing societies are now grappling with the issue of long-term care (LTC). Projected increases in disability mean that many countries now face significant challenges in meeting the growing care needs of an ageing population (Colombo et al., 2011). An increasing demand for informal care is therefore expected. An open question is how key features of LTC systems (e.g. cash-for-care policies or public provision of care) exacerbate or reduce socio-economic (SES) inequalities in care received by and given to older adults. Our research project IN-CARE (INequality in Care), funded by the Open Research Area (ORA), will investigate how LTC policies influence older people and caregivers from different socioeconomic backgrounds.

Although consistent empirical information is lacking, it is suggested that care *users* in lower SES groups rely more strongly on informal care and that informal *caregiving* is higher among lower SES groups, compared to middle and higher SES groups. SES gradients in care use and care provision are argued to depend on LTC policies, and more particularly on the *kind* of LTC policy (Saraceno, 2016). Certain LTC support policies can be argued to augment SES inequality in care use and caregiving, whereas others are expected to reduce inequality. Policies with contrasting consequences for inequality can be implemented at the same time, however. Following the theoretical contribution of Saraceno (2016), we therefore argue it is important to use more fine-grained distinctions of familialism and defamiliazation in LTC policies in order to fully understand the impact of LTC on socio-economic inequalities in care use and informal care provision. As previous work relied on few country comparisons or narrative comparisons to support this theoretical claim, the IN-Care project aims to contribute by providing statistical tests on large-scale country-comparative datasets to test this theoretical claim. For that, a first step in the IN-Care project is the creation of a dataset with LTC indicators that can be used for that purpose.

This paper accompanies this new LTC indicators dataset. The aim of this paper is threefold:

(1) outline the theoretical ideas on the impact of LTC policies on SES inequality in care; in doing so, we will stress the importance of distinguishing between types of LTC policies as they may have complementary as well as contrasting effects on SES inequality;
(2) describe the LTC indicator dataset created by the IN-CARE team, which will become available to other researchers;
(3) present basic descriptive information on the different types of LTC policies, their correlations with care use and caregiving, and their mutual correlations.

Theoretical background

Since the work of Esping-Andersen (1990) on welfare regime types, many scholars argued for a more nuanced typology. In the field of family and care, a distinction between famialialism and defamiliazation emerged, differentiating between policies based on the premise that the family should be the main provider of care to people in need, and policies that start from the idea the government is responsible for care provision thereby offering care users autonomy in how to meet their care demands.

Saraceno (2016) argues that a distinction between familialism and defamilialization is not completely satisfactory because the kinds of LTC policies that arrive within both views may have different consequences for the behaviour of care users and caregivers, as well as for the gender and SES inequalities that may arrive from these LTC policies. She distinguishes five ideal types. *Familialism by default* refers to a policy regime in which the state does not offer publicly provided arrangements to take over or support family care, assuming the family will care for those who need help. *Prescribed familialism* refers to a situation with laws obliging family to care or to pay for care needed by their family members. It is therefore an active way to promote (prescribe) family care. *Supported familialism* occurs when policies are aimed at supporting family carers. Still, the basic assumption is that the family, and not the state, is the main provider of care. However, these types of policies acknowledge that care provision often ends up on the shoulders of women, which conflicts with policy aims directed to female labour market participation and gender equality. Supported familialism aims to facilitate the combination of care and work. Defamilialization resonates the belief that the state should be the principle responsible actor in care provision, so that care users can autonomously decide how to meet their care needs without being dependent on family members. However, there are different ways to arrange defamilialization. *Supported defamilialization through the market* implies that care users receive in-cash benefits to buy their own care services on the market. *Defamilialization through public provision* implies that policies directly provide public care that is available to those in need of care.

Out of these five policy regime types, the latter three can be described as *support policies* and are the focus in the IN-Care project. We would like to stress two important distinctions between these three LTC support policies, which have theoretical consequences for the effects of the LTC policies on the SES gradient in care use and provision. First, supported familialism is targeted to informal *caregivers*, whereas both types of defamilialization are targeted to *care users*. This difference determines who is likely to benefit directly or indirectly from the support policy. Supported familialism directly supports informal caregivers to bear the caregiver burden and to reconcile their caregiving duties with other duties such as employment. Second, the two types of defamilialization differ from each other by the channels through which they operate: via monetary support that can be exchanged for care on the market (in-cash) versus via direct public care provided, organized, and paid by the state (in-kind). In both cases, it are the care users who benefit directly from these policies. However, informal caregivers may benefit indirectly. Care users may

transfer their in-cash benefits to their caregivers, and state-provided public care relieves the efforts required by informal caregivers.

The guiding hypotheses in the IN-Care project regarding the effects of the three different types of LTC support policies on SES inequalities in care use and informal caregiving can be summarized as follows:

- Supported familialism: targeted to caregivers to facilitate their caregiving role, typical caregivers will be most responsive to these policies and thus start to provide more care. If it are individual in lower SES groups who are more likely to provide informal care, SES inequalities in informal *caregiving* will *increase* with more generous supported familialism policies.
- Supported defamiliazation through the market: in contexts where people are expected to buy care on the market, individuals in higher SES groups have more means to do so, reducing the use and provision of informal care in this group. Hence, SES inequalities in care *use* and informal *caregiving* will *increase* with more generous supported defamilization through the market policies.
- Defamiliazation through public provision: if publicly financed and regulated services are largely available, all SES groups will be more likely to rely on these services to meet their care demand and to combine different care sources according to specific needs. In addition, the groups that were overrepresented among the informal caregivers (i.e., the lower SES) are no longer obliged to provide care. With more generous defamiliazation through public provision policies, SES inequalities in care *use* and informal *caregiving* are expected to *decrease*.

Description of LTC indicator database

The IN-CARE project aims to empirically test the impact of different types of LTC policies on socio-economic inequalities in care use and informal caregiving. In doing so, we want to go beyond (single country or small-scale comparative) descriptions or narratives of the policy context. For that purpose, we collected macro-level LTC indicators that reflect the theoretical distinctions as outlined above. These macro-level indicators can be added to the country-comparative, individual-level panel data available in the SHARE (Survey of Health, Ageing and Retirement in Europe) dataset. We balanced our selection of indicators based on their measurement validity, the ability to quantify the information, and their availability in as many country and years as possible to match the individual-level SHARE data.

The central selection criteria to distinguish familialism from defamilialization is whether the support is provided to the caregiver or care user respectively. The main difference between defamilialization through the market or public provision lies in the in-cash or in-kind nature of the support. Several indicators available in existing sources appeared unfit as the relevant selection

information was implicit or unknown. We only selected indicators that were quite unambiguously referring to the particular type of policy.

Supported familialism is captured in two index measures. The first index combines the availability in national policies of eight types of informal caregiver support: counselling, information, respite care, training, direct care allowance, indirect attendance allowance, pension credits, and care leave. The second index combines whether or not a country has policies that pay in-cash benefits to informal caregivers, whether formal regulations must be met in order to receive these benefits, and the minimum and maximum amount of money is paid to the informal caregivers.

Supported defamiliazation through the market is captured by an index that also combines whether or not in-cash benefits are paid, whether formal regulations must be met in order to receive these benefits, and the minimum and maximum amount of money that is paid, but refer to care users rather than informal caregivers as the recipients of these benefits.

Defamiliazation through public provision is captured by an index combining the number of beds in long-term care facilities, the number of nurses and formal LTC workers.

Descriptive information on LTC indicators

Descriptive information will be presented during the conference regarding:

- the distribution of different types of LTC policies over European countries
- the correlations between the different types of LTC policies on the one hand and care use and informal caregiving on the other hand in European countries
- the correlations among the different types of LTC policies

References

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