



# **Improving social citizenship in Europe: How can care policies reduce social risks related to long-term care?**

## **EUROSHIP Policy Brief no. 10 - July 2023**

Christopher Grages, Birgit Pfau-Effinger and Thurid Eggers

### **INTRODUCTION**

This policy brief introduces recommendations regarding policies that could reduce social risks and gender inequality connected with long-term care, based on our research about care policies and gaps in the provision of long-term care in the EUROSHIP Project.

The EUROSHIP project (2020-2023) aims to provide an original and gender-sensitive assessment of the current gaps in social protection against poverty and social exclusion in Europe. Through the involvement of national and European stakeholders, EUROSHIP develops policy recommendations on how to strengthen social citizenship at the national and EU levels. The research results will support the implementation of the European Pillar of Social Rights.

Our research shows that, as a consequence of reforms of long-term care policies, social rights and infrastructure for extra-familial long-term care for older people were substantially extended in the seven welfare states covered in the EUROSHIP project (Estonia, Germany, Hungary, Italy, Norway, Spain and the UK). In addition, welfare states have also extended financial support, social security rights and care leave for caring family members. However, we still find substantial gaps in the provision of care for older people, and care need is often still connected with high risks of poverty and social exclusion for care recipients and family carers.

### Main aims of the research on long-term care policies in the context of EUROSHIP

Our research about long-term care in the EUROSHIP project has aimed to answer the following research questions:

- How did European LTC policies and related social risks develop in a historical and international comparative perspective?
- How far and in which ways is long-term care for older people connected with care gaps and social risks in the context of different types of institutional constellations of care policies?
- How do different types of care policies affect gender inequality?
- How do vulnerable social groups perceive their options to exercise agency and social citizenship in the context of different types of long-term care policies?

We have used the theoretical approach of “institutional constellations of long-term care policies” (Grages, Pfau-Effinger, Eggers & Och 2021). We argue that we gain a more comprehensive picture if we understand how policies towards extra-familial care and policies towards family care together influence social risks connected with care need and family care provision. It offers a new, comprehensive approach to analyse how long-term care policies affect social risks connected with long-term care. We have also introduced a new typology of such institutional constellations of long-term care policies (EUROSHIP Working Papers 6, 14, 25, 28).

We have analysed care policy legislation and policy documents, standardized country reports produced by the EUROSHIP country teams, data from comparative European policy databases as well as secondary literature. We have also analysed 210 life-course interviews in the seven EUROSHIP countries.

We have compared welfare states of Norway, Germany, Spain, Italy, the United Kingdom, Estonia, and Hungary, representing different European regions and welfare state traditions. In our EUROSHIP working paper we have developed an innovative multi-dimensional approach to the measurement of policy generosity and present a new typology of LTC policies based on the relationship between the generosity of different policy instruments supporting extra-familial and paid familial care.

### Development of long-term care policies for older people and social risks related to care

In industrial societies, LTC for persons with disabilities and older persons with care needs was often seen as a responsibility of the family. The LTC was provided mainly by women in the realms of the private household on an unpaid, informal basis and not recognized as work, contrary to the gainful employment of men within the public sphere of the formal labour market. The gender division between unpaid family care and paid employment was a main source of gender inequality.

#### ***Development of care policies towards extra-familial care and related social risks***

The seven welfare states under study have, to a differing degree, extended social rights and infrastructure that support extra-familial provision of extra-familial care. These policies have contributed to a massive shift in the structures of long-term care provision, since there was a strong increase in the share of older people who receive extra-familial care by care service agencies within the private households or in nursing homes. However, there are still substantial gaps in policy support for long-term care. As a consequence, the need for long-term care for older people is often connected with *social risks of poverty and social exclusion*. Another consequence is that there is a substantial share of older people who are *forced to rely on family care or on low-paid migrant care in grey care markets* instead of formal extra-familial care, which in part are connected with irregular and precarious care provision for the care recipient (and– mostly female – care providers).

We find a general trend of policy support for the *marketization of long-term care*, based on the outsourcing of care homes and care services from the state to for-profit providers in all seven countries. Our comparative analysis show that the trend to marketization, particularly the support of *the extension of for-profit provision of care, is connected with high problems of the care quality and of the quality of jobs in the LTC sector*.

Another trend was that the seven welfare states of the study aimed to reduce the share of older people who receive care in nursing homes in favour of at-home care by service agencies (de-institutionalisation). On the one hand, these policies offered the chance for the strengthening the autonomy of people in need of care. On the other, these policies were also used as a retrenchment strategy of welfare states. In general, measures to ensure de-institutionalisation did not sufficiently enable older people with care needs to live autonomously and independently throughout Europe (EU 2017).

Reablement policies can strengthen the physical and personal autonomy of people in need of care and support them in their options to exercise social citizenship. All studied welfare states have established to some extent rehabilitation and (re-)integration measures for working-age persons with disabilities (see also Bickenbach 2020).

### ***Development of care policies towards familial care and related social risks***

In all countries of the study, care by family members of care-dependent older people is still a main source for care provision. Our research shows that the decision may be caused by a lack of options for older people to get public or publicly financed extra-familial care services. However, to a substantial extent the decision for family care is based on cultural values; if the idea that care for older relatives is the moral duty of female family members is strong in a society, or if family solidarity is a popular cultural value and family care is seen as the “best” type of care in a society.

Family care is still highly relevant in European welfare states. Therefore, not only the generosity of care policies towards extra-familial care but also the generosity of care policies towards family care strongly affects social integration and exclusion of older people in need of care and of their caring family members.

Most welfare states in our study offer instruments that are aimed to reduce social risks related to family care, and to some extent also to promote gender equality. The main policy instruments include pay and elements of social security for the care work by family members on one hand, and care leave programs in connection with an income substitute for employed family carers on the other. As a consequence of these reforms, the unpaid, informal care provided by (mostly female) spouses or adult children of the care-dependent older persons has been in part transformed into a form of publicly co-paid family care; according to Geissler & Pfau-Effinger (2005) a “semi-formalisation” of family care. The extent to which policies offer such instruments differs strongly between the welfare states of our study.

### **The role institutional constellations of LTC policies for poverty risks, opportunities to exercise social citizenship and gender equality**

We distinguish four different types of institutional constellations of LTC policies on the basis to their generosity level, which we classify as “higher” or “lower”: (1) the “Overall Generous Type”, (2) the “Extra-Familial Support Type”, (3) the “Family Support Type” and (4) the “Minimum Support Type”. We argue that the position of welfare states in this typology reflects how far LTC policies may be associated with poverty risks, opportunities to exercise citizenship and potential for gender equality.

Welfare states of the “Overall Generous Type” (Norway, Germany, and under reserve Spain) are characterized by a comprehensive security against poverty risk for all types of LTC. Opportunities for exercising citizenship on the basis of choice are available which allows for the consideration of cultural diversity regarding LTC preferences and puts emphasis on gender equity since working and caring women can be – at least to a certain degree – financially autonomous.

Welfare states of the “Extra-Familial Support Type” (United Kingdom) generally offer security against poverty risk to a lesser degree and do not compensate family care adequately. The opportunities for exercising social citizenship are also more limited. The policy aim is to turn away from traditional familial care provision and such a constellation is based on a focus on productivist gender equality since only working women can be financially autonomous.

Welfare states of the “Family Support Type” (Italy) only provide limited security against poverty risk since support is only provided if familial care provision is possible. Such a policy constellation does not provide much opportunities for exercising social citizenship and aims to maintain traditional familial care provision.

Against this background, there is a focus on gender specific recognition caring roles since caring women can achieve a certain degree of financial autonomy but stay trapped in the domestic sphere.

Finally, welfare states of the “Minimum Support Type” (Estonia and Hungary) show no or very limited security against poverty risk since welfare states take no specific responsibility for LTC and only provide minimal support. Such a constellation provides no opportunities for exercising active citizenship. Also, they promote the persistence of traditional structures of gender inequality, since it is expected that mainly family members provide unpaid care and traditional gendered division of work and financial dependence on male breadwinner for women are still dominant.

### **The opportunities to exercise social citizenship for vulnerable social groups in the context of long-term care policies**

The EUROSHIP life-course interviews with vulnerable people in older age demonstrate that

- There are high poverty risks among older people particularly for women with heavy care obligations over the life-course, self-employed people, people who have migrated or experienced post socialist transformation, and people with discontinuous employment biographies.
- Active coping strategies of older people are more common in stronger welfare states, passive coping strategies prevail in weaker welfare states, particularly also if additional social support is lacking.
- Social support by civil society and family can to some extent promote active coping strategies in weaker welfare states, particularly in those with extended family as main family form.
- Loneliness among older people is a particular problem, therefore specific measures for social inclusion are important, like support of social activities and supply of public places/facilities (like libraries, parks, community gardens etc.)

We also found that care gaps affect the risk of poverty on the basis of age, income, and gender. According to the findings, among older people with care needs, women, older people (85+) as well as people with a low income are exposed to particularly high social risks in countries with less generous care policies. In this regard, attributes that are associated with higher care needs can accumulate for specific social groups as indicated by the intersectionality approach, which creates particularly high risks.

## **POLICY IMPLICATIONS AND RECOMMENDATIONS**

### **Policy recommendations to reduce social risks and gender inequality related to care need of older people**

#### **1. Strengthening social rights related to care**

Given the gaps we have identified in the provision of long-term care, it is crucial that welfare states offer generous policies towards extra-familial care together with generous policies towards familial care. The following part introduces the recommendations for both types of policies in more detail.

#### ***Social rights in policies towards extra-familial care***

According to our findings, policies towards extra-familial care that offer an individual social right to affordable, high quality extra-familial care by home care services or in nursing offer the highest chance of covering the care needs of older people without causing substantial social risks and poverty risks. It should be low barriers to access extra-familial long-term care and high public co-funding of the care.

Also, care policies that support the de-institutionalisation of care can substantially strengthen autonomy and dignity related to care for older people.

Furthermore, policies which are based on concepts of enablement can contribute to the prevention of care need and substantially increase autonomy and the quality of life of older people.

### ***Social rights in family care policies***

Our findings also indicate that it would be important to offer an *individual right for older people in need of care to choose paid family care* (or care by close social networks) as an alternative or in addition to extra-familial care.

The reason why it is needed is that a substantial share of older people prefers family care because of cultural reasons. This is the case even if there is generous welfare state support for extra-familial care and even if family care is connected with high social risks for older people who receive the care and the caring family members. We argue that, to some extent and under specific conditions, policies that promote family care have the potential to contribute to substantially reduce the social risks of familial care.

Policies that can offer adequate support for care by family members (or members of their close social networks) include *an individual social right for older people* in need of long-term care to choose paid care by family members (or by members of close social networks) and low barriers of access of family members and members of close social networks to give the care. There are two main instruments that are particularly adequate to reduce the social risks traditionally connected with family care:

- a) **Care leave schemes:** Generous long-term care leave schemes with care leave benefits that cover the full employment income and social security rights before the leave ensure that family caregivers of older relatives can retain their integration into the employment system and not have to accept any loss of their usual income if they reduce their working hours or take a break from gainful employment to provide familial care work. When care leave is fully paid and offers job protection, family care is no longer associated with relevant financial problems or the risk of job loss.
- b) **Pay for family care:** For non-employed family carers or caring members of close social networks, policies that offer generous payment and social security rights that equalises the payment and social security of formally employed carers, ideally a formal public employment relationship of the caring family member with the municipality (which we identified as “best practice” by the example of the Danish welfare state), help to massively reduce the risk of poverty and the persistence of gender inequality that is traditionally connected with family care.

Both types of policy towards family care can significantly reduce the risks of social exclusion and loss of income and social security rights typically associated with family care work. Moreover, it is not very important for the achievement of the goal of gender equality whether women and men perform family care work in equal shares; in this respect, the approach offers chances for a more gender egalitarian division of labour regarding family care. Another important condition is that the welfare state offers generous public support for high quality further education for caring family members.

## **2. Support of autonomy and participation in decision making of care recipients**

Long-term care policies that *offer effective possibilities for co-determination* by older people in need of care would strengthen autonomy and self-determination of older people. LTC policies should promote collaborative relations between service providers and care recipients and thus a co-production of the care services. Policies would strengthen the dignity of older care recipients if they would *offer care without harsh means-test that restricts the care provision to poor people*.

Moreover, in order to *strengthen the autonomy and participation of older people in need of care*, and their options to exercise social citizenship, older people who receive care should participation rights at all levels of decision making, including their individual care situation, the decision making in organisations that provide care, in the political decision making in the municipalities and at the level of the central state.

Finally, it should be considered that loneliness is a serious problem in older age. Policies can strengthen social inclusion of older people if they provide specific measures for social inclusion, like the support of social activities and the supply of public places/facilities (like libraries, parks, community gardens etc.) for joint activities.

## References

Grages, C, Eggers, T, Pfau-Effinger, B (2021) Long-term care regimes in Europe. EUROSHIP Working Paper No. 6. Oslo: Oslo Metropolitan University. DOI: 10.6084/m9.figshare.16782868. Available at: <https://euroship-research.eu/publications>.

Geissler, Birgit; Pfau-Effinger, Birgit (2005): Change in European Care Arrangements. In: Pfau-Effinger, Birgit; Geissler, Birgit (Eds.): Care and Social Integration in European Societies, Bristol: Policy Press.

## PROJECT IDENTITY

<b>PROJECT NAME</b>	Closing gaps in social citizenship: New tools to foster social resilience in Europe (EUROSHIP)
<b>COORDINATOR</b>	OsloMet - Oslo Metropolitan University, Norway
<b>CONSORTIUM</b>	OsloMet - Oslo Metropolitan University (coordinator), Norway  University of Milan, Italy  University of Tallinn, Estonia  University of Hamburg, Germany  TÁRKI Social Research Institute, Hungary  University of Florence, Italy  Autonomous University of Barcelona, Spain  Swiss Paraplegic Research, Switzerland  University of Sussex, Business School, UK  Social Platform, Belgium
<b>FUNDING SCHEME</b>	Funded by European Union's Horizon 2020 research and innovation program under Grant Agreement No. 870698
<b>DURATION</b>	February 2020 – July 2023 (42 Months)
<b>BUDGET</b>	EU contribution: EUR 3 Mill.
<b>TWITTER</b>	@EUROSHIP_EU
<b>WEBSITE</b>	<a href="http://www.euroship-research.eu">www.euroship-research.eu</a>

FOR MORE  
INFORMATION

Contact: Rune HALVORSEN (Scientific coordinator), OsloMet -Oslo Metropolitan  
University, [rune.halvorsen@oslomet.no](mailto:rune.halvorsen@oslomet.no)

---



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 870698. The opinions published in this deliverable only reflect the authors' view. The Agency and the Commission are not responsible for any use that may be made of the information it contains.