

Family care or extra-familial care – Older people’s caring decision between culture and welfare state policies

Thurid Eggers, University of Hamburg
Christopher Grages, University of Hamburg
Birgit Pfau-Effinger, University of Hamburg

Draft, May 2019

Paper to be presented
at the
International Transforming Care Conference 2019 in Copenhagen

Preliminary Draft

Contact address

Prof. Dr. Birgit Pfau-Effinger
Dept. of Social Sciences
University of Hamburg, Germany
e-mail pfau-effinger@ uni-hamburg.de
phone +49-40-42838-3810

Family care or extra-familial care – Older people’s caring decisions between culture and welfare state policies

Abstract

Starting Point: Women’s responsibility for unpaid informal care within the family was a main basis for gender inequality in the context of the housewife marriage, which was the main family form in many European countries in the mid-20th Century. As a consequence of cultural and social change, more gender egalitarian forms of the family have developed in many European countries. Also, many welfare states have promoted the outsourcing of caring tasks from the family to extra-familial care providers.

It is a common assumption in comparative welfare state research that care policies that generously support extra-familial care of senior citizens are “freeing” women from their caring responsibility and thus are promoting gender equality. Consequently, the share of older people who use extra-familial care is considered an appropriate indicator for the cross-national differences in the generosity of care policies and in their potential to support gender equality. However, there is a lack of theorizing and research that systematically evaluates this assumption.

Main question and theoretical approach: The paper aims to answer the question: How is it possible to explain older people’s decision between extra-familial care and care by family members? This paper aims to challenge the assumption that a welfare state policy that generously promotes extra-familial care per se leads to the outsourcing of care from the family and thus promotes gender equality. The paper argues instead that older people’s caring decision is based on a complex decision making process. It provides an innovative and complex theoretical approach to the explanation of people’s behavior towards familial and extra-familial care that is based on the theoretical approach of the “gender arrangement” of Pfau-Effinger. It argues that older people’s caring decision should be explained in the context of the main cultural ideas about the “best” form of care in the population, and the degree to which institutional, social and economic factors support the realization of these cultural ideas. It emphasizes moreover that it is also important how far the interaction is coherent or contradictory.

The paper moreover introduces the findings of a comparative empirical study that analyses the role of cultural, institutional, social and economic factors in the context of different types of long-term care policies on the basis of document analysis of national laws and statistics, data from the MISSOC database, Eurobarometer data and expert interviews.

The findings support our assumption that besides the generosity of care policies also cultural factors contribute to the explanation of cross-national differences in older people’s behavior towards care. They also show that the common approach in comparative welfare state research that analyzes the generosity of care policies by the share of older people who receive extra-familial care is problematic, since the assumption that care policies determine older persons’ behavior towards extra-familial care is not supported by empirical evidence.

Introduction

In the past two decades, many European welfare states have extended social rights and options related to publicly funded extra-familial care for senior citizens. As a result, the proportion of older people who use extra-familial care by home care services or in residential care has considerably increased (Carrera et al., 2013).

It is a common assumption in the field of comparative welfare state research about long-term care (LTC) for older people that care policies shape older people's behavior between extra-familial care and family care, since older people make use of publicly paid extra-familial care if they are eligible to it. Consequently, the share of older people who receive publicly funded care is considered an appropriate indicator measuring the generosity of care policies (Dienel, 2007; Dallinger & Theobald, 2008; Pavolini & Ranci, 2008). However, research for Germany indicates that there is no clear relationship between the generosity of welfare state policy institutions towards long-term care for older people and the actual behavior of older persons towards care (Eichler & Pfau-Effinger, 2009). So far, there is a lack of research that analyzes the behavior of older people towards care in the context of care policies with a differing degree of generosity.

Against this background, the paper aims to answer the question: How can we explain cross-national differences in the share of older people in need of care who use extra-familial care services? We restrict our analysis to those older people who are eligible to publicly financed extra-familial care services in the context of the respective welfare state. On the basis of the theoretical "care arrangement" approach of Pfau-Effinger (2005) we argue that the generosity of the care policy alone does not explain the decision making of older people regarding their care provision. Instead, the main cultural ideas about the "ideal" form of care in the population also contributes to the explanation. The paper distinguishes between extra-familial care, which includes care provided by home care services and in residential homes, and family care, which is care for older people that is provided within the family by family members. Both forms of care can be publicly paid. We evaluate the theoretical assumptions on the basis of a cross-national comparative study that we conducted in the context of the DFG funded research project FAMICAP. The empirical study is based on document analysis of national laws and statistics, data from the MISSOC database, Eurobarometer data and expert interviews.

The paper provides an innovative and complex theoretical approach to the explanation of cross-national differences in older people's behavior towards care.

The first section of the paper gives an overview of the international state of theorizing and research. The second section introduces the theoretical framework of the paper, while section three introduces and discusses the findings of the cross-national comparative study. The paper ends with a summary of the results and a conclusion.

State of the Art

In the field of comparative research about welfare state policies towards long-term care for older people (LTC) it is a common assumption that care policies explain older people's behavior regarding the decision between extra-familial care and family care (Dienel, 2007; Pavolini & Ranci, 2015). If welfare states offer older people the option to receive publicly funded extra-familial care, older people will generally also make use of them by choosing extra-familial care. Contrary, older people who choose family care instead, would do so because of a lack in public funding for extra-familial care services (Anttonen & Sipilä, 1996; Dienel, 2007;

Hammer & Österle, 2003, Kreimer, 2006; Leitner, 2003; Martin 2015; Saraceno & Keck, 2010; Pavolini & Ranci, 2008;).

There are several arguments that support this assumption. The quality of professional home care services is higher than that of familial care (Kröger, 2013). Additionally, for many people who have older family members who need care, to provide family care is not an attractive option to their employment, since it hinders them to participate fully in formal employment and to make a career. Feminist research has also shown that the provision of LTC by female family members, who work part-time or stay at home in order to give care, is a main basis for women's marginalization in the labor market (Ostner, 1995; Daly & Saraceno, 2002; Daatland et al., 2011; Conlon et al. 2014). It was also argued that a main reason why older people prefer extra-familial care is that they wish to secure their personal autonomy, which relates particularly to older people with higher educational level and seniors in the Nordic countries (Conlon et al., 2014; Daatland & Lowenstein, 2006, Heusinger & Klünder, 2005; Saraceno & Kalmijn, 2008).

However, a study for Germany contradicts this assumption: In Germany, only about half of the number of elderly people who are eligible to publicly funded LTC make use of it; the other half receives only family care. A main reason is that the majority of German people believe that family care is the 'best' form of care, since it is embedded in a close social relationship (Eichler & Pfau-Effinger, 2009). Therefore, that the generosity of care policies towards extra-familial care is not sufficient to explain the behavior of older people towards care.

The existing studies so far did not consider that welfare states meanwhile also support LTC by family members, in that they offer pay for care by relatives (Geissler & Pfau-Effinger, 2005; Ungerson, 2004; Frericks, Jensen & Pfau-Effinger, 2014). One might argue that the probability that older people will choose family care instead of publicly funded extra-familial care increases if the welfare state offers pay for caring family members. This is meanwhile the case in many European welfare states (Eggers, Grages, Pfau-Effinger, 2018). However, several studies show that care by family members is nevertheless generally not a financially attractive alternative, at least from the perspective of caring family members, since the pay is in most countries considerably below their income from formal gainful employment (Frericks, Jensen & Pfau-Effinger, 2014). Also, even if older people in many welfare states receive cash payments, which they can use to pay their caring family members, caring family members are not in all of those welfare states legally entitled to be paid with this cash for their care provision (Jenson & Jacobzone, 2000; Ungerson, 2004; Rummery, 2009). Besides, it is a problem for publicly paid family carers that they are not or only to a restricted extent eligible for social security, like health-care or pensions (Eggers, Grages, Pfau-Effinger, Och 2018; Frericks et al. 2014; Grootgoed, Knijn & Da Roit, 2010; Österle & Hammer, 2003).

A study for Germany contradicts the assumption that the generosity of LTC policies towards familial and extra-familial care explains older people's caring decision: In Germany, only about half of the number of older people who are eligible to a relatively generously funded extra-familial care provision by home-care services make use of it. The other half decide in favor of family care, even if public pay for family care is far below the public funding for home care services. A main reason is that the majority of German people believe that family care is the "best" form of care, since it is embedded in a close social relationship (Eichler & Pfau-Effinger, 2009). Therefore, the generosity of care policies towards extra-familial care is not sufficient to explain the behavior of older people towards care, the role of cultural ideas should also be considered.

There is so far little research about the role of culture for older people's behavior towards familial and extra-familial care. Some studies found that differences in the cultural ideas about the appropriate roles of family members and formal providers are associated with cross-national differences in older people's actual choices regarding support for household services (Lin & Yi, 2011; Lowenstein & Daatland, 2006; Motel-Klingebiel et al., 2005; Silverstein et al., 2006).

Theoretical framework of the study

In this section, we introduce a theoretical framework for the explanation of cross-national differences in the behavior of older people towards extra-familial care and family care, the approach of the "care arrangement" of Pfau-Effinger (2005). The term "arrangement" means a configuration of factors in the societal context that contribute to the explanation of the main patterns of the behavior of older people in need of care towards their care provision. These include cultural ideas, institutions, social and economic factors. As is particularly emphasized in this approach, the interaction of different factors in the specific societal context should be taken into account, and if it is coherent or incoherent, to achieve an adequate explanation (Pfau-Effinger, 1998; 2005). The particular "care arrangement" in a society comprises the specific configuration of cultural, institutional, social and economic factors that are framing the behavior of older people towards care. "Culture" is defined here as a system of collective ideas relating to the "good" society and the "ideal" way of living and (morally) "good" behavior (Pfau-Effinger, 2009). The cultural system comprises cultural values, cultural models or "ideals", and belief systems, in brief, "cultural ideas".

The current paper has its main focus on the role of care policies of welfare states on one hand, the role of cultural ideas towards the "best" form of care on the other, in order to explain cross-national differences in the behavior of older persons towards care. The paper aims to evaluate the following hypotheses:

- Differences in the generosity of LTC policies towards extra-familial care are relevant for the explanation of cross-national differences in older people's decision between familial and extrafamilial care.
- Differences in the generosity of LTC policies towards familial care are relevant for the explanation of cross-national differences in older people's decision between familial and extrafamilial care.
- Differences in the cultural ideas about the "ideal" form of LTC are relevant for the explanation of cross-national differences in older people's decision between familial and extrafamilial care.

Methodological Approach

This paper aims to find out how far culture and care policies contribute to the explanation of cross-national differences in the share of older people who use extra-familial care.

To ensure a high level of variance between the countries, the comparative analysis focuses on six European countries, Finland, Germany, Austria, Spain, the Czech Republic and Ireland, that represent different types of welfare states (Daly & Lewis, 2000; Bettio & Plantenga, 2004; Esping-Andersen, 1990, 1999; Fenger, 2007; Ferrera, 1996). The basic unit of the study includes older people aged 65 years and older who are entitled to receive publicly funded or publicly co-funded extra-familial long-term care services in the institutional framework of the

care policies of the welfare state in the respective countries. We use the take-up rate of extra-familial LTC as dependent variable. It is defined as the share of older people who make use of extra-familial LTC among those older people who are eligible to publicly funded/co-funded extra-familial care. We consider a take-up-rate from 0%-33% as low, it is medium if it is 34%-66% and high if it is 67%-100%.

For the calculation of such take-up rates data are needed that include the number of older people in a country who are in principle eligible to publicly financed/co-financed extra-familial care in the context of the care policy of the respective welfare state, i.e. those who have passed a health test and/or a means test. We also need data about the number of elderly people who actually use publicly funded extra-familial care among those who are eligible. Such data, and data about take-up rates, are not provided by international data-sets of the OECD and EU or in international surveys like SHARE. Only national data sets in the countries of the study offer this type of data.

Operationalization of the explanatory variables – care policies and cultural ideas

Generosity of care policies: We measure the generosity of welfare state policies towards LTC on the basis of the institutional framework of LTC policies towards extra-familial care. Thus, the paper makes a clear distinction between the analysis of the generosity of care policies based on the institutional level as an explanatory variable and the share of older people who make use of extra-familial care as dependent variable.¹

We measure the generosity of the care policies towards extra-familial LTC on the basis of the institutional regulation towards the average share of the care costs of the care provision for older people with care needs that are funded by the welfare state.² This regulation is in part rather complex and includes sometimes different care-need levels with a differing share of public co-funding. It is therefore not possible to provide precisely the exact percentage. Instead, we classify the generosity of care policies on the basis of three levels, into policies with high, medium and low generosity concerning the average public coverage of the care costs of the care recipients. The level of generosity is low if 0-33%% is publicly paid, it is medium if the coverage is 34%-66% and high with a coverage from 67%-100%.

Cultural ideas about the best form of care: It is difficult to find items in international surveys that measure people's cultural ideas that are related to LTC. We use an item from the Eurobarometer 2007, item QA7T "Imagine an elderly father or mother who lives alone and can no longer manage to live without regular help because of her or his physical or mental health condition? In your opinion, what would be the best option for people in this situation?" We consider the proportion of the population who believe that extra-familial care is the best form or care as low if it is 0%-33%, as medium if it is 34%-66% and as high if it is 67%-100%.

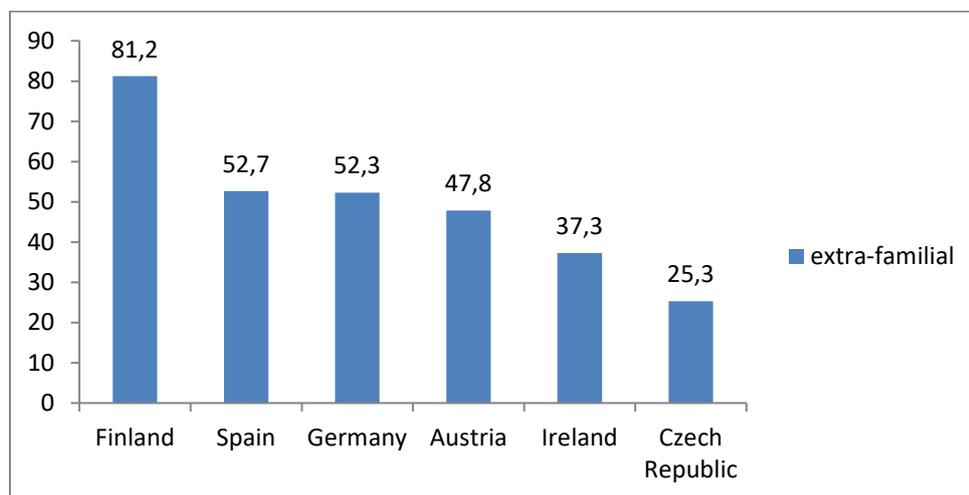
¹ The institutional regulation of the access of older people in need of care to extra-familial care is another important dimension of the generosity of care policy institutions towards extra-familial care for older people (see Eggers, Grages, Pfau-Effinger & Och, 2018). Since this study only includes those older persons who are eligible for publicly paid extra-familial care in the context of the respective welfare state, it is not considered here.

² For the precise basis of the calculation see Eggers et al. 2018.

Presentation and Discussion of the Findings

The following part describes the findings of the study with regard to the dependent variable. The findings show that the take-up rate regarding extra-familial care differs substantially between the countries of the study.

Graph 1: Take-up-rate regarding extra-familial LTC*



*share of elderly people who make use of extra-familial care among those who are eligible to publicly funded/ co-funded extra-familial care services in the respective welfare state

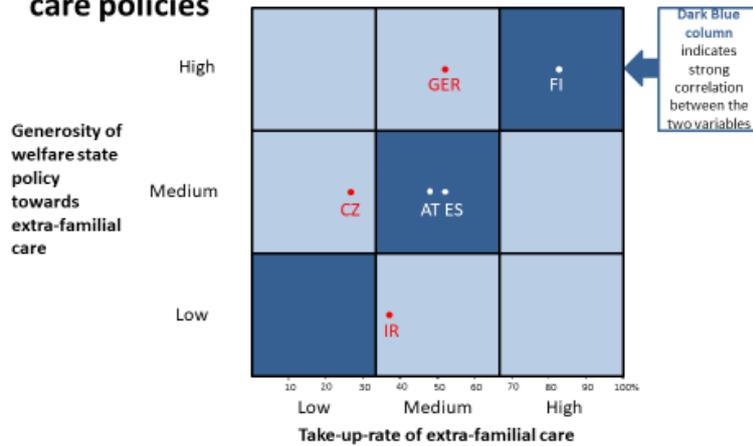
Source: Finland: THL (2013) SOTKANet; Spain: Imsero (2014): Información destacada, Germany: Destatis (2015), Pflegestatistik 2013; Austria: BMKAS (2013) Pflegevorsorgebericht; Ireland: Health Service Executive (2013) Annual report and financial statement; Czech Republic: MPSV (2011 OkStat data), and own calculations

The take-up rate of extra-familial LTC is only in Finland high (81,2%). In most countries of the study it is medium, in Spain (52,7%), Germany (52,3%), Austria (47,8%) and Ireland (37,3%). Only in the Czech Republic it is low since just about one quarter of the older people who are eligible to publicly funded extra-familial care make use of this form of care (25,3%).

Generosity of care policies as explanation?

The findings show that the welfare states of the study differ considerably with regard to the generosity of the care policies towards extra-familial care. Finland has a high level of generosity of extra-familial care as the costs for the care are fully paid by the welfare state, with only some reductions for the more affluent seniors. In Germany the generosity is also on a high level as the state fully covers the costs for LTC, with some restrictions, since household services are not paid for people with a lower degree of care need. The care policy in Spain, Austria and the Czech Republic has a medium level of generosity, as these welfare states cover on average more than one third but less than two thirds of the actual care costs. In contrast, the generosity in Ireland is only on a low level, since public co-funding of care costs is restricted to the poor (Eggers et al., 2018).

Graph 2: Take-up rate of extra-familial care by elderly people in the context of generosity of care policies



Generosity is indicated by the average coverage of extra-familial care costs by the welfare state; distinction between the different levels: High generosity = average coverage is 67%-100%, is at minimum two third of the actual costs for care and at maximum 100%; Medium generosity = average coverage is 34%-66%, Low generosity = average coverage is 0%-33%; Source DFG-Project FAMICAP

Source: national statistics (for detailed sources see graph 1) and own calculations; elderly people who are eligible to publicly funded extra-familial care in the context of the care policy of the respective welfare state; data about take up rates in brackets behind the country name, high level (67-100%), medium level (34-66%), low level (0-33%)

In this part, we analyze in how far differences in the generosity of care policies explain the differences in the take-up rate of extra-familial care. The findings would support the common assumption that mainly the differences in the generosity of care policies explain the differences, if the take-up rate increased with the level of generosity of the care policies.

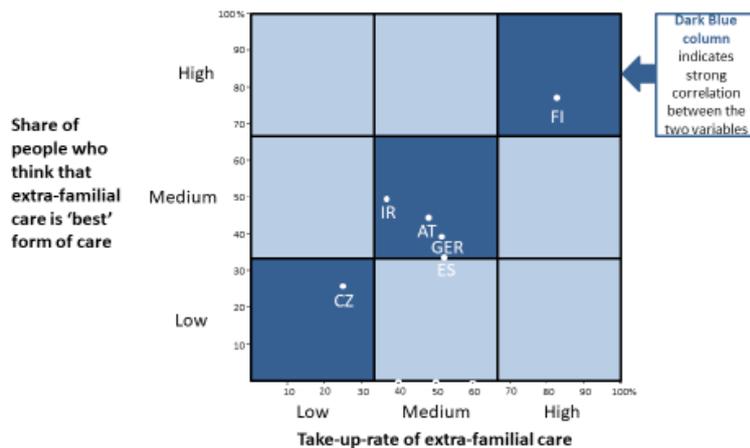
Graph 2 shows that there is no clear relationship between both variables. Only in three countries – Finland, Austria and Spain - the level of generosity of the care policy towards extra-familial care matches with the level of the take-up rate. Both are high in Finland and medium level in Austria and Spain. In the three other countries, the level of the take-up rate deviates from the level of generosity of the care policy. In Germany and the Czech Republic, the level of generosity of the care policy is higher than the level of the take-up rate. In Germany, the care policy has a high level of generosity, since the welfare state offers public funding for almost all extra-familial care costs, with some restrictions concerning household work for people with a lower level of care need. However, the take-up rate is only at a medium level, since only about half of the older people who are eligible use extra-familial care. This is similar in the Czech Republic: The state offers a coverage of the care costs at least at a medium level, but the take-up rate of LTC is nevertheless low. On the other hand, the share of care recipients who choose extra-familial care in Ireland is at medium level, even though the care policy only offers a relatively low share of public co-funding of the average care costs.

Altogether, the findings show that cross-national differences in care policies alone do not explain the differences in the take-up rates of extra-familial LTC.

Cultural ideas about care of older people as explanation

The following part analyzes in how far differences in the main cultural ideas in the population regarding the “best” form of care contribute to the explanation of differences in the take-up rate of extra-familial care.

Graph 3: Take-up rate of extra-familial care in the context of cultural ideas about elderly care



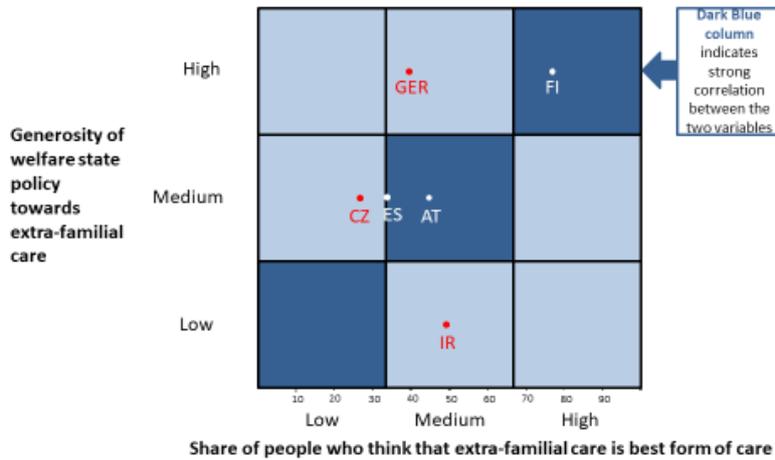
Source: Eurobarometer 2007, Item QA7T: “Imagine an elderly father or mother who lives alone and can no longer manage to live without regular help because of her or his physical or mental health condition? In your opinion, what would be the best option for people in this situation?”; share of people who agree in brackets behind the country names; high level (67-100%), medium level (34-66%), low level (0-33%); national statistics (for detailed sources see graph 2) and own calculations; elderly people who are eligible to publicly funded extra-familial care in the context of the care policy of the respective welfare state; data about take up rates in brackets behind the country name, high level (67-100%), medium level (34-66%), low level (0-33%)

Graph 3 shows that extra-familial care is particularly popular in Finland, where 77% of the population think that it is the “best” form of care. In all other countries, the share of people who think that extra-familial care is the “best” form of care is considerably lower. In Ireland, it is about half (49%) of the population, in Austria 44%, in Germany (39%) and in Spain (34%). In the Czech Republic, the support for extra-familial care is lowest, as only 27% regard this form of care to be the “best”.

In this part, we analyze how far cultural ideas in the population about the “best” form of care for older people contribute to the explanation of the differences. The findings would support our assumption that cultural differences contribute to the explanation if the take-up rate increased with the level of generosity of the care policies. According to the findings, there is a close connection between the level of the cultural ideas in the population and the take-up rates (graph 3). In nearly all countries, the level of support in the population for the cultural idea, that extra-familial care is the “best” form of care has the same level as the take-up rate of extra-familial care.

Graph 4 shows how the generosity of welfare state policies and the main cultural ideas about LTC in the population interact in their role for the explanation of cross-national differences in older people’s behavior towards extra-familial care.

Graph 4: The interaction between the generosity of care policies and cultural ideas



Source: DFG-project FAMICAP, sources and description see graph 1, 2 and 3.

Graph 4 shows that there is no close connection between the generosity of care policy and the take-up rates. The relationship between the main cultural idea about the “best” form of care and the take-up rate is clearly closer.

Altogether, the findings indicate that care policies alone do not explain cross-national differences in the take-up rate of extra-familial LTC. It seems that also cultural differences matter.

Conclusion

The findings show that cross-national differences in the generosity of the care policy towards extra-familial LTC alone do not explain cross-national differences in the behavior of older people towards extra-familial LTC. Older people do not necessarily make use of extra-familial home care services, even if the welfare state contributes at a high or medium generosity level to the care costs. It seems that the main cultural ideas about the “best” form of care are also relevant for the behavior of older people towards care.

The findings are also relevant for the common approach to the measurement of care policies of welfare states in cross-national research. Since care policies alone do not explain older people’s behavior towards care, the share of older people who use extra-familial care is not an adequate indicator for care policies of welfare states.

The empirical study on which the paper is based has a limited database, since only six welfare states were included. Also, some other elements may also contribute to the explanation that have not been considered yet. These include elements of the care policy institutions and social, demographical and economic factors. Further research is needed in future that offers a more comprehensive basis for the explanation of cross-national differences in the take-up rates of extra-familial LTC. Also, it would be important that the data-base of the international surveys and statistics would offer an elaborated basis for comparative research in the research field of the current paper.

References

- Anttonen, Anneli & Sipilä, Jorma (1996): European Social Care Services: Is It Possible to Identify Models? *Journal of European Social Policy*, 6 (2), 87–100.
- Bundesministerium für Arbeit, Soziales und Konsumentenschutz [BMKAS] (2014): Österreichische Pflegevorsorgebericht, Wien: Sozialministerium.
- Behning, Ute (1999): Zum Wandel der Geschlechterrepräsentation in der Sozialpolitik. Ein policy-analytischer Vergleich der Politikprozesse zum österreichischen Bundespflegegeldgesetz und zum bundesdeutschen Pflege-Versicherungsgesetz, Opladen: Leske + Budrich.
- Bettio, Francesca & Platenga, Janneke (2004): Comparing Care Regimes in Europe, *Feminist Economist*, 10 (1), 85–113.
- Carrera, Francesca; Pavolini, Emmanuele; Ranci, Constanzo & Sabbatini, Alessia (2013): Long-Term Care Systems in Comparative Perspective – Care Needs, Informal and Formal Coverage, and Social Impacts in European Countries. In: Ranci, Constanzo & Pavolini, Emmanuele (eds.): *Reforms in Long-Term Care Policies in Europe*, New York: Springer, pp. 23-55.
- Conlon, Catherine; Timonen, Virpi; Carney, Gemma & Scharf, Thomas (2014): Women (Re)Negotiating Care Across Family Generations – Intersections of Gender and Socioeconomic Status, *Gender & Society*, 28 (5), 729–751.
- Costa, D. L. (1996): Displacing the Family: Union Army Pensions and the Elderly's Living Arrangements, *Journal of Political Economy*, 105 (6), 1269-1292.
- Daatland, Svein Olav & Lowenstein, Ariela (2005): Intergenerational Solidarity and Family-Welfare State Balance, *European Journal of Ageing*, 2(3): 174–182.
- Daatland, Svein O.; Herlofson, Katharina & Lima, Ivar A. (2011): Balancing Generations: on the Strength and Character of Family Norms in the West and East of Europe, *Ageing & Society*, 31(7), 1159–1179.
- Dallinger, Ursula & Theobald, Hildegard (2008): Pflege und Ungleichheit: Ungleiche Citizenship Rights im internationalen Vergleich. In: Bauer, Ullrich & Büscher, Andreas (eds.): *Soziale Ungleichheit und Pflege*, Wiesbaden: VS Verlag, pp: 78-104.
- Daly, Mary & Lewis, Jane (2000): The Concept of Social Care and the Analyzis of Contemporary Welfare States, *British Journal of Sociology*, 51 (2), 281-298.
- Daly, Mary & Saraceno, Chiara (2002): Social Exclusion and Gender Relations. In: Hobson, Barbara; Lewis, Jane & Siim, Birte (eds.): *Contested Concepts in Gender and Social Politics*, Cheltenham: Edgar Elgar, pp. 84-105.
- Dienel, Christiane (2007): Die Betreuung älterer Familienmitglieder im europäischen Vergleich — Perspektiven einer europäischen Politik für familiäre Pflege, *Berliner Journal für Soziologie*, 17(1), 281–301.
- Eggers, Thurid; Grages, Christopher; Pfau-Effinger, Birgit; Och, Ralf (2018): Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality – the case of long-term care policies for older people. *Ageing and Society*, S. 1–27.
- Eichler, Melanie & Pfau-Effinger, Birgit (2009): The 'Consumer Principle' in the Care of Elderly People: Free Choice and Actual Choice in the German Welfare State, *Social Policy & Administration*, 43 (6), 617–633.
- Esping-Andersen, Gøsta (1999): *Social Foundations of Postindustrial Economies*, Oxford: Oxford University Press.
- Esping-Andersen, Gøsta (1990): *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.
- Eurobarometer (2007): Health and Long-term Care in the European Union. URL: http://open-data.europa.eu/en/data/dataset/S657_67_3_EBS283.
- Fenger, M. (2007): Welfare regimes in central and eastern Europe: Incorporating post-communist countries in a welfare regime typology, *Journal of contemporary issues in social science*, 3 (2), 1–30.
- Ferrera, Maurizio (1996): The 'Southern Model' of Welfare in Social Europe, *Journal of European Social Policy*, 6 (1), 17–37.
- Frericks, Patricia; Jensen, Per H. & Pfau-Effinger, Birgit (2014): Social Rights and Employment Rights Related to Family Care: Family Care Regimes in Europe, *Journal of Aging Studies*, 29: 66–77.
- Hammer, Elisabeth & Österle, August (2003): Welfare State Policy and Informal Long-Term Care Giving in Austria – Old Gender Divisions and New Stratification Processes Among Women, *Journal of Social Policy*, 32(1), 37-53.
- Health Service Executive (2014): *Annual Report and Financial Statements 2013*, Naas: Oak House.
- Heusinger, J. & Klünder, M. (2005): "Ich lass' mir nicht die Butter vom Brot nehmen!". Aushandlungsprozesse in häuslichen Pflegearrangements [„I shall not allow the butter from my

- bread be taken": processes of negotiation in home-care arrangements]. Frankfurt am Main, Berlin: Mabuse-Verlag Wissenschaft.
- Grootegoed, Ellen; Knijn, Trudie & Da Roit, Barbara (2010): Relatives as Paid Care-Givers: How Family Carers Experience Payments for Care, *Ageing and Society*, 30 (3), 467–489.
- Instituto de Mayores y Servicios Sociales [Imerso]: Información destacada de la gestión del sistema para la autonomía y atención a la dependencia. Avance de la Evaluación a 31 de Diciembre de 2014.
- Jenson, Jane & Jacobzone, S. (2000): Care Allowances for the Frail Elderly and their Impact on Women Care-Givers. DEELSA/OECD/WD; Labour Market and Social Policy - Occasional Papers, No.41, Paris: OECD.
- Kremer, Monique (2006): Consumers in Charge of Care: The Dutch Personal Budget and Its Impact on the Market, Professionals and the Family, *European Societies*, 8 (3), 385–401.
- Leitner, Sigrid (2003): Varieties of Familialism: The Caring Function of the Family in Comparative Perspective, *European Societies*, 5 (4), 353–375.
- Lister, R. (1994): 'She has other duties'. Women, citizenship and social security. In: S. Baldwin & J. Falkingham (eds.): *Social Security and Social Change: New Challenges*, Hemel Hempstead: Harvester Wheatsheaf.
- Lyons, Karen S. & Zarit, Steven H. (1999): Formal and Informal Support: the Great Divide, *International Journal of Geriatric Psychiatry*, 14, 183-196.
- Martin, Claude (2015): Southern European Welfare States. Configuration of the Balance between State and the Family. In: Baumeister, Martin & Sala, Roberto (eds.): *Southern Europe? Italy, Spain, Portugal and Greece from 1950s until the Present Day*, Frankfurt/New York: Campus Verlag.
- McLaughlin, E. & Glendinning, C. (1994): Paying for Care in Europe: is there a Feminist Approach? In: L. Hantrais & S. Mangen (eds.): *Family Policy and the Welfare of Women*, Loughborough: European Research Centre, pp. 52-69.
- Missoc (2015): Comparative Tables on Social Protection: Long-term Care. URL: <http://www.missoc.org/MISSOC/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp>.
- Ministry of Labour and Social Affairs (2011): Social Services (MPSV (OkStat) data), URL: <http://www.mpsv.cz>.
- OECD (2015): OECD Health Statistics 2015, URL: http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT
- Ostner, Ilona (1995): Arm ohne Ehemann? Sozialpolitische Regulierung von Lebenschancen für Frauen im internationalen Vergleich, *Aus Politik und Zeitgeschichte*, B 36-37/95, pp. 3-12;
- Pavolini, Emmanuele & Ranci, Constanzo (2015): Not All That Glitters Is Gold – Long-Term Care Reforms in the Last Two Decades in Europe, *Journal of European Social Policy*, 25(3), 270–285.
- Pavolini, Emmanuele & Ranci, Constanzo (2008): Restructuring the Welfare State: Reforms in Long-Term Care in Western European Countries, *Journal of European Social Policy*, 18 (3), 246–259.
- Pfau-Effinger, Birgit (2012) Analyses of welfare-state reform policies towards long-term senior care in a cross-European perspective, *European Journal of Ageing*, 9, 2: 151-154
- Pfau-Effinger, Birgit (2005a): Culture and Welfare State Policies: Reflections on a Complex Interrelation, *Journal of Social Policy*, 34 (1), 1–18.
- Pfau-Effinger, Birgit (2005b): Welfare State Policies and the Development of Care Arrangements, *European Societies*, 7 (2), 321-347.
- Pfau-Effinger, Birgit (2004): Socio-Historical Paths of the Male Breadwinner Model – Explanation for Cross-National Differences, *British Journal of Sociology*, 55 (3), 377-399.
- Pfau-Effinger, Birgit (1998): Gender Cultures and the Gender Arrangement - A Theoretical Framework for Cross-National Comparisons on Gender, *Innovation: the European Journal of Social Sciences*, Special Issue, 11 (2), 147-166.
- Pfau-Effinger, Birgit; Jensen, Per H., Och, Ralf (2011): Tension between a Consumer Approach to Social Citizenship and Social Rights of Family Carers. A Comparison between Germany and Denmark, *Nordic Journal of Social Research*, 2.
- Rummery, Kirstein (2009): A Comparative Discussion of the Gendered Implications of Cash-for-Care Schemes: Markets, Independence and Social Citizenship in Crisis?, *Social Policy & Administration*, 43 (6), 634–648.
- Saraceno, Chiara & Kalmijn, Matthijs (2008): A Comparative Perspective on Intergenerational Support – Responsiveness to Parental Needs in Individualistic and Familialistic Countries, *European Societies*, 10 (3), 479–508.
- Saraceno, Chiara & Keck, Wolfgang (2010): Can We Identify Intergenerational Policy Regimes in Europe? *European Societies*, 12 (5), 675–696.

- Statistisches Bundesamt (2013): Pflegestatistik 2013 – Pflege im Rahmen der Pflegeversicherung
Deutschlandergebnisse, Wiesbaden: Statistisches Bundesamt.
- Sotkanet Statistics and Indicator Bank (2013): Ageing and Functional Capacity, URL:
<http://www.sotkanet.fi>.
- Ungerson, Clare (2004): Whose Empowerment and Independence? A Cross-National Perspective on
Cash For Care Schemes, *Ageing and Society*, 24 (2), 189–212.