

Care Policies towards Familial Care and Extra-Familial Care – Their Interaction and Role for Gender Equality

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Abstract

The usual analysis of long-term care (LTC) policies for seniors is in terms of “de-familialisation”/“familialisation”: policies that support extra-familial care are considered “de-familialising”; policies that promote families’ own responsibility for caregiving are “familialising”. The two concepts, by this logic, are opposites, so that a specific policy must be either de-familialising or familialising. Some authors doubt that de-familialisation/familialisation can be treated as opposites, but they lack a new theoretical understanding of the relation between de-familialisation/familialisation of care policy that can account for the newer policies of public co-funding for family caregivers; moreover direct empirical studies of the policy institutions themselves (not just studies of indirect indicators) are also needed but lacking.

This article explores in how far the concept of de-familialisation/familialisation is adequate to the classification of LTC policies for seniors. It investigates the relation between the generosity level of LTC policies regarding *extra-familial* care for seniors, and the generosity level of LTC policies regarding *paid family care*, and argues that the two LTC policies represent substantially different types of policy that vary relatively autonomously.

Five European welfare states are compared which represent different welfare state types in common typologies. Data used are from document analysis of care policy legislation and MISSOC. The findings show that, mainly, those welfare states who generously support paid care by family members also generously support extra-familial care. It seems that the more generous welfare states often pursue a dual political strategy that combines generous support for extra-familial care with a generous LTC policy regarding family caregivers.

The paper brings new insights into the ways welfare states act in their care policies, and help to clarify how the concept of de-familialisation/familialisation can be understood.

1. Introduction

In most mid-20th century industrial societies, long-term care (LTC) for senior citizens was mainly organised as unpaid work in the private family household, and was the woman's duty. In view of the change towards a "greying society" on the one hand, and the rise in the numbers of women in gainful employment on the other, the welfare states of post-industrial societies have since the early 1990s increasingly been faced with the task of reorganising the area of care work for senior citizens (Ranci & Pavolini, 2008, 2013; Léon, 2014; Gori et al., 2016). Since the 1990s most welfare states have introduced new social rights and extended the infrastructure based on public care provision for senior citizens.¹ As a consequence of this welfare state change, informal, unpaid work in the private sphere of the family has, in part, been transformed into formal, paid care work in the formal employment system outside the family. Nevertheless, many older people still receive care by – mostly female - family members (Frericks, Jensen & Pfau-Effinger, 2014; Riedel & Kraus, 2016; Colombo et al., 2011; Bettio & Verashchagina, 2012).

The paper investigates the relation between the generosity level of LTC policies regarding *paid familial* care, and the generosity level of LTC policies regarding *extra-familial* care for senior citizens, and argues that the two LTC policies represent substantially different types of policy that vary relatively autonomously.

This challenges the common assumption that generous support for caring family members is mainly used as a cheap substitute by welfare states that are less generous towards extra-familial care. It argues instead that welfare state policies towards long-term care for senior citizens are either generous in different areas of care, or they are overall less generous, and that it is plausible to assume that the degree of generosity of welfare states towards caring family members is similar to the degree of generosity towards extra-familial care for senior citizens. In our empirical study, we analyse how welfare states in Europe differ in the degree of generosity regarding paid familial care, and how their generosity of LTC policy towards the support of caring family members relates with their generosity of LTC policy towards extra-familial care. We introduce a new multi-dimensional approach for the measurement of generosity of welfare state policies for paid familial care, and of the generosity of welfare state policies towards extra-familial care. The comparative analysis includes five European welfare states which represent different types of welfare regimes (after Esping-Andersen, 1990). We use data from MISSOC and analysis of documents about the care policy legislation from the research project FAMICAP "*Institutional framework of care by family members between market logic and family solidarity*" funded by the German Research Foundation (DFG).

The field is important in different perspectives. The findings have consequences for our ways of thinking and our theoretical concepts about the relationship between welfare states and the family.

In the following part, the paper discusses currently popular approaches to the analysis of welfare state policies regarding LTC for senior citizens. Part 3 introduces the theoretical and methodological framework for the explanation of the ways in which the generosity of

¹ In welfare state research, the concept of "social rights" means the rights that individual social citizens are guaranteed by the welfare state (Marshall, 1964)

welfare state policies for paid family care interacts with welfare state policies towards publicly funded extra-familial care, while part 4 introduces the findings of the comparative empirical study. Finally, the article finishes with a conclusion (part 5).

The focus of the paper is restricted to welfare state institutions and how these are framing care work by family members and public extra-familial care for senior citizens in need of long-term care. The paper does not provide an analysis about the actual structures of family care or the working conditions of caring family members in their everyday life.

2. Overview of theoretical debate and research about care

The concept of “care” was brought into theoretical debate by the feminist scholars. It was argued that activities like childcare and care for older people are specific types of work, that in part take place hidden and without social and scientific recognition within the family. With the concept of “social care”, scientific concepts of welfare production were broadened with a critical intention: to emphasise the dichotomisation of societal life into public and private spheres, whereby care is traditionally mostly included in the latter – secondary – private sphere, where it is downgraded, and with it, the work of women (Anttonen & Zechner, 2011; England, 2005; Leira & Saraceno, 2002).

In the last few years, the analysis of welfare state policies towards the formalisation of care work has become a prospering branch of international comparative social research. The concept of care work is, in this regard, mostly used nowadays as a general description for work that serves to support others in coping with their everyday lives (Anttonen & Sipilä 2005; Daly & Lewis, 1998).

The main focus of analysis about these changes is on tendencies of the relocation of care work out of the private household, and its transformation into formal, paid and sometimes professionally performed gainful employment (Anttonen & Sipilä, 2005; Bettio, Simonazzi & Villa, 2006; Bettio & Verashchagina, 2012; Knijn & Verhagen, 2007; Ranci & Pavolini, 2013; Lyon & Glucksmann, 2008). In comparison, less attention has been given to welfare state policies towards care work that people provide for their senior family members in need of care within the family itself, which we call in the following parts “family care work”.

While it is considered that formal care employment can have different forms, which comprise standard employment and different forms of atypical employment (Theobald, 2011), potential differences in welfare state policies for caring family members are rarely considered. Also, publicly provided care is usually classed as modern and female-friendly, because it relieves women from care work at home, even if formal care work can have precarious features, as it was mentioned above. Welfare state support for care by family members, in contradication, tends to be linked to backwardness and the social exclusion of those who practise it (see also Cousins 1998).

This kind of research neglects that in fact, many welfare states in Europe have introduced a new type of social right, that Knijn and Kremer (1997) conceptualize as “social right to care” for family members. This means that the welfare states offer time and finances that

empower family members to give care for elderly relatives in need of care. However, studies that have analysed new welfare state policies towards caring family members in a comparative cross-national perspective showed that the social rights related to family care differ substantially between welfare states (Da Roit & Le Bihan, 2010; Bettio & Plantenga, 2004; Pfau-Effinger, Jensen, Och, 2011; Frericks, Jensen & Pfau-Effinger, 2014; Ungerson, 2004). It was also pointed out that the new welfare state policies towards care have created new paid forms of care work by family members that share some features of professional formal care work outside the family.

The concept of de-familialisation/familialisation of care policies

The main focus of much research on welfare state policies towards the care of senior citizens is therefore on the “familialising”/“de-familialising” role of welfare state policies on LTC for seniors, that is, on the degree to which welfare states support the formalisation of care for senior citizens and women’s integration into formal employment. This concept was developed in feminist discussions of the welfare state, particularly in the work of Lister (1994) and McLaughlin & Glendinning (1994). It was then introduced into the concepts of general welfare state research, particularly through its use in the work of Esping-Andersen (1999: 45-46). It refers to the formalisation of care work through outsourcing it out of the family, which is seen as a prerequisite for the integration of women into gainful employment unburdened by familial responsibilities, and as the only possibility for women to gain financial autonomy. Therefore, “de-familialization would indicate the degree to which social policy (or perhaps markets) render women autonomous to become ‘commodified’, or to set up independent households, in the first place” (Esping-Andersen 1999: 51).² In the case of outsourcing, care work is transferred to organisations outside the private household. The term “familialisation” refers to the opposite: its retention in the family, or policies that support this (Esping-Andersen, 1999; Lister, 1994; Saraceno, 2016).

Even if Leitner (2003) and Saraceno & Keck (2010) have introduced a more complex typology about the concept of de-familialisation/familialisation, it is often used in such a way that familialisation and de-familialisation are treated as opposite concepts, and policies are classified on the basis of their support for one of both types of LTC. It is often assumed that particularly those welfare states generously support care by family members that have a non-generous policy towards extra-familial care and thus treat the unpaid care by family members as a cheap alternative to the establishment of a generous policy towards publicly funded extra-familial care. Such policy is seen as detrimental for women’s labour market integration and gender equality, since caring family members are mostly female, and women will feel morally obliged to care if the welfare state does not give generous support to extra-familial care. However, there is a lack of empirical research in this field.

² For the concept of “commodification of care” see Ungerson, 2005; Knijn and Ostner, 2002.

3. Theoretical and methodological framework

We argue that the chance is high that particularly those welfare states offer generous conditions for care work by family members which are also more likely to have relatively generous support for extra-familial care. We assume that generous LTC policy towards family care is usually part of a general care policy package that treats both types of care in a similar way, in a more generous or a less generous manner, and that the two policies complement each other rather than contradict each other. We explain this with the assumption that the strength of support of welfare states for LTC covers different forms of care at the same time, which includes extra-familial and familial care. On the other hand, welfare states that in principle do not offer strong social rights and a generous infrastructure for extra-familial care have in general a weak role for the support of care, which includes care by family members.

In the usual argument, welfare states promote paid care of family members with the aim of maintaining the traditional gender division of labour, and/or because this is a less costly alternative to publicly paid, professional extra-familial care. This argument neglects the possibility that people may prefer to care themselves for their relatives in need of care. Empirical research shows that this is possible if the society has a relatively strong cultural tradition that treats family care as the “ideal” form of care – even despite a relatively generous welfare state policy towards extra-familial care (Eichler & Pfau-Effinger, 2009). However, care policies of generous conditions for extra-familial care but unpaid or low-paid family care would lead to substantial financial disadvantages for family caregivers their dependence on a breadwinner, and in many cases also encourage the persistence of gender inequality.

The empirical study is based on a comparative analysis of five European welfare states in the research project FAMICAP “*Institutional framework of care by family members between market logic and family solidarity*” funded by the German Research Foundation (DFG). The countries of the study include Denmark, Germany, the Czech Republic, Italy and Ireland. These countries represent all main regions of Europe and different types of welfare states in the “welfare regime” typology of Esping-Andersen (1990) and other authors who have extended it (Fenger, 2008; Ferrera, 1996).

We introduce an innovative methodological framework for the measurement of the degree of generosity of welfare state policies towards paid family care and for the measurement of welfare state policies towards publicly funded extra-familial care services. The empirical study is based on document analysis and secondary analysis of qualitative empirical studies. The empirical analysis is restricted to the analysis of legal regulations in welfare state institutions. It does not include structures of care.

The article introduces an innovative methodological framework for the measurement of the generosity of senior care policies at the level of national institutional regulation. We measure the generosity of welfare state policy towards paid family care as well as the generosity of welfare state policy towards publicly funded extra-familial care on the basis of a theoretical classification. The generosity of LTC policy regarding paid family care is

measured on the basis of three main indicators. These include (1) the degree of generosity in the access of care-dependent seniors to paid care by family members. The next indicator (2) measures the generosity of care policy in terms of the amount of the pay for family caregiving on the basis of the average amount paid for it. The degree of generosity is measured by the estimated difference between the pay for family caregivers and the average pay of care workers in the formal employment system³. The third indicator (3) measures the degree of generosity of LTC policy in terms of social security rights of caring family members. The overall degree of generosity of LTC policies on paid family care (4) is based on the calculation of the average of all three dimensions (1), (2) and (3).

The comparative analysis of the generosity of LTC policies towards extra-familial care is based on two indicators: The first indicator (1) measures the degree to which a care policy assures care-dependent seniors access to publicly paid, extra-familial care. The second indicator (2) measures the generosity of extra-familial LTC policies in terms of the average share of co-payment that the welfare state contributes to the total cost of the extra-familial LTC. Theoretically, generosity is highest where the state pays for the whole care provision, and lowest where it does not co-finance the extra-familial care at all. The overall degree of generosity (3) is based on the calculation of the average of the two dimensions (1) and (2).

Finally, we analyse how welfare state policies for caring family members and welfare state policies towards extra-familial care interact on the basis of their generosity.

³ Average pay of care workers refers to salaries of auxiliary nurses, because comparable data for formally employed carers is lacking (<http://www.worldsalaries.org/>).

4. Findings of the empirical study

4.1. Generosity of LTC policies regarding paid family care

Table 1 shows the level of generosity of LTC policies regarding paid family care in the studied countries.

Table 1: Generosity of LTC policies regarding paid family care for seniors in five European countries

Country (and legal basis of LTC policy in each)	Generosity of care policy in the access of care-dependent seniors to public funding for family care (1)	Generosity of care policy regarding amount of pay for family care (2)	Generosity of care policy regarding social security rights of family carers (3)	Overall degree of generosity of care policy (4)
Denmark Consolidated Act on Social Services	High	High	High	High
Germany Care Insurance Act	Medium	Medium	Medium	Medium
Czech Republic Act on Social Services	Medium	Medium	Medium	Medium
Italy Indennità di Accompagnamento	Low	Low	Low	Low
Ireland Social Welfare Consolidation Act	Low	Medium	Medium	Low to Medium

- (1) Generosity of care policy in access of care-dependent seniors to paid family care, by lowest ranking sub-indicator (a = needs-test, b = means-test, c = preconditions regarding family carer):
- High generosity = Access of seniors to paid family care without needs-test or with a low-threshold needs-test (1-2 of 10 tested needs according to ICF); Medium generosity = Access of seniors to paid family care by medium-threshold needs-test (3-4 of 10 tested needs according to ICF); Low generosity = Access of seniors to paid family care by high-threshold needs-test (5 or more of 10 tested needs according to ICF) or the requirement of full-time care; since the differences between the categories 5-10 are smaller than between the other categories, we include more categories for low generosity than for the other levels.
 - High generosity = Access of seniors to paid family care by (or without) means-test that excludes only on the basis of high income (over €7500 per mo.); Medium generosity = Access of seniors to paid family care by a means-test that excludes on the basis of medium income (over €5000 per mo.); Low generosity = Access of seniors to paid family care by a means-test that excludes on the basis of even low income (over €2500 per mo.) and assets.
 - High generosity = Access of seniors to paid family care restricted by 0 or 1 preconditions regarding family carer; Medium generosity = Access of seniors to paid family care restricted by 2 preconditions regarding family carer; Low generosity = Access of seniors to paid family care restricted by 3 or more preconditions regarding family carer. Potential preconditions regarding family carer: Access to paid family care dependent on 1) place of residence of family carer, 2) income of family carer (means-test), 3) employment status of family carer.
- (2) High generosity = 67%-100% of standard wage of care workers in formal care services, Medium generosity = 34%-66% of wage of formal care workers, Low generosity = below 34% of wage of formal care workers.
- (3) High generosity = family carer covered by all main social security systems (pension, health, unemployment); Medium generosity = family carer covered by one to two social security systems; Low generosity = family carer not covered by any of the main social security systems
- (4) Average of value of indicators 1, 2 and 3.

Sources: Analysis of legal basis of care policy institutions on the basis of document analysis in the countries of the study, secondary analysis of empirical studies and MISSOC data, DFG project FAMICAP, data for 2016, in Germany for 2017.

The LTC policy for paid care by family members has a high degree of generosity in Denmark, a medium generosity in Germany and the Czech Republic, a low to medium degree of generosity in Ireland and a low degree of generosity in Italy.

Denmark

Care policy in the Danish welfare state is highly generous regarding the access of senior citizens to family care, since the access is universal and not restricted in terms of needs-testing, means-testing or preconditions regarding the family carer (Consolidated Act on Social Services). The generosity of care policy towards payment and social security rights of family carers is highly generous as well. If a senior citizen chooses care provision by a family member, the family member can get a formal employment contract (fulltime or part-time) with the local authorities. The municipality must ensure that the employment contract for family carers complies with the general conditions regarding wage level, work-related rights and social rights which are fixed in the collective wage agreement for professional carers (§ 94, 95, 96, 118). Accordingly, the payment is legally fixed at 100% of the standard wages of care workers in formal public care services and family caregivers have comprehensive social security rights (pension, health, unemployment). Altogether, LTC policies of the Danish welfare state have a high degree of generosity regarding care work by family members.

Germany

The German welfare state offers an individual right to all seniors to receive payments for family care, if they pass a needs-test in the form of a medium-threshold health test (Care Insurance Act (*Pflegeversicherungsgesetz*) (*Sozialgesetzbuch [SGB] XI*)). The generosity of policy on pay for care provided by family members is overall at a medium level. The amount of this pay differs with the different care levels (€316 to €901) and is about half the amount of the pay for care provision by a professional care service at the corresponding care level (§37). The social security rights of family carers are of medium-level generosity, comprising pension entitlements for those caregivers who perform care for more than 10 hours per week (§19) and work fewer than 30 hours per week in formal employment (§44, sentence 1). The family care provision leads to no further entitlements, e.g. health insurance or unemployment benefits (Frericks, Jensen & Pfau-Effinger, 2014). Altogether, the degree of welfare state generosity in the support of family care in Germany is at medium level.

Czech Republic

In the Czech LTC policy, seniors are eligible for paid family care if they pass a needs-test in the form of a medium-threshold health test (Act on Social Services [*Zákon o zdravotních službách*] No. 108/2006). Therefore the generosity is at a medium level. The family care payment amount varies with the estimated extent of care need, from €30 to €444 per month, which is more than one-third of the wages of care workers in formal care for the same amount of care and is therefore of medium generosity. Relatives of a care recipient on at least care-level 2 (out of 4 levels) can be credited for their care in the pension insurance system and receive health insurance (Colombo et al., 2011; Baríková, 2011), so that the generosity of the social security rights of family carers is also medium.

Altogether, the policy generosity of Czech LTC policy regarding paid family care is of medium level.

Italy

The Italian LTC policy, the *Indennità di Accompagnamento* (Law No.18, 11 Feb. 1980), is giving seniors with particularly high care-needs access to cash payments for family care. However, access to the payment is possible only for seniors needing fulltime care, evaluated by a strict needs-test. Accordingly, the LTC policy generosity regarding the access of seniors to paid family care is low-level. The payment for family care is a fixed monthly amount of €512.34⁴. As this is less than one-third of the standard wage for fulltime formal care workers, the generosity regarding the level of payment for paid family care is low. The generosity of social security rights for family carers is also low, since they are entitled to only minor pension credits that compensate for 25 days per year, even when the family care is fulltime (Lamura et al., 2004). Altogether, the generosity of welfare state support for paid care by family is ranked low.

Ireland

The Irish welfare state gives seniors of particularly high care need the right to payments for familial care (Social Welfare Consolidation Act), but the generosity of the LTC policy regarding paid family care is generally low. Only seniors are eligible who require fulltime care as evaluated by a strict needs-test. Furthermore, the group of family caregivers who generally qualify for direct payment is limited by different preconditions.

There are two basic programs for family caregivers which converge in some regards, but differ in others considerably: (1) The Carer's Allowance is designed as an income substitute for family carers on low incomes (means-test) whose weekly assets and income amount to less than €332.50 for a single person, and €665 for a couple. The Carer's Allowance amounts to €816 per month for carers younger than 66 and €928 for those of retirement age and over. As this is more or less half the wages of formal care workers, the generosity of payment is of medium level.

(2) The Carer's Benefit⁵ applies only to persons who leave their paid employment in order to care for a relative. The payment generosity is at a medium level: €820 per month for persons under 66, which also equals about half the wage of formal care workers.

The generosity of social security rights is in both programs at medium level. For the Carer's Benefit, social insurance contributions are covered by the welfare state; for Carer's Allowance recipients, the credited social insurance contribution amount depends on the carer's former work history (Mahon et al., 2014). Altogether, the degree of generosity of support for family care in Ireland is at low-to-medium level.

To summarise: Altogether, the cross-national comparative analysis indicates that among the five welfare states there are substantial differences in the generosity of care policies on paid family care. LTC policy regarding paid family care has a high level of generosity in

⁴ "Monthly amount" refers to the payment in 2016,

URL: <http://www.inps.it/portale/default.aspx?itemdir=10034> (31.01.2017)

⁵ Annual rates of payments based on the Social Welfare Consolidated Act (2005) in Ireland, URL: http://www.welfare.ie/en/Pages/1084_Illness-disability-and-caring.aspx (02.12.2016).

Denmark, a medium level in Germany and the Czech Republic, a low-to-medium level in Ireland, and a low level of generosity in Italy.

4.2. Generosity of LTC policies regarding extra-familial care

In this part we analyse the generosity of the welfare state policies towards extra-familial care in the five countries.

Table 2: Generosity of LTC policy regarding extra-familial care for seniors in five European countries

Country (and legal basis of the LTC policy in each)	Generosity of care policy in access of care-dependent seniors to publicly funded extra-familial care (1)	Generosity of care policy regarding funding level of extra-familial care costs (2)	Overall degree of generosity of care policy (3)
Denmark Consolidated Act on Social Services	High	High	High
Germany Care Insurance Act	Medium	High	Medium to High
Czech Republic Act on Social Services	Medium	Medium	Medium
Italy Indennità di Accompagnamento	Low	Low	Low
Ireland Home Care Packages and Nursing Home Support Scheme	Low	Low	Low

(1) Generosity of LTC policy regarding the access to extra-familial care by lowest ranking sub-indicator (a = needs-test, b = means-test):

- a) High generosity = Access of seniors to publicly funded extra-familial care, without needs-test or with a low-threshold needs-test (1-2 of 10 tested needs according to ICF); Medium generosity = Access of seniors to publicly funded extra-familial care by medium-threshold needs-test (3-4 of 10 tested needs according to ICF); Low generosity = Access of seniors to publicly funded extra-familial care by high-threshold needs-test (5 or more of 10 tested needs according to ICF or requirement of full-time care).
- b) High generosity = Access of seniors to publicly funded extra-familial care without or with means-test that excludes only on the basis of high income (over €7500 mo.); Medium generosity = Access of seniors to publicly funded extra-familial care by means-test that excludes on the basis of medium income (over €5000 mo.); Low generosity = Access of seniors to publicly funded extra-familial care by means-test that excludes on the basis of even low income (over €2500 mo.) and assets.

(2) High = 67%-100% of the share of extra-familial care costs; Medium = 34%-66% of the share of extra-familial care costs; Low = below 34% of the share of extra-familial care costs.

(3) Average of value of indicators 1 and 2.

Sources: Analysis of the legal basis of care policy institutions – document analysis of the countries in the study, secondary analysis of empirical studies and MISSOC data, DFG project FAMICAP, data for 2016, German data for 2017.

Denmark

In Denmark all citizens have an individual right to public support for extra-familial care. They can get physical care or support with their everyday life without a needs-test or a means-test (Consolidated Act on Social Services). Thus, generosity in terms of seniors' access to extra-familial care is on a high level. The same applies to generosity in terms of the amount of public co-funding of extra-familial care costs, since all costs are covered

(§83). Altogether, Danish care policy shows a high degree of generosity towards seniors who need extra-familial care.

Germany

In Germany, care-dependent seniors have an individual right to public support for extra-familial care (SGB XI). The care policy has a medium level of generosity in older people's access to extra-familial care since it is based on a medium-threshold needs-test (§15). The amount of public funding for extra-familial care is legally fixed and paid directly by the public care insurance to the care service agencies or residential care homes. The public co-financing of the care costs is meant to fully cover the costs of the necessary physical care and to some extent also of household services at the different care levels (§ 36). For care recipients in residential care, mainly care-related tasks are covered, so that they have to bear considerable additional expenditures for housing, food and household services (Rothgang et al., 2011: 203f.). Nevertheless, the generosity of public care-cost payments can be ranked as high. Altogether, the generosity of the care policy on extra-familial care in the German welfare state is medium to high.

Czech Republic

In the Czech Republic access to public support for extra-familial LTC is based on a medium-threshold health test, so that the generosity of care policy is at medium level. The Act on Social Services (*Zákon o zdravotních službách* No. 108/2006), allows care-dependent seniors to receive cash benefits for their physical care in their own household, covering on average from one- to two-thirds of these care costs. Seniors in residential care get full coverage of the care, but have to pay up to 85% of their own income for food and accommodation costs (Colombo et al., 2011; Österle, 2010; Janoušková et al., 2014). The generosity of public co-financing of the extra-familial care costs is thus on a medium level. Altogether, the Czech welfare state's policy on extra-familial LTC is of medium generosity.

Italy

The central Italian welfare state offers the *Indennità di Accompagnamento* (Law No. 18 of 11 Feb. 1982), a national cash benefit to care-dependent seniors to pay for extra-familial care services. Access to the payment shows a low level of generosity, since it is restricted to needs-tested, fulltime care (Costa-Font, 2010; Da Roit & Le Bihan, 2010). The monthly flat-rate payment is €512.34, covering on average less than one-third of the cost of formal fulltime extra-familial care, so that the generosity of the policy regarding public co-funding of the care costs is low. Altogether, the Italian extra-familial LTC policy for seniors shows a low level of generosity.

Ireland

The extra-familial LTC policy for seniors of the Irish welfare state is rather fragmented, and its generosity in terms of access is low (Timonen et al., 2012). Only seniors with high-level care need, after a strict needs-test, have access to different kinds of services within the "Home Care Package" program (HSE, 2016). Further, community care and social care services are only for low-income seniors in possession of the means-tested "Medical

Card”. The access to residential care is, in accordance with the “Nursing Homes Support Scheme Act” (NHSS), both means-tested and needs-tested since it is primarily only for people with a high level of care need who are unable to live on their own.

Policy generosity of funding for extra-familial LTC is low as well. Co-payments for care differ with the income of care recipients (European Commission, 2014). Care-dependent seniors are expected to give over 80% of their income, 7.5% of the value of their assets per annum, and a one-time payment of 22.5% of the value of their homes, all towards their own care costs (NHSS, 2016). The policy of the Irish welfare state on extra-familial care is altogether of low generosity.

Overall the findings show that the welfare states in the study differ considerably in the degree of generosity of their extra-familial care policies (Table 2). Danish welfare state care policy is highly generous, while the German welfare state is of medium to high generosity in this regard. The Czech welfare state’s LTC policy regarding extra-familial care shows medium generosity, while both Italy and Ireland’s are low-level generous.

4.3 Relationship between the generosity of LTC policy regarding paid family care and regarding extra-familial care for seniors

A clear pattern emerges from the available data: The findings do not support the common assumption that welfare states use family care as a cheap substitute for extra-familial care. If they would match with this assumption, we would have found that the generosity towards care by family members would vary in an opposite direction among the countries of the study than the policy towards extra-familial care, so that the degree of generosity of welfare state policies towards paid family care would have increased with the decrease of the generosity of welfare state policies towards extra-familial care.

Table 3: The relationship between LTC policies regarding paid family care and extra-familial care on the basis of their generosity

Generosity of LTC policies regarding paid family care	Generosity of LTC policies regarding extra-familial care				
	High	Medium to High	Medium	Low to Medium	Low
High	Denmark				
Medium to High					

Medium		Germany	Czech Republic		
Low to Medium					Ireland
Low					Italy

Source: DFG Project FamiCap

However, we found the opposite case: the degree of the generosity of LTC policy regarding paid family care tends to be higher when the degree of the generosity of LTC policy regarding extra-familial care is higher. All the welfare states in the study, which represent different types of welfare states in Europe, show similar patterns of generosity in both types of care policies. Particularly those welfare states are more generous in regard to paid family care which are also more generous than the others regarding extra-familial care.

In Denmark, LTC policy generosity is high for both types of care; in Germany and the Czech Republic both types of LTC policies show about medium generosity, and generosity is around a low level in Italy and Ireland. There are some minor deviations, which however do not change the overall picture; e.g. LTC policy regarding extra-familial care in Germany is somewhat more generous (medium to high) than LTC policy regarding paid family care (medium), while on the other hand, in Ireland LTC policy regarding paid family care shows a low-to-medium generosity, while extra-familial care policy shows a low generosity level.

5. Conclusion

The main aim of this article was to evaluate the common assumption that welfare states mainly use publicly paid care work by family members as a cheap substitute for public support for extra-familial care. The findings challenges this assumption in that it argues that it is not adequate to conceptualise care policies towards extra-familial care on one hand, care policies towards care work by family members on the other as opposites, and that instead both types of care policy vary relatively independently from each other. The findings support this assumption. They indicate that it is possible that welfare states offer a similar generosity towards both types of care policy and that both are often part of a general care policy package that treats both types of care in a similar way, either in a more generous or a less generous manner. Thus, the two policies complement each other rather than contradict each other.

The article makes a substantial new contribution to the theoretical debate about welfare state policies towards LTC and how policies conceptualise the role of the family for the care. It argues that it should be considered that many welfare states meanwhile offer new

forms of paid family care, and that both dimensions of care policy should be analysed independently from each other, and with respect to the ways in which they interact. On the basis of a new methodological approach, that analyses care policies towards extra-familial care and care policy regarding paid family care at the level of care policy institutions, the article shows that both dimensions of LTC policy vary relatively independently from each other and should be treated as two different variables in the analysis of LTC policy for older people. Research that might include more countries might reveal if there are more variations in the ways in which both types of policies interact.

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