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Balancing formal and informal care provision within varieties of familialism: Slovenia and Austria*

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Introduction

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Accelerated demographic ageing has raised the issue of how to best provide quality, sustainable and affordable long-term care to dependent older people living in the community. There is a growing concern that reliance on informal care alone could have adverse effects on the well-being and health of carers and result in a high level of unmet care needs of older people. At the same time, increasing formal care capacity sufficiently to respond to growing demand and replace informal care, may not be financially feasible. Understanding how older people and their carers combine formal and informal care is crucial for policymakers to foster more efficient use of care and provide care of good quality. It is also key to reduce inequalities (e.g. based on gender and socio-economic status) in the use of different types of care. Long-term care (LTC) for older people consists of a wide range of tasks (ranging from personal care to home help) that address different needs and that are associated with different consequences in terms of caregiving burden.

Keywords:
long term care, Austria, Slovenia, income inequality, gender inequality

In this Policy Brief we summarize the main insights from the DET_CAREMIX project for policy-makers. The project aimed to gain a better understanding of how dependent older people and their families make choices regarding care arrangements in LTC, with a particular focus on gender and socioeconomic inequalities. The study, conducted between 2017 and 2020, employed a comparative design using two countries: Austria and Slovenia. Unless otherwise stated, findings refer to those gathered during the DET_CAREMIX project.

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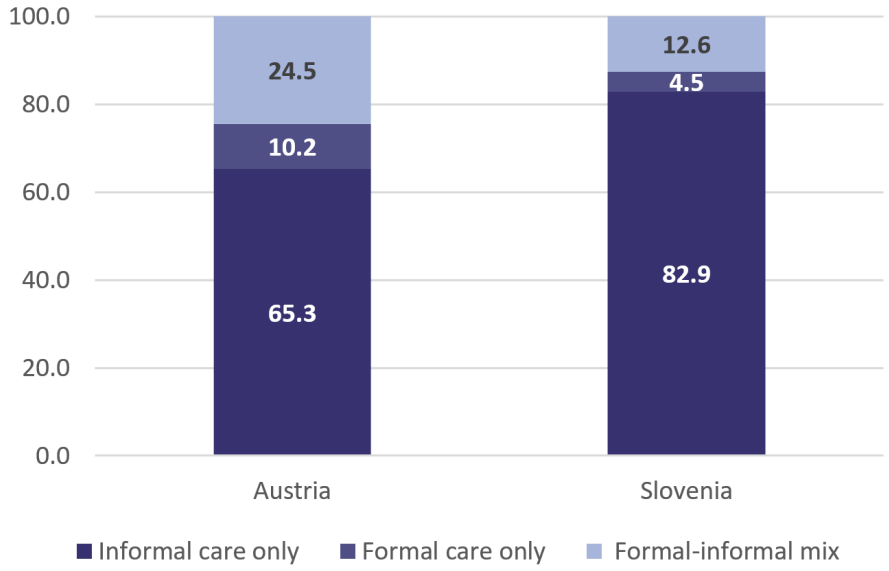
This Policy Brief begins by contrasting the different forms of LTC policies in each of these countries, both of which rely heavily on the family for care provision. We then move on to summarize the key findings of the study in relation to: i) the tensions surrounding familialism – i.e. how and why current care arrangements may come under pressure in the near future – but also the ii) permanence of familialism in both countries – i.e. factors that explain the continuous reliance on family caregivers.

Familialism in Austria and Slovenia

Austria and Slovenia are familialist countries, with different levels of State support

Categorizing LTC systems along the dimensions of formal service development and responsibilities for care held by families, one can distinguish between different degrees of familialization (Saraceno and Keck, 2010). At one end of the continuum stands *de-familialization*, which describes systems where the welfare state has an important role in the provision of care (e.g. by financing and providing formal care services). At the opposite end stands *familialization by default* or *prescribed familialization*, in which families hold responsibility for (sometimes even legally binding) and are the main providers of care with little support from the state. In between the two extremes, *supported familialization* describes systems in which the welfare state provides financial benefits (e.g. cash-for-care) to support families as the main providers of care. Both Austria and Slovenia can be categorized as familialist, relying heavily on informal care provision (see Fig 1), albeit with important differences.

Fig. 1. Share of older people using long-term care by care type (in %, 2015)



Source: Own elaboration based on data from the SHARE survey collected in 2015

Austria is an example of *supported familialization* in which families of dependent older people are supported in the provision of care through a generous, needs-based cash-for-care benefit provided to the dependent older person. The benefit is usually used to compensate informal family carers (Österle and Bauer, 2011). In addition, informal carers are entitled to care leave and to health and pension insurance if they need to reduce their working time to provide care. Formal care services are well developed in Austria and 32.2 per cent of cash-benefit recipients also use some form of care services at home. This corresponds to 2.3 per cent of the total population (see BMASK, 2017).

In Slovenia, families act as the main providers of care, while publicly financed support for dependent older people and their families remains low – rendering Slovenia an example of prescribed or familialization by default. There is no specific paid care leave scheme for LTC. Family members who opt for part-time employment because of their caring responsibilities cannot retain the full level of social security benefits, nor do they receive any compensation for lost income (except when the carer is registered as a family assistant). In other words, there is little recognition for carers. Children are legally obligated to contribute to the costs of their parents' care if the latter cannot afford the costs on their own (a legal obligation that has been abolished in Austria). Formal home care services are also poorly developed. Data for 2015 show that only 1.1 per cent of the population received formal home care in Slovenia (Černič, 2017).

Tensions in care provision and use…

Familialistic systems reinforce gender and socio-economic inequality in care (provision and use)

Against this backdrop, there are however, a number of ways in which familialism is coming under pressure. Familialism has previously been associated with the reinforcement of both class and gender inequalities in the use and provision of different forms of care, as households must rely on their own resources to meet care needs (Saraceno, 2016). For Austria we found that women more often receive formal and mixed care, whereas a large majority of older men who receive support rely exclusively on informal support. Such gender differences are more pronounced among married older people, suggesting marital status moderates the effect of gender on the type of care used by older individuals (Ilinca and Rodrigues, 2019). For Slovenia, gender differences are more pronounced among single older people: single older men are by far the most likely to receive formal care only, while single older women are just as likely to receive informal care as married older women (Filipovič Hrast, Srakar, Perviz and Hlebec 2020a).

An earlier study has also shown that legal obligations to care – similar to those found in Slovenia – are associated with larger gender inequalities among

siblings providing high intensity care (Schmid, Brandt and Haberkern, 2012). Supported familialism with high levels of generosity – such as in Austria - could, by contrast, contribute to the reduction of gender and social inequalities in care by providing families with an option outsource care to the market or by financially compensating women for caregiving (Saraceno, 2016). Our findings, based on data from the Survey on Health, Ageing Retirement in Europe (SHARE), suggest that supported familialism, even when generous, may still reinforce traditional gendered task divisions. The supported familialism model in place in Austria did not alleviate gender inequalities in care-giving or in care-provision, in comparison with Slovenia (Rodrigues et al., 2020). It remains unclear whether generous cash transfers have a sizeable impact on gender inequalities within variations of familialism (supported vs. prescribed). At the same time, the ability of families to defamilialize through the market (i.e. purchase formal care services to replace care provided by family) was indeed associated with higher socio-economic position, but differences between the two countries were small. The option to outsource care to the market may thus exist for higher income families, regardless of generous state support, while it may be outside the possibilities of lower income households even if cash benefits are available. Current care arrangements may thus be fuelling inequalities in care.

Policies from various social sectors indirectly affect current and future care arrangements

Another challenge to familialism arises from the interplay of familialism with other public policies that have conflicting aims. Changes to the pension system in Austria in the early 2000s, succeeded in increasing labour market participation of women. In a related study, we found that following these developments, intensive informal care has become concentrated on more vulnerable groups (e.g. women with lower education) in the past decade (Rodrigues and Ilinca 2020). Furthermore, our study also highlighted that balancing work and care demands can lead to overburdening when options for respite are scarce and when carers experience a loss of personal and vacation time and the reduction of social contacts (see Filipovič Hrast, Hlebec and Rakar 2020b).

Finally, familialism and current care arrangements based on family care, may be challenged by shifting societal preferences. In the context of our qualitative study on care dyads (older people and their informal carers), many current carers in both countries expressed reservations with respect to being cared for by the family, should they require it when old. Many stated any other option, even residential care, would be preferable instead. This was sometimes linked to the perception that demanding care puts a strain on parent-child relationships, indicating an orientation towards keeping relationships free from such burden, if possible. This hints at a possible change in care preferences that call into question the desirability of familialist policies moving forward.

...Hand-in-hand with still strong familialistic views

Despite the tensions identified in the previous section, our findings also showed a resilience in views and practices underpinned by familialism. We mentioned already the strong gendered division of care in both Austria and Slovenia. In fact, while changes to the Austrian pension system had an impact on caregiving patterns among women aged 50-64, the same was not observed among men. This signals the permanence of care as a female task, a finding reinforced by qualitative data showing most individuals, especially in Slovenia, still equate care with women.

Preferences for care are also firmly associated with ageing in place and autonomy. A strong motivation for current care arrangements is the perception that caregiving family members will ensure levels of flexibility (e.g. regarding timing of care) and user autonomy (i.e. fulfilling the older person's preferences) that professional services are deemed unable to deliver (Kadi et al., 2021). In the same study, certain types of care, such as bodily care, were still very much conflated with 'female care' as users expressed being more comfortable with such care being provided by either same sex carers or female ones.

Conclusions and Policy Recommendations

Focus on reconciliation of care and work for women and on gender-balanced sharing of care obligations

The results of both the quantitative and qualitative studies from the DET_CAREMIX project (cf. Rodrigues et al. 2020, Kadi et al. 2021, Filipovič Hrast et al., 2020a, Filipovič Hrast et al., 2020b) support the conclusion that future care policies should focus on supporting women as well as men to reconcile care and work and on promoting a gender-balanced sharing of care obligations within households and families. Taking the example of childcare policies, increasing the duration and the amounts of care leave schemes and pension credits when care is shared within couples is likely to incentivize higher male participation in care. Such policies have the potential to support ageing in place, while alleviating gender and socio-economic inequalities.

Similarly, the work and life balance issues of carers should not be left to individual practices of employers and dependent on their 'understanding', but should be incorporated in care systems, with formal recognition of care provided and specific rights attached to it (e.g. more flexible work-schedule, sick leave for caring of the frail family member, pension benefits, etc.). The recognition of carers' rights is of particular relevance for Slovenia, which is still somewhat lagging behind in this aspect.

Gender and socioeconomic inequalities in both care use and care provision remain, despite the relatively generous cash benefit in Austria. With this in mind, we recommend the following:

- Continued effort to develop formal care services and not only cash benefits alongside the gender–sensitive policies suggested above. Specifically, cash benefits alone are likely to reinforce traditional gendered patterns in care use and provision.
- The development of care services per se may be insufficient, however, if it fails to meet the needs and preferences of users and carers. However, our findings seem to indicate that there is indeed support for greater formal services by the potential next generation of users (i.e., today's carers).
- Care commissioners should also consider how professional care may better fit the routines and timing of users and their carers. Particular attention should also be given to the spiral of exclusion and the multiplication of vulnerabilities in the pathways to care. For this purpose, the indirect, cross-sectoral effects of legislation should be considered, and work life balance and gender equity promoted in all policies. This is particularly relevant in the face of momentous labour market reforms, such as the increase in the statutory retirement age for women.

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