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Explaining governmental involvement in home care across Europe: An international comparative study

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ABSTRACT

The involvement of governments in the home care sector strongly varies across Europe. This study aims to explain the differences through the conditions for the involvement of informal care and governments in society; wealth and the demographic structure. As this study could combine qualitative data and quantitative data analyses, it could consider larger patterns than previous studies which were often based on ideographic historical accounts. Extensive data were gathered in 30 European countries, between 2008 and 2010. In each country, policy documents were analysed and experts were interviewed. International variation in regulation and governmental funding of personal care and domestic aid are associated with differences in prevailing values on family care, tax burden and wealth in a country. Hence, this study provides evidence for the obstacles – i.e. country differences – for transferring home care policies between countries. However, longitudinal research is needed to establish whether this is indeed the causal relationship we expect.

1. Introduction

Home care, ranging from technical nursing to domestic aid, is increasingly drawing the attention in debates about sustainable health care systems in the future [1–4]. Decision makers see home care as a potentially cost effective way of maintaining people's independence and home care is also the mode of care preferred by recipients [1]. Despite this growing interest, expenditure and efficiency in the home care sector are critically considered [1]. Between 2003 and 2009 expenditures on home health care have been rising in many EU countries [5] but more importantly it is expected to grow with the ageing of the populations [1].

Marketisation, context-related regulation, leaving care up to families or rather the governments taking the provision into their own hands are thought to affect the efficiency and effectiveness of home care. In their pursuit of more efficient and effective home care, policy makers could be inspired by the ways in which home care is governed in other countries. This raises the question whether such policies can indeed be transferred to other countries. A first step would be gaining insight into why policies differ, one of the purposes of international comparative studies into the role of governments [6]. The policy convergence theory stresses the importance of economic development in explaining differences in policies, while other theories point to the other national features that thwart the success of policy transfer [2]. International comparative studies on care services have referred to systematic and enduring differences between countries due to cultural, economic and labour market differences as well as institutional inertia [2,7–10]. However, most of these studies provided a small number of ideographic historical accounts of long-term care and, hence, the association between governmental role and country differences was difficult to proof.

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Governmental involvement in home care can take several forms. For instance, a first indication of governmental involvement is provided in the form of policy visions on home care, laid down by governments. Involvement in funding may consist of actual financing of home care. Regulation of home care may involve the control of and setting rules for quality of care, price setting and the formulation of eligibility criteria. Involvement in provision may take the form of actually providing home care by governmental agencies.

1.1. Research question

Our question is "*to what extent can differences among European countries regarding governmental involvement in the home care sector be explained by differences in culture, economy, labour market participation of women or political leaders of a country?*"

In our study, home care refers to formal domestic aid (e.g. housekeeping), personal care (e.g. assistance with dressing, feeding and washing) and home nursing (rehabilitative, supportive and technical) provided to adults living at home. As in most countries home care governance is politically highly decentralised, especially regarding domestic aid and personal care [7], both national and local governments have been considered. In line with numerous previous comparative studies in the area of long-term care [2,7,9,10], three types of governmental involvement in the home care sector are distinguished: funding, regulation and provision of services.

1.2. Explaining differences in governmental involvement

This paper aims to explain international differences in care policies. Variation in family values are thought to contribute to cross-country differences in governmental involvement with care [2,8,9,11]. For example, involvement in the home care sector may be a lower priority for the government where the prevailing family value holds that women should give up work to care for their dependent elderly parents [8]. In the gender division in responsibilities for care and the relations and responsibilities between generations, four models can be distinguished: the housewife, female part-time carer, dual breadwinner/institutional care and dual breadwinner/female carer model [2]. These are also thought to explain differences in governmental involvement in care.

The role of governments with home care may also result from the political set up of governments in the past [12] and welfare values, i.e. cultural values about the role of public institutions in caring [8]. Left-wing parties, such as Social-democrats, generally put more emphasis on the role of governments in society and, in particular, on income redistribution. Public expenditures on health care and the population coverage of public medical care programmes appeared to be higher in countries with a more prominent representation of Social-democrats in cabinets during a series of years compared to countries in which Christian-democratic and – especially – liberal parties were dominant [13].

Economic and demographic conditions may influence governmental involvement [9,14], such as the degree of privatisation in health care delivery. In better economic conditions governments receive more income, and consequently more resources may be available. Finally, with the ageing population, demand for home care is likely to increase and, as representatives of society, governments may be urged to tale up a more active role in the home care sector.

As possible correlates of governmental involvement in home care, this study specifically explores economic and demographic conditions; tax burden; the seats of Social-democratic parties in the cabinets over the past decade; and the cultural values related to the role of family and the state for care and female labour market participation.

The above considerations result in the following hypotheses:

1. In countries where the conditions for the involvement of informal care are better (measured through lower labour market participation of women and a more strong believe in caring for own family members), the involvement of governments in home care is lower.
2. In countries where the role of government in society is stronger (measured through higher tax burden, higher share of cabinet seats for Social-democrats over the years and a stronger belief in an active role of the government in care), governments are more involved in home care.
3. In wealthier countries, governmental involvement in home care is stronger.
4. In countries where the proportion of elderly people in the population is relatively large, governmental involvement in home care is stronger.

2. Methodology

2.1. Data gathering

The study included 31 countries, among which 26 EU countries (excluding Portugal), Croatia, Iceland, Norway and Switzerland. Between 2008 and 2010 data were gathered, through the EURHOMAP-project, on more than 100 structural indicators on home care. Although the OECD Health Database and the Eurostat database also include data on home care, these provide little data, data are often difficult to compare and do not provide information on the organisation of care (either due to the many differences in definition between countries or due to the lack of context to interpret the data). In contrast, the EURHOMAP database thus contains a mix of quantitative and qualitative data. Qualitative data refer to the organisation of financing, policies, mode of needs assessment and delivery, while quantitative data are available about funding and the recipients of home care. Information on 'real life' home care was gathered by means of four structured case narratives with related questionnaires. The indicators used in this study resulted from a systematic literature review [3] and consultations with a panel of researchers in the field of home care. Information has been collected from databases and documents in the countries (policy papers, legislation, scientific