



Social rights and employment rights related to family care: Family care regimes in Europe



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ABSTRACT

In early welfare states, social rights predominantly derived from formal employment relations. Within the past two decades, however, some European countries have opened these social institutions to care work also. Cash-for-care and social entitlements for periods of at-home family caregiving have changed the characteristics of informal care work that family members traditionally provide to older relatives. Formerly based on unpaid kinship relations, it has changed towards new paid and more formalized forms of care work by family members. But it can be assumed that long-term care work by family members is constructed differently across welfare states.

The paper is guided by the following research question: How do welfare-state policies differ in the degree to which their policies towards family care for senior citizens create social risks for the caring family members? We use the conceptual framework of “family care regimes” as our analytical framework for the comparative research.

To do this, we compare care policies towards older care-needy people in the welfare states of the Netherlands, Germany and Denmark. The findings show that a common feature in all three countries is that the situation of family carers is to some degree being formalized: in all three countries a frail senior citizen can choose a family member as the care provider, and the welfare states support the family care providers. Still, the legal situation as well as the quality and level of social rights for family caregivers differ considerably among the three countries. It is shown that the institutional framework for senior care by family members in Germany and the Netherlands represents a family care regime that supports semi-formal family care, and that in Denmark it can be classified as a family care regime that supports formal family care. We show that these different types of family care regimes differ considerably in the social risks they pose to family carers.

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Introduction

The care of older people in need of care has changed substantially in post-industrial societies. This social phenomenon is partly accompanied by policy reforms rearranging

care provision, the rights of frail senior citizens to receive care, and the rights of family members when they provide care for their relatives in need. In this paper we analyze the latter aspect in a comparative manner to answer the question whether there are different family care regimes in Europe. In industrial society the care of older people was mainly provided by women and in a completely unpaid, informal way. In reaction to the “graying” of society and the increase in women's integration into the labor market, many countries have considerably expanded financial support and public provision in the field of care for senior citizens since the

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1990s (Kröger & Sipilä, 2005). European welfare states have supported the formalization of senior care so that today formally employed care workers provide this care to a considerable extent in many countries. Concurrently, new welfare-state policies have strengthened the role of economic principles and of “choice” in this policy field by introducing or strengthening care markets and cash-for-care systems (Bode, 2008; Da Roit & Le Bihan, 2011; Rostgaard, 2006; Rummerly, 2009; Theobald, 2011, Ungerson & Yeandle, 2006; Vabø, 2006). As a consequence, long-term care has in part been formalized and recognized with pay and social security. While the welfare states of industrial societies had established social rights only in connection with social security for employed people, the welfare states of post-industrial society have also established social rights for, on the one hand, senior citizens to receive care, and on the other hand for family members to give care (see Knijn & Kremer, 1997).³

In concrete terms welfare states have, to very different degrees, started to support family members who provide care for their frail relatives, and introduced or extended social rights to caring family members by introducing pay for their care work, elements of social security and care leave options. Geissler and Pfau-Effinger (2005) have conceptualized this transformation of unpaid, informal care done by (mostly female) spouses or adult children of the frail senior adults, into forms of family care which are partly financially supported or provided with social rights by state programs, as a “semi-formalization” of family care. In this case, care work is legally regulated and formalized in this respect, without having the character of formal gainful employment. For example, no clear employer and employee roles and no employment contract are provided, but equally it is not declared as ‘self-employment’. ‘Formal’ care work is based on formal employment. ‘Informal’ care work, on the other hand, means that care work takes place in a family context, on the basis of family or other social networks or on the basis of informal employment contracts, without formal registration.

The aim of this paper is to analyze the ways in which welfare-state policies towards long-term care are framing family care in a comparative perspective. The paper is guided by the following research question: How do welfare-state policies differ in the degree to which their policies towards family care for senior citizens create social risks for the caring family members? We use the conceptual framework of “family care regimes” as our analytical framework for the comparative research. With “family care regime” we mean in the manner in which care policies of a welfare state frame the care work of caring family members (Pfau-Effinger, Jensen, & Och, 2011). We will show that the generosity of social rights and welfare-state support related to family care for senior relatives and the degree of formalization of family care differ substantially in the institutional designs of different European welfare states. We moreover show that the degree to which social risks are related to family care depends, firstly, on the degree of generosity of care policies, and secondly, on how social rights are orchestrated in the context of family care regimes. We take three countries for the analysis: the

Netherlands, Germany and Denmark. These three welfare states represent different welfare regime types. Denmark, in Esping-Andersen's welfare regime typology, is classified as a state-centered, social democratic welfare regime, whereas Germany is classified as conservative, family-centered welfare regime (Esping-Andersen, 1990). The place of the Netherlands in the welfare regime typology is highly contested: it is variously called hybrid, liberal, social-democratic or conservative depending on the particular author's analysis (Arts & Gelissen, 2002).

In assessing cross-national differences in the situation of caring relatives, we start with the observation that several European welfare states have started to introduce a mixture of social rights and work-related rights into the legal framework of care work performed by family members for their senior relatives (Pfau-Effinger et al., 2011). Accordingly, we include into our analytical framework factors that include the degree of family members' legal rights in their care work with regard to the amount of pay, conditions on the eligibility for pay, protection against dismissal, and the level of social security rights with respect to unemployment, pensions, and sickness provisions. We moreover analyze the degree to which the legal framework of care by family members includes a right to take care leave from regular employment and the conditions connected with such leave. In a second step we explore how far social risks which may be caused by family care regimes include current and future income risks due to income insecurity, poverty and social security gaps. We also analyze whether family members have real options to give care or not.

New welfare-state policies towards family care and social risks – state of the art

Comparative research on the development of welfare-state policies towards long-term care for seniors has thus far rather neglected how new policies are framing family care for older people. For several decades and up to now, the informal and unpaid nature of care within the family has been a central subject of feminist theory and research (England, 2005; Orloff, 2009). However at the same time, the transformation of welfare-state policies towards family care and the consequences for the shift in the main features of family care have taken place nearly unnoticed. Typical for the discourse is that authors usually treat family care as a type of work that is unpaid and informal, and that family care contributes to women's marginalization on the labor market, in sharp contrast to the paid and formal nature of care that is provided in formal employment – which they see as the main road to gender equality. The main focus of research on welfare-state policies towards the care of senior citizens is therefore also on the “familializing”/“de-familializing” role of welfare-state policies on long-term senior care, that is, on the degree to which welfare states support the formalization of care for senior citizens (Esping-Andersen, 1999; Leitner, 2003; Lister, 1995). Most current research neglects the fact that the way in which welfare states are shaping family care has substantially changed its main features, in that several European welfare states have restructured the care of senior citizens performed by their relatives as legally paid and provided with elements of social security. As a consequence, there is very little research about how welfare states are legally framing family care of

³ In welfare-state research, the concept of “social rights” means the rights that individual social citizens are guaranteed by the welfare state; see Marshall (1964).

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