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Social risks of family carers in the context of welfare state policies

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Abstract

Objective: To determine how European care policies for older people differ in terms of their potential social risks to family carers, as well as the extent to which these differences can be explained by different types of welfare and care regime.

Background: It is often assumed that welfare state support for family care entails high social risks to the carer, such as loss of employment income and social security rights. This paper challenges these assumptions and argues that care policies that generously support family carers might also alleviate some of the social risks related to family care.

Method: This paper introduces an innovative approach to systematically measuring the generosity of policies that support family carers, and it theorises how these policies connect to family carers' social risks. It then applies this approach to a comparative study of five European welfare states based on analyses of these countries' care policy documents, standardised policy reports by national experts and data from comparative social policy databases.

Results: The findings reveal large cross-national differences in care policy design, which is only in some cases able to significantly mitigate social risks for family carers. Furthermore, these cross-national differences only partly correspond with assumptions based on welfare and care regime affiliation according to classic typologies.

Conclusion: The paper sheds new light on the ways in which welfare states design their policies towards family carers, and on the extent to which these policies are associated with social risks.

Key words: European welfare states, care policy, family care, social risks, welfare regime

1. Introduction

In most European welfare states care for older people has traditionally been provided by women in the private sphere of the family home on an unpaid basis. This confinement of women to the family household in order to provide informal care has been considered the main basis for gender inequality and women's greater exposure to social risks such as the (temporary) loss of labour market income, the lack of social security coverage, work-related rights and subsequently lower pensions (e.g., Frericks et al., 2014; Morgan, 2018; Rummery, 2021). However, in face of the 'greying of society' and the rise in women's labour market participation, which increased the demand for care and its supply, respectively, many welfare states have reformed their care policies towards older people in the last three decades. In this regard, most welfare states have increasingly promoted the outsourcing of substantial parts of care from the private household, along with the transformation of care into formal, gainful employment (Daly & Lewis, 2000; Gori et al., 2016). Nevertheless, family care remains a common form of care provision in many European welfare states, with great cross-national variation in the share of older people (65 years of age and older) who receive it (Spasova et al., 2018). However, the main features of family care have changed substantially as several European welfare states addressed some of the social risks associated with family care by introducing care policies that offer elements of pay, care leaves and social security rights for family carers, beginning in the 1990s (Courtin et al., 2014; Eggers et al. 2020; Geissler & Pfau-Effinger, 2005; Le Bihan et al., 2019a; Ungerson & Yeandle, 2007). It is commonly assumed that welfare states support family care as a cheap substitute for the more cost-intensive extra-familial care services and hardly to an extent that helps covering the main social risks associated with family care provision (Deusdad et al., 2016; Kodate & Timonen, 2017; Ranci & Pavolini, 2015). Accordingly, family caregiving is in many welfare states still associated with considerable social risks (Morgan, 2018, Rummery, 2021; Ungerson, 2004).

While welfare state support for family care has often been attributed to conservative, family-oriented welfare and care regimes (Bettio & Plantenga, 2004; Esping-Andersen, 1990), so far only few studies have systematically analysed the relationships between the social risks associated with family care for older people and differences in care policies, or the extent to which care policies differ between different welfare regime types. Frericks et al. (2014) have shown that the social risks of family caregivers differ substantially between welfare states, depending on the degree of welfare state generosity towards cash payments, work-related and social rights for family caregivers and the provision of care services. As Eggers et al. (2022) have argued further, the consequences that care policies for older people could have for the social risks of caregiving family members are therefore dependent on the extent to which welfare states promote extra-familial and family care policies (see also Eggers et al., 2020). This paper draws on the aforementioned studies and goes beyond them by offering a more elaborated methodological approach to systematically analyse specific types of social risks that can be associated with differences in welfare state policies that support family caregivers.

Our study aims to answer the following research question: How do European care policies towards older people differ in terms of potential social risks to family carers, and to what extent can differences in welfare and care regime types help explain these differences? We argue that social risks to family carers can vary depending on the generosity of family care policies, but also on the generosity of extra-familial care policies, which could offer family members of older care-dependent people autonomy by giving them an option to outsource care from the family to extra-familial care providers. Our study focuses mainly on the social risks connected with the interruption or lack of paid employment due to family caregiving, but also on some of the risks connected with the care work itself, such as mental stress or work overload: the risks of insufficient financial support, social security protection and (care) work-related rights as well as a lack of autonomy in the decision not to provide care. We have selected these social risks as they are the most common to be addressed in welfare state policies (Bettio & Verashchagina, 2012; Le Bihan et al., 2019a). However, this spectrum can cover only part of the risks that may be associated with the provision of care for older people (e.g., Brimblecombe et al., 2018). In this regard, the present study contributes to the ongoing theoretical debate about the relationship between care policies and social risks, and about the potential for care policies to afford family carers autonomy in deciding between gainful employment or care work and ensure their financial, work-related and social security.

This study, which is part of the international EU project EUROSHIP, is based on a multidimensional methodological approach for measuring policy generosity at the level of institutional regulations on family and extra-familial care. It builds on analytical concepts developed by Eggers et al. (2020, 2022). The comparative analysis focuses on five European welfare states that represent different European welfare and

care regime types: Norway, Germany, England, Italy and Estonia (Bettio & Plantenga, 2004; Esping-Andersen, 1990; Fenger, 2007). The study draws its data from documents related to national care policy legislation, standardised policy reports by national experts, comparative policy databases such as Eurocarers, the European Social Policy Network (ESPN) and the Mutual Information System on Social Protection (MISSOC), and from secondary literature.

The following section (Part 2) provides an overview of the literature that deals with theorising and research on the role of care policies in family carers' social risks. Part 3 introduces the theoretical and methodological framework. Part 4 presents the study's findings, discusses their impacts on social risks, and considers how much Esping-Andersen's (1990) welfare regime approach and care regime typologies (Bettio & Plantenga, 2004) might contribute to the explanation of cross-national variations in potential social risks of family carers. Part 5 offers concluding remarks.

2. State of the art

In welfare state research, the concept of care mostly refers to activities that serve to support others in coping with their everyday lives (Anttonen & Zechner, 2011; Daly & Lewis, 2000; Thomas, 1993). Feminist scholarship on welfare state polices argues that the gendered division of labour between informal, mainly unpaid care in the private sphere of the family's home and the formal, paid employment in the male-dominated public sphere is the main reason for women's marginalised position in society (Fraser, 1994; Orloff, 1993; for an overview see Ciccia & Sainsbury, 2018; Daly, 2020). Women are more likely to be exposed to social risks as a consequence of providing family care, as they often, in such situations, depend on their husbands' financial support, which may be associated with power asymmetries, abusive or exploitative relationships in the marriage, and restricted exit options from it. Furthermore, interrupted employment biographies may hamper job re-entry, upward career mobility and adequate social security coverage, putting family carers at risk of poverty in old age (Ehrlich et al., 2020; Möhring, 2015; Pfau-Effinger, 2004).

Therefore, the feminist discussion has considered welfare state policies that promote the transformation of care work into gainful formal employment outside the family a precondition for 'freeing' women of their traditional responsibility for providing informal, unpaid care. This would enable them to continuously integrate into the labour market and gain financial autonomy (Leitner, 2003; Lister, 1994; Orloff, 1993). Since the 1990s, most European welfare states have been extending public funding for extra-familial care and expanding infrastructure for home care services and residential care facilities. By consequence, larger proportions of care work have transformed from informal and unpaid care work by family members into paid and formal care work provided by gainfully employed care workers (Daly & Lewis, 2000; Gori et al., 2016, Ranci & Pavolini, 2015).

However, some feminist authors have criticised this productivist approach to care work and employment, as it assumes that the outsourcing of care from private households and women's full participation in the labour market, equal to men, are the primary ways of achieving gender equality and women's autonomy (Jenson, 2015; Lewis & Giullari, 2005; Saraceno, 2016). Productivist approaches do not adequately consider that some parts of the population provide family care due not only to a lack of extra-familial care infrastructure or public funding, but also to cultural preferences (Eichler & Pfau-Effinger, 2009; Hess et al., 2020; Kadi et al., 2022; Naldini et al., 2016). Thus, due to cultural values such as family solidarity, traditional gender norms and the idea that family care is the best form of care, people may decide to provide care for their older relatives even if this can involve considerable social risks, particularly for female carers (Eichler & Pfau-Effinger, 2009). Productivist approaches also neglect the fact that labour market participation does not necessarily reduce women's social risks of low income and social security rights, as women often work in part-time or marginal employment in the service sector (Daly, 2020; Gottschall, 2018; Rubery & Figueiredo, 2018). Particularly work in the female-dominated care service sector is associated with poor working conditions and low pay, which has been aggravated by the introduction of market principles into care policies (Theobald et al., 2018; Yamane, 2021).

For this reason, another strand of feminist research has argued for an adequate recognition of care work within families (Daly, 2020; Knijn & Kremer, 1997; Orloff, 1993). While most European welfare states have addressed the social risks of family carers of older, care-dependent relatives, there are substantial differences in terms of the amount of pay and further forms of support, such as social benefits for care provision, training, respite care, care leaves, or social security rights (Bettio & Plantenga, 2004; Bouget et al., 2016; Courtin et al.,

2014; Eggers et al. 2020; Frericks et al., 2014; Le Bihan et al., 2019a). According to Geissler and Pfau-Effinger (2005), these policies that introduced, for example 'cash-for-care' schemes or pension rights for full-time family carers, have blurred the distinction between formal and informal types of care work. They created 'semi-formal' types of care work, as the features of family care are no longer entirely distinct from formal care work in the employment system. These policy approaches are also contested as they risk reproducing traditional gender division of labour and the associated social risks for women (Fraser, 1994; Saraceno & Keck, 2011). In this view, last decades' promotion of pay, social and work-related rights for family carers also represents to a certain degree a kind of 're-traditionalisation' (Kodate & Timonen, 2017). It is therefore necessary to consider whether policy support for family care entails social risks or can, on the contrary, promote family carers' autonomy and ensure financial, work-related and social security.

Comparative studies have indicated that welfare states' promotion of family care differs considerably with regard to the policy design and outcomes in terms of social and labour market participation, gender equality and well-being (Brimblecombe et al., 2018; OECD, 2020; Rummery, 2021; Wagner & Brandt, 2018; Zigante, 2018). As Frericks et al. (2014) have shown in a cross-national comparison of care policies, the social risks associated with family care depend significantly on the degree to which family care work becomes similar to the standards of formal employment in terms of the amount of pay, social security and work-related rights. Additionally, several studies have found that care policy measures aiming at assisting informal carers with their caregiving activities, such as respite care, information, training and caregiver needs assessment, can improve family carers' well-being and reduce their health risks and mental stress (Colombo et al., 2011; Le Bihan et al., 2019a; Verbakel, 2014). However, as Verbakel (2014) shows, another important policy approach that helps to reduce the well-being gap between family carers and non-carers is the option to use generously publicly funded extra-familial care services instead of family care (see, also, Le Bihan et al., 2019a; Wagner & Brandt, 2018). Such a policy design of an 'optional familialism' (Leitner, 2003: 358) could offer older people and their families the option to use publicly funded extra-familial care services rather than family care, or to use/provide family care on a publicly funded basis. It thus gives families the opportunity to choose themselves what type of care provision they prefer (see, also, Eggers et al., 2020; Saraceno & Keck, 2010), which recognises diversity in preference without imposing a specific ideal of care provision and gender order (Ciccia & Sainsbury, 2018; Novotna, 2021). A precondition is that welfare states promote both family care and extra-familial care generously, which is the case in only a few, mainly Northern European welfare states (Eggers et al., 2020). While several studies have analysed the consequences of differences in care policies for gender equality (e.g., Leitner, 2003; Rummery, 2021; Saraceno & Keck, 2011), there is little theorising or research about the effects of differences in care policies on family carers' social risks and the ability of care policies to mitigate these risks. While some studies have demonstrated how different constellations between welfare state support for family care and extra-familial care are related to family carer's social risks (Eggers et al., 2022; Frericks et al., 2014), this study aims to engage more systematically with the specific types of social risks that are associated with different care policy designs. These risks include lack of autonomy, insufficient financial support, and loss of social security protection or work-related rights.

3. Theoretical approach

3.1 Main assumptions regarding the interrelation between care policy design and social risks

Welfare state policies have addressed social risks associated with the gendered division of family care work. Such policies can either alleviate social risks or even aggravate them. This study analyses cross-national differences in care policies that support family carers at the institutional level of legal policy regulations on familial and extra-familial care, as both can be connected to social risks for family carers. Four main theoretical assumptions are made in this regard:

First, a policy that grants generous pay for family care work could reduce the economic risks that would otherwise be associated with providing care for an older relative. One such risk is that a family caregiver's interrupted career pattern (due to at-home care) can lead to a lack of income and, therefore, financial dependence on the partner's income.

Second, a policy that grants comprehensive social security rights can protect family carers against current and future social risks such as care work accidents, job loss or old-age poverty.

Third, a policy that includes additional work-related rights could help family carers reconcile care and work obligations and cope with the potential stress of care provision. Work-related rights can refer to rights related to the regular formal employment such as care leaves or protection against job dismissal that allow family carers to temporarily interrupt their regular employment. They can also refer to rights connected with the care work itself by offering respite care[1], training or counselling.

Fourth, a generous policy towards extra-familial care could offer family members the option of using care services regardless of their financial resources, instead of providing the care themselves. Such a policy could also enable family members to continually participate in the labour market if they wish to, thereby alleviating the social risks associated with labour market interruptions, such as loss of income and social security rights. Against this backdrop, the availability of generous support for extra-familial care promotes family members' autonomy to decide not to provide the care themselves and to continually participate in the labour market instead.

3.2 Main assumptions regarding the role of welfare and care regime type in cross-national differences in care policies

Welfare states can be understood as stable institutional settings that can be based on different institutional principles, reflecting (political) power imbalances between different actors and developing more or less path-dependent (Pierson, 2001). On the basis of social rights, welfare states protect citizens, at least to some extent, from social risks related to temporarily or fully interrupted labour market participation. However, according to Esping-Andersen (1990), welfare state interventions do not only alleviate social inequalities; they might also perpetuate or create new inequalities – and, thereby, social risk – for specific groups. In his seminal work, Esping-Andersen (1990) discerns three types of welfare regime: liberal, conservative and social-democratic. Each has a distinct outlook based on differences in entitlement rules (stratification), the quality of social rights (de-commodification), and the relations between state, market and family (welfare mix). These three types were later supplemented by a fourth, the Mediterranean regime (Ferrera, 1996). There have also been attempts to include post-socialist welfare states into the typology (Fenger, 2007). Each regime type is characterised by unique interrelations between the arrangement of its welfare state institutions and the impacts of these institutions on labour market structuring and the stratification of social risks (Esping-Andersen, 1987). The care regime approach builds critically on the welfare regime approach by focusing on the social risks and inequalities that specific institutional welfare state settings create for women (Bambra, 2004; Bettio & Plantenga, 2004; Lewis, 1992; Lister, 1994).

Based on the characteristics of Esping-Andersen's (1990) welfare regime types and the further extension in the care regime approach (Bettio & Plantenga, 2004), the present paper makes the following assumptions concerning differences in care policies and their potential for posing social risks to family carers:

Since the social-democratic regime type offers universal entitlement to generous social rights and publicly funded social services, such as extra-familial care provision for older people (Bettio & Plantenga, 2004), we expect that this type would not extensively promote at-home family care provision. By consequence, family care would entail the risk of insufficient financial support, social security protection and work-related rights; however, this policy would afford family members the autonomy to decide not to provide care for older relatives themselves.

Conservative welfare states are generally characterised by moderately generous social rights, which are based on comparably comprehensive entitlements linked to occupational status (according to a male-breadwinner model). The conservative regime typically considers care mainly a family responsibility and does not provide generous funding for social services. However, it supports families by generous cash transfers (Bettio & Plantenga, 2004). Therefore, we assume a care policy that only offers more generous support for family care. The social risks associated with family caregiving should therefore be partly alleviated, but autonomy is not promoted.

By contrast, the liberal regime is characterised by low generosity of social rights, as it targets only the most vulnerable groups in society while offering little support for publicly funded social services, given its prioritisation of market solutions (Esping-Andersen, 1990). However, without serious incentives to expand market-based care services, the family continues to play an important role in care for older people (Bettio &

1 Respite care is short-term extra-familial care that is provided for older people with care needs so that the family caregiver who usually cares for them can have an interruption of care provision.

Plantenga, 2004). Therefore, we assume that the liberal welfare regime does not grant generous welfare state support for either familial or extra-familial care. This would reinforce all four of the studied social risks.

The Mediterranean welfare regime provides, overall, only limited and partial coverage of the population, and is in general characterised by a familialistic approach in that the state offers no explicit support for families via financial transfers or social services (Bettio & Plantenga, 2004). The post-socialist regime is also characterised by a similar, distinctive reliance on the extended family or on the market (Fenger, 2007). These regime types are associated with very few social security benefits and low public provision of or support for social services.[2] In this sense, we expect of Mediterranean and post-socialist welfare regimes care policies that are not very generous and that rely on unpaid care, which would entail higher risks of lack of autonomy and insufficient financial, work-related and social security rights for caregiving family members.

4. Methodological approach

This article is based on a comparative empirical case study of five European welfare states representing Europe's main regions and different types of welfare state in the 'welfare regime' typology (Esping-Andersen, 1990; Fenger, 2007; Ferrera 1996): Norway represents the social-democratic regime type, Germany the conservative, England[3] the liberal, Italy the Mediterranean, and Estonia, the post-socialist. The study was conducted in the context of the international EU project EUROSHIP, and uses documents of national care policy legislation, standardised policy reports by national experts, data from comparative policy databases such as Eurocarers, ESPN and MISSOC, and secondary literature. Data analysis was based on theory-guided qualitative content analysis (Kuckartz, 2014); the data sources were examined according to a systematic and rule-based method for identifying adequate information to measure the generosity of national care policies with multiple indicators.

This paper introduces an innovative methodological approach to analysing the generosity of policies towards family care and the interactions of these policies with policies that promote extra-familial care. This approach can demonstrate how care policies can help the family members of care-dependent older people realise their preferences and reduce their social risks in relation to care provision. To examine the implications of care policy designs for family carers' social risks, as well as the potential of these designs for promoting family carers' autonomy and their financial, work-related and social security, we used five indicators that measure the generosity of access, pay, social security protection, and work-related rights connected with family caregiving. Finally, we considered the generosity of public support for extra-familial home care as an intervening variable that could help promote family carers' autonomy to decide not to provide care themselves.[4] For each indicator, we differentiated among three levels of regulation (high, medium and low) on an ordinal scale with clearly defined endpoints based on Weberian ideal types (Frericks, 2021). The study is restricted to the analysis of legal regulations in national welfare state institutions; it does not include the structures and practices of care. In general, the level of generosity for a respective indicator was classified as low if there is no nationally defined minimum standard or regulation regarding social rights.

4.1 Generosity of access to public support for family care

Care policies can grant differing degrees of access to public support for family carers, thereby potentially rendering many family carers ineligible. This indicator considers, as sub-indicators, the strictness of three relevant modes of restricting access: a) needs-testing, b) means-testing, and c) restriction of eligibility due to the family carer's particularities (place of residence, type of kinship relationship, income or working situation). High, medium and low levels of generosity are indicated, respectively, by the absence of strict access limitations, the presence of one of the aforementioned limitations and the presence of at least two of these limitations.[5]

2 However, there are also large variations among the post-socialist countries (Fenger, 2007).

3 Our study focuses on England instead of the whole United Kingdom, since care policies for older people deviate between the different countries of the UK and can therefore not be analysed as a single care policy.

4 With regard to the generosity of extra-familial care, we focus only on public support for home care services and not for care homes, since previous research has shown that in all examined countries, public support for home care services is at least equivalent to or higher than support for care homes, which generally require higher co-payments (Grages et al., 2021).

5 For more information on the measurement, see Grages et al. (2021).

4.2 Extent of public support for family care

4.2.1 Generosity of pay for family care

Care policies can also vary in the amounts paid to family carers, which has implications for the carers' financial autonomy. This indicator measures the difference between public financial support and country-specific average net pay for full-time professional carers with basic qualifications.[6] High, medium and low levels of generosity are indicated by a difference in pay of 0–33%, 34–66% and 67–100%, respectively. Since even the average payment for full-time extra-familial care does not necessarily protect against the social risk of poverty in a respective country, we also compared the level of payment for family care with the country-specific at-risk-of-poverty rate, which equals 60% of the median income after taxes and transfers (see Appendix A1).

4.2.2 Generosity of social security rights for family carers

Care policies can guarantee family carers' social security rights to varying degrees. This indicator considers the protection of family carers by a country's main social security systems, including pension, health care and unemployment. High, medium and low levels of generosity are indicated by protection by all main social security systems, by at least one of the social security systems and by none of the systems, respectively.

4.2.3 Generosity of work-related rights for family carers

A care policy can grant family carers different kinds of work-related rights, thereby helping them cope with the potential stress of care provision in various ways. This indicator considers the provision of work-related rights to family carers, including a) leave and flexible working arrangements, b) respite care and c) training. High, medium and low levels of generosity are indicated by provision of all the aforementioned work-related rights, of at least one of them and of none of them, respectively.

4.3 Generosity of public support for extra-familial home care services

Care policies can vary in their degree of public support for extra-familial home care services, which has important implications for family care provision, given that generous support allows for self-determined decisions about family care provision in the first place. This indicator considers the generosity of public support for extra-familial home care based on a) the generosity of access regarding means- and needs-testing, and b) the generosity of co-payment. Generosity is considered high if public financial support equals 67–100% of the full cost of extra-familial home care, combined with generous access; medium if it equals either 67–100% of the cost without generous access or 34–66% of the cost with generous access to extra-familial care; and low if public financial support equals either 34–66% of the full cost without generous access or 0–33% of the full cost, regardless of the generosity of access.

4.4 Social risks related to care policy design

We measured the extent of social risk based on the level of policy generosity determined using the aforementioned indicators: Lower degrees of generosity imply gaps in social protection, which can lead to higher exposure to social risks. In light of this, we differentiated four types of social risks: risk of insufficient financial support, risk of insufficient social security, risk of insufficient work-related rights and risk of insufficient autonomy for relatives of older persons with care needs. We considered two indicators for all four types of social risks: a) generosity of access to public support and b) generosity of extent of support. The extent of social risk was calculated based on the inverted summed value of both indicators.[7] We differentiated among six levels of social risk on an ordinal scale for each type of risk.

6 Data for average pay for full-time professional care with basic qualification (160h/month) based on Bettio and Verashchagina (2012).

7 The value for access with regard to the three types of risks directly associated with public support for family care (risk of insufficient financial support, risk of insufficient social security and risk of insufficient work-related rights) is in all cases based on the generosity of access to public support for family care indicator. By contrast, the risk of insufficient autonomy is based on the public support for extra-familial home care services indicator. In this case, eligibility criteria may vary from access to public support for family care,

5. Empirical findings from the comparative analysis of care policies

The following section presents the empirical findings of our cross-national comparison of care policies in the five studied countries.

5.1 Norway

The Health and Care Services Act (*Lov om Kommunale Helse-og Omsorgstjenester*) regulates care for older people in Norway. The generosity of access to public support for family care is generally medium-level, because the most important preconditions for receiving a care allowance (*Omsorgsstønad*) are that older relatives pass a strict needs test and that the municipality consider family care the best solution. In this case, family carers enter a formal employment contract with the municipality (Halvorsen et al., 2021). Therefore, pay and social security rights are highly generous, since the care allowance equals the wage of the lowest-paid municipal employees in professional care services and thus exceeds the Norwegian at-risk-of-poverty rate. Furthermore, pension, health and unemployment security are covered. Work-related rights include a compensated care leave (*Pleiepenger*) that is based on a wage replacement of 100% of the previous salary with a maximum annual income of NOK 599.148 (EUR 54.961). However, it can only be granted for up to 60 days (Grødem, 2018). Family carers have the right to respite care and comprehensive training. Additional work-related rights show a high level of generosity, as does public support for home care services that do not require means-testing or strict needs-testing. Home care is free of charge. Only in the case of additional assistance services (such as house cleaning, shopping and outdoor and leisure activities) are there limited co-payments that vary among the municipalities and depend on the care recipient's financial means.

5.2 Germany

The German care policy's legal responsibilities are regulated by the Care Insurance Act (*Pflegeversicherungsgesetz*) in Social Code XI. The welfare state offers public support for family care if an older person passes a non-strict needs test. This test differentiates among five levels of care needs, ranging from minor (level 1) to severe (level 5) impairment of independence, the latter requiring full-time care. Because there are no further restrictions, generosity of access is considered high. Payment to family carers is based on a tax-free cash benefit (*Pflegegeld*) to the person in need of care, who is supposed to forward it to the carer. The amount varies from level 1 to level 5 (EUR 125 to EUR 901), whereby the benefit for level 5 care equals 66% of the average net pay for full-time professional caregivers with basic qualifications which is slightly below the at-risk-of poverty rate in Germany; therefore, it is only considered medium-level in terms of generosity (Eggers et al., 2020). Family carers' social security rights are also of medium generosity. They comprise pension entitlements for those who perform care work for over 14 hours a week and work under 30 hours a week in formal employment, as well as unemployment insurance entitlements under specific conditions such as previous employment (Gerlinger, 2018). Additional work-related rights, which are in part based on a separate Care Leave Act (*Pflegezeitgesetz*), are generous, as employed family carers can take an unpaid leave (*Pflegezeit*) for up to six months, during which social insurance is covered and the individual's job guaranteed. Family carers can ask for a reduction of weekly working hours to a minimum of 15 hours for up to two years, and they have a right to free training courses and respite care for up to four weeks per year in case of vacation or sickness (Frericks et al., 2014). However, care-dependent older persons also have a right to public support for extra-familial home care services at a high generosity level, as older people's access is not restricted by strict needs- or means-testing (Theobald, 2012). Moreover, the legally fixed amount of public funding for home care services varies with care level and is paid directly by the care insurance funds to the service provider. It is meant to fully cover the costs of the necessary personal care and, to some extent, household services at different care levels (Grages et al., 2021).

and are therefore measured independently. Access and extent are both already included as sub-indicators in the level of generosity indicator.

5.3 England

Access to public support for family care based on the English Care Act exhibits a low level of generosity. Different allowances can be combined: *Attendance Allowance* is paid to the care-dependent person, and *Carer's Allowance* to the family carer. In each case, access is based on strict needs-testing that requires at least frequent help or constant supervision (Verdin & O'Reilly, 2021). To receive *Carer's Allowance*, the carer must provide care for at least 35 hours a week, and is not allowed to have weekly earnings exceeding GBP 128 (EUR 608 per month), be enrolled in full-time education or receive a state pension greater than GBP 67,25 per week (EUR 319 per month). The extent of pay for family care is generally medium. The *Attendance Allowance* varies depending on care needs, between GBP 59,70 and GBP 89,15 per week (EUR 284 or EUR 423 per month), whereas the *Carer's Allowance* amounts to GBP 67,25 per week (EUR 319 per month). However, even the highest rates, combined, equal only about half of the country-specific average net pay for full-time professional care with basic qualifications and are thus significantly below the national at-risk-of-poverty rate. Carers who provide care for at least 20 hours a week receive *National Insurance Credits* towards pensions. Further, social security rights are not granted, and generosity is therefore considered medium-level, as is the generosity of additional work-related rights: Employed family carers can request flexible working arrangements and 'reasonable' time off for emergency care for a care-dependent relative. Moreover, they have the right to public support for respite care services to allow a regular break from caregiving, as well as the right to receive training. England's generosity of public support for extra-familial home care is at a medium level. The needs assessment is not strict because it does not require full-time care. However, only persons who pass a strict means test with an upper threshold of GBP 23.250 (EUR 27.602) – which falls below the median household income of GBP 29.900 (EUR 35.496) in the UK (ONS, 2020) – are partly or fully entitled to publicly funded care. The extent of pay for extra-familial home care covers, on average, 34–66% of the costs for care services. Co-payment is related to income and assets for persons with financial resources between the upper and lower thresholds of GBP 14.250 (EUR 16.917). Medical, personal and partial assistance services are only fully publicly funded for those below the lower threshold (Glendinning, 2018).

5.4 Italy

Italy's care policy is primarily based on the Law on the Constant Attendance Allowance (*Indennità di Accompagnamento*). Access to public support for family care is on a medium generosity level based on strict needs-testing but no means-testing. Support is only granted when the person in need of care has a 100% level of dependency, to encourage families to provide the necessary care. The extent of pay equals with EUR 525 per month (in 2022) about 85% of the country-specific average net pay for full-time professional care with basic qualifications which is nevertheless still below the Italian at-risk-of-poverty rate. However, the generosity of social security rights is low, since family carers are only entitled to minor pension credits that compensate for 25 days a year (Lamura et al., 2004). Additional work-related rights show a medium level of generosity. There is no national right to training for family caregivers, but the care policy provides an option for respite care and for a generously compensated care leave (*Indennità per congedi straordinari*) for family carers of seriously disabled relatives living in the same household (Jessoula et al., 2018). The generosity of public support for extra-familial home care is considered medium-level. Access is generally not means-tested, but eligibility criteria for needs-testing differ strongly within the country, as minimum standards are not legally defined (Arciprete et al., 2021). However, national legislation sets some standards regarding the co-payment of home care services. For instance, home care is fully funded for 30 days after discharge from a hospitalisation, while co-payment can be requested depending on the care recipients' economic situation.

5.5 Estonia

Estonia's care policy is mainly regulated by the Social Welfare Act (*Sotsiaalhoolekande Seadus*). Access to public support for family care is generally of low generosity because there is no nationwide regulation for needs-testing or means-testing. According to the Family Law Act (*Perekonnaseadus*), adult relatives up to the second degree of kinship are required to provide care without any public support. Most family carers are unable to receive cash benefits (*Hooldajatoetus*) from local authorities. If granted, the extent of pay is also very low, on average EUR 45 per month (in 2019), which corresponds to approximately one-tenth of the average monthly net pay for care work with basic qualifications which is clearly below the national at-risk-of-poverty threshold.

Municipalities are also obliged to pay the minimum contribution to the state pension and/or social security contributions, including health insurance to family carers (Võrk et al., 2016). Social security rights, therefore, show medium-level generosity. There is no compensated care leave, only a temporary benefit (*Hooldushüvitis*) for short-term leave in case of emergencies. Respite care is only provided occasionally by some local authorities, and training is not available (Paat-Ahi & Masso, 2018). Therefore, additional work-related rights have only low generosity. The generosity of public support for extra-familial home care services is also low. Although national legislation generally obliges municipalities to provide basic care services, the coverage is often inadequate because regulation of access varies between regions based on the local government's budgetary resources. Municipalities provide needs- and means-tested cash and in-kind benefits for home care services that may be combined, but usually only older persons whose children do not live in the same municipality are eligible (Mozhaeva, 2019). Public support for extra-familial home care services covers, on average, 34–66% of the costs. Although medical care financed by the national health insurance is free of charge, social home care services are provided by local governments and require complete or partial co-payments (Taru et al., 2021).

Table 1: Generosity of policies towards family carers in five European welfare states

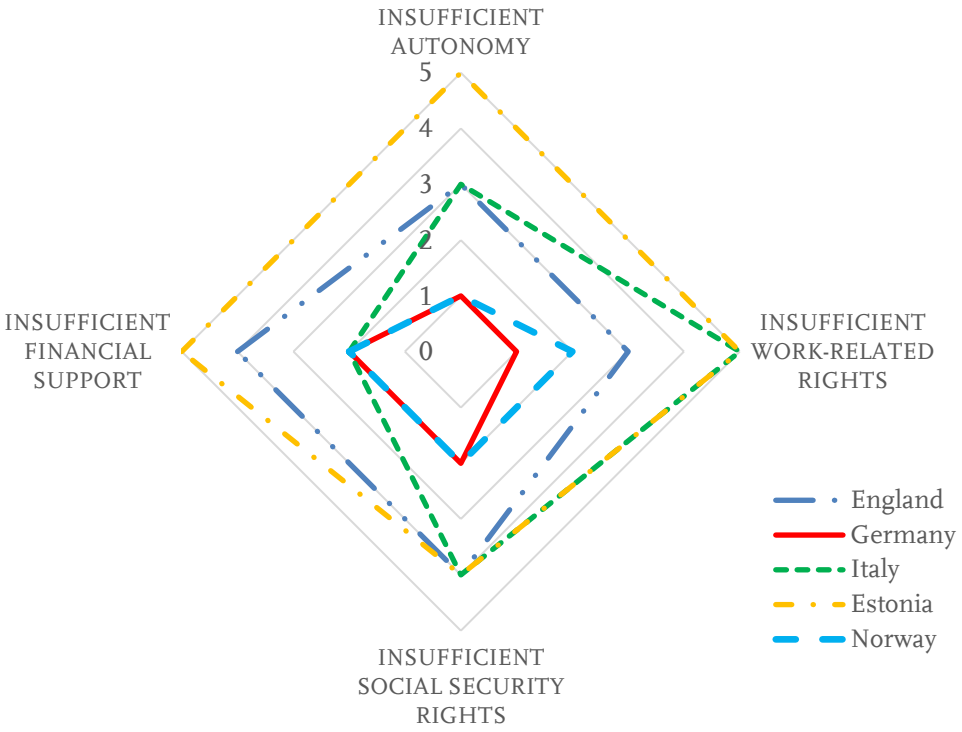
	Generosity of public support for family care				**Generosity of public support for extra-familial home care**
	Generosity of access to public support for family care	**Extent of public support for family care**			
		Generosity of pay for family care	**Generosity of social security rights for family carers**	**Generosity of work-related rights for family carers**	
Norway	**Medium** Strict needs-test	**High** 100% average net pay for full-time professional care with basic qualifications	**High** Covered by all social security systems	**High** Right to respite care, training and, under specific conditions, also to paid leave	**High** Public co-payment of 67–100% and no strict access restrictions
Germany	**High** No strict access restrictions	**Medium** 66% average net pay for full-time professional care with basic qualifications	**Medium** Pension contributions and unemployment under specific conditions	**High** Right to unpaid leave, respite care and training	**High** Public co-payment of 67–100% and no strict access restrictions
England	**Low** Strict means- and needs-tests	**Medium** 51% average net pay for full-time professional care with basic qualifications	**Medium** Only pension contributions	**Medium** No right to leave, but training and respite care	**Medium** Public co-payment of 34–66% and no strict needs-test, but means-tested
Italy	**Medium** Strict needs-test	**High** 85% average net pay for full-time professional care with basic qualifications	**Low** Only very limited pension contributions	**Medium** Right to paid leave and respite care but no right to training	**Medium** Public co-payment of 34–66% and no means-test, but criteria for needs-test differ locally
Estonia	**Low** Strict means-test, not available in all municipalities	**Low** 15% average net pay for full-time professional care with basic qualifications	**Medium** Pension contributions and health insurance	**Low** No right to leave, respite care or training	**Low** Public co-payment of 34–66%, but means-tested, and criteria for needs-test differ locally

Source: Eggers et al. (2020); Grages et al. (2021); Eurocarers database; EUROSHIP-project; MISSOC database.

6. Social risks in the context of different care policies

Altogether, our analysis of cross-national differences in the potential of five European care policies to mitigate family carers' social risks shows great variance between the welfare states (Figure 1). The present section discusses the specific social risk profiles we identified based on the various care policies' institutional designs.

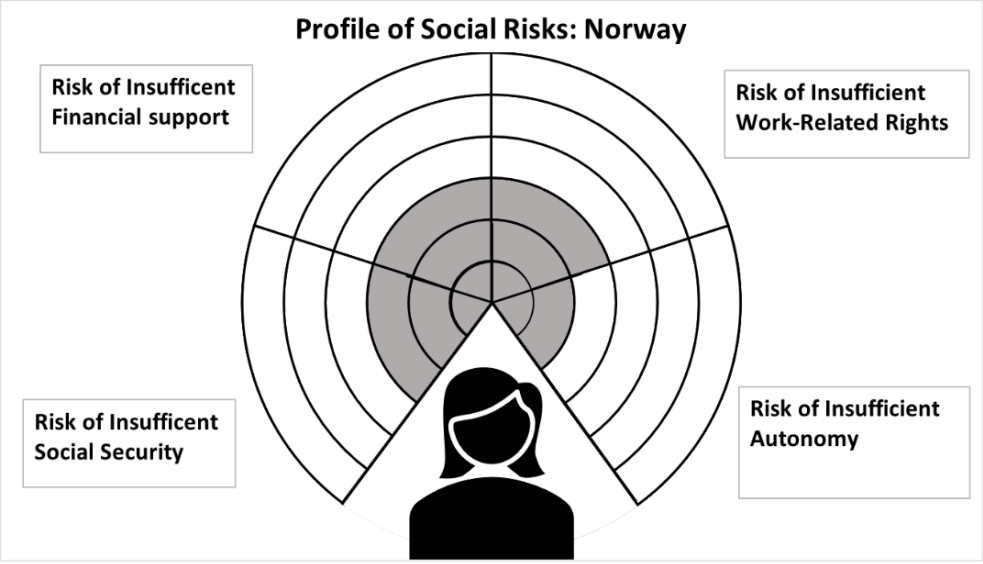
Figure 1: Social Risks Profiles in the 5 studied countries



Note: Social risk profiles are based on the findings presented in table 1.

The findings (Figure 2) show that the Norwegian social-democratic care policy has comparatively high potential for alleviating the social risks associated with familial caregiving. Although a significant number of family members who wish to provide care are not eligible for public pay due to strict needs-testing, for those eligible, the pay and social security rights equal those of professional care workers, which mitigates the social risks of financial dependence on an employed partner or insufficient social security, especially in pension age. Generous work-related rights could help family carers cope with the provision of care; however, a leave is only granted under specific conditions, which links longer periods of full-time care with a risk of losing ties to a previous job. In addition, the highly generous support for extra-familial care relieves the families of older care-dependent persons from any care obligations, as it offers choice, which allows family carers' autonomy in deciding whether to take over the care. However, while extra-familial care arrangements are still widespread, the scope for familial care has been increasing due to recent trends towards de-institutionalisation (Grødem, 2016).

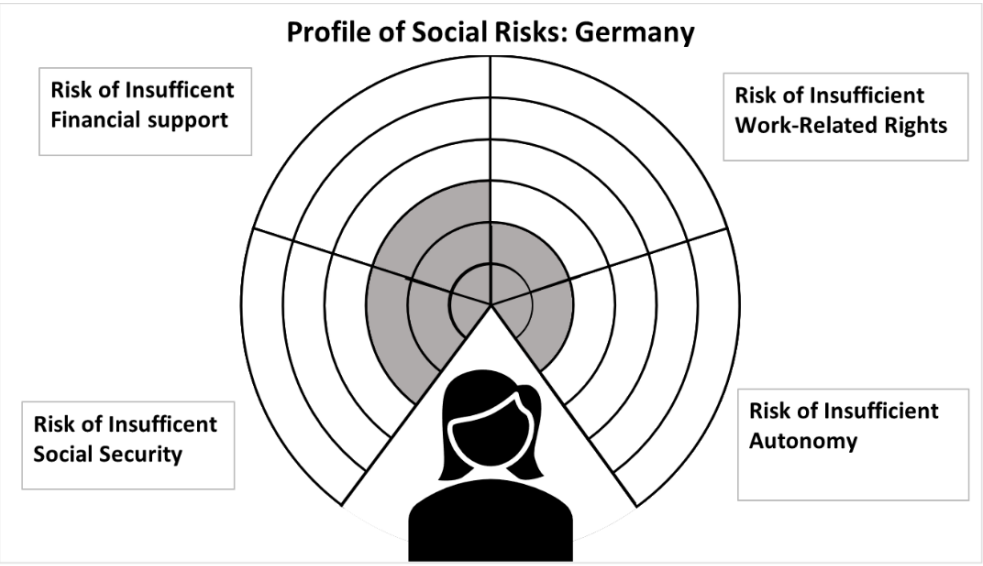
Figure 2: Social risk profile of the Norwegian care policy



Note Grey colour indicates level of social risks.

The conservative German care policy also has relatively high potential for alleviating family carers' social risks (Figure 3). The welfare state provides comparably generous pay, social security, and work-related rights for those who decide to care for a relative with an assessed care need. This could, to some extent, alleviate the social risks associated with absence from paid employment (e.g. the combination of care work and employment), although the average pay does not exceed the national at-risk-of-poverty threshold and social security rights are less generous than in formal employment, which might undermine carers' financial independence, especially since the money from the care allowance is not directly transferred to the caregiver, but to the care-dependent relative in the form of a 'routed wage' (Ungerson, 2004). On the other hand, due to the higher generosity of extra-familial home care, family care provision is optional and family members can, themselves, decide whether to provide care, which promotes their autonomy. However, familial care is still culturally preferred by the majority of the German population (Eggers et al., 2022).

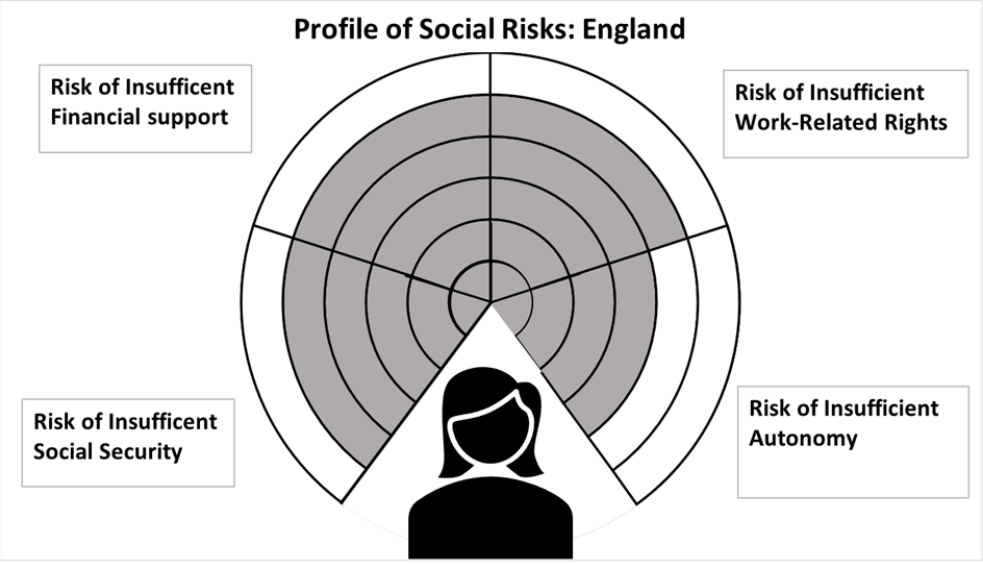
Figure 3: Social risk profile of the German care policy



Note Grey colour indicates level of social risks.

By contrast, the liberal English welfare state's care policy offers limited potential for reducing social risks to family carers, since the comparatively generous public support for familial and extra-familial care strictly targets people with lower incomes (Figure 4). Therefore, the opportunities for autonomy in relation to family care are low, and a significant number of family members with relatives ineligible for publicly funded care are forced to either provide care on an unpaid basis or pay privately for extra-familial care provision, which can incur considerable additional costs (OECD, 2020). Furthermore, even when family carers receive public support, it is insufficient to securing financial independence or sufficient social security rights, and the reconciliation of gainful employment and care work is not comprehensively supported. However, the welfare state provides support for respite care and training, which could alleviate some of the burden on family carers by reducing overstrain and stress.

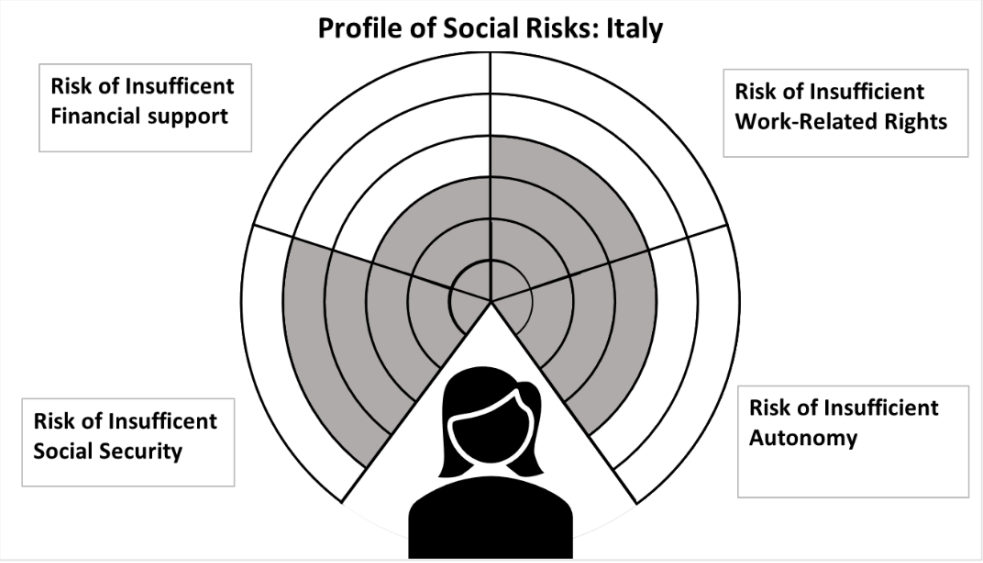
Figure 4: Social risk profile of the English care policy



Note Grey colour indicates level of social risks.

The Italian Mediterranean care policy also has limited potential for alleviating family carers' social risks (Figure 5). Some family carers might achieve a basic level of financial independence (although below the national at-risk-of-poverty threshold) based on the care allowance, which is granted to older relatives with care needs and can be forwarded to caring relatives. However, a significant number of older people are ineligible, and family care without any public compensation is the only alternative if they cannot afford to privately finance extra-familial care services. Furthermore, most family carers are exposed to high social risks in cases of sickness or job loss, or may be at risk of poverty in pension age due to a lack of comprehensive social security protection. Since the generosity of publicly funded extra-familial care is only medium-level and varies substantially between the northern and southern regions (Ranci & Pavolini, 2015), family members' autonomy to decide whether or not to take care of an older relative is limited. Care by migrant care workers is in many cases the only affordable option besides familial care provision (Jessoula et al., 2018). Since generous care leaves can only be taken under conditions of severe care needs, most family carers may have difficulties in combining care and gainful employment. While respite care is available and might reduce the burden on family caregivers to a certain degree, Italian care policy lacks sufficient national measures regarding training.

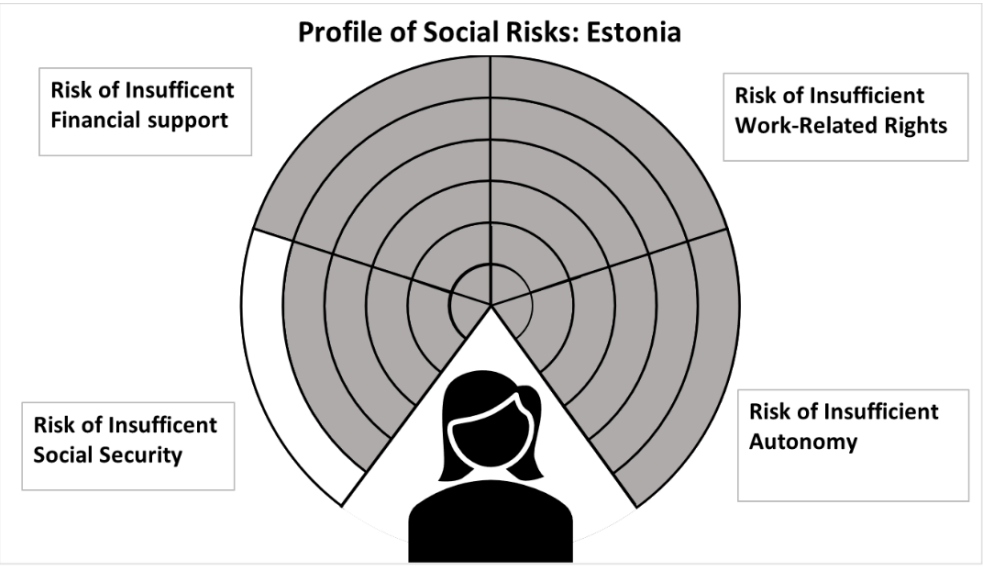
Figure 5: Social risk profile of the Italian care policy



Note Grey colour indicates level of social risks.

In Estonia's post-socialist welfare state, the care policy provides very little support for family carers in the form of pay, social security or work-related rights, at least not at the national level; therefore, the potential for mitigating family carers' social risks is rather limited (Figure 6). Moreover, the care policy does not promote family members' autonomy to decide whether or not to provide the care themselves, as extra-familial care provision is only available when an older care-dependent person has no relatives or financial assets. Instead, it is enforced by law that family members provide care without financial compensation or any further work-related or social security rights (Paat-Ahi & Masso, 2018), so that care inevitably entails substantial social risks for family carers. The care policy thus focuses on the traditional, gendered division of labour and is associated with a high risk of financial dependence on male breadwinners for female carers who must interrupt their paid employment for care provision.

Figure 6: Social risk profile of the Estonian care policy



Note Grey colour indicates level of social risks.

Overall, care arrangements based mainly on familial care provision are still widespread in European societies and, in some cases, are even gaining increasing importance against the backdrop of economic

pressure or trends towards de-institutionalization. The examined social risks still mainly affect women, who continue to represent the highest proportion of caregivers in the studied countries (Spasova et al., 2018). As most women are of working age when providing care, a lack of financial and social security, or of care-leave options, poses risks not only to their immediate situation when providing care, but also to their autonomy in pension age.

7. Regime types and cross-national differences in care policies

This study also aimed to examine the extent to which differences in welfare and care regime types help explain cross-national differences in the potential impacts of care policies on social risks to family carers.

By contrast with our assumption that in *social-democratic regimes*, the social risks would be higher for family members who decide to provide care themselves, while autonomy not to provide care would be offered by generous extra-familial care services, our findings show that the Norwegian care policy does not correspond with the features typically expected of a social-democratic regime. While comprehensive extra-familial care offers family members autonomy, the social risks associated with family caregiving are also alleviated to a certain degree, since the welfare state provides generous financial, work-related and social security rights. On the other hand, we assumed that the *conservative regime's* care policy would support families in their caregiving obligations, whereas the promotion of extra-familial care services would typically not be a priority for this regime type; rather, the regime would mainly be associated with the risk of a lack of family caregiver autonomy to choose not to provide care. However, our findings indicate that all social risks are mitigated to a higher degree in the conservative regime, since the welfare state generously supports not only family care, but also extra-familial care services. We expected of the *liberal regime* that the majority of family members of older care-dependent persons would be exposed to all four of our studied social risks, since public support for familial or extra-familial care would only be offered to older people and family members with the greatest (financial) needs. Our findings corroborate this. For the *Mediterranean* and *post-socialist regimes*, we expected a strong reliance on family care without significant welfare state support, which could evoke all four of our analysed social risks. The Estonian care policy, whereby family carers are prone to considerable social risks, fully reflects this reality. By contrast, in Italy, family carer's social risks are mitigated to a greater extent than expected, since the welfare state's care allowance supports family carers to a certain degree. However, it offers limited options for autonomy – a policy design we would have assumed for conservative welfare states.

Overall, the discussion demonstrates that the typical characteristics of the various welfare regimes are no longer adequate to explaining differences in care policies for older people or these policies' potential for mitigating family carers' social risks.

8. Conclusion

This paper aims to answer the question, *How do European care policies for older people differ in their potential effects on the social risks of family carers, and to what extent can differences in welfare and care regime type help explain these differences*? According to our main assumption, family care is not, in itself, associated with high social risks for family carers; rather, under the condition of generous public support, care policies could mitigate social risks and potentially promote caregiver autonomy and self-determination. Policy generosity towards family care is, in this regard, important, but so is the generosity of extra-familial care, since it could offer family members of older care-dependent persons an alternative to providing the care themselves. To examine differences in care policies' potential for mitigating family carers' social risks, this study introduced an innovative methodological approach to measure differences in the generosity of policies towards familial and extra-familial care.

The empirical findings support our main assumptions. They show that some European welfare states offer substantial support for family carers, but that there are considerable differences in the generosity of policies among welfare states. Such differences have significant implications for the (mainly female) family carers' social risks. Overall, our findings indicate that only the Norwegian and German welfare states show a relatively high potential for alleviating family carers' social risks. By contrast, family caregiving in the English,

Italian and Estonian welfare states is associated with limited options for autonomy, higher risks of income loss and insufficient social security and work-related rights. Since most of the care for older people is, in the studied welfare states, still mainly provided by women of working age, these women will be most affected by social risks that will not only influence their career patterns and financial and social security during the period of caregiving, but can also have repercussions on their pension incomes (Daly, 2020; Möhring, 2015; Spasova et al., 2018; Zigante, 2018).

The findings also indicate a rather weak relation between welfare regime type, classic care regime type and current care policy design in the studied countries. If welfare states have a universal and rather generous approach towards welfare provision, in general, and protection against social risks related to the work-care reconciliation, in particular – such as in the Norwegian and, more recently, the German welfare state (Ferragina et al., 2015) – this is met by a care policy that promotes both extra-familial and familial care more generously and deviates from assumptions deriving from the welfare and care regime typology. These findings align with research that observed a general trend or turn towards 'optional familialism' in Nordic and Continental welfare states' care policies (Le Bihan et al., 2019b). By contrast, the remaining three welfare states (for which we expected, for different reasons, an overall lower generosity towards care policies) more or less matched our expectations, based on the Esping-Andersen's welfare regime and the care regime approach (Bettio & Plantenga, 2004). This shows that social risks connected with work-care reconciliation have not been adequately addressed by care policies in these countries, in which forms of insufficiently 'supported familialism' (Saraceno, 2016) still prevail in care policies, although to different degrees.

This paper sheds new light on theory and research about the ways in which welfare states design their policies towards family carers, and what this means for family carers' social risks. Future research might fruitfully analyse, in greater depth, the micro-level relationships between social risks and care policies, as well as include more welfare states from inside and outside Europe to determine the 319ormalization319ty of the present results.

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Appendix

Table A.1: Amount of support for familial caregivers in national context

Country	Maximum monthly value of cash benefit / care allowance[1]	Monthly average wage for care work with basic qualification gross/net (in relation to pay for family care)[2]	60% of monthly median net income (in relation to pay for family care)[3]
Norway	1.975€	3.075€ (100%) / 1.975€ (100%)	1.537€ (128%)
Germany	901€	2656 (33%) / 1.355€ (66%)	942€ (96%)
England	723€	2.032€ (36%) / 1.407€ (51%)	898€ (81%)
Italy	520€	1.128 € (46%) / 610€ (85%)	816€ (64%)
Estonia	45€	478€ (9%) / 302€ (15%)	288€ (16%)

Note: [1] We only consider the highest possible amount since we assume that it is offered for fulltime care. Data for Norway: Average monthly net wage for care work with basic qualification employed by municipality (own calculation based on tax data from OECD 2022 for single person). Data for England: Attendance Allowance combined with Carer's Allowance. Data for Estonia: Average amount of cash benefit for adult person. Cash benefit cannot be used for familial care in every municipality (Taru et al., 2021). [2] See Bettio & Verashchagina 2012. Net wages based on OECD 2022 (own calculations). We consider single persons as a standard measure since these present the most vulnerable group with regard to social risks. [3] See Eurostat 2018 (own calculations). We consider single persons as a standard measure since these present the most vulnerable group with regard to social risks.

Information in German

Deutscher Titel

Soziale Risiken von pflegenden Familienangehörigen im Kontext wohlfahrtsstaatlicher Politiken

Zusammenfassung

Fragestellung: Ziel des Beitrages ist es zu untersuchen, inwiefern sich europäische Pflegepolitiken hinsichtlich ihrer potentiellen sozialen Risiken für pflegende Familienangehörige unterscheiden und inwieweit sich diese Differenzen mit Unterschieden zwischen Wohlfahrts- und Care-Regimen erklären lassen.

Hintergrund: Es ist eine häufige Annahme, dass die wohlfahrtsstaatliche Unterstützung familialer Pflege mit umfassenden sozialen Risiken, wie Einkommensverlust oder einem Verlust an Sozialversicherungsrechten der pflegenden Angehörigen verbunden ist. Dieser Beitrag hinterfragt diese Annahme und argumentiert stattdessen, dass Pflegepolitiken, die pflegende Familienangehörige generös unterstützen, auch zur Abschwächung der mit der familialen Pflege verbunden sozialen Risiken beitragen könnten.

Methode: Der Beitrag führt einen innovativen Ansatz zur systematischen Generositätsmessung von Politiken zur Unterstützung pflegender Familienangehöriger ein und untersucht, wie diese Politiken theoretisch mit den sozialen Risiken pflegender Familienangehöriger verbunden sein können. Anschließend wird dieser Ansatz auf den Vergleich von fünf europäischen Wohlfahrtsstaaten angewendet. Hierfür wird eine Analyse der pflegepolitischen Dokumente der Untersuchungsländer durchgeführt. Weiter werden standardisierte Politikberichte nationaler Expert:innen und Informationen vergleichender sozialpolitischer Datenbanken herangezogen.

Ergebnisse: Die Ergebnisse zeigen starke internationale Unterschiede in der Ausgestaltung der Pflegepolitiken, die nur in einigen Fällen signifikant zur Abmilderung sozialer Risiken pflegender Familienangehöriger beitragen können. Darüber hinaus stimmen diese internationalen Unterschiede nur zum Teil mit den Annahmen zu diesen Unterschieden überein, die auf Basis klassischer Wohlfahrts- und Care-Regimetypologien getroffen wurden.

Schlussfolgerung: Der Artikel gibt Aufschluss über die Art und Weise, wie Wohlfahrtsstaaten ihre Politiken gegenüber pflegenden Angehörigen gestalten, und über das Ausmaß, in dem diese Politiken mit sozialen Risiken verbunden sein können.

Schlagwörter: Europäische Wohlfahrtsstaaten, Pflegepolitik, familiale Pflege, soziale Risiken, Wohlfahrtsregime

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