

ORIGINAL ARTICLE

How culture influences the strengthening of market principles in conservative welfare states: The case of long-term care policy

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Abstract

How much, and in what ways, do cultural ideas contribute to understanding cross-national differences in the extent of long-term care (LTC) policy marketisation? We argue that differences in cultural ideas in the political sphere about ‘ideal’ ways of organising the provision of care shed light on these differences, relatively independently of the governing parties’ positions on the left/right spectrum. Our comparative case study of two conservative welfare states, Germany and Austria, supports this argument. LTC policy marketisation in the mid-1990s was, in both cases, based on left-libertarian ideas. While these ideas gained strong political support from parties across the left/right spectrum in Austria, they were combined with etatist ideas in Germany, resulting in a substantially lower potential for marketisation in Germany’s LTC policy. Our study also shows that, by contrast with neo-liberal ideas, left-libertarian ideas address care recipients’ self-determination and divert attention away from social problems associated with LTC marketisation.

KEYWORDS

consumerism, cross-national comparison, cultural ideas, long-term care policy, marketisation, welfare state

Since the 1990s, many European welfare states have extended financial support for the provision of social services in the area of long-term care (LTC) for older people. The related policy reforms are a reaction to demographic changes, such as societal aging, and socio-economic factors, such as the increase in women’s labour force participation (Ranci & Pavolini, 2015; Theobald & Luppi, 2018).

A restructuring of LTC policies based on the strengthening of market principles was simultaneously initiated.

LTC policy marketisation is relevant from a sociological perspective, as it is often connected with substantial social risks to care recipients and care workers. This relates particularly to the political construction of care recipients as ‘care consumers’ who buy their care on

Abbreviations: CDU, Christlich Demokratische Union; CSU, Christlich-Soziale Union; FDP, Freie Demokratische Partei; FPÖ, Freie Partei Österreichs; GAL, green/alternative/libertarian; LTC, long-term care; ÖVP, Österreichische Volkspartei; SPD, Sozialdemokratische Partei Deutschlands; SPÖ, Sozialdemokratische Partei Österreichs; TAN, traditional/authoritarian/nationalist.

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'care markets' based on publicly funded 'cash-for-care' schemes. This approach can generate inequalities in access to care or a low level of regulation and control of the quality of care (Clarke et al., 2007; Da Roit & Le Bihan, 2019; Rodrigues & Glendinning, 2015; Rostgaard, 2006; Rummery, 2009), as it tends to overlook the fact that care is not a tradable good like any other, but is based on an interdependent social relationship that involves trust and emotional labour (Himmelweit, 2008; Hochschild, 2012; Rummery & Fine, 2012). Moreover, LTC policies that are based on market principles are often connected with low pay and social security as well as high job insecurity for care workers, often in the context of 'grey care markets' (Aulenbacher et al., 2018; Österle & Bauer, 2012; Theobald et al., 2018). How and why welfare states differ in their extent of LTC policy marketisation is, therefore, a relevant question.

Previous research has shown that there are substantial differences among European welfare states in the degree to which LTC policies support the marketisation of care (Bode, 2008; Meagher & Szebehely, 2013; Pfau-Effinger & Rostgaard, 2011; Theobald, 2015). However, few studies have sought to understand cross-national differences in the strengthening of market principles in LTC policies. A common explanation links cross-national differences in marketisation to differences in welfare and care regime types and their path-dependent developments (Brennan et al., 2012; Ranci & Pavolini, 2015; Theobald & Luppi, 2018). However, this line of research cannot establish why countries of the same welfare and care regime type differ.

This article takes an ideational approach to understanding cross-national differences in LTC policy marketisation. It asks how much and in what ways cultural ideas contribute to understanding such cross-national differences. The main focus is on policies that support demand-side LTC marketisation, which is based primarily on the construction of care-dependent older persons as 'consumers' of care services. We assume that differences in cultural ideas about 'ideal' ways of organising the provision of care in the political sphere help to comprehend such differences and that these cultural ideas can vary relatively autonomously from the governing parties' positions along the left/right spectrum. We do not, however, argue that cultural ideas are the sole determinant of these policies in our two studied countries. In theory, a number of other factors and issues could also have had a role in their processes of development. We define culture as a system of collective ideas relating to the 'good' society, the 'ideal' way of living, and (morally) 'good' behaviour. The cultural system comprises cultural values, cultural models or 'ideals', and worldviews—in brief, 'cultural ideas' (Pfau-Effinger, 2005).

LTC policy is a good example of welfare state policy marketisation since many developed welfare states have

marketised LTC since the 1990s (Blank, 2021; Meagher & Szebehely, 2013; Pfau-Effinger & Rostgaard, 2011). The present study is based on a 'most similar systems' design that, according to Esping-Andersen (1990), compares two conservative welfare states: Germany and Austria. These countries' cases are similar in that prior to introducing new LTC policies in the mid-1990s, they considered care a family responsibility, while market principles played a minor role in its provision. Nevertheless, they were among the first European countries to introduce new LTC policies that included market principles. In this context, on the basis of historical legal documents, we analyse the differences in the extent to which each welfare state's LTC policies strengthen demand-side marketisation. By choosing two countries with similar welfare regime types, we avoid the problem of having to consider differences between welfare regime types into understanding differences in LTC policies. The most similar systems approach, therefore, makes it possible to focus more on the cultural ideas about the 'ideal' way of organising care in the political sphere, and on how these relate to the governing parties' positions on the political left/right spectrum in shaping LTC policy marketisation. To these ends, we carry out a content analysis of both welfare states' political discourses around the LTC marketisation process.

The article's second section provides an overview of previous theoretical debates and empirical findings regarding LTC policy marketisation and the factors influencing cross-national variation in this policy field. Its third section defines the present study's concept of marketisation and explains the study's theoretical approach to comparative analysis, emphasising the role of cultural ideas for understanding cross-national policy differences. Focusing on study design and methodology, the fourth section explains in greater detail how the study's central variables were operationalised to allow for a systematic comparison of the institutional bases for LTC policy marketisation across the two country cases. The fifth section presents the study's main findings regarding the role of cultural ideas for understanding differences in LTC policy marketisation. The final section critically discusses our findings and reflects on the implications for social risk for care recipients and care workers associated with different degrees of LTC policy marketisation.

STATE-OF-THE-ART

Central elements of LTC marketisation

The development of European LTC policies has been characterised by an extension of social rights and

infrastructure (Eggers et al., 2020; Ranci & Pavolini, 2015). It was accompanied by a shift to what is generally called the 'marketisation of care' (e.g., Brennan et al., 2012; Theobald, 2015). Typical elements of LTC policy marketisation include the reinforcement of competitive principles and the privatisation of care services, that is, the outsourcing of public care to other providers such as for-profit providers (Bode, 2008; Kröger, 2011; Meagher & Szebehely, 2013).

Another important principle of marketisation is considered to be the construction of older persons in need of care as 'consumers' who, on the basis of provider competition, may choose from among different types of care services available on care markets (Blank, 2021; Brennan et al., 2012; Dahl et al., 2015; Meagher & Szebehely, 2013). This is also referred to as 'care consumerism' (Clarke et al., 2007; Rostgaard, 2006; Vabø, 2006). A basic principle of care consumerism has been the introduction of 'cash-for-care' systems into LTC policies; in such systems, the welfare state provides older people in need of care with more or less strictly regulated payments or vouchers that can be used to buy the preferred care services in the care market (Da Roit & Le Bihan, 2019; Riedel & Kraus, 2016; Rummery, 2009). Many authors have criticized this policy concept of 'care consumerism' with the argument that it poses substantial risks of poor selection owing to the care recipients' inability to make informed decisions when information about services is scarce, and it is often connected with a low-quality of care and working conditions (Clarke et al., 2007; Le Grand, 2011; Rodrigues & Glendinning, 2015). It has also been argued that LTC marketisation, like the marketisation of other types of care, ignores the fact that care is not a commodity like others, as it requires trust and established relationships (Himmelweit, 2008; Kröger, 2009; Vabø, 2006).

According to comparative research, LTC marketisation has had dissimilar outcomes in the different types of welfare and care regimes in which it has come into effect (Brennan et al., 2012; Klenk & Pavolini, 2015). Conservative welfare states have often been neglected by studies of marketisation on the premise that these welfare states, which ideal-typically prefer family care (Esping-Andersen, 1990), continue to emphasise family care provision (e.g., Saraceno & Keck, 2010). However, several conservative welfare states, such as Germany, have been shown to have undergone extensive social policy reforms through the introduction of market principles in their LTC policies (Bode, 2008; Eichler & Pfau-Effinger, 2009; Theobald, 2012). Conservative welfare states, then, are adequate subjects for a comparative study exploring differences in the extent to which

demand-side marketisation has been strengthened in the LTC policies of ideal-typically similar welfare states.

Understanding cross-national differences in LTC marketisation

It is often argued that the main reason for LTC policy marketisation is that provider competition assures cost efficiency and a particularly good fit of provision to needs (Le Grand, 2011; Lundsgaard, 2002). However, there is a need to explain why cross-national differences have emerged despite similar trends towards marketisation. Some studies have claimed that these differences are due, essentially, to differences in welfare and care regime types (Brennan et al., 2012; Ranci & Pavolini, 2015). However, comparative research shows that the extent of marketisation differs in part between welfare states of the same type of welfare and care regime (Meagher & Szebehely, 2013). The Nordic welfare states, for example, which are classified as social democratic welfare regimes (Esping-Andersen, 1990), were for a long time mainly associated with public LTC provision. However, following recent reforms, some Nordic countries, such as Sweden, have promoted LTC policy marketisation to a higher extent than others, such as Norway (Anttonen & Karsio, 2017; Meagher & Szebehely, 2019; Svallfors & Tyllström, 2019). Therefore, factors other than welfare regime type seem also to be relevant to explaining such differences.

One argument seeking to explain such differences is centred on the governing parties' position on the political left/right spectrum (e.g., Häusermann et al., 2013). There is a widespread assumption that left-wing social-democratic parties promote stronger egalitarian policies and state interventions aimed at mitigating market inequalities (Allan & Scruggs, 2004; Esping-Andersen, 1990), whereas right-wing conservative parties tend to support marketisation, competition, and less state intervention (Budge et al., 2001; Franzese, 2002). However, the connection between parties' left/right positioning and their promotion of certain forms of welfare state policy remains controversial (Beramendi et al., 2015; Häusermann et al., 2013). With regard to the marketisation of care, empirical research has indicated that, in recent decades, social-democratic parties have been decisively involved in the introduction of market principles in several European countries (Gingrich, 2011; Meagher & Szebehely, 2019). Gingrich (2011) argued that regardless of the position in the political spectrum, parties of both camps have motivations to introduce marketisation. Furthermore, some authors have argued that in recent

decades, the role of the left/right dimension in political decision-making has, in some policy areas, been replaced by the opposition between ‘Green/alternative/libertarian’ (GAL) parties on the one side and ‘traditional/authoritarian/nationalist’ (TAN) parties on the other (Hooghe et al., 2002; Kriesi, 2010). However, the processes of LTC policy development studied in this article began in the 1980s and ended in the early 1990s in both case countries. During this period, both Germany’s and Austria’s main parties were situated on the left/right spectrum; the GAL/TAN spectrum was just beginning to develop, therefore, is of minor relevance to our analysis.

Some studies have emphasised the role of neo-liberal cultural ideas in the political process as a main factor underlying cross-national differences in the extent of LTC policy marketisation (Bode, 2008; Brennan et al., 2012; Burau et al., 2017; Clarke et al., 2007). However, there has, thus far, been a lack of cross-national comparative research that systematically analyses how cultural ideas contribute to cross-national differences in the extent to which LTC policies support market principles.

THEORETICAL FRAMEWORK

The concept of marketisation in LTC policies

Markets are social structures for exchange in which offers are evaluated and priced and compete with one another based on exchange relations consisting of two roles (supplier and demander) that face each other from either side of the market. In a market, the relationship between supply and demand regulates the price structure, and, commonly, various providers compete with each other (Aspers, 2011). Several authors have pointed out that markets are, in reality, subject to manifold political regulations, which can restrict the free play of market forces. Care markets have, in general, the character of a ‘quasi-market’ rather than of an ‘ideal market’, as competition is partly limited by state regulation (Bode, 2008; Le Grand, 2011; Nullmeier, 2004). The degree of LTC policy marketisation differs, in our definition, in the degree to which regulation by the welfare state’s political institutions limits the role of ‘ideal market’ principles. However, it is important to point out that while the presence or absence of institutional regulation in the context of LTC policy potentially enables marketisation, it does not necessarily entail its comprehensive implementation.

This study distinguishes between the demand-side and supply-side dimensions of the marketisation of LTC policies for older people. Marketisation that addresses the

supply side affects the conditions under which care service providers act and includes the degree of provider competition and outsourcing of care services from the state to for-profit providers. This article focuses on the demand-side marketisation of LTC policies, addressing the degree to which care-dependent older persons are expected to buy their care in ‘care markets’ on the basis of a ‘care consumer’ approach (Clarke et al., 2007; Eichler & Pfau-Effinger, 2009; Rostgaard, 2006; Rummery, 2009).

Main assumptions regarding the role of cultural ideas in cross-national differences

This article’s main assumption is that differences in the cultural ideas that gain support in the political sphere contribute significantly to understanding the cross-national differences in policies that support the marketisation of LTC at the demand side.

According to previous theorising in comparative welfare state research, ideas contribute to the explanation of change and cross-national differences in policies, as they frame the ways in which political actors define and perceive policy problems and possible solutions (Béland, 2005; Campbell, 1998). The concept of ‘ideas’ often refers to various types of ideas, such as cognitive ideas, which are based on interest-based logic, and normative and cultural ideas; however, many authors do not make a clear distinction between them (Campbell, 1998; Schmidt, 2010). Several authors have emphasised the role of cultural ideas in political processes (see Pfau-Effinger, 2005). This is especially relevant in the context of care-related policies, as more traditional or innovative cultural ideas about ‘ideal’ ways of organising care provision compete and are re-negotiated in any given society (Fleckenstein, 2011; Pfau-Effinger, 2005).

We use Pfau-Effinger’s (2005) theoretical approach to conceptualise the relationship between culture and welfare state change. According to this approach, a society’s main cultural ideas surrounding welfare state institutions restrict the spectrum of possible welfare state policies, and these ideas can differ among welfare states. Welfare state institutions remain stable as long as their cultural foundations, on which institutional norms are based, are relatively constant and considered sufficiently legitimate by the population. It is also possible that the cultural ideas related to the respective institution are changing outside the institution, that is, in the population or among the relevant political actors, whereas the institution itself remains stable; or vice versa—that is, institutions can change independently of cultural ideas. Cultural change in the population can contribute to

institutional change if certain actors in the political field adopt the new cultural ideas and attempt to fundamentally change the existing institution based on discourse, negotiation, and compromise (Pfau-Effinger, 2005). It has been argued that cultural ideas are becoming more diverse in affluent post-industrial societies (Inglehart & Norris, 2009). It is still an open question how this trend affects the role of cultural ideas in the political arena.

Main assumptions regarding the role of cultural ideas and governing parties' left/right positioning in cross-national differences

According to our main assumption, cross-national differences in the main cultural ideas about the 'ideal' sphere for the provision of care in the political field help to comprehend such differences, relatively independently of the role of the governing parties' positioning along the left/right spectrum. The main reason is that policies may be based on cultural ideas which are so vague or general in their character that political parties and political actors situated at any point on the political spectrum may agree with them, thereby showing significant potential for cross-party alliances. Béland and Cox (2016) refer to these ideas as 'polysemic ideas'. With regard to the governing parties, our focus remains on the parties' position within the left/right spectrum, which reflects the relevant party spectrum of the historical period in which both our case countries introduced their new LTC policies. Moreover, our topic addresses a typical issue of left/right politics by analysing political regulation in the area of LTC.

METHODOLOGICAL APPROACH

Comparative analysis of new LTC policies in Germany and Austria in the mid-1990s

This empirical study conducted a cross-national comparative analysis of the strengthening of market principles at the demand side in the context of new LTC policies for older people in the mid-1990s. The choice of the study countries is based on a design of 'most similar systems'. Accordingly, Germany and Austria, both of which represent the conservative welfare regime type in Esping-Andersen's (1990) typology, were selected. Against the background of a similar 'conservative' starting position, we analyse as a first step how much the LTC policies that were introduced in both welfare states during the mid-1990s differ in the degree to which market principles were strengthened.

The strengthening of market principles in LTC policies was analysed at the regulatory level of welfare state

institutions on the basis of legal documents. The focus was on the demand side, that is, the position of the older person who receives financial support from the welfare state for care and is indicated by the extent to which the LTC policy promotes or discourages the construction of care-dependent older people as 'care consumers'. To measure the extent of marketisation on the demand side, we analysed the relevant regulations in the LTC policy institutions using two indicators:

The first indicator measured the degree of the policy's regulation of older persons' decision for a specific type of care, that is, (1) the type of care provider (public, for-profit, or non-profit) and (2) the kinds of care services (medical, personal, or assistance services) to be funded by the welfare state. The degree of policy regulation was classified as high if older persons' choices are restricted in both sub-indicators; as medium if they are restricted in only one sub-indicator; and as low if they are not restricted in either sub-indicator. The second indicator measured the extent to which the policy regulates the prices of care provision. The degree of policy regulation is high if the prices are strictly regulated by the state; it is medium if the prices are partially regulated but there is still a limited scope for price negotiations; and it is low if the regulation of prices is absent or so marginal that it virtually allows for pricing based on market forces. The overall degree of policy support for demand-side marketisation was calculated using the mean of the two indicators. In each case, the lower the degree of policy regulation, the higher the degree of marketisation, and vice versa, since policy regulation limits the free operation of market principles in the sense of an 'ideal market'.

This study focuses on the institutional framework underpinning LTC policy marketisation. We did not systematically examine its implementation or the extent to which it affects the actual structures and practices of LTC. The causal relation between LTC policy regulation and the actual outcome of LTC marketisation can be modified by cultural and structural factors, such as ideals and preferences regarding LTC provision (Eichler & Pfau-Effinger, 2009) or locally available care infrastructures (Ranci & Pavolini, 2015).

Operationalisation of the independent variables

In the second step, this study empirically explored the contribution of cultural ideas and their relationship with governing parties' positions on the left/right political spectrum for understanding cross-national differences in the historical period when the new LTC policies were introduced in Austria (1993) and Germany

(1994). It is based on the analysis of policy documents of the German and Austrian parliaments regarding the policy discourses on the law in each welfare state. It includes legislative debates and initiatives, laws, and other relevant political documents, presented in the Appendix, as well as secondary literature. The relevant German left-wing political parties are the social-democratic SPD (Sozialdemokratische Partei Deutschlands) and the ecologist Greens (Bündnis 90/Die Grünen), and the Austrian ones are the social-democratic SPÖ (Sozialdemokratische Partei Österreichs) and the ecologist GAL (Grüne Alternative Liste); the right-wing parties are the conservative CDU (Christlich Demokratische Union) and CSU (Christlich-Soziale Union) and the liberal FDP (Freie Demokratische Partei) in Germany, and the conservative ÖVP (Österreichische Volkspartei) and radical nationalist FPÖ (Freie Partei Österreichs) in Austria. The policy documents were subjected to a content analysis (Kuckartz, 2014) focusing on the cultural values by which the new LTC laws were justified. We developed categories for the identification of each of these value systems, which are then used to classify cultural ideas. To these ends, we distinguished among four ideal-typical systems of cultural ideas considered important by previous studies to the formation of welfare state policies (Esping-Andersen, 1990; Le Grand, 2011; Schmidt & Thatcher, 2013; van Kersbergen & Kremer, 2008): conservative, etatist, left-libertarian and neo-liberal ideas. We examined the German and Austrian historical policy documents on the basis of these systems to find out which cultural ideas served as the basis for the newly established LTC policies. Table 1 provides an overview of the four ideal-typical systems of cultural ideas with regard to their respective ideals on how to ‘best’ organise care, as outlined in previous literature. It also gives typical examples of the different cultural ideas of care based on our analysis of the policy documents.

FINDINGS

Differences in the extent of marketisation in LTC policies

In both welfare states, LTC for older people was traditionally treated as primarily a family responsibility. The foundation for this was the cultural family ideal of the ‘housewife marriage’, which presumed that married women were (by default) not gainfully employed outside the home, or ceased working as soon as they had family members for whom they had to provide unpaid care (Behning, 1999; Eichler & Pfau-Effinger, 2009). The following section presents first the findings about the

TABLE 1 Systems and indicators of cultural ideas.

Systems of cultural ideas	Examples from the studied political debates
<i>Conservative ideas</i> mainly consider care a family responsibility, where the welfare state should only intervene to support the family in its caring function and in case the family is unable to provide and/or fund the care by itself (van Kersbergen & Kremer, 2008).	‘Many people are willing to provide care for relatives, and they serve as a good example of the fact that many social services are best provided by the family’ (Austrian Bundesrat, 1991: 1769, own translation).
<i>Etatist ideas</i> assume that the equitable organisation, regulation, and financing of care based on citizens’ social rights are primarily the welfare state’s responsibility (Esping-Andersen, 1990).	‘Care dependency has become a life risk, and protection against this risk should be ensured by the welfare state. It is a public responsibility to provide an appropriate infrastructure for persons in need of care’ (German Bundestag, 1991: 2 f., own translation).
<i>Left-libertarian ideas</i> stress the centrality of human dignity and the human rights of persons in need of care. It is assumed that both can be guaranteed when care recipients can act on the basis of personal autonomy and available choice (Le Grand, 2011).	‘The right to want and choose one’s own care provision is a central precondition for leading a decent life despite care dependency’ (German Bundestag, 1993a: 89, own translation).
<i>Neo-liberal ideas</i> assume that care is a commodity like any other good on the market, where provision and prices are most efficiently regulated by the free interplay of supply and demand (Schmidt & Thatcher, 2013).	‘The central argument for demanding direct cash payments for people in need of care is that it is, in many cases, the best way to ensure an efficient and needs-oriented care provision’ (Austrian Federal Ministry of Labour and Social Affairs, 1990: 23, own translation).

Source: Author’s own research.

analysis of LTC policy marketisation for each welfare state separately, then it introduces the findings of the comparative analysis.

Germany

In 1994, under the *Pflegeversicherungsgesetz* (‘Long-Term Care Insurance Act’ Social Code XI), the German welfare

state implemented an LTC policy based on a newly established public care insurance co-financed by employee and employer contributions. The new policy introduced a universal individual right to publicly funded care based on a health assessment by the medical service of the care insurance. The care-need level (1–3) and the chosen form of care determined the amount of financial support. Care insurance funds were allocated to guarantee that care-dependent persons received sufficient financing at a needs-adequate level of care, conforming to generally recognised medical knowledge of care standards and full coverage of basic medical and personal care.

Care recipients could choose between care in nursing homes or their own homes. If they chose care at home, they could either receive care from external care providers, cash payments for care by family members or acquaintances, or a combination of both forms. For each form of care, the *Pflegeversicherungsgesetz* precisely defined the amount of money that was to be paid to the recipient and the prices of the care paid for each care level, with caring family members or acquaintances paid only half the amount given to external care services. There was little regulation of care recipients' choice of the provider of external home care services or residential care, as they could choose among state-approved public, non-profit, and for-profit providers. With regard to care by family members, there were some restrictions regarding the choice of the caregiving person, who had to provide care for at least 14 h per week, be employed for less than 30 h per week elsewhere, sign a contract with the care insurance, be registered by name and submit to regular monitoring of the care arrangement by public authorities. Older persons' choice of kinds of services provided by external service providers was strongly regulated and fixed for each care level. Therefore, the policy regulation of older persons' choice of types of care provision was overall at a medium level. While the prices for care by family members and acquaintances were only slightly regulated, the prices of both forms of external care services were strongly regulated, since the care insurance paid only legally fixed amounts directly to the care-providing organisation. Therefore, the policy regulation of prices was high overall.

Based on our method of measurement, the extent of LTC policy marketisation at the demand side in Germany's 1994 *Pflegeversicherungsgesetz* was low to medium.

Austria

In 1993, under the tax-financed *Bundespflegegeldgesetz* ('Care Allowance Act'), the Austrian welfare state

introduced a universal right for persons in need of care to receive a public allowance for care provision.¹ Older persons who passed a health assessment were entitled to receive a care allowance thought to offer adequate financial support for their particular level of need (1–7).

Based on this largely unregulated cash payment, care recipients were allowed to choose whom they paid, at what hourly rate, for what care services, and even whether they spent the cash at all for their care services. By contrast with Germany, the Austrian law included no restrictions or provisions for monitoring or controlling how people used the care allowance. The LTC policy's legal framework did not regulate the choice of provider types or kinds of services. There was also no policy regulation of the prices that care recipients were expected to pay for their care. Consequently, recipients of the care allowance were motivated to 'shop around' on the care market for the best possible cost-saving care in order to secure the longest possible duration of care.

Altogether, Austria's 1993 LTC policy had a high degree of marketisation on the demand side due to a low degree of policy regulation of older persons' choices.

Comparative analysis

Our comparative cross-national analysis shows that the new LTC policies implemented by both countries in the mid-1990s introduced market principles to different degrees with respect to the political regulation of the care recipients' choices (Table 2). While the Austrian LTC policy had a low degree of policy regulation of choice regarding both indicators and thus a high degree of marketisation on the demand side, the German LTC policy was based on a low-to-medium degree of marketisation on the demand side due to a medium-to-high degree of policy regulation of the older persons' choice regarding both indicators. Although LTC policies towards demand-side marketisation differed substantially between the two welfare states, the amounts of public funding that each offered to older persons were very similar.

The role of cultural ideas and political parties in LTC policy differences

In this section, the role of cultural ideas in the political sphere in the introduction of the new LTC policies is

¹The variance of further regulations at the level of the various federal states is not included in the analysis. This study is exclusively interested in national-level regulations, which constitute a 'lowest common denominator' (Urban, 2016).

TABLE 2 Comparative analysis of the degree of policy regulation of care recipient choice in the mid-1990s.

	Germany (1994)			Austria (1993)		
	Low	Medium	High	Low	Medium	High
Degree of Policy Regulation of Care Provision Type		x		x		
Degree of Policy Regulation of Prices of Care Provision			x	x		
Overall Degree of Policy Regulation of Care Recipient's Choice	Medium to high			Low		
Overall Degree of Demand-Side Marketisation	Low to medium			High		

Source: Author's own research.

examined to shed light on the cross-national differences in the strengthening of demand-side market principles. In the second step, the role of the relationship between cultural ideas and the positioning of the political parties along the left/right spectrum is analysed to help comprehend why these differences developed.

Role of cultural ideas in cross-national differences in the new LTC policies

The German LTC policy, implemented in 1994 under the conservative CDU/CSU and the liberal FDP's coalition government, comprised the right to publicly financed care and an option to decide between various providers and care forms, but the costs for external care services were directly paid for by the care insurance, and the use of cash payments for family care was, to some extent, regulated. This rather strong regulatory involvement of the state was justified by political actors with the etatist idea of public responsibility for equitable organisation, regulation, and financing of care based on citizens' social rights. As one CDU delegate put it, the new law

present[s] an overall concept, not just cash payments—which is certainly an essential point—but an overall concept that includes the care infrastructure with homecare, residential care and day care [...] as well as the whole area of care professions and voluntary caregivers at home. [...] It is, finally, the safeguarding from a fundamental risk to human life for the most helpless in society. (German Bundestag, 1993b: 144463, own translation).

To a lesser degree than etatist ideas, left-libertarian ideas were also emphasised in that the option to choose among different care providers and forms of care was clearly framed as the main precondition for guaranteeing a decent living to people in need of care and for strengthening their

self-determination, and not as a precondition for the efficient functioning of a care market. The coalition government justified its bill for a new LTC policy as follows:

'The right to exercise one's wishes and choices is an essential prerequisite for leading a dignified life in the event of a need for care. The granting of benefits must not be patronising.' (German Bundestag, 1993a: 89, own translation).

Conservative ideas about the family's crucial role in care provision played only a marginal role in legitimising the new LTC policy (German Bundestag, 1994: 18779). Nevertheless, parts of the conservative-led government stressed in the final plenary debates that the new LTC policy's 'prioritisation of care at home' would 'help women, help families to provide care, where people in need of care prefer it, that is, in their well-known homes, as long as possible' (German Bundestag, 1993c: 15837, own translation). Family care, as shown above, played only a marginal role in comparison with the dominant etatist emphasis on the welfare state's responsibility to co-fund and extend care service provision (German Bundestag, 1993b).

In contrast to the German case, the greater extent to which the Austrian welfare state strengthened market principles in LTC policies can be understood in light of the comparatively high importance of left-libertarian ideas in the Austrian political sphere. In this sense, the introduction of an unregulated care allowance that could be used either for family care or external care services was, above all, justified by the social democratic SPÖ and the smaller conservative ÖVP's coalition government based on left-libertarian ideas about strengthening the self-determination of persons in need of care in organising their own care provision (Behning, 1999). It was argued that the *Care Allowance Act* 'creates a social law that primarily provides a cash payment which enables individuals to make their own choices and lead self-

determined lives' (Austrian Nationalrat, 1993: 11412, own translation).

Etatist ideas were relevant to financing, but not to the regulation or organisation of care—only a small group of left-wing actors demanded 'a priority for the expansion of in-kind services' (Austrian Bundesrat, 1991: 24887, own translation)—which corresponds to the relatively high degree of demand-side marketisation in the Austrian LTC policy.

Overall, our findings indicate that cultural ideas play a noteworthy role for understanding why in the Austrian welfare state, policies supported LTC marketisation at the demand side much stronger than in the German welfare state. They also show that etatist cultural ideas that emphasise the strong role of the state in the financing, regulation, and organisation of care were dominant in the German political arena, whereas left-libertarian ideas about the self-determination of persons in need of care regarding their care provision were of greater importance in the Austrian political sphere.

Relative autonomy of cultural ideas from political parties' positions on the left/right spectrum

The political support for demand-side LTC marketisation was clearly higher in Austria than in Germany, where the state played a major role in regulating the new policy. It would be plausible to assume that this can be understood by the greater role of a right-wing party in Austria and the greater role of a left-wing party in Germany. However, the opposite is the case: the conservative CDU/CSU was the leading party in the German government during the introduction of the policy reform, whereas the social democratic SPÖ was the leading party in the Austrian government. The following section shows in more detail in how far the dominant cultural ideas about the 'ideal' ways of organising care developed in the political process of both welfare states relatively independent from the parties' position in the left/right spectrum.

Germany

The *Pflegeversicherungsgesetz* was implemented in 1994 under the conservative CDU/CSU and the liberal FDP's coalition government. The law was based on a combination of etatist ideas about state responsibility and state regulation of care provision, and left-libertarian ideas that offered older persons in need of care to choose between extra-familial, service-based care provision and

a less strictly regulated cash payment. This combination of left-libertarian and etatist ideas for a new LTC policy had first been introduced in parliament in 1984 by the small opposition party, the Greens (German Bundestag, 1984). It contained left-libertarian instead of neo-liberal elements in the sense that it was primarily aimed at the self-determination of people in need of care as a human right, and not at the promotion of an unregulated care market in which the care recipients' choice would only represent a means to increase efficiency and enable cost-cutting. Throughout the 1980s, left-libertarian ideas quickly gained influence in legislative bills presented by the opposition (the social democratic SPD) and by several federal states, including conservative-ruled ones, that sought to shift the costs of funding LTC from the local to the national level (Meyer, 1996). By contrast, until the end of the 1980s, the coalition government's proposals had primarily been based on traditional conservative ideas whereby care should still be performed by the family, and only in cases of the greatest care need should the state support medical care services (German Bundestag, 1986).

The combination of etatist ideas of public financing and stricter regulation with left-libertarian ideas of choice and self-determination was taken up again in 1991, during the lead-up to the first elections after German reunification, by actors of both large parties—the ruling conservative CDU and the opposing social democratic SPD (Behning, 1999; Meyer, 1996). Against this background, the SPD presented in the parliament its own legislative proposal for public care insurance (German Bundestag, 1991). According to the etatist arguments articulated in this proposal, the main responsibility for protection against the risk of care dependency should be borne by the welfare state in order to avoid 'shifting the societal responsibility for ensuring against the risk of care dependency on families and social assistance' (German Bundestag, 1991: 2, own translation). However, people in need of care were, based on left-libertarian ideas 'to enable them to live their lives self-determinedly as long as possible' (German Bundestag, 1991: 26, own translation), afforded the option to choose among cash payments, professional home care services, and nursing homes. The government's final legislative bill (German Bundestag, 1994) was, to some extent, similar to the SPD's proposal, although the right-wing government coalition was initially reluctant to implement a new LTC policy in which etatist ideas of strong state regulation played such a major role. A main reason for this was that the business-friendly wings of the CDU and the liberal FDP had instead, based on neo-liberal ideas, advocated for a more neo-liberal inspired policy design according to which 'everyone should make their own provisions for

their individual risks of care need' (German Bundestag, 1993b: 14433, own translation). The German policy process thereby demonstrates that the new LTC policy's dominant cultural ideas evolved more or less independently of the parties' positions on the left/right spectrum, as political parties of both camps supported an LTC policy design that combined etatist and left-libertarian cultural ideas.

Austria

By contrast with Germany, the Austrian legislative process showed a stronger dominance of left-libertarian ideas about the self-determination of persons in need of care, which gained support by the majority of relevant actors throughout the 1980s. Left-libertarian ideas were brought into the political debate by disabled persons' organisations, which demanded a right to publicly funded and freely disposable cash payments as well as state subsidies for care services (Behning, 1999). After this proposal was brought to parliament by the small opposition parties, the ecologist GAL and radical nationalist FPÖ, the legislative process progressed relatively rapidly, and great unanimity became manifest among all participating actors, including political parties, federal states, social partners, and interest groups, with regards to introducing an unregulated care allowance for people in need of care to organise their own care provision (Austrian Federal Ministry of Labour and Social Affairs, 1990). Since the demand for an unregulated cash payment was fairly unspecific, it also appealed to right-wing parties like the ÖVP and the FPÖ, which advocated for conservative values, such as the primary role of the family in providing care, and neo-liberal ideas of a weak role of the state in LTC (Österle & Hammer, 2001). An ÖVP delegate characterised the cash payment as 'an incentive to improve and increase self-help in the field of social policy' (Austrian Nationalrat, 1993: 11413, own translation). However, until the final decision on the law in 1993, the degree of public regulation and thus the significance of etatist ideas remained controversial, especially with regard to the question of 'whether the risk of care dependency should be addressed by granting a care allowance or by the expansion of the care service infrastructure' (Austrian Nationalrat, 1993: 11410, own translation) by the welfare state (also Behning, 1999).

In the early 1990s, only a few left-wing political actors still prioritised the etatist idea of stronger state responsibility and regulation of care services, demanding a social 'right to care service provision' (Austrian Bundesrat, 1991: 24887). By contrast, the other participating actors, including the conservative ÖVP, refused to

accept anything but an unregulated cash payment and argued against state-regulated care services (Austrian Bundesrat, 1991: 24881).

We know that the state cannot offer in-kind services in all areas, but that private initiatives are necessary. But to make this affordable to individuals, it is also essential to provide the necessary financial resources. A special feature of this law is therefore that it primarily and almost exclusively provides cash benefits [...]. (Austrian Nationalrat, 1993: 11412f, own translation).

Confronted with the announcement of massive civil-society protests by disabled persons' associations, which pressured the government to quickly reach an agreement (Behning, 1999), the left-wing SPÖ was, ultimately, the dominant actor in introducing a high degree of demand-side marketisation in the new LTC policy, based on left-libertarian ideas.

The ultimate success of the left-libertarian-oriented *Care Allowance Act* depended, to a certain extent, on the fact that the demand for greater self-determination based on an unregulated cash payment was relatively unspecific, and thereby also appealed to parties with neo-liberal and conservative values. In this sense, the left-libertarian proposal, unlike neo-liberal ideas, had a polysemic character, in that a broad variety of actors across the left/right spectrum could associate their own preferences and meanings with it. The broad alliance of actors supporting the left-libertarian-oriented care allowance demonstrates that cultural ideas can gain influence more or less independently of the major parties' political positions along the left/right spectrum.

Findings of the comparative analysis

Our findings support the argument that differences in cultural ideas contribute significantly to understanding cross-national differences in policies supporting demand-side LTC marketisation. They also show that as insofar as market principles were introduced or strengthened in LTC policies, which was more the case in Austria than in Germany, the political support spread across the left/right spectrum. One reason for this seems to be that the new policies were based on left-libertarian cultural ideas rather than neo-liberal ones. It appears that due to the polysemic nature of left-libertarian ideas, the problematic consequences of LTC policy marketisation are less obvious than they are in the context of neo-liberal ideas. Thus, unlike neo-liberal ideas, left-libertarian ones have

the potential to offer a broad basis for an overarching political consensus on LTC policy marketisation.

CONCLUSION

The introduction of market principles in LTC policies has gained importance during the past few decades in all welfare and care regime types. It has been shown that this development entails the risk of emerging 'grey care markets', low care quality, and poor working conditions for care workers (Clarke et al., 2007; Kröger, 2011; Rostgaard, 2006; Theobald et al., 2018). This refers, in particular, to the political construction of care recipients as 'care consumers' who buy their care on care markets often based on publicly funded 'cash-for-care' systems. It is, therefore, a relevant question how and why welfare states differ in their policy support for LTC marketisation.

This article has explored the role of cultural ideas in the political sphere to understand cross-national differences in LTC policy marketisation. It has been argued that cultural ideas play a relevant role for understanding cross-national differences in the institutional basis of welfare state marketisation, in that they can vary relatively autonomously from the governing parties' positions along the left/right spectrum. The present study evaluated this theoretical assumption based on a comparative case study of LTC policies for older people in two conservative welfare states. The findings showed that there were substantial differences between the two welfare states since the degree of demand-side marketisation was substantially higher in the Austrian LTC policy than in the German one. Previous studies have shown that the Austrian LTC policy's low degree of regulation is actually connected with the extensive strengthening of a grey care market (Aulenbacher et al., 2018; Österle & Bauer, 2012). From a sociological perspective, this development appears to be problematic, as it is associated with social risks resulting from de-professionalisation and precarious employment relationships in LTC provision.

Our results suggest that differences in the dominant cultural ideas about the 'ideal' way of organising care that gained support in the political sphere contribute significantly to understanding these cross-national differences in LTC policy marketisation. This reinforces our argument that cultural ideas can influence the extent to which welfare state policies support LTC marketisation relatively independently of political parties' traditional positions along the left/right spectrum. The lower degree of German LTC policy marketisation resulted from a stronger emphasis on statist ideas represented by political actors from both the left and the right of the political spectrum, whereas the higher degree of Austrian LTC

policy marketisation resulted primarily from left-libertarian ideas promoted by a cross-party alliance of actors.

A causal mechanism that may elucidate why the governing parties' left/right position is less relevant to understanding these differences is that at least in our case of conservative welfare states, support for LTC policy marketisation was mainly based on left-libertarian ideas. We argue that this can be understood with the polysemic (Béland & Cox, 2016) nature of left-libertarian ideas, which are rather vague and mainly address the cultural value of care recipients' self-determination. This also contradicts the common assumption that the strengthening of LTC policy marketisation is typically based on neo-liberal ideas supported by right-wing political parties. The problematic consequences of LTC policy marketisation, in terms of social risks, are not as obvious in left-libertarian ideas as they are in neo-liberal ones; thus, the former offers potential for a broad consensus across the left/right spectrum.

This study offers a new, innovative contribution to the development of theory and research on the role of cultural ideas for understanding cross-national differences in welfare state reforms and in the political promotion of marketisation in social policy.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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APPENDIX

LIST OF STUDIED POLICY DOCUMENTS

Austria

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