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# 1

## Conceptualizing Cash for Care: The Origins of Contemporary Debates

*Sue Yeandle and Clare Ungerson*

### **Theoretical debates and issues**

The origins of the work contained within this book lie within feminism rather than gerontology; but the substantive issues tackled within its pages are of considerable interest to gerontologists and to others concerned with the future of care for older people in developed welfare states. The underlying idea of the project to which much of this book relates was a concern with the way in which the boundaries of paid and unpaid work have been shifting in the late twentieth and early twenty-first centuries. The project's background lay in the debates concerning the way in which women's citizenship could be underwritten and whether or not 'work' within the domestic domain should be paid (Fraser, 1994; Himmelweit, 1995). Much of this general debate concerning the underpinning of women's citizenship is closely related to a discussion of the way in which the activities of 'care' within the domestic domain can best be recognized and compensated for, such that those in unpaid caring roles – be they parents of small children or providers of caring services to older family members within their own homes – have access to full citizenship, in terms of social rights and in terms of social and political participation (Lister, 1998). The use of cash payments as a form of compensation or wage for the tasks of care undertaken within the home is one of a range of possible solutions to the problem of care and citizenship.

Given these origins, it is in some ways a matter of chance that the focus of this book is on the care of older people. It would have been just as relevant to consider the ways in which cash-for-care schemes are developing for younger disabled people within the domestic domain, and similarly, in some welfare states, to look at the way in which the

care of children in their own homes is also increasingly supported by cash supplements directed to their kin who care for them. The focus in this book on the care of older people does, however, give us an empirical basis on which to explore some of the pressing issues surrounding the whole question of the future of long-term care for older people in developed welfare states. The chapters raise questions as to how long-term care can best be funded, consider the relative position of care users, caregivers and care workers in the care relationship, discuss the nature of care work and how far it should and can be professionalized, and debate how informal carers can best be supported. These questions are considered within the overarching framework of the process of care 'commodification' or 'cash-for-care' schemes, where the central idea is that care users are given the opportunity, through cash subvention, to employ their own caring labour directly. In her original typology of cash-for-care schemes, Ungerson (1997) had previously identified one particular form of scheme which she named 'routed wages'. In this type of scheme the payment from the state went to care users who were then allowed, or encouraged, to employ personal assistants to provide them with caring services. It is this form of cash-for-care scheme that is discussed in this book.

Most of the chapters in this book arise from a recent international research study on the *Shifting Boundaries of Paid and Unpaid Work*. The study, directed by the editors of this volume, and forming part of the UK Economic and Social Research Council's Future of Work Programme, explored issues identified in earlier theoretical work on new ways of delivering personal care services to older and disabled people, which Ungerson (1995, 1997) had conceptualized as the 'commodification of care'. This analysis suggested that informal care was becoming commodified through new policies which involved distributing cash allowances to those living independently, but assessed as needing social care, enabling them to pay their care givers to provide them with services. This form of commodification was deemed especially important both because of its potential for 'empowering' care users (in theory, giving them cash rather than services allows care users to decide the nature of the services they receive and to determine who should provide them), and because of its implications for those who provide the services and who are directly 'paid' by care users for the work they do.

A variety of new systems of payments to care users emerged in a number of EU countries and in Canada and parts of the USA during the 1990s. These systems were seen in a number of different types of welfare system, and were developed in countries that were operating

differing funding and regulatory regimes. The *Shifting Boundaries* study set out to explore two main issues: first, how the care relationship is affected by the introduction of the cash nexus, and how specific aspects of funding regimes impact on the care relationship; and second, the position of the care givers paid for their work through these systems. The study was, therefore, designed to examine their routes into and out of care work, and to consider the impact of the new funding arrangements on both their labour market attachment and on their work-related social rights.

In the 1990s, the existing literature had begun to explore the position of care users in systems such as these, and to examine their satisfaction with them (Kestenbaum, 1999; Morris, 1993), while other writers had reviewed early policy developments in this field (Glendinning and McLaughlin, 1993; Evers *et al.*, 1994; Weekers and Pijl, 1998). At the European level, the European Foundation for the Improvement of Living and Working Conditions had also undertaken cross-national research on wider aspects of the transfer of classic 'unpaid' work, such as housework, laundry, meal preparation, child care, and the care of older people, to the conventional markets of labour and commerce (Cancedda, 2001; Yeandle, 2002; Yeandle *et al.*, 1999). The *Shifting Boundaries* study was innovative in two main ways. First, it involved conducting a detailed investigation of the position of care givers in this new employment or quasi-employment relationship, and second, the care of older people (rather than disabled people) was chosen as its focus. In particular, it researched the process and impact of the commodification of informal care delivered to older people by kin, neighbours and friends. As anticipated, the study uncovered care relationships, particularly in funding regimes which allow for the payment of relatives, where the carer was neither a giver of care, in the sense of providing classically unpaid informal care, nor a care worker, in the sense of being fully engaged within the conventional labour market, whether 'grey' or fully organized. Thus the study provided the opportunity to explore the hybridity of 'work' and 'care', where carers were motivated both by pecuniary and non-pecuniary impulses.

When the study commenced the existing literature was rather small and the theoretical perspectives underpinning the work were relatively undeveloped. We, therefore, designed the project to be innovative and exploratory, using qualitative methods to uncover processes in the commodification of care that had previously been unexamined. We theorized that the entry of cash into the care relationship was likely to have some impact, and that policy and regulatory difference would

lead to different outcomes in terms of who comes forward to provide care for cash, and in terms of the labour market position, both now and in the future, of these care givers. A key difference between the funding regimes explored was that some welfare states allowed for the payment of relatives, while others wholly forbade it; there were also important differences in the regulation of how recipients used the cash payments. These distinctions do have an important impact on both the care relationship and on the type of carers who come forward within these different funding regimes, as various contributors to this book confirm in the chapters that follow.

## **Policy context**

The policy context for the development of commodified care delivery systems, often referred to as ‘cash-for-care’ or (in the UK) ‘direct payments’ systems, has a number of important dimensions. As the authors of the country-specific chapters in this volume demonstrate, these issues and concerns have been of differing relative importance, but have been commonly seen in most of the countries examined here.

In the first place, policy on how to provide support for older people has developed in a context of growing awareness of important demographic processes, which began in the twentieth century and are accelerating in the twenty-first. Increased longevity, coupled with falling birth rates and changes in family structure, mean for all developed countries larger numbers of very aged people requiring care, with relatively smaller populations of younger people available to deliver it. In particular, all EU member states, and all parts of North America, have seen increases in the labour force participation of partnered women and mothers, and a diminishing pool of women of working age who are wholly committed to the unpaid performance of domestic and caring labour.

Second, welfare states throughout the developed world have become increasingly conscious of the need to contain the costs of social care, as politicians across the political spectrum have turned away from explicit tax-raising programmes and have tried variously to ‘roll back’ or at least to contain and control welfare spending. Recent and ongoing debates about the funding of retirement pensions and of how to pay for long-term care have been common concerns widely discussed in all the countries considered in this book.

This has left those responsible for planning, implementing and managing welfare and care policies searching for cost-effective and cheaper means of delivering services, and care services to older people

have featured prominently in their deliberations, forming a third important contextual factor. Some have argued that commodified care systems offer a cheaper way of delivering services without compromising the quality of care, principally because they offer the prospect of eliminating layers of welfare bureaucracy. Although this has been strongly disputed by some practitioners, policy makers and academics, it is evident from the later chapters in this book that it is an attitude that still underpins some policy thinking in this field.

Alongside this (and, in the opinion of some, perhaps working at cross-purposes), have been widespread and continuing shifts in the way recipients of welfare and care services themselves view, respond to and make demands of those who support and care for them. Spearheaded by an increasingly organized and vociferous disability movement, especially in the UK and The Netherlands, and by an increasingly politicized older people's movement in North America, recipients of care and their supporters have demanded greater choice, have expressed rising expectations, and have made a powerful case for user empowerment. Further, it is now widely expected that the consumerist rhetoric dominant in the market economies of all the countries studied in this book will have increasing impact on older people's expectations of the services they receive, and that successive generations of older people will want to have a greater say in, and control over, the way they are supported in the future.

Additionally, and connected to this important choice and empowerment agenda, most welfare systems have made some moves towards greater official control of service provision, involving the following key features: a trend towards greater regulation of services (often involving quite complex bureaucratic measures); the establishment of more formal and explicit standards in the provision of care services (usually relating to the quality but also in some cases to the accessibility of these services); the accreditation and statutory checking of standards among service provider organizations; and monitoring, in some cases using registers of approved staff and checks on criminal records, of the individuals authorized to deliver personal care to vulnerable people.

In the UK, this complex set of policy concerns, developments and contexts has been encapsulated in the expressed political objective of 'modernizing social services', the title given to a major policy initiative set in train by the incoming New Labour government in 1997. Far from a unique UK approach, however, the policy has reflected developments at the level of both the EU and its individual member states, as well as experience in parts of the USA, as contributors to this volume confirm.

## **The five-nation comparative study of commodified care systems**

The *Shifting Boundaries* project received funding from the UK's Economic and Social Research Council sufficient to support new empirical investigations in five EU Member States: the UK, Austria, France, Italy and The Netherlands. The project, led and directed by the editors of this book, involved directly comparable exploratory qualitative work in each of the five countries. The study design and detailed methodology have been described elsewhere (Ungerson, 2004). The local research teams also explored the policy origins and context for the development of cash-for-care schemes in their own country, and this work forms the basis for Chapters 2 to 6 in the present volume. It involved analysis of existing research data and statistical evidence, and discussion of the history and likely future development of cash-for-care schemes in the countries concerned. The following chapters also draw to varying degrees on the new empirical data collected specifically for the *Shifting Boundaries* study.

The *Shifting Boundaries* study aimed to assess the impact of policy change on employer/employee (carer/care recipient) relations within the domestic domain, and to explore how older care users managed risk in recruiting and organizing their caring labour. It also sought to identify the main effects of cash-for-care schemes on care workers in the labour market, in particular assessing their impact on informal economic activity, and on workers' social rights. The research was thus designed to contribute to policy debates on the management and organization of 'direct payment' and 'cash-for-care' systems, and to explore how far devolved employer/employee relations can and should be regulated by state organization and prescription.

The five national reports outlining the policy context within which the commodified care relationships were undertaken have been used in preparing five of the chapters in this volume. Two additional chapters have also been written especially for this volume, contributed by experts in the field whose work relates to Germany and the USA, countries not included in the original study. The book thus offers a comparative perspective, based in analysis, of seven different countries, although only five EU states were in the original ESRC-sponsored study.

## **How the book is organized**

This book is organized so that the reader can gain detailed understanding of how care for older people has become commodified in recent years

in seven different developed countries. In the past decade or so, these countries have all adopted policies that offer some elderly care users the opportunity to receive cash payments instead of services, although in each case the policies have been designed and implemented in different ways, with the intention of achieving some very different, as well as some shared objectives.

Chapters 2 to 8 explore the policy background, demographic circumstances, implementation arrangements and rules and regulations applied in each of the seven countries studied. Some chapters also include evidence from the authors' recent empirical investigations of how commodification of care has affected both care users and care givers, and about how the implementation of cash-for-care policies plays out in practice. Where possible, contributors include the perspectives of care workers/care providers as well as those of older people who are care users. The book suggests that, in designing or reshaping social care policies to enable older people needing care to receive it in their own homes from people they themselves choose to employ, policy makers need to understand, and to take responsibility for, the new workforce issues that arise, albeit in the almost universally welcomed context of care users' enhanced control over their own lives.

In Chapter 2 Österle and Hammer draw attention to the increased importance of the market sector in the Austrian system. Their chapter confirms that the introduction in Austria of cash-for-care arrangements (in the form of the *Pflegegeld* system) has increased the purchasing power of care recipients. The system involves largely unregulated payments, and as such tends to be spent by recipients in three main ways: purchasing care from social service organizations; paying individual, privately employed care workers; and paying family or friends for the care they have previously given, or would otherwise deliver, unpaid. This chapter shows that cash-for-care systems of particular kinds can set up considerable vulnerability for care workers, and indeed may create an environment in which a grey or unofficial migrant labour market in the delivery of domiciliary care can expand and flourish.

Chapter 3, by Martin and Le Bihan, deals with developments in the French system. The chapter considers a range of policy developments and experiments introduced in France in the past decade, and explores some of the tensions that have arisen between national policy design and local implementation. Here some of the key policy developments have been strongly linked to attempts to combat unemployment and to create new jobs. The authors of this chapter show that in France the developments initially destabilized existing qualified jobs

in domiciliary care and created additional unskilled and casualized employment. Subsequent refinements to the schemes have gradually produced more indirect employment of care workers, whose contracts are often with local authorities or with not-for-profit providers, and various changes designed to maintain and develop the professionalization and accreditation of caring labour are discussed. This chapter thus focuses on a key issue for promoters of consumer choice and of cash-for-care systems: how far caring labour ought to, or should, be professionalized. Through its focus on reforms to the original French scheme, the *'Prestation Spécifique Dépendance'*, including those designed to raise the skill levels and qualifications of care workers, the chapter highlights an important dilemma. Allowing, or encouraging, those requiring care to employ their own labour raises critical questions about how more skilled caring labour can remain affordable and can be paid for through systems of cash payments to individuals in need of support.

In their consideration of the Italian case, Gori and da Roit examine the *'indennità di accompagnamento'*. They emphasize that the social care market in Italy is a virtually unstructured economic sector, and point out that most care workers remunerated through the cash-for-care system are individual workers employed directly by families, rather than by care organizations. As in Austria, unofficial migrant labour features strongly, although in Italy the sources of caring labour appear to be further flung, including examples from South America. These workers have absolutely minimal social rights, although as Gori and da Roit point out, even in the regular Italian care market, working conditions, social rights, minimum wages and labour costs are highly variable. As the authors observe, many of these care workers have few other options in the labour market, and in some cases caring work is their job of last resort. Even in this unregulated context, some experiments, often developed in the voluntary (third) sector, are nevertheless under way to increase the quality of care and to afford stakeholders greater safety. The authors conclude their analysis with the challenging observation that, in Italy, recourse to grey labour and the availability of cheap migrant labour are the very features that have enabled the care market to expand, permitting families to outsource some of the caring and other domestic labour traditionally provided by women within the family setting.

Pijl and Ramakers, in their chapter on The Netherlands, describe how the Dutch, in the 1990s, developed an elaborate system of 'personal budgets', given to care users which, under strict regulation and payment by an outside body, allowed them to 'employ' their relatives, friends and neighbours; and many of them did so. The authors use empirical data

from the *Shifting Boundaries* project to demonstrate how satisfactory this system was, both to care users and their employed caregivers. However, the subsequent shift of the Dutch national government towards the right has focused attention on the apparently high costs of the personal budget scheme and the fact that relatives are being paid to undertake care which they had previously provided 'free'. As a result, Dutch policy in this area is changing rapidly. The authors note that at the time of writing their chapter, the provision of unpaid care by relatives was becoming a formal expectation of the agencies that allocate support to care users.

Yeandle and Stiehl's chapter (Chapter 6) focuses on the background to the development of Direct Payments for older people in England, and offers detailed insight into the way the scheme was initially implemented in one English city. The chapter explores the origins of the scheme in demand for user empowerment, considers some of the effects of the scheme's specific disbarment on care users which prevents them from using Direct Payments to pay their relatives, and notes the generally sluggish take-up of the scheme for older people. This chapter presents details of the contractual and other arrangements put in place to support and protect care users, and to give them control over the services they receive. While these seem mostly to be welcomed by care users, the limited availability of caring labour, and the difficulty of finding employees, restrict the benefit of these arrangements. The chapter also draws attention to a lack of effective arrangements to protect and support individual care workers, especially those who are directly employed as the personal employees of people in whose private homes they carry out their work. Concerns about job insecurity, health and safety, and the emotionally demanding nature of work in this field, as well as about the content and boundaries of the job and the relationships between the care worker and the care recipient are all highlighted in this contribution.

In the chapter on Germany contributed by Schneider and Reyes, the authors discuss the introduction in 1994 of a two-tier system for funding long-term care through compulsory contributions, noting both its context and its consequences. They stress that while additional job creation was an expected outcome of the changes, the main political arguments presented at the time related to the incentives to family caring which the changes would bring, as cash benefits were passed to family carers. The chapter shows how the German system requires care users to take responsibility for the 'service mix' they require, pointing out that opting for cash rather than services implies accepting responsibility

for one's own care management. The authors claim that the choices made have important effects on employment in the care sector. The German system allows clients to opt for a benefit package which includes cash benefits and which can be passed to family carers. Schneider and Reyes argue that this development has not been positive in employment terms, and effectively 'traps' carers, most of whom are women, in the care situation. Other elements of the German system are also seen to place pressure on women to assume traditional housekeeping and caring roles. Although, for these authors, the margin for reform measures is slender, they note some recent innovations and policy adjustments, including the experimental introduction of individualized, cash managed budgets. In one example, scheme rules aim to prevent encouragement of the grey economy, and cash benefits may not be passed to family carers. Schneider and Reyes conclude that over a decade of change, much programme spending has been absorbed in private households without improving the situation in the formal care labour market, while even the more recent innovations may have created increased demand only for low skilled caring labour.

The final country chapter focuses on the USA. Here Keigher examines dilemmas in what Americans term 'consumer-directed care', and suggests some of the challenges that arise when personal and private preference become the basis for public policy on long-term care. Drawing her examples from several different US states, Keigher points to evidence that the supply of care workers increases when people are allowed to employ their relatives, but notes that those needing care who lack close family or friends may become further disadvantaged as a result. In a telling observation, Keigher notes that poorer older people requiring care come to depend on the cheapest and lowest skilled available caring labour, comprising those with least choice in the labour market who may themselves be struggling to secure a living wage. In this situation, the risk is that older care users may become both 'accomplices to exploitation' and 'prey for unscrupulous workers'. This chapter highlights a worrying risk associated with cash-for-care arrangements: the potential downward spiral in which the quality of care, the quality of care work, and the social rights of caregivers are all poor and deteriorating.

In Chapter 9, the book offers the editors' reflections and conclusions arising from the different cultural settings, welfare regimes and policy mixes considered in the book. We present a diagrammatic method of understanding the variations between the different schemes. These diagrams also begin to demonstrate the way in which the different

funding regimes impact on certain aspects of the care relationship, particularly the time available to care 'workers' to care for individual older people. The main question considered in this chapter is how far these schemes are sustainable and which factors are likely to drive similarities and further differences cross nationally in the future. We consider ways in which many welfare states are attempting to strike a balance between providing better quality care based on training and credentialism while, at the same time, trying to maintain cost containment in the field of long-term care. Such a balance poses fundamental questions about cash-for-care schemes, because many of them appear designed to draw cheap and untrained labour into care occupations. There are also issues surrounding the use of undocumented and informally employed care labour and how far the use of labour which is outside both fiscal and social rights regimes is sustainable in the long run.

These opening comments on the cash-for-care arrangements and policies in the seven countries discussed in this book already indicate the range of important issues faced by governments, social care professionals and citizens in a twenty-first century characterized by developed economies all of which have ageing populations. In the chapters that follow, the authors reveal the complexity, variety and importance of both workforce and policy design issues. In all cases, demand for domiciliary care in support of independent living by older people is rising, and in coming years huge numbers of older people and of care workers will potentially be affected by these developments. Budgetary considerations loom large in most countries, as does the need for urgent attention to the future sourcing of an adequate supply of caring labour. As this book reveals, international migration, both regulated and illegal, is already contributing to the supply of caring labour in some countries. In others the emphasis is on measures to professionalize care work and to upskill and revalue caring labour, with a view to making employment in this field more attractive.

This book is of interest to all those concerned with the future of work, paid conventionally, unpaid, and commodified, and with the welfare of ageing populations. As we indicate in the concluding chapter, we seek to unpick the complexity of the politics of, and development of, cash-for-care schemes, rather than to assume that they are necessarily a panacea for an over bureaucratic and, some would argue, an over professionalized welfare state. Using comparative analysis, we have aimed to develop a better understanding of the implications of this important development in the delivery of long-term care.

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