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Welfare State Policy and Informal Long-Term Care Giving in Austria:
Old Gender Divisions and New Stratification Processes Among Women

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Welfare State Policy and Informal Long-Term Care Giving in Austria: Old Gender Divisions and New Stratification Processes Among Women

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INTRODUCTION

The provision of long-term care in Austria as in many European countries is traditionally strongly based on unpaid female work within family networks, and characterised by a highly unequal gender division of unpaid long-term care-giving. In 1993, a long-term care allowance programme was introduced in order to support people in need of care to compensate for care-related additional expenses. At the same time, a state-provinces treaty was established making provinces responsible for the development of adequate social service provision and the state for providing opportunities for social protection to informal carers. An evaluation of the care allowance programme, in particular regarding the impact on those in need of care, can be found in Badelt et al. (1997). Little research, however, has been conducted concerning the impact of the 1993 reform on the overall long-term care system and on informal carers. Exceptions are Holzmann-Jenkins (1999) and Holzmann-Jenkins and Österle (1996) focusing on labour market related issues or Ungerson (2000; 1997; 1995) referring to the Austrian case when integrating issues of gender equality in her comparative work on payments for care. Otherwise, gender equality and care only seems to be an issue with regard to child care. The aim of this paper is to provide an insight into the processes set in train by the 1993 programme in the Austrian welfare state context and to investigate the effects it has on gender relations. Firstly, it will have to be analysed whether, in what ways, and through which channels the long-term care allowance programme and the state-provinces treaty may influence overall gender inequalities. Secondly, it needs to be examined if any parts of the programme contribute to new stratification processes among those providing informal care work.

The paper starts with an overview of different ways of conceptualising welfare states from a gender-sensitive perspective. Austria is identified as a conservative-corporatist welfare state (Esping-Andersen, 1990) with care work traditionally constructed as unpaid work provided by women within the family (Lewis, 1992; Lewis and Ostner, 1994; Sainsbury, 1994; Orloff, 1993). In section 2, drawing on work by McLaughlin and Glendinning (1994) and Daly (2000), the concept of defamilisation is identified as an appropriate approach to grasp the more incentive and process related implications of a specific social policy programme on gender divisions as well as on stratification processes among women as carers. Section 3 provides an overview of the design of the Austrian long-term care system, in particular the long-term care allowance programme, and a state-provinces treaty established in a major reform effort in 1993. In section 4, the
normative context of the welfare state approach as well as the degree of freedom of choice this approach offers to provide or not to provide informal care are used as key dimensions to investigate the effects of the 1993 reform on gender divisions in Austria. The analysis concludes that the long-term care programme did not reduce overall gender inequalities. Although payments for care provide some financial relief via 'symbolic payments', defamilisation becomes an option for few, for others processes may even reinforce family dependency or increase pressures to combine informal care-giving and formal employment. Strengthening the criteria of ability-to-pay and willingness-to-pay creates new divisions among women as carers along the lines of income, education and employment opportunities.

ACCOUNTING FOR DEFAMILISATION IN WELFARE STATE RESTRUCTURING

Much of the welfare state's content is about care of dependent people, with women playing an important part in securing welfare and care within family networks. Social organisation as well as gender division of paid and unpaid care-giving work is particularly determined by the structure of the welfare state and the labour market. For the analysis it is important to note that care as a set of activities cannot be conceived independently of the normative, economic and social context within which it is carried out (Daly and Lewis' 1998, p. 6; Graham, 1991). Thus, analyses of care-giving work have to be placed in a broader context of the welfare state. It has taken long to incorporate gender, care and unpaid work in welfare state analysis. Though Esping-Andersen's (1990) work on welfare state regimes did by no means incorporate these issues, it was most influential as a starting point for many feminist scholars, either with a view to gendering his analytical categories or in reconceptualising welfare state from a gender-sensitive reference point.

Esping-Andersen (1990) developed three dimensions that characterise the content of welfare states: the relationship between state and market in providing welfare, the effects of the welfare state on social stratification and the character of social rights with 'decommodification' being the analytical means to analyse the extent welfare states allow for independence from market forces via the establishment of social rights. According to Esping-Andersen's typology, Austria can be viewed as an archetypical conservative-corporatist welfare state. Similar to Germany, social rights in Austria are linked to class and status through a variety of social insurance schemes which mirror the divisions and differentials prevailing in the market. Thus, in this regime type welfare state intervention results in class stratification with decommodification being an option only for those properly integrated in the labour market. The principle of subsidiarity plays an important part in limiting the influence of the state as the 'state will only interfere when the family's capacity to service its members is exhausted' (Esping-Andersen, 1990, p. 27). Thus, this regime type reinforces traditional family relations by a limited provision of social services.

Whereas Esping-Andersen's analysis of the conservative-corporatist regime type provides a solid overview of the Austrian case, Lewis' (1992) alternative conception of regime types serves better in accounting for women's position in the Austrian welfare state. Lewis (1992) suggested to compare regimes in terms of the strength or weakness
of their attachment to a male breadwinner family concept and succeeds in linking the productive and the reproductive sphere and thus, paid work, unpaid work and welfare. Austria serves as a perfect example for a male breadwinner state, which draws a firm dividing line between public and private responsibility. Women typically gain social rights by virtue of their dependent status within the family as wives and are expected to undertake caring work at home with only limited support of the state. For the case of Austria, ‘marriage-related patriarchy’ (Schunter-Kleemann, 1992) is still a fundamental part of social policy with women depending on a male breadwinner in economic as well as social security terms while providing unpaid care and reproductive work within the family. As a conclusion, overall welfare state content in Austria tends to reinforce class stratification through its employment-centredness and gender divisions through its centredness around the family.

It will have to be examined if this general account of Austria’s welfare state content also holds true when the processes set in train by the interplay of the overall structure of the welfare state and a specific social policy programme, namely the long-term care programme implemented in 1993, are examined. Drawing on work of Daly (2000), the concept of defamilisation seems most powerful as an analytical tool in order to encompass these processes in question.

Defamilisation as a concept was first introduced by McLaughlin and Glendinning (1994) and is about ‘the terms and conditions under which people engage in families, and the extent to which they can uphold an acceptable standard of living independent of (patriarchal) ‘family’ participation’ (McLaughlin and Glendinning, 1994, p. 65). As Lewis (2000, p. 268) clarifies, defamilisation is not a normative criterion, but an analytical one, as it stresses the terms and conditions under which people engage in families and by no means prescribes a preferable condition of women’s family participation with a specific degree of defamilisation. Thus, the concept captures the potential of social policies to offer freedom of choice either to provide unpaid work within the family under conditions which secure an acceptable standard of living or not to provide unpaid care work and to secure an acceptable standard of living via labour force participation.

In order to account for processes set in train by specific social policy programmes, the concept of defamilisation may be superior to Fraser’s concept of two ideal ‘equity models’ – the ‘Universal Breadwinner Employment’ model and the ‘Universal Caregiver Parity Model’ (Fraser, 1994). As recent research on lone motherhood and ideal type care regimes in Austria (Strell and Duncan, 2001) has shown, Fraser’s model serves well in conceptualising equity visions for the future, but has little to offer when it comes down to account for current inequalities. Other than the ideal model types constructed by Fraser (1994), defamilisation as a process oriented concept does not involve setting up a dualistic equity vision with either relying on the Universal Breadwinner or the Caregiver Parity model. This avoidance of any dualistic constructions may be especially helpful to account for women’s situation in conservative-corporatist nations: As outlined above, women’s life experience in Austria is very much determined by a dependency on a male breadwinner – which may result in ‘compulsory altruism’ (Land and Rose, 1985) with reference to caring relationships. Far from aiming at a full liberation from domestic work, Ostner’s account of women’s life experience in Germany suggests that ‘both the domestic and market work imply dependency, restriction and alienation, gains and losses and hard choices’ (Ostner, 1993, p. 94). Thus, it seems to hold true for conservative-corporatist
countries like Austria and Germany that the 'route to equality may be a different one from that pursued by countries with liberal or social democratic welfare regimes' (Trzcinski, 2000, p. 40). Hence, defamilisation is an appropriate concept to account for gender equality as it embraces the degree of freedom in relation to the family (without an inherent vision of complete individualisation) and thus, parallels the criterion of decommodification which is concerned with the degree of freedom from the labour market. As Daly (2000, p. 70) sees it, the extent to which welfare states shape incentives for different types of life choices and opportunities on the part of women and men can best be analysed with reference to the concept of defamilisation. Three key dimensions will be used to investigate the implications for the extent of defamilisation.

First of all, the normative context of a social policy programme has to be examined with a view to the overall normative framework of the welfare state in question. Sainsbury's work (1996) on dimensions of variations in welfare states is especially helpful in this context as it allows for a more detailed account of the Austrian welfare state along the lines of the work of Esping-Andersen (1990) and Lewis (1992). In the case of long-term care issues, a high degree of defamilisation would result in a family ideology supporting shared roles against a strict division of labour (and herewith enabling women to participate in the labour market) as well as the sphere of care being constructed with state involvement against leaving risks and responsibilities entirely to the private and informal sector.

The second dimension refers to the degree of freedom of choice to provide care-giving work within the family under conditions which secure an acceptable standard of living. The design and the level of social protection rights as well as the level of income arising from care-giving work within the family are the main variables shaping the degree of defamilisation with respect to freedom of choice to provide informal care-giving work. A high degree of defamilisation would ideally include social protection rights arising from social citizenship as well as the possibility to maintain a living through domestic and care-giving work within the family. Whereas Knijn and Kremer (1997) have stressed the importance of this dimension with the introduction of their concept of a 'right to time for care', they did not focus on an equivalent right not to care.

The third dimension reflects the possibility not to participate in informal care-giving work within the family and thus, refers to the overall institutional division of labour among state, market and family in providing welfare. The availability of social services as well as the conditions of access to the labour market are two main criteria in order to evaluate the degree of defamilisation with regard to the freedom of choice not to provide care-giving work within the family. A high degree of defamilisation would involve a high level of good-quality social services available throughout the country and accessible in terms of ability-to-pay, either by providing public services or by securing an adequate level of services in the private for-profit or non-profit sector. The costs to be borne by care users or their relatives in purchasing these services are the major determinant of the emancipatory potential to achieve a high degree of defamilisation. With an adequate level of social services available in the field of long-term care, the freedom of choice to participate in the labour market rests on the question of access to it (Orloff, 1993).

These three dimensions may well serve to study whether and how gender divisions are shaped by specific social policy programmes, with a high degree of defamilisation allowing improvements regarding gender equality and equality among women as care-givers. After
introducing the major principles and cornerstones of the Austrian long-term care programme (section 3), the dimensions just introduced will be applied in the discussion of the implications on gender divisions and divisions among women (section 4).

WELFARE STATE POLICIES AND LONG-TERM CARE IN AUSTRIA

Long-term care was for long a rather hidden and fragmented welfare state issue in Austria. In 1993, an important reform took place. At the core of this reform is a long-term care allowance programme and a state-provinces treaty dealing with federal and provincial responsibilities in long-term care, in particular social service provision and social protection for carers. (For an overview of the Austrian long-term care system see, e.g., Österle, 2001; Pfeil, 1996.)

The long-term care allowance ("Pflegegeld") is a tax-financed cash benefit for those in need of permanent long-term care due to physical, sensory, mental or psychic disability that is expected to last at least 6 months. Needs for long-term care have to exceed 50 hours per month. Care allowances are paid in seven levels, they are not means-tested and paid directly to care receivers 12 times a year. Classification in level 1 is equivalent to care needs between 50 and 75 hours per month, level 7 is equivalent to care needs of more than 180 hours per month in combination with complete immobility.

Long-term care allowances range between € 145 (ATS 2,000) per month in level 1 and € 1,532 (ATS 21,074) per month in level 7 in the year 2001. Payments for care are not means-tested, not taxable and paid directly to care receivers. In the case of residential care, the allowance is directly transferred – down to very little pocket money – to the body in charge of the residential home. Long-term care allowances are paid to about 340,000 disabled and frail elderly people, representing 4.0% of the Austrian population. About 1% of the population receives long-term care allowances according to levels 4 to 7, that is an amount of at least € 620 (ATS 8,535) per month. More than two thirds of those receiving long-term care allowances are women (68%) (BMSG, 2000). Recipients are free to spend the money as they wish.

According to § 1 of the Federal Long-Term Care Allowance Act (Bundespflegegeldgesetz) the aim of the allowance is to contribute to the compensation of care-related additional expenses arising from being in need of care, to ensure adequate care and to improve opportunities of a self-determined and needs-oriented life. Following comments on the legislation, needs-orientation stands for improving opportunities to choose between different forms of care such as family care, social services or residential care. The allowance should enable care recipients to stay as long as possible in their private environment. The Federal Long-Term Care Allowance Act emphasises free choice and self-determination of those in need of care, and recognises cost containment ideas by creating incentives for care at home (Pfeil, 1996; Gruber and Pallinger, 1994; Pfeil, 1994).

Parallel to the introduction of the payments for care programme, a state-provinces-treaty was established. According to this treaty provinces have to develop plans for an adequate and comprehensive system of social services, semi-residential and residential care-settings and to implement the programme until 2010 (BMAGS, 1999). The binding force of this agreement, however, is rather limited as there are no sanctions attached.
Residential care was for long the main public response to long-term care. There are about 41,000 nursing places, i.e. 26 beds per 1,000 above 60 years of age (Rubisch, 1998). Financing residential care settings is based on fees per day differentiating according to care needs. First of all, clients have to finance places in residential care settings from their income, including pensions and long-term care allowances. What is not covered through clients’ contributions is covered by provinces or communities according to social assistance legislation in the nine provinces. These payments may be recovered from clients’ savings as well as from close family members. Respective regulations as well as actual decisions vary considerably in the nine provinces (Barta and Ganner, 1998).

With regard to future requirements, there is only little lack of places, but there is a necessity of transforming residential places into nursing places and, consequently, to increase the number of care personnel in these settings. A considerable lack of places, however, exists in terms of semi-residential care-settings whose development is only at the beginning (BMAGS, 1999).

Social service provision is characterised by a widely fragmented system with different providers acting in regions often in an almost monopolistic situation, various forms of provision, different regulations regarding access and finance and, above all, an enormous lack of such services in many regions. In the respective plans following the 1993 treaty, it is estimated that an adequate coverage requires that the number of nurses and helpers (on a full-time basis) in 2010 should be at least twice as high as in 1996 (BMAGS, 1999). Apart from home nursing by qualified nurses which is reimbursed by the social health insurance system under rather strict eligibility criteria, home nursing and home help are funded by a combination of payments by provinces and municipalities as well as by clients’ co-payments. Co-payments became more widespread and have considerably increased after the introduction of the long-term care allowance. In general, co-payments are means-tested and related to the amount of the cash benefit.

Limited availability and accessibility of home nursing and home help services, make close family members the main care givers, above all partners, daughters and daughters in law. 90% of those receiving payments for care are cared for at home. About 80% of the informal care givers providing the bulk of care are women. More than 60% of informal care givers are under the age of 60 and, hence, are facing questions of combining or not combining paid and unpaid work, work in the regular labour market and long-term care, and are facing multiple consequences involved in the respective decisions. Among women between the age of 15 and 65 years of age labour force participation in Austria is 62.5%. Among those providing long-term care just 37% are regularly employed in the labour market. About 26% of women under the age of 60 have given up or reduced employment participation when they have taken on long-term care-giving tasks. The respective proportion is considerably higher among those below 40 years of age and among self-employed women. Employment ratios are highest among men, and in the group of women higher among women working in the public sector and among women with high levels of education, in particular those with university degrees. 20% of those acting as main care givers have less than 10 years of regular employment, 42% less than 20 years of regular employment. (Badelt et al., 1997)

Long-term care allowances are designed as payments to care receivers. There are no direct payments to care givers. Only in a very limited number of cases regular employment contracts are established. In practise, care-related expenses (other than for
compensating informal carers) often exceed payments for care (Badelt et al., 1997) leaving no or just little room for actually paying for informal care out of the long-term care allowance. With regard to social protection, the state-provinces treaty of 1993 establishes a federal responsibility to allow social protection for carers. A number of proposals have been made (see e.g. Pfeil, 1994), but specific approaches to improve the informal care givers situation in terms of social protection are still very limited. In the social pension insurance system coverage at a preferential rate for informal care givers was introduced in 1998. Carers may apply if they have given up regular employment in order to care for a close relative in need of care according to level 4 or higher. Carers have to pay the employee’s part of the contribution, whereas the employer’s part is paid by the state. In the year 2000, however, only about 300 people were covered under this scheme. For those not eligible to the above mentioned programme, general programmes of voluntary insurance in the social insurance scheme (Selbstversicherung or Weiterversicherung) are potential but rather expensive ways to qualify for public pensions. For health care, problems of coverage are smaller as health insurance regulations include most of the population. Those not covered under any of these schemes have the opportunity of voluntary insurance, which however is rather expensive. From 2001 onwards social health insurance contributions have to be made for non-employed partners. Those providing long-term care to family members are exempt from these contributions. Apart from social protection, leave programmes might offer an opportunity to more easily combine regular employment and care-giving obligations. Existing leave programmes, however, just offer one week leaves to anyone caring for a close relative, or two week leaves in the case of care for children under the age of 12.

More recently, care in the grey market became a frequent approach in long-term care provision, in particular in the east of Austria with care workers from Central European countries. Organisation of this kind of care work takes different routes. Care workers are providing a broad range of work at relatively low prices and for long hours for ‘employers’ who are unwilling or unable to provide care and/or unwilling or unable to offer contracts at regular wages attached with social rights (Österle et al., 2001). From an individual perspective, care workers in the grey market do not have any legal and social rights based on their care work, neither in Austria nor in their home country. Cheaper work in the grey sector influences the value of professional care work. In particular low-skilled workers will find it more difficult to find jobs at regular levels of wages and social security. For the time being, the fact of ‘grey care’ is well known in the health sector, among those providing professional care, among those searching for care as well as among decision makers in social policy. However, there has been no response to politically structuring this new form of employment in this field.

The design of the long-term care allowance programme, the structure of services and their finance as well as the way provision of long-term care and social security for carers have been dealt with in the state-provinces treaty has multiple consequences for the actual finance and provision of care and beyond. How gender divisions and divisions on women as informal carers are affected will be discussed in the following section.
IMPLICATIONS ON GENDER DIVISIONS AND ON STRATIFICATION PROCESSES AMONG WOMEN

The normative context

The 1993 long-term care reform in Austria was implemented in a strongly corporatist-conservative welfare state structure with social rights predominantly related to employment participation or family relationships. The principle of subsidiarity, and hence family obligations, are particularly strong in long-term care. This is reinforced by the prevailing family ideology of separate spheres, that is a strict gender division of family work with women being responsible for providing reproductive and care work on an unpaid basis.

The introduction of the payments for care programme alongside the state-provinces treaty dealing with social services is, on the one hand, an extension and clarification of state involvement in an area where the role of the public sector formerly was mainly of a social assistance type. With the reform, the public sector took on more financial responsibility by implementing a new benefit scheme and attempting an extension of social services. On the other hand, the public sector has drawn the boundaries between public and private responsibilities even more sharply. With limiting its financial involvement to a ‘contribution to the compensation of care-related additional expenses’, the state remains to rely on the family as subsidiary partner in securing long-term care related risks.

For the Austrian case, Ungerson’s (1997) view that the introduction of payments for care may lead to a period where boundaries between public and private domains are beginning to crumble away, can not be confirmed. However, Ungerson’s findings are supported in that the dualism of paid and unpaid work is dissolving in the process of implementing payments for care is supported. In a comparative perspective, Austria has the most unregulated system with regard to the use of long-term care allowances as care receivers are entirely free to spend the money as they wish. Following the analysis by Ungerson (1997) this construction may promote, above all, two different ways of using the money. On the one hand, cash benefits can either be a means to set up direct employer-employee relationships, then constituting a form of ‘routed wages’. On the other hand, cash benefits can be used to pass on ‘symbolic payments’ to caring kin, friends and neighbours.

Empirical research (Badelt et al.,1997) shows that, first of all, long-term care allowances are used to purchase services, to pay for adaptations in the living environment or to pay for other specific material requirements. Hence, payments for care leave no or very little room for actually paying for informal care, they may, however, lead to the development of a system of ‘symbolic payments’ to those providing the bulk of informal care, mainly female family members.

Interestingly, the fact of breaking up boundaries between paid and unpaid work via a system of ‘symbolic payments’ may, in effect, underpin the upholding of the overall public-private dichotomy. As Ungerson (1995, p. 44) argues, ‘symbolic payments’ will be part of the maintenance structure of the traditional provision of caring resources as these payments are likely to reinforce pressures on women to fulfil their expected role in the private domain. With cost-containment having been a major determinant of implementing
payment for care programmes in Austria and elsewhere in Europe (Glendinning et al., 1997), a system of ‘symbolic payments’ succeeds in securing relatively cheap ways of providing long-term care for older people.

To conclude: The long-term care system is highly embedded in the overall normative structure of the Austrian welfare state. It builds upon and shapes a strong ideology of family responsibility and constructs the sphere of long-term care as being primarily private with now clarified, but limited state involvement. While diluting the boundaries of paid and unpaid work, ‘symbolic payments’ may serve well as a cost-effective way of mobilising and reinforcing informal care within the community.

**The degree of freedom to provide informal care-giving: income and social protection rights**

The freedom of choice to provide informal care can best be captured with reference to the capacity to form and maintain an autonomous household by providing care. Income for care work and social rights attached are major determinants. Up to now, no regular income can be derived directly from care-giving work unless the care-recipient sets up a regular employment relationship. As outlined above, ‘routed wages’ will only occur when the care-recipient or the person managing the caring relationship has additional financial resources, apart from the benefit, to finance an employment relationship. Thus, the impact of ‘routed wages’ on defamilisation seems to be rather limited. This is supported by empirical evidence showing that regular employment contracts in care relationships are the exception (Badelt et al., 1997, p. 278).

Social rights, in the Austrian welfare state, are first of all derived from participation in the labour market. For those not participating in the regular labour market social rights are attached to their status as a child or partner. In the pension system, those not fulfilling the requirement of a minimum of 180 contribution months only have access to survivors pensions or to social assistance. Approaches recognising long-term care-giving in establishing social protection rights are rather limited. Carers providing care to a close relative in dependency level 4 to 7 who have left formal employment in order to care for that person may apply for coverage in the pension system. The contribution they have to make corresponds to the employee’s contribution in formal contracts and is 10.25% of a reference earning that depends on the former income. The employer’s contribution of 10.55% is paid by the state. The actual take-up of this form of insurance is very low. Voluntary insurance is also possible for close relatives caring for a disabled child. Here, contributions are fully paid by the state. Finally, non-employed long-term care-givers are exempt from newly introduced contributions in the social health insurance system to be made for non-employed partners.

Hence, whatever the level of dependency and of care needs is, providing long hours of unpaid care in the informal sector does not guarantee access to social rights. Existing social security programmes for a limited number of carers require application and – apart from those caring for disabled children – contributions. Thus, informal care givers with no income apart from potential ‘symbolic payments’ have to have access to extra financial resources if they want to be covered, e.g. in the pension system. Otherwise, care givers still depend on social rights derived either from labour market participation (which might
even force them to provide long-term care alongside regular employment) or from their partner. As a consequence, the long-term care programme means no or – for a small group of carers – just a marginal improvement in terms of social rights and, hence, has very little impact on defamilisation in this respect.

As long as social rights derived from care-giving are restricted to specific groups of carers within family networks and remain very much limited compared to social rights derived from formal labour market participation, long-term care policies in Austria stabilise existing gender divisions. Care-giving work and economic dependency (either from a male breadwinner or from social assistance) continue to be inextricably linked to each other representing two sides of the same coin (Graham, 1983). Additionally, stratification processes between women as main carers may take place, as existing social security programmes strongly rest on the ability-to-pay and thus, do not promote a new form of social citizenship.

The degree of freedom not to provide informal care-giving: availability of and access to social services

Leaving aside the overall question of women's access to the labour market, major determinants of a high degree of freedom of choice not to provide informal care-giving work are accessibility to social services and ability and willingness to pay for alternative forms of providing care work. The level of provision regarding residential care settings and social services in Austria is on the European average level (Österle, 2001; Pacolet et al., 2000; Rostgaard and Fridberg, 1998). According to the provincial plans regarding the future provision of care a reallocation of beds within residential care settings towards nursing beds and a substantial increase of social service provision is required. Social service provision is still characterised by a lack of services and by considerable spatial variations between provinces as well as between urban and rural areas. Following the introduction of the long-term care allowance programme and the 1993 state-provinces treaty there was an extension of services. But a lack of binding force of the treaty (Pfeil, 1996) and rigorous cost-containment policies are preventing the development of an adequate system of social services. Access to services at night or at weekends is even impossible in many parts of the country.

Apart from limitations in availability and accessibility, the use of alternative forms of provision may also be limited for financial reasons. Potential effects on defamilisation are determined by the design and the extent of co-payments as well as the overall economic situation of care users and their family. In fact, co-payments to be made by users have increased considerably after the introduction of the long-term care allowance programme. Co-payments tend to be calculated in a way that combines a flat rate depending on the long-term care allowance and an income-related part. For example, in the province of Lower Austria the minimum co-payment amount is € 7.6 (ATS 104) per hour, the maximum amount that can be charged is between € 26.2 (ATS 360) for qualified nurses and € 17.2 (ATS 237) for home helpers (Hofmeister, 2000). Hence, using long hours of professional care soon leads to a situation where a considerable amount is spent on professional care without actually fully covering care needs. Hence, enabling family members to continue participation in the labour market through buying professional
services is not guaranteed in the Austrian long-term care system, but depends on the overall economic situation of the respective household. These findings are consistent with those of Arber and Ginn (1992) who suggest that resources are an important determinant of informal care since those with higher income are less likely to be involved in co-residential care.

Care in residential care settings would enable full-time regular employment to the potential care giver. However, care in residential care settings might, first of all, collide with issues such as family obligations, religious or quasi-religious inspirations, reciprocity, expectations, etc. Promoting care at home, as it is the case in all European countries, might even reinforce such aspects. In addition, there are waiting lists in many nursing homes and care in residences tends to be rather expensive. In Austria, what is not covered through clients' contributions is covered by provinces or communities. These payments, following social assistance regulation in the nine provinces, may be recovered from clients' savings as well as from close family members (Barta and Ganner, 1998).

Long-term care allowances have increased financial resources among care users and their households and, herewith, for some prevented dependency on social assistance in case of residential care. It does, however, not provide a general approach towards defamilisation. As with social services, the potential freedom not to provide informal care is still very much determined by the overall financial situation.

A major objective of the Austrian payments for care programme was to allow for a 'mixed economy of welfare' with service provision being carried out by various institutional actors including the market sector. But, as Ungerson (1997) analyses with a view to the British situation, the development of a 'mixed economy of welfare' is often part of a withdrawal from public provision. Moreover, the introduction of a more marketised system of service provision also seems to stress the importance of informal care (Ungerson, 2000). In Austria, increased purchasing power through payments for care has in combination with provinces’ activities to some extent pushed the development of social services. But Austria is still far from an adequate level of professional social services. To a considerable extent this is because ability and willingness to pay even after the introduction of long-term care allowances only allow for care arrangements combining informal care with minor social service support or care from grey markets. It seems that marketisation in the Austrian long-term care system, first of all, appears as 'grey marketisation'.

Summing up, the introduction of long-term care allowances increased purchasing power on the side of care users. To some extent, however, this is outweighed by a considerable increase in co-payments to be made for the use of social services. At the same time, levels of provision are still not adequate. Hence, the existing structure of services does not provide a way to defamilisation. Depending on the economic situation of the respective household it even contains incentives for reinforcing informalisation or incentives for the development of grey care markets, the only form of 'outsourcing' care-giving that meets the requirements of ability and willingness to pay of many. As mentioned in section 3 this form of providing care in fact becomes increasingly attractive in the east of Austria. With respect to the division of care work between men and women the existing structure of alternative forms of providing care outside family networks does not really offer any incentives for change. In addition, long-term care allowances might strengthen or create new dividing lines among women. Opting-out opportunities are still much stronger among
those with higher income or potential higher income (i.e. with better education and qualification), whereas to those with lower income and lower levels of education alternatives to informal care do not meet their ability to pay and, hence, are not accessible.

CONCLUSIONS

The Austrian long-term care system as designed in the 1993 reform with a long-term care allowance programme at its heart is, first of all, focused on those in need of care. And it has, in fact, considerably improved the economic and social situation of many in the 1990s (Badelt et al., 1997). Informal carers, most of them women, who are bearing the bulk of burdens involved are widely ignored as addressees of welfare state policies. There only is very little explicit recognition, mostly of a rhetoric type. This of course is true for all European countries. However, the situation of informal carers and gender divisions in informal care-giving might still differ widely, depending on the design of the welfare state, the design of welfare state programmes as well as their impact on defamilisation and the freedom to choose between different forms of living. Even if not explicitly addressed, issues of gender and care are at the core of welfare state restructuring (Boje and Leira, 2000; Lewis, 1998). This paper investigated whether and how the 1993 reform of the Austrian long-term care system shapes and probably transforms gender divisions and the role of women as carers in Austria.

The analysis suggests that the approach, far from being part of a wider strategy to achieve gender equity in the provision of care, upholds the gendered division of labour within the family and all in all strengthens family responsibility. With respect to inherent possibilities of the system to provide care under conditions which secure an acceptable standard of living, the potential for defamilisation is low. Regardless various attempts to facilitate care-giving within families, social rights derived from care work are still very limited and accessible only for those with extra financial means. The introduction of long-term care allowances creates additional purchasing power. ‘Symbolic payments’ far from having an emancipatory potential, do not reduce overall inequalities but help to secure the supply of relatively cheap labour. In connection with higher co-payments they increase the importance of ability-to-pay and willingness-to-pay as criteria of access to social protection and to the provision of care outside family networks including grey markets. As social service provision is not adequate and female access to paid work often hindered, freedom of choice not to provide informal care is still a long way to go. Overall, the 1993 long-term care programme and processes set in train by this programme are upholding existing gender structures and are shaping new stratification processes among women as carers along the lines of income, space, education and employment opportunities.
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