

The provision of care – whose responsibility and why?

Authors: *Heejung Chung (University of Kent), Maša Filipovič Hrast, (Univerza v Ljubljani), Tatjana Rakar (Univerza v Ljubljani)*

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Abstract:

In the era of welfare state retrenchment, many of the 'old risk' policies such as pensions and unemployment benefits are under threat. Both the generosity of provision and public support for the policies are in decline, especially for the latter. On the other hand, many new risk policies, such as child care and elderly care have only developed in most European welfare states relatively recently. There is strong public support for provision in these areas across the population. Beyond this, knowledge is limited. In addition, most existing studies focus on whether the responsibility for providing care lies with the state or the individual, and examine relationships between different variable to explain why certain individuals are more or less likely to support state interventions. Using Democratic Forum data across four countries, namely the UK, Germany, Norway and Slovenia, representing four distinct welfare and care regimes, we examine citizen's support for both childcare and elderly care. Here we focus on two aspects – namely, who should be responsible for the care and why. We compare our results to material from existing studies to show the value of Democratic Forums in gathering data in the area of care. In the case of responsibility, we go beyond the state-individual/family dichotomy and consider a wider welfare mix, especially employers that have been neglected in previous welfare attitude studies. Further, through this data we are able to examine the different roles the different sectors can take – such as financing, actual provision, regulation and so on. In relation to the reasoning behind support for state provision of care, we distinguish economic from social justifications: whether entitlement to care provision is based on the right to take part in the labour market for the carer but also the person in care in the case of elderly care, or whether care is provided as part of the social rights of the recipient as a citizen. Our findings show that the preferences for future care are firmly embedded in current care provisions as well as on-going discussions, however they also show the dissatisfaction and limits of the current care regimes and changing attitudes in accordance to policy changes.