

The Challenge of Doing Comparative Research on Long-Term Care: A Case of Apples and Oranges?



**PRESENTATION AT THE UCD/ISPA SYMPOSIUM TO MARK
THE RETIREMENT OF**

DR GEOFFREY COOK

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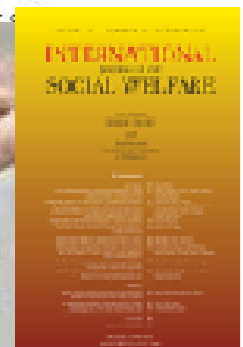
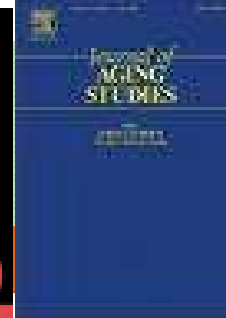
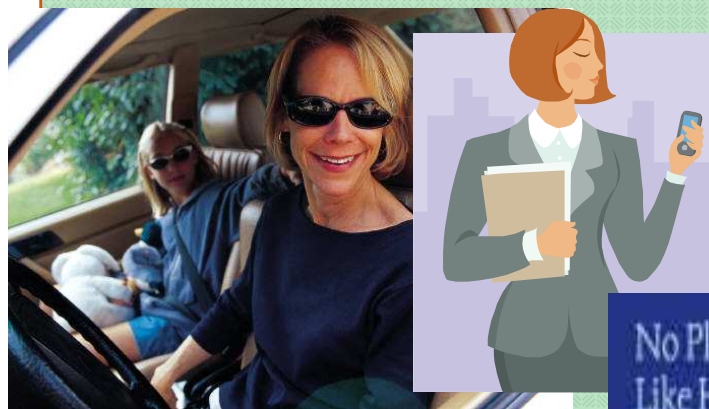
BY

DR VIRPI TIMONEN

**SCHOOL OF SOCIAL WORK AND SOCIAL POLICY
TRINITY COLLEGE DUBLIN**

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Care for the aged and disabled Who cares?

The answer is postponed once again

Mar 31st 2010 | From *The Economist* print edition

WHEN ministers face a vexed problem, a convenient way to sidestep it is to establish a royal commission. Few are more vexed in ageing Britain than how to pay for long-term care for the elderly. Months after Labour came to power it named a group of worthies, who duly reported in 1999. Yet it has taken the government more than a decade to come up with a policy on care. And no sooner had Andy Burnham, the health secretary, published a white paper on March 30th than he called for yet another commission to be established.

The sick are treated free of charge by the National Health Service, which is funded by general taxation. The disabled receive money to help with everyday tasks. Those who are merely frail, however, cannot be given free help with washing, dressing and cooking unless they are also poor. That's the way people—



A penny for her thoughts

Comparing welfare states and social policies



- Early focus on transfers (expenditure, other measures of ‘welfare effort’), structures & outcomes (poverty)
- Increasing prominence and importance of care & services, especially long-term care (LTC) of older people
- Challenges involved in comparing (formal) LTC

Alber (1995) Framework for the Comparative Study of Social Services



‘...we seriously lack comparative and comparable data collections on the supply of social services which could be comparable to the international data collection on social transfers.’ (...) Even where we did obtain data, the problems of comparability are still immense, because there are vast discrepancies in national statistical definitions.’

- Define dimensions of variation and map variations within these dimensions:

Expenditure, supply (facilities, staff), **take-up**

- Variables that may help to explain these variations:

Institutional features: regulation, financing, delivery, consumer power

→ Importance of **centre-periphery** and **church-state relations** (class / power relations)

Home care: Motherhood and Apple pie



WRAMSOC - Timonen (2005): (only) two common developments across seven countries: (1) prioritising home care, (2) emergence of private providers

Care of older people in their own home is universally acknowledged as 'good'; policy AIM shared by all countries; increasing recognition of formal (paid) care in this sphere

The challenges of comparing policies trained at this 'universal good' are arguably now greater than ever:

Data quality and availability



- Often scattered and locally based nature of social care policies, great diversity within and across countries.
- Increasingly difficult to distinguish home care from residential care within countries.
- Data on institutional care more readily available than data on home care.
- Compared with the childcare sector, still little systematic effort at data collection for the various kinds of provision and their coverage.

(OECD 2007; Saraceno 2010)

Care in the home and policies around it are complex



- ‘Care’ is diverse: nursing, personal (ADL), domestic (IADL): some statistics look at both, some only one of these
- Challenge of defining ‘home’ (supported housing?)
- Purchaser and provider often different entities
- ‘Purchaser’ can be care recipient (his/her family), the State
- Increasingly widespread practice of ‘delegating’ the purchasing function to care recipient who has ‘free choice’ to select a provider
- ‘Provider’ can be informal (family) or formal
- Within formal, can be public, private or non-profit organisation

INHERENTLY MORE COMPLEX THAN INCOME TRANSFERS & GETTING
MORE COMPLEX AND HARDER TO MEASURE

Extracts from OECD (2005) Glossary



LONG-TERM CARE (LTC):

A range of services needed for persons who are dependent on help with basic activities of daily living. C.f. Huber et al. (2009): ADL AND IADL

HOME CARE:

LTC services that can be provided to patients at home. This includes day care and respite services *and the like* [sic]. Includes LTC received in home-like settings such as assisted living facilities *although statistical systems are in many cases not able to identify these*.

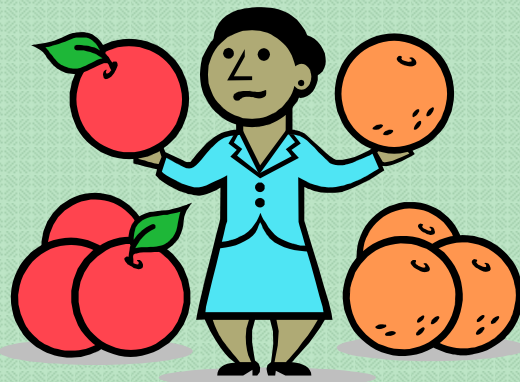
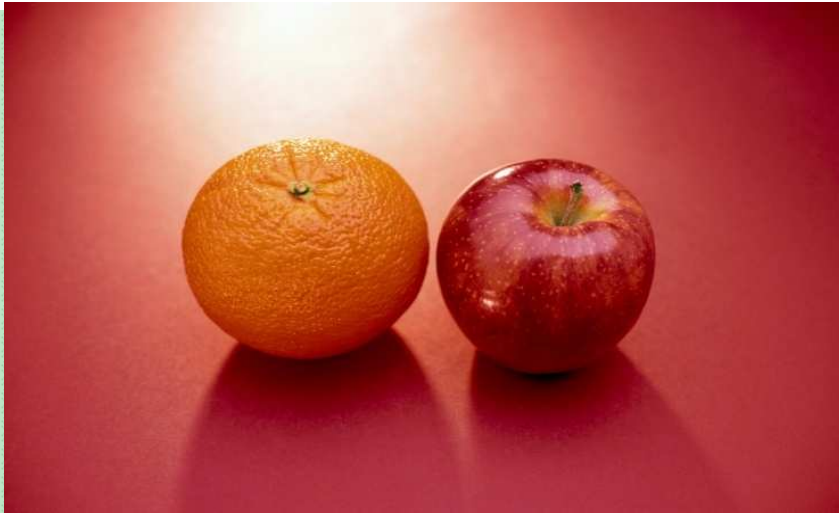
Centrality of Concepts & Comparability



- Stipulation of concepts should precede collection of data
 - guide search for and selection of both quant and qual empirical material
- The better the concepts, the better the variables
- Amassing material in the absence of sound concepts leads to the data 'sinking under its own weight'
- Precondition for comparison is the identification of comparable, or at least functionally equivalent units of analysis.

(Rose, 1991)

That old apples and oranges dilemma...



Levels of comparison (and required comparability)



Policy Aims

Policy
Instruments

Delivery

Outcomes

Policy Aims, relative emphasis (Timonen, Convery and Cahill 2006)



TABLE 2. *Key factors influencing the creation and design of cash-for-care programmes in Ireland, England, Finland and The Netherlands*

Rationale for introduction	Ireland	England	Finland	Netherlands
Promote clients' choice		✓		✓
Promote clients' autonomy		✓		✓
Compensate for gaps in service provision	✓	✓	✓	
Job creation			✓	✓
Efficiency and cost considerations	✓			
Shift in preference from institutional to home-care	✓			✓

Commonalities across most different cases



- Diverse systems – that represent ‘most different cases’ - can produce similar policy ‘aims’ and ‘aspirations’
- What do these cases have in common that could explain the similarity in policy aims?

‘Instruments’: Not just ‘means-tested/universal/earnings-related...’ (Adapting typology from Saraceno 2010)



	Degree of universalism (vs. income-testing)	Ease of access (Dependency threshold)	Coverage of needs once deemed eligible	System type
UK		✓	✓	Familialism by default
Germany	✓✓	✓	✓	Supported familialism
Denmark	✓✓✓	✓✓	✓✓✓	De-familialism
Ireland	✓	✓✓	✓	Familialism by default

‘Models’ and Most similar cases



In ‘most similar’ design, it is important that the cases share membership in a meaningful, empirically defined category

- Categories / types / models that can be used to guide case selection:

But how far do the models take us?

Within each ‘most similar’ category we can find a great deal of variance

Recent addition to 'Instruments': 'Cash-for-Care'

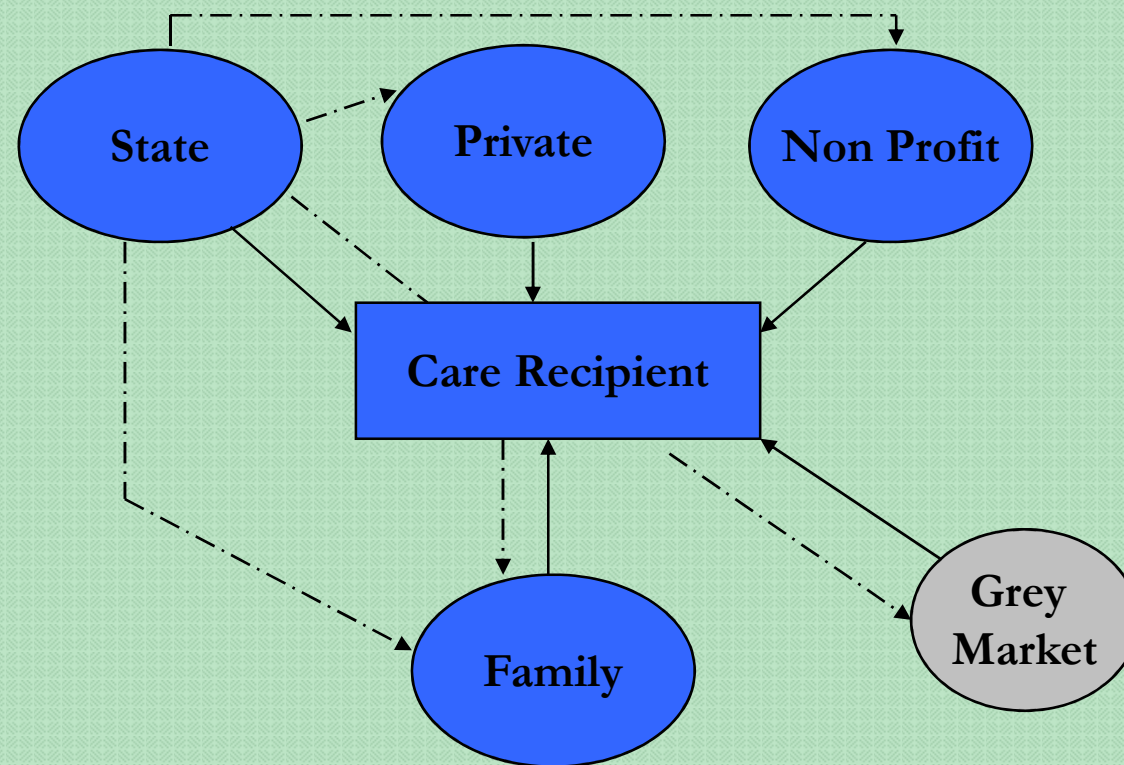


	In-kind and/or Cash	Control over use of cash	Choice of provider
UK	Both	√	√√√
Germany	Cash	√√	√√
Denmark	In-kind	N / A	√
Ireland	Both	√	√√

‘Delivery’: ‘The very mixed economy of care’ in Ireland

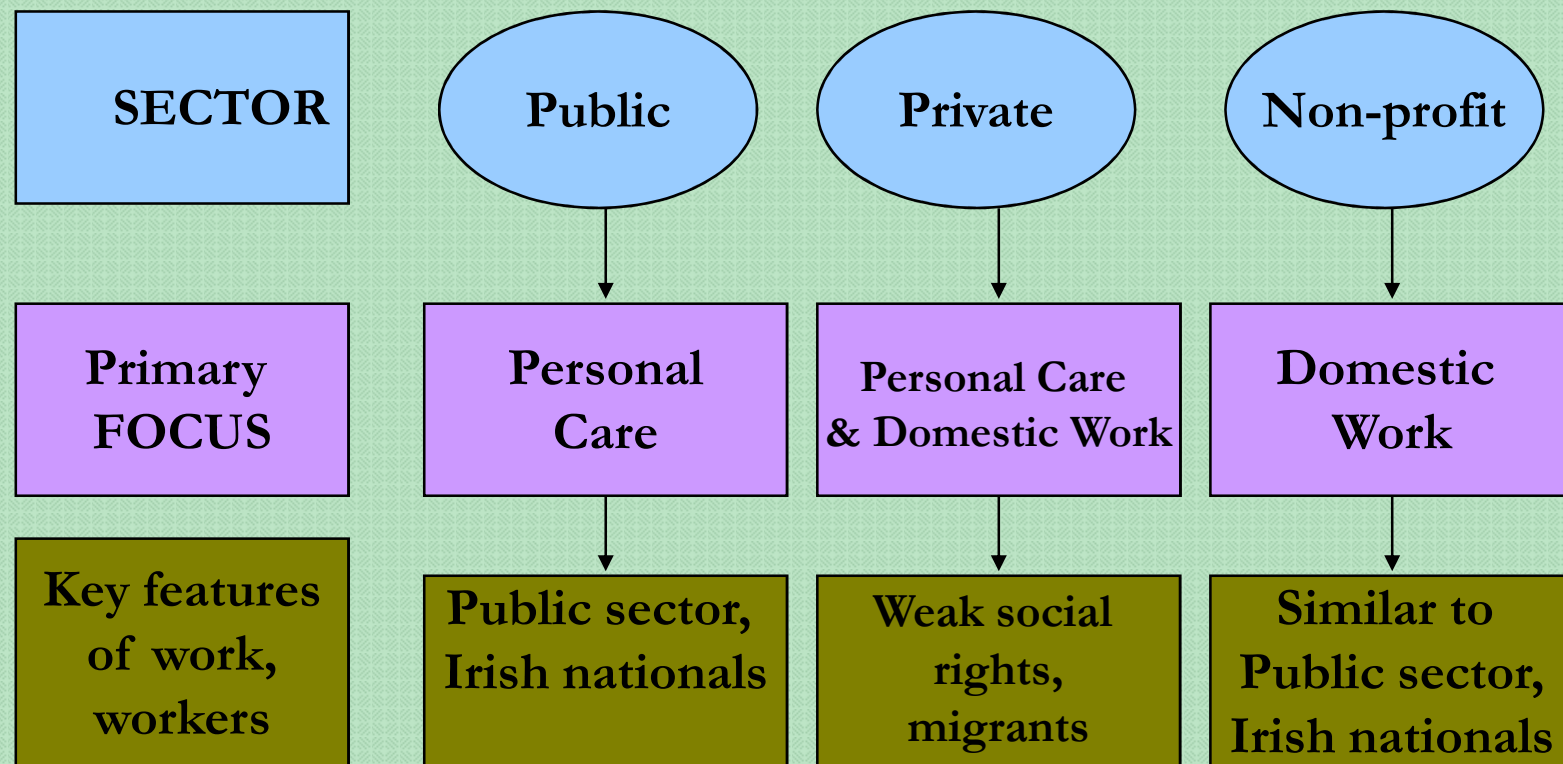
Formal

Informal

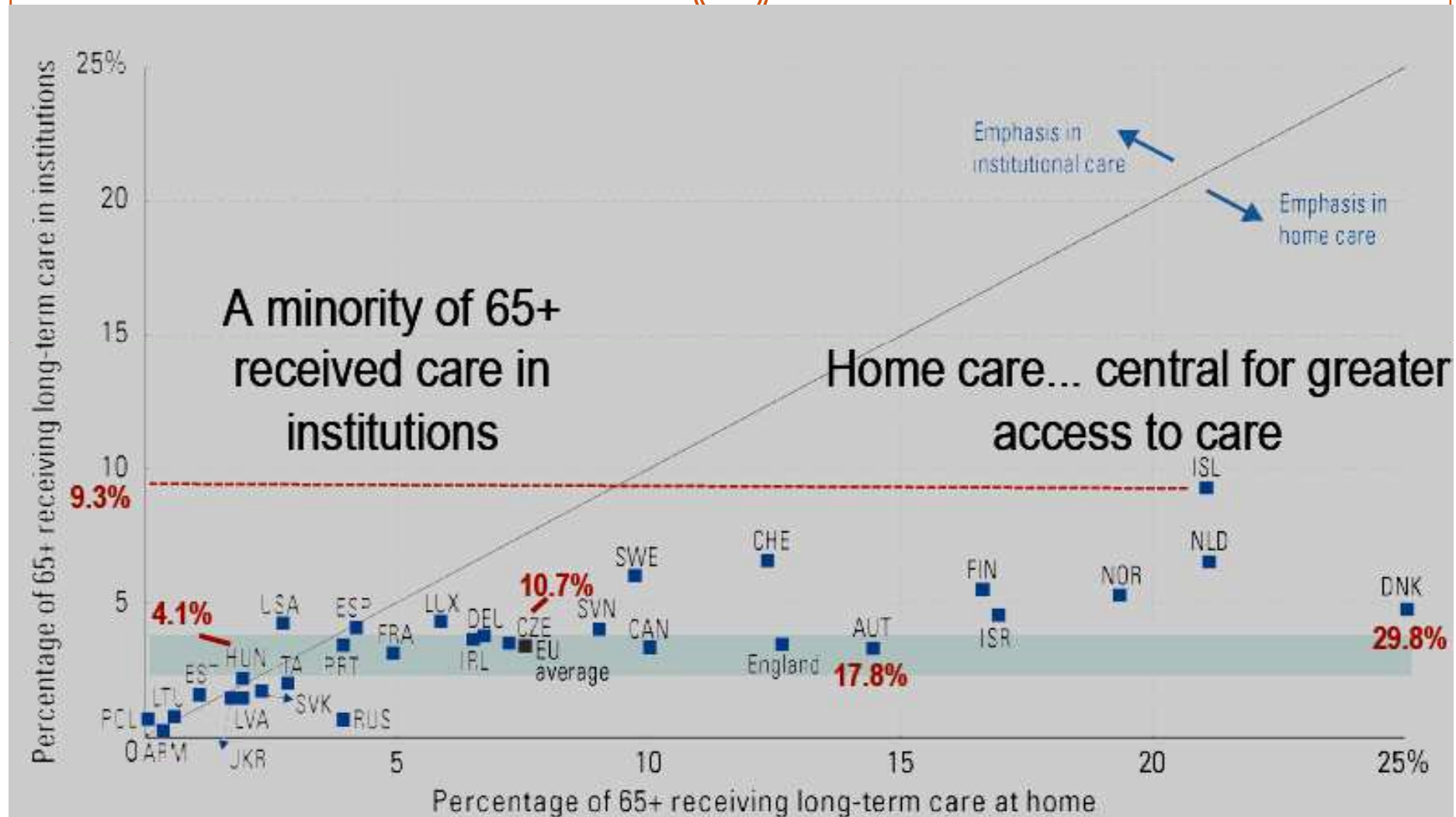


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Does Diversity Matter? 'The Three Worlds' of Formal Domiciliary Care (Timonen and Doyle 2007)



‘Outcomes’: Balance between formal care at home and in institutions (Huber et al. 2009)



Recipients of home care aged 65 and over

(OECD 2000)



	% 65+ receiving home care benefits
Austria	14.8
Germany	7.1
Ireland	≈ 5
Norway	18
Sweden	9.1
UK	20.3

What do these differences mean?



- Large share of population getting a little care?
- Small share of population getting a lot of care?

Data on care intensity so patchy, that calculating full-time equivalents or similar measures is impossible

Things that matter...



- Quality of care
- Adequacy of support

... Are especially hard to compare

Capture of Relevant Data in The Irish Longitudinal Study on Ageing (TILDA)

- Persons with ADL / IADL difficulties
- Sources of help (if any) → unmet needs
- Frequency and intensity of help
- Access to formal services perceived to need & satisfaction with these services

TILDA Research Day 10.30 am – 1 pm this Friday (14 May)
in TCD Science Gallery

Pay particular attention to Unexpected / out-of-model/difficult to explain cases

- Movement away from 'model', 'type': rise of 'the supported family carer' in Finland, shift towards informal care in Sweden
- Italy: estimated 340,000 irregular/undeclared immigrant workers in Italy (3.2 % of population 65+): what does this mean for 'familialism'? (Nemenyi et al. 2006)
- Importance of structures / institutions: No discernible guidelines yet uniform outcomes – Sweden. Discernible guidelines yet diverse outcomes (Ireland)

(LIVINDHOME project 2009-2010)

Conclusions I



- Growing importance of care as a component of social policy
- Comparisons of care inherently more difficult than comparisons of transfers
- Redrawing of multiple boundaries (formal/informal, public/private, national/global) generates enormous challenges for research (system-specific AND comparative)
- Very limited quantitative data available at present (Is this likely to change? When can it change?)
- Conceptual disarray

Conclusions II



- Good description always beats bad explanation: (thick) description (case studies) is needed in all novel or rapidly changing fields – tendency to jump to comparative research too soon for reasons of ‘prestige’
- We should compare, even when it is evident that we are dealing with ‘apples’ and something other than ‘apples’ *strictu sensu*
- Comparison of ‘apples’ and ‘pomegranates’ yields understanding of each system by highlighting how it is different
- Differences within ‘models’ are great; evidence of ‘within-model’ change: relatively little scope for anchoring comparisons
- We need to look for these ‘anchors’ in dependent variables
- What do systems have in common that causes them to produce similar aims / instruments / outcomes?

Conclusions III



- We also need to work on identifying independent variables; this calls for a lot more theorising; drawing on disciplines/studies outside of policy sciences (e.g. gerontology, population surveys)
- Comparative research is the method for understanding differences and diversity: but much work remains to be done in order to facilitate the acquisition of this understanding
- *This is not a case against comparative research; but it is a case for more reflection on how we go about comparing the ‘new’ social policies of care.*

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