

Consequences of Dutch municipal social care policies for solidarity and autonomy within informal care relations: Do gender, poverty and migration background alter the impact?

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Like most welfare states, the long-term care system in the Netherlands has undergone drastic changes over the past two decades. Decentralizations in 2007 and 2015 have made Dutch municipalities responsible for social care provision and informal care support, which was assumed to be more cost-efficient. Municipalities have also been encouraged to promote applicants' self-reliance and to assess whether their social network can step in. Due to the municipalities' policy discretion and a national budget reduction in 2015, the scope and generosity of social care policies may vary geospatially and over time, resulting in different levels of support for informal caregivers and care recipients. This may in turn affect the degree of (1) solidarity and (2) autonomy exhibited by both caregiver and care recipient, two key elements underlying ambivalence in care relations, which negatively relates to psychological well-being. While earlier research shows that long-term care policies may shape informal care in terms of its prevalence, intensity and impact, the influence on autonomy, especially for informal caregivers, is largely neglected. The case of the Netherlands may therefore serve as a natural experiment which helps to uncover the extent to which municipal social care policies have an influence on solidarity and experienced autonomy within the social context of people in need of long-term care from 2007-2020. Because higher levels of public care and support may be especially beneficial to those who typically provide or receive informal care, we will also examine to what extent gender, poverty and migration background affect the relationship between local care policies on the one hand and solidarity and autonomy on the other.

With regards to solidarity, previous studies have shown that increased availability of public care services elicits a specialization effect, meaning that some support tasks are taken over by the state, yet the family (or other informal caregivers) remain involved by carrying out other tasks that are more suited to their capabilities. Corresponding to this mechanism, a lower availability of public social care could lead to a reverse specialization effect. We therefore expect that the less generous the municipal social care policy is, the more we will find a 'crowding in' of physical care (most of which the government had previously taken over) and a 'crowding out' of other, more spontaneous forms of solidarity (e.g., grocery shopping or administrative chores) (hypothesis 1). We also expect that a less generous municipal social care

policy relates to a lower level of personal autonomy within informal care relations (hypothesis 2), as receiving and providing informal care is not as likely to be a personal choice. Furthermore, we suspect that the generosity of the local social care policy does not affect every citizen equally. A decrease in public care services may be compensated by private care, but this requires economic resources, which means that those who lack them are more likely to have to resort to informal care. Likewise, a less generous local care policy's appeal to the social network to step in may have a stronger effect on those who were more socialized with care or family solidarity as a norm, which tends to be the case for women and migrants. We therefore expect that the relationship between the generosity of social care policies on the one hand and solidarity and autonomy on the other will be stronger for women (hypothesis 3), migrants (hypothesis 4) and those with fewer economic means (hypothesis 5).

To answer our research questions, we will analyze panel data from SHARE which will be linked to Dutch registry data. The SHARE data, which consists of respondents over 50 and their partners, provides information about respondents' need for support, their experienced autonomy and the level of solidarity within their close relationships, as well as demographic characteristics. The linkage of the survey data to tax-based registry data allows us to measure respondents' uptake of social care services as well as average uptake and expenditure (offset by need) on the municipal level. Specifically, by using the registry data we will be able to identify which citizens receive what social care services, which informal caregivers are compensated via the local social care policy, and their postcode area, which enables us to link respondents to their respective municipality. Finally, the SHARE data also includes information about respondents' out-of-pocket expenses on private care.