INEQUALITIES IN EUROPE AND THE FUTURE OF THE WELFARE STATE

The role of social services in mitigating inequalities
Jo Moriarty
Mainly going to talk about the UK

Use examples to highlight some points for discussion

Will focus mainly on older people
Similarieties

Discussions on social services in the EU tend to focus on the similarities:

- Ageing populations and changing dependency ratio
- Rise in proportion of single person households
- Changes in patterns of women’s part time employment
- Rise of ‘cash for care’ benefits
Emphasis on similarities may conceal differences in the way that certain groups are treated

- Older people
- People with a learning difficulty
- People with long term mental health problems

Different ways that social services are organised and funded in different countries can make it difficult to make comparisons

- Even more complicated when data on social protection combines cash benefits and benefits in kind
Difficult to assess extent of inequalities because services tend to be selectively provided

- Trend towards moving away from universal to targeted services
AGE DISCRIMINATION

- Historical reasons why services for older people have been organised separately in UK

- CPA 2009 report concluded that organising social services around age led to age differentiated services

- **Direct** discrimination comparatively rare (e.g. changes to services on someone’s 65th birthday)

- **Indirect** discrimination was much more frequent (e.g. different eligibility criteria and caps on expenditure)
### Estimated Number of People Receiving Social Care in England: By Service Type & Age Group, 2009/10 (Social Trends, 41)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>All aged 18 and over</th>
<th>18-64</th>
<th>65 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home care</td>
<td>557</td>
<td>104</td>
<td>453</td>
</tr>
<tr>
<td>Equipment &amp; adaptations</td>
<td>512</td>
<td>118</td>
<td>394</td>
</tr>
<tr>
<td>Professional support</td>
<td>445</td>
<td>240</td>
<td>204</td>
</tr>
<tr>
<td>Day care</td>
<td>195</td>
<td>89</td>
<td>106</td>
</tr>
<tr>
<td>Meals</td>
<td>100</td>
<td>7</td>
<td>93</td>
</tr>
<tr>
<td>Direct payments and personal budgets</td>
<td>166</td>
<td>74</td>
<td>92</td>
</tr>
<tr>
<td>Short term residential</td>
<td>76</td>
<td>14</td>
<td>62</td>
</tr>
<tr>
<td>Other</td>
<td>119</td>
<td>50</td>
<td>69</td>
</tr>
<tr>
<td>Care homes</td>
<td>305</td>
<td>57</td>
<td>249</td>
</tr>
</tbody>
</table>
WHAT DOES THIS MEAN?

- Number of adults receiving services
  - Around 1.1 million aged 65 and over
  - Around 550,000 aged 18-64
- Older adults dominate traditional services (e.g. meals) but not direct payments and professional support

Photograph by Mark Pinder from ‘The Guardian, 24/11/11
EXPENDITURE 2004-2009

% Increase in social care expenditure

From Richard Humphries ‘Social care funding and the NHS: An impending crisis’, 2011
ROLE OF LEGISLATION?
EHRC REPORT INTO HOME CARE

- Received widespread media coverage
- Included reports of:
  - People not being given enough to eat and drink
  - Abuse
  - Lack of privacy and dignity
- Recommended changes
  - Home care to be included within remit of Act
  - Human rights to be incorporated into commissioning and monitoring services
  - Better guidance for organisations and for older people and their families
- Extensive ‘follow up’ plans designed
WHO DELIVERS SOCIAL SERVICES SUPPORT?

- Social care is labour intensive
  - Overlaps with panel on labour market inequalities
  - Hussein (2011a) Black British workers under-represented in managerial roles and over represented in professional roles
  - (Hussein, 2011b) Migrant workers earn significantly less than British workers

From HASCAS website
FROM MEASURING STRUCTURES TO MEASURING OUTCOMES: THE EXAMPLE OF LONG TERM CARE

- **User pays**
  - Out-of-pocket payments by service user or family

- **User pays**
  - Private or voluntary insurance (possibly some co-payment in form of tax benefits)

- **Taxation**
  - Funded from direct and/or indirect taxes with services provided on the basis of need

- **Social insurance**
  - Funded through hypothecated contributions linked to employment, with services provided on the basis of need

What impact does these differences have on outcomes?
‘Facing dementia’ survey in six EU countries - France, Germany, Italy, Poland, Spain and UK (Bond et al, 2005)

Similarities in findings about lack of support and access to services

Complexities about taking account of differences in services and expectations
Need to think about equalities in terms of:

- **Resources**
  - People with high levels of need will get less and so possibly have less favourable outcomes

- **Outcomes**
  - More resources go to people with higher levels of need but may reduce individual’s level of choice

- **Opportunity**
  - Capability approach (Sen 1985; Sen 1993; Sen 1999), aims to ensure people have the same substantive freedoms, the capability to achieve the same outcomes should they choose to do so
http://www.kcl.ac.uk/scwru/