Restructuring elder care systems in Europe:
Policy-field, policy transfer and negative integration

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Paper to be presented at the ISA RC 19 conference "Social Policies: Local Experiments, Travelling Ideas" 20-22 August 2009, Montreal, Canada

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Abstract

Background and leading question:

Since the 1980s elder care systems and related policies have been subject to far-reaching restructuring processes in western European countries. The shape of processes can be explained by the interplay of national conditions related to the policy field of elder care and different modes of cross-border influences. In this paper, two modes of cross-border impact will be analysed in two continental European Countries – Austria and Germany. The first of these modes applies to horizontal transfer processes in the course of the introduction of long-term care policies. The influx of migrant carers within the family framework – as a type of bottom-up strategy of the care users – builds the starting-point for the emergence of the second mode. Since European enlargement EU regulations related to the single market project may be used as a legal basis for the employment of migrant carers, which is prompting societal debates and impacts on national laws. The paper aims to compare both modes of governance based on an analysis of the interplay of national and transnational developments.

Theoretical-conceptual approach:

The paper draws on different theoretical-conceptual approaches related to international comparative welfare state research, i.e. on social care and social policy change in general, in order to define the logic and dynamics of the policy field. In addition, new-institutionalist approaches with their emphasis on the interplay of ideas, interests and institutions are used to exam the policy processes. Finally, concepts related to Europeanisiation are the basis for the analysis of both forms of cross-border impact.

Research methods/data sources:

Germany and Austria are selected as cases to compare both modes of governance, i.e. horizontal policy transfer with regard to the introduction of a long-term care policy scheme and negative integration and spillovers on national policies related to the single market project concerning the emergence of migrant carers within the family framework. The data sources for the case studies include mainly information on policy designs and literature related to the process of policy development.

Analytical significance:

Based on an own conceptual framework the paper allows for the comparative analysis of two distinct modes of governance. The findings contribute to the understanding of different forms of national and transnational processes of policy development, which are gaining ever-greater political significance.

1. Introduction

Since the 1980s elder care systems and related policies have been subject to far-reaching changing processes in most European countries. In particular, in continental European countries, new policy schemes have been implemented based on a newly defined state-family-market nexus. Furthermore, since the end of the 1990s, in some continental European countries, migrants have increasingly been hired for care provision within the family framework as a bottom-up strategy of the users to fill care gaps. Both dynamics are intertwined to two different patterns of national and transnational policy development. With regard to the implementation of long-term care policy schemes horizontal transfer processes between European countries can be found. In contrast, since the EU enlargement the employment of migrant carers within the family framework became gradually connected to

regulations of the single market project, above all to the principle of free movement of services. The paper aims to compare both forms of national and transnational policy processes on the basis of case studies in two countries – Austria and Germany – where both forms of processes exist.

Research on cross-border impacts on the development of elder care policies has already revealed different forms of national-transnational interplay. Case studies on the policy transfer between Germany and Japan, for example, proved the significant impact of the German model but revealed in addition the decisive role of the national conditions related to ideas as well as to actors and their interests (Eto, 2001). The comparison of elder care policy transfer among different European countries showed the impact of the German and Austrian care policy approach in continental European countries, and recently even in southern and central eastern European countries, which have been promoted by the introduction of the Open Method of Co-ordination (Pacolet et al., 2000; Le Bihan/Martin, 2008; Theobald/Kern, forthcoming 2009).

While elder care policies have been implemented in a form of top-down strategy, emerging care gaps in continental and southern European countries have led to the hiring of migrant carers within the family framework by the care users as a type of bottom-up strategy (see e.g. Ungerson, 2005; Bettio et al., 2006; Gori/ Da Roit, 2007; Ranci, 2007; Egger de Campo, 2008; Lutz, 2009). Since the EU enlargement regulations related to the single market project have been used to justify the activities and in addition have prompted societal debates and the introduction of legislation policies (Schmid, 2009; Neuhaus et al., 2009). The spillover impacts on processes on national care policy-development respectively societal debate are still a neglected issue. In the paper, processes of policy-development related to both forms of national-transnational interplay, i.e. horizontal transfer processes and spillover impacts related to the single market project, will be compared.

The conceptual framework is based on a combination of approaches created in different fields of international comparative welfare state research (see section 2). Concepts established within the area of social care are used to define the logic and dynamics within the policy field. In addition, concepts developed to analyse processes of welfare state changes, based on a new-institutionalised approach with its emphasis on the interplay of ideas, interests and institutions, provide the tools to exam the processes of policy development. And, finally, concepts created within research on Europeanisation and/or bilateral transfer processes between countries are outlined for the comparison of transnational processes. Despite an increasing transnational impact on processes of social

policy development, research reveals the significance of national actors and interests, as well as ideas and institutional frameworks interrelated to the underlying logic of the policy field.

Austria and Germany are selected as cases where both forms of developments can be compared (see section 3). Structures and dynamics of the process are examined against the background of the specifity of the policy field. The case studies show the dominant interaction between national actors, their interests and the underlying ideas within the process of policy- development on the national level and the dynamics of the different forms of transnational influences. Finally, in the conclusion, both modes of governance in the two selected countries are compared (see section 4).

2. Conceptual framework

2.1 The policy field of elder care

In the first section concepts and approaches created within international comparative welfare state research on social care, especially elder care, are used to define the logic and dynamics of the policy field. The concepts may be used to the underlying values, construction processes of elder care policies and related institutional regulations. For the analysis of the logic of the area Daly (2002) distinguishes between care as a social good, i.e. the issue of care as a societal activity related to norms and embedded in gender and social relations, and care as a public good through the issue of regulations and settlements within public care policies. Research on care as a social good has shown social care to be a multifaceted, gendered activity that cuts across traditional boundaries, especially between the public and private spheres. For the examination of the construction of care activities across the private-public borders, three dimensions of social care proved to be relevant: the definition of certain activities as paid and unpaid care work and the related conditions, the sharing of costs of social care, and its embeddedness in a normative framework of family and public responsibilities (Daly/Lewis, 1998). Empirical research showed first, the fundamental relevance of the construction of care activities for gender relations in society and second, the inclusion of informal paid care work in the research designs revealed the interrelationship of care activities to socio-economic class and ethnicity (Graham, 1991; Theobald, 2005; Ungerson, 2005; Bettio et al., 2006; Lutz, 2009).

The family has traditionally been viewed as being responsible for the provision and funding of elder care. Only gradually has elder care responsibility – in terms of cultural values, funding and provision – become defined as a public concern, governed in addition by the state and

the market (Anttonen et al., 2003). Research on care as a public good discusses how elder care policy approaches manage the organisation of the demand and supply of care and how this is related to ideas on care provision in society and institutional policy designs. Pfau-Effinger (2004) examined the normative basis of country-specific elder care approaches. She points to three particularly significant concepts and ideas, which differ considerably between countries:

- the combination of different societal sectors with regard to care provision and funding;
- the state-market relationship;
- the dominant concepts of justice and redistribution.

Ideas on elder care provision are reflected in the institutional designs of care policies – eligibility criteria and types of benefits. Different types of public benefits, such as cash benefits, leave arrangements, services or vouchers, aim at providing time, money and services for care recipients and informal carers. The different types of benefits reflect the ideas of the mix of formal and informal or family care provision. While time is provided to support care within the family framework, money enables family members to either provide care themselves or to purchase provision autonomously. Finally, care services are aimed at unburdening family carers and securing care provision, respectively (Daly, 2000; Bettio/Plantenga, 2004). The emphasis on the provision of care services, on one hand, or the provision of (uncontrolled) cash payments, on the other, determines the degree of formalisation, semi-formalisation or informalisation of care work (Ungerson, 2005: Gori/ Da Roit, 2007; Ranci, 2007; Simonazzi, 2008). Pfau-Effinger (2005) distinguishes between formal care work related to labour market standards and payments, semi-formal care work characterised by payments and the application of regulations below or unrelated to labour market standards, and informal care work without any regulation or payment.

Eligibility criteria and the definition of the level of public support also determine the interrelationship between public and private or family responsibility. Anttonen et al., (2003) use the terms individualisation and universalisation to describe two basic principles that regulate access to care services and benefits. Individualisation relates to whether and to what extent publicly funded social care benefits are allocated on the basis of the family status or on the needs of the individual. Universalisation refers to whether and to what extent the allocation of social care is selective, typically based on means-tested procedures or universal availability.

Österle (2001) clusters norms related to the level of support using the term equity or fairness. He distinguishes three levels of allocated resources that are related to different social policy goals. The first goal, guaranteeing minimum standards, is aimed at preventing the risk of poverty in case of care dependency and provides just a minimum level of economic resources or services. The second goal supports existing living standards and grants a level of economic resources or services that prevent the elderly or the informal carers from big drops in their individual living situation. The third goal, reducing inequality, relates the individual of the care receiver or informal carer to the average situation in a society. Here the key issues are the redistribution between the healthy and those in need, for example, through the definition of tax or insurance-based coverage of the costs or between the wealthier and poorest people in society through the introduction of earnings-related co-payments.

Daly and Lewis (1998, 2000) argue that the new types of national regulations on eligibility and level of support in continental European countries are set in between the most generous levels and social assistance regulations (typically means-tested). From their perspective the level of care policies and daily care provision are interwoven. They argue that the restructured division of care labour, responsibility and costs between state, market, family and civil society during the 1990s within the newly-developed care policies brought about new distributions and conditions of care work and identities of formal and informal carers in daily care work.

Despite common dynamics in the transition of care policies, elder care policy approaches still differ between western European countries. With the definition of a statist paradigm in Sweden, a familialist/individualist paradigm in England and Spain and the “state pays, others provide” paradigm of long-term care in France and Germany, Timonen (2005) discerns the countries on the basis of universalism and the level of formalisation of care provision. In her cross-country comparison, elder care policy changes proved to be most substantial in continental European countries, such as France and Germany. But even here, approaches still differ from the Nordic countries with regard to the level of universalism and formalisation of care provision. In contrast, processes of marketisation, i.e. an increase of care provision in the market, can be found throughout the different paradigms.

By distinguishing among the types of societal support such as time, money and service, Bettio and Plantenga (2004) organised European social care approaches into different clusters, comparable to Timonen’s country clusters (2005). In the “publicly financed private care cluster” in continental Europe, a largely informal family-based care strategy is

predominant which is supported by cash benefits. In the “public care cluster” a care strategy is implemented where families are supported by a wide range of universally available services. Finally, they identify an “all-in-the-family cluster”, mainly in southern Europe, in which care activities and the management of care are delegated to the family and societal support is low.

2.2 Policy change and the interplay of ideas, interests and institutions

Restructurings of social policy programmes in western welfare states have fostered a scientific discussion on whether and how welfare states change. Different theoretical-conceptual concepts have been established to analyse welfare state change. The concepts “critical junctures” and “formative moments” have been created to explain more radical welfare policy change not in line with existing policies (see Pierson, 2004; for elder care Brodin, 2005). In contrast, Thelen (2004) and Streeck and Thelen (2005) argue that most policy change is incremental. In this line of research, welfare states are defined as evolutionary systems that mutate to accommodate changing circumstances, constantly adapting their structure to new requirements.

In his conclusion to an analysis of welfare state changes Pierson (2001) claims the necessity of breaking down the very broad category of change into discrete dimensions in order to discern distinct patterns related to outcomes and obtain a more nuanced account of political processes such as actors, interests and activities. He coins the term recalibration for the institutional learning processes that western welfare states are facing (Pierson, 2001). Recalibration can take place in four areas: functional recalibration, i.e. a new definition of the main functions welfare states must cope with, e.g. new social risks; distributive recalibration, i.e. the re-allocation of benefits between beneficiaries; normative recalibration, i.e. change of norms and values; and institutional recalibration, i.e. reform of institutional designs, redefinition of responsibilities, attributes to sectors and levels of policy-making, as well as the responsibilities of individuals, states, markets and families (Pierson, 2001; Ferrera et al., 2000; Hemerijck, 2007).

Streeck and Thelen (2005) define five types of incremental institutional change, where each one is linked to a particular mechanism. They distinguish displacement as a rise in the salience of subordinate to dominant institutions, layering, where new elements are attached to existing institutions gradually changing their status and nature, drift, as deliberate neglect of institutional maintenance which are related to changing institutional outcomes, conversion as the redeployment of old institutions to new purposes and, finally, exhaustion, i.e. the

gradual breakdown of institutions over time. Based on the idea of cumulative but transformative developments, research approaches should focus on the complete reform trajectory as a sequential process of change in which each stage closes down some ventures and opens up new opportunities (Palier/Martin, 2008). Cerami and Vanhuisse (forthcoming 2009) emphasises a continuous process "of construction, de-construction and reconstruction of existing ideas, interests and institutions". Characteristic for transformative processes is their capacity to combine pre-existing and new elements.

New-institutionalist approaches share the common idea of welfare state changes as the result of the interplay of ideas, actors and interests embedded in institutional frameworks. In his analysis Beland (2009) emphasises the role of ideas and ideational processes in a situation of welfare state change. Ideational processes are particularly significant in situations of high uncertainty, when existing institutional structures are less likely to determine the behaviour of key political actors (Blyth, 2002; Pierson, 2004; Brodin, 2005 for elder care). On the basis of a literature overview Beland (2009) defines distinct ways in which ideational processes influence policy outcomes. 1) Ideas participate in the construction of issues and problems that enter the policy agenda, i.e. they help to shape the definitions of problem and reform the agenda. 2) Ideas can take the form of economic and social assumptions that either legitimise or challenge existing institutions and policies. 3) As a basis of framing processes within public discourse they can help to convince policymakers, interest groups, and the population at large of the need for change. Ideas can become political weapons to challenge existing institutional arrangements and in addition ideational processes participate in the construction of reform imperatives (for the area of new social risks see Taylor-Gooby, 2005).

The study of ideational processes must pay close attention to the political actors and institutions with which they interact. Ideas become politically influential in part because they interact with powerful political actors and are embedded in an institutional framework creating constraints or opportunities for certain actions (Beland, 2009). Based on his research on Europeanisation, Cerami (2008) confirms that not only the identification of ideas is important, but also that the classification of interests is crucial to understand how public policies are conceptualised and implemented. His focus is on the interplay of the interests and actions of the actors, as well as strategic negotiations and interactions embedded in different institutional frameworks, such as e.g. political or welfare institution (Cerami, 2008). Thelen (2004) views political coalitions and political conflicts as a basis for institutional change. Institutions are the object of ongoing political contestations, and changes in the political coalitions on which institutions rest are what drive changes in the form institutions take and the functions they perform in politics and society.

Research on policy development related to new social risks and home care policies reveal certain specifities, in particular concerning the role of actors and institutional frameworks. Burau and colleagues (2007) state that the policy issue home care does not easily fit into the public nature of policies precisely because home care stretches across private/public borders. The fact that home care tends to be associated with the private sphere means that (public) policies of home care are often limited in scope and that women with caring responsibilities lack social and political influence. In contrast, the fact that a number of actors have interests, in particular in the risk of care dependency, opens up the possibility of alliances between different groups that render reform possible, despite the weakness of the new risk bearers themselves (Taylor-Gooby, 2004b). This produces a diverse range of actors, including actors operating on the outside, such as patient advocacy groups and professional carers associations, and actors operating on the inside, such as provider organisations and government ministries or social partners. Reform processes generally depend on the programme favoured by the political actors who are able to exert the most influence (Taylor-Gooby, 2004a)

Traditionally, elder care policies were developed and implemented at local levels, but the increasing public responsibility within the areas is related to the development of country-specific interplay between central and local relations (Anttonen et al., 2003). Thus, political institutions in the field of elder care policies stretch simultaneously across local, regional and central levels, and the interplay of these levels becomes crucial for policy development. In his approach to explain care policies within countries, Alber (1995) suggests that the key factor for the development of elder care policies is the vertical (de)centralisation and he emphasises the significance of the local levels for the expansion of care services. In Sweden, however, the devolution of local care responsibilities to the local levels has increased local inequalities (Trydegard, 2000; Rauch, 2005). Particularly in Southern European countries, such as Italy, the shared responsibilities on different levels hampered the development and establishment of a coordinated elder care policy approach (Gori/Da Roit, 2007). Veto rights related to policy development, e.g. in Germany, result in complex processes of policy development (Meyer, 1996; Taylor-Gooby, 2004a). The mode of vertical (de)centralisation is important for policy development and implementation in a multi-level system and it may promote the establishment of locally adapted support structures, but it may also impede a congruent development of policies (see Pacolet et al., 2000; Rauch, 2005; Burau et al., 2007).

2.3 National and transnational impact on policy development

Western Europe is characterised by its long traditions of cross-border interaction and cooperation embedded in comparatively well-developed systems of (social) policy exchange and transfer between the countries (Wallace, 2000; Kaelble, 2005; Moreno/Palier, 2005). Transnational processes are made up of intense cross-border exchanges on different levels among experts, researchers, politicians, administrators and civil organisations on concepts and outcomes of welfare state policies (Kaelble, 2005).

Within the framework of the EU, social policy responsibility rests with national governments. Nonetheless, over the past ten years the interrelationship in social protection between the national and EU levels has undergone remarkable changes (compare Kvist/Saari, 2007). While at the beginning scholars noted the weak foundation and mandate of the EU institutions in social policy, a more nuanced European Union view on social policies began to emerge in the 1990s. EU integration in social policy was less characterised by positive integration than by negative integration, i.e. impacts related to a spillover from the single-market project to the area of social policy (Leibfried/Pierson, 2000). The goal of creating a single market was leading national welfare states to adjust to market requirements, but it also caused an erosion of national competence over social policy. Efforts to enhance positive integration have been strengthened over the past ten years to counteract the negative impact of the market, among other things with the introduction of new types of policies, like the Open Method of Coordination.

The term, Europeanisation, was coined as a conceptual tool to analyse different types of transnational impacts on the development of welfare state policies in the EU. In his article Olson (2002) views Europeanisation as a contested concept, which is applied to a variety of phenomena and processes of change. In his perspective, Europeanisation implies adapting national and sub-national systems of governance to a European political centre and European-wide norms. The structure and dynamics underlying the process of adaptation in order to understand the phenomena of Europeanisation are the focus of his research.

The approach is partly confirmed by Radaelli (2006) who defines Europeanisation as a problem that demands an explanation. He writes “Europeanization consists of processes of a) construction b) diffusion and c) institutionalization of formal and informal rules, procedures, policy paradigms, styles and ways of doing things. It also consists of shared beliefs and norms that are first defined and consolidated in the EU policy process and then incorporated in the logic of domestic discourse, political structures and public policies. (Radaelli 2006: 59)”

Europeanisation is viewed as an interactive process and covers both vertical processes (from the EU to domestic politics) and horizontal dynamics (among member states). In the process he emphasises the system of interaction at the domestic level, i.e. actors, resources, etc.

Radaelli (2006) distinguishes three different modes of governance in the EU policy process, namely, bargaining, hierarchy and facilitated coordination. Bargaining concerns negotiations among domestic level actors, as well as between national governments during the process of incorporating EU directives into national legislation. The mode of hierarchy consists of two different ways – positive and negative integration. While positive integration aims at developing social policies to tackle the negative results of market forces, negative integration is concerned with removing the barriers to the market related to the single market project. As a third mode of governance Radaelli defines facilitated coordination. Here, the emphasis in on horizontal processes between member states which may be facilitated in the European context or by the EU offering a platform for policy transfer, e.g., Open Method of Coordination (OMC).

In the paper, two modes of governance negative integration – i.e. spillovers on national social policies related to the introduction of the single market in the EU – and horizontal transfer processes, which may be facilitated in the European context, are analysed in the policy field of elder care. The paper starts from the assumption that the mode of governance shapes actor preferences and structures both the process of policy-making and the established policy designs (see Bulmer et al., 2007). In addition, according to research findings revealing the significance of the national level, the conditions related to the policy field in the national context are assumed to impact on the developments (see Radaelli, 2006).

Most EU social policy-making has pursued the aim of economic integration with the related commitment to equal treatment of its citizens (Leibfried/Pierson, 2000). In this area, the rising impact of the EU is reflected in the requirements imposed by the European Court of Justice and the European Commission for the implementation of the single market project and the four freedoms of movement (for capital, goods, services and workers) (Moreno/Palier, 2005; Radaelli, 2006). As a consequence, regulation focuses on discrimination between residents and non-residents and on measures to dismantle barriers to trade and freedom of establishment (Radaelli, 2006). National social policies have become increasingly embedded in a framework of hard and soft EU regulations, developing a multi-tired structure of governance (Leibfried/Pierson, 1995; Pierson 1996; Leibfried/Pierson, 2000). Despite the

impact of EU regulations, the final outcome of the spillover depends on policy developments at national levels (Radaelli, 2006).

In contrast, when it comes to facilitated coordination, the emphasis is on exchange processes between the European countries, which can be supported to a widely varying extent by EU policies. Dolowitz and March define EU Policy transfer as “a process by which ideas, policy, administrative arrangements or institutions in one political setting influence policy development in another political setting, mediated by the system of the EU” (Dolowitz/March, 1996:44). Processes of horizontal exchange are by no means exclusive to the European Union, but the common set of objectives shared by the member states and the shared legal framework available for many EU policy areas, facilitates processes of policy transfer (Bulmer et al., 2007).

Different concepts have emerged in the scientific debate to analyse horizontal exchange processes. While studies on the diffusion of ideas focus on the timing and the sequence of adoptions, concepts, such as lesson-drawing and policy transfer, are more interested in the policy process (Kern, 2000; Rose, 2005, Bulmer et al., 2007). The concept of emulation explores the processes related to the deliberate active decision by policy-makers to adopt a foreign innovation (Rose, 2005). Particularly in a situation where different states may be searching for solutions to the same policy problems, a willingness may be prompted to emulate other countries`policies. By contrast, policy transfer studies examine the process by which the policies and/or practices in one political system are taken up by another. While the concept of emulation favours deliberate processes based on rational observations, the concept of policy-transfer assumes that policy adjustments may be just as likely to be based based on poor or inappropriate observations (Bulmer et al., 2007).

Dolowitz and March (2000) develop a framework of significant analytical questions for the empirical investigation of policy transfers, i.e. the content of the transfer process, the actors involved, the motivation of the process (whether due to voluntary or coercive transfer) and the policy outcomes. Different types of transfer-effect on outcomes may be identified ranging from emulation or copying of a policy model, synthesis, which involves combining elements of policy elements, and influence using the transferred ideas or polices as an inspiration to construct a new policy approach. Policy transfer necessitates networks of stakeholders on the political and administrative levels, as well as within civil society that facilitate the adoption of foreign models to national conditions (Radaelli, 2006).

3. Empirical section: Policy field and modes of governance in a cross-country comparison

In the empirical section two different modes of governance related to policy development within elder care will be analysed in a cross-country comparison between Austria and Germany. Characteristic for both cases is the mix of national and cross-border impact during the process policy development. The analysis is based on the assumption that the logic and dynamics in the policy field, as well as the mode of govenance, are significant for the shape of the two different cases.

Table 1: Policy field: Long-term care

Ideas	*Actors*	*Institutions*	*Transnational impact*
State-family-market – nexus	Access to political institutions	Political institutions at different levels	Horizontal transfer
Construction of care work	Coalitions	Welfare institutions	Negative integration/ spillover effects
Individual/public responsibility			

In the conceptual part, significant approaches in the area of social care have been presented to define the logic and dynamics of the policy field. The approaches view elder care as a multifaceted activity related to a (changing) state-market-family nexus. In particular, in the continental European countries the construction of care activities, together with the mix of public versus individual or family responsibility, has been restructured based on a new care strategy of “publicly supported family care”. New-institutionalist approaches view the creation of new welfare policies as the result of the interplay of actors and their interests, and ideas embedded in institutional frameworks. Ideational processes are gaining a certain level of significance in situations of change, but they can only be influential on the basis of powerful actors or coalitions and institutional frameworks opening up or closing down opportunities. Two different mode of governance related to transnational impact – negative integration and horizontal transfer processes – are selected to reveal the interplay between the policy-field and mode of governance.

The introduction of long-term care schemes in Germany and Austria are used to show the interrelationship of horizontal policy-transfer on a top-level and domestic development. In the case of migrants as care workers the interplay of a bottom-up strategy – with the hiring of migrant care workers by the users – and the spillover effects related to the single market

project will be examined. The research focuses on developments within the policy field on the national level, because the national levels and the policy field have proved to be decisive for the shape of the processes.

3.1 The introduction of long-term care schemes

3.1.1 Austria: The establishment of the national system of care allowance in 1993

In 1993 a mainly tax-financed national system of care allowance, the "Bundespflegegeldgesetz", was created in Austria by federal law. Until 1993 the public support system in Austria was characterised by a decentralised responsibility for care support, cash benefit structures, and home-based and residential service offers. Decentralisation resulted in considerable regional disparities with regard to eligibility criteria, levels of payment and a limited offer of both home-based and residential service provisions (Österle, 2001; Da Roit et al., 2008). The 1993 reform incorporated two main parts. The existing tax-based systems of care allowances were harmonised and completed under federal law (Pacolet et al., 2000). Within the framework of the new scheme, regional authorities adapted their regulations according to the required standards and the federal level agreed to cover other costs, mainly for the care allowance. The universal oriented allowance valid in the entire country guarantees access to cash benefits for care users on the basis of seven levels of care needs. Beneficiaries can use these benefits either to purchase professional services or to organise care provision themselves (Mager/Manegold, 1999; Pacolet et al., 2000; Egger de Campo/Just, 2003). In addition, provincial authorities agreed to expand care services to meet demand for professional care until 2010. The provinces themselves decided on the opening up a care market for private-public partnership models to expand care provision (Da Roit et al., 2008; Egger de Campo, 2008).

In the following, the process of policy-development will be examined on the basis of the interplay of actors and their interests, as well as ideas and institutional frameworks. The analysis will also reveal the impact of transnational policy transfer. In Austria, the care allowance scheme is oriented towards care-dependent, mainly elderly adults, as well as to people in need of support due to disability. In particular, the disability movement impacts on the development and the shape of the care allowance system. During the 1980s Vienna was made the centre for coordination of worldwide activities of the UN relating to the situation of disabled people, and the resulting pressure on the Austrian government to introduce well-adapted policies for disabled people offered the disability movement considerable leverage to influence the ensuing stages of policy development and policy design (Behning, 1999).

The risk of care-dependency and disability has been to the fore in the societal debate since the beginning of the 1980s. Subsequently, in 1985 leading political parties accepted the need for a new scheme and set up two working-groups. Representatives of the political parties, members of the national parliament, as well representatives of the provinces of Tyrol and Vorarlberg, were included in the working-groups, as were representatives of numerous disability and pensioners associations. Even the welfare associations, the representatives of the family carers, and the professional carers association were invited to some of the preparatory hearings.

Initial discussions were dominated by the question of the type of benefit, i.e. cash benefits or in-kind services. The representatives of the disability movement, together with those from the conservative, liberal and the green parties, voted for the introduction of a care allowance system to enable an autonomous life on the basis of self-organised care provision. In the course of the discussion the emphasis was on the situation of the care users, while the working-conditions, social security or payment levels of the self-organised carers received far less attention. Only the chamber for blue-collar workers opted for the expansion of service provision based on standard employment and the Social Democratic party supported a mixed system of cash payments and services (Behning, 1999).

After the working-group had finalised its report in 1990 the results were hotly debated in the media and calls became loud, particularly from the disability movement, for the introduction of a care allowance system that would comprehensively cover needs. The newly installed Minister of Social Affairs supported the interests of the disability movement and in 1991 the Ministry of Social Affairs and the representatives of the provinces approved the introduction of a universal care allowance system. Within the law no regulations were defined concerning the social security, working situation etc. for the self-organised carers on the basis of the cash payments (Behning, 1999; Egger de Campo, 2008; Da Roit et al., 2008).

The care allowance system was not only to give more autonomy to users but, in addition, to lower the costs of care provision. A support system based on service provision, like that in force in Nordic countries, was considered too expensive in a time of welfare state constraint (Amann, 1994; Egger de Campo, 2008; Prochazkova/Schmid, 2008). During the debate the mainly uncovered risks of care dependency were defined as a European problem. Research projects were conducted on behalf of the Ministry of Social Affairs to analyse care allowance systems in other European countries (e.g. Evers et al., 1993). Comparative studies with the Nordic approach stated that, even in Sweden, the introduction of a mix of cash benefits and services was on the policy agenda to establish a sustainable system (Baldock/Evers, 1992; Evers et al., 1993; Behning, 1999). The policy-process related to the introduction of the

Long-term Care Insurance in Germany was examined and, based on an idea of a positive competition, the Austria scheme should be established earlier (Behning, 1999). According to the Minister of Social Affairs the care allowance system in Austria was destined to become a well-developed system in a European comparison and even worldwide (Evers et al., 1993).

Following the decision to establish a universal, national care allowance system, discussion on the mode of funding intensified. Due to the increase of pay roll taxes the social partners rejected a social insurance scheme. The provinces demanded that the costs for the allowances be covered mainly on the federal level. In the end, the federal government decided to establish a mainly tax-based scheme with only a small part of social insurance funding and to cover the costs for the allowances mainly by the federal tax budget. After the level of cash benefits had been legally defined, the Green Party criticised the level of benefits as not providing sufficient means to purchase care services (Behning, 1999). In the scientific debate, the limited purchasing power of the benefits had been criticised, while, at the same time, a full-funding system was viewed as illusory (Kytir/Münz, 1992; Amann, 1994).

3.1.2 Germany: The introduction of the Long-term Care Insurance (LTCI) in 1995/96

A societal debate on exposure to the risk of care dependency had been on-going in Germany since the end of the 1970s. In the event, the increasing costs for residential care on the municipal levels provided the main incentive in 1995/96 for the establishment of a new pillar within the German social insurance system (Ostner, 1998; Campell/Morgan, 2005). Despite the policy exchange between Austria and Germany, Germany opted for the introduction of a social insurance scheme and a different institutional design. On the basis of three defined levels of care-dependency the insurance scheme covers universal support based on cash benefits and home-based as well as institutional care service provision related to freedom of choice for the users.

In the following, the process of policy development will be scrutinised on the basis of the interplay between actors, interests, ideas and institutional frameworks on the domestic level. The transnational impact is also discussed. Despite different institutional designs the findings reveal both similarities and differences between the two countries. In contrast to Austria, the debate in Germany was dominated to a wide extent by discussion on the mode of funding. This may be explained by the goal of the new scheme – to create new funds and thus lower the financial burden of the municipalities. In addition, the mode of care provision related to the opening-up of a care market and the definition of an adequate mix of formal, semi-formal and informal care was subjected to intense debate.

A wide range of interest groups were involved in the process of policy development including the government and opposition in the federal parliament, representatives of the federal states, which had to agree on the final law, and representatives of the local levels, social partners, welfare associations and civil society organisations, such as the pensioners and disability organisations. The impact of the process of European integration, e.g. the transformation of the European Economic Community to the European Union at the beginning of the 1990s, was weak. Social policy was still defined as a national responsibility. However, as in Austria, the policy issue was viewed in a European context and the situation and policy approaches in further countries were examined and discussed. Not surprisingly, the actors mainly used the approaches to strengthen their own positions based on positive or negative example countries (Meyer, 1996).

The introduction of a social insurance to regulate social risks corresponds to the German social insurance tradition. Basic regulations mandated by the law brought about a significant departure from the German social security tradition (Landenberger, 1994). During the process of policy development – the introduction of (compulsory) private insurance schemes and, more rarely (and only claimed by leftist actors), the introduction of a tax-based system were contrasted (see Meyer, 1996; Behning, 1999). The Liberal Party, in particular, favoured a private insurance solution emphasising on individual responsibility. The advocacies of a social insurance model insisted on the necessity of redistribution between societal groups, which would not be possible with a private insurance scheme. In the end, the Liberal Party – in office with the Christian Democractic Party on the federal level – agreed to a social insurance scheme under the premise that market-elements be integrated in the framework of the social insurance scheme as far as possible. For example, the employers had to be compensated for their share of the contribution. In addition, the mandatory insurance scheme was split up into a branch for the social insurance beneficiaries (about 90% of the population) and private insurances covering about 10% of the population.

The mandatory, mainly social insurance scheme was established providing universal benefits for people in need of care granting a lump sum related only to the level of care dependency. The insurance benefits have to be supplemented by private means or informal care delivery. At the beginning of the debate on LTCI most of the political and civil society actors involved argued that the funding level for long-term care should be comparable to the comprehensive funding level for health care but in the end, the more economically-oriented actors within the political parties prevailed. The high expenditures and insurance contributions in the Netherlands, in particular, and the high public expenditure related to the health care insurance in Germany were recognised as indicators of the financial obstacles of a more comprehensive social insurance scheme (Meyer, 1996).

The provision of “in-kind services only”, comparable to the health care insurance scheme, was rejected by all actors, as not coherent with the reality of care provision where family members, friends and neighbours contribute. Comparable to Austria, the costs related to in-kind benefits only were judged to be insupportable. Most of the actors voted for a mixed system with cash benefits to acknowledge informal care provision and care services to guarantee high-quality care. Only civil society organisations, welfare associations and market-liberals advocated the introduction of cash payments to increase the autonomy of beneficiaries. With regard to the level of cash benefits, market-liberals wanted a lump sum only, while civil organisations demanded a needs driven benefit. A more or less symbolic cash benefit was finally introduced, on the one hand, as a symbolic acknowledgement of family care work and, on the other, to avoid the risk of “economisation of family care” (Meyer, 1996; Behning, 1999).

With regard to formal care provision marketisation, competition between service providers and freedom of choice for users were gradually accepted as key for the development to ensure cost-efficiency and service provision responsiveness to the needs of the users (Landenberger, 1994; Meyer, 1996; Schmidt, 2002). According to law, long-term care has to be provided under the guidance of a nurse or elderly carer in charge and other carers such as nurse assistants, volunteers and family carers who deliver basic daily care. The regulations aim to reduce costs and to maintain informal care provision. The professional organisations saw the risk of deskilling with the increasing involvement of nurse assistants in formal care provision and the recognition of informal family care (Welti, 1999a). The main care providers (five non-profit welfare associations) supported the recognition of informal family care and the involvement of voluntary workers as a traditional element of their care provision.

3.2 Migrant workers as carers: Developments, policy approaches, debates

The emergence of migrant workers in care provision within the family context, which is found in both Austria and Germany, is strongly related to the long-term care scheme introduced in the mid 1990s in both countries. Both countries have introduced a policy scheme on the risk of care-dependency characterised by universal provided lump sum benefits, an emphasis on family care and the acceptance of care arrangements based on a mix of formal, semi-formal and informal care (see above).

Table 2: Care provision and public support in 2004

	Austria	**Germany**
Beneficiaries: 65+	18%	11%
Level: below €300	56%	28% (2005)
Home-based care	29%	38% (2002)
Residential care: Share beneficiaries 65+	 15.0% 3.6%	 30.0% (2005) 3.4%
24-hour care from migrant workers	4-5%	3-4%

Sources:
Schneekloth, 2006; Huber et al., 2006; Federal Statistical Office 2007; Neuhaus et al., 2009, Schmid, 2009

Characteristic for the Austrian care allowance scheme is the comparatively high proportion of beneficiaries among older adults receiving benefits even in a European context (Huber et al., 2006). The level of benefits, however, is quite low; with 56% of the beneficiaries assigned to care dependency levels one or two, who receive approx. €150 or €275, respectively. In both countries, cash benefits dominate, and public, home-based and institutional care provision are used more rarely. The frequency of home-based service provision is quite low and concentrated on the support with basic care provision related to a lack of professional service provision at nights and weekends (Theobald, 2004; Egger de Campo, 2008; Schmid, 2009). This results in a largely family-oriented care system with more informal care and a range of semi-formal and grey market activities (Schneekloth, 2006; Da Roit et al., 2008; Egger de Campo, 2008; Enste et al., 2009**;** Schmid, 2009. The proportion among the beneficiaries receiving 24-hour care at home from migrant carers can only be estimated but at around 4-5% it is still low (own calculations on the basis of Schmid, 2009; Neuhaus et al., 2009).

3.2.1 Austria: Legislation of 24 hour care provided by migrant workers

Since the end of the 1990s a grey care market has emerged with migrant workers mainly from the neighbouring countries, i.e., the Czech Republic, Slovakia, Poland and Hungary. Typically, two carers provide 24-hour care, 14 days a month on a rotational basis. The opening-up of the borders to Eastern European Countries after 1989 contributed to the emergence of a grey care market. European enlargement and the rules related to the single market project brought about new types of regulations for cross-border service provision.

In Austria, one regulation was used above all to provide a legal basis for this type of care provision. According to the EU treaty related to free movement of services (Article 49 EU treaty), migrant workers are allowed to temporarily provide services on a self-employed basis

in other EU member states covered by social security regulations in the home country. In addition, the Posting of Workers Directive (Directive 96/71 EC) enables companies to temporarily post employees to another EU member state under conditions of the home country. Some stipulations of the host country, such as labour, trade or tax laws e.g. regulations on minimum wage must, however, be upheld.

According to estimates for 2007 between 28.000 and 30.000 migrant care workers provided care in about 15.000 households with care-dependent adults. Mainly older adults with severe care needs, e.g. those suffering from dementia or having a severe functional impairment, are cared for by migrant carers on a 24-hour basis. The migrant carers are often organised by specialist agencies. The cost to the family is between €1120 and €1680 per month plus, in some cases, regular charges to the agency. The costs to the family for a 24-hour care arrangement are still considerably lower than the cost of 24-hour home-based care provided by formal carers or for residential care provision. In addition to the low costs, families appreciate the availability; agencies typically organise migrant carers within 2-3 days (Schmid. 2009). In public debate the carers are defined as a part of the family, as fictive kin, and characterised above all by attributes such as cordial or friendly (Weicht, 2008). The services are typically used by (upper) middle class-families that are able to top up the cash allowance to pay for the service (Egger de Campo, 2008; Schmid, 2009).

Even before legislation arrived to regulate migrant carers, the development was well known among politicians and experts, e.g. expert conferences were organised by the welfare associations in 2004 and 2006 (Schmid, 2009). The non-profit care providers attempted to sue their black market competitors. In the media, reports abounded on the negligent and incompetent care provided by migrant workers but also on the wretched exploitation of migrant carers. The public authorities accepted migrant care provision since it reduced the necessity of subsidising both residential and home-based care. In recent years the employment of migrant carers was openly discussed and advertised, and even medical doctors or hospitals provided patients with the necessary addresses and information. The knowledge of wrongdoing has gradually been banished (Egger de Campo, 2008: Schmid, 2009).

Judgements defining the mode of care provision as illegal and imposing fines to the care users and the care scandal during the 2006 general election campaign provided the starting-point for legislation policies (Egger de Campo, 2008; Schmid, 2009). During the course of the general election campaign a public debate was underway on unmet care needs. A “Care crisis” was discerned and fuelled by the discovery that a couple of high-ranking politicians

(from different political parties) illegally employed migrant carers from Eastern Europe to provide 24-hour care for their relatives. The fact that the (then) Chancellor Schüssel (Conservative People's Party) had refused to acknowledge the existence of unmet care needs while simultaneously employing a migrant carer within his own family provoked an outrage. A suggestion from the (then) Federal Ministry of Social Affairs that care needs should be met by recruiting among the unemployed was countered with the remark that above all, love is prerequisite for care work (Egger de Campo, 2008).

When the Social Democratic led coalition government was voted into office in October 2006 efforts were made to resolve the problem of illegal care workers. Only a few critical voices questioned the class-based character of the solution, as only being available to the middle-classes. All negotiators rejected the idea of expanding professional care provision, and cited high costs to justify their rejection. Instead, migrant carer regulation was defined as the prime goal with certain criteria to be met (see Egger de Campo, 2008; Schmid, 2009):

- Neither the costs for the individual care dependent/family nor public expenditure should rise.
- Regulations should primarily make existing working situation and conditions legal.

In addition, in October 2006 the parliament's second chamber voted for a resolution to guarantee a time-limited amnesty until the end of June 2008 for all families who hired illegal migrant carers (Egger de Campo, 2008; Schmid, 2009). In autumn 2006, a working-group was set up that included representatives of the trade unions, the professional organisations of the nursing staff, and representatives of the legal non-profit providers. The group came up with list of proposals with the aim of legalising the employment of migrant live-in carers (compare Rudda/Machitz, 2006; Egger de Campo, 2008).

- The existing labour law for domestic employees was suggested as the basis.
- Working-hours should not surpass 55 hours a week, and carers given at least one free afternoon a week and one free Sunday every other week.
- From level-3 care dependency and above, the employment of migrant carers should be publicly supported. The family is the legal employer.
- Alternatively, the establishment of a legal self-employed variant for live-in carers should be considered.

These proposals represent a compromise between members of the working group that take different ideas on the legislation of migrant carers into account. While the representatives of the Chamber of Commerce voted for a model of self-employed carers only, the Social Democratic Party opted for the introduction of regulations related to an employee status

within the family framework. The unions and the Chamber of Blue-collar Workers suggested a model whereby the carers would be employed by home-based service providers and publicly subsidised. The Conservative People's Party focused on the development of different types of regulations (Rudda/Marchitz, 2006).

In January 2007, under the guidance of the new federal government (coalition of the Social Democratic Party and the Conservative People's Party), legislation was prepared and the law came into effect in July 2007 (see Schmid, 2009). It offers three alternative modes of regulating the employment of migrant care workers within the family context. Namely,

- the status of a self-employed live-in carer
- the status of a carer employed by the family
- the status of a carer employed by a welfare association

One defined precondition was that the care recipient be assigned to at least to level-three care-dependency. To cover the cost increases ensuing from the legislation, users with a monthly income of up to €2500 were granted support of € 1200 per month for employed carers and €500 per month for self-employed carers. Under the legislation migrant carers would be allowed to carry out some nursing care activities. In addition, a quality control system was to be established and carers would receive at least 200 hours training. 14,000 migrant carers, mainly from Slovakia, were "legalised" in autumn 2008. Almost all families chose to give these carers a self-employed status, i.e., the cheapest alternative, with, for instance, no working-time regulations (Schmid, 2009). This result was strongly criticised by the welfare associations, unions and the Chamber for the Blue-collar Workers. It is viewed as a risk for the development of standard employment in healthcare provision and a disadvantage to formal care provision. Nonetheless, the cost argument – to lower the cost for the public system – prevailed because it was considered more significant (ÖKSA 2008).

3.2.2 Germany: Debates and acceptance of migrant carers

In Germany, comparable to Austria, since the end of the 1990s a grey market has emerged with migrant carers mainly from neighbouring countries like Poland, Czech Republic or even Hungary. Typically, two carers provide 24 hour care on a two or three months rotational basis. The development was fostered by the opening-up of the borders to eastern European countries in 1989 as well as European enlargement and the rules related to the single market project (Lutz, 2009; Neuhaus et al., 2009).

Comparable to Austria, the right of free movement for services within the single market project (Article 49 EU treaty) which allows the temporarily provision of services on a self-employed basis has been widely used as legal basis. However, in November 2008 the court in Munich, defined the practice as illegal due to the non self-employment character of the activity and imposed a fine on the broker. In his motivation the judge expressed his understanding for the difficult situation of the families and requested that clear-cut regulations be created. In addition, the Posting of Workers Directive (Directive 96/71 EC) is used as a legal basis. According to the law, the labour, tax and trade laws in Germany have to be followed by the families, which do not fit 24-hour care arrangements (Neuhaus et al., 2009).

Already in 2002, on a temporary basis (that became permanent in 2005) a legal care worker recruitment scheme was implemented to hire domestic carers to families with care dependent members from eastern European countries (Poland, Hungary, the Czech Republic, Slovakia, Slovenia, Romania and Bulgaria). The regulations correspond to regular working-conditions in Germany, e.g. 38.5 hours a week are defined as a fulltime-job, German labour laws and social security standards have to be followed and the activities concern domestic work only. According to the authority responsible for the placement 3,032 domestic workers were employed on this basis in Germayn in 2007. The monthly costs for a household lie between €1500 and € 2000 a month. Empirical research reveals that users view the regulations as too bureaucratic and as not corresponding to their own needs. Qualitative studies show that in daily practice, users often fail to comply with working-time regulations and checks on the part of the responsible authorities are rare (Lutz, 2009).

According to estimates about 100,000 migrant carers provide 24-hour care in about 500 000 households in Germany. The situation for the hiring of a migrant carer resembles the Austrian case; mainly severe care-dependent older adults on higher income levels use such care arrangements (Neuhaus et al., 2009; Lutz, 2009). Families with migrant carers in Germany cite the lower costs for care compared to 24-hour formal care provision or residential care. The costs for a 24-hour carer organised by an agency lie between €1200 and € 2400. Such care arrangements are further motivated by wishes to avoid nursing-home admission and to relieve the burden on family carers. Migrant workers typically provide both domestic services and care activities (Neuhaus et al., 2009).

This development in Germany is an open secret but it is also – covertly – accepted as it is recognised that it reduces public expenditure for residential care provision. At the same time, campaigns have started to reduce black market activities (Lutz, 2009). Opinions differ between the most important social actors within care provision, professional associations and

politicians. The majority of influential actors continues to demand that an affordable legal service offer be introduced, and they are opposed to legalising current practice. Professional associations and unions fear that quality or labour market standards will be weakend due to the conditions for 24-hour care (e.g. DBFK, 2006). They demand the expansion of legal and cost-efficient care services. Provider associations of private for-profit organisations claim that the development of the illegal market are to be controlled on the basis of the law and demand that tax reductions be introduced to to promote legal care offers (e.g. Bundesverband Privater Anbieter 2006). At the federal state level, politicians are endeavouring to establish further legal but low-cost care offers, e.g. by recruiting voluntary workers and care workers on the basis of legal, but low-standard working-contracts and to subsidise private costs. Only a minority typically uses this type of offer (cf. e.g. Ministerium für Arbeit, Soziales, Familie und Gesundheit in Rheinland-Pfalz 2006; Ministerium für Arbeit und Soziales des Saarlands 2009).

In 2007 and in 2009, diverse Protestant and Catholic welfare associations demanded the legislation of migrant care workers and proposed that cooperation in daily care work be estabslihed between professional and migrant carers (DEVAP. 2007; Neuhaus et al., 2009). Austrian legislation policies are increasingly being discussed in Germany, e.g. at conferences in 2008 and 2009 and among welfare associations. Numerous articles that appeared in the press in 2006 and 2007 highlighted the difficult situation of the families and the care-dependent older adults and praised the positive support provided by migrant care workers. At the centre of the public debate are the low costs of the care provision for the families and the fact that migrant workers benefit too, owing to wage differentials between the countries. Despite the final statements and the judgement of the court in Munich, which reflect a gradual change in opinion with regard to legislation and the debate on the Austrian policies, there is no indication that a legislation policy is on the horizon. Nor is there any indication of the establishment of formal care provision that is adequate, available and affordable.

4. Conclusion: Policy field, national context and transnational impact

Based on a combination of approaches and concepts developed within different areas of international comparative welfare state research the paper compares two different but related cases of policy-development in Austria and Germany. Related to the introduction of long-term care policy schemes the findings clearly show the decisive impact of the (changing) ideas on the mix of the state-family-market related to the logic of the policy field. The second case on the legislation of migrant carers reflects the impact of the already dominant ideas in the policy-field related to the established policy scheme. In both cases, the two modes of transnational governance have become visible. The first concerns horizontal policy transfer in the course of the introduction of long-term care schemes. In both countries, the risk of care-dependency and the necessity to develop policy schemes was defined in a European context related to an intense horizontal policy transfer. Research on policy schemes was conducted on behalf of the politicians to provide sound information on policy approaches in other European countries. Despite the scientific approach, policy schemes and countries were selected to strengthen the political actors' own positions in the negotiation process. The impact of the European Union on the process of policy transfer has been only modest. In Germany, increasing integration in the EU since the 1990s has intensified the actors' interest in developments in other European countries. In addition, processes of exchange between two neighbouring countries with similar cultural traditions can be found alongside processes of (positive) competition. Based on the voluntary horizontal process of policy transfer, the transferred policy designs were viewed as only inspiring, while actors and ideas on the domestic level dominate negotiation processes.

A wide range of actors were involved in both countries. These included politicians on different levels, social partners, as well as sundry civil organisations. On the domestic level ideas on the interplay of the family, state and the market became crucial with regard to eligibility criteria, modes of funding and the organisation of care provision. Within the situation of welfare state constraints, actors gradually came to agree on a universal but basic funding system, the introduction of a cash benefits to support informal care and an opening-up of the care provision market in both countries. Differences between the two concern the stronger impact of the disability movement in Austria related to the emphasis on self-organised care provision. In both countries, the formalisation of care provision was not aspired instead a mix of formal, semi-formal and informal care provision was viewed as adequate. The creation of a new social insurance scheme in Germany resulted from the aim to relieve the financial burden on the local levels.

The long-term care schemes implemented in both countries caused significant care gaps, which provided the starting-point for the influx of migrant care workers within the family framework. Since EU enlargement regulations related to the single market project have been used as a basis for the legal employment of migrant carers. However, judgements in both countries revealed that – despite the EU regulations – working conditions were not in accordance with the countries' national labour laws. In Austria, this led to efforts to legalise the already existing grey care market on the basis of national laws, which, in turn are based on standards that are clearly below the regular employment system. The public debate (in Austria) on high ranking politicians hiring illegal care workers had a decisive impact on the political outcome, while the goal of limiting legislation costs for the public system and for care users determined the form of legislation. While in Germany some actors, such as welfare associations, have recently demanded a legislation policy for migrant carers, (high ranking) politicians are still not openly interested in a regulation. In both countries, the logic specific to the policy field, with the emphasis on informal care to promote family care and to limit costs prompted the emergence of the care practice and the spillovers on the national political level. We can therefore conclude that this form of spillover from the EU legislation to national labour law cannot be transferred to more protected labour market areas.

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