Informal Care Policy for People with Dementia in Switzerland

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Our research on Swiss dementia public policies

- **Dementia Diagnosis Between Cure and Care. Policies, Practices and Ethical Issues in the Swiss Cantons**

- Policy learning and innovation in local regimes of home-based care for the elderly. Germany, Scotland and Switzerland – The case of Dementia. (2012-2015)

- Dementia Policies in Switzerland. Needs Definition and Conflict Management Along the Health Trajectory. (2008-2011)

- …
Informal Care as a Social Justice Issue

• ‘Informal carers’: a new target group and policy actor
• Rationalisation of health systems vs social justice claims
• Symbolic and socio-economic injustices (gender dimension)
• Both politics of recognition and redistribution (Fraser 2011)
  – UNECE 6 policies challenges are key dimensions for the evaluation of gender equity! (UNECE 2019)

• How are informal carers for people with dementia included in health and social policies in Switzerland? Do policies meet expectations in terms of gender equity?
Switzerland

- **Strong federalism** (26 cantons)
- **Health system focused on acute care**
- **1995 Policy shift towards Home-based care**
- **2014 National Dementia Strategy**
- **60%** of people with dementia (350’000 people) **live at home**
- **Informal** care represents **47% of total cost** of dementia care. (Ecoplan 2019)
- **60% of informal carers** are **women** (OECD average) (Alz 2019)
Financial recognition of informal care work

- No Long Term Care Social Insurance
- Informal care acknowledged in Disability and Pension Systems
- Cash for care allowances (AVS, AI)
  Household Income Support; amount dependent on degree of dependence
  Recognition of indirect costs of women's informal care work. Virtual income credited on old age pension accounts.
… without any real financial compensation

• No (paid) care leave (labour law)

• Limited impact of ‘bonus for care tasks’ in pension system
  • Many restrictive criteria;
  • First pillar of pension system = minimum income
  • Gender inequalities carry over to 2nd and 3rd pillars

• Few allowances for informal carers at cantonal and local level
  • 5/26 cantons and 11/2294 municipalities; Symbolic amounts (CF 2014)

Federal measures fail to compensate for (gendered) income inequality; local/cantonal measures do not seek to compensate
A New Federal Dynamic

• **Federal « Action Plan for Informal Carers » in 2014**
  – Aim to improve • **knowledge** (best practices) • conditions for informal **carers who work**• offer of respite **services** and access
  – To be implemented in **collaboration** with cantons, municipalities and private actors

• **Legislative proposal submitted to Parlement in 2019**
  – 3 days of paid care leave
  – Bonus : for care provided to dependent people with mild impairment.
  – Mostly focused on care for sick or injured children (14 weeks care leave)
Cantonal informal care policies for people with dementia – Mapping diversity

- Governance
- Welfare mix
- Community based services
- Discourses

2008-2010 et 2011-14
Dementia care network in three Swiss cantons

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<th>Vallis</th>
<th>Geneva</th>
<th>Thurgovie</th>
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<tr>
<td>Public actors (%)</td>
<td>26.5</td>
<td>26.5</td>
<td>9.7</td>
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<tr>
<td>For profit actors (%)</td>
<td>2.9</td>
<td>12.3</td>
<td>25.8</td>
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<td>Non profit actors (%)</td>
<td>70.6</td>
<td>65.8</td>
<td>64.5</td>
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(Lucas 2011)
Diversity of cantonal ‘informal carers’ frames

• New symbolic recognition
  Intercantonal ‘Informal Carers Day’ (6 cantons)

• Place and role of the state

• Community-based services

• Key dimensions of gender equity at the cantonal level
  1. **Gender social roles:** affirmation or deconstruction?
  2. **Freedom of choice:** respite services or alternative offer?
• Three types of dementia care policy (Lucas 2011)

• Three figures of ‘informal care’ in cantonal policies (Giraud, Lucas 2015)

1. State - Family: « The natural carer »
2. State - Family- Market: « The care entrepreneur »
3. State – Family - Associations: « The care partner »
The natural carer

- Valorisation of care as women’s role and virtue
- Limited offer of extra-familial care; State promotes family and community solidarity
- Strengthens the gendered division of social roles
- Non-stigmatisation of dementia
- Rigidity of life trajectories
- Gender inequalities, territorial inequalities
« The care entrepreneur »

• The carer as (informed and responsible) consumer of care services
• The state as regulator of a new care market; quality standards
• Gender neutrality

• Open life trajectories, stimulation of civil society
• Reproduction of gender inequalities
• Access inequality (including between women) and territorial inequality (municipalities)
The « care partner »

- The carer as a recognised partner of the care network
- The state as supporter of services and as promoter of service diversity (non-profit organisations)
- Deconstruction of gendered social roles

- Policy that supports diversity of carers' life choices
- Reduces gender inequalities
- Issues: coordination; information (unreadable offer); implies institutional stabilisation and redistributive dimension (« weak model » up to now) (see: Giraud and al. 2014)
Towards a new Swiss Model?

• **Political investment** into informal carers in Switzerland in a context where care is structured by strong inequalities (Giraud, Lucas 2014b)

• A model of ‘**recognition without redistribution**’ maintaining gender inequalities

• **New dynamic of recognition at the federal level** pointing to the importance of considering the redistributive dimension

• **Diversity and innovations at the cantonal level**

• The future of the new model(s) of informal care will be played out at the **cantonal** level with the help of **federal** instruments
References


UNECE (2019). The challenging roles of informal carers. UNECE Policy Brief on aging, 22