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agus Coimirce Sóisialaí
Department of Employment Affairs
and Social Protection



Research Briefing

Access to Childcare and Home Care Services across Europe:

An analysis of the EU Statistics on Income
and Living Conditions, 2016

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This briefing summarises a study that examines access to formal care services – specifically, childcare and home care – in 11 European countries. It explores how access to care services varies by social class and by social risk groups such as lone parents, people with a disability and working age households.

The analysis draws on EU-SILC data to explore variations across countries, including overall access to services, unmet need for services, access to services for vulnerable groups and whether unmet need for care services is associated with poverty or employment.

The report is an output of the Department of Employment Affairs and Social Protection and the Economic and Social Research Institute research programme on monitoring poverty trends.

Main findings

- Parents in Social Democratic countries were the most likely to use formal childcare (e.g. 67% in Sweden compared to 19% in Ireland).
- Vulnerable groups often had the highest levels of unmet need for formal childcare. However vulnerable groups in Social Democratic and Corporatist regimes had greater access to childcare than their counterparts in Liberal and Southern regimes, and lower levels of unmet need.
- In most countries, the main reason for unmet need for formal childcare was affordability of childcare (e.g. 78 per cent of families in Ireland). However, in Social Democratic countries affordability was less likely to be the reason than in other countries.
- Compared to those who had adequate access to formal childcare, families with unmet need were 2.2 times more likely to experience material deprivation and mothers in these families were 2.2 times less likely to be employed.
- Among those who need some help because of illness, infirmity or old age, most people in all countries except Denmark did not receive formal home care. In many cases, they may receive informal care from family or friends.
- Across all countries, those most likely to receive formal home care were adults over 65.
- Vulnerable working-age families were more likely to report an unmet need for formal home care: working-aged adults with a disability were 2.6 times more likely to report an unmet need than adults aged 65 and over.
- Families with an unmet need for home care were 2.6 times more likely to experience material deprivation when compared to those whose need for home care is met.

Introduction

The Department of Employment Affairs and Social Protection is responsible for monitoring poverty trends and patterns in order to contribute to the development of social inclusion policies. This report examines access to, and use of, childcare and home care in Ireland compared to ten other European countries. The analysis examines access to care services of vulnerable groups and asks whether unmet need for care services is associated with poverty and employment. This Research Briefing focuses mainly on the patterns by country and social risk group (see Box 2).

Data and definitions

The report draws on the 2016 data from the European Union Statistics on Income and Living Conditions (EU-SILC). This survey year includes a special module on access to services. EU-SILC is the EU official annual data source on household income and living standards across Europe. In Ireland, the data is collected by the Central Statistics Office.

We use the SILC data to compare access to, and use of, of formal care services across different systems of welfare provision. We consider eleven countries across four types of welfare regime:

- The Social Democratic regime emphasises universalism and redistribution with generous social welfare and unemployment benefits (Sweden, Finland and Denmark).
- The Corporatist regime places less emphasis on redistribution with entitlements linked to employment history (Austria, Belgium, and France).
- The Liberal regime emphasises provision through the market with the state acting only where the market fails (Ireland and the UK).
- The Southern regime emphasises family as the provider of welfare with labour market policies relatively undeveloped and selective (Italy, Spain and Greece).

Box 1: Formal Care Services

Formal childcare: The analysis of access to childcare is based on families with at least one child under the age of 12. Formal childcare is the provision of childcare services at public or private centres (e.g. nurseries, pre-schools).

Home care: The analysis of access to home care is based on households where someone needs help because of health issues, infirmity or old age. Formal home care can be public or private and includes a wide range of formal supports from health and medical care to help with domestic tasks (housekeeping, shopping etc.). It does not include informal care provided by family or friends.

Typology of care need:

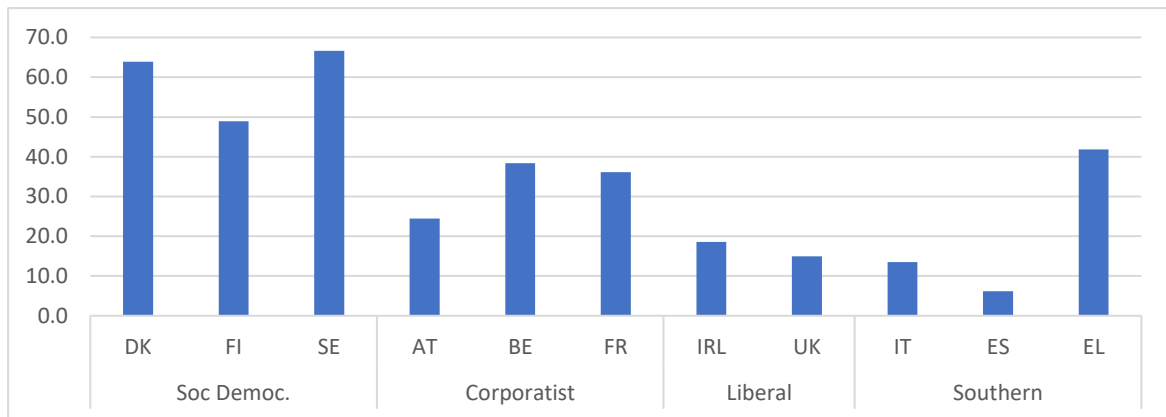
The following groups are distinguished:

- People not in need of formal care services (*no need*; often because *informal* care is provided by a family member)
- People in need of formal care services, who receive adequate care (*met need*).
- People in need of formal care services, who do not have adequate care – they may receive no care at all or care which is inadequate (*unmet need*).

Section 1: Access to childcare services

Figure 1 shows that Social Democratic countries have the highest levels of access to formal childcare, reaching 67 per cent in Sweden. Those in Liberal and Southern countries (except Greece) are the least likely to use formal childcare. In Ireland 19 per cent use formal childcare and in the UK the figure is 15 per cent.

Figure 1: Use of formal childcare by country and regime (%) (people in households with children under 12)



Source: EU-Statistics on Income and Living Conditions, 2016

Box 2: Social risk and social class

Social risk groups: Most people, particularly in Liberal welfare states, meet their needs through the market – usually through their own work or that of their families. Social risk groups are composed of people who have barriers to labour market participation. The barriers may be linked to the challenge of combining work and sole-caring responsibilities (lone parents), illness or personal capacity (e.g. people with a disability), or to differences in norms by life-course stage (children are expected to be in full-time education; and older people are expected to retire from work).

The groups examined here are:

- Lone parents and their children
- Working-age adults with a disability and their children
- Other adults (age 30-65)
- Older people (aged 66 and over).

Social Classes: Social classes can be understood as groups with differing levels of power in the market, either because they own assets, or have marketable skills or because they hold positions of trust in an organisation. Social class patterns are

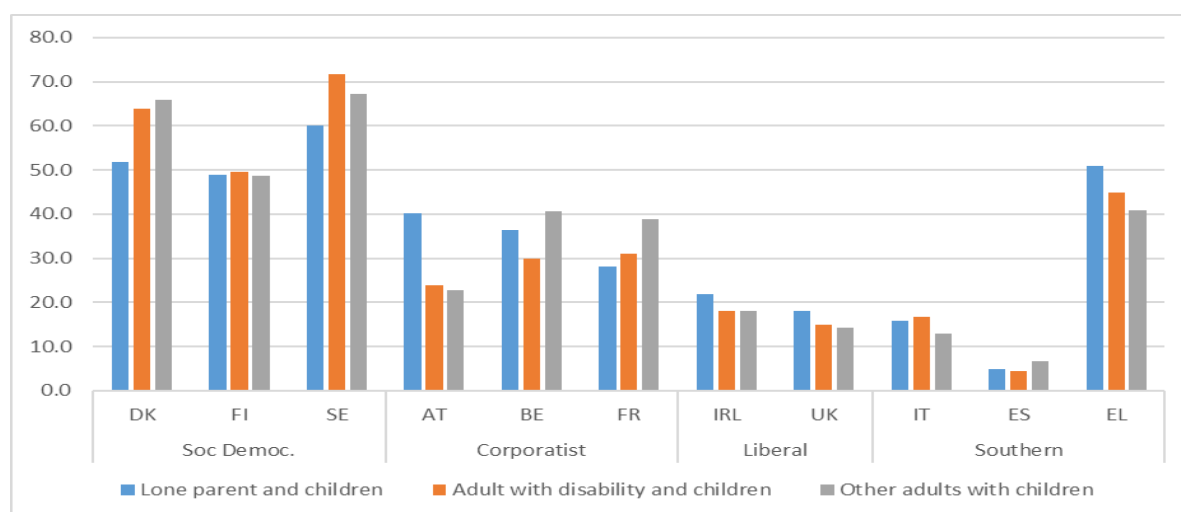
not discussed directly in this Research Briefing, but social class is controlled in some of the analyses. The classes distinguished in the analysis are:

- High social class (professional/managerial)
- Middle social class (technical, white collar occupations)
- Lowest social class (semi-skilled/un-skilled manuals, including also 'never employed').

Formal Childcare by social risk group

Focusing on formal childcare, Figure 2 shows the extent to which social risk groups used this type of care and how it varies across country and regime. In the Social Democratic regime, vulnerable groups (lone parents and working-age families with a disability) made extensive use of formal childcare. For example, it was 60 to 72 per cent for people in these families in Sweden. In the Liberal welfare regime, these vulnerable groups had much less access to formal childcare (e.g. 22 to 18 per cent in Ireland). However, because the overall level of use of formal childcare was low in Liberal Countries and in Italy and Spain, the gap between social risk groups tends to be smaller here than in the Social Democratic countries (Sweden and Denmark, but not Finland).

Figure 2: Formal childcare use by social risk groups (%)



Source: EU-Statistics on Income and Living Conditions, 2016

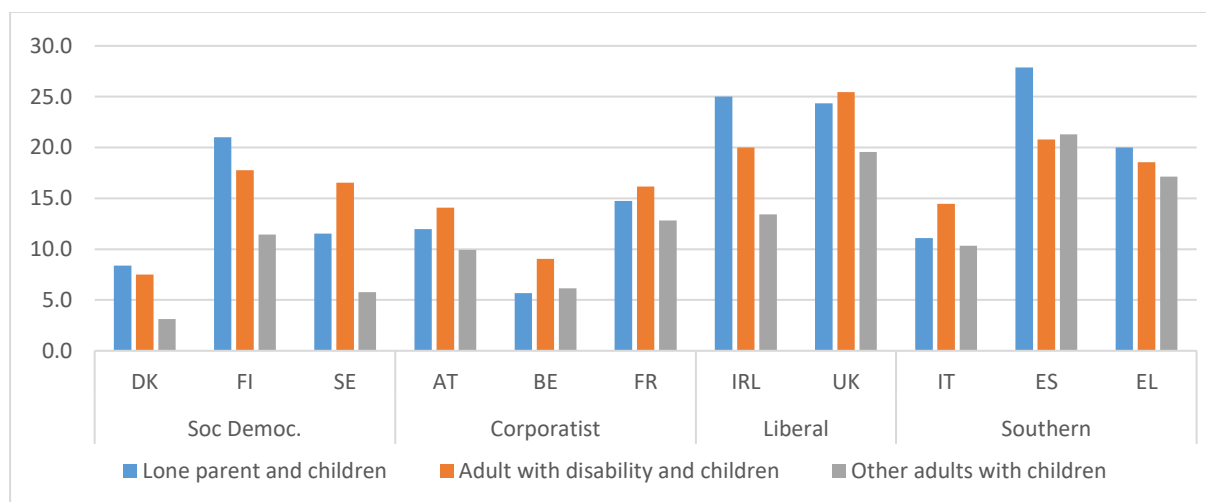
Unmet need for formal childcare

The figures above show that there were large variations in the use of formal childcare across countries and social risk groups which could be due to different constraints facing families. Figure 3 shows the level of unmet need for formal childcare. In general, lone parents and working-age families with a disability reported the highest level of unmet need. Across countries, unmet need tended to be highest in the Liberal and Southern regimes (except Italy) and tended to be lowest in the Social Democratic and Corporatist regimes.

Formal statistical models showed that, overall, lone parents and working-age families with a disability were 1.8 times and 1.6 times, respectively, more likely to report unmet need than other households with children.

Overall, the main reason for unmet need for formal childcare was lack of affordability. It was highest in Ireland at 78 per cent. This reason was cited less often in the Social Democratic countries.

Figure 3: Unmet need for formal childcare by social risk groups (%)



Source: EU-Statistics on Income and Living Conditions, 2016

Unmet need for formal childcare, poverty and employment

Unmet need for childcare was strongly associated with poverty, although we cannot establish a causal relationship between the two. A statistical model showed that families with an unmet need for formal childcare were 2.2 times more likely to experience material deprivation¹ than families whose childcare need was adequately met.

Access to formal childcare is likely to influence employment of mothers – traditionally the main informal childcare providers. A statistical model (controlling for country, social risk and social class) found that mothers in families with unmet need for formal childcare were 2.2 times less likely to be employed than those whose childcare need was met.

Section 2: Access to formal home care services

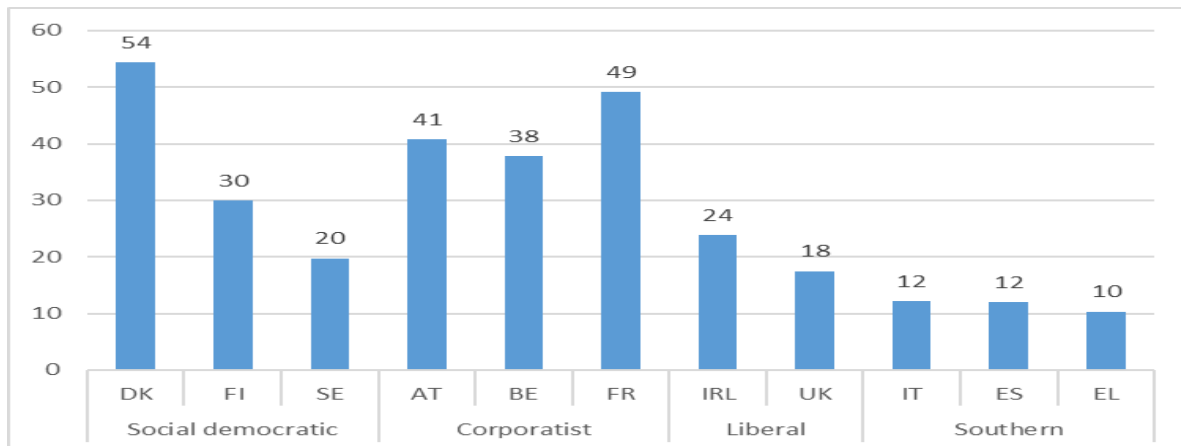
Focusing on households where someone needs care due to illness, infirmity or old age, there was large variation across countries in receipt of formal home care services (Figure 4). Corporatist countries and Denmark had the greatest level of provision, at 38-54 per cent. Rates of access were lower in Liberal countries (24 per cent in Ireland) and lower still in the Southern countries (10-12 per cent).

Overall, the pattern was that the majority of those in need of help were not receiving formal home care services. Part of the explanation could stem from differences in the need for formal services. A significant portion of respondents received informal help from family and friends.

Across all welfare regimes receipt of formal home care was highest among people aged 65 and over. Even so, there was large variation in this age group (from a high figure of 80 per cent in Denmark to a low of 12 per cent in Greece). There was little variation between the other social risk groups in use of formal home care.

¹ The EU measure, based on inability to afford 3 or more of 9 basic goods and services.

Figure 4: Percentage receiving formal home care (persons in households where someone needs help because of illness, disability or infirmity)



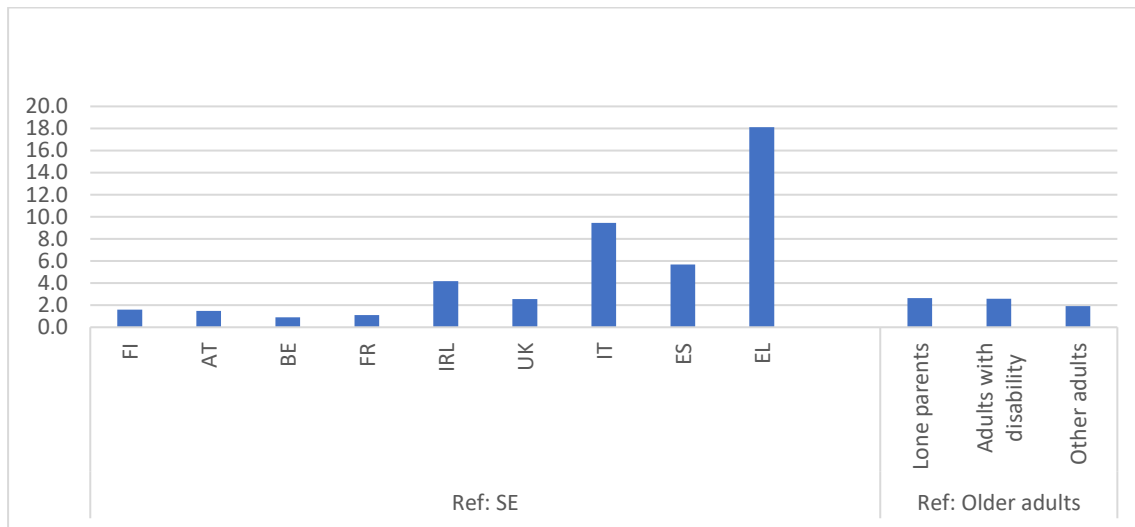
Source: EU-Statistics on Income and Living Conditions, 2016

Unmet need for formal home care

Overall, unmet need for formal home care was lower in the Social Democratic and Corporatist countries but higher in Liberal and Southern countries (e.g. 11 per cent in Sweden; 56 per cent in Greece and 33 per cent in Ireland). A statistical model (controlling for country, social risk and social class) showed that there were no differences in the likelihood of reporting unmet need between Sweden and the other Social Democratic or the Corporatist countries (Figure 5).

However unmet home care need was higher in Liberal and Southern countries. Unmet need for home care was 4 times higher in Ireland than in Sweden, with a figure of 9.5 times higher observed in Italy and 18 times higher in Greece. In terms of social risk group, compared to people 65 and over, the odds of unmet need were 1.9 times higher for working age adults and 2.6 times greater for lone parents and working age families with a disability.

Figure 5: Odds ratios for unmet need for formal home care from multinomial logistic regression (no need, unmet need)



Source: EU-Statistics on Income and Living Conditions, 2016

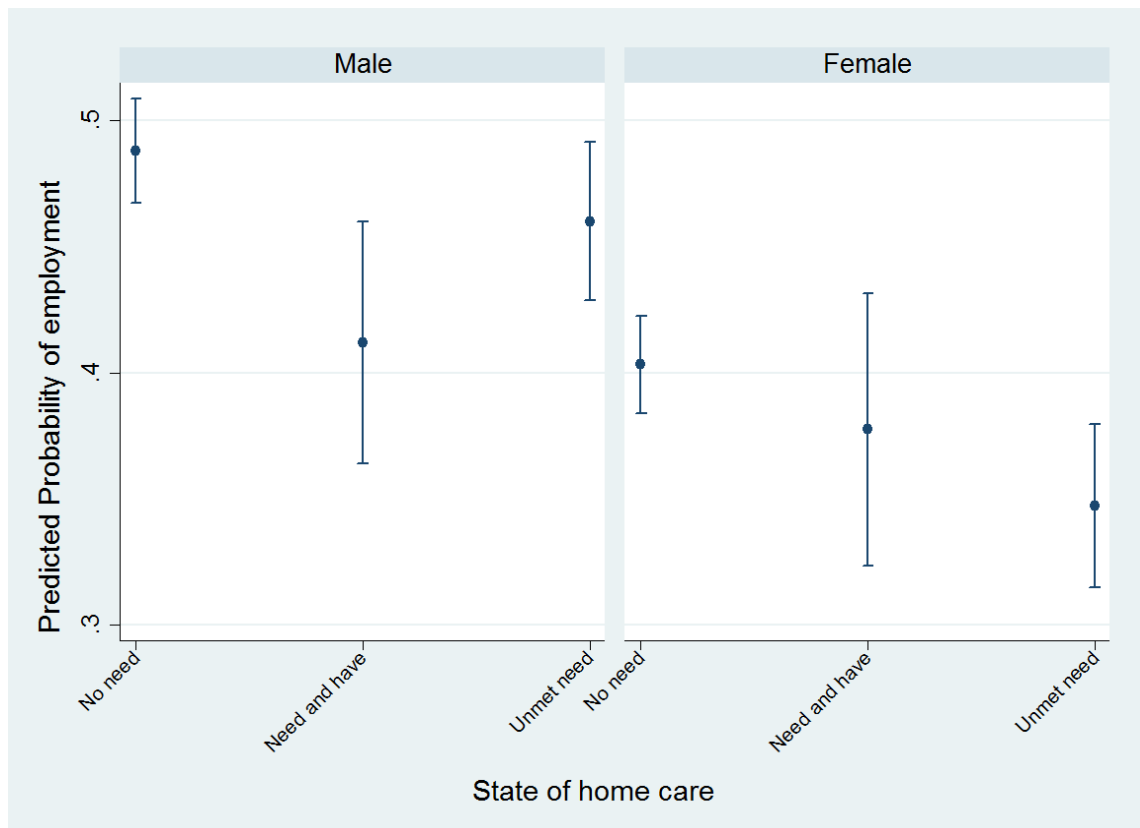
Unmet need for formal home care, poverty and employment

Our analysis showed that taking account of country characteristics, social risk groups, and social classes, people with unmet home care need were twice as likely to experience material deprivation as those with met needs.

Examining the link between unmet needs and employment, however, the results revealed no significant negative effect of living in a household with an unmet need and being employed.

Nevertheless, there was a greater gender gap in the likelihood of being employed in households with an unmet need than in those with met need (Figure 6). The difference in predicted employment rates between men and women is smaller for those whose need for home care is met (0.41 for men and vs. 0.37 for women) than for those in households with unmet need (0.46 for men and 0.34 for women).

Figure 6: Predicted probability of employment by formal home care and gender (households where someone needs help due to health problems, infirmity or old age)



Source: EU-Statistics on Income and Living Conditions, 2016

Section 3: Policy implication

The purpose of the report was to provide a general overview of how social risk groups and social classes fare across countries with different levels of formal care provision. The analysis does not offer a detailed evaluation of the effectiveness of specific policies, but it does provide general lessons for policy, including the following:

- Compared to universal access to childcare, means-tested access (as in the Liberal countries) appears to be associated with higher levels of unmet childcare need, even among the most vulnerable social risk groups.
- The evidence is consistent with a view that policies designed to reduce the cost of childcare would promote greater and more equal access to childcare services as well as increasing mothers' access to employment.
- Overall provision of home care for people who need help needs to be improved in Liberal and Southern countries in order to match the better levels of access in the Social Democratic and Corporatist regimes.
- Access to home care by working-age households with someone who needs help lags behind access to home care for older adults. The level of provision for working-age families and individuals with a disability needs to be improved.
- The association between unmet need for home care need and the experience of material deprivation highlights that policies improving access to home care for vulnerable households has a role in improving the living circumstances of poor households.

Publication information: The research report and briefing are jointly published by the [Department of Employment Affairs and Social Protection](#) and the [ESRI](#) as part of the Social Inclusion Report Series. The authors are solely responsible for the views, opinions, findings, conclusions and/or recommendations expressed, which are not attributable to the ESRI who does not itself take institutional policy positions, nor are the views attributable to the Department. The researchers are responsible for the accuracy of the research and all reports are peer-reviewed.

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- Unmet need for home care is associated with a greater gender gap in employment, pointing to the potential role of home care services in enhancing gender equality in access to the labour market.

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