

Some conceptual thoughts on the non-take up of social benefits in Switzerland: unequal access to day and night care

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Abstract

In the provision of care for frail older people, families play a crucial role in Western industrialised societies. In the case of the “conservative” welfare regime (Obinger and Wagschal 2000), to which Switzerland can broadly be assigned, public services are meant to be subsidiary to familial care (Haber Kern 2009). However, recent research on day and night care has shown that public services are rarely used (Werner et al. 2016; Köppel 2015). In the presented paper, different reasons for the non-use of day and night care will be investigated from a systematic and multidimensional perspective, taking into account different factors on different levels (Hümbelin 2019, Lucas et al. 2019, Bieri 2018, ODENORE 2012). The aim of the paper is to broaden the analyses on the use and non-take up of day and night care structures, referring to international research and literature from different policy fields. It lays the foundations for analysing findings of an empirical study, which we are able to publish after the conference.

Introduction

The non-take up of social benefits occurs when eligible recipients do not claim the benefits they are entitled to (Hümbelin 2019, Bieri 2018, ODENORE 2012). Unmet needs or difficulties in accessing the needed help in old age might be related to different reasons and have different effects. However, when it comes to analyse (non-)take up in a comparative perspective, usually health care or cash benefits are being addressed. Regarding anti-poverty schemes, for instance, empirical studies show that non-use is present within both OECD-countries (Hernanz et al. 2004) and EU member states (Eurofond 2015). As a common pattern, non-take up rates are higher in the case of means-tested social assistance programmes (between 20% and 60%) compared to insurance-based benefits (between 20% and 40%). Estimations for Switzerland are almost absent in recent academic literature or hardly valid (Hümbelin 2019). Regarding social care in particular, there is not much research on unequal access to respective publicly provided services and their demand. Therefore, factors for (non-)take up with a strong focus on social care, illustrated by the use and non-use of day and night care structures (“Tages- und Nachtstrukturen“) by frail older people and their caring relatives, are in the centre of this paper.

We aim to reveal patterns in the (non-)take up of in-kind benefits (day and night care) and compare them to cash benefits (social assistance). Therefore, the paper discusses four major questions:

- (1) What are day and night care structures and how are they located within the Swiss long-term care (LTC) model?
- (2) How can the (non-)take-up of day and night care structures be explained and analysed in the light of existing knowledge?
- (3) Are there differences and / or similarities to be observed compared to the (non-)take-up of cash benefits?
- (4) What do we learn from the literature for the analysis of the (non-)take-up of day and night care in Switzerland?

We look at different factors for the use and non-use of social benefits. The presented conference paper focuses on the analysis of literature concerning different explanations. It provides us with a general understanding of the use and non-use of social benefits, both in-kind and cash, in different policy fields: social care¹ and social assistance², paving the way for an in-depth analysis of the (non-)use of day and night care structures.³

¹ In the Swiss discourse on LTC for older people, there is no exact definition available concerning the term “social care“. Usually, it is translated with “Betreuung im Alter“ (support in old age) and consists of legally not clearly defined personal social services for frail older people regarding their activities of daily life (Knöpfel et al. 2018, 200 pp; Pardini 2018, 51pp).

² Social assistance is commonly seen as the last safety net of the Swiss welfare system. It is designed for individuals who do not reach the minimum standard of living on their own and are not covered by other institutions of social security (i.e. long-term unemployed or single-parent-working-poor). The provision of social assistance in Switzerland is organized by the Cantons. There is no national legislation, only guidelines from the Swiss Conference on Social Assistance, which have been made binding in many Cantons through Cantonal laws. Cantonal legislation especially differs regarding needs-tested benefits that supplement social assistance (called SiL: “Situationsbedingte Leistungen“) and concerning other means-tested benefits (in some Cantons up to eight) which complement social assistance (Hümbelin 2019, 4).

³ In the initial abstract submitted for review, we stated that qualitative data from 20 expert interviews and 40 interviews with care providing relatives will be analysed. According to the Federal Office of Public Health funding our study, this data can only be used for further analysis as of July 2019, when the final report has been officially accepted. Due to these circumstances, the presented discussion is based on literature, whereas the presentation of the analyses of the qualitative data had to be replaced and is planned to be published in a journal article. It will address two additional research questions: “What are the crucial factors which influence the (non-)use of day and night care structures – basically from the point of view of the caring relatives?“; “Are there differences and / or similarities to be observed concerning users of different target groups (both physically and psychology ill and handicapped children, adults and older people)?“.

(1) What are day and night care structures and how are they located within the Swiss long-term care (LTC) model?

In the provision of care for frail older people, families have always been of great importance and still play a crucial role in Western industrialised societies. In the case of the “conservative” welfare regime (Obinger and Wagschal 2000), to which Switzerland can broadly be assigned, public service provision is meant to be subsidiary to familial care (Haberker 2009). Federal fragmentation and democratic routines of decision-making affect how LTC provision is defined, with regional variation in delivery (Strohmeier Navarro Smith 2012, Strohmeier Navarro Smith 2010). However, we can always observe a mix of responsibilities, shared between families (be it informal care, be it in terms of monetary investments into professional services) and the public sector.

In Switzerland, there is a broad landscape of professional home care (so called “Spitex” services) and residential care institutions. A product of a more recent debate are intermediary structures which address new forms of respite care for caring relatives inbetween those more “traditional” approaches to care (Bundesrat 2014). There is not much statistical data available and only limited research on the significance of such services (Knöpfel et al. 2018, 86-91). We primarily find them in special and partly publicly subsidised apartments for older people with care services (and respite services for family carers, usually in their own homes and so-called ‘day and night care’ structures) (Werner et al, 2016; Bischofberger et al, 2014).

The introduction and integration of intermediate structures in the publicly provided care chain has not yet shifted care responsibilities or disrupted path dependency in LTC (Kehl & Strohmeier Navarro Smith 2018a). To leverage the full potential of intermediary structures in fine-tuning the welfare mix, they need to be embedded in a policy setting with effective opportunities for choice. In Switzerland, this is consistent with dominant discourses, in which the reconciliation of work and family life played no significant role for a long time, and that are more about sustaining a service-oriented and medicalised approach to professional care; whereas in Germany, for example, a gap can be observed between the reconciliation motive in public discussions and expert claims for mixed welfare, on the one hand, and strong incentives for family care, on the other (ibid.).

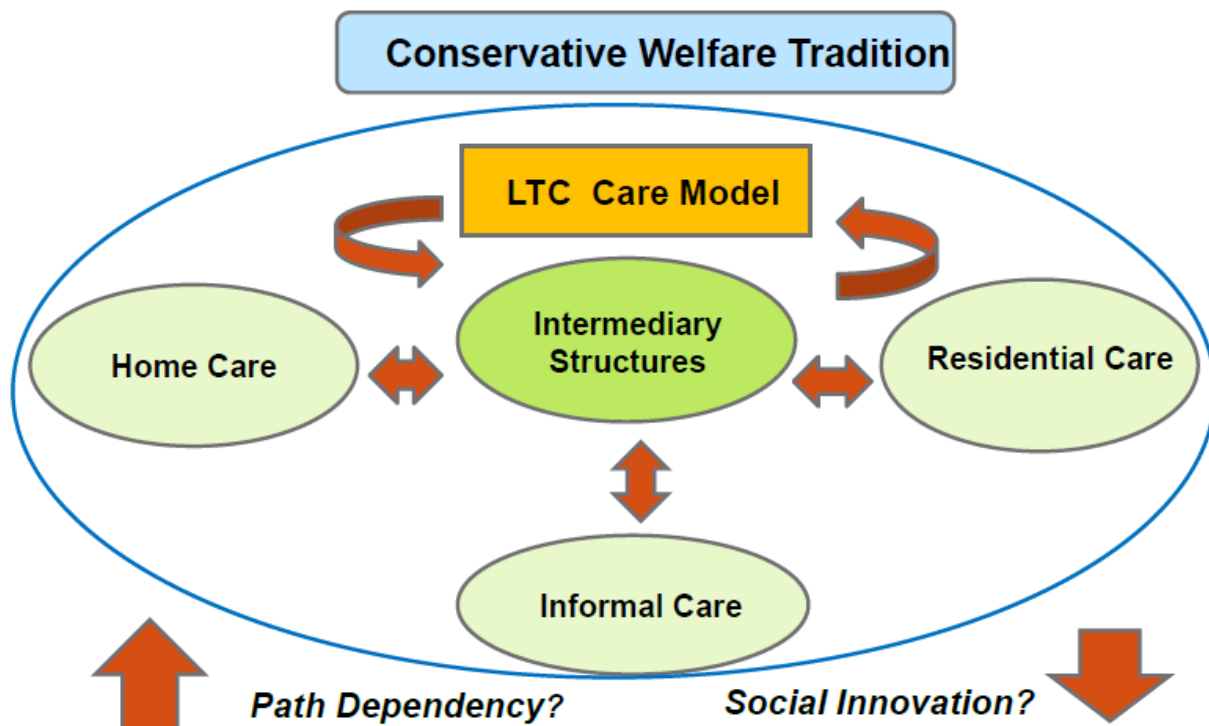


Table 1: The location of Intermediary Structures in the Swiss LTC Care Model (Kehl & Strohmeier Navarro Smith 2018b)

Nevertheless do day and night care structures offer a further option in public care arrangements to prevent extended stays in nursing homes or hospitals and to support informal home care (Kehl & Strohmeier Navarro Smith 2018a, Bischofsberger et al. 2014). In addition, day and night care structures provide support to family carers by enabling them to retreat from caring obligations for a limited time. Specialised staff guarantees care and support to older people with care needs and mentally disabled people. There are about 400 such facilities in Switzerland, of which two thirds are in residential foster care homes. Only 9% of these structures are run by the public sector (municipalities), apart from three Cantons where day and night care structures are publicly funded (Werner et al. 2016).

Uptake of these services is limited: there are approximately 330,000 informal carers in Switzerland, but only 4,300 people use the services of day and night care structures per year. Yet they are using them on a very regular basis (three times a week) despite – or perhaps because of – the fact that care recipients using day and night services have rather low needs compared with the average (Werner et al. 2016; Köppel 2015).

From this arises the question why usage of such new services is low, and which factors drive the (non-)take-up of day and night care structures. In one of our previous works (Kehl & Strohmeier Navarro Smith 2018a), in which we compared intermediary structures in Switzerland and Germany, we offered a range of rather institutional arguments; e.g. the observation that among Swiss people there is less doubt about the appropriateness of a service-based (medicalised) LTC system paid for by the state and private (out-of-pocket) expenses, leading to a comparatively high usage of professional care (whereas in Germany families are held responsible to a more considerable degree and a vital discourse on mixed welfare promoted new solutions and respective demand). Now we would like to turn our attention to the Swiss intermediary arrangements per se and gain further insights from the literature on (non-)take-up of social benefits. It helps us to better interpret the results of an empirical study, which we are happy to share after the conference.⁴

⁴ See footnote 1 for more details.

(2) How can the (non-)take-up of day and night care structures be explained and analysed?

Modern welfare systems prevent from poverty and exclusion. In order to have access to social benefits, people in need have to apply for social benefits actively. Recent research reported that particularly in the area of social assistance, but also in other fields of care and social work, people do not assert their legal rights (Hümbelin 2019, Lucas et al. 2019, Bieri 2018). There is also strong evidence that social rights are even less claimed for in the more rural regions of Switzerland compared to the urban regions. For example, a study addressing the Canton of Bern has shown that in the countryside every second person of the entitled do not ask for social assistance, compared to every fourth person in the cities (Hümbelin 2019, 2016). Non take-up is generally lower in the French-speaking part compared to the German speaking part. Furthermore, take up of social assistance is associated with a stigma and recent research has shown that take-up behaviour can be explained by social norms such as the political orientation, measured as results from parliamentary votes in the municipalities of the Canton of Bern (Hümbelin, 2019, 27).⁵

In general, provision and use of day and night care is also higher in the French-speaking part compared to the German-speaking part (Werner et al. 2016). However, the non-use of social care benefits can be explained very differently. Concerning cash benefits, the most obvious reasons are psychological impairments, social interferences, insufficient information, absent financial value or the endangering of the residence permit (Hümbelin 2019, 2016; Lucas et al. 2019). When it comes to in-kind benefits, a low take up of services, for instance day and night care, can be due to fairly different reasons, as recent research has demonstrated (Werner et al. 2016, Köppel 2015; Roth et al. 2009, Walker et al. 1995). It can be variations in fee, as well as the "image" of day and night care structures. Although health insurance covers most health-related costs for day and night care arrangements, prices vary for users, from 40 to 140 Francs per day, and 50 to 215 Francs per night (Werner et al. 2016). This might simply not be affordable for some people. Other aspects are lack of information, emotional factors and perceptions: carers feel uncomfortable sending relatives to third-party institutions (Bischofsberger et al 2014). For many, caring is psychologically and physiologically demanding, but at the same time enriching or carers perceive a moral obligation (especially in the case of caring wives) (Werner et al. 2016, Köppel 2015; Roth et al. 2009, Walker et al. 1995).

Surprisingly, there is almost no discussion and reflection on the analytical tools used for analysing and discussing the (non-)take up of in-kind benefits in contrast to cash benefits (Warin 2018, 60pp). *Therefore, we present a comparison of in-kind and cash benefits later on, in order to discuss similarities and differences.*

Another late study on different use of means-tested benefits in the Swiss Cantons, for the most part regulated at the national level, stated that there are not only individual and social factors playing a crucial role; also processes and structures are decisive for the take-up of cash benefits (Bieri 2018). Concerning processes, both the legal definition for the eligibility and the financial resources for means-tested social benefits such as the design and information for the process of application are of importance. With reference to structures, the composition of the population, the size of the municipality and different understandings regarding the role of the state and the individual were found to be significant.

The French Observatory on Non-Take Up of Social Rights and Public Services roughly distinguishes three types of non-use of social benefits (ODENORE 2012): non-knowledge,

⁵ "The correlation shows that non-take-up rises if the political milieu becomes more conservative. This descriptive result has been tested against a set of alternative economic explanations with multiple regression models which were extended with robustness checks for reasons of sensitivity. While alternative explanations also hold, the effects related to social norms remain. This supports the thesis that non-take-up [of social assistance] is influenced by social norms." (Hümbelin, 2019, 27)

non-demand and non-reception. In the first case, the offered social benefit is not known. In the second case, the social benefit is known, but not used. In the third case, the social benefit is known, asked for, but not delivered (despite of the entitlement).

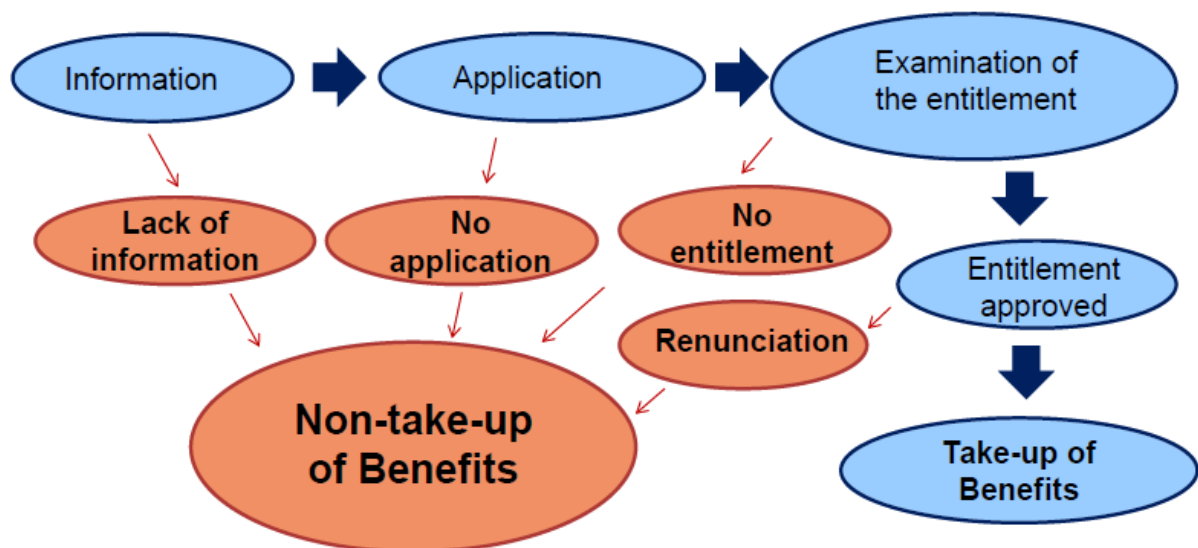


Table 2: Different reasons for the non-use of (means-tested) cash benefits (Bieri 2018; also see ODENORE 2012)

Recent research on means-tested benefits for families in the Canton of Geneva has shown, that a further distinction between “deliberate renunciation” (due to personal values or inadequate service offer) and “unintentional abandonment” (because of administrative obstacles, lack of respect, avoidance of disqualification and stigmatisation, fear of loosing the residence permit) is helpful to analyse the non-use of social benefits (Lucas et al 2019).

Concerning the (non-) use of in-kind benefits such as day and night care structures, a distinction between factors on the supply side concerning the providing institutions and on the demand side with reference to the service users and / or their closest caring relatives are assumed to be at stake. Furthermore, economical factors such as a prices and the financing of a stay in a day or night structure are expected to play an important role (Götzö et al 2019 forthcoming).⁶ *The question is whether the analysis and discussion of factors for the (non-)use of day and night care structures are well addressed by this very rough distinction or whether it can be further enriched by taking into account the models presented above, such as: structures and processes; non-knowledge, non-demand and non-reception; deliberate renunciation and unintentional abandonment; this question will be addressed in the following chapter of the paper.*

⁶ In a recent research project assigned by the Federal Office of Public Health, both supply-related and demand-driven factors such as economic factors have been investigated (Götzö et al. 2019 forthcoming). On the supply-side, a national enquiry was hold with 1'378 potential providers based on existing data and own investigations in a first step. In a second step, an in-depth analysis based on 26 interviews from 20 institutions, among them 18 day and night structures and 2 home care providers, was executed. At the demand side, 24 service users or / and their closest caring relative of the examined institutions were interviewed; in addition, 6 interviews with referrers and 13 additional interviews with (non-)service-users (mediated by the interviewed referrers) have been realised. Among the service users, three main target groups were in the focus of the research project: both physically and psychology ill and handicapped children, adults and older people. Based on this data, the (non-)use of day and night structures could be reconstructed by the narratives of the users and their caring relatives within a given time frame asking questions about what made them use a day and night structure, how the decision for the service was made and who was involved in this decision. We also specifically asked for attempts and discharges at an earlier point in time in other day and night care structures. The interviews with the users, their relatives and the referrers were supplemented through expert interviews with stakeholders from the national and Cantonal level. Data from different perspectives could be contrasted with the findings of the existing literatur and the statements of the interviews of the persons concerned (being both users and their caring relatives) (Götzö et al. 2019 forthcoming).

(3) Are there differences and / or similarities to be observed compared to (non-) take-up of cash benefits?

Factors at the supply-side and at the demand-side such as economic ones are important in order to analyse and explain the (non-)use of day and night care structures. Including other models, however, our literature review on the (non-)take-up of social benefits in different policy fields, also concerning cash-benefits, resulted in indicators which allow a further framing and in-depth analysis, as the following comparison of non-use of day and night care and social assistance shows.

The indicator “structures” takes both “supply” and “demand” not as given and fixed “units”, but highlights the societal circumstances and conditions in which provision and the use of the investigated benefits occur. It allows us to analyse the context of a potential use of social benefits. With reference to structures, the composition of the population, the size of the municipality and different understanding or perception of the role of the state and the individual are found to be significant for the use and non-use of social benefits (Bieri 2018). “Processes” focus on the definition, design and modes of application for social benefits (Bieri 2018). For a better understanding of the “demand-side”, the three indicators suggested by ODonore (2012) such as “non-knowledge”, “non-demand” and “non-reception” were especially useful, as the following analysis will show. Though, it turned out that all three situations also apply for day and night care structures, which in some cases are not known, in other cases are known but not asked for and, last but not least, are known, asked for but not received. Also “deliberate renunciation” due to personal values or an inadequate service offer as well as “unintentional abandonment” because of administrative obstacles, lack of respect, avoidance of disqualification, and stigmatisation or fear of losing the residence permit, play a role for both uses of social benefits, such as day and night care structures, and social assistance (Lucas et al. 2019).

In the following part, all indicators mentioned will be addressed and used for a systematic, multidimensional and multilevel comparison of day and night care structures (as an example for an in-kind benefit) and social assistance, i.e. the used example for a cash benefit in this paper. The main findings of this comparative analysis are summarised in *table 3* in the *annex*.

According to *structures*, in both policy domains under examination, differences concerning non-use have been observed both in urban and rural areas, and the Latin (French and Italian speaking) and German part of Switzerland (Hübelin 2019; Werner et al. 2016). More liberal concepts of care and financial support in the rural and German parts of Switzerland, rather social-democratic concepts in urban and in the Latin part of Switzerland can be interpreted as a culturally different understanding and perception of the state and the individual in both investigated policy areas.

However, there are also differences to be identified between the two investigated policy domains with regards to structural factors. The demand-side of day and night care structures is very much influenced by the demographic development and increasing female employment (Kehl & Strohmeier Navarro Smith 2018a); whereas in the domain of social assistance, the precarisation of the labour market, pluralisation of lifestyles and recent reforms of the social insurance schemes (in particular the unemployment insurance and the invalidity insurance) have shaped the societal need for social assistance (Knöpfel et al. 2018).

Referring to *processes*, the comparative analysis showed that for the organisation of financing, the Cantons are in charge in both policy fields. However, there is also a major difference to be observed: the financing of social care services have to be predominantly paid out-of-pocket by the service users (only medical services are covered by the health insurance) (Werner et al. 2016), whereas social assistance is taxed-based (SKOS 2014).

Social assistance is the last safety net in the Swiss welfare system and strictly need-based and means-tested. In the process of application, the personal (financial) situation has to be revealed. In the German speaking part, municipalities are generally more involved in the financing compared to the Latin part of Switzerland (SKOS 2014).

On the other hand, some more vital differences, for example with reference to the regulatory framework were identified, too: There are no clear regulatory definitions of social care services, whereas the help and services offered in the field of social assistance are clearly defined in the Cantonal laws for social assistance. Also duties and rights of service users are more clearly regulated on a legal basis for social assistance compared to those of users of day and night care structures. Generally, missing and insufficient information on publicly provided services seems to be more often a problem for day and night care structures in comparison to social assistance, where information is available and processes of application are generally defined, even though complicated and challenging (Neuenschwander et al. 2012). In addition, cooperation with the involved authorities is a condition for being helped (Neuenschwander et al 2012).

Concerning day and night care structures, in addition, there are manifold intersections with other potentially involved providers and informal care givers and several referrers (physicians, hospitals, home care and at the best counselling services). A medical indication is not necessary in order to be admitted to a day or night care structure. The decision is made by the users and their relatives, often supported by a professional or another third party (family or friends of the family). Service providers can define their own criteria for access, e.g. depending on the institutions' capacity and on the existing demand for day and night care services (Götzö et al. 2019 forthcoming, Bischofsberger et al. 2014).

Non-knowledge is not the main reason for both in-kind and cash benefits under investigation. In both policy domains, there is discretionary power of the Cantons and the municipalities at stake, when it comes to the definition of the kind and amount of services which are publicly provided. Therefore, public service provision and entitlements can vary between municipalities and between Cantons. Concerning social assistance it is hard for potential users to anticipate whether they will be admitted to social assistance and how much benefits they can expect in advance (Hümbelin 2019, Neuenschwander et al. 2012). Furthermore, no experience in the exposure to authorities seems to be a valuable reason for the non-take-up of social assistance (Hümbelin 2019, Neuenschwander et al. 2012). Referring to day and night care structures, the non-use of services is more related to structural (undersupply in some regions, insufficient integration into the public care provision) and procedural (not clearly defined assignments of users to institutions) factors (Werner et al. 2016, Bischofsberger et al. 2014).

Non-demand is an issue in both investigated cases, when the benefits offered are not sufficiently demand-oriented. However, in the case of day and night care structures, in some regions there is no supply of services at all, i.e. in the Canton of Glarus (Werner et al. 2016), whereas in the field of social assistance, the Cantons are obliged to organise help and support for their inhabitants in need by the Federal Constitution (art. 115 BV). Furthermore, a lack of guidance during the selection process for suitable institutions and missing guidance regarding the organisation of financing are relevant factors for the non-demand of day and night care structures (Bischofsberger et al. 2014); whereas for social assistance, one's independency or the residence permit might be at stake (Hümbelin 2016).

The reasons for *non-reception* seem to be rather different concerning the two kind of social benefits under investigation. With reference to day and night care structures, there are waiting lists particularly for certain target groups, i.e. for children with physical diseases or impairments; and concerning night care for psychologically ill or impaired adults (Götzö et al. 2019 forthcoming). This is in contrast to social assistance, where admission to help has been redefined and focussed on the one's who are (temporarily) unable to make their own living. This implies a stronger application of the subsidiarity principle and a focus on the

responsibility of the individual in a situation of need (i.e. with reference to accept a “reasonable job“) (Scherschel et al 2012).

Concerning *deliberate renunciation*, the inadequacy of the services again applies for both benefits under investigation: in the case of day and night care structures, this refers to the proximity of the institution, programmes of activation, opening hours, and the flexibility of the services offered. With reference to social assistance, applying often comes with a serious effort and administrative control, but (too) little money to be expected, mentioned by service users (Neuenschwander et al. 2012). Regarding day and night care, the potential users often express their wish to remain in their own homes as long as possible. In addition, caring relatives prefer not to send their frail partners and parents away and to look after them by themselves (Bischofsberger et al. 2014). With reference to social assistance, the fear to be disqualified and stigmatised has often been expressed by potential beneficiaries (Lucas et al. 2019, Hümbelin 2019).

Unintentional abandonment because of administrative obstacles, lack of respect, avoidance of disqualification and stigmatisation, and fear of losing the residence permit, applies more for social assistance than for day and night care structures, where missing or insufficient information, counselling, unclear processes of application and the inexistence of the offer or financing plays a more central role with reference to the (non-)use of services (Bischofsberger et al. 2014). There is strong evidence that in both policy domains under investigation, i.e. social care and social assistance, the use of benefits is associated with ethical concerns. With reference to day and night care structures, caring relatives often do not seem to be aware of their own limits. But there is also a strong moral commitment to be observed, i.e. the perception to shove off a very close person in a moment of need for help and care. In the case of social assistance, the recognition for need of help by the potential user might be reduced by a psychological disease, but can also result from a conscious rejection to identify “with the poor“ due to societal processes of stigmatisation and disqualification (Lucas et al. 2019, Hümbelin 2019).

(4) What do we learn from the literature for the analysis of the (non-)take-up of day and night care in Switzerland?

To sum up, our analysis based on literature so far reveals, that non-use of social benefits originates from different reasons. In the field of social assistance, it seems to be more often a result of conscious prioritisations and careful evaluations of existing options, whereas in the field of day and night care structures, structural and procedural factors appear to be prevailing.

Including additional indicators for the analysis of (non-)take-up of day and night care structures, it becomes apparent that factors on the supply-side and demand-side such as economic factors can be further differentiated and specific sources for the (non-)use day and night care structures can be identified, compared to the (non-)use in other policy fields: 1. the missing integration of day and night care structures into the public provision of long term care (and the missing public financing for social care); 2. the missing definition of access and of the process of application for day and night care structures (also regarding referrers and (missing) overall case-management across the care providing institutions at various intersections (hospitals, physicians, home care, families...)); 3. values and concerns regarding pushing off a close person in a situation of need for help and assistance.

Independently from the reason, whether potential user *do not want to apply for social benefits* ("dropouts"), *can not ask for social benefits* ("especially vulnerable persons") or *do not know about their entitlements and how to apply for social benefits* ("persons at the threshold to poverty"), non-take up quotas rise questions about whether or not the welfare system design is appropriate to reach the target groups or not (Hümbelin 2019, 26). Leresche and Tabin (2016) point out that non-take-up can be the expression of an autonomous act of social criticism. Nevertheless, as Hümbelin (2019, 28) stresses: „non-take-up is neither only a private matter only, nor merely a question of injustice, as the debts and precarious existences of individuals can increase long-term costs for society.“ Based on the specific reasons and characteristic aspects of the (non-)take-up of day and night care structures mentioned above, tailor-made measures can be deduced in order to combat the (non-) use of such help and support offered for users and their relatives in need, as it has been done for other policy areas (Lucas et al. 2019).

Instead of the service relation model, Warin (2018, p. 72) suggests to use the social relation to service concept for a framework of analysis, as "the public has its word to say on the relevance of the public offer, in terms of exchange value, social needs, (moral) concepts of 'fairness for all' and ethical concepts of 'good for one-self'. *With our research project, we would like to contribute to this discussion, focussing on factors at the demand-side of service provision based on interviews with service users and their closest caring family members, suggesting that the latter playing a crucial role whether (further) social care is asked for not* (Baumeister et al 2018). However, these hypotheses we will have to further discuss in light of our empirical findings after the conference.

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Annex

Factors for (non-) take up	In-kind benefit: access to day and night care structures	Cash benefit: access to social assistance	Comparison: Similarities and differences
<p>Structures With reference to structures, the composition of the population, the size of the municipality and different understanding or perception of the role of the state and the individual are found to be significant (Bieri 2018).</p>	<p>Aging society and demographic change, particularly in the more rural areas of Switzerland (Gurny et al. 2018); regional and local over- and undersupply of services; path-dependent development of public service provision (Kehl & Strohmeier Navarro Smith 2018a); a more liberal understanding of service provision in the German speaking part and a rather social-democratic design in the Latin (French and Italian speaking) part of Switzerland (Esping-Andersen 1990). Non-take-up is found to be less common a) in urban areas and b) in the French-speaking part compared to more rural areas and the German speaking part (Werner et al. 2016).</p>	<p>According to statistical data, the composition of the population is significant for the rate of social assistance in the cities of Switzerland (Bundesamt für Statistik 2018, 2) In addition, social assistance rates also depend on the size of the municipalities (larger municipalities having higher rates compared to smaller municipalities). Non-take-up is found to be less common a) in urban areas and b) in the French-speaking part compared to more rural areas and to the German speaking part – which has been interpreted as a culturally different understanding and perception of the state and the individual (Hümbelin 2019).</p>	<p><i>Similarities:</i> Differences observed both in urban and rural areas and the Latin (French and Italian speaking) and German part of Switzerland. More liberal concepts of care and financial support in rural and German areas, more social-democratic concepts in urban and in the Latin part of Switzerland, which can be interpreted as a culturally different understanding and perception of the state and the individual in both investigated policy areas (Esping-Andersen 1990). <i>Differences:</i> The demand-side with regard to day and night care structures is very much influenced by the demographic development and growing female employment; whereas in the domain of social assistance the precarisation of the labour market, pluralisation of lifestyles and recent reforms of social insurance schemes (in particular unemployment insurance and the invalidity insurance) have shaped the societal need for social assistance (Knöpfel 2016a, Knöpfel et al. 2016).</p>
<p>Processes Concerning processes, both the legal definition for the eligibility and the financial resources for means-tested social benefits such as the design and information for the process of application are of importance (Bieri 2018)</p>	<p>There is no legal definition of “social care“. Only medical services are covered by the national health insurance, whereas social care services have to be paid for out-of-pocket by the service users (Strohmeier Navarro Smith 2012). There are</p>	<p>Social assistance is the last safety net in the Swiss welfare system and strictly need-based and means-tested. Financing is taxed-based. In the German speaking part, municipalities are generally more involved in the financing compared to the Latin part of Switzerland (SKOS 2014). In the process of application, the</p>	<p><i>Similarities:</i> For the organisation of financing, in both policy domains, the Cantons are in charge. However, there is also a major difference to be observed when it comes to financing: the financing of social assistance is taxed-based whereas social care services have to be paid</p>

	<p>some additional needs- and means-tested benefits, but they are defined and regulated at the Cantonal level and therefore, regional public service provision is high, especially concerning intermediary structures and temporary day and night care. Missing and insufficient information and not clearly defined processes of application. There are magnifold intersections and several referrers (professionals, hospitals, home care and at the best counselling services) regarding intermediary structures. A medical indication is not necessary in order to be admitted to a day or night care structure. The decision is made by the users and their relatives, often supported by a professional or another third party involved (family or friends of the family). Service providers can define their own criteria for access, e.g. depending on the institutions' capacity and on the demand for day and night care services (Werner et al. 2016, Bischofsberger et al 2014).</p>	<p>personal situation has to be revealed. In addition, cooperation with the involved authorities is a condition for being helped (Neuenschwander et al. 2012). Benefits are clearly defined by Cantonal legislation, such as duties and rights of the beneficiaries.</p>	<p>for out-of-pocket by service users.</p> <p><i>Differences:</i> There are no regulatory definitions of social care services, whereas the help and services offered in the area of social assistance are clearly defined in the Cantonal laws for social assistance. Duties and rights of service users are more clearly defined for social assistance compared to users of day and night care structures. Generally, missing and insufficient information on publicly provided services seems to be a problem for day and night care structures more often in comparison to social assistance, where information is available and processes of application are clearly defined.</p>
<p>Non-knowledge The offered social benefit is not known. (ODENORE 2012)</p>	<p>Non-knowledge is not the main reason for the non-use of day and night care structures, moreover their insufficient integration into the public service provision of LTC and not clearly defined assignments of users to institutions within the public supply chain (Werner et al. 2016, Bischofsberger et al</p>	<p>Non-knowledge is not the main reason for the non-use of social assistance, but a lack of experience in the exposure to authorities seems to be a valuable reason for the non-take-up of social assistance (Hümbelin 2019, Neuenschwander et al. 2012). Furthermore, there is variation in the examination of the entitlement and it is hard to anticipate for</p>	<p><i>Similarities:</i> Non-knowledge is not the main reason for both in-kind and cash benefits under investigation. In both policy fields, there is discretionary power of the Cantons and the municipalities at stake, when it comes to the definition of the kind and amount of services which are publicly provided. Therefore, benefits</p>

	2014).	potential users whether they will be admitted to assistance and how much benefits they can expect in advance.	<p>provided and entitlements can vary between municipalities and between Cantons.</p> <p><i>Differences:</i> Concerning day and night care structures, the non-use of services is more related to structural (undersupply in some regions, insufficient integration into the public care provision) and procedural (not clearly defined assignments of users to institutions) factors (Werner et al. 2016, Bischofsberger et al 2014). Referring to social assistance it is hard for potential users to anticipate whether they will be admitted to social assistance and how much benefits they can expect in advance (Hümbelin 2019, Neuenschwander et al. 2012). Furthermore, no experience in the exposure to authorities seems to be a valuable reason for the non-take-up of social assistance (Hümbelin 2019, Neuenschwander et al. 2012).</p>
<p>Non-demand The social benefit is known, but is not used. (ODENORE 2012)</p>	Missing or not demand-oriented offer of day and night care structures; lack of support for the selection of a suitable offer and for the organisation of financing (Werner et al. 2016, Bischofsberger et al. 2014).	Not demand-oriented offer; Fear to lose the residence permit, fear to be dependent and to be controlled during a long period of time; alternative lifestyles independent from the welfare state (Hümbelin 2016).	<p><i>Similarities:</i> In both cases, the benefits offered might be not enough demand-oriented.</p> <p><i>Differences:</i> However, in the case of day and night care structures, in some regions there is no supply of services at all, i.e. in the Canton of Glarus (Werner et. al 2016), whereas in the field of social assistance, the Cantons are obliged to organise help and support for their inhabitants in need by the federal constitution (art. 115 BV). Furthermore, a lack of support for the selection of a suitable offer and for the organisation of financing are relevant factors for the non-demand</p>

			of day and night care structures; whereas for social assistance, one's independency or the residence permit might be at stake (Hümbelin 2016).
<p>Non-reception The social benefit is known, asked for, but not delivered (despite of the entitlement). (ODENORE 2012)</p>	<p>There are waiting lists especially for certain target groups, i.e. for children with physical diseases or impairments; and concerning night care for psychologically ill or impaired adults (Götzö et al. 2019 forthcoming).</p>	<p>Stronger application of the principle of subsidiarity and a focus on Responsibility of the individual in a situation of need (i.e. with reference to reasonable jobs in order to make a living) (Scherschel et al. 2012)</p>	<p><i>Differences:</i> The reasons for non-reception seem to be rather different concerning the two kinds of social benefits under investigation. With reference to day and night care structures, there are waiting list especially for certain target groups, i.e. for children with physical diseases or impairments; and concerning night care for psychologically ill or impaired adults (Götzö et al. 2019 forthcoming); in contrast to social assistance, where admission to help has been redefined and focussed on the one's who are (temporarily) unable to work. This implies a stronger application of the principle of subsidiarity and a focus on one's personal responsibility in a situation of need (i.e. with reference to reasonable jobs in order to make a living) (Scherschel et al 2012).</p>
<p>deliberate renunciation due to personal values or inadequate service offer (Lucas et al. 2019)</p>	<p>Wish of the potential users to remain in their own homes as long as possible; wish of the caring relative not to send away their frail partners or parents and to look after themselves (Bischofsberger et al. 2014)</p>	<p>Fear to be disqualified and stigmatised (Lucas et al. 2019, Hümbelin 2019); see also non-demand.</p>	<p><i>Similarities:</i> The inadequacy of the services applies for both benefits under investigation: in the case of day and night care structures, this refers to the proximity of the institution, programmes of activation, opening hours and the flexibility of the services offered. With reference to social assistance, it comes with a serious effort and administrative control, but (too) little money to be expected (Hümbelin 2019).</p> <p><i>Differences:</i> Regarding day and night care, the potential users</p>

			<p>often express their wish to remain in their own homes as long as possible. In addition, caring relatives prefer not to send their frail partners and parents away and to look after them by themselves (Bischofsberger et al. 2014).</p> <p>With reference to social assistance, the fear to be disqualified and stigmatised is often expressed (Lucas et al. 2019, Hümbelin 2019).</p>
<p>unintentional abandonment because of administrative obstacles, lack of respect, avoidance of disqualification and stigmatisation, fear of losing the residence permit (Lucas et al. 2019)</p>	<p>Missing or insufficient information, counselling, unclear processes of application and the inexistence of the offer or financing; Caring relatives' lack of awareness regarding own limits and need in support; perception to shove off a close person (Bischofsberger et al. 2014).</p>	<p>Administrative obstacles, lack of respect, avoidance of disqualification and stigmatisation, fear of losing the residence permit (Lucas et al. 2019, Hümbelin 2019).</p>	<p><i>Differences:</i> unintentional abandonment because of administrative obstacles, lack of respect, avoidance of disqualification and stigmatisation, and the fear of losing the residence permit applies more for social assistance than for day and night care structures, where missing or insufficient information, counselling, unclear processes of application and the inexistence of the offer or financing plays a more central role (Bischofsberger et al. 2014).</p>

Table 3: Comparison of (non-) use factors of day and night care structures and social assistance