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Local culture, globalisation and policy outcomes: an example from long term care

Key words: globalisation, local culture, long term care, local outcomes

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Abstract

It is argued that the impact of globalisation and global ideologies on social policy can depend on the ways that local cultures reinforce or combat global ideologies and pressures. The paper discusses the importance of local policy factors in shaping responses to globalisation, taking as an example the way in which global forces have affected outcomes for older people needing long term care in one marginalised province of a rich country. Local political, economic and sociocultural factors can reinforce global pressures for neo liberal policies and rising individualism and overwhelm the global ideologies of democracy and human rights (including gender rights and anti ageism) that might lead to better outcomes for older people and their caregivers. In the New Brunswick province of Canada, traditional cultural values can be seen as one factor allowing politicians to make suboptimal social policy choices.

Introduction

The argument of this paper is that local culture can be seen as a powerful mediator of the effects of globalisation on local social policy, but not necessarily as a beneficial one. The aim is to contribute to discussion of the complex ways in which the forces of globalisation interact with local cultural, political and socio-economic conditions to produce policy outcomes, and in this example, an outcome that is suboptimal. An example of failure to implement the most cost effective and potentially popular policy for long term care of older people is set out. Although policy actors may see themselves as responding to local and national constraints (New Brunswick, Department of Finance, 2004) I suggest that a more accurate picture takes global forces into account. However, any analysis of policy must be aware of two points. First, the analysis or explanation may appear logical, but that is no reason to believe it is 'true' or the only analysis that is possible in the circumstances. Second, even the most apparently coherent and stable policy situation can change. However, the lack of

definitive answers need not be a barrier to analysis of interactions between local cultures, globalisation and policy outcomes.

Globalisation

Globalisation may be a universal phenomenon but its manifestations are increasingly seen as diverse or even wrongly attributed. For example Pierson (2001) sees challenges to the Welfare State as arising from post industrialism rather than globalisation. Jaeger and Kvist (2003) replace 'crisis/challenge' with 'pressure' and argue that welfare expenditure increases rather than falls in response to pressures that are common to all advanced states. They do not support a direct causal link between globalisation and welfare policy. However the global triumph of liberal economics since 1991 has had its effect on public finances. Dominant models of transnationally approved economic policy imply free trade and the end of subsidies or protection for disadvantaged areas or industries, cuts in public expenditure, especially welfare expenditure, and the privatisation of as many activities as possible. This policy ideology is backed up by pressure to conform from global organisations such as the International Monetary Fund and World Bank, and by fear of downgrading by global credit rating agencies (see below) if other policies are followed.

Global economic discourse also presents the costs of population ageing as a major challenge to state welfare. The rising cost of pensions is popularly seen as unsustainable and privatisation as an essential way forward (World Bank 1996). Rising health and long term care costs are similarly seen as intolerable burdens, and private or non profit services are meant to take over from the wasteful state. This fear of unmanageable costs arising from population ageing has been widely used as a justification for restructuring or attempting to cut back on welfare (Pierson, 2001; Jaeger and Kvist, 2003). For example, Paul Hewitt, Director of the Centre for Strategic and International Studies Global Aging Initiative sees 'the disparate pension and economic crises of major industrial nations converge to create a global depression from which no welfare state will emerge intact' (Hewitt, 2002: 8). On the other hand the Organisation for Economic Cooperation and Development has long taken a less ideological approach and stresses lengthening the working life as a way of meeting

the cost of population ageing, along with diversification of pension provision (OECD, 2002; Asgeirsdottir, 2004).

Although globalisation has been accompanied by an increase in the total wealth of the world, and by rising incomes for very large numbers of people (World Bank, 1996), even in rich countries, the poor have often become relatively poorer, and disadvantaged regions relatively more disadvantaged. In Canada all regions have benefited from the great increase in trade that followed the implementation of the North American Free Trade Agreement in 1994 but Atlantic Canada has lagged behind on nearly all indicators. Within the regions the province of New Brunswick has been persistently low on indicators such as provincial share of GDP, productivity, urbanisation and population growth, and high on unemployment and reliance on primary products (Sharan, 2000; Chalifoux et al., 2004). Sassen (2002) has analysed the global processes that increase regional disparities within countries in terms of changes in the organisation of the labour market, the growing insecurity of employment, the differentiation in regional capacities to generate profits, and the growing marginalization of areas outside cities (and by implication of rural areas and regions without major cities such as New Brunswick).

In federal states the impact of global discourse depends to some extent on how policies are devolved from centre to periphery. Beliefs in the virtues of the free market mean that, ideally, any disparities in ability to generate profits should not be ameliorated by subsidies or trade barriers. Hence, global ideologies of low public expenditure, and market freedom can help to increase regional inequalities by reducing safety nets provided by a federal state. In Canada federal transfers (equalisation payments) to deficit provinces rose fast before 1990 (from less than 2% of GDP in the 1960s to over 6% of GDP for Atlantic Canada in the 1980s) but fell back in the 1990s (Chalifoux et al., 2004). It was therefore possible for provincial policy makers to argue that in a marginalized province there was less tax revenue to spend on public goods and services than in a rich one. This meant that there was no government money to improve long term care, and that the service levels achieved in richer provinces were inappropriate. Statements such as 'this is a poor province' or 'we must live within our means' could be used as excuses for inertia. (New Brunswick Telegraph-Journal, 2004). As Jeannot Volpe, the finance minister said in

his 2004 budget speech, in an almost text book example of liberal economic beliefs ‘Unless we live within our means, we will not have the money to invest in the priorities that matter most to people. . . . New Brunswick is at a financial crossroads. One road leads to annual deficits and increased debt. We do not want to go there. The other leads to continued balanced budgets, fiscal responsibility, and public investment in what matters most to New Brunswickers’. He went on to explain with pride that Standard and Poor’s (www.standardandpoors.com) still rated the province at AA-, as in the previous year (New Brunswick, Department of Finance, 2004).

The argument presented below is not that relative disadvantage in revenue raising capacity necessarily maps onto tolerance of inadequate services for frail seniors and/or failure to design and implement rational policies. There is no economic reason why this should be so, especially in a rich country. Nations still have freedom to pursue policies that do not conform to global orthodoxies (Watson, 1998). As Held and McAndrew have said, the national cultures that have emerged in the last 200 years are ‘formidably important sources of ethical and political motivation’. When combined with new communication systems ‘they can generate an awareness of difference . . . [which] often leads to accentuation of what is distinctive and idiosyncratic’ (Held and McAndrew, 2002: 29). In federal states with diverse histories and settlement patterns, local cultures can have their own local influences, especially if as Held and McAdrew note, their distinctiveness is backed by political structures that defend difference. In the example presented below the strong local cultures of Atlantic Canada can be construed as interacting with global pressures to produce welfare outcomes that are suboptimal for taxpayers as well as for service users.

The other important aspect of globalisation and liberal economic orthodoxy is that globalisation processes are not monolithic. Global economic outcomes and financial beliefs are opposed by global ideologies of equal rights and citizenship. Global discourses of individual rights (for women, minorities and seniors among others) might be expected to strengthen citizenship entitlements, and to work against the financial and economic processes that increase individual inequalities, but global ideologies of citizenship lack the administrative underpinning of enforcement agencies such as the World Bank or the World Trade Organisation. Progress in developing and enforcing human rights policies has been slow, particularly where

older people are concerned (United Nations, 2002a; 2002b). For example the UN sponsored Madrid Plan on Ageing (United Nations, 2002a) is a set of principles with no mechanisms for implementation, or means of securing rights for older people, unlike the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, see United Nations, undated). Similarly the abuse of older people is deplored but the solution is seen more in terms of economic development for all, than in any individual rights for older people (United Nations, 2002b). However UN interest and exhortation is a beginning in terms of global policy discourse, and combined with the emphasis on gender rights and citizenship, can be expected to have a growing influence on policies for ageing populations in the future (see also Wilson 2002). Interactions between global and local processes and ideologies will differ regionally, and over time, and the contradictions inherent within globalisation processes make for instability and the possibility of change, even though economic forces have so far been stronger than ideologies of rights and citizenship.

Policies for long term care in New Brunswick had reflected neo-liberal market beliefs since the 1990s when responsibility for service provision was entirely handed over to private and non-profit providers. Global financial ideology indicated that public expenditure, particularly social expenditure, should be kept to a minimum, as all public sector activity was deemed inefficient (Pierson, 1998; Taylor Gooby, 2002). Hence taxes should be kept low to discourage the growth of state activities, and the private sector should be expanded. These beliefs had widespread public support as right wing or centre right governments (Conservatives or Liberals) have dominated the provincial legislature since the 1980s. However the market for long term care is a limited one at the best of times. In a disadvantaged region, the reality was that earnings were below the national average. Poverty in old age was more widespread, especially among older women, who often had not had the opportunity to take paid work in the past (Van den Hoornard, 2001). The income of pensioners was forecast to rise nationally (Myles, 2003), but it seemed certain that pensioners in New Brunswick would lag behind. The great majority were unable to finance their own home support, let alone nursing home costs. Even with increased payments by relatives, it appeared certain that long-term care providers would have to rely on state finance for the foreseeable future.

An overstretched system

Although Canada is a country of immigration with relatively slow population ageing at national level, Atlantic Canada is ageing rapidly. In New Brunswick, which was a very small province of 750,000 people, the number of frail seniors was predicted to increase, with the over 80s, who are most likely to need care, doubling in the foreseeable future. At the same time the number of available family caregivers was due to fall, partly because of lower birth-rates, but also because of out migration to more prosperous regions by younger age groups (Denton et al., 2000; Chalifoux et al., 2004). The need for formal long term care services was therefore expected to rise at the same time as the proportion of potential family caregivers fell. The provincial long term care situation in 2003 and the policy options are set out below.

The two main services for frail seniors in the province were home support and nursing homes (Table 1). Both were locally funded. Home support provided in-home care (mainly housework, meal preparation and some shopping and personal care). The staff who worked for care agencies, either not-for-profit or for-profit, were supplemented by an unknown number who worked alone and were paid directly by clients or their relatives (1). Seniors who could not be maintained at home, either because of frailty, or because care could not be provided by family or home support services, could be admitted to a nursing home, (67 non-profit and one for profit in 2003). In all some 12,000 seniors needing care were subsidised by the provincial government in 2002-3 (see Table 1). In addition only 800 approximately (or their relatives) were paying the full cost of their nursing home care. Nursing homes were widely viewed as a last resort. Quality of care was variable, but double or even quadruple occupancy of rooms was the norm. No legislation was envisaged requiring new homes to provide single rooms, let alone en suite toilet facilities. Modern developments, such as residents' committees and mission statements on home-like environments and the empowerment of patients had been instituted, see for example Campobello Nursing Home Inc. (2004) but there was little evidence that they were having much success in improving the quality of life of residents. Regulations on minimum standards were widely ignored (2). Richardson et al. (2001) working in Ontario, showed how few nursing homes were aware of best practice guidelines and how even fewer (21 per cent) reported using them.

Table 1 Local government payments for long term care, 2002-3

Type of service	Cost \$CNm	Numbers subsidized
In home support	45.6	7,164 seniors
Nursing Homes	122.0m	3,100 approx (out of 3,900 approx . total occupants)

Source: New Brunswick Family and Community Services (2003). In addition \$CN12.5m was paid out to 1,980 residents of special care homes. No age break down was available for these homes which were mainly for younger disabled people.

In comparison with the rest of the country, the province had an unusually high proportion of frail seniors living in rural areas and a low total expenditure on home support (though high on the short term home care nursing service). This was reflected in unmet need. Nursing homes were full, with a provincial waiting list according to New Brunswick Family and Community Services of around 200 in 2003 (see also Gowan, 2003). In addition, between 10 per cent and 30 per cent, depending on the hospital catchment area and the time of year, of all hospital beds were occupied by seniors who could not be discharged because they could not be adequately cared for elsewhere (New Brunswick Telegraph-Journal, 2003; Family and Community Services, 2004a). The presence of seniors unable to leave hospital and a waiting list for nursing homes indicated that the system was seriously overstretched.

Table 2 Average unit costs per day of long term care by type, 2001-2

	\$CN	
Home support	66	
Nursing home	106	(range from \$100 to \$160)
Hospital bed	606	

Source: Smith, 2002 and New Brunswick Family and Community Services (personal communication)

As can be seen from Table 1 the highest number of seniors was assisted by home support, but the greatest cost for tax payers arose from those who were in nursing homes. Table 2 reinforces this message but also brings in hospital costs. The average cost of a hospital bed was around \$CN606 per day. However this was a misleading figure for seniors who remained in hospital because they had nowhere else to go. These patients were being maintained rather than treated, and their costs were below the average, but no exact figures were available. Average cost for nursing homes included a share of capital costs, so average unit costs were rising as more expensive homes were being built. In future, the gap between unit costs of home care and nursing homes would increase as the plan for \$CN190m investment in new and refurbished homes between 2003 and 2006 was implemented (New Brunswick Department of Family and Community Services, 2004b).

Rationing of services

Given the combination of rising need and near static finance, services had been rationed, both directly and indirectly. Financial and administrative systems acted as direct rationing devices. The provincial subsidy for home support had been frozen since 1997. During that time there had been small increases in the allowable wage rates for home support workers, but these increases had merely led to cuts in hours. As a result, the top rate of subsidy had covered 215 hours of home support per month in 1997, while in 2004 it purchased only 175 hours per month (a cut of nearly 20%). Assistance was only granted after two needs assessments, one for disability and one for finance. Both were slow and the financial needs form was particularly long and forbidding.

However, indirect rationing, via the poor quality of the services offered by many of the providers, was the most powerful limit on service takeup. The main impact was on demand for home support, but problems of low pay and poor training for staff also applied to nursing homes. The work environment for home support made it very difficult indeed to provide a quality service. Many staff would have been better off on welfare benefits for the unemployed (see also Pupo and Duffy, 2003). The problem

was long standing and in 1999 the New Brunswick *Health Services Review: Report of the Committee* (New Brunswick Health and Community Services, 1999) had noted that minimum hourly pay should rise to equal the amount that a single parent with two children would get on Income Assistance. The recommendation was not implemented. Low pay was made worse by lack of allowances or occupational benefits. In the predominantly rural area under study, mileages were high (up to 400 miles a week, Smith, 2002) and low paid staff were expected to cover the costs of getting to their clients. Vehicle mileage was not fully reimbursed, and often not paid at all. Staff also had to pay their own car insurance. They had no entitlement to holidays or sick pay, and they lost all earnings when a client died or went into hospital. In many agencies they were expected to pay for their own basic training, or at least share the cost. Agency staff turnover was running at an average of 50 per cent a year but was much higher in some cases (Smith, 2002). Managerial support varied, but was often inadequate. Denton et al., (1999) showed that *all* home support staff in their survey, including the managers and supervisors, scored above average on measures of stress and poor health. Unsurprisingly in such circumstances, complaints about home support workers were widespread among service users (Smith, 2002), despite the fact that some agencies and some staff were highly valued. A further problem was that the provincial subsidy was paid on the basis of hours alone and did not allow for agencies' central running costs. The official response was to recommend frail seniors and their carers to bypass the agencies and employ their own caregivers privately. This was a high risk strategy. Such workers were rarely trained, there was no check on criminal records and they had no managerial supervision. Seniors frequently felt disempowered and unable to exercise full consumer control over their privately hired service providers (Aronson, 2002a; 2002b; Wilson, 1994). Unless relatives were present, home support staff worked alone. Their employment increased the risk of elder abuse, both financial and physical, as evidenced by cases reported in local papers (Chiarelli, 2002; Urquart, 2002).

A technical solution: Cost effective support for an ageing population

Faced with rising demand, the policy choice for the province was between building more nursing home beds (at an ever rising cost to the taxpayer), or providing better home support that would allow proportionally fewer admissions to the existing stock

of institutional beds. Closures of home support agencies indicated a looming crisis, with more agencies likely to close unless the province raised the level of funding (Llewellyn, 2002; 2003). Frail seniors who could have been maintained at home by their relatives and neighbours if a little help had been available from services (see Penning and Keating, 2000), and others who lived alone in isolated situations, were being forced into expensive nursing homes by the lack of good quality, reliable home support. As shown by Hollander and Chappell, a better (more highly paid, better trained, more stable) home support service would have both saved taxpayer's money and raised the quality of home support for frail seniors (Hollander and Chappell, 2002). Although the crude unit costs in Table 2 exaggerate the difference in costs between the services (see also Challis and Davies, 1986; Bebbington et al, 1990 for methodological problems), the full study by Hollander and Chappell made it clear that failure to fund home support was a way of wasting tax payer's money.

Considered in terms of best use of expenditure in relation to unit costs, the clear priorities were to raise the number of allowable home support hours per month, and to raise the total subsidy for home support. In terms of popularity with service users (who wanted overwhelmingly to stay in their own homes), and their relatives who also favoured home care for cultural reasons (see below), the situation was more complex. Home support was a generally popular service despite the many complaints about quality. Nursing homes were not popular, but they were the last resort of the desperate, and there was a waiting list. There was no indication, either from government or voters, that a cost effective policy choice would prevail.

Problems with the technical solution: politics

In a federal state with strong local jurisdictions, transfers from rich to poor areas can be more difficult than in a unitary state with the same regional inequalities. In the present case, economic inequalities appeared to have had a strong influence on perceptions of what was politically possible for the provincial government. The strong cultural tradition of provincial rivalries and opposition to transfers from centre to periphery might also be invoked (Breton et al., 2004). An outright attempt to counteract the global tendencies that were concentrating growth and prosperity in the

richest parts of the country and marginalizing others, therefore seemed very unlikely without major changes in federal and provincial political cultures.

Problems with the technical solution: socio-cultural factors

As noted by Held and McAndrew (2002) above, the marginalisation that can accompany globalisation can act to reinforce local cultures. In New Brunswick the long term lack of economic growth and absence of big cities had meant that migrants had not been attracted to the area. Denton et al. (2000) predicted almost static population numbers till 2011 and a growing decline thereafter. Traditional social attitudes remained strong and had been much less challenged than in parts of the country where there were better employment opportunities for men and especially women, and where migration had led to cultural diversity. This was not to say that there had been no challenges and no change, but the global processes of economic marginalization appeared to have combined with a consciousness of being labelled by others as poor and backward, to reinforce pride in self sufficiency and traditional values. The prevailing cultural ideology was one of 'rugged individualism' combined with a strong belief in community. Breton et al. (2004) found that the Atlantic Provinces scored highest in Canada for feelings of being at home in the community and for obligation to help others. Hence individuals were ideologically expected to help each other in times of difficulty, but such collective action occurred within a framework of individual social activity, rather than shared political endeavour.

The traditional of social solidarity was a strength in most contexts, but in terms of providing care for frail seniors it was not. A strong belief in family values meant that women were still *publicly* expected to act as family caregivers and their need for support services was underrated. For example Jonsson, (2003) showed that the welfare culture in the Maritime Provinces was closest to a Southern European model where women are expected to provide most care. This was true whether we are talking about formal (paid) care workers or informal (mainly family and friends) caregivers (Hallman and Joseph, 1999). The traditional public discourse had spilled over on to paid care givers who were variously defined as doing what could be expected of a daughter or doing simple housework. Neither of these definitions came near the work that was demanded of many home support workers, but as set out

above, the job continued to suffer from low pay, lack of training and low social esteem (Nugent, 2003).

The stress in the previous paragraph is on *public* morality because there were private discourses that did not assume family care (see Kemp and Denton, 2003). Also global discourses on rights for women and gender equality existed, and had been institutionalised in ways (e.g. New Brunswick Advisory Council on the Status of Women) that helped to reinforce citizenship rights for women of all ages. However such bodies had limited campaign resources. They had not in 2003 been able to address the complex issues of equal citizenship rights for seniors and their caregivers. There was a growing understanding that more formal services were needed to support seniors whose families had moved away, and that women caregivers were having to combined caring with paid work, but cultural change was slow in the absence of dedicated pressure groups.

Conclusions

In the example chosen, a small province with rising need for long term care for frail seniors was not only spending nearly one and half times as much money on nursing homes for less than half the number of users as home care (see Table 1), but was committed to increasing the imbalance. Since the nursing home sector relied almost entirely on public funding, (nearly 80 per cent of all occupants were wholly or partly funded by public money), a policy of allowing new nursing homes to be built implied a long term increase in the burden on the taxpayer. The cost effective option for many, if not most, frail seniors (see Hollander and Chappell, 2002) was home support. Hence a rational policy would raise the quality and the extent of the home support services before allowing more nursing homes to be built. However an expansion of home support needed direct funding, while contributions to nursing home patients were a long term commitment that could be expected to increase more slowly. Hence more beds met a popular demand for accommodation of last resort, but appeared to have low immediate costs. Taxpayers were being committed to future subsidies for a service that did not deliver quality of life to seniors and would not do so in the future, as long as multiple occupancy of rooms was the standard. Home support, which was the cost effective and rational policy option, was not a priority, despite the evidence

from current statistics, future projections and research findings (Hollander and Chappell, 2002).

Three sets of influences working against the rational policy choice have been identified, political, economic and sociocultural. First the history of federal-provincial relations has reinforced global tendencies for rich regions to become richer while the less well endowed are marginalized. The transfer of funds from rich to less prosperous provinces has not been popular in Canada (Breton et al. 2004). However there may be limits to how much inequality a rich democracy (outside the United States where very few of the poor vote) can tolerate. Globalisation also implies the spread of political demands for citizenship entitlements and gender rights. These demands could include better and more cost effective long term care policies. An ageing population of voters and their caregivers (citizens) with growing service needs may make service expansion and improvement politically essential.

The economic outcomes of globalisation have reinforced trends to below average incomes in marginalized regions, with corresponding relative reductions in provincial tax revenues. Small administrative units and small budgets restrict financial freedom. This in turn allows politicians and some policy analysts to present global ideologies that see public spending as unproductive and wasteful as inevitable or even rational.

It is possible to argue that it is the neo liberal ideologies of globalisation, not the economic outcomes, that are the main causes of failure to protect the weakest regions and the weakest citizens. The political will to ensure equal citizenship across all regions has been sapped by the triumph of an ideology that sees market freedom and low taxation as ends in themselves, and that limits tariff protection and all types of public expenditure in the name of global financial orthodoxy (Watson, 1998). In terms of individual rights, the neoliberal discourse was strong and it was difficult to justify spending on collective needs. Policy makers could easily co-opt traditional cultural values of self sufficiency and independence into global discourses of individualism and low taxation.

Finally it was argued that marginalisation could have the effect of slowing down changes in cultural ideologies. In the example above, traditions of self sufficiency and

independence gave support to a global trend to individualism, and worked against collective action. Traditional self sufficiency also emphasised the family unit and rested firmly on the labour of women. In policy terms, this labour was largely invisible until it was threatened by the global shift in the labour market opportunities for women (Campani, G., 1995). One reaction was to stress the importance of family caregiving for frail seniors. However the spread of global ideologies on gender rights and equal citizenship for women, combined with the number of women in the labour market were slowly undermining ideologies of family caregiving.

It has been argued that when looking at social policy at regional level, the question becomes one of how strongly local historical, economic and sociocultural factors appear to reinforce or combat the outcomes and ideologies of globalisation, and which aspects become dominant. In the example discussed, global ideologies and economic forces appeared to have acted mainly to reinforce traditional cultural values at the provincial level (Macdonald 1998). Disadvantage and relative isolation had reinforced public reliance on local culture. Frail seniors had not been seen as citizens with equal social rights (see UN, 2002a and b; Health Canada 2001; see Morgan and Sam, (2002) for changes) and the public morality on the importance of family caregiving (however challenged by reality) had made it difficult to mount movements for better home care and more humane standards in nursing homes. Change appeared inevitable in the future, but in the absence of developed campaigns for senior rights, caregiver rights, more public spending, and better regulation of the market in long term care services, the outcome could as easily be more of the same as a shift to more rational policies.

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Notes

(1) Home care (nursing in the community) was part of the federally funded health insurance system but was not a long term care service and is not considered in this paper.

(2) ‘Auditor blasts nursing home inspections. New Brunswick's 67 nursing homes may have the proper licence hanging on the wall, but Auditor General Daryl Wilson found a system where inspections were infrequent, facilities ignored past infractions, and got off without stiff penalties’. 12/15/04 *Provincial News*.

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