AGEING WELFARE STATE IN TRANSITION: A FUZZY-SET ANALYSIS OF LONG-TERM CARE PROVISION ACROSS LIBERAL, CONSERVATIVE, AND SOCIAL-DEMOCRATIC REGIMES

Zhen TIAN[1]

....

This study explores the long-term care service landscape across international contexts, attempting to identify and categorise unique typologies within the global environment. It investigates how the structural, organisational, and operational aspects of welfare systems influence social service provision in five typical welfare state models. The study uses qualitative comparison analysis, specifically a fuzzy-set ideal type analysis, to identify significant welfare actors and calibration points. The findings illustrate the intricate interplay of state, market, and societal actors in generating welfare pluralism within LTC systems, which is influenced by route dependency and socio-cultural variables. The results contribute to academic discourses on long-term care system dynamics by utilising a welfare pluralism viewpoint and a fuzzy-set technique that considers the multifaceted character of long-term care service provision. It has significant implications for policymakers and academics working to improve the equity, efficiency, and responsiveness of long-term care service system across various national and subnational contexts.

Key words: long-term care; welfare pluralism; health policy; fuzzy-set analysis; service provision.

1 INTRODUCTION

Concern over the effects of demographic trends on an ageing world population is becoming more prevalent, according to the existing academic research (Khan 2019; Mitchell and Walker 2020). On the one hand, this demographic transition makes the underlying socioeconomic vulnerabilities that many welfare states confront worse (Mulvale et al. 2020). Comprehensive medical and healthcare services for the elderly are necessary due to the increased financial demands on

[1] **Zhen TIAN**, PhD is Research Assistant Professor in the Department of Applied Social Sciences and a member of the Research Centre for Gerontology and Family Studies at The Hong Kong Polytechnic University. ORCID number 0000-0002-7026-7582. Contact: jane-zhen.tian@polyu.edu.hk.

welfare systems caused by the ageing population (Spiers et al. 2019). As the elder workforce ages and enters retirement, welfare states must simultaneously deal with projected labour market shortages and possible productivity drops (Naumann 2017). On the other hand, the growing risks of population ageing call for a wide range of assistance for family carers and the creation of customised services to effectively meet the various requirements of the senior citizens (Anisimov et al. 2022). To guarantee the welfare and social inclusion of senior persons within the larger social framework, this complex issue necessitates an all-encompassing, evidence-based policy approach (Pfau-Effinger 2012).

Previous studies have illuminated the diverse characteristics and transformative trajectories within various regional contexts, stemming from the intricate interplay of welfare policies, economic conditions, and the dominant political ideologies of each nation (Bäckman 2016; Szebehely and Meagher 2018). As conceptualized by Esping-Andersen (1989), a spectrum of welfare regimes exists, ranging from those with extensive coverage and service provision for the retirement phase, underpinned by robust welfare states, to those that depend on social insurance-based collective support, and those where such support is facilitated through the mechanisms and policies of a liberal market economy.

Nevertheless, the nature and effectiveness of aforementioned 'early departure' welfare state models in tackling the new challenges connected with demographic transition are still being debated in academia (Ebbinghaus 2021; Häusermann 2020). The necessity of developing sustainable welfare systems that can care for the ageing population while making sure that economic goals are not put before of social and human sustainability has been a prominent issue in public discourse (Schoyen, Hvinden and Leiren 2022). As a result, several initiatives and pilot programmes are now in progress to create novel answers to the intricate challenges brought on by the ageing of the population (Ariaans, Linden and Wendt 2021; Ranci and Pavolini 2015).

Nonetheless, the most effective strategy to build care systems that can successfully handle the changing demographic environment is still a topic of continuous scholarly discussion. Even while many industrialised nations' care systems now offer more substantial service offerings, actual coverage and accessibility are sometimes still very limited (Rostgaard et al. 2022). A growing body of scholarly work highlights the importance of non-profit organisations and for-profit businesses in terms of their social impact and argues that government action alone is insufficient to address these global issues (Blomqvist and Winblad 2019).

This study examines long-term care (LTC) system design from a global perspective, followed by a typological debate (Ariaans, Linden and Wendt 2021). Using an ideal-type fuzzy set approach, this study examines how the structural, organisational, and operational characteristics of welfare systems influence the delivery of social services in five common welfare state models, while minimising the potential lack of uniformity in qualitative statistics.

The research questions investigated in this study are: 1) how are the design features of the long-term care system like welfare systems of specific countries? 2) how does the development of long-term care system further promote the reform of welfare systems in diverse national contexts? To answer these research issues, the study examines five representative nations that encompass the conventional welfare regime typology: Sweden, Germany, Japan, South Korea, and the United States (Hassel and Palier 2023; Yörük, Öker and Tafoya 2022).

The study aims to clarify the intricate relationship between the structure of the welfare state as a whole and the design of the long-term care system by using a comparative perspective. The results expand academic knowledge of how advancements and changes in long-term care delivery might spur more extensive changes in the welfare systems of developed nations dealing with the challenges of an ageing population.

2 LITERATURE REVIEW

The traditional welfare state was built upon the idea of social citizenship, according to which the state oversaw offering a variety of universal public services (Taylor-Gooby 1991). Titmuss expanded on this fundamental principle by making a distinction between the models of residual (minimum) and institutional (maximal) welfare states (Pinker 2017). Based on the institutional arrangements that influence the results of welfare provision, Esping-Andersen (1989) used a more sophisticated typological method to categorise capitalist welfare states into three different regime types: Liberal, Christian Democratic, and Social Democratic regimes.

The Liberal regime, exemplified by the United States, is characterized by a limited role for government in the direct provision of social services. Instead, it encourages dependence on private donations or philanthropy. By contrast, the Christian Democratic regime, as embodied by Germany, is corporatist and conservative. The welfare rights and entitlements within this regime are linked to social insurance contributions based on individual or family income. The Social Democratic regime, typically observed in Nordic countries such as Sweden, is distinguished by the widespread coverage of social risks through universally accessible, tax-funded insurance programmes. This regime values the principle of communal responsibility and the equitable distribution of social risks across the population (Esping-Andersen 1989).

In addition to the three classic welfare regimes observed in Western societies, scholars have identified an independent welfare regime model prevalent in East Asian contexts. The Productivist model is characterised by the prioritisation of welfare service provision for the purpose of economic development, with the influence of cultural standards like filial piety and Confucianism (Lee and Ku 2007; Yeh 2023). As East Asian countries such as Japan and South Korea have continued to develop and engage in policy learning, they have established more comprehensive social insurance systems, which are more like the Christian Democratic welfare regime (Choi 2012). Therefore, more recent academic endeavours have attempted to integrate the East Asia regime into the larger global discussions on welfare state reform and future growth (Yang and Kühner 2020).

However, the reduction of public spending and the redrawing of public-private borders have had a significant impact on the size and makeup of welfare states as neoliberalism has gained traction. The modern welfare state has demonstrated an increasing trend towards decentralisation, localisation, autonomy, and service diversity in contrast to the traditional welfare state's emphasis on shared risk and collective responsibility (Esping-Andersen 2024). New prospects for inventive social activities in the design and implementation of welfare services are brought about by the expansion of global networks and civil bureaucracy (Breimo et al. 2017).

The developing tendency towards a "freedom market" ideal has been categorised by scholars as "welfare pluralism" or a "mixed economy" (Pinker 1992; Skelton 1998). The former describes a system where the number and variety of service providers are expanded, but the substantial weight of welfare funding remains on statutory agencies of the federal and local governments. The latter emphasizes the social welfare financial system will be privatised because of emerging private service providers. Furthermore, academics provide a comprehensive framework to analyse the mixed division of modern welfare reform, underlining the separation of social supply and funding (Hill 2019; Powell 2019).

When analysing how welfare provision and service system configurations have changed in this dynamic context of welfare pluralism, it is crucial to consider the unique interpretations and implications of their interactions under institutional, cultural, and political circumstances (Yang and Kühner 2020). This study compares the design and implementation of long-term care service systems across five typical welfare regime contexts. Following the scholarly debates on welfare regime typologies and the classification of long-term care system structures proposed in previous studies (Ariaans, Linden and Wendt 2021; Fischer 2022), a conceptual framework comprising four fundamental welfare dimensions—service access, service financing, service delivery, and service regulation—is proposed for the comparative analysis.

As illustrated in Figure 1, this study advanced the actor-centric welfare pluralism paradigm to incorporate the domains of service access in comparative analysis across various socioeconomic contexts. The examination of service access, including service coverage and eligibility criteria, would be a vital aspect of the proposed actor-centric welfare pluralism paradigm. The framework also covers the main facets of welfare pluralism, such as the functions and relationships of different welfare actors in the service financing, delivery, and regulation, including the government, the market, the voluntary sector, and informal care networks.

FIGURE 1: CONCEPTUAL FRAMEWORK
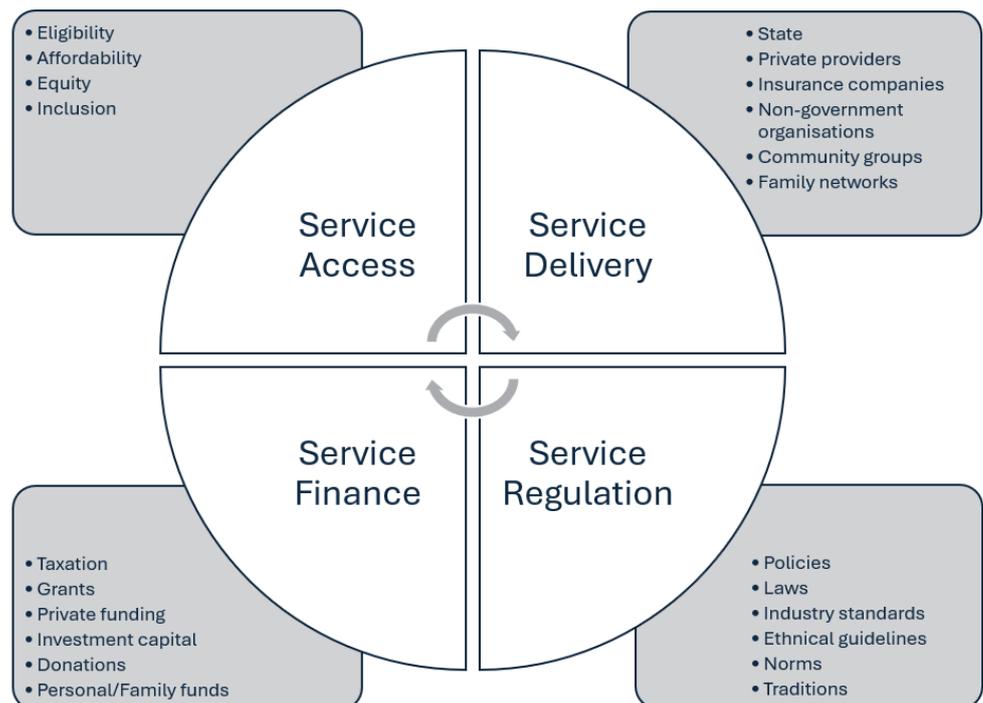
3 METHODS

This study aims to examine and compare the design and implementation of long-term care service systems in various nations while incorporating the welfare pluralism. By employing fuzzy-set ideal type analysis (FSITA) to integrate both quantitative and qualitative data, it overcomes the limitation of quantitative statistical analyses, such as statistical uncertainty, the impact of outliers, and the masking effects of statistical means (Thomann and Maggetti 2020).

The FSITA approach is based on the language of necessary and sufficient conditions as well as set theory. As stated by Ragin (2000), the fuzzy-set methodology combines the advantages of quantitative analytical methods and qualitative case studies. The fuzzy-set theory captures diversity in both kind and degree by conceptualising cases as configurations of multiple dimensions (Ragin 2003). Two qualitative data points—complete non-membership and full membership—as well as the quantitative variance between them—that is, 0 (entirely out) and 1 (fully in)—are necessary for all fuzzy set analysis. Individual cases can have fuzzy set scores ranging between 0.0 and 1.0. Researchers can use their theoretical and empirical expertise to calibrate the sets by setting up these breakpoints in addition to the raw data.

The FSITA combines numerous fuzzy sets using two Boolean logic principles: logical AND (the intersection or minimum principle, denoted by the symbol *) and logical NOT (the negation principle, denoted by the symbol ~). It is possible to formulate the logically possible combinations with multiple aspects as the "property space" by using these two operations (Ragin and Pennings 2005). This study classified long-term care service systems based on partial membership. The operation of fuzzy sets in the analysis process is determined by three logics: set negation, set intersection and set union. Set intersection describes the common area of two or more connected sets. In addition, there are two extremes: complete inclusion and complete rejection.

Building on Powell's (2019) welfare pluralism model and the research framework, a total of ten ideal type can be proposed (see Table 1). The mixed-protective type achieves high scores in all four domains: welfare actor participation and generous service access, delivery, finance, and regulation. In contrast, the weak type scores low on all aspects. The state-protective type has high service access scores, since the state/government is the dominant player in service finance, delivery, and regulation. In contrast, the conditional-protective type has poor service access ratings due to restricted inclusion and coverage, whereas the other three aspects engage various welfare players. The state-regulatory type has high score in service access, finance, and delivery, with generous and diversified service supply, but service regulation is exclusively the responsibility of the state. The conditional-regulatory type also has the state as the primary actor in service regulation, while multiple actors participate in service finance and delivery, but only provide limited-service access to the targeted population. The market-delivery type incorporates several welfare actors alone in service delivery, with the state in charge of service funding and regulation, as well as a generously high service access score. However, the conditional-delivery type has low service access score, indicating restricted coverage and inclusion. Market-finance and conditional-finance models both include various welfare players in service funding, with the state in charge of service delivery and regulation.

TABLE 1: IDEAL TYPES FOR LONG-TERM CARE SERVICE SYSTEM

Ideal types	Service Access (A)	Service Finance (F)	Service Delivery (D)	Service Regulation (R)	Model
Mixed-Protective	Generous	Multi actors	Multi actors	Multi actors	A*F*D*R
State-protective	Generous	State	State	State	A*~F*~D*~R
State-delivery	Generous	Multi actors	State	Multi actors	A*F*~D*R
Market-delivery	Generous	State	Multi actors	State	A*~F*D*~R
Conditional-delivery	Limited	State	Multi actors	State	~A*~F*D*~R
Market-finance	Generous	Multi actors	State	State	A*F*~D*~R
Conditional-finance	Limited	Multi actors	State	State	~A*F*~D*~R
State-regulatory	Generous	Multi actors	Multi actors	State	A*F*D*~R
Conditional-regulatory	Limited	Multi actors	Multi actors	State	~A*F*D*~R
Conditional-pluralism	Limited	Multi actors	Multi actors	Multi actors	~A*F*D*R
Weak	Limited	State	State	State	~A*~F*~D*~R

The following analytical categories were determined to be relevant to the investigation of the design and implementation of long-term care service systems: 1) Overarching policy objectives and system structure, 2) Organisation and regulation, 3) Formal and informal division of care work, and 4) Financial guidelines. This study gathered data on these four analytical categories from national statistics, academic literature, and policy documents from several countries, as well as comparable data from national statistical agencies and the OECD.

4 RESULTS

4.1 Service access

The first initial component of the LTC system is the degree of accessibility with which services are distributed, including the definition of eligibility criteria and the inclusion of beneficiaries. However, each country has different levels of generosity in the services offered to people with long-term care needs, and these differences influence how much a given LTC system offers in terms of service benefits (Villalobos Dintrans 2020). Service access in this study refers to service coverage and LTC eligibility requirements. More precisely, the accessibility is less liberal the more conditions are required to qualify for LTC treatment.

Sweden's long-term care provision aligns with a social-democratic feature that prioritises comprehensive and generous assistance. The Social Service Act and Health and Medical Service Act in Sweden permit elderly citizens to request and utilise long-term care services as required. Similarly, Germany's mandated long-term care insurance scheme covers most of the population. About 79 million of Germany's 82 million citizens have enrolled in the long-term care insurance scheme (Busse et al. 2017). In contrast, Japan and South Korea have introduced national long-term care insurance programs with more specific eligibility requirements based on age, income, and family status (Kim et al. 2022; Rhee, Done and Anderson 2015).

The United States' Medicare and Medicaid programs have a more restricted coverage group for long-term care services since they are more geared towards medical assistance than social insurance. A person's eligibility for services is frequently based on their financial situation rather than their total care requirements, and the U.S. long-term care system is made up of a variety of public, private, and medical providers (Hest, Alarcon and Blewett 2022).

To standardise LTC eligibility criteria, most nations have adopted activities of daily living (ADL) assessment scales, which may be roughly classified into three approaches: personalised, ADL-based, and resource-quantified (Hardy, Acciai and Reyes 2014). Sweden illustrates the personalised approach by conducting in-depth interviews with people and their families to evaluate care requirements rather than relying on broad ADL criteria. Since 2010, Sweden has also mandated local governments to create personalised care plans for recipients (Matscheck and Piuva 2025). In contrast, the United States' long-term care eligibility examination based primarily on an individual's financial resources rather than a comprehensive assessment of their care needs.

Nations with public LTC insurance schemes, like as Germany and South Korea, use standardised ADL-based evaluation tools to determine care need and eligibility. These assessment tools assign individuals to predefined categories based on the nature and severity of their physical, cognitive, and psychological impairments. Japan's LTC eligibility examination is significantly more involved, with a 74-item questionnaire used to establish seven levels of care requirement certification (Yamada and Arai 2020).

4.2 Service finance

The long-term care system has traditionally been funded by the collection of resources such as taxes, voluntary or required contributions, and out-of-pocket payments (Villalobos Dintrans 2020). To balance coverage and sustainability, most nations have set variable amounts of benefit spending for different recipient categories. While the option between cash and in-kind reimbursement for LTC services is an important aspect in the literature, this study solely focusses on the role of welfare actors in service finance to investigate the diversity within LTC systems.

In Sweden, municipalities oversee a substantial amount of the entire public budget for LTC service, accounting for around 85% of financing for older persons and 70% for people with disabilities (Lagergren 2002). Less than 5% of Sweden's total LTC costs are privately funded, with the majority coming from public tax revenues. According to data from the Swedish Ministry of Health and Social Affairs, more than 20% of home care recipients receive services at no cost because their incomes fall below the established threshold. However, this type of comprehensive, tax-financed LTC system is uncommon in other countries because it necessitates significant capital accumulation and a well-balanced supply-demand dynamic. Notably, Sweden's public spending on long-term care, which includes both older persons and those with disabilities, is 3.9% of GDP, which is higher than in other European and North American nations (see Figure 2).

Alongside the typical public-funded long-term care system, numerous nations have established social insurance schemes to reduce the financial risks involved with LTC service. These long-term care insurance (LTCI) initiatives are principally funded by mandated, income-related payments from the working population, as specified in the individual legislative frameworks (Rothgang 2010).

In Germany, LTCI premiums accounted for 3.05% of total revenue in 2019. Japan's LTCI system receives income-based premiums from those aged 40 and over, which contribute for around half of public financing, with the remaining 10% coming from user co-payments (Sano et al. 2022). South Korea has taken a

similar approach, with mandated income contributions of around 0.68%, accounting for 60-65% of LTCI funding by 2020, supported by government subsidies from general taxes (Kim and Kwon 2021). In contrast to the social insurance models, the United States attempted but failed to implement a non-mandatory, self-funded LTC social insurance programme as part of the 2010 health reform, which was eventually abandoned due to concerns about moral hazards and adverse selection (White 2013). The long-term care system in United States is typically funded by a combination of public health insurance programs, such as Medicaid and Medicare, and private sources, such as personal savings and private LTC insurance. The US finance model is more reliant on private investment and out-of-pocket spending, whereas South Korea and Germany take a balanced approach to public and private financing.

FIGURE 2: LONG-TERM CARE PUBLIC EXPENDITURE AS A SHARE OF GDP AND PER CAPITA TILL 2020
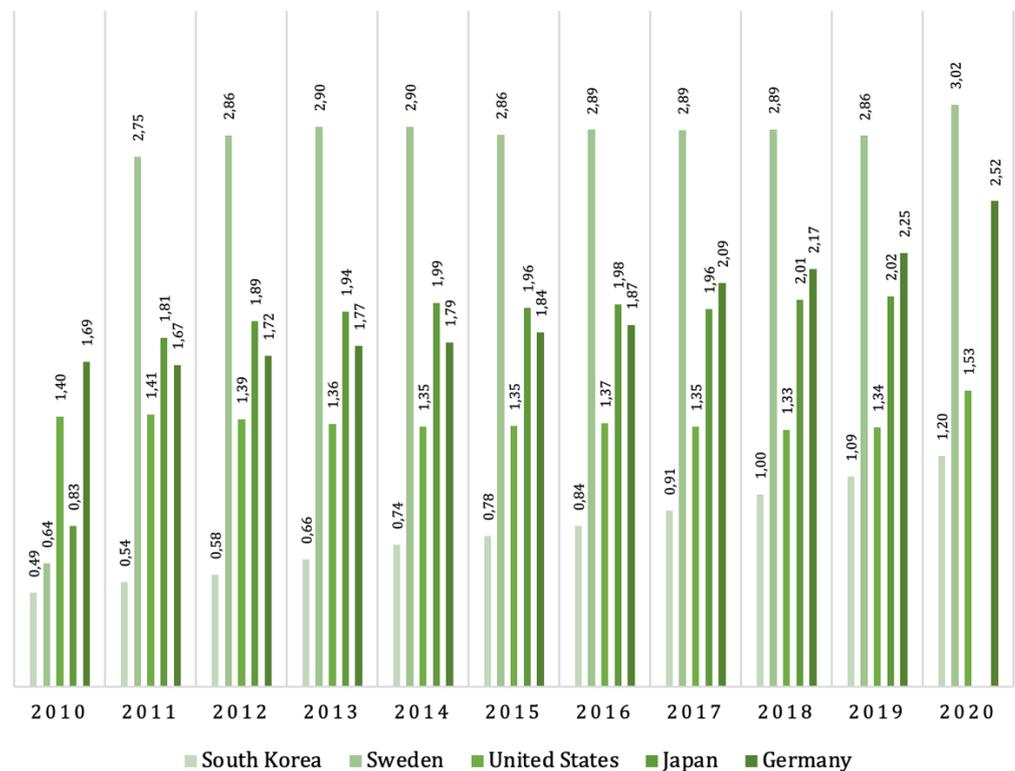
Source: OECD Health Statistics 2020, https://doi.org/10.1787/health-data-en.

4.3 Service delivery

The service delivery dimension of long-term care systems is characterized by the participation of providers and the attribution of service autonomy. Three different models for service delivery arrangements across different national contexts have been proposed by Colombo et al. (2011): (1) centrally directed, (2) multi-integrated, and (3) fragmented network. These models differ in terms of the nature and importance of welfare actors involved in service delivery and provision. The primary difference between centrally directed and fragmented network models is the extent to which the central government decides the service delivery paradigm rather than allowing the market to produce it. In contrast, the multi-integrated approach emphasises more contact and coordination among service providers.

The United States illustrates the fragmented network model, with the LTC provider landscape being complicated, multilayered, and confusing for customers, with several agencies regulated by a web of federal, state, and local regulations and processes (Glied and Jackson 2017). Despite changes in the delivery of long-term care services since the repeal of the Affordable Care Act in 2016, the US system remains fragmented and commercialised arrangement.

In contrast, Sweden reflects a multi-integrated LTC delivery model, with the state largely responsible for care for the weak and vulnerable (Winblad, Blomqvist and Karlsson 2017). While Sweden has integrated well-developed volunteer organisations and civil society into LTC service delivery, the overall system is limited by local governments' significant autonomy and involvement in determining service arrangements and assigning tasks to various providers (Mailand and Hansen 2016). The structure of the multi-integrated model varies based on the dominant kind of service provider and the extent to which the family's involvement is recognised and supported.

In South Korea, the LTCI programme was implemented between 2009 and 2016, resulting in a rapid increase of private providers from 2,600 to 5,000 institutions and 11,900 to 12,900 home-based care organisations (Jeon and Kwon 2017). This has led in the formation of a network of multi-corporate alliances, with private service providers playing an important role. In contrast, Japan's emphasis on community-based care within its LTCI system has prioritised the importance of local comprehensive care centres and social associations in LTC service delivery over the role of family caregivers (Noda et al. 2021).

The LTC service delivery arrangement in Germany is most closely aligned with the multi-integrated approach, which is defined by a complimentary interaction between the state, market, society, and family. Germany actively assists families with their caregiving obligations by offering monetary rewards to female family members who provide informal long-term care, as well as free volunteer training courses (Riedel, Kraus and Mayer 2016).

4.4 Service regulation

Service regulatory has frequently been combined in prior studies on the examination of long-term care service delivery. Given the government's shifting role from direct administration to governance, it is crucial to view regulation as a significant component (Barr 2020). Considering the possibility for market and third-party failures, a complete set of rules is essential to assure the quality, accessibility, and financial feasibility of long-term care services. The welfare service regulation goes beyond the kind and location of providers to include wider governance guidelines (Longo et al. 2015). Drawing on the debate of welfare decentralisation and new public administration, this study conceptualises the service regulatory domain by considering the degree and scope of government involvement in monitoring and regulating LTC providers.

Sweden has established a comprehensive and multi-level government regulatory framework. General regulation is the responsibility of the federal government, but local and county governments have been given considerable latitude in the specific planning, financing, and allocation of resources for long-term care services. The National Board of Health and Safety and other central health organisations are principally responsible for making ensuring that services are in line with the objectives of national policy. The main regulators of LTC service delivery are still local and municipal authorities, even though private health and

social care organisations are present in specialised housing and home care provision (Mailand and Hansen 2016).

Germany's long-term care insurance system stands out for its state regulatory framework, which serves as a firm foundation for local self-management and regional control (Nadash, Doty and von Schwanenflügel 2018). Regional and municipal governments oversee administering and financing long-term care services. Compared with Sweden, Germany lays a stronger focus on limiting the breadth of services. In Germany, local governments collaborate with civil society and for-profit service organisations to develop social infrastructures. In addition, a national system of tax deductions is used to promote paid care provision within private households, though this system follows centralised principles. Furthermore, Germany has developed a "Medical Advisory Service" to regulate all long-term care services and support providers. Its principal role is to yearly assess whether licensed care facilities meet the performance and quality improvement standards outlined in national rules (ibid.). The Association of LTCI Funds, which is made up of representatives from service providers and insurance funds, set these regulatory rules. A publicly available website launched by the state gives information on nursing homes and care facilities open for market and social regulation (Nadash et al. 2018).

Both Japan and South Korea are primarily concerned with regulating eligibility standards and service access, reflecting the legacy of their respective health insurance systems (Rhee et al. 2015). In Japan, local governments oversee regulating long-term care social insurance systems, while national and health insurance agencies give support and assistance. Local governments' primary tasks include generating insurance funds, developing budgets, accepting and approving care eligibility applications, providing insurance services, and assessing the quality of those services (Nakanishi et al. 2015). In contrast, South Korea has weaker national standards and quality control measures compared with Japan and Germany (Seok 2010). The National Health Insurance Corporation manages and regulates the long-term care social insurance programme, while local governments regulate the care facilities. There is a regulatory gap proposed by scholars in managing the behaviour of care providers, carers, and service recipients (Chon 2019).

Similarly, the US has adopted a non-mandatory, lightly regulated approach for the long-term care system. The Centres for Medicare and Medicaid Services (CMS), a federal department under the broader US Department of Health and Human Services, is the principal regulatory body in charge of the long-term care industries. However, the CMS regulatory approach is primarily complaint-driven, relying on state survey, licensing, and certification agencies to identify and report violations (Guo and McGee 2012). State agencies and CMS federal offices work together to enforce the regulation standards.

Notably, the standards focus on establishing minimum quality thresholds rather than incentivising maximum quality improvement. State agencies and CMS regional offices work together to enforce these regulations, addressing identified issues and ensuring compliance. The certification standards focus on establishing minimum quality thresholds rather than incentivising maximum quality improvement. Moreover, the regulatory rules are open to interpretation by individual inspectors, who may be affected by local conventions and resource restrictions. Since the states lack a unified regulatory policy or guidelines, the application of sanctions for apparent violations of nursing home regulations varies significantly across states (Miller and Mor 2008). This minimal, complaint-driven regulatory approach in the United States contrasts with more

comprehensive, government-led regulatory frameworks seen in other countries, such as Germany and Japan, where central and local governments play a more active role in overseeing and enforcing LTC service quality standards.

4.5 Summary

By investigating the FSITA results about long-term care service system and welfare pluralism in five selected countries, this study identified four unique typologies among the nations studied (see Table 2).

TABLE 2: SUMMARY THE CALIBRATION OF LONG-TERM CARE PROVISION COMPARISONS

Identified type	Service Access	Service Finance	Service Delivery	Service Regulation	Case Country
Mixed-protective	Universal	Tax-based public finance	State-Voluntary	Strong localized regulation	Sweden
Conditional-regulatory	Qualification assessment	3.05% income contribution	Four-dimensional interaction	Strong centralized regulation	Germany
Conditional-pluralism	Qualification assessment	1.5% income contribution	Public-private	Strong multi-level regulation	Japan
Conditional-pluralism	Qualification assessment	0.68% income contribution	Public-private	Weak multi-level regulation	South Korea
Conditional-marketisation	Income eligibility	Non-mandatory self-financing	Marketization	Weak federal regulation	United states

The long-term care service system configurations in Japan and South Korea shared a high degree of similarity across the four dimensions analysed. However, a significant divergence emerged in their regulatory approaches. Japan maintained a heavily state-regulated LTC system, with the government playing a dominant role in policy development and service regulation. In contrast, South Korea lacked clear national-level policy directives for regulating LTC services, resulting in a more fragmented and decentralised approach. In the field of service finance, both Japan and South Korea implemented a national social insurance mechanism for funding and financing services. Japan emphasises a multi-tiered government support system, whereas South Korea relies on government subsidies but lacks a well-defined distribution framework.

The Swedish model followed a "mixed-protective" typology, in which the long-term care system was designed to benefit the public by balancing contributions from both the state and local community-based entities. The integration of public and social support mechanisms resulted in more comprehensive and equitable access to long-term care services. In contrast, the United States represented a "conditionally weak" service type, with tight eligibility criteria and a strong market orientation in its long-term care system. This resulted in uneven accessibility, with certain segments of the population facing significant barriers to receiving necessary long-term care. Germany presented a conditional hybrid mode, demonstrating a strong state regulatory role while also having the most diverse service delivery system among the countries examined. However, accessibility to LTC services in Germany was not as widespread as in Sweden, indicating potential gaps in service coverage and integration.

The results indicate that the existing long-term care service system does not fully align with the ideal model proposed by theoretical frameworks. The complex interplay of state, market, and social actors in generating welfare pluralism within long-term care systems results in a dynamic and compromised model of policy implementation. When comparing the identified long-term care service types to the theoretical ideal types, path dependence and socio-cultural factors

play an important role in how these systems finance, distribute, and regulate long-term care services (Béland and Marier 2020).

The stark contrasts between Japan's state-regulated system, South Korea's lack of clear national policy guidelines, Sweden's mixed-protective model, the United States' conditionally weak service type, and Germany's unique combination of strong state regulation and diverse service delivery highlight the complex nature of welfare pluralism in the long-term care sector. It is critical to highlight that service criteria and arrangements are generally more consistent in countries with social insurance-based long-term care systems, in accordance with the existing literature on the path-dependent characteristics of welfare state evolution (Inglot 2016). This underscores the importance of considering the historical and institutional variables that influence the trajectory of long-term care systems, as these can have a significant impact on service accessibility and distribution design (Haggard 2020).

5 DISCUSSION

While most countries across the globe are now attempting to extend welfare coverage and enhance service accessibility to serve a larger population, the primary distinctions lie in service financing, delivery, and regulation. Based on the welfare pluralism debate, the study proposes that effective welfare service system results from giving localised welfare providers more autonomy, along with strong regulatory mechanisms (Andreotti and Mingione 2016). The comparative typology produced in this study demonstrates the possibility for more effective local LTC service delivery if regulatory power is assigned to subnational bodies. These differences are mostly caused by the effect of different socioeconomic situations and service provider characteristics among the nations studied (Asmorowati, Schubert and Ningrum 2022).

The institutional theory and the role of cultural norms in driving welfare state reforms provide a good foundation for comprehending the differences in long-term care service provision model between nations. The state has a significant role in Japan's LTC system because to the country's long history of centralised government and the bureaucracy's important involvement in social policy planning (Pierson 2016). In contrast, the market-oriented strategy taken in the United States reflects the country's emphasis on private, employer-based welfare philosophy.

Differences in service criteria and arrangements across nations with social insurance-based LTC systems and those with different funding models might be attributed to differing public expectations and cultural norms of the state's role in providing welfare services. This viewpoint can also help explain why policy learning did not result in the straight adoption of the German LTC service model in Japan and South Korea, but rather the establishment of context-specific systems that reflect the nations' distinct sociocultural and institutional elements. While some nations have greatly increased service accessibility or turned towards more equitable LTC provision, their path-dependent trajectories and institutional inertia may limit their capacity to fully fulfil the policy objectives.

For instance, both scholars and citizens have long criticised service coverage and accessibility in the United States, and legislative improvements to target less limited and more generally inclusive public care services remain extremely difficult (Jaramillo and Willging 2021). Similarly, recent studies have criticised

the real beneficiaries of Sweden's universal long-term care system, claiming that the service system continues to prioritise the most disadvantaged people above providing complete coverage for the whole population (Rostgaard et al. 2022). Scholars argued the changes have raised unmet need, informalisation of care and privatization in the use of topping up with market-based services in Nordic long-term care systems (Tynkkynen et al. 2022).

Despite the significant path dependency demonstrated in welfare state transformations, changes in political leadership, cultural attitudes, or external shocks (such as demographic shifts, economic crises) may open the door to more transformational reforms in long-term care systems (Maags 2020). The LTC system reform in South Korea, which was impacted by political leadership changes and external shocks like as the global financial crisis, highlights how important such circumstances may be in a country's growth or reform of its current service system and providing model (Kim and Kwon 2021). The global health crisis of 2020 has also been demonstrated to have a significant influence on welfare regime changes, notably in the healthcare sector (Mok, Ku and Yuda 2021).

While path dependencies and institutional inertia present substantial hurdles to comprehensive welfare reforms, the findings of this study indicate that political, sociological, and external forces might generate opportunities for more revolutionary changes in the LTC sector. Policymakers and academics should pay close attention to these possible windows of opportunity and investigate how they might be used to promote real changes in the accessibility, equality, and responsiveness of long-term care systems.

Future studies could assess how policy innovations could mitigate welfare-state path dependence while improving fiscal sustainability. Most nations are now adopting social-sector financing reforms, which range from tiered subsidy schemes to phased adjustments of tax incentives (Bortnyk and Sievidova 2023). Rigorous comparative evaluations are required to separate the causal impacts of these policies on care models and larger social-service systems. Such evidence would guide the development of solutions that go beyond short-term fiscal adjustments and directly address the institutional and behavioural factors that sustain structural vulnerabilities.

Moreover, empirical case studies could help elaborate how contextual factors—such as political-economic constellations, institutional capacities, and the structure of traditional regimes aimed at sub-national welfare actors—condition the effects of national policy levers on care systems. Future research can provide light on the causal pathways that link macro-level policy goals with micro-level incentives by methodically mapping these connections. Such data would provide practitioners and policymakers the accuracy they need to tailor interventions to local institutional conditions and promote long-lasting and revolutionary transformations.

6 CONCLUSION

To put the conclusion first, the findings suggest that varying service outcomes in LTC policy design and implementation may result from localised collaboration among diverse national service providers. This shows that a one-size-fits-all model to LTC system design and service provision may not be enough, needing context-sensitive policy frameworks that account for regional and local

differences (Poškutė, Kazlauskaitė and Matonytė 2022). This study contributes to the scholarly conversation on LTC system dynamics by using a welfare pluralism perspective, shedding light on how the interplay of state, market, and civil society actors impacts finance, regulation, and service arrangements within diverse welfare systems. The fuzzy-set approach considers the multidimensionality of long-term care service provision and welfare pluralism by examining quantitative and qualitative variations among instances concurrently and systematically. The set-theoretic method, including the FSITA method utilised in this work, offers a systematic way to understanding differences across situations (Yang and Kühner 2020).

Overall, the classification of long-term care service provision type has significant implications for policymakers and academics working to improve the equality, efficiency, and responsiveness of long-term care service provision across a variety of national and subnational contexts. However, it is noteworthy to acknowledge the limitation of the study. The current study recognises the intrinsic constraints of its analytical timeline, necessitating a degree of caution in the inferences derived. Furthermore, the study's primary focus on comparing institutional arrangements across nations overlooks other crucial drivers, such as the intricacies of policy execution, financial sustainability, and reform trajectory (e.g. Chan and Kukovič 2025; Häusermann 2020; Szebehely and Meagher 2018). Therefore, to capture how administrative capacity and fiscal mechanisms affect the transformation of national policy designs into service-level results, future studies could employ dynamic fiscal impact assessments and process-tracing analyses of discrete service delivery cases.

Despite these limitations, the study clearly shows that different configurations of long-term care service provision types across countries result in variable patterns and logics of inclusion and exclusion for target groups. While these findings should be interpreted with caution, the conceptual framework and typology developed in this study are expected to provide a solid foundation for future research on the dynamics of welfare pluralism, as well as the changing roles and interactions of welfare actors within national welfare state systems. Such comparative, multi-level analyses are critical for improving our understanding of the complex interplay of welfare service systems across various national and subnational settings (Toplak Perovič and Tomažič 2023; Vampa 2024).

ACKNOWLEDGEMENTS

REFERENCES

Ariaans, Mareike, Philipp Linden and Claus Wendt. 2021. "Worlds of long-term care: A typology of OECD countries." *Health Policy* 125 (5): 609–617.

Andreotti, Alberta and Enzo Mingione. 2016. "Local welfare systems in Europe and the economic crisis." *European Urban and Regional Studies* 23 (3): 252–266.

Anisimov, V. N., A. V. Finagentov, G. A. Bordovskiy and M. Yu Kabanov. 2022. "Structure and Main Stages of Long-Term State Support to Elderly Citizens." *Advances in Gerontology* 12 (3): 217–229.

Asmorowati, Sulikah, Violeta Schubert and Ayu Puspita Ningrum. 2022. "Policy capacity, local autonomy, and human agency: tensions in the intergovernmental coordination in Indonesia's social welfare response amid the COVID-19 pandemic." *Journal of Asian Public Policy* 15 (2): 213–227.

Bäckman, Guy. 2016. "The welfare culture and the redesign of social elder-care in Finland." *Environment and Social Psychology* 1 (2): 130–141.

Barr, Nicholas Adrian. 2020. *The economics of the welfare state*. Oxford university press.

Béland, Daniel and Patrik Marier. 2020. "COVID-19 and long-term care policy for older people in Canada." *Journal of aging & social policy* 32 (4-5): 358–364.

Blomqvist, Paula and Ulrika Winblad. 2019. "Why no nonprofits? State, market, and the strive for universalism in Swedish elder care." *Nonprofit and Voluntary Sector Quarterly* 48 (3): 513–531.

Bortnyk, Serhii and Iryna Sievidova. 2023. "Ensuring organisational and legal conditions for financing the social sector of Ukraine." *Law & Safety*: 9.

Breimo, Janne Paulsen, Hannu Turba, Oscar Firbank, Ingo Bode and Johans Tveit Sandvin. 2017. "Networking Enforced–Comparing Social Services' Collaborative Rationales across Different Welfare Regimes." *Social Policy & Administration* 51 (7): 1348–1366.

Busse, Reinhard, Miriam Blümel, Franz Knieps and Till Bärnighausen. 2017. "Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition." *The Lancet* 390 (10097): 882–897.

Chan, Kenneth Ka-Lok and Simona Kukovič. 2025. "The impact of covid-19 on the electoral arena and regime change: evidence from Europe and Africa." *Journal of Comparative Politics* 18 (1): 51–75.

Choi, Young Jun. 2012. "End of the era of productivist welfare capitalism? Diverging welfare regimes in East Asia." *Asian Journal of Social Science* 40 (3): 275–294.

Chon, Yongho. 2019. "The effects of marketization of long-term care services for older adults in Korea." *Journal of Social Service Research,* 45 (4): 507–519*.*

Colombo, Francesca, Ana Llena-Nozal, Jérôme Mercier and Frits Tjadens. 2011. "Help wanted." *Ageing and long-term care* 17 (2-3): 3.

Ebbinghaus, Bernhard. 2021. "Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems." *Social Policy & Administration* 55 (3): 440–455.

Esping-Andersen, Gosta. 1989. "The three political economies of the welfare state." *Canadian Review of Sociology/Revue canadienne de sociologie* 26 (1): 10–36.

Esping-Andersen, Gøsta. 2024. Citizenship and socialism: De-commodification and solidarity in the welfare state. In *Stagnation and renewal in social policy*, ed. Esping-Andersen, Gøsta, pp. 78–101. London: Routledge.

Fischer, Johanna. 2022. "The social long-term care insurance model: comparing actor configurations across countries and time." *Journal of International and Comparative Social Policy* 38 (2): 93–110.

Glied, Sherry and Adlan Jackson. 2017. "The future of the Affordable Care Act and insurance coverage." *American journal of public health* 107 (4): 538–540.

Guo, Kristina L. and Daina McGee. 2012. "Improving quality in long-term care facilities through increased regulations and enforcement." *The Health Care Manager* 31 (2): 121–131.

Haggard, Stephan. 2020. Path dependence and possibilism: the American, Korean, and Japanese welfare states in comparative perspective. In *The Small Welfare State*, ed. Yang, Jae-jin, pp. 211–228. London: Edward Elgar Publishing.

Hardy, Melissa A., Francesco Acciai and Adriana M. Reyes. 2014. "How health conditions translate into self-ratings: A comparative study of older adults across Europe." *Journal of Health and Social Behavior* 55 (3): 320–341.

Hassel, Anke and Bruno Palier. 2023. "Same trend, different paths: Growth and welfare regimes across time and space." *Annual Review of Political Science* 26 (1): 347–368.

Häusermann, Silja. 2020. The multidimensional politics of social investment in conservative welfare regimes: family policy reform between social transfers and social investment. In *The Future of the Social Investment State*, eds. Busemeyer, Marius R., Caroline de la Porte, Julian L. Garritzmann and Emmanuele Pavolini, pp. 62–77. London: Routledge.

Hest, Robert, Giovaan Alarcon and Lynn A. Blewett. 2022. "Modelling financial eligibility for Medicaid long-term services and supports." *Journal of aging & social policy* 34 (6): 923–937.

Hill, Michael. 2019. The mixed economy of welfare: a comparative perspective. In *Understanding the mixed economy of welfare*, ed. Powell, Martin, pp. 183–204. Bristol: Policy Press.

Inglot, Tomasz. 2016. "Path-dependency versus Reform in Pensions and Family Policy Re-examined: Dual Trajectories of the Polish Welfare State since the 1990s." *Social Policy & Administration* 50 (2): 241–261.

Jaramillo, Elise Trott and Cathleen E. Willging. 2021. "Producing insecurity: Healthcare access, health insurance, and wellbeing among American Indian elders." *Social Science & Medicine* 268: 113384.

Jeon, Boyoung and Soonman Kwon. 2017. "Health and long-term care systems for older people in the republic of Korea: policy challenges and lessons." *Health Systems & Reform* 3 (3): 214–223.

Karlsson, Martin, Les Mayhew and Ben Rickayzen. 2007. "Long term care financing in four OECD countries: Fiscal burden and distributive effects." *Health Policy* 80 (1): 107–134.

Khan, Hafiz TA. 2019. "Population ageing in a globalized world: Risks and dilemmas?" *Journal of evaluation in clinical practice* 25 (5): 754–760.

Kim, Hongsoo and Soonman Kwon. 2021. "A decade of public long-term care insurance in South Korea: policy lessons for aging countries." *Health Policy* 125 (1): 22–26.

Kim, Hyun-Jeong, Yumi Shin, Jung-Hwa Ha and Yaeji Kim-Knauss. 2022. "Active aging in long-term care facilities in Korea: Beyond the lexical meaning." *Journal of Gerontological Social Work* 65 (2): 201–216.

Lagergren, Marten. 2002. "The systems of care for frail elderly persons: the case of Sweden." *Aging clinical and experimental research* 14 (4): 252–257.

Lee, Yih-Jiunn and Yeun-wen Ku. 2007. "East Asian welfare regimes: Testing the hypothesis of the developmental welfare state." *Social policy & administration* 41 (2): 197–212.

Longo, Francesco, Elisabetta Notarnicola and Stefano Tasselli. 2015. "A framework to assess welfare mix and service provision models in health care and social welfare: case studies of two prominent Italian regions." *BMC Health Services Research* 15 (1): 152.

Maags, Christina. 2020. "Long-term care insurance adoption in East Asia: Politics, ideas, and institutions." *Politics & Policy* 48 (1): 69–106.

Mailand, Mikkel and Nana Wesley Hansen. 2016. Denmark and Sweden: The consequences of reform and economic crisis for public service employment relations. In *Public Service Management and Employment Relations in Europe*, eds. Bach, Stephen and Lorenzo Bordogna, pp. 236–261. London: Routledge.

Matscheck, David and Katarina Piuva. 2025. "Exploring the effectiveness of the coordinated individual plan in Sweden: challenges and opportunities for collaborative care." *Nordic Social Work Research* 15 (2): 215–228.

Miller, Edward Alan and Vincent Mor. 2008. "Balancing regulatory controls and incentives: Toward smarter and more transparent oversight in long-term care." *Journal of Health Politics, Policy and Law* 33 (2): 249–279.

Mitchell, Emma and Richard Walker. 2020. "Global ageing: successes, challenges and opportunities." *British journal of hospital medicine* 81 (2): 1–9.

Mulvale, Gillian, Sandra Moll, Ashleigh Miatello, Glenn Robert, Michael Larkin, Victoria J. Palmer, Alicia Powell, Chelsea Gable and Melissa Girling. 2019. "Codesigning health

and other public services with vulnerable and disadvantaged populations: insights from an international collaboration." *Health Expectations* 22 (3): 284–297.

Nadash, Pamela, Pamela Doty and Matthias von Schwanenflügel. 2018. "The German long-term care insurance program: evolution and recent developments." *The Gerontologist* 58 (3): 588–597.

Nakanishi, Miharu, Sayuri Shimizu, Takashi Murai and Atsushi Yamaoka. 2015. ""Ageing in place" policy in Japan: association between the development of an integrated community care system and the number of nursing home placements under the public long-term care insurance program among municipal governments." *Ageing International* 40 (3): 248–261.

Naumann, Elias. 2017. "Do increasing reform pressures change welfare state attitudes? An experimental study on population ageing, pension reform preferences, political knowledge and ideology." *Ageing & Society* 37 (2): 266–294.

Noda, Shinichiro, Paul Michael R. Hernandez, Kyoko Sudo et al. 2021. "Service delivery reforms for Asian ageing societies: A cross-country study between Japan, South Korea, China, Thailand, Indonesia, and the Philippines." *International Journal of Integrated Care* 21 (2): 1.

Pfau-Effinger, Birgit. 2012. "Analyses of welfare-state reform policies towards long-term senior care in a cross-European perspective." *European Journal of Ageing* 9 (2): 151–154.

Pierson, Paul. 2016. "Power in historical institutionalism." *The Oxford handbook of historical institutionalism*: 124–141.

Pinker, Robert. 1992. "Making sense of the mixed economy of welfare." *Social Policy & Administration* 26 (4): 273–284.

Pinker, Robert. 2017. Richard Titmuss and the making of British social policy studies after the Second World War: a reappraisal. In *Social policy and welfare pluralism*, eds. Offer, John and Robert Pinker, pp. 93–112. Bristol: Policy Press.

Poškutė, Virginija, Rūta Kazlauskaitė and Irmina Matonytė. 2022. "Stakeholder collaboration in long-term care of older people in Lithuania." *Health & Social Care in the Community* 30 (1): 193–202.

Powell, Martin. 2019. Introduction: the mixed economy of welfare and the social division of welfare. In *Understanding the mixed economy of welfare*, ed. Powell, Martin, pp. 1–20. Bristol: Policy Press.

Ragin, Charles C. 2000. *Fuzzy-set social science*. Chicago: University of Chicago Press.

Ragin, Charles C. 2003. "Recent advances in fuzzy-set methods and their application to policy questions." *Comparative Methods for the Advancement of Systematic cross-case analysis and Small-N studies (COMPASS)*, http://www.compasss.org/wpseries/Ragin2003a.pdf.

Ragin, Charles C. and Paul Pennings. 2005. "Fuzzy sets and social research." *Sociological Methods & Research* 33 (4): 423–430.

Ranci, Costanzo and Emmanuele Pavolini. 2015. "Not all that glitters is gold: Long-term care reforms in the last two decades in Europe." *Journal of European Social Policy* 25 (3): 270–285.

Rhee, Jong Chul, Nicolae Done and Gerard F. Anderson. 2015. "Considering long-term care insurance for middle-income countries: comparing South Korea with Japan and Germany." *Health policy* 119 (10): 1319–1329.

Riedel, Monika, Markus Kraus and Susanne Mayer. 2016. "Organization and supply of long-term care services for the elderly: A bird's-eye view of old and new EU member states." *Social Policy & Administration* 50 (7): 824–845.

Rothgang, Heinz. 2010. "Social insurance for long-term care: An evaluation of the German model." *Social Policy & Administration* 44 (4): 436–460.

Rostgaard, Tine, Frode Jacobsen, Teppo Kröger and Elin Peterson. 2022. "Revisiting the Nordic long-term care model for older people—still equal?" *European Journal of Ageing* 19 (2): 201–210.

Sano, Kazuaki, Atsushi Miyawaki, Kazuhiro Abe, Xueying Jin, Taeko Watanabe, Nanako Tamiya and Yasuki Kobayashi. 2022. "Effects of cost sharing on long-term care service utilization among home-dwelling older adults in Japan." *Health Policy* 126 (12): 1310–1316.

Schoyen, Mi Ah, Bjørn Hvinden and Merethe Dotterud Leiren. 2022. Welfare state sustainability in the 21st century. In *Towards sustainable welfare states in Europe*, eds.

Schoyen, Mi, Bjørn Hvinden and Merethe Dotterud Leiren, pp. 2–27. London: Edward Elgar Publishing.

Seok, Jae Eun. 2010. "Public long-term care insurance for the elderly in Korea: design, characteristics, and tasks." *Social Work in Public Health* 25 (2): 185–209.

Skelton, Ian. 1998. "Welfare pluralism: Perspectives on potentialities." *Canadian Review of Social Policy* 41: 45–53.

Spiers, Gemma, Fiona Elaine Matthews, Suzanne Moffatt, Robert O. Barker, Helen Jarvis, Daniel Stow, Andrew Kingston and Barbara Hanratty. 2019. "Impact of social care supply on healthcare utilisation by older adults: a systematic review and meta-analysis." *Age and ageing* 48 (1): 57–66.

Szebehely, Marta and Gabrielle Meagher. 2018. "Nordic eldercare–weak universalism becoming weaker?." *Journal of European social policy* 28 (3): 294–308.

Taylor-Gooby, Peter. 1991. "Welfare state regimes and welfare citizenship." *Journal of European social policy* 1 (2): 93–105.

Thomann, Eva and Martino Maggetti. 2020. "Designing research with qualitative comparative analysis (QCA): Approaches, challenges, and tools." *Sociological Methods & Research* 49 (2): 356–386.

Toplak Perovič, Barbara and Luka Martin Tomažič. 2023. "Cross-border access to healthcare in the EU: a genealogical analysis of regulatory aspects." *Journal of Comparative Politics* 16 (2): 38–50.

Tynkkynen, Liina-Kaisa, Pulkki Jutta, Tervonen-Gonçalves Leena et al. 2022. "Health system reforms and the needs of the ageing population—an analysis of recent policy paths and reform trends in Finland and Sweden." *European Journal of Ageing* 19 (2): 221–232.

Vampa, Davide. 2024. "Subnational policymaking in an era of political instability: developing a new typology for comparative analysis." *Journal of Comparative Policy Analysis: Research and Practice* 26 (6): 585–603.

Villalobos Dintrans, Pablo. 2020. "Health systems, aging, and inequity: an example from Chile." *International journal of environmental research and public health* 17 (18): 6546.

White, Joseph. 2013. "The 2010 US health care reform: approaching and avoiding how other countries finance health care." *Health Economics, Policy and Law* 8 (3): 289–315.

Winblad, Ulrika, Paula Blomqvist and Andreas Karlsson. 2017. "Do public nursing home care providers deliver higher quality than private providers? Evidence from Sweden." *BMC Health Services Research* 17 (1): 487.

Yamada, Minoru and Hidenori Arai. 2020. "Long-term care system in Japan." *Annals of geriatric medicine and research* 24 (3): 174–180.

Yang, Nan and Stefan Kühner. 2020. "Beyond the limits of the productivist regime: Capturing three decades of East Asian welfare development with fuzzy sets." *Social Policy and Society* 19 (4): 613–627.

Yeh, Ming-Jui. 2023. "Confucian Welfarism: intellectual Origins of solidarity for Health and Welfare systems." *Public Health Ethics* 16 (3): 232–244.

Yörük, Erdem, Ibrahim Öker and Gabriela Ramalho Tafoya. 2022. "The four global worlds of welfare capitalism: Institutional, neoliberal, populist and residual welfare state regimes." *Journal of European Social Policy* 32 (2): 119–134.

STARAJOČA SE DRŽAVA BLAGINJE V PREHODU: ANALIZA ZAGOTOVLJANJA DOLGOTRAJNE OSKRBE V LIBERALNIH, KONZERVATIVNIH IN SOCIALDEMOKRATSKIH REŽIMIH

Študija raziskuje krajino storitev dolgotrajne oskrbe v mednarodnih kontekstih in poskuša prepoznati in kategorizirati edinstvene tipologije znotraj globalnega

okolja. Avtorica raziskuje kako strukturni, organizacijski in operativni vidiki sistemov socialnega varstva vplivajo na zagotavljanje socialnih storitev v petih tipičnih modelih držav socialnega varstva. Študija za identifikacijo pomembnih akterjev socialnega varstva in kalibracijskih točk uporablja kvalitativno primerjalno analizo, zlasti analizo idealnih tipov z mehkimi množicami. Ugotovitve ponazarjajo zapleteno medsebojno delovanje državnih, tržnih in družbenih akterjev pri ustvarjanju pluralizma socialnega varstva znotraj sistemov dolgotrajne oskrbe, na katerega vplivajo odvisnost od poti in družbeno-kulturne spremenljivke. Rezultati analize prispevajo k akademskim razpravam o dinamiki sistemov dolgotrajne oskrbe z uporabo vidika pluralizma socialnega varstva in tehnike mehkih množic, ki upošteva večplasten značaj zagotavljanja storitev dolgotrajne oskrbe. To ima pomembne posledice za oblikovalce politik, ki si prizadevajo za izboljšanje enakosti, učinkovitosti in odzivnosti sistemov storitev dolgotrajne oskrbe v različnih nacionalnih in podnacionalnih kontekstih.

Ključne besede: dolgotrajna oskrba; pluralizem socialnega varstva; zdravstvena politika; analiza mehkih množic; zagotavljanje storitev.