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# Evaluating long term care policies in a decentralised context: models of justice, evaluation criteria and comparison

Note EQUIDEC n°1

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## Résumé

La recherche EQUIDEC étudie les conditions d'évaluation de politiques publiques en termes d'équité territoriale, lorsque celles-ci sont partiellement décentralisées et envisage les politiques de soutien à l'autonomie des personnes âgées dépendantes comme cas d'application. La question est de savoir sous quelles conditions l'État central peut imposer, à travers l'évaluation des politiques locales, un cadre normatif aux départements. En effet, le principe de décentralisation a pour objectif de permettre à chaque collectivité territoriale de poursuivre ses objectifs propres, selon les souhaits exprimés démocratiquement par les populations locales, dans un cadre fixé par l'État central. Dans ce contexte, doit-on évaluer les politiques locales au regard d'un critère fixé nationalement ou laisser chaque département fixer ses propres objectifs et adapter l'évaluation en conséquence ? Plusieurs familles de solutions peuvent être envisagées. Une première propose d'articuler différents niveaux d'évaluation selon que l'on se place dans la perspective de l'Etat central ou dans celle des départements. La seconde regroupe les théories de justice compatibles avec des décisions locales variables.

**Mots clefs :** théories de justice, décentralisation, équité territoriale

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## Abstract

The EQUIDEC research project aims to study the conditions for evaluating public policies in terms of territorial equity when they are partially decentralized, taking as a case study policies relating to dependent elderly people. The question is under what conditions the central government can impose a normative framework on the départements, through the evaluation of local policies. The principle of decentralization aims to allow each local authority to pursue its own objectives, in accordance with the democratically expressed wishes of the local population, within a framework set by the central state. In this context, should we set a national objective and evaluate local policies against it, or should we let each département set its own objectives and adjust the evaluation accordingly? A first family of solutions proposes to articulate different levels of evaluation, depending on whether we take the perspective of the central government or that of the départements. The second family of solutions groups together theories of justice that are compatible with variable local decisions.

**Keywords:** theory of justice, decentralization, territorial equity

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**Code JEL:** D63, H4, H7, I1, J14

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## ■ La collection des Notes EQUIDEC

La collection a pour objectif de donner accès en ligne au fur et à mesure aux avancements du projet de recherche Équité géographique et politiques décentralisées : normes et mesures en matière d'aide à l'autonomie des personnes âgées (EQUIDEC), sans attendre le temps de la publication scientifique, qui exige à la fois des apports conséquents et un processus de critique interne à la communauté scientifique. Le contenu de ces notes correspond donc à l'état des réflexions et des analyses de l'équipe à un moment donné. Il n'a pas donné lieu à évaluation par les pairs. L'équipe fait confiance au lecteur éclairé pour ne pas attendre de ces notes plus que ce qu'elles sont, et pour s'en saisir pour débattre et faire progresser la connaissance. Toutes les réactions constructives sont bienvenues par courrier électronique.

## ■ Le projet de recherche Équité géographique et politiques décentralisées : normes et mesures en matière d'aide à l'autonomie des personnes âgées (EQUIDEC)

En France, les conseils départementaux ont la gestion de la politique d'aide et d'accompagnement à destination des personnes âgées dépendantes. Cette spécificité s'inscrit dans un cadre législatif défini au niveau national laissant une certaine liberté à chaque conseil départemental, lui permettant en théorie de mieux répondre aux besoins et aux préférences de ses administrés et d'orienter la politique sociale. Par ailleurs, les départements font face à des contraintes exogènes variables, qu'elles soient démographiques, épidémiologiques ou économiques. Ces différents facteurs constituent autant de sources de variation possible en termes de résultats d'accès aux services d'aide. Si ces différences géographiques soulèvent régulièrement dans les débats publics des questions en termes d'équité de l'action publique à l'égard des personnes âgées dépendantes, il s'avère pour autant que la norme d'équité sous-jacente est rarement explicitée, rendant délicate l'appréciation et la mesure des inégalités géographiques qui seraient inacceptables et qu'il faudrait alors supprimer.

Dans ce contexte, l'objectif de la recherche EQUIDEC est double :

- élaborer des cadres normatifs permettant de penser les inégalités géographiques et de les interpréter en termes d'inégalités justes ou injustes, dans le respect de la décentralisation ;
- construire les données permettant de mesurer les inégalités géographiques en matière d'aide à l'autonomie des personnes âgées et de les interpréter en termes d'inéquité ;

La recherche est conduite par une équipe d'économistes qui rassemble des compétences en philosophie économique, économie théorique, économétrie appliquée, économie de la santé et du vieillissement, et qui croise une forte expérience de l'expertise pour les pouvoirs publics avec une connaissance précise des bases de données disponibles dans le champ.

La recherche EQUIDEC a bénéficié du soutien financier de la Caisse nationale de solidarité pour l'autonomie (CNSA) via l'appel à projet blanc du programme Autonomie de l'IRESP (convention 256151, session 21).

# 1 Preamble

The aim of the EQUIDEC research project is to explore the possibilities for evaluating long-term care policies in the context of decentralised policies. The question raised is to what extent it is legitimate for the central government to impose a normative framework on the départements by evaluating local policies.

Defining and evaluating public policy requires a particular conception of justice. Not all disparities are inequalities per se, and not all inequalities are unfair. Ultimately, establishing that an inequality is unfair can only be justified by reference to a theory of justice that aims to distinguish between what is fair and unfair, on the one hand, and what is neither, on the other, and could therefore be described as a-just [23]. For example, there are inequalities in academic performance within a class. They can be related to socio-economic characteristics (e.g. parents' income and education level, access to a suitable environment for personal work, access to resource materials, etc.) [5, 14]. However, they may also reflect different levels of attention and investment on behalf of students. Similarly, there are natural differences, such as people's height or other physical characteristics, which it is not possible to correct, even if they can negatively affect certain aspects of people's lives (access to certain professions, emotional fulfilment, etc.). Trying to eliminate all inequalities can lead to what Pogge calls a "bottomless pit" [[15, 16] in [23]].

Finally, what defines inequality as injustice is its impact on the achievement of fundamental goals: for example, to be living in satisfactory conditions, to be able to exercise one's rights, to be able to bring up one's children in a safe environment and to provide them with all the resources they need for their proper development, to have a job that is rewarding and a source of self-esteem, and so on. It also depends on how we determine what is the responsibility of the community and what is a private matter.

The various theories of justice proposed in the literature can be distinguished according to the answers they give to three main questions [20, 22, 7].

1. The first question concerns the definition of what we aim to distribute fairly (*distribuendum*): do we aim to distribute fairly objective conditions of life, such as income, education or health, or do we aim to distribute fairly a subjective level of evaluation of individual situations (utility, satisfaction, well-being)? Is this *distribuendum* complete or does it focus on certain dimensions of situations?
2. The second question concerns the distributive principle of the *distribuendum*: do we aim to distribute resources to maximise the sum of the *distribuendum* quantities within the population, or do we aim to distribute resources to reduce the inter-individual dispersion within the population?
3. The third question concerns the evaluation of the *distribuendum*: do we aim to distribute fairly the chances to access the *distribuendum* or the actual achievement of the *distribuendum*? This distinction is important, for example, in understanding the difference between the capability approach developed by Sen and the health-equivalent income approach developed by Fleurbaey. The former aims to equalise opportunities to function, while the latter aims to equalise outcomes in dimensions of people's lives that are considered socially fundamental (such as health).

## 2 Description of the problem

The problem raised here is that of reconciling the principle of decentralisation with the requirements of evaluating public policy at national level. The aim of the principle of decentralisation is to enable

each local authority to pursue its own objectives, in accordance with the democratically expressed preferences of the local population, within a framework set by the central state. In this context, should a national objective be set and local policies evaluated against it, or should each département be allowed to set its own objectives and adapt the evaluation accordingly? Allowing départements to set their own targets means that we can no longer compare the situation of different départements. In fact, depending on the target chosen, the care provided in one department could be considered more or less equitable compared to the care provided in other departments. It would then only be possible to compare changes in provision within a département over several years, or to compare provision between départements with similar objectives.

The answer to this question depends on the arguments used to justify the decentralised organisation. The *first argument* is based on agency theory: local authorities are better informed about their population and about the contingencies involved in the production of services. This first argument justifies the principle of decentralisation on the basis of information constraints. It is therefore compatible with the definition of the final policy objectives by the central government and, consequently, with the definition of the resulting evaluation criteria. However, the adoption of common evaluation criteria for all départements does not mean that the provision of care for long term care should be completely similar from one département to another.

1. First, some goals may require the satisfaction of individual preferences, which are likely to vary at the local level, as proposed by welfarist models of justice. They may also require taking into account the geographical, social, economic and institutional context, such as the capability approach proposed by A. Sen.
2. Second, evaluation serves as an input to public decision-making, which takes place at national and local levels according to administrative and democratic procedures. It is used to justify or challenge political decisions in order to increase their acceptability. A contrasting situation in the distribution of health care is therefore not illegitimate, even if it may be questioned.

A *second argument* refers to the conception proposed by Habermas: the central state gives local authorities the power to deliberate in certain areas; in this case, the central state limits itself to controlling the conditions of deliberation (corruption, clientelism, incompetence, etc.) and not the results of the deliberations. This second argument does not make it possible to define a concept of justice at the level of the central state. It can, however, impose minimum standards.

### 3 Methods proposed

Several families of solutions can be identified in response to the problem described above (i.e. to define evaluation criteria that make it possible to compare the provision of long-term care between services, while respecting the autonomy granted to the services). The notion of 'solutions' is used here in the sense of Fleurbaey [7]. These solutions describe ideal social situations that are considered 'fair' and against which concrete situations are assessed.

*« A solution describes fair socio-economic states or the degree of fairness of socio-economic states. (...) A solution generally does not contain a precise indication of the fairest or most fair possible states. For this we have to resort to descriptive economics, which can predict the consequences of setting up a particular institution on the basis of a theory of the behaviour of economic agents. (...) A socio-economic state is given by a description of the situation of the subjects of the law (generally individuals). The choice of relevant elements for such a description, concerning the entities and their situation, is an integral part of the solution. It is often the central element. » ([7], p. 7)*

These solutions presuppose a particular conception of justice, most often based on arguments derived from moral philosophy and epistemology.

« The argumentation is a set of arguments and primary requirements from which the solution is derived. The aim of the argument is to justify the particular solution put forward by the theory, on the basis of a theory of justice derived from philosophy, or from concepts linked to such a theory, or even directly from values stated a priori. » (Ibid., p. 7)

A first family of solutions proposes to articulate different levels of evaluation depending on the perspective, that of the central state or that of the departments. The second family of solutions includes theories of justice that are compatible with variable local decisions.

### 3.1 A first family of solutions : articulating different levels of evaluation

This first family of solutions comprises two main approaches. The first approach consists in defining the minimum levels of distribution of a *distribuendum* that each department must guarantee towards the central State, while the second approach consists in defining the evaluation criteria for which uniformity throughout the national territory is expected and those for which it is accepted that there may be heterogeneity between departments. *distribuendum*.

#### 3.1.1 Defining minimum levels of *distribuendum*

The first possibility is to define minimum thresholds that the départements would have to guarantee in terms of long-term care provision. Beyond these thresholds, départements would be free (1) to invest more or less resources to improve access to long-term care and (2) to prioritise certain types of care according to local preferences, whether empirically revealed, democratically expressed or simply assumed by representatives or institutions. This approach is comparable to the 'sufficientarist' theory of justice [10, 11, 12] [[19] p. 278 in [2]]. However, this approach presupposes the definition of the *distribuendum* to which the threshold refers, which raises the set of normative questions mentioned above. Does the threshold refer to resources (e.g. number of EHPAD beds per inhabitant, provision of care for loss of autonomy at home), capabilities [20], well-being or even basic social achievements [6]?

#### 3.1.2 Distinction between national and departmental evaluation criteria

The second possibility is to distinguish between evaluation criteria that require uniformity throughout the country (e.g. equal access to resources considered essential) and criteria that allow a certain degree of heterogeneity between departments (e.g. well-being, capabilities). This second approach differs from the first because the criteria for which heterogeneity between departments is accepted are defined and evaluated, as opposed to the sufficientarist approach, which solely explicit the criteria for which a threshold is defined.

The articulation between *distribuendum*, which must be distributed uniformly across the country, and *distribuendum*, whose fair distribution is not imposed by the central government, could be based, for example, on the notion of a 'lexicographical order' as proposed by Rawls. According to Rawls, the first principle of justice must be guaranteed first and foremost: each person must have an equal right to the most extensive system of equal basic freedoms compatible with the same system for others (e.g. public liberty (the right to vote and hold public office), freedom of expression, freedom of assembly, freedom of thought and conscience, protection from mental oppression and physical aggression, personal property rights, protection from arbitrary arrest). Once this first principle of justice is guaranteed, the second principle of justice must be guaranteed: (a) socio-economic inequalities must be linked to positions and functions open to all (equality of opportunity); (b) these inequalities (income, wealth, powers and prerogatives, social bases of self-respect) are only justified if they benefit the most disadvantaged (principle of difference).

From this perspective, it seems justified to guarantee access to the resources needed to ensure decent living conditions, before assessing the level of well-being induced by the different options available.

## 3.2 A second family of solutions involving local context *per se*

A second family of solutions includes theories of justice which may involve considering the economic, social and geographical environment that is likely to affect the outcome being considered. At this stage, two theories of justice meeting this criterion have been identified: those proposing to distribute equitably welfare (welfarism) and those proposing to distribute equitably capabilities.

### 3.2.1 Evaluating decentralised social policies using a welfarist approach

"Welfarism" refers to a set of theories of justice that use individual preferences to assess the value of a good or social situation (utility). These preferences are measured using elicitation methods, such as contingent valuation methods. Most often, these preferences are aggregated with the aim of maximising the sum of individual utilities. However, some authors suggest that the aim should be to equalise the levels of individual utilities rather than to maximise them (e.g. [18, 4]). Fleurbaey, for his part, proposes to distribute equitably an index of well-being that takes into account both individual preferences and the individual's objective situation with regard to fundamental social achievements. Individual preferences regarding the type of long-term care (home-care vs. nursing home) are likely to vary depending on the territorial context (social and cultural context) and depending individual characteristics (rural/urban, income, level of education, place of residence, etc.). It therefore seems appropriate to take into account local individual preferences when determining the distribution of care arrangements for disabled people.

### 3.2.2 Evaluating social policies using a capabilities approach

Following Rawls's theory of social justice based on the notion of first goods [17], Sen proposes to measure the impact of policies on the range of activities that an individual is able to perform, which he calls 'capabilities'. These can be elementary (eating properly, being healthy) or complex (participating in community life, having high self-esteem) [20]. The distributive is then defined objectively rather than subjectively as proposed by welfarist theories, which assess the impact of interventions on levels of personal satisfaction (utility). Sen recommends using a deliberative process to define the list of capabilities to which individuals should have equal access. However, it is acknowledged that this list may vary depending on the local contexts. For example, reading may be a very important skill in some contexts (for transport, administrative formalities, etc.), whereas numeracy may be less important. Conversely, knowing how to do numeracy is a crucial skill in other contexts, for example when individuals have micro-enterprises and economic exchange is mainly in the form of physical money. In addition, access to skills may vary according to local constraints. For example, a driving licence is essential to travel in rural areas, but not in urban areas, where commuting is facilitated by public transport. In the context of long-term care, it is likely that the type of care provided (at home or in an EHPAD) will be more or less effective in ensuring the ability to perform some of these functions, depending on the geographical and economic environment. For example, the functional capacity of older people does not have the same consequences depending on where they live. In urban areas, a range of goods (e.g. shopping and meal delivery) and services (e.g. taxis and VTCs) can be delivered at home, unlike in rural areas. Conversely, the consumption of these goods and services in urban areas requires a smartphone or computer and the ability to use it. Similarly, the ability to travel is facilitated in urban areas by the availability of transport infrastructure (public transport and taxis) and short distances. On the other hand, it can be hindered by security issues. Finally, the ability to feel part of a community and to be socially valued, which is another example of capability, can be acquired more or less easily depending on the social and economic environment.

Sen's approach has influenced recent research aimed at incorporating equity issues into the health technologies economic evaluation. Coast *et al.* have developed a series of scales for assessing the

impact of interventions on the range of abilities of individuals [3, 1], and NICE now recommends their use, particularly in the social care sector [9]. Each scale is designed for a specific population: adults (ICECAP-A), older people (ICECAP-O), carers (CES) and patients at the end of life (ICECAP-SCM). These questionnaires are very similar to the EQ-5D questionnaire used to calculate QALYs. They are administered to samples of patients, whether or not they are benefiting from the intervention under study, so that they can describe their situation in terms of several dimensions (attachment, stability, fulfilment, joy and autonomy for ICECAP-A). For each dimension, there are several possible levels ranging from 'no ability' to 'full ability' (4 levels for ICECAP-A). Weighting functions (or utility functions) are then used to aggregate the scores for each dimension into a single value representing the level of capability enjoyed by the individual [8]. Weighting functions have also been developed to give higher priority to individuals with the lowest levels of capability [13]. These scales, and especially ICECAP-O, could be used to measure the impact of different types of long-term care on the level of capability to which individuals have access, and to measure the impact of geographical, socio-economic and clinical parameters on these levels.

#### **4 The AGFE indicator: how can it be used to assess the provision of long-term care in relation to the different normative frameworks?**

To what extent can these solutions be effectively implemented in the context of the EQUIDEC research? Is it possible to produce the necessary information base? "Any evaluation process is characterised by its information base, i.e. all the information needed to formulate a judgement in accordance with that process, but also, and this is no less important, all the information excluded from direct evaluation. (...) In fact, to isolate the 'active principle' of a theory of justice, we need only look at its information base and see what elements it includes or excludes". ([21], p.81-82). The AGFE indicator can be used to assess the provision of long-term care, depending on the different normative frameworks considered, provided that it is extended to include the provision of home care, and provided that information is available on individual preferences for the different types of care (EHPAD, home care) and their impact on the individual's level of capability.

The development of the AGFE indicator would be the first stage of a research programme aimed at defining criteria for assessing territorial equity in long-term care. The second stage would be to develop a similar indicator for access to home care (AGFD). The combination of the two indicators, AGFE and AGFD, would then allow a more complete assessment of territorial equity in long-term care (AGFE&D). These three criteria make it possible to assess the distribution of long-term care provision from the point of view of the main theories of justice:

- The AGFE, AGFD and AGFE&D criteria can be used as an evaluation criterion from a resourcist perspective. Access to EHPADs is seen as a resource to be distributed fairly across the population, with the aim of guaranteeing "good enough" living conditions. It is possible to interpret the results of the assessment with regard to a threshold established at national level (sufficentarist approach) (see 3.1.1. and 3.1.2);
- Provided that information is available on individual preferences in terms of type of long-term care (home vs. EHPAD), these three criteria would make it possible to assess the distribution of long-term care provision from a welfarist perspective (Cf. 3.2.1); the aim would be to identify the determinants of these preferences (socio-economic characteristics and the environmental level, e.g. characteristics of the place of residence);
- Finally, these three criteria would make it possible to assess the distribution of long-term care provision from the perspective of a justice model aimed at equalising capabilities. The guarantee to access home care or nursing home, from a given level of incapacity, ensures that individuals



are able to carry out a range of functioning (being able to keep themselves clean, being able to feed themselves, not suffering from isolation, etc.); the impact of the environment on capabilities according to the different levels of incapacitation will also need to be assessed (Cf. 3.2.2.).

In the next stages, these three indicators will be further developed to take account of demand-related parameters (level of incapacity, marital situation, availability of family carers). The various analyses that can be carried out on the basis of this information will make it possible to take account of the specific territorial characteristics that justify a differentiated distribution of long-term care provision among the départements. These analyses would also make it possible to design a decision-making tool that would determine the number of places to be created in the various care facilities (nursing homes, domiciliary care) according to all the parameters taken into account and according to the equity model chosen, and that would allow the regulator to test demand hypotheses (e.g. according to demographic projections).

## 5 Other avenues to explore

- Firstly, it would be interesting to discuss the relationship between nationally regulated funding (based on compulsory levies) and the distribution of resources between départements. To this end, it would be useful to describe the sources of funding for social assistance and the degree of discretion that départements have with regard to compulsory levies.
- It would also be useful to carry out a literature review and to gather expert opinions in order to determine the extent to which "sufficientarist" solutions have already been implemented in other national contexts and in other sectors.
- It would be useful to define a methodology to identify the local parameters that can be taken into account to assess provision according to the justice models adopted, particularly in the context of the capability approach. This work could involve geography and sociology.
- From a more theoretical perspective, it would be interesting to explore how the principles set out by Rawls in his theory of justice as fairness, which remain relatively abstract, could be applied in the context of long-term care for disabled older people.
- More specifically, it would be useful to explore the scope of Rawls's principle of dignity, which itself refers to the kantian notion of dignity, and how this principle can be articulated with social choice theories.
- Finally, the question arises as to whether the Rawlsian model of justice requires the consideration of local parameters.

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