

Transforming Care Conference

CHANGING PRIORITIES: THE MAKING OF CARE POLICY AND PRACTICES

Book of
Abstracts



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MONDAY JUNE 24TH

14:45-16:15

TP6a - Marketisation of care: Strategic policy approach or unintended corollary?

Thematic Panel chairs: Dr. Bernhard Weicht, University of Innsbruck, Austria, and Barbara de Roit, Ca' Foscari University of Venice, Italy

Room III

Framing user 'choice' in three Nordic cities: challenging equality in eldercare?

Elin Peterson – Researcher, Stockholm University, Sweden

Lea Graff – Analyst, VIVE, Denmark

This paper explores meanings of user 'choice' and challenges to equality by analysing eldercare policies in three Nordic cities: Stockholm, Copenhagen and Tampere. All three cities have been forerunners of marketisation and the adoption and implementation of choice systems in their respective countries. The comparative policy analysis explores the choices represented as relevant and available for older people in need of care in a selection of key policy documents. In the mapping process we identified four different categories: choice of provider, choice of content of care, choice of carer, and choice related to privately-purchased services. Findings reveal that in Stockholm and Copenhagen, choice is articulated within the publicly funded eldercare system, although the cities differ in the ways they approach universalism and marketisation. Tampere's policies, in contrast, encourage choice outside the publicly-funded eldercare system, promoting the 'option' of private out-of-pocket services in order to postpone the use of publicly funded services. The 'privatisation of care' is legitimised with reference to economic austerity, the 'problem' of the ageing population and scarce public resources. The analysis hence indicates that the way choice is framed in local policies has implications for equality aspirations in eldercare. Overall, the paper reflects on how the local policies in different ways deal with the co-existing and at times contradictory norms and discourses embedded in the welfare state.

Culture and the Marketization in Welfare State Policies: The Case of LTC Policy

Birgit Pfau-Effinger – Professor, University of Hamburg, Germany

Thurid Eggers – Dipl., University of Hamburg, Germany

This paper offers an innovative contribution to the theoretical debate about the causes of cross-national differences in the degree of marketization in long-term care (LTC) policies for older people. It analyzes in which way cultural differences may contribute to the explanation of such differences, with a focus on the political construction of the care-dependent older persons as "care consumers". It is a common assumption, based on partisan theory, that governing parties of the political right are in favor of strengthening of market principles (often based on a neo-liberal agenda), while governing parties of the political left are in opposition to marketization. According to the main assumption of this paper, marketization can be based on different sets of cultural ideas, which may trigger political marketization relatively autonomously from the orientation of specific political parties. The paper is based on a comparative case study of two conservative welfare states, Germany and Austria. Both countries introduced a new LTC policy in the mid-1990s, but they differ substantially with regard to the degree of marketization in LTC policies. The study analyses the role of cultural ideas and their relation with the political orientation of the governing parties for the explanation of the differences in the degree of marketization in LTC policies. It shows that cultural ideas in the field of the political actors contribute substantially to the explanation. Besides neo-liberal ideas, also libertarian ideas may be relevant in this context. It also indicates that cultural ideas can play a relatively autonomous role vis-à-vis the role of powerful political parties in the political process that leads to political reforms.

Economising Care for Older Adults

Minna Zechner – Associate Professor, University of Lapland, Finland

Economising means that ideas and instruments through which individuals, activities, organizations, policies and so forth are constituted as economic actors and entities (Caliskan & Callon 2009). In these processes, the economy becomes the

unquestioned basis of policy-making and issues such as care, not previously described in economic terms, are increasingly defined in that way. In the process of economising, numbers have been labelled as a form of truth with the authority to influence and to guide individuals, care providers and policy makers. Economising implies a concern with the idea of efficiency, which then is steered with the help of numbers. Economising is about including things that are not comparable into comparisons. For example, certain features of care homes, such as numbers of care workers, nappies or use of medication by inhabitants are merged into single financial figures such as cost-benefit analyses. Economising in financial terms compares activities and processes that bear no resemblance and allows notions of competition and benchmarking to gain attention (Kurunmäki et al. 2016). This presentation focuses on economising of care in Finland by analysing at least two national documents that provide quality recommendations for ageing and care for older adults. Altogether four documents of this kind have been published in 2001, 2008, 2013 and 2017 by the Ministry of Social Affairs and Health and Association of Finnish Local and Regional Authorities. Local authorities, or municipalities, are responsible for organizing care services following the national legislation and care policies. These quality recommendations are central policy documents steering the organizing of care for older adults in Finland. I read critically the quality documents and aim to identify the vocabularies and especially the numbers that objectify care and naturalise the economic rationale in care for older adults. After all, care is a very context and subject bound activity, where the needs of those who need assistance are met. Analysing quality guidelines across time has the potential to reveal how the understanding of good care has changed or stayed the same at policy level during the first two decades of 2000. It is likely that the indicators that aim to demonstrate what is good care have changed and that the present indicators may reflect the marketisation of care that has been under way in Finland since the beginning of 1990's.

Contesting 'quality' in Swedish eldercare under marketisation: whose interests do care quality measures represent?

Gabrielle Meagher – Professor, Macquarie University, Australia

Marta Szebehely – Professor, Stockholm University, Sweden

In recent decades, the organisation and distribution of publicly financed care services for older people in Sweden have been significantly changed. A major driver of change has been the introduction of market ideas and arrangements such as contracting, outsourcing, competition and consumer choice, as New Public Management has swept through the Swedish public sector. For-profit providers now have a strong foothold, providing around a quarter of eldercare (both home-based and residential care) nationwide, and large corporations dominate. Meanwhile, across the same period, the share of the population of older people receiving elder care services has fallen, and those who do receive care tend to be older and frailer.

These changes pose new challenges for public authorities in maintaining and developing the quality of care services. On one hand, private providers operate entirely externally to the public organisations which fund and are expected to oversee their activities. On the other hand, tighter service targetting means that eldercare recipients, on average, need more complex care, which may be more difficult to monitor. These are not simply technical problems: the oversight of service quality is also highly politicised, as private providers and their interest organisations seek to influence public and democratic control of their operations, and increasingly frail older people are expected to navigate the care market as 'consumers'.

Central to the private sector's advocacy efforts have been the definition and measurement of 'quality'. This paper examines the impact of the rise of the for-profit sector on service quality and its measurement in Swedish eldercare. We ask: Which quality measures are used at the national level? Why are these the measures that are used, and whose interests do they reflect? How have private interests sought to shape quality measurement? What quality differences, if any, between public and private providers are captured by the existing metrics? The analysis is primarily based on analysis of documents related to a recent, highly controversial government commission on for-profit welfare services (reports, submissions and media) and publicly available quality data, supplemented by a small number of key informant interviews with representatives of national oversight institutions and private provider organisations. To ground the analysis of quality measures used, advocated for, resisted and ignored, we draw on Donabedian's (1966) distinction between structure, process (both technical and relational) and outcome measures of care quality. Donabedian's framework provides a critical external reference point, based in care research, for capturing the complexity of care and the profile of quality measures used and debated. For example, preliminary research shows that private providers advocate for technical process measures, such as risk assessments, that cost them relatively little and to actively resist structural measures, such as staffing density, which can eat into profits. The paper will extend existing knowledge with a more systematic analysis of the political contestation over quality measurement in Sweden, and a critical exploration of whether existing quality measures provide good enough data for comparing the performance of public and private providers in the eldercare market.

14:45-16:15

TP3a - Reablement as a mechanism for sustainability and active long-term care

Thematic Panel chair: Tine Rostgaard, Professor, VIVE, Denmark

Room II

Recipients, next-of-kin, and staffs' perceptions of gains or changes attributed to reablement services – A meta-analysis of qualitative research

Kjersti Vik – Professor, Norwegian University of Science and Technology, Norway

Silke Metzelthin – Assistant Professor, Maastricht University, Netherlands

Allien Bergström – Lecturer (Ph.D), Karolinska Institutet, Sweden

Maria Haak – Assistant Professor, Lund University, Sweden

Lea Graff – Analyst, VIVE, Denmark

Kari Hjelle – Associate Professor, Western Norway University of Applied Science, Norway

Reablement is a relatively new health care service for older adults at risk for functional decline, intended to make a difference in an older adult's everyday life. However, reablement outcomes are often described from the perspective of the professionals, politicians or administrative staff in words, concepts and measurements such as; improving Quality of Life, improving ADL- Functioning, dependency/independency, or reduction of services, staying or living in institutions etc. However, one may question if these concepts and measures represent the same phenomenon the older adults, and/or next-of-kin experience when they express their gains after their participation in reablement services? Client centeredness is central in reablement services, thus is important to capture the experience of recipients, their next-of-kin as well as how this is described by the professionals. The aim of the study is to explore how reablement recipients, next-of-kin and professionals narrate the older adults' experiences regarding their possible gains and changes in everyday life during and after the reablement period. The research group decided on the inclusion criteria for the search process. The inclusion criteria were 1.) qualitative or mixed-method studies 2. studies dealing with recipients, next of kin and staffs' experiences of participating in reablement services. A meta-ethnographic analysis was chosen for the analysis since this involves a systematic way of collecting, analyzing and interpreting qualitative findings across multiple primary research studies, to produce an overarching new insight into a phenomenon. The analyzing process was conducted in three stages, also referred to as constructs. In the first order construct, extracts from the original studies were retrieved, thus constituting the raw data from the synthesis. The second order construct consisted of the raw data grouped into constructs that captured the aim of the study. Finally, the third order construct involved the interpretation of key concepts across the studies. Twenty articles were included in the analysis, the data collection methods employed in the studies varied; in-depth and semi-structured interviews, fieldwork, observation, focus-group interviews, video-recordings, mixed methods of postal surveys and case studies, quantitative and qualitative interviews. Of the 20 included studies, eleven of the studies focused on the experience of the professionals, three were mixed and included both, and five focused specifically on the service recipients' experience. Just one study focused on the next-of kin. The metaphor of "The jig-saw puzzle of activities for mastering daily life again" emerged, illustrating that re-assembling everyday life during and after reablement is not a strait forward process, but includes a number of daily activities that must be organized and fit together to restore daily life as the service recipient anticipates. The metaphor captures the overall descriptions of both the older adults and the professionals regarding how the recipients perceive reablement. In the findings, the older adults talked about being able to perform daily activities safely and the ability to be in charge of household chores. However, when the reablement recipients were more concerned with being social and spending time with friends and family, the professionals focused more on activities leading to independence.

Discourses of reablement in Scandinavian policy documents

Maria Ranner – Postdoctoral Researcher, Norwegian Uni. of Science and Technology, Sweden

Lea Graff – Analyst, VIVE, Denmark

Kjersti Vik – Professor, Norwegian University of Science and Technology, Norway

Marte Feiring – Associate Professor, OsloMet, Norway

Background: In Scandinavian healthcare services, reablement is an intervention used for people living at home and in need for time-limited/temporary home care support. However, in the three countries (Denmark, Norway and Sweden) the

implementation and development of reablement have varied in design, performance, expression and expansion. Therefore we want to investigate how different discourses are expressed in Scandinavian reablement policy documents.

Aim: To explore variation in discourses of reablement in Scandinavian policy documents.

Method: The frame of reference is Fairclough's critical discourse analysis (CDA). The analysis comprises official policy documents on macro level relevant to reablement provided in Scandinavian healthcare services. The approach of CDA is concerned with how power is exercised through language and the method consists of a detailed text analysis aiming to gain insight into how discursive processes operate linguistically in specific texts. The CDA comprises also the combination between textual and social analysis. Furthermore, the analysis consists of a three-dimension analysis: (i) a spoken or written language text, (ii) a discursive practice which involves the production and interpretation of text, and (iii) a social practice.

Preliminary results: In this study we show how all three countries have more or less detailed policy documents describing reablement. Different discourses and changes in conceptualisations in the documents will be addressed using the perspectives of intertextuality and interdiscursivity. Moreover, in the different Scandinavian countries we will examine if the policy documents are in dialogue with each other and if possible, an overview and comparison of changes between countries will be done.

Effective mechanisms in applying reablement: What works when engaging families in the reablement of older people, for whom and how?

Linda Sumpter – Ph.d. student, University of the West of England, United Kingdom

Jane Powell – Professor, University of the West of England, Bristol

Ailie Turton – Dr., University of the West of England, Bristol

Praminda Caleb-Solly – Professor, University of the West of England, Bristol

International research into the relatively young intervention of reablement suggests that it holds significant potential for an ageing population. Since 2010 the UK Government has made substantial investments in reablement with a view to reducing pressure on primary and secondary health and social care services. Evidence-based guidance on reablement is published in the UK by the National Institute for Health and Care Excellence. This advises involving families and unpaid carers in all the main stages of reablement. However, the journey to regaining independence requires a considered transition from a high level of dependence to a mutually workable state of interdependence. Getting the balance right in the level of support provided is crucial in achieving good outcomes. In addition, understanding contextual factors relating to how to engage family members in reablement might have important implications for maximising the longer-term benefits and impact of the intervention on this journey. Research that specifically examines the role that families and informal carers play in reablement is scarce. Some studies have been undertaken in Norway ((Hjelle, Alvsvåg and Førland, 2016; Moe and Brinchmann, 2016; Jakobsen and Vik, 2018), where the model of reablement differs somewhat from those in the UK. Newly published research by a team in the UK (Beresford et al., 2019) includes a process evaluation of reablement, which involved interviews with family members. This presentation focuses on current research being undertaken in the UK where reablement typically lasts up to six weeks. The study is analysing what works when engaging families in the reablement of older people, for whom and how. The first part of the study is a synthesis of existing international research into reablement that includes reference to the involvement of family members. Guided by the findings of the synthesis, the second part draws on primary data that is being collected through fieldwork with a council-run reablement service in England. A patient public involvement group made up of carers has been actively involved in the study design. To date fieldwork has encompassed interviews with service managers and staff and a focus group with reablement workers. Interviews with service users and their co-habiting partner or family members are currently being planned. A realist research methodology is being used. Realist methodology (Pawson and Tilley, 1997) is increasingly being employed for the design and evaluation of integrated care initiatives. By enabling the study of relationships between contexts, mechanisms and outcomes at play, the methodology goes beyond just determining whether an intervention works or not, but helps to conceptualise how it works. The main findings from the analysis are expected to contribute new insights into interdependence between the older person and their family through reablement and to inform the development of resources and strategies to support family engagement in reablement and beyond.

How do the ideas and practices of reablement travel?

Marte Feiring – Associate Professor, OsloMet, Norway

Tine Rostgaard – Professor, VIVE, Denmark

Reablement, seen as a person-centred and holistic approach that aims to enhance persons' functioning by training and activating, are growing rapidly across the Western world. In Sweden, a new way of activating seniors at home started in Østersund in the 1990s. Later these ideas and practices spread to Denmark, first locally when Fredericia in 2007 introduced these ideas; later reablement services became part of national legislation, to increase citizens' quality of life and reduce costs. Reablement was first on the political agenda in Norway in 2011. Today more than half of the Norwegian municipalities have services for activating people living at home. In the Anglo-Saxon world, these services, also named restorative care, started in the 1990s. From the UK, the ideas and practices spread to Australia and New Zealand and from the USA the ideas travelled to the Netherlands.

The objective of reablement across these countries is activating citizen, identifying their preferences and goals, in order increase independence, and thus less need for formal care. The idea of activation in long-term care resembles the governance of activation, which has framed reforms in social policies since the 1990s. Common for these countries is that they are all industrialised and have been strongly influenced by neo-liberal trends, and in later years New Public Governance (Sørensen & Torfing, 2009) which emphasises engagement and co-operation.

We ask how do these new ideas and practices travel? And how do they adapt in their travelling across different social policy and governance regimes? To answer these questions, we are inspired by Czarniawska and others about travelling ideas and theories of translation (Czarniawska & Sevón, 2005; Latour, 1987). The paper is based on interviews key informants from selected countries and study of policy documents, including web texts from governing authorities.

Understanding and supporting user engagement in reablement

Bryony Beresford – Professor, University of York, United Kingdom

Emese Mayhew – Research Fellow, University of York, United Kingdom

Rachel Mann – Research Fellow, University of York, United Kingdom

Mona Kanaan – Dr., University of York, United Kingdom

Alison Laver-Fawcett – Dr., York St John University

Fiona Aspinall – Dr., University College London

(contributed)

Main issue analysed and its relevance: Existing evidence indicates that a number of person-centred factors reablement outcomes. These include service user understanding and expectations of the intervention, motivation, and acceptance of the need for help. Some person-centred factors are, potentially, amenable to change by the practitioners involved. Thus, aspects of service design and delivery are also implicated. In addition, and contributed to by both service user and practitioner, is the quality of the so-called 'therapeutic alliance'.

All these factors are components of the construct 'intervention engagement'. However, despite reablement requiring active participation by the service user, the construct of engagement has not been investigated within this context. This paper reports findings from a study which begins to address this evidence gap.

Methodology: An observational study of individuals (n=186) receiving reablement in England, followed up for 6 months post-intervention. Four models of service delivery were represented. A measure of engagement, developed and evaluated by the research team, was included within a battery of measures. A nested qualitative study investigated the views and experiences of service users, reablement staff, and senior practitioners. Together, these data have allowed us to: i) test and understand whether and how user engagement impacts on reablement outcomes; and ii) the ways that aspects of service design and delivery may moderate or mediate this association.

Main findings expected from the analysis: A first round of analysis of the quantitative data has found an association between user engagement and a range of outcome domains and that user engagement differed between service delivery models. Qualitative data offers some explanations for these findings.

This paper will synthesise these findings and report further analyses looking at the involvement of mental health, and the association between engagement and longer-term outcomes. Finally, we will reflect on the study's contribution to theory. We are interested in the fact that much writing on engagement is concerned with the relationship between user and worker yet, in reablement, multiple workers may be involved.

14:45-16:15

TP1a - Managing care priorities in practice: leadership dilemmas in different contexts

Thematic Panel chairs: Helene Brodin, Associate Professor, and Sara Erlandsson, Ph.d. student, both Stockholm University, Sweden

Room IV

Making user participation work – ethical dilemmas in long-term care

Karen Christensen – Professor, University of Bergen, Norway

Mariya Bikova – Dr., UiB, Norway

User participation has become one of the central concepts of long-term care policies in many European countries including Norway. While an increasing body of literature discusses user participation in long-term care, ethical aspects related to practising user participation are less discussed. The aim of this paper is to give insight into ethical dilemmas for health and care staff within different care service settings of the long-term care sector context of Norway. The discussion is based on ethnographic data collected in 2015-16 in two different Norwegian municipalities. Theoretically, the discussion is inspired by bringing together theories about user participation with theories about care ethics, and using the concept 'microethics' to approach the problematics of everyday care service practice. The findings include three contextual ethical dilemmas. One is related to the limited time for user participation in home-based nursing services. Another is related to the arduous involvement of relatives of nursing home residents whose own participation are limited by weakness such as dementia. And a third is related to the pressure of governing user participation for residents in grouped homes through behaviour therapy forcing residents to learn how to live normal lives. Overall, the article is a contribution to the discussion about contextual microethics of long-term care services for older and younger users.

When professional cultures of care managers influence their ways to solve dilemma.

Annie Dussuet – Associate Professor, Université de Nantes, France

Clémence Ledoux – Associate Professor, Université de Nantes, France

In France the "Personalized Allowance for Autonomy" (APA) allows people over 60 years living in their own homes and suffering a loss of capacity to get facilities in their homes and, above all, to pay the services needed to stay at home. The law establishing this allowance provides a strict national framework for determining the eligible persons and the amount of the allowance. The allocation is determined on the one hand by the assessment of the level of dependency of the elderly using a national grid, and secondly by the establishment of a "help plan" listing the various services deemed necessary and whose monetary valuation defines the amount paid, once deducted a user fee. In practice, the implementation of this policy is carried out locally by the care managers of the various french départements. This paper proposes to analyze the dilemmas these actors face in their decision-making, between their understanding of the national legal rules, of the organizational rules of their département, of their territorial unit and the concrete situations they encounter. How do they resolve these dilemmas? Do they manage to avoid or circumvent them? According to what logic? What are their room of maneuver? Do they then change the priorities displayed by national policies and if yes how? This paper attempts to provide is based on field survey data, collected in 2018 as part of the research program PROFAM (funded by the French National Research Agency). We used two main sources : first hand administrative documents produced for the care managers by their superiors, explaining the procedures they should follow, which were distributed in a French département of Western France and secondly in-depth interviews with civil servants of this département : 18 with front-line care managers, 9 with their superiors and 7 with the secretaries of the units. We show the important constraints that govern the decisions of these workers, but the room of manoeuvre they nevertheless have. The constraints are due to the national framework, to the work's organization and the attempts of their superiors to develop local rules and routines. We nevertheless highlight the room for maneuver of these social managers to determinate priorities while they deal with the real situations of people asking for the allowance : they try to provide more services to isolated people than to those who live in couple and can be cared for by their spouse; they consider that a high level of income makes it possible to access services that are inaccessible to the poorest and thereby evaluate that the better off deserve less public support; they privilege the maintenance of established situations where family solidarity already exist, rather than provoke change through an important help plan.

We will see that, in the dilemmas they face, their professional cultures push them to make different types of choices: social workers tend to take more into account the singularities of the applicants, when, on the contrary, care managers without any social work background follow much more the routines.

How the Private Long-Term Care Providers Overcome the Resource Disadvantages through Entrepreneurial Bricolage — A Case Study of LoHas Nursing Home

Yu-Shu Peng – Professor, National Dong Hwa University, Taiwan
Huei-Yun Kuo

It is rare to see in the medical treatment sector that an entrepreneur can reach the balance between the operational cost and revenue through effective and efficient resource strategies in the circumstances of resource constraints at the embryonic period of the startup. The study is to employ the perspective of bricolage to examine the responses of the private long-term care institutions when situated in the shortage of resources. The present study applied the case study method to explore the resource strategies of a private long-term care institution. The major findings are as follows. Firstly, the most important factor for the success of the startup is the entrepreneur's abundant experiences of chronic patient caretaking turning into the basis of the resource strategy of the nursing institution. Secondly, the entrepreneur applies the strategy of using resources at hand through utilizing simple daily-life tools to replace the expensive fabricated rehabilitation equipment and the strategy of making do with resources by allowing foreign healthcare givers to stay with the stroke patients at the nursing institution as well as take the free training of long-term care. Lastly, the long-term care provider could make a more sustainable business model that targets on the short-term caretaking and further offers professional training for care providers in the industry.

Care management activities and integration policies in France: the weight of pre-existing dynamics and local negotiations

Alis Sopadzhian – Associate Professor, EHESP, France
Blanche Le Bihan
Arnaud Campéon

Context and main issue: In France, the necessity to better coordinate health and social care interventions in elderly care has been a longstanding preoccupation of the state. Even if these policies date back to the 1980s, there has recently been a strong emphasis on them as response to persistent fragmentations. Since the beginning of the 2010s, various policies with similar objectives have been initiated. They introduced a number of new components – concepts, tools, and also new dedicated professionals – meant to be implemented by local institutional actors and impacting directly local managers and frontline professionals' activities. One of these new professionals dedicated to coordination are case managers for elderly people with complex health and social care needs [gestionnaires de cas] introduced by the MAIA scheme – Method of action for the integration of health and social services in the field of autonomy [Méthode d'action pour l'intégration des services d'aide et de soins dans le champ de l'autonomie]. This paper proposes a comprehensive analysis of the activities developed by complex case managers in two local territories. Analysis is based on inputs from both public policy analysis and sociology of professions. Special attention is paid on the reception of those case managers by pre-existing care professionals developing similar coordination tasks, on the one hand, and acceptance strategies implemented by the new complex case manager, on the other.

Methodology: The paper is based on the analysis of the local implementation of two MAIA schemes investigated in a post-doc research. It includes a review of available evidence including national and local official reports and research articles and original qualitative semi-directive interviews led between 2015 and 2016. Interviewees include the new professionals introduced by the scheme (n=8) and a selection of institutional, organisational and professional actors they are meant to interact with to develop their activities (n=22).

Results: Two different levels of analysis are proposed. The first concerns the local reception of the MAIA schemes. Analysis shows strong resistance to their introduction at at least three interdependent levels: at the institutional level by the main institutional local actors, at the organisational level by the managers of other health and social care organisations, and at the care managers' level by frontline professionals with similar coordination activities. The second level focuses on the care managers' level. We show that they face difficulties to make emerge a common professional identity due to unclear professional status and lack of 'pragmatic' legitimacy. Despite this, they also need to develop strategies to facilitate their acceptance by the other frontline professionals and develop their activity. Whereas mobilising different skills to which the

new care managers are more or less prepared, these strategies have in common to be deployed in situations of concrete and complex interactions in which time is needed to make themselves known and recognised in order to be able to delimitate locally their own field of action.

Teachers' Care Work: Undervalued and Invisible within Prevalent Discourses

Melanie Sedergreen – Instructor, Vancouver Island University, Canada
(contributed)

My research considers the undervaluing and invisibility of teachers' care work. As a distinct type of emotional labour, care work is rewarding, but also demanding and exhausting. I argue that teachers have a double shift: we do care work and we do educative work. Our pedagogical work and its relation to market participation is most visible in policy and research discourses, while our care work is largely invisible and thus undervalued.

When teachers' care work surfaces, it is usually only by implication in 'burnout' research, or wellness discourses that problematize responses to workplace stress. Within these discourses, most often, the argument is that individuals have a deficit in emotions management and individual interventions (e.g. mindfulness) are suggested. Thus, an additional shift of self-care is assigned to maintain market participation. As with most care work, self-care is largely undervalued and invisible.

I situate my research in the context of the 15-year British Columbia Teachers' labour dispute. Our labour dispute began when the B.C. government introduced laws that removed teachers rights to bargain on class size and composition. The dispute took place in court and in public through news and social media. I consider prevailing policy, research, and wellness discourses and how they contribute to the undervaluing and invisibility of teachers' care work. I have come to believe that this dispute was not as much about class size and composition, or working and learning conditions, as it was about teachers' capacity to do care work. Teachers' care work is mediated by classes that are too large, that have complex learning compositions, that require a high degree of individualization, and ever intensified curricula and reforms. It is also mediated by the undervaluing and invisibility of care work culturally.

My research will invite teachers to make their care work 'visible.' My goal is to redirect focus from problematizing and individualizing care work stress responses to structural causes and remedies. As my research is in progress, at the conference, I will review relevant literature and situate it within my context as a B.C. teacher who began teaching amidst a lengthy labour dispute.

14:45-16:15

S6 - Care work and change. An across (and within) country comparison of working conditions and job quality in the care sector

Symposia chair: Valeria Pulignano, Professor, University of Leuven, Belgium

Discussants: Valeria Pulignano and Marta Szebehely, Professor, Stockholm University, Sweden

Room A

The symposium aims at enhancing knowledge on the social impact of policy change in care work under constraints in (welfare and power) resources during economic and financial austerity measures as well as neo-liberal marketization processes and policies in public services, in Europe. The main focus are the working conditions and job quality of workers in contemporary care work. It also discusses the factors, processes and conditions generating these employment outcomes under changing priority in care policy.

Each paper in the stream deals with the overarching theme of changing working conditions and job quality in care work. In particular, they assess their social effects and consider their theoretical and policy implications for labour markets segmentation and social change in the context of comparative studies (e.g. Beynon et al., 2002) by encompassing macro and micro perspectives (Pulignano and Doerflinger, 2018). Drawing from the sociological tradition in employment studies (e.g. Gallie 2013, 2007), combining working conditions and job quality offers an encompassing framework for research and theory development when examining employment under changing policy priority. This is because whereas working conditions deal with objective (contractual) conditions of work (e.g. atypical work, hours of work, education and training, wages), within specific institutional-regulatory contexts (i.e. 'employment regimes', Gallie, 2007), job quality engages also

with the subjective experiences of work (e.g. health and well-being, career prospects, skills development, reconciliation work-life, job autonomy, job rotation, support, task complexity)

In the light of the aforementioned aims and objectives the stream will consist of four papers addressing the main topic of study in different EU (United Kingdom, Belgium, Germany, and Italy.)

CANCELLED

“The (changing) landscape of elderly care in Belgium: challenges and outcomes for quality of working life.”

Dorien Frans – Doctoral Researcher

Nadja Doerflinger – Postdoctoral Researcher, KU Leuven, Denmark

Valeria Pulignano – Professor, KU Leuven, Belgium

“Different means to the same end? The value (and limits) of socially responsible procurement in older people’s care in the UK and Spain in a context of austerity”

Matthew Johnson – Dr., Alliance Manchester Business School, United Kingdom

Arista Koukiadaki – Associate Professor, Alliance Manchester Business School, United Kingdom

Núria Sánchez-Mira – Postdoctoral Fellow, University of Lausanne, Switzerland

‘Labour of love’ versus profit maximization? Comparing working conditions in charitable and for-profit nursing homes in Germany

Nadja Doerflinger – Postdoctoral Researcher, KU Leuven, Denmark

Valeria Pulignano – Professor, KU Leuven, Belgium

“The marketisation of care in Italy. The intended» and «unintended consequences of the “aziende speciali”

Andrea Ciarini – Dr., Sapienza University, Italy

14:45-16:15

TP16 - Comparative perspectives on live-in care migration

Thematic Panel chairs: Simone Leiber, Professor, University of Duisburg-Essen, Germany, and August Österle, Professor, Vienna University, Austria

Room F

The Impact of Live-in Migrant Work in the Italian Elder Care Sector

Mirko Di Rosa – Ph.d. candidate, IRCCS INRCA, Italy

Francesco Barbabella – IRCCS INRCA, Italy

Main issue analyzed in the paper and its relevance: In Italy, the combined impact of a relatively weak role of formal in-kind long-term care (LTC) provision both in terms of coverage and intensity, a widespread use of unrestricted “attendance allowances” (paid via a national cash-for-care scheme), and the presence of a strong family network (allowing most older people to “age in place”), has stimulated an increasing reliance on home-based, privately hired care workers. The estimated number of these workers, mainly women, reaches in Italy approximately 1,5 million, of whom about 80-90% have a migrant background (mainly from Eastern Europe), two thirds being without a regular contract and often without any professional training in care or nursing. The legal and employment position of migrant care workers (MCWs) plays a crucial role in shaping their own living and working perspectives, and affects also some of the main features of the whole LTC sector. Their number has steadily increased over the past ten years, mainly due to the increasing demand for LTC due to population ageing and the growing female participation in the labour market, with a consequent lower availability of family caregivers. Moreover, following the economic crisis heavily affecting this country, the number of Italian care workers has

also started to increase, pointing out that this activity has become (again) profitable and attractive for the autochthonous population, too.

Type of methodology and sources of data/information used for the analysis: Secondary data analyses were carried out, based on existing institutional sources in order not only to contribute to overcome the fragmentation traditionally characterising these specific data in Italy, but also to provide a clear and concise set of core figures on the complex phenomenon of migrant work in LTC for dependent older people.

Main findings expected from the analysis: As for their main areas of activity, MCWs are employed primarily to carry out housework, preparation and administration of meals (e.g. cutting up food or feeding the recipient), companionship and personal care, while less often carrying out tasks concerning the management of finances, the organization of care and transportation. Cohabiting in the same household as the care recipient is a condition that deepens the MCWs' involvement in all activities, except those which the family wants to continue to keep control of, such as finance management and organization of care. When the family employs a live-in MCW, the role of formal home care services decreases substantially for most tasks, up to a complete replacement. The only two activities that continue to be delegated to a considerable extent to formal home care services are personal care and transportation, for which MCWs do not always have the necessary conveyances and/or skills. Overall, the living-in option represents the situation that more likely can produce a replacement effect on home care services by MCWs. The availability of public and private care provision, however, does not prevent Italian households from keeping on providing LTC informally in everyday life.

Cost-benefit calculation and gender role attitudes of Hungarian live-in care workers employed in Austria

Dóra Gábrriel – Junior Research Fellow, Hungarian Demographic Research Institute, Hungary

Hungary has historically and structurally strong ties with Austria, its Western neighboring country. According to the Labor Force Survey data, Austria is the primary target country of Hungarian labor migrants including commuters. In the last few decades, Hungary started to emit a significant number of live-in care workers to the Austrian elderly care sector, constituting the third biggest foreign group among live-in caregivers in the receiving country. Due to population aging and the changing labor market conditions, the demand on migrant care workers is gradually increasing in Europe and also in Austria. The paper examines the supply side of the phenomenon. The analysis intends to present the main characteristics of live-in care migration between Austria and Hungary, with a special focus on unequal gender roles, transnational care obligations within the family, the cost-benefit calculation of Hungarian live-in care workers and the related institutions. The research method is based on sociological fieldwork, and a combined interview technique of narrative and half-structured interview method. We analyzed the narratives by Rosenthal's method of objective hermeneutics (Rosenthal 1993). The Hungarian fieldwork was conducted in Baranya County, located in the southern part of Transdanubia. During state socialism, Baranya County was a heavily industrialized region. After the end of state socialism, the region went through a remarkable decline, whose damages still have serious impacts on the locals' employment, living conditions, and on the region's economy. The ethnical (Swabian) composition of the region also contributed to the decision about choosing the field. Further interviews were conducted in Styria, Austria. The analysis contains 34 interviews, including 22 female care workers, 2 male care workers, 4 left-behind husbands, 4 colleagues/heads of recruitment companies, and other left-behind relatives. The interviews indicate that the decision about migration is often made by the household that can confirm the validity of the theory of New Economics of Labor Migration. The paper demonstrates that care workers tend to forget certain costs of their migration, such as the emotional costs of being far from their beloved ones, that they provide a 24-hour service, migrant remittances, work-related health problems, or the lack of pension from Austria (if their work activity is not legalized). The study shows the gendered family economy aspects, the elements of involuntary movements, and deep-rooted structural constraints. The daily life of care workers can be described as constant maneuvering between the paid care work in the host country and unpaid household duties at home. Hungarian care workers apply different strategies to provide care for their elderly parents, or children residing in the sending country, meanwhile, husbands find new challenges in maintaining the household. The presentation intends to reveal how gender role attitudes change due to labor migration among care workers.

Wind of change? Perspectives on the Austrian 24-h-care model

Brigitte Aulenbacher – Johannes Kepler University, Austria

Michael Leiblfinger – B.Sc., Johannes Kepler University, Austria

Veronika Prieler – M.Sc., Johannes Kepler University, Austria

Over the last decades, many countries have witnessed a growing market for 24-h-care for elderly people. By legalising live-in care with the Home Care Act, Austria, a typical conservative welfare state, became one of the forerunner states of migrant domestic care. Pushed by cash-for-care-policies and embedded in the ideal of the home care society, 24-h-care has been established as an important and growing part of the Austrian elder care system. Private and third sector home care agencies recruit typically women from Central and Eastern Europe as self-employed live-ins for Austrian households. The care workers' tasks range between housework, assistance for everyday life, and nursing care. Within this transnational care arrangement, tendencies of formalisation and informalisation as well as of training and professionalisation play an important role. Despite the growing use of this care model, new controversies over its acceptance and future arise with an increasing public debate. The paper aims to analyse this wind of change as a Polanyian "double movement": the "movement" of a market driven reorganisation of care and care work and a "countermovement" seeking for protection from its effects on care work. Drawing on Polanyi's work and a comprehensive policy and regime analysis, our paper first introduces the concept of the "double movement" and examines how this specific 24-h-care model is embedded in the Austrian care regime and how home care is marketised in the setting of the home care ideal. The second step focuses on how agencies as intermediaries between people in need of care on one side and migrant care workers on the other discuss the Austrian model, its challenges and its perspectives. Based on eleven expert interviews with representatives of Viennese home care agencies, we analyse which requirements and expectations of 'decent care' and 'decent work' agencies identify and how they address them. Preliminary results indicate that agencies prioritise the needs of care receivers and their families over those of care givers even though there is a sense of growing difficulty recruiting care workers. As a third step we bring in the perspective of relevant stakeholders in the field to add their views on the controversial model. Our eleven stakeholder interviews range from representatives of care workers NPOs to relevant ministries. Preliminary results indicate wide, incoherent opinions on the model ranging from the complete overhaul of the current model and the need for only minor changes connected to so-called "black sheep" on the increasingly competitive market. The paper concludes by resuming the perspectives on home care through the lenses of the Polanyian "double movement".

Transnationalism of migrant careworkers. Is it possible to propose a model?

Rossana Trifiletti – Associate Professor, University of Florence, Italy

Transnationalism, as a new paradigm in migration studies has often emphasized the aspects which the old paradigm, based on economic push and pull factors, had underevaluated: the circulation of care (Baldassar, Merla 2014) the spaces of agency of migrant women (Kofman, 2002; Kofman Ranghuram), the birth of new types of imagined families, or other behaviours the migrants really tend to adopt in recent years, reducing the symbolic distance between sending and receiving countries. New forms of daily communication by call centers or portables, low cost ways of sending money or presents, low cost journeys and so on allow to maintain and cultivate family relations in a new way (Bryceson and Vuorela 2002). Now the time is ripe to investigate a bit more in depth the differences among migrants in access to an effective transnational status in order to glimpse possible consequences on our usual way to compare national care regimes and to deal with the care deficit of our countries, with an eye to the quality of care. The flow of live-in care-workers to Southern European countries is a case in point to begin the analysis: here the "migrant-in-the-family" model was proposed (Bettio et al. 2006) as a consequence of Mediterranean welfare regimes and cultures, in countries which only recently ceased to be only the open border of Europe, to be crossed in order to migrate to other richer countries, and became a receptor of new migration flows, often of circular ones. It was particularly clear in these countries that the condition of live-in migrant care-workers results from the complex intersection of a specific migratory regime, a consolidated way of regulating a dualized labour market and a complex equilibrium between family obligations, the gender order and available welfare measures (Williams, Brennan 2012). In a number of qualitative Italian field researches about migrant care-workers it has been widely documented that also their space of agency, their professionalization, their plans for the future, were clearly connected to these intersections, as well as their capacity to deal with a very heavy emotion work (Trifiletti 2018), resisting the difficulties of a dirty bodywork, of low social recognition, of mobility and backstage limitations and, often, of not so easy relationships with other family members beyond the cared for, if not even of socially constructed ethnic markers (Anthias 2008; Marchetti, Scrinzi 2017). If, in the case of Southern European countries, all this is particularly clear, the question is then, whether such intersections could be equally useful in the study of other countries, in particular of other welfare and care regimes. The aim of this paper is to try a first step of qualitative comparison among three cases of

important in-flows of migrant careworkers, which show a different regulation. Italy, Austria and Israel are all countries whose welfare system relies heavily on immigrants to cope with the new risk of elderly care but have different benefits and a different path.

Migrant caregivers in transforming societies: translocal care chains and multiple vulnerabilities (cases of Poland and the Czech Republic)

Ewa Slezak – Ph.d. candidate, Cracow University of Economics, Poland

Petra Ezzeddine – Ph.d., Charles University, Czech Republic

(contributed)

Transforming societies like Poland and the Czech Republic, just like most of the EU countries, are facing ageing of their societies and a chronic lack of care facilities for elderly people. We do observe also significant changes in the social patterns of intimate life of individuals, the relationship between the public and private spheres as well as gender patterns. The traditional premise holding the families that represent an unlimited and unpaid reservoir of care is forced to be flexible and to adapt to changing needs of families, yet it is being challenged. As a result, hired domestic care workers become indisputable social need. The socio-economic reforms in Poland and the Czech Republic since 1990s had far reaching consequences for social policy, in particular for publicly-provided eldercare. Hence, a fall in the state support for residential eldercare facilities, extension of a range of possible formal care providers, cancellation of flat-rate subsidies for social services' providers or introduction of a cash-for-care benefits. The former aimed at creating space for providing individualized and economically efficient formal care and to support home-based care provision, which would allow for a combination of informal and formal care.

However, these changes had led to many unintended consequences, particularly in the area of informal care for frail elderly. The growing emphasis is laid on cost-effectiveness and cost-accounting, as well as pressure to reduce the cost of care and wages of caregivers is noted. In fact "taylorisation" of care manifests itself in care fragmentation into partial tasks, which are carried out according to a pre-set schedule. In the light of the above increasing pressure on the performance of caregivers occurs. Moreover, the introduction of cash-for-care benefits and accompanying changes boosted a market-based framework that focuses on the consumer-provider relationship and promotes commodification of care (Ungersson 2003). Much of the care provision is conducted by migrant workers, mainly women. The discrepancy of the importance of their work and the lack of social protection of non-citizens at times is observed.

The paper aims at transdisciplinary analysing and comparing live-in care migration arrangements, care migration apparatus and commodification processes of migrant-provided care in transforming societies of Poland and in the Czech Republic. The authoresses wish to reflect upon specific pattern of translocal care chains, which emerge in both countries as they receive live-in caregivers (mainly from Ukraine), and in the same time they send their own caregivers to other, more economically developed countries (like Germany and Austria). We argue that this form of specific translocal care chain processes is a result of the social and economic inequalities prevailing in the region (Ehrenreich, Hochschild eds. 2002).

14:45-16:15

TP14 - Care regimes and task division – comparative evidence

Thematic Panel chairs: Maša Filipovič Hraste, Associate Professor, University of Ljubljana, Slovenia, and Andrej Srakar, Professor, Institute for Economic Research, Slovenia

Group room 4

The demographic dimension of emotional support and care provision: a 5 countries comparison

Tiziana Nazio – Dr., WZB, Germany

Families are the main informal care providers for elderly people, even in those countries where the welfare state offers generous provisions. But changes in family structures, with later partnering and childbearing, together with an increased life expectancy, have resulted in 'beanpole' families, with fewer siblings and the presence of three or four generations for a longer time. This study adopts a life course approach to investigate the association between early family formation trajectories and differences in emotional support networks and informal care provision in later life. Sequence analysis on data from SHARE surveys (waves 3 and 4) compare family trajectories for individuals from the birth cohorts 1927-58 in five selected countries: Italy, (East and West) Germany, France, Denmark and Czech Republic. Family trajectories (timing of union formation and dissolution, childlessness and children parity over 31 years, at ages 16-46) are clustered by means of

sequence analysis. The variability in patterns of family formation trajectories is used to predict elderly's emotional support network characteristics and care exchanged by means of a set of multivariate analyses (poisson and logit models, hierarchical probit and ordered logit models). Results from the sequence analyses revealed nine common patterns of family trajectories.

These early family trajectories are significant predictors of the size of emotional support networks. Childless individuals, or those with just one child, tend to have smaller emotional support network. This is also true of individuals who suffered union disruption, especially in Czech Republic and Italy. No difference in size of emotional support network is found for stable re-partnered individuals instead, where union reformation seems to compensate for the lost part of the network. Both those who experienced union dissolution and repartnering seem to live at an average larger distance from their emotional support network members, a strong predictor of lessened informal care provision.

Results also found that the social network that provides emotional support overlaps only in part with that providing practical help. Results reveal that it is current family circumstances (number of children, the presence of a partner and the geographical distance to the potential caregivers), rather than family trajectories, what best predicts the exchange of practical help and personal care.

What people do early in life in terms of family building predicts the shape of the emotional support networks they have later in life, but only indirectly predicts their care exchanges, in that the larger emotional support network, the more help is received and given. It is also found that a higher physical distance reduces the probability of receiving or providing help because exchanges of practical support entail face-to-face interactions. Countries differ significantly not only in the provision of formal services, but also in the distribution of the distances to their elderly's kin and network members. Although technology contributes to maintaining high degrees of emotional closeness and support like never before, informal care provision in terms of practical help and personal care requires proximity. Educational level is another relevant stratifying dimension. On the one hand, higher educated individuals reported higher distance from their emotional support network members. On the other hand, they tended to report larger, more diversified emotional support networks and were more likely to elicit informal help overall.

Classifying long term care systems – a conceptual framework for comparative research

Johanna Fischer – Research Fellow, University of Bremen, Germany

Lorraine Frisina Doetter – University of Bremen, Germany

Heinz Rothgang – Professor, University of Bremen, Germany

The organization of long term care (LTC) varies temporally and spatially, particularly as re-gards the relevance of informal versus formal care and financing mixes. The present study develops a multi-dimensional, actor-centered typology of LTC systems that can be used as an analytical device for comparative research on both the theoretical and empirical manifestations of LTC regimes. In it, we argue that classification and the use of typologies are fundamental to carrying out systematic comparative research. We begin by conducting a literature review of extant classifications of LTC systems in order to gather evidence on existing approaches. Our findings point to a paucity of multi-dimensional frameworks that allow for the comprehensive description and comparison of LTC systems. Instead, what can be found is an overwhelming reliance on disparate conceptual criteria and methods that fall short for the purposes of typology construction. We therefore argue for the necessity of developing a new typology that can do a better job at (a) capturing the most significant features of systems and (b) facilitating comparative research by serving as a universal analytical roster by which to sort and select cases. For this purpose, we draw mainly on the use of deductive logic in order to avoid conceptual biases owing to the limited scope of empirical referents (e.g. only western Europe) that tend to color inductively driven approaches. Methodologically, the procedure of, firstly, constructing and, secondly, reducing a typological attribute space is employed. We establish the significance of three dimensions – service provision, financing, and regulation – that make up any type of LTC system and then proceed to define sub-dimensions specific to these dimensions. A focus on actors, we argue, is particularly useful for analyzing variation between different types of LTC systems. Five relevant groups of actors are identified: state, private (collective) actors, private individual and informal actors, societal actors and global actors. We conclude by outlining the plausibility of resulting types and reflecting the usage of our typological framework.

Gender roles in familialistic regimes: income and education matter

Andrej Srakar – Professor, Institute for Economic Research, Slovenia

Masa Filipovic Hrast – Associate Professor, University of Ljubljana, Slovenia

Ricardo Rodrigues – Dr., European Centre, Austria

Stefania Ilinca – Researcher, European Centre for Social Welfare Policy and Research

Valentina Hlebec – Dr., University of Ljubljana, Slovenia

Several theories explain gender differences in the provision of long-term care. Across the EU, 80% of care is provided by informal carers (EIGE, Review of the Implementation of the Beijing Platform for Action: Women and Economy, 2011) and a majority of them are women as informal carers are typically spouses, middle-aged daughters or daughters-in-law, aged 45 to 75. The gender-role expectations and gender-role specialization framework posits that it is socially desirable for women to provide caregiving and we can expect women to be more involved and also to face more stress in caring for elderly parents. The study by Campbell and Martin-Mathews (2003) explained why women are more likely to provide long-term care for older parents and found that the gender of the parent requiring care partially determines the gender of the child providing it (see also Østbye, Chan, Malhotra, & Kothalawala, 2010; Hong & Coogle, 2014; Lee & Tang, 2015).

Despite the theoretical foundations and empirical evidence that females are the primary long-term caregivers, other studies did not find gender differences (Kramer, 2004; Pinguat & Sørensen, 2006; Yee & Schulz, 2000). Pinguat and Sørensen (2006) conducted a meta-analysis of 229 studies on the gender issues surrounding elder care and argued that gender differences in this field were very small; the observed differences could be caused by the social context, the capacity of male and female providers, family structure, or the relationship of caregivers with their elderly parents (Datta, Poortinga, & Marcoen, 2003). Other studies argued that a number of other factors affect observed differences in caregivers' gender, such as education, age, sibling network, family, and individual economic condition.

In our article, we use Survey of Health, Ageing and Retirement in Europe (SHARE) cross-sectional dataset from Wave 6 to verify the presence of those effects in two different care regimes, Austria and Slovenia, being characterized by significant differences in familialistic characteristics. We use a novel semiparametric empirical strategy (recommended in the literature due to problems of more commonly used approaches to moderation analysis, see e.g. Kraemer et al., 2001), namely fractional polynomial regressions, to entangle the nonlinear moderating effects of education and, in particular, income.

We find strong presence of gender effects which depend on the care regime, but we do not find strong presence of the moderating effects of other factors, in particular income and education. To verify this, we model the nonlinear effects using semiparametric fractional polynomial regression and find the moderating effects of income and education are present, but only in the familism by default regime (i.e. Slovenia). We provide explanation for the sign of those effects which adds to the existing literature noted above and confirms the moderating effects of both income and education which is a significant contribution to the literature.

The article is one of rare international studies comparing "gendered" care regimes and provides new evidence on gender roles and the effects of confounding factors, including a novel methodology to approach the modelling of care regimes and the problems of long term care provision in general.

Migrant care workers needed urgently: Explaining transnational interdependencies in long-term care provision using causal chains

Anna Safuta – Dr., University of Bremen, Germany

Heinz Rothgang – Professor, University of Bremen, Germany

Kristin Noack – University of Bremen, Germany

Due to a combination of demographic and societal factors, the demand for care is intensifying across Europe. In many countries, including Germany, this demand is increasingly fulfilled by hiring migrant care workers. The article identifies the causes explaining the increasing reliance of the German long-term care (LTC) system on a migrant workforce. Furthermore, the article examines the (in)adequacy of recent LTC reforms with the increasing migrantization of LTC provision. This migrantization manifests in two ways: on the one hand, the spread of home-based elderly care provision by migrant workers, resulting in the emergence of a 'migrant in the family' model of care (A), on the other, the increasing share of migrants in formal care settings, leading to the development of a 'migrant in formal care' model of care (B). We identified

causal process tracing as the optimal method to explain both outcomes. Process tracing establishes causal chains, which break down the causal explanation of an outcome into a series of smaller successive steps connected by causal mechanisms. We followed authors for whom process tracing starts from the reconstruction of a chronology, subsequently transformed into a causal chain. The two causal chains identified in this article show macro change as produced by interactions between the macro level of policies and structures, and the micro level of individuals and households. We show that the migrantization of care in Germany has been triggered by the combination of two features of LTC insurance (cash benefits and provider competition) with the readily available supply of a migrant workforce from Central and Eastern Europe (CEE). A product of the post-1989 transformation of CEE, these migrant flows have been accelerated and facilitated by EU integration. From the demand side, migrantization raises the question of the current and future sustainability of the German LTC system. From the supply side, the increased demand for migrant care workers in Germany contributes to emerging care gaps in the countries from which migrants originate. These gaps in turn stimulate the formation of transnational care chains, such as the one already linking Germany to Poland and Poland to Ukraine. Indeed, while the biggest share of migrant care workers in Germany originates from Poland, families in Poland's bigger cities are now increasingly hiring live-in care providers from Ukraine.

"The time is out of joint". Temporal dimensions of family establishment in the context of recent reconfigurations of family policies in the German welfare state

Christian Gräfe – Dr., University of Duisburg-Essen, Germany
(contributed)

The paper examines the transition to parenthood among heterosexual couples. The micro-dynamics of family formation are investigated in the context of transformations in the German care regime. Under investigation is how commonly shared lifetime orientations emerge and change in the course of establishing a family, and which effects have institutional temporal structures, i. e. instruments of family policy, on these processes. Perspectives of micro-sociological family research and welfare state research are linked. To begin with, I focus on recent transformations of family policy as policies of time and the life course in the German welfare state. I provide a brief overview of work-family reconciliation policies in Germany and address the question which societal transformations underlie the emergence of and changes within this policy field. Therefore, I introduce some basic theoretical concepts (by reference to Bourdieu, life course research and family research). In the main part, I outline the consequences of these transformations for family formation among (heterosexual) couples, based on qualitative empirical research. Methodically, the examination is configured as case-based reconstructive research on couples. Biographical interviews with couples who recently became parents form the empirical base of the investigation. I conducted interviews with couples from different social milieus. The results show differences and social disparities in the organization of time and the ability to avail of this time, this neither due to economic factors alone, nor derivable from association with a social milieu (individualistic, family-oriented or traditional settings). I aim to present two results, in detail:

1. Family Formation processes are full of prerequisites, i.e. subject to certain social conditions: Processes of successive integration ("closed processes") in which ever more areas of practical co-habitation (household, profession, child care) are structured by common persuasions are not always triggered. Taking place instead in their absence are "open processes" in which events serve not to initiate structural formation, but to further de-stabilize family life.
2. These processes interact with family policies in a specific manner. Policy instruments for parents with small children (e. g. paid parental leave) selectively enable freedom of action paradoxically for those couples which have already developed common persuasions prior to establishing a family. By contrast, the same policy instruments de-stabilize family life when couples have not established commonly shared lifetime orientations ("open processes") even more.

From this micro-level perspective, the aim of this paper is to contribute towards clarifying the issue of continuity and change in "conservative" care regimes, with Germany serving as an example.

14:45-16:15

TP4 - Technology for care and living: Solutions and challenges

Thematic Panel chairs: Virpi Timonen, Professor, Trinity College Dublin, Ireland, and Blanca Deusdad, Senior Lecturer, Rovira i Virgili University, Spain

Group room 5

Involving older users in the digital transformation of care services

Angelos Balatsas-Lekkas – Research Scientist, VTT Technical Research Centre of Finland, Finland

The ongoing socio-economic turn to digitalization generates challenges as well as potentials of care services to create value for and in older people's lives. Public and private actors partaking in the digital transformation of care seek for service solutions that enable older people to live better, safer and longer but also reduce expenses from the public healthcare sector. mHealth and eHealth service solutions respond to these challenges by relying on multiple socio-technical configurations that older people become increasingly entangled with, such as the use of smart devices, while also generating loose boundaries between situations that relate to their use, such as illness, acuteness and wellbeing. Despite of how intuitive digital features of care services may appear to professionals involved in their making, older people might approach those with skepticism. Older peoples' fears about changes in habits, technophobia, small income, low skills in technology use and stigma may result to low or non-use of digital features of care services (Leikas 2009). Aiming to address vantage points of older people in the digital transformation of care services this paper brings attention to their involvement in the development of digital services for well-being, exercise and safe care. Drawing on hands-on experiences with service co-development at a municipality owned "Welfare Lab" and a Finnish research institute the paper attends to: 1) Direct participation of older people as prospective end-users in stages of ideation, conceptualization and testing. 2) Representations of older people's use practices in collaborative work among health professionals, service designers and user researchers. The notion of temporary spaces (Clausen and Gunn 2015) is proposed as a generative framework for addressing the phenomenon and temporal implications of involving older people as well as representing their concerns and practices in the co-development of digital features for care services. Temporary spaces are described as actor-networks in transformation (Callon 1990, Latour 1999) where humans and non-human elements have capacities for action, thereby reconfiguring their relations over time (Suchman 2007). The framework is applied in real-life cases, concerning the digitalization of meal ordering, grocery shopping and walking with rollators focusing on how insights about routines and use practices of older people become relevant inputs for the ideation, conceptualization and testing of digital features as well as how they influence the course of collaborative work of involved professionals. Regarding the direct means of older peoples' participation, the analysis points to the formation of strong relations and to feelings of accomplishment and inclusiveness among older people and professionals but also reframing of professionals' sets of assumptions and expectations about the value that digital services bring for older people. Regarding the representation of older people's concerns and practices, the analysis points to an epistemic nature and circulation of objects (Ewenstein and Whyte 2009) in the co-development processes. Attention is brought to concept drawings, field notes and video segments and to their capacity to trigger questions among professionals about when, where, how and at whose expense digitalization of care services may add value for older people and implicated stakeholders in care provision.

Electronic Health Records reshaping the sociotechnical interaction practices of Long-Term Care

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Helena Hirvonen – University Researcher, University of Jyväskylä, Finland

Professional caring is subject to a growing amount of accountability requirements mediated by Information and Communications Technology (ICT). In recent years, development of documentation and communication practices in care work have focused on Electronic Health Records (EHR). In our paper, we use qualitative interviews to analyse how care professionals describe their experiences of EHR in residential Long-Term Care (LTC). The electronic recording of clinical treatment, daily care activities, moods and other information is expected to reduce medication-related errors, and improve clinical documentation and coordination of information exchange between healthcare organisations. However, along with what is prescribed, EHR also reshape other aspects of care. For instance, they have changed the nature of reporting from human-to-human interaction (social ritual) to a sociotechnical system (Galatzan & Carrington 2018). Although EHR have been studied in healthcare settings, there seems to be little research on them concerning eldercare. EHR have been traditionally adopted in other areas of care, i.e. hospitals and health care institutions, where they have extended to LTC and home care for older people. "Structured recording" of residents' care is encouraged to establish categories to be used for

all residents. Meanwhile, for instance, the significance of oral reporting practices has not been studied. Along with studying the effects of EHR on interactional practices between care workers, their experiences on EHR are crucial in that EHR also affect the care relations between the care workers and the cared for. By standardising the information recorded and applied in care settings, the relational and individual aspects in the heart of caring may be affected, which also hasn't been sufficiently researched. Our paper aims to fill these gaps by drawing from a qualitative interview study (n=25) conducted with Finnish LTC workers in 2018. Our theoretical assumptions lean on ideas of sociotechnicality found in social studies of science and technology (STS), according to which technology and care can be scrutinised as intertwining actants in care practices. Applying thematic content analysis, this paper studies how LTC workers negotiate and interpret sociotechnical practices related to EHR at their workplace. What are the contents and uses of EHR as part of LTC practices? What impacts do EHR have on work practices and relations? How are the intended uses of EHR realised and reshaped in LTC work? Our results show that, along with its intended uses, EHR impact care practices in complex and varying ways. On one hand, they are viewed as depositories of factual information on which to lean. On the other hand, they are depicted as burdening in terms of being inefficient and disturbing the logic of care. Depending on their situated use, the intended uses of EHR are realised, reshaped and refused by LTC workers. The results indicate that workers do not categorically oppose EHR. However, being experts in interpreting complex human needs, they have a clear insight into how EHR impacts care practices, which ought to be better regarded in their design.

Developing end-user vantage points against the digital divide in care service development

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Jaana Kokko – City of Oulu, Finland

Angelos Balatsas-Lekkas – Research Scientist, VTT Technical Research Centre of Finland, Finland

Digitalization has changed the way people see the value that care services create for society. Service and technology providers involved in the digital transformation of care search for solutions that increase quality of service and quality of life but also reduce expenses of the healthcare sector. Moreover, end-user groups, such as elderly, whose familiarization with technology use might be a challenge, are often skeptic about the value of digital care services, resulting to non-adoption and low use of digital services. eHealth solutions that respond to these challenges often reframe notions involved in care provision, such as illness, acuteness and wellbeing, while relying on the end user undertaking multiple roles in the use of care services. For example, a person who books an appointment to the health center online is simultaneously a device user, a taxpayer, a citizen and a customer of the health center.

The above-mentioned complexities are critical for understanding how elderly and their carers engage with care services and technologies in practice. By engaging all stakeholders while co-designing, testing and piloting care services: 1) needs of the elderly users are adequately addressed, 2) designers, care professionals and elderly learn about each other's perspectives and practices, and 3) end users get the opportunity to actively seek solutions to their needs, resulting in sense of achievement, inclusiveness and empowerment.

This paper is based on empirical insights about care professionals and elderly user-involvement in two different environments in common activities:

- the WelfareLab of the city of Oulu, where social and health professionals, their clients and companies co-develop and test care service solutions such as mobile technology, robotics, addressing elderly specific needs in home services, fall prevention and disease management;
- Studies at a technology research center, focused on elderly's independence and participation to everyday decision making, such as grocery shopping and meal ordering.

These insights make clear some of the vantage points from which end users involved in elderly care deal in practice with the so-called "digital divide", and show how testing solutions built end-users' and designers' perception about the added value of technology.

Care professionals involved in these activities find that technology provides better efficiency in services such as medication services, where time-precision is valuable.

Possibilities for increased independence and life satisfaction for elderly users were shown, when digital service interfaces helped them maintain valued skills such as related to choosing one's food. On the other hand, the support of technology

may be experienced as loss of control over their life, since adoption of the solution would abolish their own methods of coping as in the case of developing a medication aid for elderly with visual impairment.

Our experience has shown that time, adequate processes and belief in human capability for learning in all ages and conditions can lead to digital services that respond to real needs and can be easily adopted, bringing about also the needed quality and cost efficiency.

Reimagine - The Basics of ReUnion Network

Yin Aiwen – Director, ReUnion Network, Netherlands

Jelena Viskovic – ReUnion Network, Netherlands

ReUnion is an experimental social initiative that investigates the possibilities to organize different social units through sets of long-term caring relationship, and affiliate them to local welfare systems through digital technologies (e.g. blockchain). ReUnion dives into the actual needs of our contemporary life with the axes of emotional labour, care and balance in everyday relations and encounters, and propose economic and legal supports for solidarity and openness. This paper introduces the basics of how this yet speculative system works.

Negotiating the temporalities of care – new technologies in professional care work

Annette Kamp – Associate Professor, Roskilde University, Denmark

Sidsel Lond Grosen – Associate Professor, Roskilde University, Denmark

Agnete Meldgaard Hansen – Associate Professor, Roskilde University, Denmark
(contributed)

Professional care workers in Denmark increasingly work with so-called 'welfare technologies' in their care for elderly clients. Currently a number of new technologies, which not only intervene in the organisation of care work, but also in the day-to-day interactions between care workers and care recipients are put to use. In this paper, we analyse how two such technologies contribute to changing the temporalities of care work, and we discuss implications for care and care relations. We draw on insights from the sociology of time that point to how technologies imply a change in conceptions of time and change the temporalities of work, e.g. temporal qualities such as pace, intensity, timing, synchronicity, punctuality, rhythmicity, and sequence (Urry 2000, Adam 2004, Rosa 2015). For years, time-optimization has been the centrepiece of rationalization-efforts in the eldercare sector. Consequently, meticulous planning of time, place and tasks has formed the basis for working life in elderly care. However, several studies illuminate how this type of linear temporality is often overruled in practice; re-minding us that working with relationships and uncontrollable bodies is a central part of care work (Tuftte 2013). Based on ethnographic field studies of the use of a 'virtual homecare' system in municipal homecare, and 'sensor floors' in an eldercare centre, we show how these technologies do not solely lead to more efficient time-use in care work as proposed by local and national authorities. In virtual homecare, homecare visits are performed at a distance via video-conversations, whereby time is compressed and physical presence in the clients' homes avoided. Sensor floors allow for immediate reaction on clients' needs, while upholding a physical distance. We point out how the introduction of these new technologies involves new dispositions of time, and a partial shift from linear time to instantaneous time. We show how new temporalities are introduced and co-exist with existing temporalities, and explore how these changes in the temporality and spatiality of work create new conditions for affectivity and care relations in care work.

16:45-18:15

TP18a - Transforming care work: Impact on working conditions and job quality

Thematic Panel chairs: Ricardo Rodriguez, Dr., European Centre, Austria, and Marta Szebehely, Professor, Stockholm University, Sweden

Room III

Changes in Nordic care work and their effects on work related problems for workers in long-term care

Tine Rostgaard – Professor, VIVE, Denmark

Mads Matthiessen – VIVE, Denmark

Teppo Kröger – Professor, University of Jyväskylä, Finland

Jiby Mathew Puthenparambil – Ph.d. student, University of Jyväskylä, Finland

Rebecka Strandell – Ph.d. student, Stockholm University, Denmark

Anneli Stranz – Researcher, Stockholm University, Sweden

Mia Vabø – Research Professor, Oslo Metropolitan University, Norway

Background: The Nordic LTC model can be said to be ‘the only, real cluster with respect to care’ (Daly and Lewis, 2000) as the countries here apply the so-called ‘Public service model’ (Anttonen, 1997). This means that the public sector has traditionally been the dominant actor. The organization and financing of care remains public responsibility, while the for-profit sector in recent years have taken over some of the provision of care. It is also a model characterized by service universalism as services are attractive, affordable and flexible (Vabø & Szebehely, 2012). The relatively good conditions are reflected in the care work, which is professionalized and considered to be a primary occupation and a career, and care workers are most often unionized (Dahl, 2000).

It is nevertheless a model under pressure as there is (as elsewhere) a drive for making LTC more cost-effective. This includes prioritization of the most frail older people and of core services leading to a retrenchment of LTC services. The Nordic countries have also witnessed the introduction of New Public Management steering principles and this has in turn lead to standardization, control and taylorisation of care work. There is on the other hand, also new reform tendencies of New Public Governance towards cross-disciplinary and cross-sectoral cooperation between health/social care and empowerment and engagement of users.

Aim: The question is therefore how Nordic care work is affected by these changes? In this paper, we investigate changes in care work over time, and what are the derived effects for care workers, in regards to levels of physical and mental exhaustion as well as intentions to continue working in the care sector.

Method: We apply NORDCARE survey data among unionized care workers (assistant nurses, care aides etc), working in LTC institutional care or home care in Denmark, Finland, Norway and Sweden, n=2.216 in 2005 and 3.229 in 2015. We control for changes in care worker characteristics (work hours and private for-profit vs. public employment, age, gender, work experience and education).

Results: Our results indicate that care work has changed: Core services are now personal care, health care, documenting, lifting, and less so help with cleaning. The work related problems have increased or remain substantial: Between one in three to one in two of the Nordic care workers wants to quit and/or feel mentally/physically exhausted after a work day. When controlling for changes in care worker characteristics, changes in work tasks contribute to explaining the changes in work related problems, but more structural problems remain. Some sectors seem particularly affected, such as the nursing home sector and the for-profit sector. Applying the reablement approach of active care and also relational work seems to act as buffers.

Are formal care workers a forgotten group in a Nordic ‘passion for equality’?

Marta Szebehely – Professor, Stockholm University, Sweden

Teppo Kröger – Professor, University of Jyväskylä, Finland

Tine Rostgaard – Professor, VIVE, Denmark

Anneli Stranz – Researcher, Stockholm University, Sweden

Mia Vabø – Research Professor, Oslo Metropolitan University, Norway

It has been argued that the Nordic countries have a passion for equality. A crucial aspect of this equality ambition in eldercare is that generously funded, high quality, services should be offered to all social groups. Despite this universalistic ideal, the Nordic countries have experienced declining service coverage and New Public Management inspired organisational reforms including the introduction of private providers and increasingly detailed regulation of care. In all these aspects, Norway is much less affected than Denmark, Finland and Sweden.

The aim of this paper is to analyse how care workers have been affected by these changes: eldercare workers’ employment- and working conditions are compared over time and between four Nordic countries. The analysis is based on the 2005 and 2015 Nordcare-surveys of random national samples of unionised care workers (assistant nurses, care aides etc.) in Denmark, Finland, Norway and Sweden (total N=6,517). Based on what previous research has shown is important for good quality work and good quality care, the paper analyses five aspects of problematic employment conditions (Working involuntary part-time; Working irregular hours; Working split shifts; Reporting worries about salary; and Reporting that working hours do not fit with social commitments) and five aspects of problematic working conditions (Having too much to do; Not being able to affect daily work; Not getting enough support from supervisor; Not having enough time to discuss work with colleagues; and Feeling inadequate in relation to clients’ needs).

The analysis shows that, taking the four countries together, the employment conditions are mainly unchanged and clearly more problematic than in most other labour market sectors. Further, crucial aspects of working conditions have deteriorated. The care workers report an increasing workload, reduced decision latitude and less support from managers and colleagues, and they more often feel inadequate in relation to the care needs of the users.

There are some clear country differences: the employment conditions are considerably better in Denmark than in the other Nordic countries while Norway stands out in that the working conditions have not deteriorated. The findings indicate that in Denmark, Finland and Sweden, changes in service coverage and organisational reforms have had repercussions on care workers’ working conditions. These changes have been introduced without considering the consequences for the workers, and we argue that the care workers have never been included in a Nordic passion for equality, which is detrimental not only to the workers’ welfare but also to the welfare of frail older persons and their families.

Working conditions of migrant and native workers in long-term care in Austria and Sweden: a tale of two countries and multiple individual stories

Ricardo Rodrigues – Dr., European Centre, Austria

Anneli Stranz – Researcher, Stockholm University, Sweden

As demand for care has increased, the long-term care sector has been confronted with labour shortages that have been compounded by the low wages and often unattractive working conditions characterizing the sector. A number of European countries have more or less willingly attempted to address these labour shortages by employing care workers of migrant background. There has been a considerable body of research on migrant care workers employed directly by families, often in the context of grey markets of care. In comparison, there is a dearth of information on migrant workers employed in the care sector by formal care providers (e.g. care homes) and their working conditions. This gap is all the more relevant as there is reason to believe that this group of workers may be particularly vulnerable to abuse and poor working conditions.

This study aims to address that gap by comparing the working conditions and outcomes (stress, intention to leave, physical discomfort) of migrant care workers with native care workers in two European countries: Austria and Sweden. These countries share a high percentage of care workers of migrant origin (about ¼ of total workers), but are otherwise dissimilar as to the country of origin of these care workers and the organization of the care sector. In this study we are particularly

interested in exploring the impact of marketization and market structures – clearly more relevant in Sweden than in Austria – on the working conditions of migrant care workers in each country.

To this end we use data from a comparable survey on working conditions (the NORDCARE study) carried out in both countries (Sweden in 2015, Austria in 2017). This representative survey covered both the home care and the residential care sectors. We used logistical regression analysis to compare different outcomes and working conditions of native and migrant care workers, distinguishing also between migrants of different origins.

Preliminary results show that migrant care workers in Austria have worst psychological outcomes than native workers, unlike in Sweden. However, in a number of other variables capturing different dimensions of working conditions there are few differences between native and migrant carers in Austria, while in Sweden these differences actually disfavour natives. We discuss some of the possible reasons for these differences, including individual, organization and institutional characteristics of individuals and providers in both countries.

Under what conditions are Nordic home-care workers willing to stay in their job?

Rebecka Strandell – Ph.d. student, Stockholm University, Denmark

In most Western countries, eldercare has been subjected to structural and organizational changes in recent decades. Ageing populations, organizational changes focused on cost-containment and efficiency and increased emphasis on Ageing-in-place policies have brought an increased importance for home care services (Genet et al. 2011, Rostgaard et al. 2012). At the same time, the issue of recruitment and retention of home care workers have attracted increased attention, as the working conditions have deteriorated in recent years (King et al. 2013, Stranz & Szebehely 2018). Hence, against this backdrop it is a crucial challenge for all welfare states to attract and retain a sufficient home care workforce.

This paper aims to study characteristics of home care workers who wants to stay in their jobs and analyze employment and working conditions that are related to willingness to stay. The empirical material is based on the Nordcare-survey and draws on the subsample of respondents working in home care in Sweden, Denmark, Norway and Finland in 2015.

The initial findings show that the proportion of home care workers who considered leaving their occupation has increased in all the Nordic countries – all together from 32 per cent in 2005 to 42 percent in 2015. However, the proportion of workers wanting to quit is highest in Sweden at 46 percent. What characterizes those who want to stay (e.g. in regards to age, gender, and country of origin, education and working-hours)? And what working conditions are related to willingness to stay in the job? Are there any differences between the Nordic countries in characteristics and conditions in relation to willingness to remain in their job.

Unable to provide adequate care for older people? Experience of carer workers

Jiby Mathew Puthenparambil – Ph.d. student, University of Jyväskylä, Finland
(contributed)

In recent years, care workers' job in Finland has become more demanding, target-oriented, time-bounded and manual-specified (with stricter job guidelines) due to various policy changes (e.g., cost contamination measure, self-monitoring and self-supervision) in the care setting. Care workers are expected to cover more number of service users and to work overtime with or without additional payment due to less staff-patient ratio. They are overloaded with documentation work and receive insufficient time to perform care tasks and to socialize with service users. As a consequence, care workers could not perform their job effectively according to the care recipient's needs and wishes. In this context, this study examines from the care workers perspective whether older people receive sufficient help? What factors (e.g., working condition, physical burden, and more documentation) have limited care workers in providing adequate help? And how differently/similarly care workers working in home care and residential care setting perceive about providing adequate help to older people? This study uses a repeated cross-sectional survey (named 'NORDCARE') collected in 2005 and 2015 from care workers working with older people in Finland. Preliminary analyses show that 35% of care workers in the residential setting and 29% of care workers in the home care setting often felt that they are not providing enough care help for older people while only less than 14% (care workers in both work settings) reported having provided sufficient support. Further analyses will be conducted to explore whether care workers working condition such as increasing workload (e.g., unpaid work, documentation) and work-related burden (e.g. physical tiredness, back pain), employment (e.g., public vs private; full time vs part-time), social status (e.g., education), and care need of the recipients (e.g., personal needs, practical needs, social needs, memory problems) have any effect on not providing adequate care support.

16:45-18:15

TP6b - Marketisation of care: Strategic policy approach or unintended corollary?

Thematic Panel chairs: Dr. Bernhard Weicht, University of Innsbruck, Austria, and Barbara de Roit, Ca' Foscari University of Venice, Italy

Room II

The Dynamics of welfare markets in the home service sector. The role of employer's organisations

Clémence Ledoux – Associate Professor, Université de Nantes, France

Franca van Hooren – University of Amsterdam, Netherlands

Karen Shire – Universität Duisburg, Germany

In many countries, welfare states have organized care markets in the last twenty years. While research has been done on the emergence of these care markets, we still know little about the dynamics of these markets. This paper will be included in a book which results of a joint research project on the dynamics of welfare markets in the home-based service sector and in pensions, which brought together sociologists and political scientists on continental European welfare states, including Germany, France, the Netherlands, Sweden and Spain. The project considers the different policy instruments used by welfare states to organise these markets: financial, regulatory and informational. Subsequently, we discuss how these policy instruments have impacted on the productive, allocative and discursive dimensions of home service markets. The productive dimension (Gingrich 2015, Ledoux, Shire and van Hooren forthcoming) identifies who, in practice, controls or dominates the welfare market. The allocative dimension identifies who has access to marketized services. The discursive dimension refers to the extent to and ways in which markets and their products become politically legitimated and socially accepted, what meaning is given to the welfare market by different actors and which collective ideas towards welfare market exist (Callon 1998; Bode 2008). We show how markets for home-based childcare, elderly care and household services can be organised very differently within the same countries and between countries. Moreover, the boundaries and differences between these different sectors can be more or less present. The paper focuses on the role of actors, strategies and coalitions involved in the dynamics of care markets. Taking the examples of France, relying on interviews with representatives of employers' organisations and trade unions, we will show how past policy decisions have transformed the interests of existing actors and their repertoires of action. We reflect on the way in which employers and unions have navigated the opportunities and constraints encountered in different sub-segments of the care markets.

The marketisation of childcare and children's residential care in England

Eva Lloyd – Professor, University of East London, United Kingdom

Ivana La Valle – Research Consultant, University of East London, United Kingdom

This paper examines the current operations and impact of two marketised care sectors in England from a comparative perspective. It aims to provide a context dependent analysis of the intersecting policies and strategies underlying the consistent growth of childcare and residential childcare markets in England. These two markets' origins differ considerably. Since WW2 English childcare provision for the children of employed parents has largely been situated in the private-for-profit sector and only received state subsidisation from the 90s onwards (Lloyd, 2017). Currently England features a complex mixed market economy of subsidised private sector and fully funded public childcare provision. Residential childcare for children taken into care by the state on the other hand, has been transformed from a service primarily provided by the state and the voluntary sector to a service outsourced by local government agencies - who retain statutory responsibility - to the private-for-profit and not-for-profit sector (Hart and La Valle, 2015). Neo-liberal economic policies adopted by the 1997 - 2010 Labour Government and continued by two subsequent governments are implicated in these processes (Cameron, 2003; Lloyd, 2015). This paper draws on research employing qualitative and quantitative methods, including an analysis of policy documents and relevant social policy and economic research and a review of the place of children's residential care in England. The latter based on a literature review, which synthesized 172 items. The study not only found a lack of consensus on the purpose of children's residential care, but its findings also indicated adverse effects of increasing marketisation on care quality for extremely vulnerable children. Rather than being an unintended corollary of strategic policy approaches, this marketisation has been actively pursued by successive British governments. Politicians tend to define emerging negative impacts on service quality and access, as well as on children's rights and entitlements, as its unintended consequences. Arguably, such inequities are intrinsic to marketisation processes, which lack accountability and fairness. Like other marketised human services, childcare and children's residential care are 'atypical' markets which share features predictive of negative outcomes, particularly for the vulnerable children using this provision. To deliver on

their intended policy aims, the authors conclude, these markets require different types of public-private delivery partnerships and stringent regulation.

‘Grey’ marketisation in institutional elderly care: theoretical conceptualization

Paweł Łuczak – Dr., Poznan University, Poland

In many countries, an increasing role of a public responsibility for long-term care (LTC) has been generally coupled with a rise of formal markets for provision of care. The expansion of market(s) in social services might also be understood more broadly, as it may also constitute an increasing role in the informal and/or illegal market. While the issue of grey marketisation has been widely studied with regard to domiciliary care, the topic of the expansion of grey markets in institutional LTC (mostly in residential care facilities) remains understudied in care regime literature. The article will attempt to answer the following research questions: i) How to conceptualise and to approach grey marketisation in institutional care? ii) What are the main drivers of grey marketisation in institutional elderly care? iii) How can LTC policy contribute to the expansion of grey markets in the field of institutional elderly care? The analytical framework of this paper is built on the general assumption that grey marketisation in institutional care should be considered as a (unintended) consequence of the state policy towards LTC. In this paper I argue that specific elements of the design of care regime could be regarded both as demand-side and supply-side drivers of the expansion of grey markets in institutional LTC. This paper attempts to demonstrate that a specific context of the emergence of a grey market in two countries from Central and Eastern Europe (the Czech Republic and Poland) is a process that could be called ‘deferred deinstitutionalisation’. Despite official framing of policy towards dependent people which aims at increasing the role of care in the community, the real development of services for the dependent elderly – especially for those with most severe needs who cannot rely on informal care, has been taken place in residential care. Hence, the important role of residential sector facilities – coupled with crucial processes that have taken place within this sector, most notably marketisation – has given rise to the creation of an illegal market for residential care facilities.

Marketisation of care for older people in German local policies – the role of welfare cultures and governance structures

Ralf Och – Dr., University of Hamburg, Germany

Birgit Pfau-Effinger – Professor, University of Hamburg, Germany

The implementation of policy reforms of the central welfare state may vary at the local level. This article aims to explain local differences in the implementation of policy reforms that promote the marketization of long-term care. According to a common assumption, economic, demographic and political factors such as the political orientation of the governing parties explain local variation. We argue that differences in welfare cultures and local governance structures of long-term care contribute to explaining the variation of long-term care marketization at local level. A comparison of West and East Germany is particularly well suited for this study, since both regions differ in their traditions with regard to welfare culture and local governance structures. Based on a comparative case study of four middle-sized cities in West and East Germany, the article highlights the relevance of local welfare cultures and local governance structures as explanatory factors.

Transforming Eldercare from Filial to Social Responsibility? Meanings of “Socialising Social Welfare” in China

Xi Liu – DPhil student, University of Oxford, United Kingdom
(contributed)

Although eldercare in China has been traditionally provided by children bearing filial responsibility, the tradition is challenged by such changes as population ageing, changing family structure and shrinking family size, and female participation in the labour market. Against the backgrounds, the Chinese government has been promoting residential eldercare since 2000 under the banner of “socialising social welfare” (SSW). While the SSW approach has been discussed with reference to, for example, welfare pluralism and marketisation, what SSW means to residential eldercare remains vague in scholarly literature. To this question, the paper aims to provide a conceptual and interpretive answer. The paper conducts a comprehensive content analysis of a selected body of national policy documents most relevant to socialising residential eldercare. Policy searching strategies include snow-balling, reference tracing, and targeted key words search. Borrowing from Bacchi’s (2009) analytical framework of “What is the problem represented to be?”, the paper takes four steps to critically interrogates how policies represent and problematise socialising residential eldercare in China and

implications of the representation for values and priorities underpinning residential eldercare. Here are the major findings from the four-step analysis. (1) Problems and solutions represented in policies. SSW aims to improve residential eldercare by reforming existing state welfare homes and mobilising nonstate participation in residential eldercare provision. SSW is portrayed in policies as able to overcome, or at least relieve, three “problems” with state welfare homes, namely, lack of state financing, low service quality, and most importantly, undersupply of residential eldercare beds. (2) Presuppositions or assumptions underlying the representation. There are a number of assumptions underlying SSW. A fundamental assumption is the huge undersupply of residential eldercare beds. Regarding providers of residential eldercare, SSW implies that nonstate providers are more suitable than state providers in the socialist market economy. Further, among nonstate providers, non-profit providers are discussed in policies as more relevant than for-profit providers in providing residential eldercare. (3) Left-outs from the representation. There are three major points that worth more attention from policies around SSW. First, the demand side of residential eldercare is represented as much less known and less significant than the supply side. The assumed undersupply of residential eldercare beds requires better justification that takes into account of cultural factors and elders’ willingness to utilise the facilities. Second, the emphasis on the quantity of residential eldercare tends to put the quality of services in shadow. Third, SSW does not speak much to the agenda of equality among needy elders. (4) Effects of the representation. On a positive note, SSW promotes a sense of shared responsibilities for residential eldercare among government, social groups, enterprises, and families. Meanwhile, however, SSW could encourage a flawed estimation of the demand of residential eldercare facilities and create a divide between non-profit and for-profit providers, having negative implications for healthy market competition and for equality among needy elders.

16:45-18:15

TP1b - Managing care priorities in practice: leadership dilemmas in different contexts

Thematic Panel chairs: Helene Brodin, Associate Professor, and Sara Erlandsson, Ph.d. student, both Stockholm University, Sweden

Room IV

Resistance to change. The difficulty of implementing institutional innovation in Italian long-term care

Costanzo Ranci – Professor, Polytechnic University of Milan, Italy
 Marco Arlotti – Dr., Polytechnic University of Milan, Italy

The elderly care sector in Italy is traditionally characterized by large gender and social inequalities. The recent shift from a “family-based” to a “migrant-in-the-family” care regime has strongly impacted not only the gendered division of care, but also the conditions of migrant care workers exposed to high risks of illegal employment and precariousness. Despite institutional inertia in Italian long-term care policy, an innovative experimental national program (Home Care Premium) was introduced in 2012 and subsequently renewed in 2014 and 2017, to provide retired public-sector employees and their relatives facing disabilities with a generous, conditional cash-for-care program to pay a personal care assistant with a regular employment contract. The aim of the program was to promote greater gender equality by supporting the employment of informal (female) caregivers and encouraging the regularization of migrant care workers. However, the implementation of this innovative program was hampered by a low take-up rate among its intended beneficiaries, indicating modest levels of compliance on their part.

In this article, we evaluate the implementation of the program in its 2014 form. Our hypothesis is that the implementation was partially undermined due to strong resistance to change among Italian families. Low take-ups were the result of their clear preference for informal care arrangements, in which both extensive recourse to family solidarity (with strong gender disparities) and to migrant care workers (frequently with irregular conditions) are largely legitimized at the societal level as well as supported by the institutional framework through specific LTC and immigration policies. In this sense, the HCP case-study contributes to the theoretical debate on public policy implementation. It shows how dominant cultural values and ideas, combined with specific economic advantage and sustained by the general institutional framework, can have a significant impact not only on policy agendas and policy-making but on policy implementation too, potentially restricting and preventing institutional change.

The paper is organized as follows. After a general introduction (Section 1), Section 2 describes the theoretical framework, discussing how literature on institutional change and policy implementation considers the role played by users’ preferences in preventing or facilitating reform dynamics. Section 3 sets out the context of reference, describing the main features of the Italian LTC policy field. Section 4 focuses on HCP as implemented in 2014 and specifically on the implementation of the cash-for-care scheme. Using quantitative data, we analyze the take-up rates for the scheme by comparing different target

groups of potential beneficiaries and illustrating the main critical issues that emerge from the analysis. In Section 5 we explain the main factors behind such resistance, considering the role played by dominant cultural attitudes and ideas about care responsibility among the Italian population, as well as the institutional framework of reference. Finally, Section 6 summarizes and discusses our main findings.

Bringing Policy into Practice – Models of Value Integrated Eldercare in India and Sweden

Maria Wolmesjö – Associate Professor, University of Borås, Sweden

Lotta Dellve – Gothenburg University, Sweden

Anindo Bhattacharjee – Narsee Monjee Institute of Management Studies, Mumbai, India

Aim of this paper is to explore how general policies and principles are translated into practice in two different contexts of eldercare, India and Sweden and what ethical dilemmas founders and managers have to handle bringing policy into practice, i.e. integrating a value based leadership. Central research questions are: What similarities and dissimilarities are found in general policies and principles in India and Sweden? How does different welfare models contribute to implementing a value based leadership? What key factors are important for developing a (social, economic, environmental and human) sustainable eldercare and (professional and healthy) learning organization?

A social science theoretical perspective is used focusing on the social context in different welfare models (Esping Andersen 1990, Szebehely & Trydegård 2012), organizational contexts and working conditions (Wolmesjö 2005, Bergman 2009, Thelin & Wolmesjö 2014), different domains (Kouzes & Mico, 1979, Morén Perlinski & Blom, 2015) and professional work (Abbot 1988, Wingfors 2004, Brante 2009).

Initially a document study of existing policy documents was made (laws, regulations and guidelines at national level), analyzed by using a systematic scoping review. This was followed up with in-depth interviews with founders of eldercare organizations and managers at different organizational levels in eldercare in India and in Sweden. Interviews were analyzed with a constructive grounded theory approach.

Former research shows first line managers have to handle several different values, which sometimes can come in conflict with each other (Dellve & Wolmesjö, 2016). Providing a qualitative good and worthy social and health care of older people is a common global challenge since the amount of older people is increasing and the younger generations are difficult to find, recruit and keep in eldercare. Even though the welfare systems differ between India – traditionally based on family care giving, and Sweden – based on the public sector as main support for families, there are common issues for founders and managers to handle when trying to integrate a value-based leadership and develop a learning organization of eldercare. The conflict described is, managers and care workers are given the policies through laws and guidelines but there seem to be a lack of models of how to implement values and norms on what, how and when to “do care”, i.e. how to bring policy into practice. This gives consequences for sustainability and capability even when increasing a user participation and is required to support managers to implement human values in their daily leadership.

Conclusion is there is a need of a developed collaboration, which include formal education and further research in social work between politicians, researchers, professionals at different organisational levels and users in order to reach a more sustainable social care for older people.

The long way from task-based to needs-based professional home care nursing services in recent reforms of the German long-term care insurance

Andreas Büscher – Professor, Osnabrück University of Applied Sciences, Germany

Klaus Wingenfeld – The University of Bielefeld, Germany

People eligible for benefits from the German long-term care insurance (LTC insurance) living at home may choose between cash payments, care-in-kind services or a combination of both. Approximately 14.000 professional home care nursing providers offer services for 830.000 people. 1,75 million people chose the cash payment option. The services provided are in line with the eligibility criteria for the national LTC insurance and their type, amount, price and quality are specified between provider and payer organisations at the level of the 16 Länder. Since the introduction of the LTC insurance in 1995 until the end of 2016 the eligibility criteria were focussed on the frequency and time needed for regular daily activities with regard to mobility, nutrition, personal hygiene and domestic services. The professional services covered these areas respectively by defining a limited number of tasks that care-recipients are able to buy from their LTC benefits. After a ten years lasting reform process new LTC eligibility criteria have been introduced from January 1st 2017. These focus on the

degree of independence and need for support of others in the areas of mobility, cognitive and communication abilities, behaviour and psychological problems, self-care, illness-/therapy related demands and stress and managing everyday life and social contacts. In line with these new criteria the LTC act now contains the requirement to offer professional (nursing and other) services that address the needs of people who are not able to perform the relevant activities themselves, because they lack, temporarily or permanently, the strength, knowledge and/or abilities to do so. Despite these changes in the national legislation the specification at the Länder level is still pending. Because of this the German Ministry of Health initiated a negotiation process on future professional services that are in line with the new LTC eligibility criteria. Within this process, the authors have contributed an expert report on the description and systematization of future professional nursing care responsibilities that match these criteria. The expertise is based on several previous works that investigated and conceptualized adequate professional approaches to provide needs-based services in households of care-dependant people. Despite a broad agreement of the relevant stakeholders to the expert report, there is reluctance to move beyond the task-based system that characterised professional home care nursing for more than 20 years and to agree upon an expanded, more flexible system of home care services that are better suited to match more of people's actual needs. In this paper the consequences of limiting professional services to a reduced number of particular tasks will be addressed as will be the perspective for the provision of professional LTC services that cover broader areas of individual needs. Finally, options for expanding professional home care nursing services in Germany will be presented.

Prioritizing dilemmas – decision making and reflections of frontline workers within care services for frail older people

Astrid Sundsbø – Dr., Western Norway Uni. of Applied Sciences, Norway

This paper focuses on the every-day decision making of front-line workers within the homecare municipal services in Norway, and dilemmas as regards prioritization. The professionals providing home-based care for frail older people are considered as “street-level bureaucrats” (Lipsky 2010), as their actions are far from being merely an implementation of services. By applying professional competence and discretion, and balancing different political and institutional regulations and constraints with demands of those entitled to public care services, frontline- workers in these services perform a sort of micro-politics (i.e. Kirchhoff 2010). The paper presents and discusses preliminary findings from empirical research conducted in three different municipalities in Norway (urban, sub-urban and rural communities), where data have been collected through participatory observation and in-depth interviews. A central theme in the case study of the delivery of home care services, and everyday prioritizations, is: Dilemmas. Which dilemmas do frontline-workers experience on a daily basis, and how are they negotiated. The empirical findings from the case study and the succeeding discussion are part of a larger project and analysis of the (changing) institutional setting of care systems and care policy in Norway, and prioritizations (PriCare- Project, funded by Helsevel- Norwegian Research Council).

Caring innovation: Listening to staff to improve care for older persons in nursing homes

Albert Banerjee – Dr., St. Thomas University, Canada

Dee Taylor – Adjunct Professor, University of British Columbia Okanagan, Canada
(contributed)

Frontline workers have valuable knowledge to contribute to the improvement of nursing home care. Yet incorporating their perspectives into organisational decision-making has been an ongoing challenge. In this article we investigate a promising practice that brought workers and management together in weekly and bimonthly facilitated meetings to identify and resolve problems. Drawing on observations as well as focus groups and interviews with participants, we found the process created a safe space for staff to speak. In this context, staff felt comfortable identifying failures and problems for collective resolution. Including staff from different occupations ensured solutions were context-sensitive. While the resulting improvements to care were significant, our discussion highlights the relational work that created trust, respect and a spirit of collaboration. We suggest that such a relational process may serve as an innovative quality strategy, one that is well-suited to the dynamic nature of caring for elderly residents in nursing homes

Integrating medical and long term care—a case study of “Smart Aging” in community based medical and long term care in Nanjing, China

Heying Zhan – Associate Professor, Georgia State University, United States
Jianfei Zhou, Dr.

Mingfei Zhou, Dr.
(contributed)

Population aging is hitting China today and the 65+ and 85+ are growing rapidly in the next 30 years. To address the challenges of long term care, the Chinese government encouraged institutional care since the 1990s to address the shrinking availability of familial care due to the effect of the one-child policy and the reduced family size. Large numbers of non-profit eldercare homes and facilities emerged in cities and rural areas in the 1990s and 2000s. However, long term care is typically separated from medical care. Most elder care facilities accepted only young elders with few disabilities. Very few care homes accepted elders with severe ADL disability and/or dementia. When young elders need medical care, family members had to be involved to manage and supervise medical treatment. To address issues of physical and medical care separation, the Chinese government is promoting community based integration of long term medical and physical care (????). How is this integration managed? How do government policies prioritize medical and long-term care at the community level? How is this integration actually operationalized in real life situations? This paper presents the concept of “smart aging” as a case study in Nanjing to show case the practice of medical and long-term care integration at the community level in China. It focuses on community-based whole-life medical care, emphasizing the integration of long term care as one component of community-based medical care

16:45-18:15

S4 - Privatization: The Case of Nursing Homes

Symposium chair and discussant: Pat Armstrong, Professor, York University, Canada

Room A

Privatization has become a major feature of changing priorities in nursing home care. For almost a decade, an international, interdisciplinary team of researchers has been reimagining long-term residential care. Organized initially around the four themes of approaches to care, work organization, accountability and financing, our ethnographic studies of nursing homes in Canada, Germany, Norway, Sweden, the US and the UK have made us increasingly aware of the forces driving us in various ways towards privatization. We have come to understand the move away from public provision takes various forms, including more corporate ownership of homes and of services within non-corporate ones, more private payment, more private decision-making, more unpaid care work, and more for-profit approaches to management, which together help to change our shared notions of care. At the same time, we have seen many variations across jurisdictions, demonstrating that context and resistance matter. And the consequences vary as well.

This panel is based on articles we are preparing for an edited collection.

Forms of privatization

Pat Armstrong – Professor, York University, Canada

Privatization in the Norwegian and Swedish nursing home sector

Gudmund Ågotnes – Postdoctoral Researcher, Western Norway University of Applied Sciences, Norway

Frode Jacobsen – Western Norway University of Applied Sciences, Norway

Marta Szebehely – Professor, Stockholm University, Sweden

Contracting Care

Hugh Armstrong – Professor Emeritus, Carleton University, Canada

Unpaid care in public places

Rachel Barken – Postdoctoral Fellow, York University, Canada

Older Residents’ Experiences of Risk in a Market System of Nursing Homes

Liz Lloyd – Dr., University of Bristol, United Kingdom

16:45-18:15

TP21 - Care in South America: Challenges and tensions in research and public policies

Thematic Panel chairs: Dr. Karina Batthyany and Dr. Natalia Genta, both Universidad de la República Uruguay, Uruguay

Room F

Gender and childcare policies in Uruguay: moving towards a virtuous relationship?

Valentina Perrotta – Dr., Universidad de la República Uruguay, Uruguay

Care is presently one of the highlights in the Uruguayan public agenda. The National Care System instituted in 2015 aims to convert the family-based care model into one in which men and women share responsibility with the State, the marketplace, and the community. One of its objectives is to change the current sexual division of labour through a series of services and regulatory mechanisms. The Care System modified the former leave system: in addition to extending maternity and paternity leave, the main innovation was the introduction of paid voluntary part-time leave, for which either parents are eligible for the first six months of the child's life. This change aims to involve men deeper in childcare, as well as to reduce gender inequalities linked to discriminatory aspects in the labour market for mothers. The System has also increased childhood care services to reach more children. However, these services still focus on children aged two or older who belong to low-income sectors. Historically, they were not designed to support parental employment, but to promote child development and combat poverty. Middle-class families face a great dilemma when returning to work since there are no public services for children between six months and two years. If they cannot pay for them, women are the ones who assume the costs, impacting in their career paths. Therefore, the main childcare policy for children under two years is parental leave, showing the policy purpose to promote family care for babies. This paper discusses from a gender perspective childcare policies in Uruguay for children under two years. It shows how despite the new System aims to defamiliarize and defeminize care, its actions show a marked familiar intention, as childcare services for children under two years are mostly part-time. Likewise, the parental leave system, while advancing in expanding care rights and recognizing men as caregivers, in fact, keeps women as the main takers. Evidence is drawn from a survey on parental leave and gender roles in childcare, that explored the use of full and part-time leaves, its obstacles, the factors affecting decision-making and the changes occurred in parent's employment status when care leaves are over. It shows a practically exclusive use of part-time leave by women and a greater predisposition from them to reduce or abandon employment after childcare leave finishes. In addition, evidence relies on data provided by the Care System to discuss the necessary complementarity between these two different childcare policies: time-based and service-based. It states the need to design these policies in an articulated way to generate material conditions that effectively allow the redistribution of care from families to the State and from women to men. These material conditions should ease the care burden assumed by women and assure their labour participation in equal conditions.

Reconfiguration of Child Care Strategies: Challenges from a Gender Perspective

Natalia Genta – Dr., Universidad de la República Uruguay, Uruguay

Karina Batthyány – Dr., Universidad de la República Uruguay, Uruguay

This article aims to discuss the child care strategies of families in Uruguay. It focuses on the differences experienced by three generations of men and women with regard to gender-related practices and representations. In Uruguay, various quantitative studies shed light on the institutional and family coverage of child care, while others address the division of child care between men and women within the home. However, only a few focus on the root causes that lead to the development of child care strategies and on the role played by evaluative elements, living conditions and gender mandates in the adoption of such strategies. The empirical information analysed was obtained by interviewing three generations of male and female members of the same families. The methodological strategy falls within the framework of longitudinal qualitative research focused on identifying those attitudes and values that distinguish one generation from the other. The current generation consisted of parents of young children (under 6 years of age). These couples' experience regarding care goes from 2010 to date. The "grandmothers'" generation was made up of the children's current grandparents. These couples had taken care of their young children during the 1975-1990 period. Finally, the oldest generation consisted of the children's maternal great grandmothers. These great grandparents had cared for their own children between 1955 and 1965. Previous research work suggested the need to include the families' socioeconomic status as a relevant variable for understanding the representations and practices associated with care and gender mandates. Three relevant tiers were identified: high, middle and low socioeconomic-level families. In order to identify each tier, the following variables were defined: the female member's remunerated job and characteristics (occupation, profession, whether full- or part-time, area

of activity). This article unveils changes and continuities in child care strategies across generations, evidencing progress and setbacks in the evolution of gender systems. The new care policies, the multiple work places currently occupied by women and the new cohabitation arrangements represent significant changes over the past 6 decades, generating a favourable scenario for more equitable gender relations. However, the findings show a replication of the traditional gender system, which has been capable of reinventing itself. Despite women's educational and career achievements, growing maternalism among high-tier university graduates evidences new and innovative mechanisms for reproducing the ideology of intensive mothering and a gender system that perpetuates its natural association with quality care. This context further challenges gender relations, especially in the middle-class sectors which represent the greatest breakaway from the past. Firstly, when it comes to taking a decision with regard to care strategies, many families openly discuss possible options rather follow custom mandates. Secondly, women in the middle-class sectors who are integrated in the labour market are beginning to challenge men's role in care. Thirdly, men are more involved than in the past and are starting to actively participate in such care strategy. Though within a certain context and for certain social profiles, the above three phenomena evidence progress on the road to more equitable gender relations.

A cross-sectoral analysis of maternalism in Chilean social policy: what does this mean for care?

Jasmine Gideon – Dr., University of London, United Kingdom

Alejandra Ramm – Universidad de Valparaíso, Chile

Diego Portales – Santiago, Chile

Our analysis focuses on the maternalist assumptions that underlie social protection structures in Chile and consider the implications of this for wider questions around households and care work. We offer a comparative analysis of how the articulation of maternalism differs across social sectors. Drawing on health, housing, and labour market policies in Chile we demonstrate that maternalism is not uniformly articulated. We categorise each of these articulations in a way that best captures what type of attitude to motherhood is most prominent within the policy discourse. We note the diverse and contradictory nature of maternalist discourse across the sectors and argue that it still predominantly shapes women's access to social policy and in turn shapes gendered roles and responsibilities around care and care work.

New policies of Long-term Care in Latin America. Uruguay, Chile and Costa Rica

Mauricio Matus López – Associate Professor, Pablo de Olavide University, Spain

Luana Chirila

Formal long-term care systems are just beginning to develop in Latin America two decades after the most developed countries, but in a faster aging environment. The main problem are the financial resources needed. Social security systems are not prepared for this phenomenon. Therefore, in almost all countries, this expense falls on the families affected. Actually, Uruguay is the only country with a formal system, implemented in 2017. Chile has begun testing pilot programs from 2015 but has not implemented a national policy yet. Finally, Costa Rica has started the design of a new system in 2018 but now it has been paused.

The objective of this paper is to analyze the results of the work developed by the authors on these three countries. But in this case, the analysis is focused on the comparison of these countries.

The methodology used is based on three sources of information. In the first place, a review of the international literature was done with special emphasis on the programs of attention to dependence existing in rich countries. Second, quantitative and qualitative information was obtained through questionnaires and / or meetings with those responsible for these programs or initiatives in the three countries. Finally, future cost simulations were carried out by the authors based on specific national surveys of each country.

The results show the necessity to have these policies when fighting against social exclusion, mainly for the elderly. They also reveal the cost of implementing these programs and the future demands of public resources to finance them.

16:45-18:15

TP13a - Changing Cultural Ideas and Care Policies across Welfare States and Policy Levels

Thematic Panel chairs: Birgit Pfau-Effinger, Professor, and Dr. Ralf Och, both University of Hamburg, Germany

Group room 4

New Welfare Narratives in Italy: Risks and supposed Virtues

Laura Cataldi – Ph.d. candidate, University of Turin, Italy

Valeria Cappellato – Professor, University of Turin, Italy

In Italy, for some years, a series of new terms, such as 'Civil Welfare', 'Community Welfare', 'Welfare Society', 'Generative Welfare', and 'Second Welfare', have appeared in public discourse. These labels refer to welfare discourses with different origins and traditions. Some sets of ideas have a Catholic matrix, such as the 'Civil Welfare' (Zamagni 2015) and the "Welfare Society" (Donati 1993, 2015); others are professed as secular, such as 'Second Welfare' (Ferrera 2010). Others, though in the wake of the European debate, have developed a largely autonomous reflection, such as the 'Generative Welfare' (Vecchiato 2013), promoted by the Zancan Foundation. Finally, others seem to refer to international debates, but they do not actually know them, using some key concepts only for their "positive flavor", such as the 'Community Welfare' compared to 'Community Care'. However, all of them are reform narratives promoting 'new' welfare-mix solutions to ensure the sustainability of the social protection system in the face of the permanent austerity (Pierson 1998, 2001) and the crisis of the public welfare. Moreover, all of them are presented as recalibration strategies betting on coordination, integration, networking, and synergy's capabilities of formal and informal components of the welfare system, reinforcing the role, not of the state, but of the other points of the so-called 'diamond' (Ferrera 2006): individuals and families, third sector, but also companies and market. The contribution aims to critically present the different narratives, highlighting their similarities and differences, and – above all – to discuss their implications. For this purpose, the promises to provide sustainable, flexible, and plural welfare solutions (Osborne 2006), as well as the presumed advantages and the risks of what appears to be a strategy of delegation to the private sector, will be subject of careful evaluation.

Is Long-term Care Insurance a right choice for China: An Examination on Experience and Practices

Jack Wing Kit Chan – Dr., Sun Yat-sen University, China

After becoming an ageing society for two decades, China and Taiwan, two societies with similar cultural and historical backgrounds, simultaneously introduced a new financial mechanism for their long-term care systems in 2016. While China continued its plan to pilot long-term care insurance, Taiwan opted for a universally tax-funded regime after a presidential election that shifted the course of welfare state development. Path departure as such generates enormously research interests on the other side of the Straits. After nearly three years piloting, shreds of evidence emerged in China provide cases for and against the case of long-term care insurance. This paper, echoing this background, attempts to provide an assessment on the choice of social insurance in reforming long-term care in China by reviewing past experiences in European and East Asian countries as well as assessing practices of pilot schemes in a number of cities in China. The key findings including, firstly the Chinese version of long-term care insurance is far from the German one in terms of both its goals and mechanism; secondly, other care regimes have not been properly debated public, a universally tax-funded in particularly; lastly, employing long-term care insurance in a huge country with vast regional disparity might prove to be difficult if not impossible. This paper suggests a serious reconsideration of the care regime in China before the planned national scale implementation of long-term care insurance in 2020/2021.

Comparing UK care values

Patrick Hall – Research Fellow, University of Birmingham, United Kingdom

Catherine Needham – Professor, University of Birmingham, United Kingdom

Various demographic, social and economic shifts across the world have increased concern regarding the ability of these societies to provide sufficient quality and quantity care. These shifts include the massive expansion of women in the labour market, changes to family structure and type, a fall in fertility rates and the extension of mortality accompanied by related age-related disability and disease (Bettio, Simonazzi et al. 2006). Policy responses intended to address these concerns

about care implicitly articulate values: they are concerned with the prioritisation of one good over another, since resources cannot meet every want (Brennan, Cass et al. 2012).

Forming a work package in the large ESRC-funded programme Sustainable Care; Connecting People and systems, our work seeks to better understand the factors that support sustainable care, by studying the four national 'regimes' in the UK, and their regions. Since the UK legislated to devolve powers in the field of health and social care to these nations' parliaments, increasing differences have developed between their care 'regimes'. These are evident in variation in values and policy aims expressed in different practices regarding care markets, the role of the state and reliance upon, and support for, the paid and unpaid work of care.

We will present interim findings of interviews, case studies and secondary data analysis across the four nations, focused on the investigation of 'care values': the implicit, normative dimension of policymaking, and the distinct way key concepts in care policy are interpreted across the UK.

"Deserving" and "responsible" motherhood: Palestinian motherhood in Israel and welfare-to-work program

Anat Herbst-Debby – Dr., Bar Ilan University, Israel

Tal Meler, PhD

Maha Karkabi-Sabbah, PhD

This study analyzes the experience of Palestinian mothers in Israel participating in a non-mandatory welfare-to-work program. Our goal is to explore the perceptions of these women and their trainers about the ways the program helps enhance the mothers' social capital. The study is based on in-depth interviews of 30 mothers and 3 trainers who participated in the program. Our findings expose a range of mothers' voices. The three main ones are: encouraging empowerment more than Work First; encouraging "maternal" jobs; and encouraging partnership and group cohesion. The combined voices of participants and trainers deepen the significance of these findings, as the latter play a meaningful role in enhancing the social capital and networking capabilities of the former, who suffer from multiple sources of exclusion, including a vulnerable ethno-national status, poverty, low income and gender.

16:45-18:15

TP12 - Priorities for quality of care and user-centred care – implications for formal and informal care workers

Thematic Panel chair: Katarina Andersson, Senior lecturer/Associate Professor, Umeå University, Sweden

Group room 5

Participation and influence in intimate care? – in practice versus present-day policies

Hildur Kalman – Professor, Umeå University, Sweden

Katarina Andersson – Senior lecturer/Associate Professor, Umeå University, Sweden

Provision of intimate care is a challenge for the care worker, as well as for the recipient of care, in terms both of how this care is to be performed and of how to manage feelings such as anxiety and embarrassment. In Swedish home care services, as part of Social Services, most intimate care-work is performed by non-professionals who have received little or no formal or inhouse training, and who are at risk of being left to devise their own methods or coping strategies. In policy guidelines and social legislation, person-centred care along with concepts such as dignity, influence and participation have been emphasised, without clear guidance of implementation in practice. This paper will present, and discuss the results of, two observational studies of the interaction between care-workers and care recipients in home care services in Sweden, one of daytime and one of night-time care. The results were analysed in light of previous research and theorising on strategies for handling intimacy in intimate care. The strategies used to handle intimacy in care work daytime displayed similarities, as well as dissimilarities, to those of professional framing identified in earlier studies of medical and nursing practice. There were similarities in terms of how framing was accomplished in a balance between a distanced matter-of-fact stance and one of personal acknowledgement created in interplay between care workers and care recipient. There were dissimilarities in terms of the challenges presented by the home care setting. Home care services night-time was shown to be a case that markedly differs from many other settings of intimate care, but in the interactional routines intimate care came forth as a smooth and minimally obtrusive activity. The care-workers and care recipients engaged in strategies such as dis-attention,

eye-discipline, middle-distance orientation, and objectification, thereby serving the purpose of balancing the transgressions of thresholds of intimacy. Framed as these situations are by the care recipients' situation of dependency and vulnerability, both studies highlight what appears to be a tension between the ways in which the recipient of care is conceptualised as an active consumer of care in present-day guidelines and the silent strategies chosen on the part of both caregivers and care recipients, when intimacy and integrity are most at stake. Furthermore, as the relationship between care worker and care recipient in intimate care is a particularly precarious one, lack of guidance and formal training may hamper care and lead to neglect. Taken together, this indicates a tension between the idea of a person-centred approach in accordance with proclaimed ideals of dignity and participation given in legislation and national guidelines of care and the seemingly objectifying practices that were identified in the two studies of intimate care.

Scoping the skills and training needs of community care workers in rural locations: An Australian Study

Anne-Marie Mahoney – La Trobe University, Australia

Suzanne Hodgkin – Associate Professor, La Trobe University, Australia

Like other developed nations, Australia's population is ageing. This presents both challenges and opportunities for health and aged care services. The care needs of a growing population of community-living elders are now more complex given the high prevalence of multiple and chronic physical and cognitive conditions among this group. One of the significant global challenges in the next three decades is ensuring a significant workforce is trained and skilled to meet these care needs. In Australia, workforce estimates indicate a worsening of the current situation due to the ageing and imminent retirement of a large number of community aged care workers. The profile of the community care workforce is ageing and highly gendered with a median age of 52 years. Community based care provision is reportedly more complex given the prevalence of chronic health conditions among this population. Industry and policy demands for high quality and cost effective care into the future correspond with current and projected workforce and skill shortfalls as well as reported dissatisfaction with current training courses. This is particularly problematic in rural areas. Issues of complexity and challenge in providing community aged care are well documented, particularly providing suitably skilled, knowledgeable staff. One of the challenges in smaller rural areas is the need for staff with broad skill sets to be able to provide the range of services that are needed. Yet there are a number of barriers to recruitment including relative poor remuneration and limited career opportunities. Accordingly this study explores skills and training needs in community-aged care across five diverse rural locations in a southern state of Australia. Methodology: Drawing on a multi method design, this research collected both quantitative and qualitative to review current skills and future training needs. The study brought together a consortium of five Aged Care providers Initial data was collected identifying industry knowledge and key issues impacting skills and training. Survey data was collected from Community Care staff employed across the five case study sites, measuring perceived competencies against national training standards. In-depth interviews were conducted with Managers of community aged care services, Community Care Workers in the community aged sector, and on-site educators. Results The combined data highlighted some challenges and gaps in current training models across key competency areas. This critical evidence ensures that training provided matches the needs of local rural contexts and allows aged care practitioners to work seamlessly between levels of community care settings. It enables rural aged care providers to determine where resources are placed in the provision of additional skills and training. In partnership with regional training organisations and tertiary educators, suggestions for new models of training will also be made that align with the current Australian Government's agenda of keeping older people in their own homes for as long as possible.

Dignified equals distanced? Pursuing dignity in user-centred care practices

Agnete Meldgaard Hansen – Associate Professor, Roskilde University, Denmark

Dignity has come to play an increasing role in healthcare discourses, and has also become a healthcare policy-issue (Nordenfelt, 2009). For example, in 2011, both Sweden and Norway included the aim of dignified care services in their social service and health legislation. In Denmark, the 2016 national budget included a 'dignity billion' to promote dignity in care services for older people. Furthermore, all municipalities must develop a local 'dignity policy', and questions of dignity figure prominently in several national reform initiatives aiming to promote user-centred care practices. This paper explores how dignity is articulated and pursued in two current initiatives to promote user-centred care in Danish care services for older people, and what implications this has for the work practices of care workers. Based on two ethnographic studies of respectively 'reablement' practices, and the use of 'welfare technologies', I will show how these attempts to create dignified, user-centred services transform care interactions between care recipients and formal care workers, and especially what has been termed the 'bodywork' of care (see Twigg, Wolkowitz, Cohen, & Nettleton, 2011). In these initiatives dignity is articulated as closely related to older people's increasing autonomy and independence of formal care –

in Dahl's (2005) words 'a different form of retrenchment'. Bodily care is seen as a transgression of the care recipient's bodily autonomy, and as related to the loss of bodily control of 'the fourth age' (Gilleard & Higgs, 2011), thus representing a threat to dignity in the form of autonomy. These articulations of (un)dignified care influence care practices in the sense that the bodywork of care becomes more distanced and 'hands off', and care workers withdraw from care recipients' private spheres. These practices rely on increasing care recipients' abilities to perform self-care (perhaps with guidance or relying on informal care from relatives), and on technological automation of care tasks (e.g. toileting). However, these articulations of dignity do not stand alone. When care practices are closely examined dignity is also pursued as a question of cooperation and equality between care workers and care recipients, as a question of de-objectification, as promotion of enjoyment and quality of life. In the studied care practices, care is thus ambivalently positioned as both a potential transgression and threat to dignity, and as a prerequisite for achieving it.

The costs and benefits of formal personalised care

Kirstein Rummery – Professor, University of Stirling, United Kingdom

For more than two decades, local authorities across the UK have been developing and implementing schemes and support programmes under a range of titles. These include Direct Payments, Cash for Care, Consumer-directed Care, and Self Directed Support, which have often been categorised as being part the personalisation agenda. The essence of this is that governments across the UK, and indeed globally, wish to shift the manner in which services are delivered to those who have disabilities, requiring social care, and other support, thus allowing them to participate in daily life in a manner which ostensibly moves financial control into the hands of individual. Here we set this concept of self directed support in the context of a focus on the social model of disability and citizenship, community participation, and individual and collective empowerment more widely. We make particular reference to the capabilities approach in terms of how well it feeds into the perception and implementation of SDS. We do this first in Scotland, and then internationally, which leads to an analysis of the challenges relating to the implementation of such programmes in Scotland, and the UK, before setting this evidence in the wider international context. The review then draws conclusions about the gaps in the overall field of literature in relation to what makes 'good' self directed support, before offering an explanation of how the current project serves to fill those gaps, and setting out the methodology and rationale for the project.

TUESDAY JUNE 25TH

9:00-10:30

TP19a - Inequalities and care needs in old age

TP chairs: Lina Van Aerschot, Postdoctoral Researcher, and Teppo Kröger, Professor, both University of Jyväskylä, Finland

Room III

Cancelled

Prioritizing coverage or intensity in Long-Term Care? A comparative analysis of trends across European Countries

Cristiano Gori – Professor, University of Trento, Italy

As public resources are always limited, it is not possible to escape the allocative tension between "how much care" to provide (intensity) and "how many people" to reach (coverage) in Long-Term Care (LTC) policies for older people. Policy-makers can address these aspects explicitly or not, but the trade-off between coverage and intensity still lies at the core of the policy design. Moreover, the more care needs grow and public budgets are constrained, the more the trade-off between coverage and intensity is complex to deal with. Nevertheless, although the latter is discussed in depth in a number of countries, it has been noticed that comparative research mostly overlooks the "trade-off between quantity and quality [...] that is, the increase or maintenance of the present coverage in contrast with increase or maintenance of the present level of intensity or quality of care services" (Leon, Ranci & Rostgaard, 2014).

The paper aims to contribute to fill this gap, adopting an over-time perspective. It explores the transformations of resources allocation between coverage and intensity in LTC policies for older people across various European countries in the last 15 to 20 years. This contribution focuses exclusively on public care inputs, defined as those inputs that are (at least partially) publicly funded, and looks at users aged 65 and over. Both community care and institutions are taken into

account. By coverage it is meant here the percentage of older people receiving public care inputs, and by intensity it is meant here the average amount of care inputs per user offered by public providers (number of periodical visits in community care and monthly/yearly public unit cost in residential care).

The paper aims to address two questions: 1. Is it possible to identify common trends concerning the trade-off between coverage and intensity in community and residential care across different European countries? 2. What are the reasons of the trends (not) identified? This contribution is an exploratory exercise based on a secondary analysis of the comparative datasets available (e.g. the OECD “Long-Term Care Resources and Utilisation” dataset) and on a review of the literature (in English) concerning different countries.

Targeting home care: new patterns of distribution and inequalities in Danish home care for older people

Tine Rostgaard – Professor, VIVE, Denmark

Mads Matthiessen – VIVE, Denmark

Background: Danish long-term care is developed according to the principle of universalism, which is a common feature of the Nordic welfare model (Antonnen et al, 2012). Access to benefits is therefore based on citizenship, not contributions nor merit, and in the case of long-term care services depending on need. Long-term care services are also made available for all and generally used by all, with no stigma associated. Vabø and Szebehely (2012) further argue that the Nordic service universalism also includes that services are attractive, affordable and flexible in order to meet a diversity of needs and preferences.

As an example, home care in Denmark is free of charge, with a choice of care provider (public or for-profit) and has for a long time been generously awarded, providing care for around one fifth of the population 65+. However, more recently the coverage rate for home care has dropped considerably.

Aim: In this paper, we investigate whether this is due to healthy ageing or instead targeting of home care. We also look into whether there is a change in the help provided from other sources, such as spouse, children and other friends and family, in order to compensate for the reduction in home care.

Method: We apply representative survey data of 10.000 persons 67+ from 2012 and 2017, with a focus on the group of older people who can be defined as frail according to Shana’s index of frailty.

Results: Controlling for changes in background characteristics, we find a considerable reduction in the likelihood of receiving home care, mainly because much fewer now receive help with cleaning. Our analysis suggests targeting towards the most frail and those with the need for personal care. We also find an increase in the proportion of frail older persons who, regardless of their needs for assistance in daily activities, have no one who help them. Due to what seems to be an age bias, which favours the oldest among the frail old, this development affects in particular the youngest among the frail. It also disproportionately affects the men, who are more often without home care as well as support from others, indicating a new vulnerable group. And overall, those with economic means seems to compensate for the development by purchasing care on the private market. All in all, our results indicate a substantial change with implications for the core elements in the Nordic LTC model.

Coverage vs Generosity. Comparing eligibility and need assessment in six Cash for Care programs

Costanzo Ranci – Professor, Polytechnic University of Milan, Italy

Marco Arlotti – Dr., Polytechnic University of Milan, Italy

August Österle – Professor, Vienna University, Austria

Andrea Parma

This paper investigates the potential trade-offs between extension of coverage and adequate generosity in cash for care (CfC) programmes in six European countries (Austria, Germany, France, UK, Italy and Spain) which are characterised by different configurations of cash for care programmes. Building on an empirical analysis of the eligibility rules, of the regulation applied to classify beneficiaries according to their level of dependency, and the ways CfC care benefits are distributed among them, it becomes clear that these programmes differ substantially in terms of coverage and generosity. Such differences reflect the variety of ways by which universalism, selectivity and adequacy are built up together throughout Europe.

Wet eldercare facilities for older persons with substance abuse problems and complex needs – promising care practices or institutionalized ageism?

Håkan Jönson – Professor, Lund University, Sweden

Tove Harnett – PhD, Lund University, Sweden

Older people with complex needs and addiction are often described as a “hidden group” with unmet needs and several researchers have addressed the gap in service provision. There is also great frustration among regular home care staff, who experience difficulties in working with the shifting needs of this population within the limited timeframes that governs regular home care, and among municipal social workers who argue that reoccurring coercive treatment efforts for “chronic” addicts with complex needs is a waste of resources. In response to this, some municipalities in Sweden, and in other Nordic countries, arrange wet eldercare facilities for persons above 50 years of age. These facilities are a type of nursing homes or care homes where no treatment is provided, and residents are accepted as being active in their abuse. Wet eldercare facilities aim for safety, increased dignity and wellbeing. Usually, residents are allowed to consume alcohol (and some use drugs) in the privacy of their apartments. Wet eldercare arrangements result in challenges; not only will harmful activities be witnessed by the staff, the grouping of people with similar problems makes it difficult for residents who wish to drink less to actually do so. Facilities have a for-life approach, meaning that residents can feel safe by knowing that they will not be evicted if they abuse alcohol or fail in treatment if they do not manage to qualify for the next step in a program. But this approach may also result in some living at the facilities for decades, and some being sober but unable, based on a previous history in the housing market, to move on to other housing alternatives. The aim of this article is to explore approaches and strategies that address challenges associated with the lenient approach of wet eldercare facilities, in light of the for-life approach that is applied. Data for the study consists of 12 interviews with managers and staff (a total of 17 respondents) at five eldercare facilities with different sizes, organizational styles, and approaches. Qualitative content analysis was used to identify strategies that were used to handle the presence of alcohol and drugs under a “cap of acceptance” deemed to be necessary for a low-threshold facility. A “looking away” strategy meant that staff focused on providing care and regarded the consumption of alcohol and drugs as a private matter of residents. An intervention and prohibition strategy was used to establish social order and reduce harm through regulations. An intervention and distribution strategy meant that staff negotiated with residents on how much alcohol (and tobacco) they could afford and these products were then bought and distributed by the facility in order to even out the consumption. In the final analysis, findings are brought into a typology for strategies, based on the two variables of acceptance and control, and the use of different strategies is critically discussed in relation to the question: is this a promising practice or is it institutionalized ageism applied to persons accepted/labeled as “chronic addicts” and provided care instead of treatment?

9:00-10:30

TP5 - The intergenerational mutual interdependence in aging societies

Thematic Panel chairs: Matteo Luppi, Postdoctoral Researcher, National Institute of Public Policy Analysis (INAPP), Italy, and Tiziana Nazio, Dr., WZB, Germany

Room II

The Circle of Life: Care Arrangements and Marriage Strategies in Pakistani families in Denmark

Mikkel Rytter – Associate Professor, Aarhus University, Denmark

Among the approximately 25.000 people with a Pakistani background in Denmark, an increasing number of first-generation migrants are ageing and in need of different kinds of help and care. Still, few elderly Pakistanis enter senior housing or receive municipal home care. Instead family members care for them at home. In the research project “AISHA – Ageing Immigrants and Self-Appointed Helper Arrangements” we follow families in which younger family members are employed by the municipality to care for ageing parents or parents-in-law in their private homes. The option is part of the Service Act (§94, Serviceloven) and increasingly used among Muslim immigrant families in Denmark. However, current fieldwork in Pakistani families suggests that the care of elders take the form as complex “care arrangements” that include and mobilize numerous family members for different practical and emotional assignments.

In this paper, I explore the complex care arrangements and the “Catch-22” of the self-appointed helpers who simultaneously are expected to be caring family members and professional care workers employed by the municipality. Furthermore, I discuss how concerns for elderly care inform marriage strategies among second-generation Pakistanis. Often the upcoming generation makes the future care of ageing parents an important criterium when selecting marriage partners. However, the future-oriented marriage strategy is complicated by the general social and educational mobility in

the Pakistani community, the increasing number of women entering the labor market, rising divorce rates and a strict Danish legislation on family reunification that makes the 'traditional choice' of a spouse from Pakistan difficult and insecure. Thus, the connection between care arrangements and marriage strategies highlights the intergenerational interdependence when it comes to care for elders in an ageing Pakistani migrant community.

Mutual caregiving and care-receiving in three-generation households

Adéla Souralová – Ph.d. candidate, Masaryk University, Czech Republic

Demographic changes in Western societies have changed relationships among generations and have significantly affected the structure and dynamic of family lives and contemporary families. Many scholars have asserted that an increase in life expectancy has enabled long-term relationships between more generations (Matos & Neves, 2012; Harwood & Lin, 2000). Consequently, 'long-lasting intergenerational relationships across three and even four generations are now a frequent and relevant phenomenon' (Matos & Neves, 2012, p. 204). The proposed paper investigates these relationships in the context of three-generation cohabitations that provide the space for intensive contact between generations. Multigenerational households are an arena in which people in different life stages intensively meet and thereby encounter different generational and gendered expectations about caregiving. I view these households as a perfect place to study (normative) expectations about care, intergenerational mutuality, and the tensions and conflicts surrounding care.

The paper draws upon in-depth interviews with three generations: grandparents (20), parents (20), and grandchildren (20). The interviews were conducted in 20 total households. By putting together three perspectives—of grandparents, parents, and grandchildren—the paper sheds light on the complexity of caring relations within the intergenerational family triangle (parent-child, parent-grandparent, and grandparent-grandchild relationships; Van Ranst, Verschueren & Marcoen, 1995). This research strategy, including the perspectives of actors from different generations, enables us to investigate the position of different generations in the process of caring and to view the harmonies and tensions inherent in caregiving and care-receiving. The aim of this paper is to investigate care circulation (Baldassar & Merla, 2015) in three-generation families. I explore the caregiving constellations, arrangements, and distributions across the generations and argue that the care is not unidimensional and unidirectional. Rather, the care circulates among the family members who are at the same time both caregivers and care-receivers. The duties and capacities to provide and receive care change over the life course as they are linked to age-specific requirements (Alber & Drotbohm, 2015).

The main findings presented in the paper include: care includes both doings and not-doings; everybody is a caregiver and care-receiver at the same time and all concerned actors are active agents of care; care-receiving is an active process that requires negotiating the role of care-receiver and selecting what care to accept, reject, or reciprocate. Using the case study of three-generation households in the Czech Republic, the paper shows that in the context of three-generational households, as anywhere else, there are normative expectations about how the care should be provided and by whom. The focus on the daily—often little and unnoticed—activities of care and its circulation among the family members uncovers the negotiations of the roles of caregivers and care-receiver. Care is neither given nor received unintentionally; rather, it requires agency on both sides. Working with a broad definition of care and listening to the emic interpretations of interviewees opens a space for the reformulation of the concept of care.

Family care or extra-familial care – Older people's caring decision between culture and welfare state policies

Birgit Pfau-Effinger – Professor, University of Hamburg, Germany

Christopher Grages – Dr., University of Hamburg, Germany

Thurid Eggers – Dipl., University of Hamburg, Germany

Women's responsibility for unpaid informal care within the family was a main basis for gender inequality in the context of the housewife marriage, which was the main family form in many European countries in the mid-20th Century. As a consequence of cultural and social change, more gender egalitarian forms of the family have developed in many European countries. Also, many welfare states have promoted the outsourcing of caring tasks from the family to extra-familial care providers. It is a common assumption in comparative welfare state research that care policies that generously support extra-familial care of senior citizens are "freeing" women from their caring responsibility and thus are promoting gender equality. Consequently, the share of older people who use extra-familial care is considered an appropriate indicator for the cross-national differences in the generosity of care policies and in their potential to support gender equality. However, there is a lack of theorizing and research that systematically evaluates this assumption. Main question and theoretical approach: The paper aims to answer the question: How is it possible to explain older people's decision between extra-

familial care and care by family members? This paper aims to challenge the assumption that a welfare state policy that generously promotes extra-familial care per se leads to the outsourcing of care from the family and thus promotes gender equality. The paper argues instead that older people's caring decision is based on a complex decision making process. It provides an innovative and complex theoretical approach to the explanation of people's behavior towards familial and extra-familial care that is based on the theoretical approach of the "gender arrangement" of Pfau-Effinger. It argues that older people's caring decision should be explained in the context of the main cultural ideas about the "best" form of care in the population, and the degree to which institutional, social and economic factors support the realization of these cultural ideas. It emphasizes moreover that it is also important how far the interaction is coherent or contradictory.

The paper moreover introduces the findings of a comparative empirical study that analyses the role of cultural, institutional, social and economic factors in the context of different types of long-term care policies on the basis of document analysis of national laws and statistics, data from the MISSOC database, Eurobarometer data and expert interviews.

The findings support our assumption that besides the generosity of care policies also cultural factors contribute to the explanation of cross-national differences in older people's behavior towards care. They also show that the common approach in comparative welfare state research that analyzes the generosity of care policies by the share of older people who receive extra-familial care is problematic, since the assumption that care policies determine older persons' behavior towards extra-familial care is not supported by empirical evidence.

Multi-generational care, Integrated Ambivalence and Integrated Care

Junko Yamashita – Dr., University of Bristol, United Kingdom

Naoko Soma – Yokohama National University, Japan

This paper deals with upward and downward intergenerational ambivalence and the prioritisation of care through the experience of carers those we are simultaneously providing care for both elder and younger generations in the middle of multi-generational and multi-fields of caring relationships.

A theoretical framework is developed by combining three perspectives on intergenerational relationships and care. The first perspective concerns the social norms on intergenerational and multi-generational care that individual internalise, family relationships impose and society addresses (Pfau-Effinger 2005). The second examines configurations of family policies (e.g. Korea et. al 2013, Saraceno and Keck 2011) that influences upon their practice of multi-generational care giving.

Drawing on original data generated from a mixed approach of questionnaire surveys (9,224 samples), semi-structured interviews (32 samples) and focus groups interviews (6 groups) in Japan, the empirical analysis first presents the meaning and practice of multi-generational caring relationships, and second the evidence of both upward and downward intergenerational ambivalence. Thirdly it investigates whether structural contradictions (family policy frameworks, economic conditions and social norms) that confront individuals in certain situations cause ambivalent attitudes towards the elder generation, the younger generation or both, and how they interconnectedly influence upon carers/family's practice of prioritisation among different types of care.

Based on the findings, this paper also critically examines an emerging policy discourse of 'integrated community care' that was proposed as a core concept for the proposed Japanese care policy reform that will be implemented by 2025. This policy aims to restructure existing care support systems of different field of care (such as for children, older people and those with disabled) into an integrated care support system at each community level in order to support the multi-dimensional and multi-generational nature of family care.

Added**Intergenerational Homesharing, a growing response to housing and social support needs**

Guiliana Costa

This article presents and discusses some of the intergenerational cohabitation programs now active around the world, tracing their salient characteristics and attempting to construct a typology that can account for their variety. These programs are aimed at matching individuals not belonging to the same family so that they live under the same roof, sharing domestic spaces and daily life, in most cases exchanging goods and services on a temporary basis or for long time.

Homesharing is defined in different ways in different contexts but it can essentially be defined as an exchange of services in which a homeholder offers accommodation to a homesharer for an agreed level of aid and, in some cases, for a modest sum to pay for utilities. Homesharing schemes consist of formulas that allow people to be twinned under one roof to share the costs of a house and help each other. This kind of cohabitation is managed by organizations embedded in various sectors, be they universities, trade unions, foundations, NGOs or private agencies. Most of them involve young adults and elderly people in an intergenerational housing experience able to maintain the last at home for a longer period of time. Also unprecedented synergies are created between different housing related needs that are based on and coped through sharing living spaces.

This article is based on a fieldwork extended between 2015 and 2019, a time lapse in which I interviewed professionals working in homesharing schemes around the world (in some cases more than once) in order to analyse their changes and evolution. It also draws on a review of organization's websites, grey materials, reports and of the existing specific literature, which is really poor and undeveloped, both in the academia and outside it. It's aimed at contributing to the understanding of this eccentric way of living and supporting each other.

9:00-10:30

TP18b - Transforming care work: Impact on working conditions and job quality

Thematic Panel chairs: Ricardo Rodriguez, Dr., European Centre, Austria, and Marta Szebehely, Professor, Stockholm University, Sweden

Room IV

Advantages and setbacks of autonomy for home helpers in direct employment

Olivier Crasset – Postdoctoral Researcher, Université de Nantes, France

Annie Dussuet – Associate Professor, Université de Nantes, France

In France, the work of home helpers in direct employment is a form of paid employment with characteristics that bring it closer to self-employment. We propose here to reflect on this from the concept of autonomy. Based on a qualitative survey this paper examines the career paths, the increase in social inequalities and the collective dimension of the autonomy that tempers them.

Cancelled**Colonising and medicalising care: workforce reconfiguration in residential care in the UK**

Gareth Crockett – Research Associate, University of Sheffield, United Kingdom

Rachael Finn – Professor, University of Sheffield, United Kingdom

Diane Burns – Dr., University of Sheffield, United Kingdom

Workforce challenges facing the health and social care system are unprecedented. In the UK, an aging population, increasing demand, skilled labour shortages and care quality concerns within contexts of funding deficits mean workforce solutions are needed to 'ensure that we have the right number of staff with the right skills in the right place at the right time' (Nuffield, 2015). Recent governmental responses include reconfiguration of professional roles and division of labour within the NHS, creating new roles involving upskilling and delegation (e.g. Advanced Nurse Practitioners, GPs with special interests). These strategies however prioritise clinical, registered professionals and acute episodes of care. These are mismatched with the challenges of community, residential care 'when the greatest demands on the health and social care system come from older people with long-term conditions who need care for their mental and physical health, as well as social care needs. The current 'care gap' of expanding demand and shrinking informal care sector (Kings Fund, 2013), combined with a financial crisis in social care budgets and drives to reduce inappropriate hospitalisation, create urgent need for innovative workforce solutions. This brings the potential role of non-registered occupational groups in residential

care settings – such as health care assistants, advanced practitioners, care assistants – to the fore. Wider research identifies emergence of innovative practices, particularly around the nursing-registered practitioner boundary (Sainsbury, 2017), but complexities around delegation, autonomy and accountability in new role enactment exist (RCN 2015).

As scoping research for broader investigation into the medicalisation of the care relationship, this study explores the reconfiguration of the care workforce within the largely outsourced market of residential care, through the lens of the care home manager. Drawing on Deetz's (1994) theory of 'corporate colonization' and literature around professional boundaries and hierarchies (Nancarrow & Borthwick, 2005), it explores how care home managers have shaped recent transformations in residential care for older people (Hyde et al, 2014). Underpinned by an interpretivist methodology, we conducted semi-structured interviews with a range of stakeholders, including care home managers, policymakers, and registered nurses.

Thematic analysis of our interview findings suggests that in recent years care home managers have overseen a considerable shift in the responsibilities of frontline care workers, often encouraging them to take on more health care tasks (e.g. medicine management, diabetes testing, stoma care). These changes appear to stem from the scaling back of nursing support in the care home, driven by NHS prioritisation of economic efficiency. Informed by a (policy-led) discourse that promotes 'upskilling', care home managers have responded by creating a new 'senior care worker' role. Alongside an absence of pay progression assigned to this new role, the lack of any corresponding accountability mechanisms and clinical governance from the NHS, appear to be heightening the level of risk placed onto the care workforce. Drawing on these findings, we consider if and how care home management has facilitated, or been able to resist, the increased medicalisation of the care relationship and the influence of corporate narratives driving the transformation of social care in the UK.

Care Work in Different Arenas: Working Conditions in Swedish Eldercare and Disability Services

Sara Erlandsson – Ph.d. student, Stockholm University, Sweden

Marta Szebehely – Professor, Stockholm University, Sweden

Helene Brodin – Associate Professor, Stockholm University, Sweden

Background: One out of seven employed women in Sweden work in eldercare or disability services. These women-dominated occupations have poorer working conditions than the labour market in general. While there is relatively extensive research on the working conditions for staff in eldercare, there is a significant lack of knowledge about work in the disability sector.

Although the main responsibility for eldercare and disability services lies with the local governments, there are differences between these areas, both in terms of legislation and economic development. The main legislation regulating the local governments' responsibilities for people in need of care or service is the Social Services Act (SSA) which covers all persons in need of help. Persons with certain extensive disabilities are also covered by the Act concerning Support and Service for Persons with Certain Functional Impairments (the Disability Act). The Disability Act has a higher level of ambition – “good living conditions”, than the SSA, which is aiming for a “reasonable standard of living”. Since the 1990's, the generosity in public funding of these services has gone in different directions, with retrenchment in eldercare resulting in declining coverage, and expansion in disability services.

In the light of these differences, this study aims to compare working conditions in disability services with eldercare.

Methods: The study is based on a national survey to Swedish eldercare workers in 2015 (n=770), and a national survey to care workers in the disability sector; the majority working in group homes and daily activities for people with intellectual disabilities, autism or brain injury; and personal assistance for people with various extensive disabilities, in 2017 (n=707). The data was analysed by bi- and multivariate methods.

Results: In comparison with eldercare workers, the care workers in the disability sector report significantly lower workload and more autonomy at work, and they feel more supported by their supervisors and much less often inadequate towards client needs. These different working conditions seem to have different impact on the two groups' well-being: disability care workers are significantly less likely than eldercare workers to report pain and physical exhaustion.

Conclusion: Overall, eldercare workers seem to have worse working conditions with a higher workload and lower control over their work. Accordingly, they also experience more physical problems and fewer opportunities to meet their clients' needs. The findings are discussed against the different policy ambitions in the two sectors, and the results suggest that more resources to, and higher levels of ambition for, disability services also lead to better working conditions for care workers in disability sector.

Integration of Refugees in the Care Sector – opportunities and barriers

Margareta Kreimer – Dr., University of Graz, Austria

Mila Jonjic – University of Graz, Austria

As part of the research project INREST ("Integration of REfugees in STyrian companies") we try to investigate which factors contribute to the sustainable integration of refugees in Styrian companies. The integration involves both, social integration and integration into the workflow. Based on a field-experiment we try to analyze to which extent formal and informal HR practices promote or hinder integration. A concept, based on the case studies, is being developed to help companies in structuring processes in such a way that a sustainable integration of refugees succeeds.

The focus of our part of the project lies on the integration process of refugees in the professional care sector in Austria/Styria. As a non-academic field, with a high demand for labor, the care sector seems to have high potential for the integration of refugees into the labor market. At the same time, however, it is a sector that must cope with strong cost pressure in their day-to-day activities, which is likely to hinder the time-consuming and labor-intensive integration process of refugees from Syria or Afghanistan. In addition, care activities differ significantly from other personal services, because good quality care work is based on the relationships between caregivers and those in need of care. Language and cultural factors may also play a role in building such relationships.

The research project started in spring 2018. Because of the large demand for care workers in Austria we expected that there would be a reasonable number of refugees working in the care sector. On the contrary, it was very difficult to find refugees as care workers. Our first research question is therefore: What are the reasons for the very low presence of refugees in the care sector?

As reference for our analysis we use a case study conducted at a Caritas care facility in Graz. In autumn 2018 a first round of interviews took place, a second round is planned for April 2019. Based on these interviews we want to find answers for our main research question: What are the opportunities and barriers for the integration of refugees in the care sector? The project INREST gives us the opportunity to compare the integration process in the care sector with other sectors (mainly retail trade, public administration, industry). We want to investigate to what extent the specific conditions in the care sector are decisive for the difficulties in using this sector for the integration of refugees despite the high demand for care workers. By identifying these barriers it should be possible to develop tools and strategies for a better integration of refugees in professional care work in Austria.

Sustainable organization towards a transformative and attractive home care

Maria Wolmesjö – Associate Professor, University of Borås, Sweden
(contributed)

This paper presents an on-going study on Sustainable organization towards a transformative and attractive home care which is a collaboration between the University of Borås and the City of Gothenburg, Sweden. Financed by AFA Försäkring 2016-2019.

Background of this study is, the HRM of Gothenburg city noticed the sick leave and turnover rate was increasing in the care sector. The work-situation of care assistants in home help care was physical, organizational and social demanding. Together with difficulties to find, recruit and keep care assistants, nurses and managers there was a need to support and change the situation. This challenge is common in several organizations for different professions in the welfare sector. In the city of Gothenburg, a comprehensive plan of action for the work environment was developed, focusing on the staff's health to secure future eldercare.

Aim of study is to follow, support and evaluate the implementation of the action plan 2016-2019 focusing on 1) a new program for schedule/care planning and 2) physical activity on paid work time. Further on aim is to follow the interventions, which was a result of involving the staff members in the process. Main research questions were: How can we develop a healthy work environment with physical training during paid work time? What preconditions are needed for managers to balance organizational objectives/good care and employee needs with quality and cost effectiveness?

The study has an activity theoretical based design, where both qualitative and quantitative methods as questionnaires, health profiles, individual interviews, focus groups interviews and creative workshops/Future workshops have been used.

Results point out a high awareness among the care assistants of the importance of organizational and psychosocial factors and working with team building. By involving staff members in the process, 16 new innovative plans of actions were developed. Staff members took part in changing their own situation, which resulted in decreased sick leave and lower turnover rate. Digitalization of care planning visualized "trix and fix" which, was part of the daily work to make the puzzle of providing care work. Further research is needed on how to "lead digitalized" though. It can be stated, physical training is needed to keep up with the tasks, which are required in care giving, but there are some organizational challenges, which has to be solved to create a well-being conducive work environment. How managers choose to support this work, led to different effects. Conclusion is teambuilding, possibilities to deeper competence in specific areas, communication skills, interprofessional and external collaboration and coproduction contribute to staff's well-being and needs to be further developed

9:00-10:30

S5 - Care arrangements in context of migration

Symposium chairs: Lenka Formánková, Postdoctoral Researcher, Czech Academy of Sciences, Czech Republic, and Monique Kremer, Professor, University of Amsterdam, Denmark
Discussant: Monique Kremer, Professor, University of Amsterdam, Denmark

Room A

The ever-rising migration flows in Europe make it necessary to address the care needs of families and clients of diverse ethnical and national backgrounds. Our symposium presents four national and regional case studies on care choices for families with migrant backgrounds. Both child care and elderly care arrangements, formal and informal, are covered. Aging migrant populations as well as the rising number of children brought up in families of foreign origin challenge the citizenship/nationality-based welfare provision. Going beyond the single categories of age, gender, disability, ethnicity or nationality when discussing diversity in care provision, we address such questions as whether and how the needs of children or the frail elderly with migration backgrounds are considered in access to care benefits and services. Also, what are the current dilemmas in care provision in the era of 'super diversity'? By debating different systems of care provision, the symposium adds to the discussion on prioritizing diversity in care policy design and provision in connection with migration.

Dealing with super-diversity in care

Monique Kremer – Professor, University of Amsterdam, Denmark

Dutch home care practices in times of migration. Analysis of Dutch home care policies stems from an in-depth qualitative case study of 'Kings Care': a home care organisation based in Hague, established and owned by individuals with a Turkish background, which considers its care provision to be 'culture-sensitive'. The central questions of this analysis include the following: What are the opportunities and barriers in Dutch care policies in catering to super-diversity? Also: How does a care organisation aimed at dealing with super-diversity fulfil the needs of its diverse clientele? This analysis' results provide insight into the strategies and challenges of Dutch welfare states in their interactions with 'super-diversity'.

Polish and Icelandic parents' division of paid parental leave in Iceland

Guðný Björk Eydal – Professor, University of Iceland, Iceland

Ásdís Arnalds – Ph.d. student, University of Iceland, Iceland

As Poles are the largest migrant group in Iceland, this study addresses how Polish migrants use parental leave in comparison to parents who are born and raised in Iceland. This study uses mixed methods. A survey and qualitative interviews with parents were used to compare the two groups and to gain insight into the parents' strategies in dividing parental leave. This study's findings reveal how parents' decisions regarding leave use are shaped by their experiences, social networks, work orientation and views towards the roles of men and women in the upbringing of children.

The impact of neighbourhood-based working for access to care of older migrants

Roos Pijpers – Dr., Radboud University Nijmegen, Netherlands

In the Netherlands, the neighbourhood is increasingly viewed as an ideal place to organise care and social services. This qualitative study of care services in the city of Nijmegen focuses on the development of practices relevant to older migrants' access to care. The study's results indicate that the new service structures are only partially successful in helping these migrants access care. Older migrants search for facilities not in accordance with their function, but rather seek out care professionals with the same cultural background or language. These caregivers are able to bridge the psychological distance between the health care system and the lifeworld of these older migrants.

Childcare arrangements in the context of migration – case study of Czech families in Iceland

Lenka Formánková – Postdoctoral Researcher, Czech Academy of Sciences, Czech Republic

Ásdís Arnalds – Ph.d. student, University of Iceland, Iceland

Guðný Björk Eydal – Professor, University of Iceland, Iceland

Immigration to Iceland has recently undergone a shift in terms of numbers and composition, with over 50% of immigrants coming from CEECs, countries with different family policy models and related culturally anchored ideals of care. Whereas Nordic countries support a dual earner/dual caregiver model based on egalitarian family policies (Eydal, Rostgaard 2018), CEECs tend to be representatives of re-familialization and support full-time motherhood (Formánková et al. 2016). The analysis stems from (a) comparative study of leave policies and take up, (b) statistical analysis of the value survey on gender roles and care (ISSP 2012 - Family and Changing Gender Roles IV), and (c) interviews with mothers of children under 10 who came to Iceland from the Czech Republic as adults. The results show that the pre-migrant ideals of care play an important role in care arrangements for under-school-age children. Dominant discourses of 'good parenting' in the country of destination, which are supported, reinforced and eventually changed through specific policy design, are not always accepted by migrant parents. However, some migrant families adjust better to the local (Icelandic) model of childcare the longer they stay. Besides the cultural models of appropriate care, including the policy and practice in the country of origin and the country of destination, other factors influence parents' care choices, particularly the family's socio-economic situation and the labour market conditions in the country of destination (Iceland). These factors contribute to the fluidity of the childcare choices, which change over time and with each child.

9:00-10:30

TP6c - Marketisation of care: Strategic policy approach or unintended corollary?

Thematic Panel chairs: Bernhard Weicht and Barbara de Roit

Room F

Surviving the competition? On municipal home care services in a marketised elderly care

David Feltenius – Associate Professor, Umeå University, Sweden

Jessika Wide – Umeå University, Sweden

In Sweden, home care services is a municipal responsibility. After the introduction of the Act on System of Choice (LOV) in 2009, a mix of providers of home care services has developed in many municipalities: private, public and non-profit. The question is how public home care services has developed in this context: Has it been marginalized by private providers or is it still the most dominant provider (as before LOV)? The study departs from the literature on the marketization of elderly care. We argue that this literature has focused primarily on private and non-profit providers in home care service, while public providers have been "taken for granted". However, it is important to also consider the functioning of the public provider in an environment of marketization. For instance, an elderly care without a public alternative runs the risk of being too strongly dominated by values from the private market such as efficiency. The purpose of this paper is to describe and explain the market share of public providers of home care services in Swedish municipalities with LOV - about 150 out of total 290 municipalities. The following research questions are answered in the paper: (a) What is the market share of the public provider of home care services in municipalities with LOV? (b) How can variation between municipalities in this respect be accounted for? The paper is based on an analysis of statistics from Statistics Sweden (SCB). In detail, the statistics gathered consist of the share of care takers with a public provider within home care services between 2010-2017. Variation between municipalities is analysed by statistics on different municipal characteristics such as rural/urban, population size and political majority. The result of this study shows that there exist a variety between the municipalities that have adopted LOV. There is one group where the public provider has a low share of the market, one group with a balance between private and non-profit providers and one group where the public provider is dominant. Considering the group of municipalities where the public provider is relatively weak, we argue that the consequences of this for values governing elderly care practice needs to be investigated further.

Marketisation of community aged care services in Australia. Insights into how rural managers and consumers navigate this context

Suzanne Hodgkin – Associate Professor, La Trobe University, Australia

Samantha Clune – La Trobe University, Australia

Anne-Marie Mahoney – La Trobe University, Australia

Across several OECD countries, aged care policy has been influenced by neo-liberal, free market philosophies. This is illustrated in the introduction of variations of cash for care schemes in community care services. Australia provides a recent case example with the introduction of a Consumer Directed Care (CDC) program. This marketised model with its clear definition of community-based care recipients as consumers, and care as a commodity, has effectively re-located the publicly funded aged-care system into the private, commercial sphere. In this environment providers market their services and procure and broker other services. As a consequence, Australian aged care services operate in a maze-like competitive environment. This paper draws from a qualitative study conducted in rural Australia, examining the introduction of CDC and seeks to examine how consumers and managers navigate this context. The equivocal outcomes illustrate the challenges associated with providing and accessing services in limited rural markets.

The third sector and care for older people: A comparative analysis of home care policy in Finland, the UK and South Korea

Youngbin Kwon – Doctoral student, University of Jyväskylä, Finland

The concept of co-production, governance and partnership in policy process are leading or led the changing traditional pattern of care policy. Drivers of this change regard as the financial burden of the government by increasing care demands according to the population change, and several crises also kept encouraging to mobilise private resources to decrease public spending. A key change of care system is widened border of policy participant (care providers), and the important task to sustain the service level is to build and manage productive network between the actors. In this background, this research looks at the shape of network by exploring the interaction of network factors in home care policy in three countries: Finland, the United Kingdom and South Korea. The goal is to provide generalised explanation of policy network in home care policy considering similarities and differences of different context. The study employs qualitative comparative analysis (QCA) for systematic comparison and analysis of complex policy network of home care policy, seven conditions and two outcomes set up for the initial analysis. The findings of this study will provide broader understanding on the pattern and dynamics of partnership between policy actors to provide sufficient and stable home care services in wider context. Furthermore, the result of this research will become a empirical foundation to build efficient and sustainable partnership model for home care together with public, private and third sector.

Response of For-Profit, Non-Profit, and Government-Owned Nursing Homes to a New Value-Based Reimbursement System in Minnesota (US)

Greg Arling – Professor, Purdue University, United States

Zachary Hass – Purdue University, United States

Background: Minnesota, like other US states, has traditionally paid for public (Medicaid) nursing home care without regard to its quality. The trend toward marketization of long-term care services in the US and other countries has placed emphasis on value-based payment where payment for care is linked to its quality. In 2016 Minnesota introduced a nursing home value-based reimbursement system (VBR) intended to pay nursing homes according to a composite quality score. In addition, the state substantially increased the Medicaid nursing home budget with additional funds earmarked for nursing and other care-related services and an efficiency incentive for other rate components.

Objective: We conducted an evaluation of VBR to determine its effectiveness in meeting state policy goals. One evaluation question involved the differential response to VBR by for-profit, non-profit and government-owned facilities. In particular, we wanted to know if for-profit firms would be more responsive than non-profit or government-owned firms to this market-oriented payment approach.

Methods: Because VBR was implemented statewide at a single point in time, we lacked a natural comparison group. We relied instead on pre/post design tracking trends in outcomes, before (2013-2015) and after (2016-2017) implementation of VBR. The sample consisted of 348 Minnesota nursing facilities. Ownership was 29% for-profit, 61% non-profit, and 10%

governmental. Facility-level variables included per resident day (PRD) reported costs; a composite care quality score derived from clinical quality indicators, quality of life survey results, and regulatory findings; occupancy rates; and other facility characteristics as covariates. Data came from Medicaid cost reports, other administrative files, and the Minnesota Nursing Home Quality Report Card. We estimated mixed effect growth models to examine VBR and ownership effects on expenditure patterns, quality score, and occupancy rates.

Findings: The introduction of VBR did not significantly increase care quality. The quality score for non-profit and governmental facilities trended slightly upward across both the pre-VBR and VBR periods; whereas, the trend among for-profit facilities was relatively flat. For-profit facilities continued to fall below non-profit and governmental facilities in their care quality throughout the 2013-2017 period. Occupancy rates among for-profit facilities also fell significantly below rates for non-profit and governmental facilities. For-profit facilities were no better at attracting residents in the nursing home market after the implementation of VBR. In fact, they trended downward in occupancy after VBR, widening the gap between themselves and the non-profits and governmental facilities.

Conclusion: We found no evidence that for-profit facilities were more responsive to the VBR system than the other ownership types. Compared to for-profits, non-profit and governmental facilities continued to spend more on nursing and other care related services, deliver higher quality of care, and be more attractive to consumers as evidenced by their consistently higher occupancy rates.

9:00-10:30

TP22 - Changing priorities of disability policies and care/assistance for disabled people in different care regimes

Thematic Panel chairs: Yueh-Ching Chou, Professor, National Yang-Ming University, Taiwan, and Teppo Kröger, Professor, University of Jyväskylä, Finland

Group room 4

They are like my own children”: Bodywork, intimate labour, and frontline women carers of women with an intellectual disability in institutions

Bo-wei Chen – Associate Professor, Soochow University, Taiwan

Yueh-Ching Chou – Professor, National Yang-Ming University, Taiwan

This research explores the relatively unexamined labour process of frontline women carers of women with an intellectual disability (ID) living in an institution in Taiwan. Feminist perspectives on bodywork and intimate labour are used to analyse how care is lived out affectively and corporeally during caring encounters. Drawing upon in-depth interviews with 18 service workers, we first examine how these women carers mobilize fictive motherhood in order to gain respect and professionalism from their devalued profession, while simultaneously perpetuating the social stigmatisation of women with ID by infantising their adult residents. Second, by exploring these care professionals and their invisible bodywork of handling, manipulating and monitoring the menstruation of women with intellectual disability, we reveal how these low-paid workers innovatively choreograph their caring labour with an interdisciplinary framework that involves knowledge in counselling, nursing and special education. Third, by situating the cultural significance of carework for these frontline service workers in Taiwan and framing it as a righteous practice through popularized Buddhist rhetoric of ‘merit accumulation’ (zuò gong dé), we explain how the charity paradigm might allow people with ID to regain dignity in the local context, while paradoxically reinforcing the marginalized position of the socially stigmatized. This research contributes to carework scholarship by examining the nexus of gender, culture and disability in institutionalized settings. This research concludes that corporal and affective dimensions are inseparable in understanding the labour process of frontline service workers of women with intellectual disability.

From disabled activists to older people and their families: Understanding the role of directly-funded home care in Canada

Christine Kelly – Associate Professor, University of Manitoba, Canada

Lisette Dansereau – PhD student, University of Manitoba, Canada

Katie Aubrecht – St. Francis Xavier University, Canada

Amanda Grenier – Professor, McMaster University, Canada

Allison Williams – Professor, McMaster University, Canada

Sufficient, reliable and empathetic assistance with the activities of daily living in home settings is vital for disabled and older people to thrive; yet, Canadian home care systems are criticized for being inconsistent across provinces and inadequate in rural settings. Directly-funded (DF) home care refers to programs that provide people with cash to arrange their own services. While well-established in Europe, Australia and other settings, DF programs operate as a niche policy in Canada – serving a very small proportion of home care users. Like many international examples, Canadian DF home care programs are rooted in vibrant histories of Independent Living and disability activism. Younger disabled people promoted DF home care in order to regain control and challenge the over-medicalization of their lives. DF programs have been expanding to serve a much broader population in hopes to relieve the strain on public care systems. DF home care is a developing policy mechanism in Canadian contexts that warrants a close examination.

Our research is framed with feminist and disability scholarship on the complexities of care. We ask, how does DF shape the experiences, working conditions, and policy landscape of Canadian home care, and what are the theoretical implications? We describe the Canadian home care landscape and provide an overview of the 10 provincial DF home care programs. We share findings from a case study of DF home care conducted in the province of Manitoba. The case study included a survey of DF care workers and 53 semi-structured interviews with workers, older clients and their families, and key informants. Data was analyzed using Dedoose software, subjected to inter-rater comparison by the two coders to assess fidelity, followed by reiterative thematic analysis.

Our findings emphasize the shifting frame of DF in Manitoba, which began by serving younger adult self-managers but increasingly works with family-managers in the service of older adults. Workers report different scopes of practice depending on whether their clients are younger self-managers or older adults. The stories of workers and users portray DF home care as highly favorable in contrast to publicly delivered home care. In terms of rural access, the DF model appears to work best among users with pre-existing informal support, strong community ties and diffuse social networks that enable them to hire their own workers.

We suggest DF home care is successful in Canadian contexts because it operates alongside public home care. We consider if DF home care may lose some of its success and connections to Independent Living as it continues to grow at a rapid pace. We argue that DF policy should ensure that the independence of younger disabled users is not eroded, but must also provide support for family carers, and consider the potential benefits of greater oversight of the DF workers. Finally, in returning to conceptual scholarship on the nature of care, we conclude the DF home care in Canada provides an ideal avenue for holding and exploring the tensions (Kelly, 2016) and troubles of care (Murphy, 2015) at the intersections of aging and disability.

The journey of 'choice agendas' in disability policy and practice. How do the UK and Italy compare?

Francesca Pozzoli – Ph.d. candidate, University of Milan, Italy

Choice is a concept that during the past thirty years has entered the agendas of many welfare states, has influenced their public services reforms and has gained increased weight in the debate around best possible ways of delivering public services. From the rights of parents to choose their children's school to that of patients to choose both hospitals and treatments to that of non-self-sufficient individuals to choose their support care services and staff. A straightforward concept at a first glance, choice emerges as a powerful and often contested political notion when we consider its application in the context of public services. First of all, its popularity is the outcome of the interests and actions of different actors in the policy field and, as such, is a much more multifaceted phenomenon than its simple and apparent positive nature may suggest. Secondly, choice has not entered public policy on its own. Specific demand-side financing tools are associated to its implementation in different areas of public services and these tools are neither neutral nor purely technical. On the contrary, they have the power to influence the conceptual frameworks of the specific policy field in which they are introduced and also the direction of the daily practices of the different actors active in the field. The promotion

and implementation of choice for users of welfare services through the use of demand-side financing tools is what I will refer to – in the rest of this paper - as choice agendas and I will argue that the analysis of their journey from policy into practice through the lenses of their actors will offer an innovative way to interpret their effects. The paper focuses on the introduction and development of choice agendas in the context of care services for disabled people in England and in the Italian region of Lombardy and aims at offering – in regards to both contexts: 1) a reconstruction of the main debates associated with choice agendas, including their development over the last two decades; 2) a detailed description of the specific policies and tools which have supported such agendas; 3) an initial discussion about their effects on the lives of disabled people.

Caring and ageing in place together? Care and housing transition plans of older parents and their ageing offspring with intellectual disabilities

Yueh-Ching Chou – Professor, National Yang-Ming University, Taiwan

Teppo Kröger – Professor, University of Jyväskylä, Finland

Background: Little research has been conducted about caring and ageing in place among old parents who care for and cohabit with their ageing offspring with intellectual disabilities (ID). A mixed-methods approach and the “housing pathways” framework are employed to explore which older parents would continue to care for and choose ageing in place together with their ageing offspring with ID instead of using residential care or moving elsewhere and what factors are associated with such a choice.

Methods: All old parents (?65) cohabiting with their ageing offspring with ID (?40) in two local authorities in Taiwan were invited; 237 families completed our census survey and 60 were involved in our in-depth interviews between May 2015 and July 2016.

Results: Both qualitative and quantitative data showed that older parents and their ageing offspring with ID rarely used formal care services for people with disability and older people. Qualitative findings presented that the old parents’ care and housing transition plans were intersected, connecting parents’ and siblings’ individual and family backgrounds and social contexts. In terms of caring and moving, ageing in the old place was more popular than planning to move. The survey study indicated that 61.6% of the parents who were interviewed would choose ageing in place with their ageing offspring with ID and another 38.4% participants would stay in the old place without their disabled children or move to the other children’s home/nursing home. Logistic regression analysis revealed that the parents who prefer ageing in place together with their offspring with ID were more likely to have house ownership and have higher level of satisfaction with their life and current community, and these two variables were strongly related with each other and linked with their satisfaction with their housing and community identity.

Conclusion: In order to make ageing in place together possible for these families, housing and care support policies should be developed.

9:00-10:30

TP9 - Care as a labour market: Care occupations and professions between quality and contractual arrangements

Thematic Panel chairs: Margarita Leon, Senior Research Fellow, Universitat Autònoma Barcelona, Spain, and Emmanuele Pavolini, Professor, University of Macerata, Italy

Group room 5

Care professions as heroes: Institutional work in Danish elderly care

Kathrine Carstensen – DEFACTUM

Hanne Marlene Dahl – Professor, Roskilde University, Denmark

Main issue and relevance: Internationally, there is growing agreement on the need for greater inter-professional coordination in elderly care. This is central for policy reforms concerned with improving the quality of care based on the needs of the elderly. Studies tend to focus on issues of implementation and on how professionals experience this process. In contrast, we lack knowledge about what professionals and managers actually do when practicing inter-professional coordination, and the important role professions can play in sustaining coordination across professional groups and sectors. This is the focus of the present study. Drawing on the governance literature and the institutional sociology of professions,

we analyse the informal and formal coordination of elderly care based on a case study of the introduction of an interprofessional care pathway in Aarhus in Denmark. The governance perspective helps identifying the broader steering contexts the practice of care professions is embedded in; it highlights elements of both, new public governance (NPG) and new public management (NPM). The institutional sociology of professions helps exploring the close interplay between professions and organisations through the concepts of professional agency and institutional work. Following on from this, the institutional work of care professions includes both formal and informal coordination. The study contributes with important knowledge about the concrete practice of interprofessional coordination. It also offers insights into the positive role of professions and managers to driving organisational change in interprofessional coordination.

Methodology and data: The analysis is case study of the introduction of an interprofessional care pathway in the municipality of Aarhus in Denmark. It draws on qualitative interviews and observations collected across different organisations providing elderly care. This includes six focus groups with individual professional groups, eight interviews with managers at different levels, as well as observations of ordinary working days of different professional groups and participation in meetings.

Main findings: The preliminary results of the study highlight a number of themes: the close interplay between formal and informal practices of interprofessional coordination; the diverse interests professionals and managers have in interprofessional coordination; the different strategies professionals and managers employ in the sustainment of the care pathway; the importance of organisational contexts for facilitating interprofessional coordination. In conclusion, professionals and managers are key to sustaining workforce changes in interprofessional coordination in the way they act as heroines, and the interplay between formal and informal coordination practices needs more attention.

The perceptions and experiences of gendered work among young adult social care workers in Teesside, north-east England

Duncan Fisher – Ph.d. student, Teesside University, United Kingdom

The status of adult social care work in the UK manifests itself in widespread very low pay and labour insecurity, and the sector's high turnover rate reveals particular difficulties with the retention of young adult workers. Very few studies have examined young adults' employment in this heavily gendered sector, or how their experiences can contribute to understanding of the UK welfare state and care regimes. This paper presents initial findings of a doctoral study of working conditions and practices in adult social care in Teesside, north-east England. In addition to semi-structured interviews with key sectoral stakeholders ($n = 8$), further qualitative data generation and (thematic) analysis is ongoing centred on semi-structured interviews with (thus far predominantly white British) 18-30-year-olds in direct care worker roles. The questioning within these interviews is informed by existing literature regarding social care work; youth transitions, and gendered work and care. The labour securities of Standing (2016) and the emotional labour of Hochschild (2012), are key conceptual and theoretical foundations respectively, however a primarily inductive approach to theory generation is favoured. The conditions of work in formal social care are largely shaped by the UK welfare regime, and Hayes (2017) highlights the importance of understanding both the historical and contemporary legislative context. In this sense, Hayes is consonant with other scholars of care (for example, Sevenhuijsen, 1998) who caution against framing care narrowly as a relational or individual-level issue. That said, despite the centrality of government legislation in shaping working conditions in formal social care, initial findings suggest that there is noticeable variability between employers. Experienced, proven social care workers can choose to find a "better" employer, and employers can take steps to improve conditions (such as contract type, or levels of training and support) as ways of partially – but ultimately insufficiently – mitigating the effects of poor conditions such as very low pay. The sectoral approach enables comparison with other low-paid service work, and illuminates the gender, class and spatial specificities of social care work for young adults in this locale. Focusing on this female-dominated sector contrasts with the existing sociological and socio-historical literature of the area, which is overwhelmingly about the rise and fall of traditionally masculine heavy industries. It presents a platform to consider questions around young people's motivations, planning, and non-paid work responsibilities (including informal care), and how they interlink with structural opportunities and constraints. Young adults are underrepresented in adult social care employment, and there is considerable scope here for insight on policy issues around their recruitment and retention. Preliminary findings suggest additional contrast between employers in contending with these issues, and this extends to the levels of support given to young adult staff, including towards job progression. The UK's impending exit from the European Union lends greater urgency to these questions due to its expected exacerbation of the sector's labour shortage (Read and Fenge, 2018). This paper also contributes to understanding of the continuing effects of austerity policies, through cuts to social care provision, and the disproportionately negative impact of austerity on women and young people.

Outsourcing and hybridization in the employment regulation, The case of ECEC services in Italy

Stefano Neri – Professor, University of Milan, Italy

In European countries, harshly hit by the financial crisis such as Italy, austerity policies accelerated long-lasting trends to privatisation in the care sector. Following the literature on industrial relations and labour market, in Italy like in other countries outsourcing is explained by the possibility, by public administration, to exploit the differences existing in the employment regulation and working conditions between the public and the private sector, within labour intensive services.

However, in the case of Early Education and Care (Ecec) services, managed by municipalities, outsourcing to private providers often prompted the fierce opposition not only by service staff and unions, but also by local communities. This often pushed Italian municipalities to re-consider and partially change their outsourcing decisions. In some cases, they preferred to transfer directly managed ECEC services to “public-private”, semi-autonomous organizations, instead of outsourcing them to purely private organizations. These entities, called «special firms» or «foundations», share some features of both public and private organisations, as they are at the same time controlled by the municipalities, but provided with some managerial tools more similar to those of private firms. Moreover, they may shift from public to private sector labour agreements.

Therefore, in the last decade outsourcing increased the plurality in provision within the ECEC sector in Italy, given that, now, there are public (municipal and also state-owned, in the case of kindergartens), private (mainly not-for profit, of different kinds) but also public-private providers. In this context, the paper investigates on the effects of this enhanced plurality in provision, on work and employment regulation. The empirical evidence is based on two kinds of analysis. First, semi-structured interviews with key informants at both national and local level were carried on, complemented by a documentary analysis of official documents and by the comparison of collective labour agreements. Second, some case studies were analysed, chosen from some Regions in the Centre and North of Italy.

Both interviews and case study analysis show that the adoption of the private sector contracts within the public-private organizations were not matched by the adoption of the pay and working conditions set in the private contracts; instead, they fostered the search for innovative arrangements, which are aimed at limiting both the worsening of pay and working conditions and the risk of a decrease in service quality. Moreover, when municipalities decided to outsource the ECEC services to “pure” private providers, they often forced these organizations to improve pay and working conditions of the staff employed within the transferred services. As a result, staff employed by private providers within the transferred services enjoyed pay and working conditions which are better than staff working in the other ECEC services, managed by the same providers.

In sum, so far the increased privatisation within the ECEC services has not resulted simply in a worsening in staff pay and working conditions, but in the creation of a multi-tier workforce. Hybridization processes within the public sector tend to involve also the private sector, bringing to an increasing fragmentation in the employment regulation within the ECEC services.

Ethics Behind Dirty Work: Eldercare Workers’ Experiences in China’s Caregiving

Zhe Yan – Ph.d. candidate, University of Wuerzburg, Germany

Reflective both of a gradual erosion of Chinese families’ capacities for direct care of their elderly, and in the context of seismic shifts in terms of the Chinese government’s array of social contracts with her growing elderly population, this paper addresses an important but under-investigated component from the supply side of the current care sector: the care workers who deliver immediate, concrete, personal care to the elderly in institutional settings. Drawing on ethnographic work in diverse types of care facilities in Northeast, Central and East China, and through the approach of grounded theory, it becomes clear that care workers negotiate their positions according to the resources they possess. Situated at the intersection of marketization and state (dis)engagement in the care sector, care workers’ perceptions and work experiences of caregiving reflect an inherent instability in initializing the development and implementation of new care policies on a macro-level. Normatively perceived as dirty work, care workers tend to reconcile and boost their occupational identity and social standing through identification with intrinsic and extrinsic motivations. I conceptualize care workers as agents who deliver care via cognitive schemata and emotion, and argue that the dirty work care workers shoulder is not only indicative of who they are within social constructions of care, but that their self-understandings also serve their ability to effectively transcend and address some shortcomings in the state’s development of contemporary welfare regimes. Though care workers utilize a discourse on the ethics of care to moralize their interpretation of their work, this moralizing address of an

endemic instability in their workplace exposes challenges for Chinese society in constructing a sustainable long-term care system to ameliorate China's care needs.

The professionalisation of domiciliary elderly care in Belgium between public and private services

Chiara Giordano – Postdoctoral Researcher, Université Libre de Bruxelles, Belgium
(contributed)

Since the 1990s, and even more intensively after the last State reform in 2014, reforms of the elderly care system in Belgium have increasingly given priority to home-care services, rather than residential services. At the same time, the Belgian elderly care system has been subject to a process of marketisation and privatisation of services. Both trends, which are commonly indicated as responses to the wish to offer 'free choice' to care receivers, have required the elaboration of different strategies aimed to professionalise home care services. In this paper, I discuss the difficulties linked to the professionalisation of home care work and I analyse how the professionalisation of home care services for the elderly is achieved in the public and private sector in the Brussels' region. The objective is to highlight the differences in the way public and private providers construct the professionalisation of home care and to discuss the consequences that different forms of professionalisation have on elderly carers. The discussion is based on the analysis of the most recent reforms of the elderly care system in Belgium and of a series of interviews with care providers in Brussels. The analysis shows that there is no agreement over the best way of professionalising home care services for the elderly and that the efforts made by public and private providers are profoundly different. In the public sector, the professionalisation is realised through a (over)regulation and monitoring of services. The strict definition of job descriptions (time schedules, tasks, etc.) and of the qualifications and professional trainings required to perform elderly care work are meant to ensure a high level of quality of services and of jobs in the sector. On the contrary, the private sector tends to de-regulate services in all the above-mentioned aspects (time schedules, tasks and qualification of workers). In this case, the professionalisation is more oriented towards the care recipient and is meant to ensure flexibility and to reinforce a family-like model of home care.

11:00-12:30

TP13b - Changing Cultural Ideas and Care Policies across Welfare States and Policy Levels

Thematic Panel chairs: Birgit Pfau-Effinger, Professor, and Dr. Ralf Och, both University of Hamburg, Germany

Room III

Shifting background ideas? German and English work-family policy reforms, 1998-2008

Sam Mohun Himmelweit – Ph.d. candidate, LSE, United Kingdom

This article contributes to the ideational literature by delineating how actors can instigate incremental background ideational change. In common with recent scholarship it argues that instead of stable, coherent entities, background ideas are best seen as varied and disparate, containing contradictory and inconsistent elements. When actors frame their policy solutions and problems, they draw on aspects of these background ideas. In doing so, they can reshape them and institutionalise them in policy. However, actors' abilities to do so depends on the opportunities presented by the institutional context as well as the rhetorical and political resources held by the actors in question. It is argued that the interaction between levels of ideas and their relation to the actors which carry these ideas into the political arena are crucial variables in understanding ideational change. This argument is elaborated through an examination of work-family policy reform in England and Germany in the late 1990s and 2000s, which is widely considered to mark a significant policy expansion in both countries. It demonstrates that policy entrepreneurs in Germany, through their access to key decision-makers were able to make the case for work-family reform at a higher level of idea (problem definition) compared to those in England who had to hook their lower level idea (policy solution) onto already existing problem definitions. In doing so the German policy entrepreneurs were able to bring some background ideas about the family and the state into the foreground of political debate and alter them by institutionalising them in policy, in a way that their English counterparts were not.

“Care Going Public” in the Familialist Welfare Regime: Diverging Policy Ideas in Taiwan’s Elder Care Reform

Liu Chieh-hsiu – Dr., University of Oxford, United Kingdom

The characteristics of the familialist welfare regime clash with the social needs of recent socio-economic changes in East Asian countries. Under pressures of demographic change and family restructuring, Taiwan, as other East Asian familialist welfare regimes, has experienced a series of elder care reforms since the 1990s. Although there is a high degree of consensus on elder care expansion, policy ideas on “care going public” have been contested. What does “care going public” imply for the familialist welfare regime? What policy ideas emerged in Taiwan’s elder care reform? Who subscribed to the distinct sets of policy ideas, and why? This article addresses these questions by analysing documentary data from governmental and non-governmental sources, and in-depth interviews with major policy actors, including high-profile government officials, legislators and representatives of advocacy groups. Firstly, it identifies main reform issues and lines of conflicts in Taiwan’s elder care reform. Secondly, the reform issues are categorised into two dimensions: (1) defamilialisation of care responsibility, and (2) formalisation of the informal care labour. The dimension on defamilialisation covers the issues related to legal obligations for care and the design of care services, and the dimension on formalisation addresses the policies concerning the informal care labour, including live-in migrant care workers and family carers. Based on policy actors’ stances on the two dimensions, this contribution identifies three main groups of policy ideas on “care going public” in Taiwan’s elder care reform: (1) moderate defamilialisation with weak formalisation; (2) moderate defamilialisation and formalisation; and (3) strong defamilialisation and formalisation. These three sets of policy ideas, advocated by different groups of actors, hold distinct assumptions about the effects of formalisation on defamilialisation and the relationships between the developing public care schemes and the exiting familial care, treating them as threat, choice and enhancement respectively.

Pedagogising care workers to change ideas and practices in elderly care – continuous training for a culture change?

Iris Loffeier – Dr., HESAV/HES-SO, Switzerland

Célia Poulet – HESAV/HES-SO, Switzerland

Sophia Stavrou – HESAV/HES-SO, Switzerland

Medicalised care homes are often talked about with criticism, and demands for their improvement have been constant. This general idea has brought the French eras of Western Europe to focus on bettering care practices. The development of professional guidelines, norms and evaluation tools has flourished, along with encouraging continuous training to change carers culture of care.

This context has allowed a marketisation of care workers knowledge and practices, and has provided private training institutes with an opportunity to enter the field. Such private institutes therefore partly implement the reform, insert themselves in interactions between residents, employees and managers, and re-professionalise elder care workers. Knowledge exchanges take place in a field, that of ageing, where soft skills and know-how with and about the elderly are at stake. The study of both the production and reception of training programs offered by two different institutes in care homes sheds light on the cultural challenges faced by the ageing of the population, where research has ordinarily aimed the sanitary and economical effects of the phenomenon. This model of a dual reform of both care homes and of professional practices brings on a change in social relations and is structured by specific knowledge circulations.

Addressing the two questions,

- What is the role of cultural ideas for the implementation of national care policies at the local level?
- What methods are suitable to analyse cultural ideas about care, and their changing role in care policies?

our contribution will defend the idea that a sociology of education research program allows to grasp the transforming of care at different levels of social practices. (1) At a micro level : the reconfigurations of practices and social interactions among caregivers and residents. (2) The elaboration of knowledge, their process of validation and legitimization, of reproduction and distribution. And (3) Institutional changes and the normalisation work that comes from these changes.

Moving towards integrated community care

Monica Sørensen – Ph.d. candidate, Oslo Metropolitan University, Norway

Nieves Ehrenberg – International Foundation for Integrated Care, both on behalf of the TransForm project

Main issue analysed in the paper and its relevance: To improve population health, integrated care system development is on the policy agenda worldwide. However, challenges still remain as to understand how to engage communities and people as co-producers of care and how policies can support people-driven development. Integrated Community Care (ICC) implies a shift in traditional thinking based on problem-based, supply-driven care to assets-based and co-productive care. To define ICC and its implications for policy and practice, the Network of European Foundations (NEF) together with the International Foundation for Integrated Care (IFIC) performed a mapping exercise to identify international cases demonstrating involvement and engagement of vulnerable communities with specific impact on care experience, care outcomes and care utilisation. We report here the results from this survey and the learnings from two transnational conferences on ICC.

Type of methodology and sources of data/information used for the analysis: After a pragmatic internet search, 104 initial promising practices were found. Of those, 16 cases were A-listed following several evaluation phases. Included interventions had to demonstrate community and user engagement in design, delivery and decision-making and focus on building new multi-sectorial partnerships within the community. Also, interventions had to address health literacy and social integration among the target population. The two first conferences in a series of four gathered more than 160 delegates, representing international foundations, policy makers and professional experts in the field of integrated care. They were given interactive lectures in people-driven care and asset-based approaches and engaged in workshops and panel debates to define ICC, its possible impact and the necessary actions that need to take place at system and policy levels to make ICC a reality.

Main findings: The key learnings from the literature search and the conferences show that ICC represents a bottom-up methodology led by citizens based on individuals' and families' needs and resources. It draws on a wider set of resources found in every community, such as third sector organizations, informal care givers and social capital. ICC implies a shift in power, where professional experts and policy makers take the position as guides and facilitators on the side, from providing information and solutions to providing input. Civic knowledge and people's lived experience must guide the transformation towards building strong communities where people thrive and have access to the support they need to live independent lives. Some key challenges identified are getting policy makers on board and developing sustainable ICC funding strategies. This is particularly related to the new leader role in a decentralised system, where power is spread and held by many. Distributed leadership require skills in listening, developing shared visions, learning to adapt and navigate through complexity and uncertainty. Professionals will also need training in people-driven healthcare and in collaboration with informal care networks.

11:00-12:30

TP2 - Age(ing in the) Friendly City: Global Guidelines / Diverse Realities

Thematic Panel chairs: Tamara Daly, Professor, York University, Canada, and Dr. Susan Braedley, Carleton University, Canada

Room II

Changing stories of self, changing priorities: turning to yoga to re-imagine aging.

Albert Banerjee – Dr., St. Thomas University, Canada

Sachne J. Kilner – Researcher and Student, St. Thomas University, Canada

Where do priorities for care come from? One of the many sources for our thinking about care and what matters for care is our sense of self. Narratives of self can shape priorities for care. Consider the medical narrative and how its materialist, control-oriented conception of the human being has driven conventional health care and shaped dominant understandings of aging. Indeed, the Age-Friendly City initiative emerges from an attempt to move beyond medical approaches to aging, which have constructed aging as a time of decrepitude and disease. Instead, the Age-Friendly City initiative is guided by narratives of successful, active aging: stories that focus on empowerment, inclusion and engagement. These aspirations shape many of the guidelines and priorities for cities that are embarking on becoming age-friendly. However, as critics have noted, narratives of active aging continue to reproduce many of the problematic assumptions that underpin the medical

model. While more optimistic, there remains a focus on the individual, a desire for control, and an aversion to mortality and the vulnerabilities this entails. How to tell our stories differently? And what new priorities for care might ensue? In this paper we turn to yogic practice and philosophy to tell a different story about who we are and what we might need. Our paper draws on a multi-year ethnography of an intentional community of yogic practitioners in which we were participant observers. Drawing on our experiences as well as conversations and interviews with participants we suggest that the yogic “darshan” may be conceived of as a non-modern narrative of self. Rather than focusing on control, the yogic story attends “being” and draws on knowledges and practices (postures, meditation, breathwork, chanting, etcetera) to cultivate a capacity attend to being. From this perspective we consider differences in the way self/personhood and change/loss are lived and their implications for growing old and dying. Our study was guided by post-colonial theories which have recognised the tendency for Western assumptions to colonize their subjects of inquiry. In the effort to decolonize methodologies, our ethnographic study was collaboratively designed and conducted by a life-long yogi (SJK) and a social scientist (AB). We conclude by reflecting on what the yogic narrative of self might mean for research on age-friendliness and the guidelines we might imagine.

What does ‘access’ mean to people with dementia? An initial analysis based on empirical data.

Ruth Bartlett – Professor, VID Specialised University, Norway

Tula Brannelly

A common thread running through the age-friendly, dementia friendly and disability studies debate is access. An age-friendly city is expected to be accessible and inclusive of older people with varying needs and capacities, and terms such as, ‘easy access’ and ‘accessible’ are routinely used in policy debates and research about ‘dementia inclusive’ environments. In addition, access has been a long-standing theme in disability studies, where considerable attention is paid to the built environment and access to education. Given that access is such a priority in public policy, it is surprising that so little is known about what it actually means to people, particularly those with a dementia, for whom the challenges may be different from, or additional to those facing older people and persons with a physical or intellectual disability. Moreover, as the convenors of this thematic panel point out, ageing and disability policies are typically unaligned and so understandings of access are likely to vary between groups. Accordingly, in this brief paper we seek to advance understanding of access from the perspective of people with dementia and in the context of disability studies. Dementia is a major cause of disability among senior citizens throughout the world. It is a neurological condition, which progressively and profoundly alters a person’s capacity to remember, communicate and process sensory stimuli. Persons with dementia can find it challenging to derive benefit from the everyday things that most of us take for granted, including, for example, going out and meeting friends. This is because such situations can be anxiety provoking or others may lack understanding about the nature of the impairment and/or become overly paternalistic and controlling. Drawing on empirical data collected for a completed study that aimed to examine the use and effectiveness of location technologies for safe walking for people with dementia, this paper examines and develops our understanding of access to people with dementia. Data were collected using a novel methodology - walking interviews with 15 people with dementia followed by a sit-down interview that included a nominated family member. Using video data, photographs, and interview text, we examine what accessibility means to participants, all of whom were using some form of location technology. We highlight some of the rudimentary challenges that participants faced when attempting to access places and activities that pre-dementia they would not have had trouble doing, such as opening a gate and knowing where not to go. The presentation concludes by arguing for greater consideration of impairment effects when theorising access and implementing age-friendly policies. In addition, it is suggested that the optimum way of learning about the realities of access for anyone is by ‘walking’ with that person in their local neighbourhood.

"Age-Friendly" for Whom? Bordering Older Immigrants

Susan Braedley – Dr., Carleton University, Canada

Karine Cote Boucher – Assistant Professor, Universite de Montreal, Montreal Quebec

On January 28, at 12:01 pm, a once-a year online application process re-opened for Canadians who wish to sponsor a non – Canadian parent or grandparent to join their family. The application window closed 11 minutes later. Twenty-seven thousand applications were received from the over 100,000 people who tried to submit during those minutes. Those successful in applying must now demonstrate sufficient financial capacity to take responsibility for their parent or grandparent’s social welfare for 20 years, among other conditions. This is just one of the policies that not only borders older immigrants from entering Canada but limits social welfare and social care after they enter and have achieved citizenship. Yet, data from surveys of successful sponsoring families indicates that these older immigrants provide

substantial childcare, operating as yet another migrant care labour force to Canada but one without access to social welfare benefits.

Shaped by welfare state reactions to the perceived double threat of global migration and the aging populations, Canada, a country often noted as a model for both immigration policies and age-friendly policies, borders older migrants through a range of federal, provincial and municipal policies, with implications for significant social care implications. These policies produce differential status among older immigrants, drawing borderlines of gender, race, class, residency status and more. At the same time, age-friendly policies at many levels are working to address social isolation and other problems experienced by immigrant seniors, producing a set of seemingly contradictory policy directions.

This paper explores the limits to age-friendly policy developments produced through immigration and social welfare policies that produce a range of differential statuses for older immigrants to Canada, affecting social care possibilities including after citizenship is obtained. Ironies of aging and care are particularly poignant in the case of the parents and grandparents of immigrant care workers, where rules allow them to come to Canada for short periods, but not to migrate permanently or access care in Canada. The paper draws on data from two studies. First, a recently completed study on policies affecting families who wish to bring older family members to Canada offers a lens or angle on immigration and social welfare policy domains usually considered separately. Second, data from the recent Toronto field work of a new large-scale team-based rapid ethnography offers qualitative findings on some of the effects of these policies on immigrant seniors and social care workers. Employing a feminist political economy perspective together with Mezzadra and Nelson's (2013) understanding of borders as method, this paper illuminates not only what kind of differential status regime is maintained, but how.

Traversing the Cityscape of Aging and Equity

Tamara Daly – Professor, York University, Canada

Tesia Wood – Research Assistant

Alongside demographic predictions that the over 60 population will nearly double globally to 22% by 2050, scholarly, policy and practice debates have been framed by “apocalyptic” or “age-friendly” discourses. In response, a global Age-Friendly movement, championed since 2005 by the World Health Organization (WHO), has instigated communities to seek Age-friendly designation with a framework that guides cities to be places for all ages, with a global movement of over 700 cities. To receive age-friendly designation, cities identify strategies across eight domains: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community and health services. Despite the promise, the guide only indirectly addresses inequities, even while it acknowledges that determinants such as gender and culture merit special initiatives. Consequently, strategies related to gender, culture, disability, racialization, indigeneity, poverty and sexual orientation are largely absent from the age-friendly domains.

While policy-makers grapple with constructing age-friendly communities without the tools to address inequity, they face existing as well as growing diversity amongst seniors. For instance, women make up a higher proportion of the oldest old. In Toronto nearly two-thirds of seniors are immigrants, and eight in ten living across Canada for less than twenty years are racialized. LGBTQI2S communities report discrimination in older age. More Indigenous people live and are aging in urban environments than ever before, often far from their own communities and lacking in language, food and cultural supports. Moreover, disability, poverty and aging policies are not aligned.

Our 7 year Social Sciences and Humanities funded international research partnership (<https://imagine-aging.ca/>) is comprised of partners from community organizations and government alongside more than 25 international scholars from the humanities, social sciences and arts. Our focus is comparing promising practices to address gender, class and race inequities in aging across 12 international cities – including Toronto, Canada -- taking age-friendly practices, policies, services and supports into account.

This paper outlines our study's methodology of catalytic ethnography, which is grounded in the traditions of feminist political economy and critical disability studies, and builds on notions of catalytic validity. Our literature review findings show how there is only passing reference to addressing the needs of culturally, linguistically, and socioeconomically diverse seniors in the age-friendly literature and likewise, the literature focusing on the aging needs of often overlooked communities within communities is not linked to age friendly initiatives. Furthermore, assessments of how aging

trajectories differ and how experiences of aging are inequitable within communities are lacking in the age-friendly literature.

In addition, we present preliminary findings from our ethnographic case study of aging and equity in Toronto, Canada using data from program level observations and key informant interviews with seniors comprised of gender diverse, immigrant, LGBTQ2S, indigenous and poor seniors; those living with disabilities; and seniors' care providers across the city. We discuss the critical tensions: gaps between existing strategies and seniors' needs; and promising strategies for addressing some structural barriers to aging well.

11:00-12:30

TP19b - Inequalities and care needs in old age

Thematic Panel chairs: Lina Van Aerschot, Postdoctoral Researcher, and Teppo Kröger, Professor, both University of Jyväskylä, Finland

Room IV

What can the experiences of informal carers contribute to an understanding of inequalities in care?

Nicola Brimblecombe – Registered Massage Therapist, Port Moody Integrated Health, Canada

Derek King – Dr., London School of Economics and Political Science, United Kingdom

Madeleine Stevens – Dr., London School of Economics and Political Science, United Kingdom

Martin Knapp – Professor, London School of Economics and Political Science, United Kingdom

Internationally many disabled and older people are not having their care needs adequately met, with a significant pattern of inequality. Lack of services is a major contributor. Unmet need for care is associated with particular health conditions, ethnicity, age, income, area deprivation, and geography. There are also inequalities in how unmet need is experienced and how it impacts. In many cases where unmet need exists, an informal carer is involved, providing unpaid care to varying extent. Additionally taking into account carers' perspectives has the potential to contribute to a greater understanding of inequalities in care not only for informal carers but also for disabled and older people. This is particularly important because there are socio-economic and geographic variations in who provides informal care and significant, and unequal, impacts of providing care on informal carers. We present findings from two studies on the role of long-term care services for the disabled or older person in also supporting informal carers and consider how this might contribute to a broader understanding of inequalities in care. The first, most recent, study was from the perspective of young adults who provide informal care. The second, previous, study was from the perspective of working-age informal carers and the disabled or older person receiving or not receiving services. Both studies took a mixed-methods approach using quantitative data collected through questionnaires to informal carers and, in the second study, disabled and older people; and qualitative semi-structured in-depth interviews with unpaid carers, on which we carried out thematic analysis. Receipt of services and whether enough services was received was self-reported. Drawing on all sources of information, we present findings on extent of perceived unmet need for services, factors associated with perceived unmet need for services, and some of the experiences of perceived unmet need for services. We then summarise by considering what, in addition to the perspectives of disabled and older people, the perspectives of carers can potentially contribute to an understanding of inequalities in care provision.

CANCELLED

Understanding unmet aged care need and care inequalities among older Australians

Trish Hill – Dr., University of NSW, Australia

Myra Hamilton – Dr., University of NSW, Australia

Bettina Cass – Emeritus Professor, University of NSW, Australia

Main issue: Recent policy shifts towards more individualised systems of aged care in Australia and internationally increasingly rely on market-based solutions to meet aged care needs. The extent to which such policy settings and market mechanisms can meet the care needs of older people is coming under scrutiny. However, current approaches to understanding and measuring needs may not fully document the extent of, and reasons for, unmet need and inequality in access to care among older people.

Concerns about unmet need are evident in both the community care and residential care sectors. In Australia, more than 100,000 older Australians are on a waiting list for a Home Care Package. This group of older Australians has been assessed

as having considerable needs for aged care services in their own homes but are not receiving them. In recognition of the shortfall, the Government in 2017 set up a 'national queue' to guide the allocation of available aged care places; a system which prioritises access based on relative need. In residential aged care, there are also signs that many older Australians have needs that are not being met. Government concerns about standards of care have prompted the establishment of a Royal Commission into Aged Care Quality and Safety in 2019 and the creation of a new Aged Care Quality and Safety Commission.

This paper explores two interrelated questions:

- How should we conceptualise and measure unmet care need and care inequalities among older Australians?
- What are the contemporary policy parameters for assessing care needs and priorities for access to support in Australia?

Method and data: This paper employs two methodological approaches to address these questions: First, it develops a theoretical framework for understanding unmet care needs and care inequalities, drawing on theories and approaches in the inequality, poverty and needs literatures. This theoretical framework will aim to encompass the complexity of the experience and articulation of need and the formal and informal caregiving response. The analysis examines the criteria for what constitutes "good care" or an acceptable level of care, the salient domains of needs for older people and their carers, and existing data and approaches to measurement. The paper then conducts a policy review mapping the implications of the shift to consumer-directed care under My Aged Care; the contemporary Australian policy framework in which formal systems assess, recognise and meet older peoples' care needs. The analysis describes the legislative, policy and service parameters that underpin assessment and prioritisation of need, and formal service responses.

Main findings expected: Building on this theoretical and policy review, the paper develops a framework for understanding unmet need and care inequalities among older people in the Australian context. The purpose of this theoretical and policy analysis is to highlight the ways in which policy approaches to prioritisation, such as a "national queue" for Aged Care service provision may exacerbate care inequalities. Such policy responses also signify insufficient public investment in social care provision, requiring greater recourse to either family or friend carers or privately purchased care, or both.

Inequalities in access to elder care in an advanced welfare society and the Nordic model of welfare: perspectives

Myra Lewinter – Guest Researcher, University of Copenhagen, Denmark

This paper investigates the provision of home help to older people in Denmark. It analyses how this provision has developed over from 2009 to 2017 and in the 10 poorest and 10 wealthiest municipalities. To determine wealth the paper used average disposable income for people over 74 years of age and Danish municipalities were ranked accordingly. Provision of home care was then mapped in these 20 municipalities. This was also divided in provision of practical care and personal care either alone or together. During this period there was a general reduction in the number of people – and percent of people in this age group – receiving home care. The decrease was greater in the wealthier municipalities than the poorer ones. In fact, one can say that there now seems to be a general standard level for provision of this care. However, when analyzing the average number of hours given for practical care and personal care in these municipalities, the results indicate that the richer municipalities were a bit more generous in this regard. Other studies indicate that more well off older people are purchasing practical help to a greater extent than poor older people. It is difficult to analyze whether this private purchased help existed before people experienced frailty or is a substitute for home care or an additional help. The question is raised as to whether the Danish model is becoming a two-tiered model, but it is argued that purchase of private help with personal care may be too expensive for most older people and that there are limits on the extent of this privatization.

Transforming Total Social Organization of Elder care and its Unequal Impact on Elder care in Japan

Mie Morikawa – Professor, Tsuda University, Japan

Ruri Ito

Japanese society has seen rapid aging. In 2000, under the "socialization of elder care" policy, a Long-term Care Insurance (LTCI) system was introduced. The LTCI system's size has since been rapidly expanding. Since the latter half of 2000s, care policies focused on the concept of constructing community-based integrated care system, but from the perspective of cost control, they have narrowed the field of insurance recipients with "heavy care needs" requiring long-term care (LTC) and

the utilization of community resources for daily life supports is being promoted on a policy basis. The impact of the elder care policy changes on the organization of informal care has not happened equally regardless of the social and economic status of the elderly and their family members. In this report, referring to the theoretical approach known as “total social organization of labor” (Glucksmann, 1995; 2000), the process where formal and informal care interact was analyzed, and its implications for inequality in elder care were discussed. Policy papers are the sources for grasping the transformation of the elder care policy. The changes in structure of the households with persons requiring LTC, characteristics of primary caregivers, and percentages of care activities conducted exclusively by family caregivers from 2000 to 2013 were analyzed based on the results of national Comprehensive Survey of Living Conditions. Family care and its gender relations have, significantly changed since 2000. The status of three-generation households has weakened. Instead, “married-couple only,” “individual,” and “parents and unmarried children only” households have increased, which is accompanied by more participation to care by both husband and son. The change in family care was also caused by institutional factors. Care activities tend to be substituted with external services, mainly for the activities of physical assistance, while caregivers’ domestic duties are less likely to be substituted. Considering the changes in the households with elderly people and the family caregivers’ characteristics, the need for support in household work will likely increase. Domestic work substitution has not progressed due to the influence of policy willingness to exclude these activities from the concept of care to be covered by LTCI. Closely related to this is the concept of division and evaluation of “physical assistance” and “domestic work/daily living support.” As the latter, which includes a certain amount of labor embodying the rationality of caring, is peripheralized in the LTCI system, the burden of indefinite elder care, which fulfills strongly individualized needs, continues to fall to family caregivers. Male caregivers’ difficulties in domestic chores is due to the less developed domestic skills and institutional factor whereby domestic work-based care is not covered by LTCI. High-income groups can purchase highly-individualized domestic care available in the pure market, which is difficult for the LTCI system to substitute. Low-income groups do not use paid care, where both care recipients and caregivers may be exposed to risks such as health impairment. Although policy expectations regarding community-based mutual support in domestic care are rising, it is difficult to expect the community to alleviate such risks.

The interrelation of class, ethnicity, gender, and employment in coping with elderly care: an intersectional analysis addressing family caregivers in Germany

Simone Leiber – Professor, University of Duisburg-Essen, Germany

Sigrid Leitner – University of Applied Sciences, Germany

Diana Auth – University of Applied Sciences, Germany

This paper addresses inequalities in care for older people from the perspective of family caregivers. Not only older people in need of care, but also their caring relatives vary as far as their resources and needs are concerned. This is all the more relevant in a country like Germany, where almost 80 percent of older people in need of care are supported domestically – the majority of them by families without the additional help of professional services. We know that coping with the responsibilities of elderly care differs according to social structure categories such as socio-economic and educational background (e.g., ability to gather information or finance professional support); gender (e.g., societal expectations, opportunity costs); employment (e.g., requirement to reconcile work and care); or ethnicity (e.g., barriers according to language or familiarity with the welfare system). While the situation of particular groups of carers – female/male carers, carers from migrant families, carers whose relatives suffer from dementia, working carers etc. – has been studied in depth, the interrelation of such social structure categories in coping with elderly care has been largely neglected.

In how far does gender still matter today, when caring daughters or sons are well off and well educated? How do their coping strategies and needs differ, e.g., from low-earning migrant women? By applying an intersectional perspective, we ask for interdependencies between socio-economic status, gender, ethnicity, and employment of family caregivers, as well as for differences in their coping capacity with regard to elderly care. Intersectionality is used as an analytic framework to identify how interrelated systems of power impact those who are the most vulnerable. We present empirical results from the project “PflegeIntersek” funded by the German state of North Rhine-Westphalia. In this context, we have analysed 20 in-depth semi-structured qualitative interviews with caring relatives according to a pre-defined sample plan. Carers who live in Germany, but have a Turkish background have been included, as well. Our method of analysis was theme-centered coding combined with an intersectional heuristic based on Christine Riegel’s work.

As our core result, we would like to present a typology. Five types of ‘coping capacities in long-term care’ have been developed, three of these types leading to a ‘rather successful’ coping strategy, and two types tending to a ‘rather precarious’ coping situation. The types differ in the way the social structure categories interact, and the self-caring

orientation of the carers varies, too. We also identify specific needs for each type as well as overall problems of those carers. Across all types, it became clear that their self-caring capacities as well as self-determination and control are central.

11:00-12:30

S3 - Implementing reablement in home care – what are we talking about?

Symposium chair: Silke Metzelthin

Discussant: Tine Rostgaard – Professor, VIVE, Denmark

Room A

Living in the community, rather than in residential care, is the expressed preference of the majority of older adults. In addition, policy makers prioritise an ageing-in-place policy over more expensive institutionalisation to balance their budget limits. However, to support ageing-in-place innovative home care approaches are needed to assist older adults to stay in their homes as long as possible.

Reablement is an innovation care approach that has been rapidly adopted in many countries such as the US, the UK, New Zealand, Australia, the Netherlands, Denmark, Norway and Sweden. Reablement aims to support frail older adults to maintain, gain or restore their competences so that they can manage their lives as independently as possible. However, there is great variation between and even within countries regarding the conceptual understanding of reablement, which hinders evidence-based policymaking and the pragmatic identification of ‘what works’ in care. Therefore, an international Delphi study was conducted with the aims 1) to reach agreement on the key components, characteristics and aims of reablement; and subsequently (2) to develop an internationally accepted definition of reablement.

After Silke Metzelthin has presented the results of the Delphi study, researchers from four different countries (the Netherlands, New Zealand, Australia and Denmark) will talk about reablement in each their country. The first presentation by Teuni H. Rooijackers will be about the findings of a process evaluation that is conducted alongside a randomised controlled trial investigating the feasibility of a Dutch reablement programme. Matthew Parsons from New Zealand will discuss the findings from four randomised controlled trials of reablement undertaken in New Zealand and highlighting the key learnings. Finally, Tine Rostgaard researcher will present the Danish reablement model including the results from a recent evaluation of the outcomes in community-dwelling frail older adults.

Key components and definition of reablement: a Delphi study

Silke Metzelthin – Assistant Professor, Maastricht University, Netherlands

Findings of a process evaluation investigating the feasibility of a Dutch reablement programme

Teuni H. Rooijackers – Ph.d. candidate, Maastricht University, Netherlands

***Cancelled* Utilising physical activity programs within reablement to improve physical function**

Elissa Burton, Senior Research Fellow, Curtin University, Australia

Outcomes in community-dwelling frail older adults

Tine Rostgaard – Professor, VIVE, Denmark

11:00-12:30

TP20 - What ECEC services in the context of rising child poverty?

Thematic Panel chairs: Margarita Leon, Senior Research Fellow, Universitat Autònoma Barcelona, Spain, and Stefania Sabatinelli

Room F

Redistributive ‘winners and losers’ of childcare policies: (in)equality dynamic of childcare policies reforms in the post-Yugoslav countries

Ivana Dobrotic – Dr., University of Oxford, United Kingdom

Intensive reforms of childcare policies in Europe have gained a profound interest among scholars. However, still little is known about both the developmental pattern of childcare policies in various contexts and their implications. That particularly refers to the potential of childcare policies to overcome the risk of deepening socio-economic cleavages between various social groups. Namely, recent findings show that in some contexts childcare policies have a higher propensity to be socially stratified favouring (children of) parents in (stable) employment. There is an indication that these effects may be closely related to the childcare policy design, especially to the eligibility criteria that often see a (stable) parents’ employment as a primary condition to exercise childcare-related rights. If we consider these findings within a European context of increasingly precarious, underinsured and nonstandard employment and growing financial strains put in front of the parents, they ask for an urgent need for a deeper and more nuanced investigation of childcare policies, especially broader thinking about the inter-connection of childcare policies design and gender and social inequalities.

This paper thus contributes to the emerging critical social policy debates on how to redesign childcare policies to become more equitable. It engages in this discussion by comparatively examining an (in)equality dynamic and priorities of childcare policies reforms in the post-Yugoslav countries (PYC) in the last three decades. Due to the multidimensional nature of childcare policies design (understand here in terms of childcare-related leaves and services), the paper first develops an analytical framework, which connects the entitlement-conferring statuses with the scope of the rights. The framework will allow a closer and systematic look at constituent elements of childcare policies in the PYC and their reforms to assess their effect on shaping gender and class (in)equalities in parents’ opportunities to work and care. The paper sheds a light on the redistributive dynamic of reforms and a possibilities childcare policies provide for a different group of parents; as well as on elements of policy design that may challenge or reinforce parental (in)equality and thus also children’s equal opportunities.

The PYC countries provide an interesting case as in the last three decades they have experienced abrupt shifts in gender assumptions behind childcare policies reforms, additionally divided along social and ethnical lines. The fact that these policy shifts occasioned frequent changes in entitlements to childcare-related rights and redistribution among various groups of mothers and fathers provides a vibrant ground for exploration of an (in)equality dynamic of childcare policies reforms and their effects. It also reveals methodological and theoretical complexities in assessing the inter-connection of policy design and multiply determined and intertwined inequalities in care. The paper shows that although these countries childcare policies are becoming more inclusive, allowing wider groups of parents to access childcare-related rights (e.g. self-employed, parents with short-term contracts, farmers, inactive mothers and to lesser extent fathers), the ‘stratified effect’ of childcare policies strengthened, i.e. policy reforms intensified gender and social inequalities in work-care relations.

To what extent ECEC could tackle socio-economic disadvantages in an era of marketisation: The prioritisation of ECEC in Turkey in the 2000s

Başak Akkan – Dr., Bogaziçi University Social Policy Forum, Turkey

Turkey has been a laggard in the Mediterranean region regarding the ECEC developments in the last three decades. Even though preschool education has always been on the policy agenda, it remained mainly a rhetorical issue with few practical implications and progress in legal framework till the 2000s. The enrolment in preschool education remained strikingly low reaching around 7 percent at the beginning of the 2000s. Since the 2000s, Turkey has made notable efforts in the expansion of preschool education which significantly increased the enrolment of children between ages 3-5; the classroom capacity was doubled and the net enrolment rate for the 3-5-year-olds have almost tripled since 2005. Preschool education gained momentum as part of the development and growth paradigm at two levels; expansion of preschool education to disadvantaged neighborhoods, and underprivileged families. The recent development plans addressed preschool education and prioritized the expansion of it; by supporting the access of disadvantaged families and regions. The Ministry of Education prioritized the expansion of preschool education to the low socio-economic households and deprived regions

by increasing the variety of preschool education programs and making arrangements to decrease the cost of the preschool education. While the state prioritized the access of low socio-economic groups to preschool education, it also encourages the private sector to launch facilities by providing them incentives. The international nongovernmental organizations (NGOs), local associations, and foundations were encouraged to take responsibility in this.

Nevertheless, the difference of enrolment in preschool education between advantaged and disadvantaged families is the largest in Turkey along with Slovenia, the Slovak Republic, and the United States in the OECD. Class and geographical differences define access to preschool education. In a country context where child poverty reaches 25 percent, the socio-economic differences in access to ECEC emerge as a major issue. Socio-economic inequality pertaining to access to education is also reinforced with the expansion of preschool education through the market. In Turkey, preschool children below the age of 5 (nursery classes) predominantly rely on private kindergartens at prices that are beyond reach for most families

This article critically looks into the current developments in the area of ECEC within a social investment paradigm and asks the question whether the ECEC policies have the capacity to tackle the socio-economic disadvantages of children in Turkey in an era where marketization of ECEC also defines the socio-economic differences in access to ECEC services. Considering the high child poverty rate in Turkey, ECEC as a social investment strategy is scrutinized with a particular focus on the class(ed) aspect of human capital development. The article builds on a critical policy analysis of the ECEC in the 2000s. Different actors' (education NGOs, state administrators, etc.) views are also brought into the analysis to reflect on the tensions in a changing political context.

Preference, Resource, and Policy Effects: Factors contributing to the Childcare Arrangements

Shu-Yung Wang – Associate Professor, National Chung-Cheng University, Taiwan

How to increase the fertility rate and facilitate female labor force participation at the same time is always the contested debate for Taiwan's family and care policy. National data shows that more than 80% of children under age 3 are cared for by family members. Childcare arrangements emerge as important policy issue due to changes in household economies, gender norms, and family composition. In addition, it becomes increasingly important for children's academic performance in the future (Adams & Rohacek, 2002). Therefore, understanding the patterns and reasons of childcare arrangements prove to be important issues for addressing the debate. However, very few studies empirically analyze the factors contributing selections of childcare arrangements in Taiwan.

Thus, it is significant to investigate factors that influence various parents making childcare arrangement choices. Existing researches suggest that parents' childcare decisions based on preference/ ideology (what they believe best for children), resource considerations (such as characteristics of parental education, family income, and family type), and institutional factors (such as quality, affordability, and availability). How about Taiwan's parents, especially in East Asian culture context?

This study therefore aims to examine the distribution of childcare arrangements, and the impacts of three sets of factors (ideology, resources, and policy) on parent's decision by using national representative data from "Survey of Child Living Condition" (N=5,000), and "Survey of Women's Marriage, Fertility, and Employment" (N=10,000). Both Multiple-nominal Logistic Model and Multiple-Level Regression are employed for empirical analysis.

The results of multi-nominal logits show that, in model 1, only maternal social-economic variables are regress on the outcome variable. As expected, maternal education predicted a higher use of formal, paid care compared to the maternal care. When additional two variables, maternal birth cohort, and age becoming mother are added to the analysis, in model 2, still, all levels of maternal education remain positively and statistically significant for all types of care. In terms of effect of household income, high-income families were more likely than low-income families to use relative care and formal/paid care as opposed to maternal care. However, this pattern might be the result of both the ideal type of care arrangement (individual and family care is the best for infants), as well as resources effect (only high income families can afford formal/paid care). In addition, those mothers with higher incomes than fathers are four times more likely than families which husband has more income to choose formal, paid type of childcare. Maternal Age of having first child that older than 31 years old are approximately twice more likely than younger than 20 years old to use center-based center. Finally, policy implications will be discussed.

Trajectories in outsourcing ECEC services under austerity conditions. The case of Italy

Stefano Neri – Professor, University of Milan, Italy

In the last two decades Southern European countries had to face conditions of “permanent austerity” (Pierson 2001), which became particularly harsh in the years following the explosion of the economic crisis in 2008-09 (Pavolini and Guillen 2015). In this context, outsourcing often constituted an important strategy for public administration not only to expand care services, but also to ensure the provision of existing ones. Traditionally, two different literature streams have analysed outsourcing decisions by public administration. On the one hand, the industrial relations literature showed how industrial relations and labour market institutions influence the pace and the form of outsourcing (Grimshaw et al. 2015). On the other hand, comparative public administration literature focused on other explanatory variables, including fiscal stress or cost-efficiency maximization (Bel and Fageda 2017) and built on neo-institutionalist theory to emphasize the role of institutional and political factors (Sundell and Lapuente 2012; Kuhlmann and Wolmann 2014). So far, these two literature streams have rarely spoken to each other. The main contribution of this paper is to integrate these two research traditions to analyse patterns of outsourcing within the ECEC services, carried out by local governments in Italy. Beyond a quantitative analysis of official data on public and private provision of educational services, the empirical evidence is based on semi-structured interviews with key informants at both national and local level. Interviews are complemented by a documentary analysis of official documents and by the comparison of collective labour agreements. As we will describe, outsourcing and the recourse to private provision in ECEC was quite extensive in Italy since the 1990s, with a significant increase after 2008. However, it played out differently in different kinds of educational services. In the services for children with less than 3 years old (mainly nurseries), it was much more extended, being widely used both to expand and then slow down reduction of service levels in the context of austerity in public finance. In the services for children from 3 to 5 years old, the kindergartens, outsourcing to private providers was used to first expand and then maintain service coverage, complementing more than substituting publicly managed services. In the last 10 years these sectoral differences persisted taking also a partially different form, given that local municipalities often preferred to transfer directly managed educational services to “public-private” or “hybrid” organizations, instead of outsourcing them to purely private organizations; however, this tendency was much more widespread in the kindergartens than in the nurseries. Following the literature on industrial relations and labour market, outsourcing is explained by the possibility, by local governments, to exploit the differences existing in the employment regulation and working conditions between the public and the private sector, within labour intensive services. However, this is not able, alone, to explain the variation in the extent to which local governments have outsourced different kinds of ECEC services and the creation of hybrid organizations. Therefore, other factors need to be taken into consideration and this paper will focus on the explanatory power of some institutional and socio-political factors.”your paper at the other TP-panel “22 - What ECEC services in the context of rising child poverty?

11:00-12:30

TP17 - Social and Health Care Policies for Elderly Migrants in Europe

Thematic Panel chairs: Murat Senturk and Yusuf Adigüzel

Group room 4

Remarriage amongst older immigrants from Turkey

Anika Liversage – Senior Researcher, VIVE, Denmark

Late in life, divorced or widowed individuals may choose to marry again. While research illuminates such remarriages late in life amongst majority populations, the topic is understudied amongst immigrants. Using a mixed methods approach, this paper investigates the phenomenon amongst older Turkish immigrants, living in Denmark. First, register data analysis documents the pattern in the entire population of such immigrants. This quantitative analysis shows both that such remarriages are highly gendered (with older men marrying far more often than older women) and that the most common type of spouse is a woman arriving from Turkey as a marriage migrant. Furthermore, there is a substantial age difference (15 years) in these marriages, with wives being far younger than their husbands. Second, the paper utilizes interviews with older remarried immigrant men and their younger family migrant spouses to investigate the underlying dynamics of such unions. The analysis indicates that such marriages can be understood as shaped by particular intersections of gender and economy in transnational social space. In a marriage market spanning two countries, the men gain status from living in a developed economy, which they offer prospective wives access to. Hence, even though these older men may not be good providers in a conventional sense (living, for example, off a rather low disability or retirement pension), the women’s access to both the Danish labour market and, in some cases, to welfare benefits, enable the economic subsistence of the new-

formed household. In some cases, the younger women seem to accept the older men's marriage proposals due to individual hardships, originating, for example, from living as a divorcee in a rural context. In their national context, such uneducated, divorced women may have few other options than to live with their own families. Marriage to a man (often older and formerly married) may be these women's only way of altering their life circumstances. In some cases, such wives come to shoulder a considerable care burden towards the end of their marriages, as their older husbands become frail and in need of support. In other cases, such marriages seem to be contracted to men who need substantial care from the beginning of the marriage. The existence of such "care marriages" underscores the highly gendered interplay between marriage market dynamics and transnational social space. Thus men are, in some cases, able to gain access to a considerable amount of care from younger women, due to the men offering these women a way out of otherwise unfavorable life circumstances in their country of origin.

Getting old in a Foreign Land: imaginaries and policies for ageing immigrants in an Italian urban context

Roberta Ricucci – Università di Torino, Italy

Alessandro Sciullo – Dr., Università di Torino, Italy

The contribution describes activities and first results of an ongoing research aimed at exploring the variety of social, cultural and institutional factors connected to aging processes in immigrants communities in Italy. In recent years, active ageing has been gaining attention in the welfare policies all around Europe. These policies have been designed and implemented within a oversimplifying approach that considers the target population as a homogeneous group of elderly people. A direct consequence of the adoption of this approach is neglecting the cultural and social specificity of the growing foreign population. Although the relative majority of the immigrant population is in a relatively young age group, between 30 and 44 years, the issue of aging of the population of foreign origin is assuming primary importance in the design of medium-term policies that, beyond the purely health and welfare aspect, are able to intercept even the underlying cultural and social needs of a phenomenon that refers to heterogeneous imaginaries and resulting from interaction between the different cultures of origins of the immigrant community and the local context. In order to address these topics, a case study has been carried out in the municipality of Turin, a medium-size in the North West of Italy aimed at pursuing two objectives: providing methodologies and tools for the measurement of the phenomenon with attention paid at estimating the extent to which the settled communities can be considered as stable or if, on the contrary, they show a tendency to return to their country of origin after a certain age; exploring conceptions and imaginaries linked to aging considered not as a mere biological process but as a strongly culturally connoted product of diverse ethnic backgrounds. In order to reach these objectives, the research adopted a quali-quantitative methodology developed along four phases: first of all a wide literature review was carried out aimed at exploring the specific social and institutional contexts in which policies aimed at governing immigrants aging have been implemented; secondly a fieldwork was developed aimed at identifying the most relevant communities in the city area and at estimating the actual share of foreign population that decide to remain in the territory in old age (65 years or more); then, semi-structured interviews has been submitted to a wide sample of actors connected to the topic of interest (Italian and immigrant subjects over 65; caregivers; professional care workers; representatives of institutions); finally a subset of the above mentioned actors will be voluntary involved in a participatory activity (consisting in focus group and deliberative arenas) aimed at deepening the analysis of the issues Italian elderly services have to cope with and facilitating the emerging of visions and scenarios for the future. The expected results are the provision of data and information on elderly immigrants that is only partially covered by official statistics. This renewed knowledge base will represent a crucial support for the design and implementation of policies oriented to the governance of a phenomenon expected to increase in the near future and, at present widely underestimated. In terms of the research design, the collected data will provide additional elements to effectively direct policies and services towards elderly migrants. In terms of implementation, the increased awareness of intra-community and inter-communal interaction dynamics and of the widespread imaginaries in the different communities, can provide useful elements to define effective strategies to reduce the risk of resistance and maximize adherence of target population to the proposed measures.

Analysing ageing in and out of place

Louise Ryan – Professor, University of Sheffield, United Kingdom

Majella Kilkey – Dr., University of Sheffield, United Kingdom

Magdolna Lorinc – University of Sheffield, United Kingdom

Obert Tawodzera – Ph.d. student, University of Sheffield, United Kingdom

In the context of an ageing society, there is increasing attention on how people navigate and make sense of particular places through the ageing process (see May, 2011; van Dijk et al, 2015; Van Hees et al 2017; Kearns and Coleman 2017). 'Ageing in Place is a key component of UK policy on older people and housing' (Sixsmith & Sixsmith, 2008). Nonetheless, with increasing frailty in advanced age, navigating even familiar places may become challenging (Sixsmith et al, 2014). Ageing, coupled with bereavement and diminishing support networks, may impact on people's sense of belonging in local places (May 2011). Of course places are constructed and dynamic; continually made and remade over time (Massey, 2004). As well as perceived changes, there may also be material changes which impact on long term residents especially older people.

For migrants, ageing may result in additional challenges. For those who arrived in Britain to work, ageing and retirement may raise questions about return to the country of origin (Ryan, 2004). But return is not necessarily easy as 'home places' also change over time and migrants may no longer feel a sense of belonging there – feeling 'out of place' (Valentine and Sporton, 2009). As the older generation 'back home' pass away, migrants' closest relative may be now in the destination country creating significant ties to particular places.

The paper draws on new data from the large UK ESRC funded Sustainable Care Project (2017-2021). We focus on the rich narratives of three groups of ageing migrants who have been less visible in research and policy; Polish, Irish and African Caribbean ageing migrants living in two sites within the UK – London and South Yorkshire. Focusing on these two distinct sites, a global city and a mixed rural/ urban landscape, we examine our participants' dynamic relationships to places through intersections of age, gender, ethnicity and class. Between summer 2018 and spring 2019, we will completed in-depth interviews with over 40 participants drawn from Irish, Polish and African-Caribbean born men and women within the age range of 70s through 90s years.

Evidence from our research, thus far, indicates that the life histories and experiences of ageing and care of migrants are locally embedded, while transnationally connected, but also shifting through time. As such, our research contributes to examining the varied ways through which people make sense, culturally, politically and ethically, of the transformation of care in the context of ageing, migration and mobility. In so doing, we contribute to understanding older people as active agents in place-making, while also paying attention to changing materialities of place through time. We consider the implications of our findings for the dominant policy agenda around 'ageing in place'.

Social and Health Care in Germany: The Role of Migration Background in Old Age

Ferhan Saniye Palaz – Ph.d. student, İstanbul University, Turkey

The premigration experience, personal characteristics, host country's migration policies, and home country's EU membership status are important elements of migrants' ageing process. Older adults with an immigrant background tend to have lower levels of health status compared to non-migrant peers and they also tend to underuse public care and prefer informal support from their children (Bolzman et al. 2004; Hansen 2014; de Valk & Schans 2008). Studies also show that even though older migrants is not a homogeneous group, care policies and formal arrangements can fail to address their particular needs (Ciobanu, Fokkema & Nedelcu, 2017; Torres 2006).

Policymakers are interested in improving health and well-being by creating a more inclusive society (Munford et al. 2017). The HORIZON 2020 research agenda highlights the need for more actively engaged local actors in the social policy-making process. According to Myck et al (2015) "access to public facilities and services, social relations and infrastructure for their development should deserve more space in the academic debate on ageing and in public policy discussions". Putnam (2000) states that social capital improves general health and well-being. In this study, I try to understand older adults' daily practices and interactions which are related to social and health care. By doing so, local policy instruments can be developed from bottom-to-top. I use the data from the 5th wave of Survey of Health, Ageing and Retirement in Europe (SHARE). The main research question is: How is migration background associated with social and health care in old age in Germany? There are 5617 respondents in the sample who are 50+ years old.

Ageing migrants in the UK

Obert Tawodzera – Ph.d. student, University of Sheffield, United Kingdom

Louise Ryan – Professor, University of Sheffield, United Kingdom

Majella Kilkey – Dr., University of Sheffield, United Kingdom

Magdolna Lorinc – University of Sheffield, United Kingdom
(contributed)

Intersections of migration, ageing and mobility are transforming UK caring practices. Diversity in the UK means there are people from different socio-economic, cultural backgrounds, migration history and life experiences growing old in the UK (Hussein, 2015). This superdiversity has become a social fact that challenges UK care arrangements as ageing migrants generate specific care demands, some which cross geographic boundaries. However, the experiences of ageing migrants with different care needs, strategies and experiencing ageing 'out of place' even years after migration has received little academic attention and are ignored in mainstream care, ageing and migration policies. At the same time, except for a few studies (Baldassar and Wilding 2018) little is known about the use of new technologies with which these ageing migrants can receive care and provide care at a distance. While the few studies that exist on this topic indicate that new technologies are transforming intimacy across distance, nonetheless, the significance, purpose and meaning of new technologies for ageing migrants in need of care and ageing in a country there were not born in is still to be qualified by empirical evidence.

Against this background, this paper explores ageing migrants' experience of ageing in the context of migrations. Specifically, we examine their local and transnational care strategies using new technologies and how they navigate the UK social care system. We also examine the intersections between migration and inequality over time and how changing migration policies and care regimes affect the care of this vulnerable group. Results from the fieldwork thus far reveal that the care needs of the ageing migrants in the UK are diverse and the care strategies are placed at the intersections between social networks, familial obligations and community expectations. Emotional support provided through new technologies is also significant. Most importantly community and faith organisations play a crucial role in providing culturally appropriate spaces for socialising and practical support. These results reveal the urgent need for proactive research and policies that acknowledge the role of formal and informal support networks aimed at the wellbeing of this vulnerable group.

The paper draws on data from the large ESRC funded Sustainable Care Project (2017-2021). Our analysis is based on in-depth interviews with three distinct groups of ageing migrants in the UK who have been less visible in research and policy; Polish, Irish and African Caribbean men and women with ages varying from the 70s to 90s. Conceptually we explore themes of care, ageing, transnationality, inequality and the role of new technologies. We argue that understandings of these themes are both necessary and urgent for both researchers and policymakers of ageing and care. Our research contributes to the critical debates about the changing normative ideas and expectations about care including its commodification in diverse forms, transformations in familial practices and the shifting political climate.

11:00-12:30

TP7 - Making the informal formal. Incentivizing the role of family care givers and migrant care workers in the provision of long term care within the home

Thematic Panel chairs: Lorraine Frisina Doetter, Anna Safuta, Karin Gottschall and Heinz Rothgang

Group room 5

Informal care and volunteering assistance in Europe, a country comparison in the North Sea region

Roos Galjaard – Bureau PAU - Groningen, The Netherlands

Santiago Gil Martinez – University of Agder, Norway

Maud Diemer – M.Sc., CMO STAMM, Netherlands

Elise van Opstal – City of Aalst, Belgium

Countries with a large amount of publicly funded care and services are increasingly shifting the focus towards family or social responsibility, and towards promoting informal care. The organisation and regulation of services are increasingly

being devolved to local and regional authorities, based on the assumption that if the provision of services is organised close to the recipient, this will lead to more appropriate solutions and lower costs.

This transition in the social care systems is not without risks; it may cause increasing (health-)care inequality, increasing problems with combining work and care or increase costs in relation to sick leave. Furthermore, it is widely recognised that informal caregivers face a number of challenges, including poor understanding of the local health and social care systems, lack of experience and/or formal education in care, limited societal support, lack of specific tools to manage the whole care cycle, skills deficits to support the cared for with activities of daily living, lack of technical support with respect to caring aids, problems with coordinating care affecting with other 'care' employment, psychological issues such as stress, anxiety and/or depression.

To address these challenges, the European funded project "In For Care" has been launched at the beginning of 2017. The 10 project partners represent regions from around the North Sea, sharing a high welfare status and comparable health systems. The aim of the project is to improve processes of voluntary work and informal care in social service delivery. It acknowledges the need to increase knowledge of how the public sector can innovate in this regard. A Quadruple helix approach is the core method used in the project to enable user-driven innovation in services, implementing new technology (collaboration tools) and demonstrating valuable matchmaking between informal and formal networks.

The proposed paper will present an overview of informal care and volunteering assistance in the participating countries within the project, identifying bottlenecks and challenges and specific strategies to cope with these challenges. Results of (action-) research will be analysed and reflected upon. The "In for Care" project will explore and compare the different interventions in the partner regions. These interventions are aimed at the strengthening of cooperation between informal carers and professionals, but also look into how to support young informal carers, create informal care friendly policies, and using service design and co-creation as an innovation support measure.

Gendered care of ageing migrants and their families in the welfare state: The case of the self-appointed helper arrangement in Denmark

Sara Lei Sparre – Assistant Professor, Aarhus University, Denmark

In Europe, a growing population of the elderly citizens have refugee or immigrant background, and many have their origin in non-Western countries. Often, care arrangements in these families are different from those of the majority populations (Hansen 2014, Moen 2013). In Denmark, for example, only a small proportion of ethnic minority elders lives in senior housing, and fewer compared to citizens with non-immigrant background receive home care. Instead, research indicates that immigrant families often take care of elderly family members at home (Liversage 2016), and the caregiver is often a (younger) woman. Such practices tend to clash with, on the one hand, ideals of gender equality and equal rights to education and employment in many European countries (Borchorst and Siim 2008), and, on the other, state demands of employment as part of the social contract in the welfare state (Jöncke 2011). At the same time, municipalities see more informal care arrangements as cost-effective as well as ways to avoid potential difficulties in providing care for non-Danish speaking elderly citizens with expectations different from those of the majority population.

In this paper, I explore the policy rationale behind and the implementation of an option in the Service Act, under which municipalities can contract a family member to take care of an elderly citizen at home. While §94 was originally meant for the few elderly citizens who had difficulties cooperating with local home care units, the primary users are now ethnic minority families. Due to the special construct of the §94 arrangement, the 'carer' is simultaneously a professional care worker, formally employed by the municipality, and a close relative of the citizen in need of care.

Based on interviews with and observations among care managers across Danish municipalities, I examine consequences of this care arrangement, with a particular focus on gender dynamics and problem displacement in need assessments of long-term care in ethnic minority families. In general, care managers make decisions about the specific services granted based on legislation as well as organizational and municipal prerequisites. However, they are also constantly negotiating and defining the threshold between family care and state care. Drawing on perspectives on gender, equality, and state feminism in Scandinavia, the paper demonstrates how care managers slip in and out of their roles as health professionals, administrators, and morally concerned citizens in encounters with especially young female informal care workers of immigrant background. In certain cases, care managers struggle to find reasons not to grant this care arrangement due to what they see as negative consequences for especially the wellbeing of (female) self-appointed helpers.

Life course trajectories of family care: Implications for care policy

Janet Fast – Professor, University of Alberta, Canada

Norah Keating – Swansea University, Wales

Jacquie Eales – University of Alberta, Canada

Choong Kim

Yeonjung Lee – Assistant Professor, University of Calgary, Canada

Growing care needs of an aging population is a “hot button” global policy issue. Negative care-related consequences are well established, as is their threat to sustainability of the family and formal care sectors, labour markets and the economy. However, caregiving is most often seen as a status at a point in time, largely ignoring the time location and cumulative aspects of care and its consequences. Yet life course theory tells us that care is a series of transitions into and out of care episodes over the life course. Carers likely experience diverse patterns of care, the impacts of which accumulate differentially. This paper first describes five distinct theoretically and empirically derived life course care trajectory types based on the authors’ previous work, then discusses their implications for public policy. The five trajectory types are:

- Compressed Generational Care: most common (54%); latest age of onset (average 63); fewest episodes (average ~ 1); shortest total duration (average 3.8 years); no overlap among care episodes.
- Broad Generational: second most common (25%); mid-life onset (average 51.5); few episodes (average 1.4); no overlap among episodes; total duration 14 years.
- Intensive Parent Care: 11% of sample; mid-life onset (52); multiple episodes (average 2.7); total duration 11 years; moderate overlap among episodes (4.5 years).
- Career Care: only 6% of sample; but earliest age of onset (average 34) and longest duration (average 33 years).
- Serial Care: least common (4%); but second earliest age of onset (average 36); second longest total duration (average 31 years); most episodes (average 3.2); most overlap among episodes (average 14 years).

Findings confirm that caregiving experiences do not occur in an historical vacuum and that lifetime patterns of care vary in ways that have implications for research, policy and practice. First, policy makers already are challenged to meet carers’ needs given their enormous diversity. The life course care trajectories concept layers on a whole new dimension of diversity—substantive differences in patterns of caring across the life course. At the same time the life course care trajectories concept adds nuance to our knowledge of who are the carers most at-risk of poor later life outcomes, help identify potential points of intervention, and reveal diverse support needs.

Providing care in later life: problems with recognition and support from local authorities in England

Liz Lloyd – Dr., University of Bristol, United Kingdom

Tricia Jessiman – University of Bristol, United Kingdom

Ailsa Cameron – Senior Lecturer, University of Bristol, United Kingdom

Randall Smith – Professor, University of Bristol, United Kingdom

Agnes Bezzina – University of Bristol, United Kingdom

In England, a fundamental and positive change in the rights of unpaid carers and in their relationship with local government was promised in recent legislation (the Care Act 2014). Evidence of the impact of this policy demonstrates a wide gap between the policy rhetoric and the reality of services. Local authorities are supporting fewer unpaid carers and spending less money on services. This is the latest example of many where policies on unpaid care have failed to live up to expectations and the latest in which the explanation for this failure is a lack of resources. Similar gaps are evident in other national contexts, where support for unpaid carers has been subjugated to the political priority of austerity. A deeper question concerns why, despite a strong economic case that reinforces the moral case for support. The paper draws on empirical research on the implementation of the Care Act, in which the focus was upon older unpaid carers providing co-resident support to their spouse or partner. This group is increasing in number and importance within the English social care system.

In England, as elsewhere, old age has particular salience for policy debates about unpaid care. The ageing of the population has provided a convenient rationale for ongoing austerity budgets. In this policy discourse, older people are characterised as burdensome recipients of care and their role as providers of care remains largely overlooked. Older carers have, thus,

achieved neither recognition nor support. Their situation draws attention to Fraser's perspectives on the relationship between recognition and redistribution (Fraser 2000) and to Barnes' observation concerning the ways that campaigns for justice for unpaid carers have polarised the needs of carers and people who are cared for (Barnes 2012). In campaigning for recognition, the heavy emphasis on what carers have in common with each other has detracted attention from distinctions between them as well as from what carers have in common with those they care for. Evidence from this empirical research highlights the distinctive characteristics of older carers and how professional perceptions and interactions are influenced by the carer's age. It demonstrates how older people's experiences of mutual caring and of being both carer and service user exemplify the complexities of caring and human interdependence.

Local authorities are in invidious position as they seek to develop new approaches to supporting carers in the context of shrinking budgets and demands to develop local markets. This paper presents findings from case studies of how four local authorities implemented the 2014 Care Act and discusses how their implementation strategies were played out at the front line in relationships between practitioners and older carers.

15:45-17:15

TP3b - Reablement as a mechanism for sustainability and active long-term care

Thematic Panel chair: Tine Rostgaard – Professor, VIVE, Denmark

Room III

Towards a theory of reablement

Bryony Beresford – Professor, University of York, United Kingdom

Susan Clarke – University of York, United Kingdom

Rachel Mann – University of York, United Kingdom

Fiona Aspinall – University College London, United Kingdom

Main issue analysed and its relevance: Reablement is an ill-defined, complex intervention. Widespread adoption of this broad intervention approach by some countries has meant evaluation, in terms of user outcomes, demand for services and costs, has been demanded or prioritised by government or other agencies. However, such work has been carried out in the absence of any sustained and substantive work on defining the intervention, and developing theory of how it works and the factors moderating or mediating its impact (Legg et al., 2016; Metzelthin et al., 2017). A number of mixed method or qualitative studies have been published and offer important insights into the components of reablement and the factors which may impact on its delivery and outcomes. The purpose of this paper is to contribute to the development of a theory of reablement, focussing particularly on the "active ingredient" of reablement and the factors which moderate or mediate their impact on outcomes (De Silva et al, 2014).

Methodology: The paper draws on data collected from an observational study of individuals (n=186) receiving reablement in England. A key objective of the study was to investigate which person- and service-centred factors predict outcomes at discharge and 6 months post-discharge. Four models of service delivery were represented. A nested qualitative study investigated the views and experiences of service users, reablement staff, and senior practitioners. We have analysed users and professionals accounts of the active ingredients of reablement and factors which impact on outcomes. Regression analysis has been used to explore predictors of reablement outcomes. This paper seeks to present a synthesis of these two sets of data in terms of their contribution to developing a theory of reablement.

Main findings expected from the analysis: Service users and professionals are able to articulate the components and processes by which reablement impacts outcomes, and is a high degree of congruence in their perspectives. In equal agreement are the person- and service/delivery-centred factors believed to impact the effectiveness of reablement. Where it was possible to test, these findings aligned with, or explained, findings from the regression analysis. Findings will be integrated into existing evidence and theory and implications for research and practice considered.

Enable or disable? The disjuncture between formal care program and user's everyday life

Chia-Chun Chang – Ph.d. student, National Yang-Ming University, Taiwan

The elderly population in Taiwan has grown rapidly in the past decades. It accounted for 7% of the total population in 1993 and grew to 14% in 2018. The government confronts the challenges resulted from care service deficits and the increase of medical resources. The government is committed to developing long-term care services. One of the various services, The

Program of Preventing and Prolonging Disabilities started at 2017 and carried out in local elderly centers. The purpose of this program is to realise the principle of enablement to prevent and to prolong disabilities of the elderly, including dementia through the health-related activities. At the same time, the program aims to increase longevity, dignity and happiness of old people. Pingxi, is the oldest town in Taiwan with 30% of the elderly population. Coal mine had been the dominant industry in Pingxi until 1990s. The men in town usually died in the late of their middle life due to the occupational hazards. As a result, nowadays the elder center only have women member, and over 90% of them are widowed. Most of them are illiterate and have few experiences of group participation. It is more challenging for group leaders to run the structured activities in this center. The research relies on participant observation and informal talk to collect the data. I have the multiple identity in the field. I work as an occupational therapist in the elder center once a week. At the same time, I am a master student who conduct the research there. I often travel in between these two positions, and it helps me to reflect the possible analytical bias caused by medical professional training. The purpose of the research is to investigate: 1. how the occupational therapist coordinates with the elderly to run the activities, and 2. how gender, class and the life biography of elderly shapes their experiences of participation in the elderly center. Additionally, the study argues that the practices of long-term care policy need to embed in the specific context of different individuals. The primary results show that, first, the schedule of activities conflicts with the elderly' daily routine. The practitioner (occupational therapist) need to work hard to improve the motivation of the elderly. Second, it is more challenging to lead the cognition activities because most of the elderly have few experiences of "brain storming". Third, the original activity design has few connection with their everyday life, so the elderly show little interests in the participation. Forth, incorporating the elements from their life biographies into the activities, including mothering and care roles improves the group dynamics. Last, when I break down the boundary between professional and service user, it also helps the flow of group more smoothly.

Reablement as an evolution in community care: a comparison of implementation across five countries

John Parsons – The University of Auckland, New Zealand

Elissa Burton – Senior Research Fellow, Curtin University, Australia

Lea Graff – Analyst, VIVE, Denmark

Silke F. Metzelthin – Assistant Professor, Maastricht University, Netherlands

Hilary O'Connell – Principal Advisor, Independent Living Centre WA, Australia

Hanne Tuntland – Associate Professor, Western Norway University of Applied Sciences, Norway

Main issue analyzed in the paper and its relevance: Health and social care systems around the world are facing the challenge of an ageing population and an increasing burden of chronic disease. Numerous countries, including Australia, Canada, Denmark, Netherlands, New Zealand, Norway, Sweden, UK and US have been developing a reablement approach in elder care services for several years. However, the fundamental approach, key principles and stage of implementation differs across each country. A study of implementation offers a systematic, scientific approach to ask and answer questions about how to get 'what works' to people who need it with greater speed, fidelity, efficiency, and coverage. The three main areas of study are the development of the intervention, the implementation, and then the scaling up. These various perspectives have formed the basis of research in complex healthcare interventions in which questions of implementation have been explored. Factors affecting implementation have been tested empirically across a range of settings and countries, and have been well summarised in recent systematic reviews, but so far, no studies have specifically analysed the implementation of reablement across different national settings. The aim of this paper is thus to consider key issues relating to implementation of reablement to determine the shared issues for development, refinement and spread of reablement across five countries.

Type of methodology and sources of data/information used for the analysis: The i-PARIHS framework was used to consider the implementation of reablement across the five countries. i-PARIHS is a well validated method of exploring the implementation of initiatives into clinical practice and has a number of factors that are important to assess. These factors relate to the innovation construct, individuals and teams involved in the adoption of the innovation, the inner and outer context and the role of facilitation. The countries involved in our analysis are New Zealand, Australia, Norway, Denmark and the Netherlands.

Main findings expected from the analysis: Some of the main findings from the analysis are the differences and similarities in the implementation processes and practices across the five countries. The analysis shows that even though there are many similarities, there are variations in the background for implementing reablement and in what year implementation started. Variations are also seen in skill mix, for instance the role of nurses in reablement services in some countries but not others, and length of training of staff. The analysis also highlights effective mechanisms in organisation and application of

reablement. Findings especially point to the importance of training to provide staff with an understanding and knowledge of the concept of reablement and the reabling process and how the funding model is an important aspect, as some funding models might not incentivise providers to work towards reducing services which in turn may help the participants reach a higher level of independence. Finally, studies of reablement interventions from each country differ both in their focus, amount and in their effectiveness.

Examining clients level outcomes of reablement: A cross-country comparative analysis

Hanne Tuntland – Associate Professor, Western Norway University of Applied Sciences, Norway

Daniel Doh – Senior Research Officer, Access Care Network, Australia

Maria Ranner – Postdoctoral Researcher, Norwegian Uni. of Science and Technology, Sweden

Susanne Guidetti – Senior Lecturer, Karolinska Insitute, Sweden

Magnus Zingmark – Dr., Umeå University, Sweden

Background: Reablement (also known as restorative care) involves multi-professional interventions implemented for community-dwelling people with functional decline. In order to evaluate an intervention, it is important that there is a logical link between what the intervention intends to affect and the outcome measure that is used to evaluate that effect. Across the globe, stakeholders involved in reablement need to understand whether reablement programs lead to improved health outcomes only for clients. Thus, there is the need to further deepen our understanding of reablement outcomes for clients e.g., in relation to the purpose of reablement, which outcomes need to be evaluated, and which outcome measures are feasible to use. With the term client level outcomes, we mean outcomes that are directly associated with the participant who is engaged in reablement.

Research questions: What reablement health-related client level outcomes have been studied in various countries? Which instruments were used in examining these client level outcomes?

Methods: For the purpose of this paper a pragmatic, descriptive approach was chosen and to base the inclusion of initiatives on our expertise knowledge of the reablement literature. The initiatives would have to be planned or conducted clinical trials published in peer-reviewed journals. A combination of literature review and cross-country comparative analysis was used to examine which client outcomes have been studied in different countries across the world and how these outcomes have been studied.

Results: A total of 13 research articles from six countries (New Zealand, Australia, Norway, United States of America, Denmark, and Netherlands) have been included in the current analysis. The current analysis takes into account the specific client level outcomes that have been presented in the literature and the measurement tools that were used. There were 20 unique primary- and 22 unique secondary client level outcomes identified across the research articles sampled. Functional independence in ADL was the most significant outcome featured in both primary and secondary outcome. Overall, 32 different types of tools were used in the selected reablement initiatives. The most commonly used tool according to this analysis is the Timed up and Go Test which measures mobility relative to time. Other frequently used tools to measure client level outcomes are the ADL scale, based on the Modified Barthel Index and the The European Quality of Life Scale (EQ-5D). Conclusion In this paper we have explored what client level outcomes have been studied in various countries and which instruments have been used in examining these outcomes. Outcomes related to ADL were included in studies from all countries. In addition outcomes related to physical functioning and health-related quality of life, were also a frequent outcomes. Timed up and Go, Modified Barthel Index, and EQ-5D were the most frequently used instruments. Given the diversity of client level outcomes and instrument used in reablement, as set of core outcomes and instruments should be developed. This would enhance comparisons between studies and countries. Instruments that measure outcomes related to ADL, physical functioning and health-related quality of life should be included in such a core set.

User involvement in reablement: Ideal or reality?

Kari Jokstad – Ph.d. candidate, University of South-Eastern Norway, Norway
(contributed)

While municipalities can implement reablement in different ways, a common aim is to promote independence for older people in their daily life. Reablement should emanate from a user's goals, and therapists and home care workers should together with the user identify and work toward a specific intervention outcome. User-involvement is consequently a key factor in reablement. Yet relatively few studies on how user-involvement is realized and experienced have been undertaken. One wonders if there are any dilemmas, unintended consequences or challenges linked to user-involvement in

reablement. I have explored how user-involvement in the reablement context is experienced by users and healthcare professionals with a focus on the goal-setting process in particular. The study I undertook had an explorative descriptive qualitative approach, and the context was an urban municipality with 70,000 inhabitants in south-eastern Norway where reablement had been implemented in home care services 1.5 years prior to the study. The data emanated from two sources. The first source was a sub-study that encompassed focus groups that included professionals recruited from home-care services in the municipality. Each focus group included nurses, nurse assistants, occupational therapists and physiotherapists. Qualitative content analysis was used to analyze the data. The second source was also a sub-study, which encompassed individual in-depth interviews with nine older adults participating in reablement. The interviews took place at the beginning, at the end, and six weeks after a reablement intervention. Thematic content analysis of the second sub-study is ongoing. Findings Transforming user-involvement from an ideal to reality is a demanding process, both for professionals and users. While user-involvement is a valued ideal that professionals strive toward in the goal-setting process, the users themselves appear to be less familiar with the reasoning underlying user-involvement and goal-setting. Professionals and users appear to have dissimilar experiences of the goal-setting process. Divergent understanding of what is valuable knowledge and insight affects both the professionals' and the users' self-expectations and their expectations of the other. The professionals experienced that users' ability to commit to what user involvement "required" of users (e.g., expression of and taking responsibility for own wishes and goals for the intervention) differed, and users experienced this requirements challenging for several reasons. The professionals employed two main strategies to enable user-involvement. One was spending sufficient time with users during the initial goal-setting stage. The other was starting an intervention by introducing small tasks that users could master, and postpone the goal- setting process. The users perceived that they benefited from such strategies. The professionals experienced that it could be tempting to complete a user's reablement intervention plan based on what they as professionals assumed the user wanted or had indicated, despite viewing such as undesirable practice. Thus one can question who determines the goals in the goal-setting process and if there is too much emphasis on the importance of setting goals.

Caring humans: how reablement programmes transform the care relationship

Amy Clotworthy – Researcher, Copenhagen University, Denmark
(contributed)

The categorisation of later life as a period of poor health and deterioration positions 'the elderly' as a high-risk, potentially burdensome, subaltern group in many Western societies. Policymakers in Denmark have long promoted a 'healthy ageing' agenda; i.e., that post-retirement citizens should be independent, active, and freely choosing consumers who are free from the need for municipal services – and that they can remain in their own homes and care for themselves as long as possible, even after they start to exhibit signs of age-related physical and cognitive decline. But there is also a political and socio-economic concern that the country's rapidly growing elderly population will develop a greater need for health and welfare services. As a result, the Danish welfare state's core aim to provide 'compensating' practical support and care to citizens in need has shifted to an emphasis on individual responsibility, self-governance, and providing 'help to self-help'. In this respect – and like many other Western countries – Denmark has begun establishing reablement programmes; the fundamental premise of these programmes is that professional training in activities of daily living (ADLs) will reduce older citizens' need for hospitalisation, medical treatment, and especially in-home care services. Despite evaluations that have examined certain administrative and cost-saving benefits, reablement programmes are relatively new – and what actually happens in practice remains unclear. For example, what does it mean for ageing citizens who may have certain physical limitations to be presented with the choice to regain their independence and functional ability, and thereby retain their potential and value as productive citizens? Based on 15 months of ethnographic fieldwork, which included following the work of reablement therapists in a suburban Danish municipality, this paper provides a socio-cultural perspective on certain political expectations for ageing and functional ability. In particular, it presents some of the paradoxes, conflicts, negotiations, and challenges that are part of older citizens' participation in reablement programmes. The paper describes how the therapeutic work of reablement reveals the citizen as a complex person who cannot easily fit into an ideal type or the state's individualised, pre-conceived categories. The paper also explores how the politically-defined goals for reablement may create particular tensions and contradictions that have implications for the outcome of the training. The author argues that neoliberalist rationality assumes that caring responsibilities can be allocated in a particular way; however, humans cannot conform to such operating logics. Thus, as the responsibility for providing older citizens with stabilising help and support has transitioned from other health professionals to the reablement professionals, this has led to a difference in who cares.

15:45-17:15

TP13c - Changing Cultural Ideas and Care Policies across Welfare States and Policy Levels

Thematic Panel chairs: Birgit Pfau-Effinger, Professor, and Dr. Ralf Och, both University of Hamburg, Germany

Room II

Policy change and partisan politics: understanding family policy differentiation in two similar countries

Margarita León – Senior Research Fellow, Universitat Autònoma Barcelona, Spain

Emmanuele Pavolini – Professor, University of Macerata, Italy

Joan Miró

Antonino Sorrentini

Our paper looks at how different electoral competition dynamics can result in differentiated party positioning on childcare and family policy. Italy and Spain are compared using a most similar case design. The presence of women in politics, the socio-economic profiles of the voters of the two main left wing and right wing Italian and Spanish parties and opinions with regards traditional norms of motherhood explain different policy trajectories and higher incentives for the conservative party in Spain to converge towards the social-democratic party in more progressive views of family policy.

Distributed Agency in Old Age Policy Implementation – How (inter)national policy ideas diffuse and transform into local practices?

Jutta Pulkki – Postdoctoral Researcher, Tampere University, Finland

Outi Jolanki – Tampere University & University of Juväskylä, Finland

International old age policy ideas - such as Ageing in Place, Active Ageing as well retrenchment in welfare policy - have successfully been diffused to national policy agendas all over the Europe. Our study begins with the idea that since national policies need to be implemented at a local level they need to be reinterpreted by local actors and accommodated with local needs, structures and resources. Thus, the national policy ideas do not necessarily diffuse into local practices as such.

In our study we will analyze the old age policy implementation process, where (inter)national policy ideas meet the social context (structures, culture, resources etc.) and complex net of actors (their interests, values, skills, abilities etc.) at a local level. Our aim is to illustrate the fluctuating and complex dynamics of the implementation process and offer a depiction how policy ideas transform into practices. Even though local decision-makers are a formal link between national policy ideas and practices, they are not acting alone or in an isolated, unhistorical or value-free vacuum. Based on the idea of distributed agency we argue, that old age policy implementation at a local level is a result of joint agency where the flexibility and accountability of a singular actor fluctuate from implementation task to other. Our aim is to map the agents involved in decision-making and their role in the interdependent implementation process.

We will conduct the empirical study in municipalities (5-8) in Finland. The study design will be conducted in collaboration with research groups collecting similar data in other European countries (Sweden, Denmark, Germany). As our empirical study is in process, in this presentation we will concentrate on the theoretical framework that combines the policy implementation theories and the idea of distributed agency.

Making sense of interprofessional reablement practice in different contexts

Mia Vabø – Research Professor, Oslo Metropolitan University, Norway

Governments around the world are attempting to change their health care system in order to better meet the needs of an ageing population. In Norway governments call for health and social care provision to be more proactive and preventative and to better utilize the interdisciplinary expertise of health care staff. Hence, various forms of intermediate care solutions, including reablement, has popped up over the past decade. Based on a cross-case analysis, this paper explores how the notion of an inter-disciplinary approach in reablement has been translated and put into practice in two Norwegian municipalities – one organized largely in line with a traditional bureau-professional model and the other organized according to principles taken from the NPM agenda. The paper demonstrates how processes of reablement interact with

various modes of governance. They may act as a driving force towards the NPG, but may also be subordinated to the institutionalized norms and practices established by previous administrations. In the bureau-professional municipality, a reablement team acted like a spearhead breaking down silos between service departments. A loose network of professionals contributed in the initial contact and referral stage and a team of professionals had frequent interactions and knowledge exchange through the assessment and intervention stages. The way of doing reablement was based on trust, experimentation and long-term focus on effectiveness. In the NPM-municipality, the way of doing reablement was very much in line with the current managerial and organizational focus on short-term efficiency and risk elimination. Referrals were still kept in the hands of a centralized purchaser unit; inter-professional collaboration was restricted to the stages of assessment and planning whereas the provision of reablement was delegated to home care staff who largely regarded it to be a way of off-loading care tasks from their workload.

A person-centered nursing curriculum for Chile

Paz Moscoso

15:45-17:15

TP19c - Inequalities and care needs in old age

Thematic Panel chairs: Lina Van Aerscht, Postdoctoral Researcher, and Teppo Kröger, Professor, both University of Jyväskylä, Finland

Room IV

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

Rahel Strohmeier Navarro Smith – Dr., Zurich University of Applied Sciences, Switzerland

Konstantin Kehl – Dr., Zurich University of Applied Science, Switzerland

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

The role of gender and country of birth for the extent and consequences of informal caregiving in Sweden

Petra Ulmanen – Assistant Professor, Stockholm University, Sweden

Helene Brodin – Associate Professor, Stockholm University, Sweden

Formally provided eldercare services have declined in Sweden since the 1980s, followed by an increase in assistance from children, relatives and friends. This kind of informal care is most common among older people with lower levels of education and among older people born outside the Nordic countries. Although previous studies have concluded that daughters are the main providers of informal care regardless of country of birth, we still lack studies comparing the intensity and consequences of informal caregiving across different population groups in Sweden.

The aim of this paper is to analyse the role of gender and country of birth (born in Sweden or other Nordic countries vs in non-Nordic countries) for the extent and consequences of informal caregiving in Sweden. The analysis is based on a nationally representative postal survey (n=3630, aged 45-66 years) from 2013.

Results: In the middle-aged population, 26% are caregivers, defined as providing help at least once a week to a family member, relative or friend with a disability or longstanding illness. 80 per cent of caregivers primarily assist an older adult (65 years+). While the proportion providing care does not differ significantly between the groups, non-Nordic immigrant women provide the most intensive care (13.2 hrs/week), compared to immigrant men (6.7 hrs/week), and both women and

men born in the Nordic countries (6.1 and 4.7 hrs/week respectively). Of the four groups, immigrant women most frequently provide the most demanding forms of care (personal and/or medical care as well as co-resident care), and are the group most negatively affected by caregiving, also when controlling for the amount of care provided. Country of origin however matters also for men. Compared to men born in the Nordic countries, non-Nordic immigrant men do more frequently provide the most demanding forms of care, and are more negatively affected by caregiving, also when controlling for the amount of care provided. Among female caregivers, immigrants are more affected in all four areas examined: well-being, work situation, labour force participation and economy. Among male caregivers, immigrants are more affected in all areas except labour force participation.

Altogether, the study points to the conclusion that non-Nordic immigrants are more negatively affected by caregiving than persons born in the Nordic countries, and that this is valid for both sexes, although immigrant women are the group most affected. That immigrant caregivers, both women and men, provide more demanding forms of care, may reflect that the persons they assist do not have access to care services to the same extent as other groups, and/or that the services are not suitable for their needs. This raises questions about inequalities in access to care services and needs of culturally sensitive care services. Even when controlling for the amount of care provided, immigrants are more affected by caregiving, and this is valid for both sexes, which may be related to their general weaker positions on the Swedish labour market. Only among female caregivers, however, immigrants are more affected in their labour force participation, which points to caregiving as a threat to primarily immigrant women's economic independence.

Inequality and the social care 'crisis' in England: older people and self-funded care

Lizzie Ward – Principal Research Fellow, University of Brighton, United Kingdom

Philippa Locke – Dr., University of Brighton, United Kingdom

The organisation, delivery and funding of social care in England has been transformed over the last two decades. The marketisation of care combined with austerity has contributed to what is widely recognised as a 'crisis' in social care. Statutory social care, which is administered by local government, varies regionally and typically only people with high needs and limited finances receive public funding. The definition of 'high needs' and 'limited finances' depends largely on political decisions of local governments regarding the allocation of spending across local services. Eligibility criteria to receive state-funded care has tightened following funding cuts from central government. Overall spending on statutory social care has fallen by over £6 billion since 2010. Unsurprisingly, this means fewer people are receiving state-funded care and it is estimated that by 2018 1.4 million older people did not have access to the care and support they needed (ADASS Budget Survey 2017. CQC State of health and adult social care in England 2017 -18). In this context, older people are increasingly expected to find, manage and fund their own care through a growing market of care providers. This requires more than having sufficient money to pay for care. It also entails having sufficient understanding about how to actually organise the care required: assess what services are needed, where to find these, who to trust, and evaluate the cost. In effect, it means becoming a 'care consumer' within a market system, very often a time of crisis through ill health without access to reliable advice or support. This paper discusses different dimensions of inequality that are emerging in the transformed social care landscape. It draws on current research funded by the Wellcome Trust which seeks to understand the lived experience of older people as they negotiate the process of purchasing and managing self-funded care (www.olderpeopleselffundingcare.com/). This is a qualitative study in three research sites conducted collaboratively working with older people as co-researchers. Our approach is informed by care ethics, both conceptually and in our research practice. In this paper we draw on in-depth interviews with older people, informal carers and service providers. The shift of responsibility away from the state falls unevenly on different groups of older people and we ask how and in what ways is this experienced. Drawing on findings we explore the ways in which the ability to be an 'active consumer' in the care market is mediated through financial, social, psychological resources which are unevenly spread amongst the older population and combine with structural inequalities experienced over the lifecourse. We argue that this results in unequal outcomes based on the resources on which individuals can draw rather than based in actual care needs. This suggests that the underpinning rationale dominating social care policy development based on assumptions of increased individual choice and control need to be re-assessed in light of the actual lived experiences of older people who need care.

Chronological age as a determinant of care needs - attitudes among Swedish case managers

Tove Harnett – PhD, Lund University, Sweden

Håkan Jönson – Professor, Lund University, Sweden

This paper contributes to the theoretical debate on ageism, deservingness and attitudes towards older people with a unique focus on the relevance of age categorizations in care policies. "Who should get what and why?" These are

fundamental welfare questions that apply to the system of eldercare. In this paper we investigate the use of chronological age as a deservingness criteria for the right to care. In Sweden, the Social service act emphasizes that individual support should be provided according to needs. Yet, a growing number of Swedish municipalities have adopted age-based policies according to which all persons over an age that is decided by the municipality (67, 70, 75, 80, 82 etc.), are entitled to some amount of home care services without individual assessment and regardless of needs. Persons under this age can also be granted services, but have to undergo a thorough needs assessment process. In media articles politicians have also suggested that persons above 85 or 90 years of age should have the right to move into residential care, regardless of need. The aim of this paper is to investigate the practical application and moral interpretations on the use of age-based entitlement. The study will explore if case managers justify or question the use of chronological age as a deciding criteria for the right to eldercare. Data consisted of seven focus group interviews and one individual interview with 37 case managers in six Swedish municipalities with age-based policies for eldercare distribution. Data was coded thematically, focusing on the questions "Who should get what and why". The analysis revealed ambivalent opinions about age-based policies. On the one hand, policies were justified based on claims that they reduced bureaucracy. On the other hand, older people were described as a heterogeneous group, the provision of services had to be based on professional judgement and all interviewees argued that a particular chronological age could not be equated with care needs. During interviews a number of cases were mentioned, referring to very old persons without care needs and persons aged 65 or younger with great needs. Case managers described moral concerns in cases where they had questioned care needs in detailed investigations or denied care services to people, who would automatically have been entitled to care if they had only been a few years older. In the contemporary landscape of social work, age-based policies are somewhat of a mystery. There is no support in research for the proposition that chronological age can be used to decide if an individual has a care need, and case managers experience age as an arbitrary deservingness criteria. The practice that is currently being developed in Sweden could in this sense be regarded as a form of ageism. Policies will tend to communicate stereotypical ideas that older persons above a certain age have a care need, and persons who apply for eldercare are differentiated based on age as regards the way needs are investigated and acknowledged.

Elder mistreatment in Portuguese care homes: intersections with organisational and professional factors – a mixed methods study

Ana Paula Gil – Assistant Professor, Universidad NOVA de Lisboa, Portugal

Manuel Luís Vila Capelas – Universidade Católica Portuguesa, Portugal

(contributed)

Recent literature highlighted that the lack of recognition of care work, poor wages and difficult working conditions have a direct impact on quality of care, which may be a reflection of low public investment in the care system. However, further research is needed to explore the real impact of organisational and professional factors that appear to play together to the decrease of care quality and determines the occurrence of elder mistreatment practices. The paper is based on a self-administered questionnaire to be filled out by care workers (n=280; response rate of 70% achieved), in 16 Portuguese care homes, in one council in the metropolitan area of Lisbon. Logistic regression was employed to determine the relationship between violence and covariates, and chi-square tests were used to examine the association between types of violence and organisational, professional and individual variables. Results indicate that overall, 54.7% of care workers have observed institutional violence, in daily practices: 48.7% psychological violence; 36.0% neglect care practices; 14.0% physical and 3.3% financial violence. The study suggests that organisational and individual factors are significantly associated with institutional violence. Findings revealed that omissions or lack of monitoring of care practices, the difficulty of managing conflicts inside teams and the lack of human resources, in relation to the workload, are the main factors for mistreatment, in care practices observed. Elder mistreatment is bound to structural issues that long-term care policies and research has to confront.

15:45-17:15

S2 - Innovation for sustainable care: International perspectives from industry and practice

Symposium chairs: Matthew Lariviere, Innovation Fellow, University of Sheffield, United Kingdom, and Dr. Karla Zimpel-Leal, University of Sheffield, United Kingdom

Discussant: Kate O'Loughlin, Professor, The University of Sydney, Australia

Room A

As populations rapidly age and people increasingly live with life-long disabilities, further demands for formal social care services and carers could see currently unsustainable care systems fail. Innovation, therefore, is a central focus for transforming care arrangements and systems around the world. This symposium explores different approaches to innovation for sustainable care by drawing on international research in four distinct areas: flexible policies for working carers, novel models of home care, care worker cooperatives, and emergent technologies. Examining such innovations in social care may demonstrate how and to what extent policy and practice priorities change.

How flexible is flexible? Australia's flexible work policies to support working carers

Kate O'Loughlin – Professor, The University of Sydney, Australia

Freya Saich – Carers New South Wales, Australia

Zoi Triandafilidis – Carers New South Wales, Australia

Australia's Fair Work Act 2009 provides a right to request flexible working arrangements for mature age workers over 55 and workers with added caring responsibilities; granting such a request is at the employer's discretion. Drawing on quantitative and qualitative data from three consecutive state-wide surveys of carers in the state of New South Wales, this paper presents evidence on the impact to date of this attempt by government to recognise working carer contributions.

Emerging models of home care providers in the UK

Karla Zimpel-Leal – Dr., University of Sheffield, United Kingdom

The purpose of this paper is to investigate emergent Home Care models in the UK, to examine how these models' value offering differ from the traditional model of Home Care, and how these are shaping the care landscape. Home Care providers for older people in the UK are facing a rise in demand for their services which is driven not only by an ageing population but also from a market demand for personalised, customer-centred care. Combined with a turbulent political and policy environments, and the government's public need to maximize resource utilization and contain care costs, the current care landscape presented an opportunity for innovative and emergent Home Care models to establish themselves and disrupt the market by offering a more compelling service design and value propositions that better match customers' needs.

Research question: What are the emergent Home Care models in the UK?

Objectives: (1) to understand how the care landscape is influencing the emergence of Home Care Models; (2) to assess how these models differ from the traditional model of Home Care; (3) to assess how these models are being shaped and are shaping by the current policy and economic environment. *Methodology* This study used semi-ethnographic methods including 9 months of field observation and data collection. It includes a narrative summary review of academic and grey literatures, triangulated with 7 expert interviews. Fieldwork sampling was informed by the literature reviews and expert interviews that formed the different types of emergent models. Fieldwork included 17 interviews with businesses owners, managers and directors from two emergent Home Care providers, 4 short-term placements and 2 focus groups, including non-participant observations of working practices (including staff induction and training), and analysis of organizational documents (organizational charts, assessment reports, policy reports).

Findings: The study has shown that Home Care providers for an ageing customer base are becoming increasingly aware of emerging customer needs, and, in addressing these needs, are seeking to establish innovative models of care provision.

Disruptive and emergent models such as uberisation, community-based, social enterprises and integrative models are becoming more pervasive in the current landscape.

Conclusion: Major shifts in the emergent models are in relation to their value proposition, partnerships and customer segments. The value proposition tends to focus on several dimensions of wellbeing, from health and physical to emotional, and psychological. Customer segments exist in two separate groups, self-funders and the care workforce. A strong network of partners provides access to complementary services, investments and specialist knowledge.

Can worker co-operatives provide decent work for paid care workers in individualised care systems?

Fiona Macdonald – Dr., RMIT University, Australia

New interest in ‘social enterprises’ for social care provision has accompanied the development of personalisation policies in social care in both the United Kingdom and, more recently, in Australia. Some of this interest is located within a discourse of shifting accountability from the state to the individual, family and community. However, interest in social enterprises, including co-operatives, is also for their potential to create better quality services and better jobs for care workers. In this presentation I examine the potential for social care co-operatives to provide solutions to the problems experienced by social care workers in market-based personalised or consumer-directed care systems.

Designing wellbeing: Imagining futures of care through emergent technologies

Matthew Lariviere – Innovation Fellow, University of Sheffield, United Kingdom

The Care Act 2014 formally prioritised wellbeing as a key principle for care provision in the UK. Yet how technologies may support individual wellbeing remains under-explored. This paper reflects on ongoing research with industry, refracted through a social science lens, to consider how the design of emergent technologies may influence how we practice care and support a person’s wellbeing.

15:45-17:15

TP10 - After Austerity Policies: Trends for Care and Gender Equality

Thematic Panel chairs: Antía Pérez-Caramés, Senior Lecturer, University of A Coruna, Spain, and Carmen Castro-García, PhD candidate, University of València, Spain

Room F

Successful fathers’ leave reform despite economic recession: The Spanish case

Teresa Jurado-Guerrero – Professor, Universidad Nacional de Educación a Distancia, Spain

Jacobo Muñoz-Comet – Universidad Nacional de Educación a Distancia, Spain

The research on parental leave has shown that some countries were more successful than others in promoting fathers’ use of leave. In all comparative studies on the effects of parental leave design on gender equality, some Scandinavian countries and Portugal emerge as having implemented the most successful reforms to increase the take up of leave by fathers and to narrow the gender gap in its use (Ray et al. 2010; Ciccio and Verloo, 2012; Castro-García and Pazos-Morán, 2016; Dearing, 2016). The effectiveness of these reforms for gender equality is explained as the outcome of two design features: non-transferability (take it or lose it) and a high income’ replacement (NTHigh). Spain introduced a two-week paternity leave with a 100 percent replacement level in 2007. Fathers responded taking up this leave in high proportions since 2008 and throughout the economic recession. At the beginning for every 100 maternity beneficiaries 80 fathers benefited from paternity leave and since 2017 the gender gap in take-up rates has closed, even if not regarding the length of available NTHigh leave (maternity leave entitles to 16 weeks). We use Labour Force Survey data from 2008 to 2018 to study how the economic recession, recovery and the enlargement to four weeks in 2017 influenced the use of leave by different groups of fathers. We find that some groups of fathers increased their use of paternity leave and gaps across fathers’ take-up rates fell. Surprisingly it not the economic recovery but the enlargement of the leave duration to four weeks which is related to the higher use. Contrary to Iceland, the economic crisis did not affect-take Spanish up rates of the paternity leave, and four weeks instead of two led to a wider use of NTHigh among fathers with temporary employment and fathers working in

private companies. A high replacement level is related to these differences across countries, the steady use of paternity leave during the economic recession and the success of the new one-month paternity leave in Spain.

Evolution of childcare and long-term care policies in different care and gender regimes and its impacts on gender equality

Paula Rodriguez-Modroño – Professor, Pablo de Olavide University, Spain

Mauricio Matus-López – Associate Professor, Pablo de Olavide University, Spain

This article analyzes the evolution of public policies for childcare and elderly and long-term care in three different welfare regimes --Sweden, France and Spain— for the last decades to determine how and to what extent these policies have been developed in terms of coverage, cost and formal care work, and what new tensions on the social organization of care have emerged. All countries present a serious problem of ageing populations, but each country represents a different welfare, care and gender regime (Bettio and Plantenga 2004, Daly and Lewis 2000, Esping Andersen 2000). Sweden belongs to the Nordic model characterized by high social protection, public care services and double income families with long parental leave; France to the continental regime with considerable social benefits, especially for pensions, and a high labor participation of women; and Spain to the Mediterranean family model of lower expenditure and social provision.

We carry out a comparative analysis using data on coverage and expenditure and policy reports from international bibliographic databases, and reports and databases from the three selected countries, the European Union and OECD.

The results of this study show that childcare and long-term care policies have developed in the context of competing discourses on free choice, social investment, managerialization or new public management, and austerity, leading to both an expansion of coverage and cost containment. The tensions between formal/informal care coexist with the debate on the sustainability of the Welfare States, favoring their dismantling or making the universality of access and public financing more flexible. Particularly in the last decade, the severe fiscal consolidation implemented with the European management of the financial and economic crisis is leading to serious cutbacks in the provision of public services for care. The balance between these two forces has been different in each country. Sweden has achieved to maintain a public universal model with high costs and coverage, even though it is introducing economic principles and cash-for-care schemes. France promoted a-pro market model, which allowed increase coverage through cash-for-care benefits, but it has failed to prevent the increase in total costs, so that recently it introduced cuts and means-tested benefits; while Spain has implemented a low-cost model that has been able to increase coverage mainly due to the predominance of cash-for-care benefits. Finally, all these reforms of care policies affect not only the care regime, but also the gender regime, through their impacts on informal care that needs to be provided by the family, the potential labor force participation of mid-age workers, especially women, fertility decisions, and gender norms.

Investing in formal person-centred social care: wider costs and benefits

Kirstein Rummery – Professor, University of Stirling, United Kingdom

Siabhann Russell

There is a long established link between care policies and gender equality outcomes, but to date little research which has systematically and critically examined those links, and the governance of welfare in a comparative way. This paper draws on evidence from a recently completed comparative study looking at long-term care and gender equality. It used a CQA approach to identifying case studies and presents evidence which focuses on: the governance and design of policies that led to good gender equality outcomes; the level of policy making; the role of the state, the family, the community and the third sector in designing and delivering effective policies; and the transferability of policies across different state and sub-state policy arenas. New empirical data reveals the role of the state, public and private providers, and third sector organisations in developing and implementing care policies and examines the role different levels of governance (state, sub-state, federal and local) play in achieving policy design and outcomes. The paper also presents evidence showing that comparative welfare models are insufficient to account for gender equality outcomes, and proposes new models based on new empirical and theoretical insights derived from the data. The paper also draws on policy transfer theories and empirical data to examine key issues around policy transfer and the applicability of new policies and models across different welfare and governance contexts.

Care Views towards Older Persons with Disabilities among Trinidadian Households

Bephyer Parey – Ph.d. candidate, The University of the West Indies, Trinidad and Tobago

This paper investigates the views regarding care of older persons with disabilities using Trinidad as a case study. Given the increasing proportion of older persons with disabilities, and the increased frequency of disability with age, care for older persons with disabilities is arguably important. In ensuring the care needs of older persons with disabilities are met, knowledge of the views people hold about care for them would be useful. While care continues to be generally viewed as dichotomous, in this paper Daly and Lewis' (2000) multidimensional concept of care is implemented. This paper applies their conceptualisation of care by developing a questionnaire to measure the care views towards older persons with disabilities. This questionnaire is distributed among a randomly selected sample of households in Trinidad, where the pillar of care is home or family care and household views are thus particularly important to understand.

Using factor analysis, results from 868 households reveal six dimensions of care among Trinidadian households. These are care as a cost to the individual, care as a cost to other family members, care as labour where life activities are disrupted, care as labour where persons must quit their jobs, care as duty, and care as a financial burden, with the most prevalent care view being care as duty. Regression analysis is conducted to determine the significant factors for each of these dimensions. Ethnicity, employment status, education, and experiences with persons with disabilities have varying and sometimes contradictory effects on the care dimensions. Overall results indicate the need for various support mechanisms, such as employment related measures and public home care services. Improvement to education modules regarding older persons with disabilities, their rights, and the role of care in human development also seems pivotal.

Given the traditional role of women in care the effect on gender on the care dimensions is also investigated using likelihood ratio tests. The tests indicated significant gender effects for one care dimension: care as labour where life activities are disrupted. Regression models are re-estimated for the male and female samples for this care dimension. Compiled findings hinted at the perpetuation of gender roles among households. However, they also indicated the importance of (secondary school level) education coupled with experiences with persons with disabilities among both male and females to disrupt traditional gender roles. The discussions of this paper revolved around the provisions needed to support home care in Trinidad, and the larger sociological issues of gender equity and adequate wellbeing of both carer and care recipient.

15:45-17:15

TP11a - Challenges to ageing in place: Potential risks of isolation and abandonment for frail older people living at home

Thematic Panel chairs: Dr. Marco Arlotti, Polytechnic of Milan, Italy, Mirko Di Rosa, Ph.d. candidate, IRCCS INRCA, Italy, and Flavia Martinelli

Group room 4

Ageing in peripheral areas. Socially innovative practices to contrast the isolation of frail elderly people in Lombardy and Piedmont

Ilaria Madama – University of Milan, Italy

Franca Maino – University of Milan, Italy

Federico Razetti – Dr., University of Milan, Italy

Italy, together with Germany and Japan, is one of the countries with the oldest population in the world. In spite of that and of the alarming estimates about future demographic trends, Long Term Care (LTC) policy in Italy is still struggling to be acknowledged as a relevant issue in the public debate and political agenda. Policy inertia has instead been prevailing at the national level, leaving the question of how to take care of the growing number of vulnerable elderly people largely dependent on the means of (shrinking) individual families. While institutionalization rates are comparatively low and public home care services are overall weak, the major national measure to support elderly people in need of care consists in a flat-rate, unconditional cash-transfer. In this context, most families end up taking care of the elderly at home, either directly (through informal care) or indirectly (by hiring a caregiver or a helper, not rarely in the shadow economy). These arrangements, that de facto favor ageing in place solutions, make care practices heavily dependent on families' resources and abilities to manage the whole process, and often fail to address key-issues like services' integration and elderly socialization.

Within this context and in sharp contrast with the frozen scenario at the national level, since early 2000s many territories – especially in the North of the country – have been experimenting new socially innovative solutions in the field of LTC, addressing the challenge of building more inclusive local care environments for frail (dependent) elderly people and their families. Among these solutions, it is possible to include those explicitly aiming at trying to combine the advantages of ageing in place with the reduction of the connected risks of isolation, particularly relevant not only in large urban areas, but also in more peripheral territories, where population density is lower and transport services are less developed.

Building on this background, the paper has three main goals: 1) to provide a “workable” definition of socially innovative policies and practices in the field of LTC; 2) to analyze a set of selected socially innovative policy solutions meant to enhance the inclusion of the “cared at home” frail elderly people and their families, implemented over the last decade in two Northern Italian Regions, Lombardy and Piedmont; 2) to investigate and discuss the factors behind the adoption of such policies and practices at the local level.

From a methodological standpoint, the paper adopts a qualitative comparative approach, relying on sound empirical evidence. Documentary analysis and desk research have in fact been supplemented by in-depth field research, including a number of semi-structured interviews with key local policy actors.

Our preliminary findings suggests that to make sense of the novelties observed in the selected cases under review, we ought to focus on the interplay between raising functional pressure and the emergence of local multi-stakeholder networks involving local public institutions and other key players (NGOs, bank foundations, private companies), also thanks to the financial support made available through EU funding.

The Experiences and Challenges of Long-Term Care in Taiwan - A case of an indigenous community

Hsi-Wen Chang – Assistant Professor, National Dong Hwa University, Taiwan

Yu Chin Tai – Mennonite Christian Hospital, Taiwan

Taiwan has become an aged society with the population over 65 years old breaking 14.5%, and the indigenous population is aging faster than majority, with people over 55 years old getting 21% in 2018. In order to respond to the rapidly aging society and multiple ethnic groups in Taiwan, the Ministry of Health and Welfare incorporates the concept of cultural safety care into Long-Term Care Service Act (LCSA) with the goal of aging in place. However, how to deliver the government’s resources and services of long-term care (LTC) to the remote and deprived indigenous communities is still a challenging task. This study applied the participatory action research to explore the difficulties when the first-line local LTC providers were trying to deliver LTC service to indigenous elders among six villages belonging to the Bunun tribe from 2012 to 2017. The main findings of this study are demonstrated through the lenses from the supply side and demand side. On the demand side, the first and the most important task is to identify and approach the indigenous elders who are in the invisible corners and indeed need LTC. On the supply side, firstly mobile-service offices and vehicles are inevitable resources to reach the remote area and to provide in-time service. Secondly, due to different cultural backgrounds, local people should be empowered to enhance their competence of care-taking and further to establish the stable local workforce with sustainability. Lastly, constructing an integrated community-based network is critical to ensure the sustainability of the LTC. Hospitals, as outsiders to the indigenous communities, have to cooperate with the local public and private sectors to make the most efficient and effective use of all available resources.

Innovation in home care: The holy grail or new wine in old bottles?

Diane Burns – Dr., The University of Sheffield, United Kingdom

Cate Goodlad – Dr., The University of Sheffield, United Kingdom

Kate Hamblin – Dr., The University of Sheffield, United Kingdom

Karla Zimpel-Leal – Dr., The University of Sheffield, United Kingdom

In the UK, social care – and home care specifically – have been described as being ‘in crisis’ due to a combination of factors including: reduced public expenditure in a period of austerity, an ageing population and difficulties in recruiting and retaining care workers. These challenges have been met with increasing calls for innovation in the sector as a means of creating sustainable improvements in care quality and supply.

This paper identifies and maps how ‘innovation’ in home care is conceptualised in terms of its characteristics, drivers and obstacles. This is important because the increasing call and opportunity for technological and service innovation in home care (e.g. Transforming Care agenda and the NHS Five Year Forward View in the UK) is generating a bewildering and

confusing set of descriptions of what innovation is and how to achieve it (e.g. Seelos and Mair 2012). We report on a narrative summary review (Dixon-Woods, 2005; Greenhalgh et al., 2018) of academic and grey literature, triangulated with the expert opinions of 13 leaders in adult social care provision (gathered through 1:1 semi-structured interviews). Narrative review approaches draw on interpretive and discursive methodologies and are therefore appropriate for examining a concept such as 'innovation' which requires further elucidation and insight (Greenhalgh et al., 2018).

We draw on and expand Osborne's (1998) category of public service innovation to identify and categorise innovations that are a) total (including change of client group and service model, referred to as 'revolutionary' in the grey literature), b) expansionary (using an existing model to meet the needs of a new group), c) evolutionary (new forms of service within an existing model), and d) developmental (which modifies existing services for an existing client group). Our findings indicate that 'innovation' in home care is primarily developmental focusing on modifying existing services for an existing client group. The drivers for innovation reported in the grey literature were argued to be strategic or produced 'by necessity', whereas most innovations in academic literatures were reported to be instrumental in that improvement to efficiencies, particularly in relation to cost and value for money were emphasised. Expert leaders tended to identify examples of current innovation at the evolutionary level (new forms of service within existing models) that are in operation at the level of particular home care provider organisations. In all cases, focus is placed on the positive outcomes of innovation, rather than on the process of innovation per se, leading we argue, to the assumption that innovation can be said to have occurred when positive outcomes are observed. The implications of the mismatch between the ideology of innovation badged by policy as a means to transform care and the more modest, incremental changes instigated 'by necessity' to achieve efficiency savings in the UK are discussed.

Managing loss in the past or the future? Views from frail older persons and their care professionals on frailty management after an acute incident

Yvonne La Grouw – Ph.d. candidate, VU Amsterdam, Netherlands

Managing frailty of older people may help to reduce the increasing number of Emergency Department (ED) visits of older people. Little is known on how frailty management as a strategy for reducing ED visits is experienced in practice. In this paper, we explore how frail older people and their care professionals view frailty management after an older person's acute health incident that led to an ED visit. Narrative reconstructions of nine acute health incident cases shows that the older persons held a structurally different perspective on frailty management than their care professionals. While care professionals focused on the prevention of future harm, older persons were involved with reconciling past losses in the present. These findings implicate dilemma's for older people, clinicians and policy makers: should frailty management steer towards minimizing potential future harm, while frail older people avoid focusing on potential harm through their ways of dealing with the past and present? To improve healthcare systems to deal with the mounting number of frail older persons with acute health problems, we need to develop care policy and practices that do justice to both perspectives.

WEDNESDAY JUNE 26TH

9:00-10:30

S1 - The role of national policies in shaping migrant workers' experience in providing home care for older people in Europe

Symposium chair: Shereen Hussein, Professor, University of Kent, United Kingdom

Discussant: Ito Peng, Professor, University of Toronto, Canada

Room III

Migrant care workers play a significant role in meeting the needs of older people requiring care at home in most developed countries. Growing evidence indicates the difficult organisational structures and working conditions that impact on the experience of both the migrant workers and older people and their families, particularly when care is delivered at home. These experiences are shaped by a set of national policies and factors related to the individual workers and users' needs. Immigration, welfare and labour policies directly and indirectly impact the sustainability of migrant workers' contribution and the quality of relationships and care provided. The symposium will start with an overarching comparative paper (Hussein) on the demand and use of migrant workers in the long-term care sector (LTC) in eight OCED countries (Australia, Canada, Germany, Italy, Japan, Korea and UK) highlighting commonalities and differences. We then present case studies

from Norway, Germany and Italy, offering rich and insightful discussions of various countries facing similar challenges of meeting escalating care needs, but who adopt different immigration, welfare and employment policies. From Norway, Christensen examines how macro and meso factors in the UK and Norway influence migrants' destination and care work choices. Theobald investigates how the restructured market-oriented German LTC organisation might be linked to increased stratifications and inequalities among migrant care workers. Di Rosa and Lamura provide detailed analysis of the interplay between the Italian cash-for-care approach, the employment of formal and informal migrant workers and the redistribution of care burden and their competing effects.

A comparative analysis of the sustainability of migrant care workers in eight OECD countries

Shereen Hussein – Professor, University of Kent, United Kingdom

Agnes Turnpenny – University of Kent, United Kingdom

Population ageing is occurring across the world and entails growing proportions of 'older people' and relatively shrinking 'working age' cohorts at the population structure level. The pace and degree of population ageing are variable but are more generally at an advanced stage in more economically developed countries. While life expectancy is increasing and healthy life expectancy is also increasing, yet the latter is not increasing as fast as the former. These phenomena present multiple challenges in relation to increased demand on long term care coupled with declined supply of people at working age. Many countries across the globe are relying on migrant workers who are seeking new economic, social and professional opportunities to fill in these 'care gaps'. This paper focuses on exploring the dynamics and determinants of migrant care workers in eight OECD countries: Australia, Canada, Germany, Italy, Japan, Norway, Republic of Korea (Korea), and the United Kingdom (UK). The paper will start by presenting some comparative statistics to set the context in these countries. We will then aim to bring together some theoretical considerations that shape demand for and sustainability of migrant care work in different socio-economic and welfare contexts based on existing literature. The analysis presented here illustrates how the immigration and welfare regimes shape, to a large extent, the types and nature of migrant care workers contribution to the host country's long term care system. The review indicates that for the eight countries under study a combination of forces including population ageing, demographic and societal changes result in high levels of shortages in the supply of the long-term care workforce. Migrant care workers constitute an important element of this supply; however, the level and context of their contribution vary widely across countries. Furthermore, the process of their recruitment, the level of their integration into the broader care market, how well their work is regulated and structure and the sustainability of such supply are variable across countries.

Contextualising decision processes of migrant care workers in social care – the case of Norway

Karen Christensen – Professor, University of Bergen, Norway

In the body of literature into the relationship between migration and long-term care services, it has been suggested that countries like Norway – with generous welfare services and sustainable working conditions – may not need migrants in the long-term care sector, because this sector will attract the countries' native workers. The aim of this paper is twofold. One aim is to document that migrants – in particular from EU countries – increasingly contribute to the long-term care sector in Norway. Another is to give insight into migrants' active decision making processes regarding choosing Norway as their destination country and working in the social care sector. The paper's discussion will be based on mixed methods, combining national statistics about numbers of employed migrants (foreign born people) in the long-term care sector since 2008 with life story interviews of 20 migrant care workers. These life story interviews are part of a larger comparative Norwegian/British study about the intersection of biographies and historical time (Elder 1994) and with a focus on migratory processes related to life projects (Christensen and Guldvik, 2014). Overall, the paper's analysis shows how migrants of the long-term care sector – increasing in numbers – are shaping their decisions within the framework of country specific characteristics at different levels. This includes macro structural levels, where the intersection of migration policies, labour market regulations and cultural values are crucial. And it includes micro levels, where the migrant's personal history, network, gender and resources are important. The analysis shows that Norway is not a top country choice, for different reasons, and that migrants encounter both options and barriers for living and working in the country. The overall Norwegian country context, however, provides options for building new capital (e.g. education) and being supported by the welfare state, making it attractive for some to stay. The paper's discussion is a contribution to the further understanding of how ageing societies via country specific politics and regulations are contributing to the conditions for

migrant care workers' subjective decision making processes. The paper's analysis points out the need for using a multilevel-analysis approach to understand the complex processes involved in migrants' contribution to the long-term care sector.

Care workers in professional long-term care in Germany: The intersection of migration status and social class

Hildegard Theobald – Professor, University of Vechta, Germany

Migrant care workers in Italian households: recent trends and future perspective

Mirko Di Rosa – Ph.d. candidate, IRCCS INRCA, Italy

Giovanni Lamura – Head of Centre for Socio-Economic Research on Ageing, INRCA, Italy

Italy is characterized by a very high and increasing demand for elder care, but also by a low level of in-kind public service provision in this sector. The informal and family care for dependent older people represents the largest share of long-term care provision in Italy, with public policies and interventions largely supporting it. The 'cash-for-care' approach - which represents one of the main features characterising the Italian welfare system, consisting in direct payments to older people and their family members - drove Italian families to use more and more such monetary transfers to privately employ home care workers. The latter have indeed become today the "third pillar" of long term care policies in several industrialised countries, especially in Italy, where most of them are foreign-born migrants living with the cared-for person. The widespread employment of migrant care workers has certainly relieved many families from most burdensome care tasks, with competing ("crowding-in" and "crowding-out") effects between the use of private care and public formal services, according to a clear pattern of care tasks allocation: family and private carers are responsible for assisting the older person with basic tasks of daily living, while the residual competences of public formal sector relate to specialised health care services. This phenomenon has been so pervasive, that it has radically changed Italy's traditional approach to elder care and, within this context, several challenges are raised in terms of care quality, possible undeclared work, exploitation and abusive situations, as well as care drain risks.

9:00-10:30

TP15 - Men, work and care in contemporary families

Thematic Panel chair: Teresa Martin-Garcia, PhD, CCHS, Spain

Room II

CANCELLED

Male and female family caregivers in Germany: Who provides family care? Where? For whom? And how?

Nadiya Kelle – German Centre of Gerontology (DZA), Germany

Ulrike Ehrlich – Ph.d. student, Deutsches Zentrum für Altersfragen, Germany

Informal caregivers comprise the backbone of the German care system. As German and, in general, European populations progressively grow older, an increasing number of people are finding themselves in need of help in carrying on their daily activities. The percentage of the German population aged 80 years and older was at 5.6 per cent in 2014, a figure that is expected to rise to 8.5 per cent by 2030. This section of the population is likely to become reliant on the help of others in their daily lives. At the same time, female participation in the labour market is increasing dramatically. For this reason, fewer and fewer women are in a position to take on care tasks. The question therefore arises whether men can fill this gap.

Yet, due to data limitations, little is known about the decisions on accepting or rejecting caring roles made by men and by women. Also, little is known about the differences in male and female informal caregivers' care arrangements. By drawing on novel data from the German Socio-Economic Panel Innovation Sample (SOEP-IS 2016), we can isolate (a) those not at risk of providing family care from (b) those at risk of providing family care but who refused to take on family care, and from (c) those who choose to devote time to family care, allowing us to investigate, whether men and women make decisions differently when it comes to the question of whether to provide care or not: Do men provide care in different contexts or for different groups of care-dependents compared to women?

Focusing on individuals who know at least one person in need of care, we find that men are still less likely to opt for care than women: 31 per cent of men and more than 39 per cent of women take on caring responsibilities when care needs arise. Comparing men who choose to give care with men who choose not to give care, first findings of a logistic regression show that men providing care are older, more often married and have slightly lower individual incomes than men who refused to provide care. Comparing men and women who both opted to provide care, it can be shown that caregiving men are on average older, less often married, less educated and have lower individual incomes than caregiving women. Furthermore, men are most likely to provide care for their parents and partners, while women are most likely to provide care for their parents and other (non-)kin. Men are less likely than women to provide care for a household member, but are more likely to provide care for persons living in an institutional context.

Adjusting Fatherhood Entitlement among Korean Fathers in Sweden: The Influence of Corporate Culture over the Institutional System

Yeonjin Kim – Ph.d. student, Lund University, Sweden

Fathers' active involvement in childcare has recently become a major policy interest in many welfare states. To encourage fathers' hands-on childcare, policies have primarily revolved around enhancing measures such as paternity leave, parental leave, and flexible work arrangements; strategies which grant employees more leeway in adjusting their work hours for family life. Such legal changes accordingly confront a dilemma at a practical level since the main actor in controlling employees' work hours has been work organization. However, previous studies have mostly brought attention to institutional design and its effect on policy users. There is a presumption that a right give will be a right used; accordingly, whether or not one utilizes the measures available to them is often likely to remain entirely dependent upon the individual father's choice. However, this approach overlooks individualized circumstances that may not be actually favorable for exercising one's legal rights. Fathers have been long expected to live up to a social formula that equates a good father with a competent provider. Therefore, in the companies that require employees' constant commitment and an adjustable schedule for work, a father's sense of entitlement to take time off for childcare will likely have evolved differently from that of those in workplaces that emphasize an autonomous work arrangement and a more employee-friendly management style based on prescribed job descriptions. This study researches the work cultural influences on fathers' behavior and the perception of their entitlement to fatherhood at work in their daily lives. In order to gain more contextualized insights on the work cultural impact beyond the policies, the author recruited two different groups of Korean fathers working in Sweden: One group works at Korean-owned multinational companies with branches operating in Sweden, e.g., Samsung, LG, KIA, and the other works at Swedish-owned multinational companies, e.g., Ericsson, Volvo. The fathers have work experience in South Korea which is well-known for long working hours, hierarchical work organizations, and a relationship-driven work culture. Breaking free from such work-oriented life, the fathers have chosen to work in Sweden to pursue a better kind of fatherhood. This study finds that even under the same institutional system in Sweden, fathers developed a differing sense of entitlement to fatherhood depending on their dominating work culture. Korean companies in Sweden have built a separate culture for the Korean workers inside the organization. Even though employees work in Sweden under the Swedish institutional structure, the rigid Korean working culture is maintained to some extent and constrains fathers' work flexibility with regard to hands-on childcare. In contrast, Korean fathers in Swedish companies have a greater grasp of their rights to use parental leave or control their working hours. By comparing the two different work cultures in which Korean fathers are situated, the author attempts to uncover which cultural contexts affect a father's behavior as a caretaker and as an ideal worker, and how these elements are interconnected in developing men's entitlement to fatherhood at work.

Transformation of Fathering in Contemporary Taiwan: Gender, Class and Social Policy

Wen-Hui Anna Tang – Professor, Si-Wan College, Taiwan

In recent decades, Taiwan's public has learned that fathers should not only play the provider role but also a nurturing role in the family. Owing to women's improved employment in the labor market and gender equality movements, Taiwanese men have gradually adopted significant roles as caregivers. Fathers are influenced by the egalitarian gender ideologies by different degrees related to their different social positions. The "New Good Men" have become good role models for the younger generation. Since 2002, when the Taiwanese government initiated the Act of Gender Equality in Employment, both mothers and fathers are eligible to take parental leave. However, until 2017, only 18% of beneficiaries were men instead of women and those male recipients mostly were middle-class instead of working-class. In 2019, 6 months of 60% wage parental leave allowance policy initiated and both father and mother can take childcare leave at the same time. However, through examining the ideology of policy design, I investigate how the middle-class is privileged over the working-class and point out the possible unintended policy consequences. I interviewed families of different socio-economic backgrounds, not

only did ethnographic fieldwork but also collected texts and online information as resources for investigating the class-specific nature of fathers' lived experiences. I analyzed how different generational and social status fathers negotiated the conflicts between work and family and examined how they fulfilled the social expectations of family responsibilities under different social contexts. I deconstructed the myth of the so-called "good father" middle-class stereotype in the media and pointed out how different fathers developed diverse family strategies in the course of family life. I highlighted how middle-class perspective governed childcare arrangements in the policy regime and how they failed the working-class fathers' aspirations and opportunities to be caregivers at home. Although Taiwan is an advanced modern society, many Taiwanese still value Confucianism and the traditional ideology of filial piety. The Standard Taiwanese Family (STF) ideology, in terms of man as provider and woman as a caregiver, still strongly influences the division of labor in the family. The filial son must continue the family line by producing a male heir. Men become fathers to fulfill the filial sons' role. Even in the dual career middle-class families, men take the major economic responsibility for the family and can be appraised as successful men. However, under globalization, working-class families always suffer from unstable, demanding and unsafe working environments and some fathers need to work in other countries, returning home only infrequently. The employment regulations are not family-friendly, and they lead to fathers being unable to fulfill the involved fathering practices at all. When couples both work outside the home, under the care deficit pressure, marital conflicts and domestic violence may be triggered. How can men maintain an optimal balance between work and family? Time and skills are both important. To make men into more reflexive and caring fathers, the barriers they face need to be eliminated from the individual, societal and legal circumstances. My research aims to uncover the obstacles faced by men in fathering and solve them by the design of social policies that will help promote gender equality in Taiwan for the future.

Changing patterns of men's unpaid work during the economic crisis: a comparative fuzzy-set analysis

Bernhard Weicht – Dr., University of Innsbruck, Austria

Barbara da Roit – Ca' Foscari University of Venice, Italy

Men spend less time on care and domestic work but more time in paid work than women. Yet, significant differences in the patterns of the gender distribution of paid and unpaid work can be linked to different national (care) regimes. Numerous studies explain those national differences by drawing on cultural, political, social or economic justifications. Alongside cross-national diversity, changes over time can be detected.

In this paper we investigate how the recent economic crisis has affected men's and women's labour and care work contributions differently across European countries. Since stable and continuous employment opportunities are strongly linked to macro-economic conditions, economic crises can cause disruptions in the configurations of the distribution of labour. Yet, men's roles and involvement in paid and unpaid work cannot be reduced to economic developments either; the latter combine with socio-economic, cultural, institutional and policy factors and their evolution over time.

Based on a review of the literature, we identify the possible factors playing a role, alongside exogenous economic shocks, in changing men's and women's position with respect to paid and unpaid work. We then empirically analyse men's in opposition to women's involvement in unpaid (care and household) work in different European countries at two points in time, before and during the recent economic crisis (2000/2010). With this comparative perspective we seek to understand how economic factors (e.g. employment and unemployment), institutional factors (e.g. child care services), (social) policies (e.g. paternity leave arrangements), employment patterns (e.g. full- and part-time work), or cultural differences (gendered care attitudes) contribute to the diverse patterns of the distribution of paid and unpaid work that can be observed.

Assuming that neither the heterogeneity of patterns of care nor change over time can be explained by one factor alone, we develop a model based on fuzzy-set/qualitative comparative analysis in order to identify patterns in the relationship between the factors. FS/QCA is particularly suited to the purposes of this paper because it is employed to explore diversity by using the national cases as 'configurations of causes', which means it allows the identification of necessary and singular sufficient conditions and of combined factors (i.e. configurations) for creating particular patterns of men's paid and unpaid work. Moreover, examining qualitative and quantitative aspects simultaneously the method allows investigation of whether the same outcome may be produced by different causal conditions in different countries. Utilising EUROSTAT harmonised data on time use to analyse the time spent by men and women in various European countries we aim to understand the various combinations of conditions which sustain specific national patterns before and during the economic crisis. With this we attempt to explain how economic developments interrelate with other political, social and cultural factors to foster or hinder men's involvement in care and unpaid work.

Paths to co-responsibility: men in child care in Uruguay

Sol Scavino – Assistant Professor, Universidad de la República Uruguay, Uruguay

Karina Batthyány – Dr., Universidad de la República Uruguay, Uruguay

(contributed)

This article seeks to know which are the representations of care of men who currently have children under 6 years. Starting from the idea that there is a mismatch between the (more equitable) discourses and the (still inequitable) practices on male participation in care, the discourses on care that men develop, from a gender perspective, were analyzed and co-responsibility. Three types of current paternities are identified: traditional paternity, slight involvement paternity and Caregiving Paternities (with a Tendency to Co-Responsibility).

9:00-10:30

S7 - Combining work and care: Workplace support and its contribution to sustainable care arrangements

Symposium chairs: Jason Heyes, Professor, University of Sheffield, Denmark, and Sue Yeandle, Professor, University of Sheffield, United Kingdom

Discussants: Kate O'Loughlin, Professor, The University of Sydney, Australia, and Teppo Kröger, Professor, University of Jyväskylä, Finland

Room IV

Family carers provide the majority of care for older and disabled people who need support around the world, and are central to the sustainability of care systems. They are growing in number; most are of working age and many are employed full-time in addition to providing vital, usually unpaid, care.

This proposed symposium includes papers from Canada, Europe, Japan and Taiwan, with contributions from major research programmes in these countries, where researchers are studying policy and practice developments in support for 'working carers'. These span a spectrum of interventions and modifications to working practices and cultures. They range from flexible work schemes, innovative advocacy and support arrangements for employees, and different forms of care leave. Some measures have been proposed and supported by workers, trade unions or carers' organisations; others were introduced by employers. Some are legislated policies, requiring employers to support working carers in specific ways, or entitling employees to vary their employment patterns, or take leave from work to manage a caring role (sometimes with compensation for foregone earnings). In Taiwan, the policy enables families to employ a migrant care worker. Papers in the session are highly relevant to the conference theme. They focus on how policies are made and implemented, discuss new evidence and analyses – highlighting innovations, convergence, diversity, and advantages/disadvantages – and they distinguish policy rhetoric and ambition from working carers' lived realities. The discussants will draw on their expertise in this field to critique and contextualise the presenters' analyses, and to encourage discussion and debate.

Progress and regression in the compatibility of care and work in the 21st century: an Anglo-German comparison

Kate Hamblin – Dr., University of Sheffield, United Kingdom

Katja Knauthe – PhD student, University of Applied Sciences, Germany

With ageing populations, changing family structures and increased female labour market participation, the probability of combining work and care at some point in our lives has increased. The balancing of work and caring responsibilities can lead to negative impacts on physical and mental health and wellbeing (Phillips & Bernard 2002; Hamblin & Hoff 2011; Principi et al 2014), resulting for some in a reduction of working hours or a complete withdrawal from the labour market with further negative consequences for the individual, their employer and the wider economy. As such, throughout Europe policies to support people to combine work and care have been introduced. We contrast provision in the UK and Germany where in the former, the strong carers movement has worked hard to drive forward policy in this area, whilst in the latter reforms have focused more on sustaining the existing social care insurance system through the provision of care at home by

informal networks. However, in terms of outcomes, large numbers of carers exit the labour market every year in both countries, indicating that further reforms and support are required.

‘Achieving a caregiver-friendly workplace standard for Canadian working carers: A partnership approach’

Allison Williams – Professor, McMaster University, Canada

Statutory care leave in Japan: policy changes, rationales and their consequences

Shingou Ikeda – Senior Researcher, Japan Institute for Labour Policy and Training, Japan

This paper describes problems related to combining work and care, focusing on the outline of statutory care leave, the background of its latest reform, and further issues in Japan. Japan is the world’s most aging society. Its elderly population in need of care is expected to increase even more rapidly as the post-war baby boomers reach the age of 75. The Japanese government views this trend as a problem, considering that an increasing number of people giving up work to take care of their elderly parents may restrict the available workforce and threaten the nation’s economic growth. To avoid such a situation, the government has begun working on providing support for workers to balance work and care for their parents. The Japanese government introduced long-term care leave (called family care leave) which assumed the need for caring all the time, especially in an emergency when a care recipient first develops a disease. However, there are certainly many working carers who require long-term care leave in the order of months. One reason is that the supply of at-home care services dramatically increased after the LTCI system was introduced in 2000, although family care leave was originally established in 1995. The increase in at-home care services under the LTCI system enables working carers to return to their jobs within a few weeks, even if they need to leave their workplace for caring, because care recipients do not need to wait for months to start using care services. However, the care insurance system faces tightening financial conditions with the increase in the number of care recipients in the context of the aging of the population. Some working carers provide care to compensate for a shortage of services. The LTCI does not define the role of family to provide care, as it was designed for the purpose of socializing caring independently of a care recipient’s family background. The undefined role of the family in the LTCI system tends to impose a burden of caring on the family. Mutual dependence between adult children and their parents has traditionally been common in Japan. This dependent relationship has been regarded as an advantage of Japan’s welfare society, and as saving on social security expenditure. Although traditional ‘dependent’ carers reduce their paid work to give their time to care recipients, many working carers use extra services out of the LTCI to fulfil a care recipient’s needs. However, these extra services are expensive for workers in general. Neither option is suitable for the increasing number of single carers who must maintain their household economy alone. In this sense, the system of providing care to fulfil all the needs of care recipients throughout their life is not sustainable in the more aged society we will face in the near future. To overcome this crisis and construct a sustainable system for combining work and care, an important issue must be to promote independent relationships between carers and eldercare recipients as mature adults among Japanese families.

‘Managing work and care without workplace support: does employing a live-in worker fill the gap? The example of Taiwan’

Li-Fang Liang – Assistant Professor, National Dong-Hwa University, Taiwan

9:00-10:30

TP23 - Collaborating with Volunteers and NGOs to Transform Care: Valuing Unpaid Care Work

Thematic Panel chairs: Michelle Nelson, Scientist/Assistant Professor, Lunenfeld-Tanenbaum Research Institute, Canada

Room A

Volunteering, everyday life and home dwelling older people

Kjersti Helene Haarr – Assistant Professor, VID Specialized University, Norway

Main issue analyzed in the paper and its relevance: Based on the global phenomenon of demographic changes, this is significant for an elderly generation where a larger part of health and care services offered in the future will be closer to

their home and to suit individuals' everyday life. Volunteers are, according to Norwegian Governmental papers, expected to complement the public sector health and welfare services, even more now than earlier years. The purpose of this study was to elucidate voluntary initiatives and forms of citizenship that already exist in smaller communities, linked to home-based services and reablement. For the future, it will be relevant to have better knowledge about benefits and frictions in the public-civic-sector-cooperation. The key question investigated in this study was: What dilemmas can occur between the public sector, volunteers and elderly people needing support to live day-to-day at home?

Type of methodology and sources of data/information used for the analysis: Data for this research was derived from various qualitative approaches, such as interviews with volunteers and public sector employees, participation in local meetings and events, as well as observations while "walk-and-talk". After monitoring two municipalities over a three-year period, we experienced that public sector employees and volunteers share a willingness to co-operate. Simultaneously, we realised that a common co-operative strategy needs effort, and that co-operation still is challenging and dependent on individuals; thus highly unreliable. New dilemmas may occur where volunteers are co-operating with the public sector, whether the elderly is living at home or at an institution.

Main findings from the analysis: Our findings were thematically organised, pertaining to tradition and topography, belonging and affiliation, time and mutuality, as well as competence and high political and administrative expectations. The results are discussed supported by Wilcock and Hockings (2015) theories about doing, being, belonging and becoming, which all are essential aspects of health and wellbeing also for persons in high age. According to our conversations from this study, cooperation is mainly occurring in relation to cultural gatherings and other events at local retirement homes and institutions. Cooperation in relation to requirements for elderly citizens living at home who need support for every-day activities, is rarely brought up. In other words, will there be a potential for better adaptation between needs and requirements, and voluntary work offered.

Further plans: As a prolonging or follow-up study from this material, we are now planning to take The Convention on the Rights of Persons with Disabilities (CRPD) more into account. CRPD put pressure on comprehensive rehabilitation services and programmes (art. 26). For fragile, home dwelling elderly people, such rehabilitation will be part of the strategies ...to prevent isolation or segregation from the community (art. 19). To have a closer look upon how reablement is governed, compared to principles from Community Based Rehabilitation (CBR) may be an issue. According to K W Hammel (2008, 2015) there will be a need for a human right perspective on the issue of participation and occupation – also for the aging population in modern societies.

NGOs and stakeholder cooperation in LTC organising and delivery: An equal player or a stranger?

Ruta Kazlauskaite – Professor, ISM University, Lithuania

Virginija Poskute – ISM University of Management and Economics, Lithuania

Irmina Matonyte – ISM University of Management and Economics, Lithuania

Lineta Ramoniene – ISM University of Management and Economics, Lithuania

In this paper we seek to explore the situation of inter-sectoral and inter-organisational cooperation in long-term care (LTC) service policy-making, organising and delivery in Lithuania, with a specific focus on the role of NGOs in it, and a number of its drivers. First, we outline prior research on stakeholder cooperation in LTC service delivery and identify its key success factors, and offer a theoretical framing of stakeholder cooperation and organisational-level factors facilitating it. We frame our research on stakeholder theory, social capital and stakeholder social capital perspectives and the AMO framework. Next we provide empirical findings of a survey of key LTC stakeholders in Lithuania (n=233). In our study we address a number of interfaces of stakeholder cooperation in LTC organising and delivery, such as LTC policy development on a national/municipal level, LTC management, planning and organising and quality improvement on a national/municipal and organisational levels, LTC service delivery on an organisational and individual levels as well as personal need identification. Our results show that the level of the current NGO engagement in cooperation is lower in comparison to public and private LTC service providers and their cooperation is mainly limited to the sphere of LTC service delivery at an individual level, and family members, social workers and other NGOs make key stakeholder groups they cooperate with. The perceived motivation to cooperate is also lower among NGOs in comparison to the other two groups of LTC providers. NGOs also score lower on trust and reciprocity. Our results also show that LTC stakeholder cooperation is positively related with knowledge and information sharing, stakeholder ability, motivation and social capital.

Volunteers and NGOs as Partners in Community Reintegration and Reablement Services

Michelle Nelson – Scientist/Assistant Professor, Lunenfeld-Tanenbaum Research Institute, Canada

Rachel Thombs – University of Toronto, Canada

Juliana Yi – University of Toronto, Canada

Janet Bettger – Duke University, United States

Tine Rostgaard – Professor, VIVE, Denmark

Many people discharged from the hospital, particularly older adults, are vulnerable and in need of services that address both health and social issues to return to independent living at home. Volunteers and voluntary organizations can play an important role in supporting community reintegration and independent living. However, there is limited understanding regarding their role, the kinds of services they deliver, the benefits to service users, and how volunteer capacity is built and maintained.

Using a comparative research design and qualitative descriptive analysis, five community re-integration and hospital to home transition programs across England and Canada were examined. Interviews were conducted with a total of fifty-one participants, comprised of eleven focus groups with volunteers and program coordinators, and seventeen individual interviews with patients.

The programs held similar missions and objectives, had formalized intake mechanisms (recruitment, screening, interviewing), and training processes for volunteers. A small number of volunteers in each program supported a large number of patients in providing support for instrumental activities of daily living (e.g. shopping, light housework, transport, collecting prescriptions). Volunteers also provided social and emotional support (e.g. befriending, peer support, community navigation, caregiver support) in order to reduce loneliness/social isolation. Evaluation approaches of programs were highly variable, but service users reported increased quality of life and decreased social isolation and had decreased admissions to emergency rooms post discharge.

Voluntary sector programs can serve as a ‘safety net’ for patients and promote independent living. Volunteers provide unique contributions in improving health and social care integration, particularly in transitional care. Skilled volunteers that are adaptable, flexible, and have good interpersonal skills can have a positive impact on older adults’ experiences returning home. This study highlights the role of the voluntary sector in intermediate care and the potential for the sector to bridge the transition between hospital and home/community, and to further integrate health and social care.

Using the results of the comparative research study as a framework, this paper will:

- a) Discuss of the conceptual and theoretical underpinnings of volunteer engagement in reintegration and reablement services;
- b) Present selected study results regarding the elements of volunteer supported community reintegration programs and how these programs supported people to return home, fostering independent living
- c) Discuss the facilitators and barriers (micro, meso and macro levels) to volunteer engagement.

‘Co-producer’ or Passive Beneficiary? Findings from a Survey of Cooperative Health and Eldercare in Japan

Yayoi Saito – Professor, Osaka University, Japan

Main issue analyzed in the paper and its relevance: Today many countries that are attempting to cope with an ‘aging society’ have developed different approaches designed to involve citizens and service users in providing services. Sometimes citizens are expected to influence the service design and/or quality and sometimes they are expected to function as unpaid workers who can indirectly contribute to the budget.

This paper is based on the idea that service users and citizens can play a more active part in the provision of their own health care and eldercare services. Three key concepts are discussed in this paper: co-production, multi-stakeholder dialog and governance. The concept of co-production was originally developed by Elinor Ostrom during the 1970s to describe and delimit the involvement of ordinary citizens in the production of public services (Ostrom 1999). Recently there has been a renewed interest in the study of co-production (Pestoff 2019, Alford 2009, Pestoff et al 2011, OECD 2011). Co-production

can achieve better quality services and/or result in the provision of more services than is possible without citizen or user participation.

Japan has a unique type of health care provider, which is 'user-owned' health care and eldercare cooperatives. They have nearly 60,000 hospital beds (5% of total hospital beds in Japan) and they also manage 3% of total eldercare services. Not only staffs but also service users and volunteers have a means to express their opinions and voice in 'user-owned' health and eldercare cooperatives. And they know that their voices are being reflected in their services.

This paper make it clear the contributions when professionals, patients/users, and volunteers act as 'partners' or 'collaborator' and where these stakeholders co-produce the service through their mutual contributions.

Type of methodology and sources of data/information used for the analysis: This paper treats a part of results of the Survey of Japanese Health Care Cooperatives with Prof. Victor Pestoff (Ersta Sköndal University College, Sweden), which was conducted in 2016 and 2017. The empirical materials stem from questionnaire data collected from the staffs, service users and volunteers at health care and eldercare cooperatives and public hospitals. The staff samples from the 10 organizations (8 cooperatives and 2 public hospitals) reaches a total of 6,859, for a response rate of 72.1%. The user samples reaches 631 and the volunteer's samples reached 236 from 4 cooperatives. The analytical model is comprised of three pillars: 1) the national and regional institutional and environmental conditions for provider, 2) each provider's organizational setting, 3) the intervening variables (multi-stakeholder dialog, governance, stakeholder logic and values) for closer scrutiny.

Main findings expected from the analysis: The results from the analysis show that users satisfactions are higher in the providers that have more a multi-stakeholder dialog between the staffs and users. Their social values which they produce are reflected in their governance model and relations between the staff, patients and volunteers. Users and volunteers can be 'co-producer' for better service, however they also might become passive beneficiary on the circumstances.

9:00-10:30

TP11b - Challenges to ageing in place: Potential risks of isolation and abandonment for frail older people living at home

Thematic Panel chairs: Dr. Marco Arlotti, Polytechnic of Milan, Italy, Mirko Di Rosa, Ph.d. candidate, IRCCS INRCA, Italy, and Flavia Martinelli

Room F

Quality of life and social isolation among frail oldest-old population in Europe

Matteo Luppi – Postdoctoral Researcher, National Institute of Public Policy Analysis (INAPP), Italy

Marco Arlotti – Dr., Polytechnic University of Milan, Italy

Costanzo Ranci – Professor, Polytechnic University of Milan, Italy

Regardless of the current and future trends of the incidence of disability among the older population, the ageing process is resulting in a growing share of frail older adults, especially among the sector of the population that will show the larger growth, the oldest old. Beside widely investigated issues both at macro and micro level - as changes on LTC sectors organization or reorganization of cared-caregiver relationships - an important aspect connected to this process concerns the potential deterioration of the frail elderly' individual life circumstances, and especially higher chance for loneliness and social isolation. How frailty in older age can result in a sort of "isolation trap", hastening the natural development of ageing is an element to be investigated. This issue impacts not only on individual outcomes but also, adopting a long-run perspective, on the potential growth of formal and informal resources needed and required by frail older adults. Policies promoting 'ageing in place' may have to find out that what is supposed to be a solution is likely to turn out as a problem for a relevant part of the frail elderly.

In this context, the proposed article aims to investigate how the individual and spatial factors, as well as the characteristics of the care arrangements, are related to the risk of social isolation and deterioration of the quality of life for European frail oldest old adults. The analysis is based on the sixth wave of SHARE data and involves seventeen European countries grouped into four regimes: Nordic, Continental, Southern and Eastern Europe. The focus is on a low-medium frail older population defined according to their age, over 75 years, and to a frailty scale developed on indicators of physical and cognitive limitations. OLS linear regression and ordinal logit models are used to identify elements that can potentially prevent or increase the risk of social isolation and of deterioration of the quality of life. The inclusion of spatial factors - in its triple meaning: dwelling, building, and residential area characteristics -, less considered in previous research, provide

interesting insights: frail older adults living in countries belonging to the continental regime are characterized to have the highest level of quality of life and social connectedness, while loneliness and deteriorated quality of life are the highest in the Southern and Eastern regimes. Additionally, the analysis suggests that factors connected to spatial and care regime characteristics result in a potential trade-off effect between the two dependent dimensions considered here, namely be associated to higher probability to be socially isolated while resulting in a positive association in terms of quality of life. The latter support our multidimensional approach in investigating the 'ageing in place' policy.

The effects of home care services on quality of life outcomes in Austria, England and Finland

Assma Hajji – M.Sc., WU Vienna University of Eco. and Business, Austria

Birgit Trukeschitz – WU Vienna University of Eco. and Business, Austria

Julien Forder – University of Kent, United Kingdom

Juliette Malley – London School of Economics and Political Science, United Kingdom

Ismo Linnosmaa – National Institute for Health and Welfare (THL), Finland

Main issue and relevance: Home care services enable frail older people to age in place. However, only little is known on the impact of home care services on service users' quality of life. We compare the effects of long-term care (LTC) services on quality of life across England, Finland and Austria and investigate the role of personal and environment characteristics on LTC service outcomes. As care systems vary across the three countries, we expect different factors to be related to outcomes.

Data and methodology: We use data from large-scale surveys conducted in England, Finland and Austria. The questionnaires in all three countries comprised questions on long-term service users' care situation, their needs and limitations, informal support and social contact and other personal and environment-related variables, as well the ASCOT (Adult Social Care Outcomes Toolkit) measure, used for assessing overall long-term care related quality of life (LTC-QoL) and LTC-QoL gains. In total, 811 persons were included in the analysis (370 in Austria, 264 in Finland and 177 in England).

We perform a regression analysis with the aim of explaining variation in long-term care related quality of life (LTC-QoL) gains both across and within countries, using ASCOT gains as the dependent variable. ASCOT gains reflect the difference in LTC-QoL between the current situation (with LTC services) and a hypothetical situation without any services. As explanatory variables, we include service user socio-demographics, needs indicators, variables related to social support and environment (such as availability of informal care) and characteristics of the care services themselves. We test main effects and country-specific interactions in order to capture both overall and country-dependent effects.

Main findings: We find certain factors to be related to ASCOT gains (i.e., how much a service user's LTC-QoL is improved by the services they are receiving) that affect service users in all countries in the same way, in particular needs indicators, such as I/ADL issues and care intensity. Process quality variables related to how well the service user was kept informed and whether care workers did the things they wanted are also positively related to LTC-QoL gains in all countries.

We find country-specific different effects regarding the availability of informal care and social contact, with service users without any informal carer(s) having higher average gains than those with informal carer(s) in Finland, the same holds for persons living alone. On the other hand, service users with more social contact benefit more than those with little contact in England and Austria, possibly due to the fact that their social network directly or indirectly assists them in arranging the care they need.

User fees of home care services pose a risk of poverty and care deprivation for older people with low income

Katja Ilmarinen – Senior Researcher, National Institute of Health and Welfare, Finland

Lina Van Aerschot – Postdoctoral Researcher, University of Jyväskylä, Finland

In this paper, we focus on user fees of public home care services in Finland. Home care is an essential form of support for the ageing population as living independently is possible only if necessary care and help is received at home. Finland is a Nordic welfare state known for public home care services that are, at least in principle, available for older people with care needs. In practice, home care does not include household chores like cooking or shopping. Therefore, home care is often complemented with auxiliary services, such as meals on wheels, shopping service, laundry or weekly day center visits. The home care clients pay an income-related monthly user fee according the amount of hours of home care received. For

auxiliary services the user fees are flat-rate. Despite the fact that home care is an essentially important part of social policy, we have very little research on the level of user fees for different income groups and the local variation of the fees. Our data consists of home care user fees collected from 200 Finnish municipalities and income and service use information obtained from Finnish SISU–HILMO register. According to our analysis, the user fees add up to a significant amount of money when home care is complemented with auxiliary services. A person having a gross income of € 1500, which is the average income of a single-living home care client, pays generally € 277 for 28 hours of home care per month. If home care is complemented with meals, shopping service once a week, laundry and day center visit once a week, the monthly user fees may take almost half of the persons' monthly income. Despite the user fees being income related and having a nationally regulated maximum level, the home care clients may be at risk of poverty because of the high level of the fees. Instead of using services, those with low level of income may need to rely on informal care. When that is not possible, people might simply cope with unmet needs.

9:00-10:30

TP8 - Childcare, equality and wellbeing for all: Is it possible?

Thematic Panel chairs: Ingela Naumann, Senior Lecturer, University of Edinburgh, United Kingdom

Group room 4

Male participation in the care of children in Mexico. Differences between urban and rural areas

Olga Rojas – Professor, El Colegio de Mexico, Mexico
Mario Martínez

Qualitative research has shown that changes in male involvement in domestic life have occurred as well as significant changes in paternal responsibilities in Mexico, especially among younger fathers with high educational levels and living in urban settings. Important lags have also been detected in rural and indigenous communities regarding women's status and the reduction of gender gaps. Having in mind these findings, we analyze data from the 2014 National Time Use Survey (NTUS) of Mexico in order to determine statistically whether there are significant differences in the time spent on child raising between rural and urban fathers. We also measure with a regression model the effect of the place of residence and other socio-demographic characteristics on Mexican fathers' level of involvement in raising their children. Our findings confirm a generational change in fathers' collaboration in child care and show that fathers living in urban settings are more involved-measured in time effectively spent-in child raising than their rural counterparts. Furthermore, the occupations of fathers and especially of mothers are of particular interest as factors that encourage or discourage greater male involvement in child raising.

Priority setting in ECEC – equal access in the spotlight? A comparison of local childcare provision in Germany and Sweden

Antonia Scholz – Dr., Deutsches Jugendinstitut, Germany
Britta Menzel – German Youth Institute, Germany

In many OECD countries, early childhood education and care (ECEC) has more and more become a political issue of national interest. While related policies are often designed and developed at a national level, a closer look at the local level is needed when it comes to implementation of these policies: It is often the local authorities that are in charge of planning and organising childcare provision on the ground. The outcome is then the particular range of childcare services offered in their neighbourhood that parents perceive as available to them (availability) and that they can choose from (adequacy). ECEC provision is differently organized within different ECEC systems: depending on the wider tradition of welfare provision, it can be organized publicly and/or privately, to varying degrees. As it is the case for other social policies, decision-making on ECEC policies is often shaped by patterns of explicit but also implicit priority setting, with far-reaching consequences for the composition of childcare markets as well as for parents and children (potentially) enrolled. This paper therefore focusses on the 'making' of ECEC provision and its impact regarding equality in access to early childhood services. So far, the role of providers as important stakeholders has not been a major issue in ECEC research on equality yet. Still, in terms of ECEC governance, the interplay between local administrative bodies and providers is of great importance. The purpose of the paper is twofold: firstly, we investigate variation in the local authorities' steering competencies and discretion regarding the allocation of provision in different ECEC systems. Secondly, we ask how governing provision can account for a local service offer that risks to undermine equality in access to ECEC. Drawing on the concept of local governance, we analyse both opportunities and processes of priority setting as well as the outcomes in terms of ECEC provision. The paper draws on preliminary findings of a comparative research project, the Equal Access Study. The study

investigates inequalities in access to ECEC in different local contexts in Germany, Sweden and Canada. The research focus lies both on access barriers resulting from particular institutional settings at the local level and on how access inequalities are addressed by the local administration. The data used for this paper is based on qualitative case studies in two municipalities, including expert interviews with the relevant stakeholders. Main findings include insights on the emergence of locally differing configurations of provision and the impact of priority setting in different ECEC contexts. The comparative design allows us to show varying institutional discretion in the 'making' of ECEC provision and understand its effects regarding accessibility. Due to the fact that, amongst others, priorities are set differently at a local level, access to certain types of services can be highly dependent on the families' place of residence.

A Right or a Privilege? A Cross-National Interview Study of Mothers' Perceptions of Work-Family Policy Supports

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Two-thirds of women with children work outside the home across western countries today. These countries have responded with very different social policies to reconcile caregiving and employment. This paper asks: How do working mothers think about and understand their rights to raise children and work for pay across the four western welfare regimes? Mothers' perceptions of work-family policies matter because they shape women's "legal consciousness," how individuals understand their rights and make sense of their experiences using the law (Ewick and Silbey 1998; Hampson 2016). Legal consciousness shapes women's ability to mobilize to implement rights, known as "rights-claiming," in the home and the workplace. Drawing on 109 in-depth interviews with middle-class working mothers in the capital cities of the United States, Italy, Germany, and Sweden conducted between 2011 and 2015, I investigate how women make sense of the available childcare services, flexible working patterns, and entitlements to leave time away from work in order to care. I find that women tend to use two discourses when discussing these policies: that of entitlement (right to support), and that of gratitude (lucky or privileged to have support).

Childcare Services: For women in Stockholm, Berlin, and Rome, the provision of public childcare was a given. These women felt entitled to public daycare—not only access to daycare, but also quality care. Mothers invoked the rhetoric of luck if they found a spot for children under age one. Berlin was the only fieldsite in which mothers expected to be able to find public daycare space for their children even as infants—logical given the GDR's socialist legacy. American women expressed gratitude for finding room in virtually any daycare facility they could afford, and invoked the discourse of feeling "lucky" if the one they found was adequate, or simply not "awful" or "traumatic."

Flexible Work: Flexible work was usually considered a right in Stockholm and Berlin, but a privilege for mothers in Rome and D.C., who expressed a great deal of gratitude for any flexibility in their schedules. However, they earned it by enacting an ideal worker persona in the office. Italian and American interviewees (as well as some in Berlin) also felt lucky when their bosses had children themselves and/or "got it." The vast majority of women in D.C. and Berlin lacked access to reduced hours work. This was common in Berlin and Stockholm, especially those with young children.

Entitlements to Leave Time: European mothers used a discourse of rights when discussing how they divided parental leave. In D.C., though, mothers explained feeling grateful to take any maternity leave whatsoever. Pumping breastmilk at work was common for moms in Washington D.C. Those whose workplace gave them time and space to perform this task felt grateful, especially with an office or dedicated lactation room, knowing that these were rare. None of my European respondents reported needing to pump breastmilk at work.

Extending feminist theories about social rights, law and citizenship, and gendered work-family politics, I show that a country's policy provisions are part of the "cultural toolkits" that people use to understand their social world and transform problems they face with work and childrearing. Laws operate as cultural schemas to shape women's consciousness and decisions to conform to, resist, and/or reproduce prevailing social arrangements. I argue that the discursive differences in how women perceive work-family policy supports—feeling "entitled" versus feeling "lucky" to receive support for caregiving—have important implications for women's ability to mobilize and rights-claim around particular work-family issues.

Families in need of care at the intersection between labour market and wellbeing discourses

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This contribution examines the potential role of family policy, defined here as paid parental leave, public childcare support, family cash and tax benefits and adaptable/flexible working hours, for families whose members have nonstandard employment relations. In this article, nonstandard employment relations are understood as those that have high insecurity and uncertainty, which sometime also have limited social and economic benefits and a lack of legal protection (Kalleberg, 2018). This contribution is specifically directed to understand if and how family policies can act as a buffer for the advocated negative effect of precariousness on wellbeing. This includes the objectives of family policies and their support to the working families' wellbeing. With this in mind, the empirical evidence linking nonstandard work and wellbeing within the context of the family is examined and whether the literature has paid attention to the supporting role of family policies. Rich evidence is found but only when examining separate parts, i.e., the link between nonstandard work and wellbeing within the context of the family, and the link between family policy and wellbeing. However, the overall picture, where family policies buffer the effects of nonstandard employment relations on wellbeing, is missing in the literature. How these seemingly separate strands of literature can inform and enforce each other were then further analysed, both from a theoretical point of view but also by concrete examples of family policies from four European countries.

How are Childcare Services Used According to Socioeconomic Status? A Comparison of the UK and South Korea

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How do childcare service use and socioeconomic status (SES) relate to one another? The broad understanding is that parents of higher SES gain more easily access to childcare facilities and resources than those of lower social class standing, even in the presence of considerable social investment reforms (Cantillon, 2011). Despite this general agreement, many questions remain open regarding the exact way in which formal and informal childcare services are used according to the different socio-economic standing of families in modern-day welfare states. This study aims to add more nuance to this question by analyzing the relationships between parental economic class and child-care arrangements for early childhood and pre-school children in the UK and South Korea - two countries that have been characterized by a rapid expansion in childcare services as of recent. By using the British "Childcare and early years survey of parents" (2015) and the "National Childcare Actual Conditions Survey" (2015) in Korea, this study examines the relationship between SES and the use of different kinds of childcare services, such as formal public and private facilities, home-based, and informal kinship care in the UK and South Korea. Using an instrumental variable approach to address the endogeneity of the use of childcare services, we find that high-income families in Korea are less prone to rely on institutional care services, which are more popular with lower income households. An opposite trend was found in the UK, with high-income families more readily using formal childcare services. These differences suggest a rethinking of the generalized understanding of SES' influence over childcare service use depending on each welfare state's institutional and contextual features.