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# Time in Care: The Temporality of Care Policy and Practices

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## BOOK OF ABSTRACTS

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# Thematic Panels (TP)

## TP1 - Intersectionality in Care

Convenors: Hildegard Theobald, University of Vechta, Simone Leiber, University of Duisburg-Essen

*TP1a – Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 3*

Convenor: Hildegard Theobald, University of Vechta

*Developing an intersectional framework for conducting home care research*, **Christine Kelly** (University of Manitoba), **Lisette Dansereau** (University of Manitoba), **Katie Aubrecht** (St. Francis Xavier), **Yeonjung Lee** (University of Calgary), Allison Williams (McMaster University)

Access to high quality home care services is essential for sustaining the well-being of today's aging population, and for preventing inappropriate and avoidable transitions to hospitals and residential care. Experiences and outcomes of home care provision vary depending on an individual's social location and identities. A study in Canada, for example, found "women outnumbered men in every age group" among home care clients, and were more likely to live alone (Gruneir, Forrester, Camacho, Gill, & Bronskill, 2013). A Finnish study found being female, older, living alone and having low socio-economic status increased the risk of entering long term residential care (Martikainen et al., 2009). On the other side of caregiving, paid home care workers include a high proportion of women and racialized immigrants, raising issues related to racism and geopolitics. Informal caregivers, who are vital to the home care sector, also report complex issues related to gender, age, and other identity factors. Indeed, if not attended to in policy design and implementation, home care policy has the potential to generate health and social inequities for diverse older clients, families, and workers.
What research tools are available to understand these health and social inequities in qualitative studies of home care for older people? Black feminist scholars and activists in the field of gender studies have championed the theoretical framework of intersectionality as a way to understand complex and overlapping experiences of exclusion. Intersectionality outlines how aspects of identity (e.g., gender, racialization, disability) 'intersect' and generate lived experiences of privilege and oppression (Collins, 2009; Crenshaw, 1991). The presentation reviews the challenges and opportunities of existing tools for qualitative intersectional research, including Hankivsky's (2014) Intersectionality 101 and examples of qualitative thematic analysis that incorporates intersectionality and identity categories (e.g., Sethi & Williams, 2017). We propose a framework conducting intersectional qualitative research that can be used in home care settings, as well as other care environments serving diverse older people.

*How intersections of privilege and otherness make care migrants' input invisible*, **Ewa Palenga-Möllenbeck** (Goethe-University Frankfurt)

For some years, the German public has been debating the case of migrant workers receiving German benefits for children living abroad, which has been scandalised as a case of "benefit tourism". This points to a failure of to recognize a striking imbalance between the output of the German welfare state to migrants and the input it receives from migrant domestic workers. In this paper I discuss how this input is being rendered invisible or at least underappreciated by sexist and racist practices of othering. To illustrate the point, I will use examples from two empirical research projects that looked into how German parents and adult children of dependent parents "outsource" various forms of reproductive work to both female and male migrants from Eastern Europe. Drawing on the concept of othering developed in feminist und postcolonial literature, I will put this example in the context of German literatures on racism, gender relations and care work migration. In particular, I show how migrant workers fail to live up to normative standards of work, family life and gender relations and norms set by sedentary society. A complex interaction of supposedly “natural” and “objective” differences between “us” and “them” are at work to justify the migrants’ discrimination and exclusion. These processes are reflected in recent political and public debates on the commodification and trasnationalization of care. As recent public discourses on the relevance of migrant elderly care during the Covid pandemic have shown – the invisibility of migrant care workers benefits some and harms others involved in this arrangement.

### *ObsCare – A piece of art and a social tool*, **Johanna Brummack** (Kunsthochschule Kassel)

Caring is the foundation of life and the prerequisite for vital relationships, because acts of caring create connectedness. Despite their fundamental importance, the organization of and access to care is unequally distributed in many national contexts.

Currently, heteronormative, capitalist, eurocentric and androcentric structures determine the organization of care. Specifically, this means that care is usually seen as an exclusively human practice, that the heteronormative family is the most visible form of organizing care, that care is often limited to its market value, and that European or western societies dominate the discourse about care. Many living beings have to fight for their survival on a daily basis due to these power structures. In the context of the corona pandemic, the devastating consequences of the disregard and unequal distribution of care become particularly clear and point to the need to find new ways of caring for and living with each other.

This paper is the written section of my final project ObsCare, a walk-through installation that focuses on the value of care and, at the same time, addresses the ambivalence around this topic. Three concerns form the theoretical and practical basis of this project: First, I want to describe care as a vital but underestimated practice that holds the potential for social change. Second, I want to create an understanding of how and why care is systematically devalued, and third, I wish to expand the imaginary space around the organization of care.

The first two chapters of this thesis provide an overview of my theoretical research.

Following queer-feminist and materialist critiques, I address the causes and mechanisms of the systematic devaluation of care and highlight the resistant potential of care. The third chapter represents the core of this thesis. In it, I describe the conception and realization of my artistic work, the installation ObsCare. These include my aesthetic research on materials and colors, my research on Interactive Installation Art, and on concepts of care beyond the norms described above. The fourth chapter deals with the exhibition of ObsCare and with related ideas of mediation and education.

## *TP1b – Parallel sessions D - Friday 25 June, 11:00-12:30 – Room 5*

## Convenor: Simone Leiber, University of Duisburg-Essen

### *Cohabitation, domestic hyper-proximity and intersectionality*, **Giuliana Costa** (Polytechnic of Milan)

This article is focused on a very specific ingredient of social and care policies, namely, cohabitation among users. It is a little explored topic, both by the social sciences, both by those involved in the analysis of public policies, and by those disciplines that look more closely at the dimensions of space. Domestic space hyper-proximity concerns a plethora of social groups and social needs. In fact, there are several social services that make coexistence "under the same roof and behind the same door" (Costa, 2016a; 2020) a fundamental pillar of their action, both in the context of public policies and in the social planning of private non-profit entities such as associations, cooperatives, and foundations. Most of the welfare services that have a residential content as well, require people to live together, in residential structures or in in shared apartments, frequently with the support of social workers. In these places of daily life, users or guests have a room for themselves or even just a bed while all the other spaces of domesticity are shared. Women victims of domestic violence or trafficking, migrants fleeing wars and persecutions, ex-prisoners, young care leavers, disabled people, single mothers or fathers, and many other people whose life has in some way “derailed” are led to live together. Sharing domestic spaces allows to reduce the costs of social intervention making services sustainable from an economic point of view, to better organize social workers intervention and to implement therapeutic and/or educational paths that make sharing - of experiences, ways of doing and being, of facing problems - a strength. But ensuring that people live under the same roof requires a strong investment of time and energy on the part of those who organize this kind of housing opportunities. Not everyone is able to handle and respect the minimum rules of coexistence in domestic spaces and not all forms of coexistence are easy to handle. The needs of privacy and appropriation of everyday spaces are sometimes severely tested by the fact of having to live with strangers, with whom it is required to cooperate and come to terms on various aspects, to be tolerant and to negotiate micro- forms of adaptation day by day.

Cohabitation is increasingly embedded in care settings, but it is under-researched. Here I propose and discuss some of the key concepts useful for analyzing this specific form of life which, although very often temporary, concerns people who, for different reasons, find themselves facing complex problems, at the intersection of problems and conditions of various kinds, be they related to housing and other material deprivation, addictions, absence of family networks, ethnic background and so on. Intersectionality is used both to analyze users' conditions and to highlight cohabitation policies approach in dealing with needs.

The article also presents very preliminary findings of a long research devoted to analyzing different cohabitation projects and services around Italy, developed through 42 interviews to key informants as policy makers, services managers, services coordinators, professionals, to understand how they cope with intersectional problematic dimensions of their users and through a more limited (desk based) data collection about more than 80 cohabitation projects.

### *Coming Out to Care: The experiences of 2SLGBTQ+ carer-employees in Canada*, **Sophie Geffros** (McMaster University), **Allison Williams** (McMaster University)

Despite the growing awareness of issues pertaining to the health of the Two-Spirit, lesbian, gay, bisexual, transgender and queer community, little attention has been paid to the experiences of 2SLGBTQ+ caregivers in Canada, and the bulk of the attention has tended to focus on the experiences of 2SLGBTQ+ older adults and their caregivers in relation to residential aged care. Of interest to this paper are the experiences of 2SLGBTQ+ caregivers who balance their caregiving responsibilities with paid employment, referred to as "carer-employees". This work aims to explore the experiences of 2SLGBTQ+ carer-employees in Canada using preliminary data from a national online quantitative survey collected in spring 2021. This survey assessed the experiences of 2SLGBTQ+ carer-employees in Canada, as it pertains to their quality of life, quality of worklife, workplace-level experiences of discrimination, and their identity.

Survey results suggest that both quality of life and quality of worklife were found to be strongly correlated to workplace-level experiences of discrimination, and that quality of life, worklife, and experiences of discrimination differed based on specific 2SLGBTQ+ identity, with Two-Spirit-identified respondents showing lower quality of life, quality of worklife, and higher experiences of workplace-level discrimination compared to other respondents. Age was found to be another significant factor, with younger respondents generally reporting higher quality of life and worklife, fewer experiences of workplace-level discrimination, and fewer concerns about disclosing their sexual orientation or gender identity. An important exception to this trend were participants who identified as being Two-Spirit, an Indigenous queer identity found in several Indigenous nations in North America, and which can be understood to encompass both sexual orientation and gender identity, as these participants showed notably lower scores across all indexes when compared to other identities within the same age cohort. One key index measured was the comfort of participants accessing caregiver accommodations if doing so would result in the involuntary disclosure of their sexual orientation or gender identity. This is a key concern for 2SLGBTQ+ carer-employees as many provide care for partners of the same gender, fellow members of the 2SLGBTQ+ community, or provide care for procedures or medical conditions (e.g., gender confirmation surgeries or HIV treatment) which are commonly understood as being associated with queer identity. This variable was found to be statistically significantly correlated with the age of participants, but not with their specific 2SLGBTQ+ identity.

### *Care homes as places of intersecting histories*, **Killias Olivia** (University of Zurich), **Kristine Krause** (University of Amsterdam)

Care homes as sites of institutionalized forms of care provide ripe examples to study interactions of multiple markers of difference and unequal structures of power, as highlighted in feminist theories of intersectionality. In this paper we draw on work which suggests to widen the view by looking at care homes not only as sites in which care work is influenced by how individual care workers and care receivers are positioned intersectionally, but as sites in which different histories intersect and become articulated as absent present (Raghuram 2019). By foregrounding the historical entanglements of care arrangements, the paper heeds the call of the convenors of this panel to bring temporality into the conversation about intersectionality in care.

Our paper draws on conversation between our respective, on-going empirical research projects in different parts of Europe. In her project "Caring not to Forget: Memory, Colonialism and Loss in Dutch Eldercare", Olivia looks at care homes in the Netherlands which have been established in the 1950s to cater to people of Indisch descent. Born in the former Dutch East Indies and often of 'mixed', Indo-European ancestry (descendants of white European men and 'native' women), the Indisch are the largest group of 'migrants' ever to have settled in the Netherlands – but theirs is a colonially inflected history. Nowadays, Indisch care homes are characterized by the nostalgic celebration of Indisch heritage in decoration, food or music, but at the same time, the violent history of (racialized) colonial relations haunts encounters in the institution, where elders with very different (post)colonial biographies are taken care of by white Dutch and Indonesian staff. Tellingly, while white Dutch staff might claim "not to do race" (Wekker 2016), Indisch elders claim that knowing history is also about knowing (colonial) histories of racialization.

In her research project "Relocating Care" Kristine looks at commercial care homes in Poland which recruit clients across the borders in Germany and offer care at roughly one third of the price care homes would cost in the home country. Most of these care homes are located in regions characterized by an ambiguous German-Polish history, adding historical complexity to the story. Some serve only German-speaking patients, others serve local, wealthier elderly people as well. They are run by former migrant care workers and by international companies, bringing labour migration and real estate investment into the picture.

In bringing the material of our respective researches into conversation, we are inspired by writings which show how the temporalities of eldercare and belonging are intertwined (Thelen & Coe 2017). We argue that markers of difference are not stable, but become something different depending on the concrete situations in which they are enacted (M'Charek 2014, Pols 2014). The absent presence of uneasy pasts materializes thereby on different scales: in concrete interactions, buildings, materialities, linguistic differences, imagined geographies and economic positioning. Ultimately, by zooming in on care homes as places of intersecting pasts, we want to shed light on the ways in which historical entanglements inform relations of care in contemporary Europe.

## TP2 - ECEC services after covid-19: searching to combine sustainability, safety, quality

Convenors: Stefania Sabatinelli and Marta Cordini, Polytechnic University of Milan

*TP2a - Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 2*

*Gender, dependent children and wellbeing during the first wave of the COVID-19 pandemic,* **Ralston Kevin** (University of Edinburgh), **Ingela Naumann** (University of Edinburgh), **Marshall Alan** (University of Edinburgh), **Gorton Vicrotia** (University of Edinburgh)

When the Covid-pandemic swept across the world in early 2020, national public health measures such as lockdown and social distancing radically changed family life with family members locked together in their home for months on end, and parents having to straddle multiple tasks and demands: from working from home and home schooling to intensified childcare and housework. This paper explores the impact of the Covid-19 pandemic on the wellbeing of parents with dependent children aged 0-15 during the first Covid-wave and lockdown in the United Kingdom. The data used in these analyses are Understanding Society: the UK Household Longitudinal Study (UKHLS). Mental wellbeing is measured using the standardised instrument, the General Health Questionnaire (GHQ). The model controls for sociodemographic and health factors. We interacted sex with the numbers of dependent children carers have. Results indicate that the number of children increased the likelihood of a substantial decline in wellbeing and that the pattern is different for men and women. We contextualize these findings within the broader feminist economics and policy literature pointing to the risk of physical and mental ‘depletion’ of those members of society carrying out social reproductive work in the absence of respective policy frameworks and social infrastructure.

### *Tackling the pandemic. Employment relations in childcare services in Italy*, **Stefano Neri** (University of Milan)

In the last two decades, in European countries the need to make service provision sustainable or to expand it, under tight budget constraints, promoted the use of several kinds of market mechanisms and the recourse to liberalisation and privatisation in ECEC services. These policies entailed a deregulation of the labour market and a deterioration of staff pay and working conditions, with risks for the service quality. Employment relations strived to find acceptable solutions able to balance the demand for service provision under austerity conditions and the need to ensure fair and homogeneous working conditions. Trends to decentralisation and to a shift from a collective towards a unilateral definition of working conditions made this task very hard.

The explosion of the Covid-19 pandemic and following emergency fully involved childcare services, calling employment relations systems to a supplementary and renewed effort in a partially changed context. The above-described contrasting pressures incorporate new dimensions, given the urgent need to keep ECEC services open but also to ensure safety conditions for both workers and users. Budget constraints have been softened, at both national and Eu level.

This paper would like to investigate how employment relations systems and its main actors (the State and public authorities at different levels of government, employers and unions, user and family associations) are tackling the pandemic, defining regulatory and contractual arrangements able to face the emergency, in the case of Italy. This country was severely hit by Covid-19 infection and initially reacted by closing ECEC services from March to June-September 2020. The case of Italy is particularly challenging for employment relations, given the high level of fragmentation both in the governance and in the work regulation of the childcare sector. It is also stimulating because the pandemic should give social partners the opportunity to negotiate in a more favourable context compared to the past, given the priority attributed to the expansion of ECEC services in the new government plans.

Our research, which is connected to a larger European research project (VS/2020/0242), will be carried out, first, by a critical analysis of the existing literature as well of regulations and official documents pre-existing to the pandemic. This will allow to reconstruct the main features of the employment relations in the Italian ECEC sector and to identify main regulatory framework in which social partners operate. Second, a specific documentary analysis will be carried out, focusing on the regulatory and contractual arrangements defined by government and social partners during the emergency, at national and, in some cases, regional level. Third, 10 semi-structured qualitative interviews at national and regional level with social partners and state representatives dealing with the childcare sector will be conducted, in order not only to better understand regulatory innovations introduced within the pandemic, but also to identify current dynamics and changes in employment relations.

### *Governance challenges for the Italian ECEC system during the pandemic lockdown*, **Tatiana Saruis** (University of Modena and Reggio Emilia), **Bertozzi Rita** (University of Modena and Reggio Emilia)

In Italy, the Early Child Education and Care (ECEC) policy and organisational asset has affected the management of the ECEC system during the first Covid-19 lockdown, between February and June 2020, and the possibility for the State to coordinate this important policy area in order to guarantee children and families to receive equal support in such a difficult condition.

Only in May 20201, the Ministry of Education spread guidelines aimed to offer pedagogical orientation to the 0-6 policy system, conceptualising the online interventions for younger children and their families as LEADs - Legami Educativi A Distanza (Distance Educative

Relationships), marking their difference from the DAD - Distance Didactics practiced in higher level schools, on the bases of younger children's specificities.

However, the first emergency was managed and educational remote practices were already elaborated at the local level, within services and schools, by the involved organizations and professionals, in order to offer parents and children support and educative experiences. The result of this uncoordinated and diversified system has been inevitably fragmented and heterogeneous, but it also has encouraged professional reinforcement and innovation.

Within this framework, the paper will focus on: 1) how the lockdown has challenged the ECEC governance and policy system, compressing the decision-making processes and giving evidence to the role of different actors and territorial and organisational differences; 2) how educative professionals had to rapidly and deeply re-think their roles and strategies, finding support and alliances to reinterpreting their work, giving concreteness to the Distance Educative Relationships before any specific guidelines, and with which results.

The empirical bases of the paper will be: 1) Documental analysis of literature and institutional documents, aimed to describe the governance context and processes in which the first lockdown was managed; and 2) An empirical study conducted through an online survey that was realised between June and July 2020 and involved 1.086 educators and teachers of 0 to 6 years old children all over Italy. Starting from the point of view of these professionals, the paper will analyse the decision-making processes through which the LEADs have been put in practices. The results will highlight how the territorial differences - among North, Centre and South of Italy -, the type of management - public, private and third sector - and the type of service/school - for 0-3 and 3-6 years old children - have affected the reorganization of the care services, with inhomogeneous results and probable consequences for the re-opening and the quality of the educative work and relationships.

*TP2b - Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 2*

### *Childcare policy reforms in 21st century South Korea: moving towards more 'publicness'?*, **Sunwoo Ryu** (University of Oxford)

South Korea has a relatively short history of childcare policy. Alongside the growing importance of strengthening 'the state's responsibility for childcare' or more explicitly childcare 'publicness' since the early 2000s, South Korea has rapidly increased its governmental involvement in this hitherto neglected arena. What may be debated is how significant this involvement has been and whether the country is moving away from 'privateness' and heading more towards 'publicness'. The aim of this paper is therefore to conduct a systematic analysis of how the country's childcare 'publicness' and 'privateness' changed over time. Towards this goal, this paper explicates childcare 'privateness' and 'publicness' as multi-dimensional concepts and constructs ideal-typical childcare models. By doing so, it empirically investigates changes and continuities between 2003 and 2020 to determine the types of childcare models adopted under the four different governments during this period of time. This paper suggests that in spite of the continuous focus on strengthening the state's responsibility for childcare, the country's childcare policy reforms have been geared towards increasing the state's role primarily as a financier of both out-of-home and at-home childcare.

### *Informalizing childcare during the pandemic? Policies towards childcare during the first wave of the COVID-19 pandemic in different types of care arrangements*, **Christopher Grages** (University of Hamburg), **Thurid Eggers** (University of Bremen)

The lockdown of extra-familial daycare and schools has been an important part of the major interventions of European governments against the spread of COVID-19 during the first wave of the pandemic. One of the consequences was that mainly women took over the responsibility to provide informal care for their own children at home, either on the basis of home office work or a leave from employment. It was therefore argued that gender relations have been "re-traditionalized" as a result from the measures to contain the pandemic. However, in the first wave of the COVID-19 pandemic, policies on childcare differed substantially between European countries regarding the duration of the lockdown of extra-familial childcare and schools and regarding the introduction of Covid-19-related leave schemes for parents. The study analyses the following questions: How far did policies towards childcare in the first wave of the COVID-19 pandemic differ between European welfare states?  In how far do cultural ideas and path dependency of family policies contribute to explain these cross-national differences? According to the main assumption, particularly in countries with care arrangements which are based on more traditional cultural ideas about gender and childcare, governments tend to rely on informal unpaid childcare and a traditional gender division of labor in the household as the main resource for childcare during the closure of extra-familial childcare facilities and schools. The paper is based on a comparative empirical study of policies regarding care for children in the COVID-19 pandemic in three countries, Denmark, Germany and England, which represent different types of care arrangements. It uses policy and media documents, quantitative data on care, labor market structures and cultural values as well as secondary literature.

### *Early childhood education and care in Italy: investiments and effects on the 0-6 educational system*, **Marco Marcucci** (INAPP), **Alessia Rosiello** (INAPP)

The 2002 Barcelona European Council strategy envisaged reaching 33% coverage of early childhood education services (0-3 years) by 2010. In Italy, the public social spending for Early Childhood Education and Care (ECEC) remains below the expected levels and today, with the spread of the Covid-19 epidemic, education and care could be provided at different qualitative and quantitative levels more than the past.

After an in-depth study on the relationship between investments in early childhood education services and their social return, the empirical analysis will be lead on the effects, in Italy, of the "Integrated education and training system from 0 to 6 years" (L. 65/2017) and on the use of the "National Fund for the integrated education and training system". An analysis of the data relating to the availability of places in socio-educational services for early childhood (MIUR, ISTAT and Istituto degli Innocenti), will identify the territorial areas for which it would be useful to intensify funding, by calculating the ratio between the allocation of resources of the fund with respect to the estimated needs (% of 0-2 aged excluded by services). In the final part, the measure in support of equal schools contained in the "Decreto Rilancio" (DL. 34/2020) will also be analyzed as well as some brief mention to the Recovery Fund's resources (the Italian PNRR) will be provided.

### *Precautions and Implementations on Early Child Care Services in Turkey during the Covid-19 Pandemic*, **Aslı Şahankaya Adar** (Beykent University)

The Covid-19 pandemic has created problems all over the world, some of which can be resolved in the short term and some in the long term - such as increasing social inequalities, deterioration of health and welfare. These problems have affected many areas such as education, labor market and gender equality. The Covid-19 pandemic has also affected early childhood care and education (ECCE) services. These effects are in two categories: direct effects on children and indirect effects on the care economy. It is estimated that more than 40 million children worldwide miss early childhood education as a result of ECCE centre closures (Gromada vd. 2020). On the other hand, ECCE service providers (institutional and non-institutional services) have struggled financial sustainability.

Many national and international actors have taken precautions to compensate for the devastating effects of the Covid-19 pandemic on ECCE services with various collaborations. In addition, the number of countries taking precautions is increasing day by day. While the number of countries/regions that had planned or implemented social protection due to Covid-19 on 20 March 2020 was 45, as of 12 June 2020, 195 countries/regions had since implemented such precautions (Gentilini et al. 2020). These precautions are three categories addressed as legal, operational and financial implementation. Financial precautions have provided to struggle ECCE services affordability. ECCE providers and government put on operational precautions the agenda to perpetuate early childcare and education during the pandemic. Legal precautions have taken to minimized devastating effects of pandemic on children, parents and ECCE providers.

In this context, this study examined the precautions and implementations on ECCE services in Turkey during the Covid-19 pandemic. Legal precautions have implemented promptly in Turkey. At the beginning of the pandemic, it was decided to break for service at the centers in a way that take care the health of the children and ECCE staff. But, in reopening process, different implementations have been between public and private ECCE centers. Turkey could not implementation efficiently about the financial precautions. During the pandemic period, direct social benefits on ECCE have not provided for children and parents. Only, the VAT rate for the 2020-2021 academic year has been reduced from 8% to 1% for private ECCE centers. On the other hand, operational precautions are arguable in regard to implementations' success. During the pandemic, the conditions of ECCE services have restricted. Precautions such as have a maximum 10 children in a group, temperature check, and the compulsory isolation rooms in the centers have taken. But these operational precautions have not quality control programme.

## TP3 - Time in disability policies and in support for disabled people in different care regimes

Convenors: Yueh-Ching Chou, National Yang Ming Chiao Tung University; Teppo Kröger, University of Jyväskylä

*TP3a - Parallel sessions A - Thursday 24 June, 11:00-12:30 CEUT – Room 2*

## *Designing rights-based care and support policy to balance competing claims: Resources, services, time, flexibility and voice*, **Yvette Maker** (University of Melbourne)

In this paper, I offer a new framework for designing care and support policy to address two long-standing sources of tension. The first is the tension identified by feminist social policy scholars between supporting women's unpaid caring roles and supporting their participation in paid work. The second is the tension between carers' claims for support based on the costs or 'burdens' of caring, and disability rights claims for measures that support the choice and independence of disabled people. Policies tend to favor one activity (unpaid care or paid work) and one constituency (carers or disabled people) over the other. In consequence, individuals' access to resources and choices about how they spend their time and organize their lives are constrained.

Efforts to ease these tensions and avoid the negative consequences of dichotomous approaches have been centered on the proposal of alternative ways of conceptualizing and addressing gender equality, care and disability. Feminist social policy scholars have proposed a 'universal caregiver' model whereby part-time unpaid care and part-time paid work are shared equally between women and men in heterosexual couple families. Ethics of care and disability human rights theorists have sought to find common ground between care and disability rights perspectives by rejecting the traditional focus on disability as a form of burdensome dependency in favor of the recognition of the universal need to provide and use care or support as a matter of right. These reconciliation attempts have not fully resolved disagreements and inconsistencies between competing perspectives. Sticking points have included the tendency of each literature to concern itself primarily with one constituency over others, and the inconsistent (although often unspoken) emphasis on different forms of rights.

Using a rights-based framework that incorporates citizenship rights and human rights perspectives, I set out six principles for designing care and support policy that build on and extend previous efforts and address the concerns of multiple care and disability perspectives. The principles provide detailed guidance for formulating policy that avoids 'either/or' approaches and addresses the interests and rights claims of multiple constituencies. They address matters including access to financial resources and good quality services; the provision of flexibility in how life is organized and time for unpaid care, paid work and self-care; the incorporation of the 'voice' of all affected people in the policy design; and responding to difference associated with gender inequality, disability and impairment, and citizenship status.

## *When is it rational for French adults with disabilities to opt for a publicly subsidized complementary health insurance?*, **Sylvain Pichetti** (Institute for Research and Information in Health Economics), **Maude Espagnacq** (IRDES)

Disability Allowance for Adults (Allocation Adulte Handicapé, AAH) is a minimum subsistence income for French adults with disability over the age of 20 and for whom their permanent disability rate is at least of 80%. Access to Disability Allowance for Adults is subject to household income conditions. In 2017, there were 1.1 million AAH beneficiaries in France (CNAF). Despite a poor health, AAH beneficiaries have a lower access to care in France than the general population, contrary to disability pensioners (Lengagne et al., 2014, Penneau et al., 2015).

AAH scheme is not associated with a specific copayment exemption for healthcare expenses. When facing healthcare expenditure, AAH beneficiaries as other French insured persons have to pay copayments for ambulatory care or/and hospitalization care, hospital daily rates for their hospital stays (18€ per day up to 2017, 20€ per day from 2018) and "extra fees" (overrun fees charged by physicians and cost overruns for assistive devices [when the price of the assistive device is set at a higher level than the corresponding reimbursement from French National Public Health]).AAH beneficiaries can accumulate these three types of out-of-pocket payments.

AAH beneficiaries suffering from chronic diseases (cancer, diabetes, cardiovascular diseases, psychiatric disorders, neurodegenerative illnesses…) can be eligible to the long-term disease scheme ("Affections de Longue Durée- ALD") which is supposed to ensure a specific treatment protocol and exempts patients from ambulatory and hospital copayments which are related to their chronic disease. However, copayments which do not refer to the chronic disease have to be paid by patients, and the long-term disease scheme does not either exempts from paying hospital daily rates and extra fees.

As AAH beneficiaries have very low levels of income (800€ per month for a single person), they are all eligible to the Health Insurance Vouchers Scheme (ACS). ACS is a financial incentive to help poor people just above the eligibility threshold for “Complementary Universal Health Coverage” (CMU-C) to obtain access to a comprehensive coverage of all outpatient care expenditures as well as inpatient care expenditures. The ACS contract provides at least copayment exemption for all healthcare expenditure (with the exception of drugs with 15% reimbursement rate and health cures), and unlimited reimbursement of hospital daily rates (also in psychiatry) (ACS 2019). ACS also limits extra fees for consultations (ACS 2019) but overrun fees on assistive devices have to be paid.

In this article, we choose to focus on AAH beneficiaries who stay for a long period (2014-2018) in the AAH scheme and who have regular healthcare expenditure without never benefitting from a complementary health insurance. They are most at risk of facing catastrophic out-of-pocket payments, even if a large proportion of them (87%) are already covered by the long-term disease scheme. While they have decided not to buy a complementary health insurance, we would like to better understand the reasons for that choice: does the long-term disease scheme sufficiently allow to reduce the out-of-pocket payment for this specific population of AAH beneficiaries, whatever the types of healthcare profiles? If no, for which types of healthcare profiles ACS entitlement would be perceived as rational given the level and type of out-of-pocket payment? Answering these questions requires a thorough analysis of their healthcare consumption profiles and their corresponding healthcare spending and out-of-pocket payments over a five-year period. To this end, we constitute an AAH beneficiary’s five-year cohort (from 2014 to 2018) and analyze their spending, copayments, extra-fees, hospital daily rates and calculate their annual out-of-pocket payments. As those beneficiaries may have very different healthcare consumption profiles, we implement a classification based on their healthcare spending to distinguish several categories of persons, each class being composed of homogeneous profiles of care. We then analyze for each category of AAH beneficiaries if the long-term disease scheme sufficiently lowers out-of-pocket payment or if ACS entitlement would enable a stronger decrease in the out-of-pocket payment.

## *The inclusive, social space-oriented participation of people with disabilities in the Bavaria–Tyrol border region during the COVID-19 pandemic*, **Lukas Kerschbaumer, Sascha Gell, Ajla Nesimovic** (Management Center Innsbruck)

Background: In the past decades, the European Union expanded and freedom of movement has evolved to everyday life. Austrians and Germans quite naturally live in one country but work, educate, shop or utilise healthcare services in the other. For people with disabilities this is more difficult to realise. Limited cross-border services are available but awareness and/or the take up rate is low. Furthermore, the already scarce offers do not cover the manifold individual needs. Consequently, the individual social space is limited especially in rural areas. Therefore, people with disabilities in the border region of Bavaria-Tyrol face several constraints to a self-determined life. Isolation and the reintroduction of national borders in times of COVID-19 further aggravated the already difficult circumstances for people with disabilities. We follow the question: Which factors enable or constrain the individual agency of people with disabilities in the border region of Bavaria-Tyrol?

Methods: Starting with April 2020, we conducted 34 semi-structured interviews in Bavaria and Tyrol regarding cross-border service utilisation in the areas of education, housing, leisure activities and occupation in general and under the influence of COVID-19 in particular. Interviewees included people with disabilities, relatives, employers and associates of institutions, politics and administration. To include a diverse range of people with disabilities a member of the research team provided the necessary knowledge and abilities for Augmentative and Alternative Communication due to his training as social care worker with a focus on care for people with disabilities. Utilising a qualitative content analysis, we transferred the most pressing results into eight abstracts and put them at disposal in a qualitative online survey. Interviewees and a larger sample of the aforementioned groups were invited. In total 229 people were eligible, from which 51 (22.27%) completed the survey. This methodological

two-step enriched the identification of possible differences in the assessment and evaluation of cross-border opportunities for people with disabilities.
First results: COVID-19 and its accompanying developments and policies were an external shock to an already fragile system of (cross boarder) support offers for people with disabilities. Along with pre-existing obstacles, like a lack of information, consensus, and options regarding cross boarder activities, deficits in mobility, housing, and funding of support measures, prejudices and the effects of digitalization, COVID-19 has taken the challenges for people with disabilities to a new level. One of the main difficulties associated with COVID-19 is the homogenous and undifferentiated handling of people with disabilities and the associated loss of participation and freedom. In the current situation, it is not decision making 'with' people with disabilities; it is a paternalistic practice of decision-making 'for' them.

### *Time in disability policies and accessibility for disabled people in four Asian countries*, **Yueh-Ching Chou** (National Yang Ming Chiao Tung University), **Toshiyuki UWANO** (University of Tokyo), **Sarai Kittawan** (Huachiew Chalermprakiet University), **Linh Nguyen Dieu** (Vietnam Academy of Social Sciences), **Suporntum Mongkolsawadi** (Redemptorist Foundation for People with Disabilities), **Nguyen Thanh Tung** (Disability Research & Capacity Development Center), **Chien-Ju Chou** (Taiwan Disabled Women's Alliance for Equal Rights)

Background: The debate over disability theories of the global north and south has lacked empirical data and the voices of people with disabilities (PWD) from Asia. This study aims to compare accessibility rights of PWD between four Asian countries, two from Southeast Asia (i.e., Thailand and Vietnam) and two from Northeast Asia (i.e., Japan and Taiwan). This cross-South and North Asian comparative study in four countries focuses on two aspects: (1) a comparison of the disability policies and laws related to accessibility rights among PWD and (2) an exploration and comparison of the experiences of accessibility in daily life among PWD. Dialogue with social models and disability perspectives developed in the Western Global North will be deliberated.
Methods: Documentary research and qualitative approaches were used for data collection. Policies and laws, governmental reports and published documents were analysed. In addition, between April and October 2019, in-depth interviews were conducted by researchers from the four countries. Ten PWD who use wheelchairs or crutches were invited and interviewed from a large city in each of the four countries. Cross-national comparison research is employed for data analysis to explain the similarities and differences between two South and two North Asian countries.
Findings and Conclusions: International disability movements and the Convention on Rights of People with Disabilities (CRPD) caused a significant impact on the rights awareness of PWD and on the expansion of governmental policies and laws in four countries. The disability policies and laws and experiences of accessibility among PWD are dissimilar between the four countries, which is related not only to the differences in political and economic conditions but also to diverse disability movements and welfare systems. The daily experiences of PWD were all influenced by the local culture and historical contexts of each country where disability has been constructed. Breaking down the barriers requires removing physical and social barriers, regarding which PWD of all four countries are of one mind. The debates of the global south and global north in disability studies should take Asian contexts, including the differences between the Southeast and Northeast, into account.

## *TP3b - Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 3*

### *The transforming of care – the temporality of policies and practices for persons with a chronic disability*, **Marte Feiring** (Oslo Metropolitan University)

Transforming of care – the temporality of policies and practices for persons with a chronic disability, This paper explores the temporality of care policies and practices for persons with disabilities, across 100 years in Norway. Predominant knowledge systems such as social hygiene and social medicine, followed by more comprehensive syntheses of political, social and health knowledge lead to different frames understood as products of a larger culture and shared by all within a society in a given time and space. I analyse how different cultural frames of knowledge discourses have conceptualised and categorised disability; and created dualities (as well as priorities) between mental and bodily conditions, congenital conditions and acquired loss of function after accidents, diseases, and/or epidemics. The research question is as follows: What is the story of the transforming policies and knowledge practices of care regimes for persons with a disability in Norway?

The empirical data analysed are five policy documents written between 1920 and 2011 in Norway, all applying the terminology of care and/or disabled in the titles. A close reading of the policy documents is followed by a documentary analysis. The text analysis is organised around the changing discourses or sociocultural frames of disability and care policies and practices and highlights how the Norwegian policies are informed by other countries, mainly Western countries, the European Union and the United Nations.

### *'What do you receive in return?!' How present-day emphasis on independency and reciprocity pressurizes mothers of children with a profound intellectual disability*, **Inge van Nistelrooij** and **Femmianne Bredewold** (University of Humanistic Studies)

Over time, dependency has been taken as a term with rather distinct associations. Having at first been a general term for all social relations of subordination, it has grown to become a concept with a strong pejorative connotation. The rise of this derogatory use occurred in tandem with the rise of a liberal economically independent subject which is embraced in neoliberal capitalistic systems (Fraser & Gordon, 1994). In these systems unequal relationships in which people are not able to reciprocate are viewed with suspicion.

This contribution shows that mothers of children with a profound intellectual disability consider their mothering practice pressured by present-day emphasis on independency and reciprocity as goals of child-care, and of self-care. Our time confronts them with the stigma of disability as 'social problem'. Mothers are often asked: 'What do you get out of the care relationship?' or 'What do you receive in return?', especially if care seems to become a 'burden'.

This contribution seeks a moral theory that is capable of voicing these mothers' experiences, practices and values. A moral theory that captures their experiences and that contrasts with a seemingly 'self-evident' and common set of values that is predominating our present-day western (global northern) culture. We propose a theory of 'intertwinedness' as an alternative in which a revaluing of self-sacrifice is possible. We will argue, relying on literature on mothering of children with profound disabilities, that mothers remain caring because of this relationship, despite the difficulties of their caring role. The stories of the mothers offer alternatives for present-day discourses that instrumentalize relations (how can they pay off) and commodification of care, by emphasizing experiences of giving without price and its impact on self-understanding.

### *The situation of disabled people in Hungary: changing and new mechanisms of inequalities and social exclusion*, **Ágnes Turnpenny, Gábor Petri, Anikó Bernát** (TARKI)

Hungary underwent major political and societal transformation since the mid-1980s and enacted various disability-rights legislation; nevertheless, the marginalisation and exclusion of people with disabilities – and their families – has been a permanent feature across historical periods and political regimes. The country is currently implementing one of its largest social infrastructure investment programmes of all times, which aims to enhance social inclusion of disabled people by replacing residential institutions with smaller-scale housing for people with intellectual and psychosocial disabilities.

This presentation aims to uncover the 'old' and 'new' dynamics of social exclusion, inequality, and mechanisms of marginalisation faced by disabled people in Hungary. We will explore the main social, economic, and legal mechanisms that marginalise disabled people and their families in contemporary Hungarian society, and discuss how these have changed over the last three decades (e.g. since the disintegration of state socialism). We will also examine the role of social policies in creating and maintaining inequalities and marginalisation.

The study draws on three key sources of data: review of policy documents, secondary analysis of statistical and administrative data, and interviews with experts and activists representing disabled people's organisations.

Our findings show that disabled people are one of the most disadvantaged groups of Hungarian society facing inequalities in all areas of life. Despite the adoption of various disability-rights legislation (Act XXVI of 1998 on the Equal Opportunities of Disabled People; the ratification of the UN CRPD in 2006) and policies such as the Deinstitutionalisation Programme, there is no sign of improvement: levels of unmet needs are high and inequalities are growing.

## TP4 – Transforming Care Policies in Light of Global COVID-19 Pandemic: Different Welfare Regimes, Different Paths?

Convenors: Alexandra Kaasch and Cansu Erdogan, Bielefeld University

*Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 3*

*Long-term care in Turkey and Covid-19 Response What does a familialist model tell us?*, **Başak Akkan** (Bogazici University), **Canbazer Cemre** (Boğaziçi University Social Policy Forum)

COVID-19 has had tremendous stress on the care regimes around the world. The pandemic revealed the flaws of the welfare systems in responding to such scale of care crisis that humanity has ever seen in recent memory. One of the fundamental crisis of the pandemic manifested itself in the institutions of long-term care (LTC). The average share of all COVID-19 deaths that were care home residents reached to 46% as it is being demonstrated by comparative data on 21 countries (Comas-Herrera et al., 2020). This has not been the case everywhere though, countries like Singapore and Hong Kong managed to keep the death rates in care homes low or none as a result of rapid and coordinated response (Lau-Ng et al., 2020; Lum et al., 2020).

Turkey is one of the countries with lower rates of death in care homes. The share of care home residents' deaths among all COVID-19 deaths is 4% . It has been contemplated that the early measures that were enacted at the institutions have contributed to the low death rates. Early in the outbreak of the pandemic in March 2020, strict measures were brought in the care institutions and the care workers in the nursing homes started to work with stable shifts of 14 days (after the PCR tests), without leaving the institutions. This arrangement has prevented the spread of the virus within the institutions, yet it placed a tremendous burden on the care workers. One should bear in mind that only around 0.4% of the elderly population lives in nursing homes in Turkey; the institutional care is a growing, yet residual part of the long term care system. Nevertheless, 65+ account for 73% of the country's COVID-19 deaths while only 11% of all patients were in this age group according to the latest available figures released in October 2020. One explanation for the high percentage of 65+ deaths outside of the care institutions is the role of the familialist welfare regime where informal care provided in the family is the main pillar of the long term care system. It has been contemplated that the country contexts with more intergenerational interactions pave the way to higher COVID-19 related deaths among the elderly (see Bayer and Kuhn, 2020). Turkey has been identified as a familialist model, yet the features of this model have been changing (Akkan, 2018). There has been an expansion of long-term care services in the last two decades. This was partly due to the changing structure of the family that cannot contain elderly care within the family and the aging population in general.

In this context, this article critically addresses the long-term care responses to COVID-19 mediated at diverse settings (institutions, community, and family) in a familialist welfare context. How was the care crisis generated by COVID-19 handled in a changing familialist regime with its path dependencies? How will the pandemic change the future of long-term care policies in Turkey as a country with a rapidly aging population? The preliminary analysis demonstrates that strict measures and isolation policies that targeted 65+ have revealed the vulnerabilities of the LTC arrangements in Turkey. The COVID-19 has made the flaws of the family-based understanding and practices of LTC more evident not just from the standpoint of care receivers but also care providers. Here the two groups are important to mention: the care providers of the Alzheimer's disease patients and care providers who receive cash for care; mostly mothers who provide care to the disabled child, family members who provide care to the elderly. The social isolation measures have left the families and informal care providers alone in their struggles with the negative effects of the pandemic. The vulnerabilities of LTC response to COVID-19 demonstrated the need for the expansion of the community-based LTC services that deliver institutional support to the informal caregivers. In Turkey, familialist political discourse was evident amid the pandemic. Yet there has also been an emerging political understanding that prioritizes the integrated care services in LTC. COVID-19, in this respect has the potential for the proliferation of LTC services in different settings which would change the features of the familialist care regime in a rapidly aging society.

### *Long-term care and COVID-19 – Effects of institutional variation*, **Peterson Elin** (Stockholm University), **Tine Rostgaard** (Rocksdale University)

Around the world, the transformative power of the COVID-19 pandemic continues to be revealed. The virus has had significant effect for long-term care (LTC), affecting older people as well as care workers and provider organizations. However, across countries there is variation in the impact of the pandemic. There is also variation in the timing, sequencing and content of responses to the pandemic, both on a general societal level, as well in measures aimed at the LTC sector specifically. The general aim of this paper is accordingly to identify and learn from the emerging evidence on how older LTC users especially but also LTC workers and provider organizations are affected by the COVID-19 pandemic and the measures introduced. Within the framework on a larger literature study, we conduct case studies of specific countries representing different care regimes and, hence, institutional features, such as difference in funding, level of professionalization and marketisation, integration of health and social care, coverage of home care vs. institutional care etc. In this paper, we present a mapping review of existing research on LTC and Covid-19 in three European countries that represent the Nordic, the liberal and the familialistic care model respectively: Sweden, UK and Spain. For each country, we describe central topics, institutional factors considered, key findings and proposals for policy and practice. The review explores whether emerging country-specific research reflect the different care regimes and thus institutional variation.

### *Caring in Australia during Covid-19 – The challenges for informal carers*, **Lukas Hofstaetter**, **Sarah Judd-Lam, Grace Cherrington** (Carers NSW)

The experiences of carers documented in this contribution highlight how pre-existing, systemic shortcomings for carers were exacerbated by the public health and economic crises resulting from the COVID-19 pandemic in Australia.

As a liberal welfare state Australia has progressively enacted reforms establishing market systems of consumer directed care and support. Such systems view the need for care as an individual risk, and distinct from the social nature of care provision. The pandemic and response measures undertaken in Australia highlighted and increased the challenges inherent in an already overstretched care system, as acknowledged by the reports by the ongoing Royal Commission into Aged Care Quality and Safety (RCAC, 2019, 2020), and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC, 2020). Both national inquiries have pointed to underfunding, insufficient communication and coordination of policy and practice ("siloing"), issues with workforce training, workload, and casualisation, and ultimately, the neglect of older people and people with disability as systemic issues in both sectors, long before the pandemic.

During the pandemic, informal carers who, often at immense personal cost, were already absorbing the pressures generated by inadequate support systems, saw their caring loads increase again. The Australian experience of COVID-19 demonstrates how a lack of reliable information and recognition, along with insufficient financial and practical supports, have exacerbated the complexities surrounding the provision of care within market-based systems.

This situation is compounded by unclear communication about, and a lack of support for, maintaining public health restrictions such as social distancing or the use of personal protective equipment.

While the pandemic has clearly exposed these fault lines, it remains to be seen whether the underlying challenges facing informal carers will be addressed better in the future, since they remain intimately connected to the fundamentals of the liberal welfare state.

## TP5 - Conflicts and compromises between temporalities of care work and temporalities of employment

Convenor: Annie Dussuet, University of Nantes and Francesca Alice Vianello, University of Padua

*TP5a – Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 4*

*To stay a while – the volatile temporalities of work in long-term care of older people*, Hämäläinen, Antti (University of Jyväskylä), **Salla Era** (University of Jyväskylä), **Leinonen Emilia** (University of Jyväskylä)

Discussing the temporal aspects of care work is becoming more and more central as societies with growing proportions of older persons with care needs strive to arrange cost-effective eldercare. Assorting care work into cost-per-minute units and subtasks necessitates an understanding of time as linear clock-time.

In our paper, we will analyse in what different ways care workers themselves describe the temporal dimensions of practical care interactions of long-term care of older persons. Our aim is to unravel the temporal experiences of care interactions not only as actions per se but also as meaningful non-actions: as being there, as staying for a while. With shifting the focus from care tasks performed per minute to the meanings of 'temporal stops' in care work, we aim to deepen the understanding of the complex and rich world of vulnerability work.

Our data consists of interviews of care professionals' (n=25) working in intensive service housing in Finland. Using thematic content analysis to analyse the data, we will show that clock-time restrains the qualitative potential of caring and is therefore a rather poor foundation for care policy.

*Private placement agencies role in shaping temporalities of care work*, **Lucia Amorosi** (University of Milan)

The recent process of care marketization is impacting also on Italian familistic welfare state: even if informal recruitment is still the most common way to hire care and domestic workers, private employment agencies are increasing their presence. This peculiar kind of care market, fed by increasing feminization of labor, ageing of society and State's concern for cost containment, takes advantage from insufficient regulations and law implementation to wildly flourish and strengthen. Private actors increasing role is changing domestic and care work's organization, leading to different transformations. First of all, this process is expanding workers' segmentation, considering that private agencies select workers relying on different benchmarks, such as gender and race features, having regular documents, being confident with the Italian language, having certified competences, contributing to create hierarchies within this labor force. Moreover, agencies contribute to differentiate care workers through different employment conditions based on different families' demands: if the majority of workers are hired through collective contract directly by families, agencies adopt also other kinds of contracts, or even convince workers to opt for grater working autonomy through VAT number.

If time appears crucial to determine evolution and changes in care organization, it plays also a new role within this changed context. Time is essential in care work (often determining the same care quality level), and private agencies are provoking a real conceptual shift towards the idea of time as a subjective dimension, rather than an objective element of the employment relationship. The growing emphasis on caregiver's autonomy and self-organization, clearly emerging from the increasing spread of VAT numbers for domestic and care workers is pushing a shift of responsibility from employer to the same worker. Time regulation is an essential dimension of this triangular employment relationship, but the emphasis on autonomy and self-organization faces the concrete limits established by a high time-consuming activity such as care work. This clearly emerged during the pandemic, when existing segmentation among workers has provoked very different living and working experience, in which time has played an essential role.

In this paper I aim to shed light on the aforementioned themes, relying on semi-structured interviews with care workers and agencies I carried out in Milan, within my PhD project on the role of private employment agencies in nowadays domestic and care work in Italy.

### *The seasonality of home help work on the French seaside: less workforce and more needs, a double scissors effect*, **Olivier Crasset** (University of Nantes)

While well known to the actors in the field, the issue of seasonality of work in home help has not been well studied so far. Seasonality refers to the fact that a phenomenon fluctuates according to an annual rhythm, this variation being linked to natural phenomena (such as weather seasons) but above all to social constructions (such as the date of vacations).

In order to discuss this, this paper is based on about twenty interviews and an ethnographic survey carried out in summer 2019 on a territory of the French coast.

Its economy is based on tourism and the agri-food industry which are two sectors that are easily accessible to the population with little education, who usually work in home help. From a demographic point of view, the rapid aging of the population is linked to that of the local population and the arrival of retirees who come to live there.

The gentrification of the coast is driving home help workers away from this area, and as the demand for help increases, the workforce becomes scarcer. There is a scissor effect that explains why the labour market for home help for elderly dependents is short of labour throughout the year.

But tensions become particularly high when the inhabitants of the second homes, often elderly and from higher social classes, come to spend the summer there. As the demand for assistance increases, the workforce becomes less available at this time of the year. Home helpers take care of their own children on vacation or are drawn by other seasonal industries such as tourism. This reinforces the scissor effect.

This situation has consequences on several levels. In particular, it leads to a deterioration of working conditions and transforms the relations between the profit and non-profit sectors. The latter collaborate to provide the expected services by making practical arrangements on the bangs of the law and in the name of necessity. In addition, the economic and cultural resources of families in second homes protect them from labor shortages.

## *TP5b - Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 6*

### *The everyday management of conflictual temporalities among Moldovan care workers*, **Francesca Alice Vianello** (University of Padua)

This paper aims to analyse how care workers reconcile their work with caring for themselves and family members. The literature has generally focused on transnational care practices (e.g. Baldassar & Merla, 2014; Fedyuk, 2012) adopted by migrant women employed as live-in home care workers, while less attention (apart from Bonizzoni, 2014) has been paid to the management of care activities for those who live with them in the immigration country and to the time the workers devote to themselves. However, although many women migrate alone, an increasing number settle with their families in Italy while continuing to work as home care workers. Therefore, an analysis of reconciliation practices is urgent.

This paper is based on 30 semi-structured interviews collected in 2019 in Padua with Moldovan home care workers as part of a research project on the health of migrant workers (Redini et al. 2020). The interview analysis shows that the conflicts and compromises between the temporalities of care work and the temporalities of employment experienced by care workers are related to the fact that they must mediate between multiple care needs and times, both those of their clients and those of their families. Each of these care needs is also characterised by variable temporalities that extend and contract according to the subject's moment-to-moment situation. Moreover, this variability clashes with the rigid structure of working hours. Examining this tension among different timings in different aspects of life, I will analyse how female workers cope with these various care needs. Overall, the temporalities of employment seem to dominate unpaid care activities. However, there are also cases in which care temporalities determine a change in job availability.

### *Is the work of migrant live-in elderly carers worth less? Defining working conditions and remuneration based on the opposition between ‘work’ and ‘presence’*, **Chiara Giordano** (Université Libre de Bruxelles)

As emphasised in the literature, some features of care work make it fundamentally different from any other employment relationship. The emotional labour and the relationship of interdependence between the caregiver and the care receiver are some striking examples of the uniqueness of this kind of work. However, the content of the work – which includes activities ranging from quasi-medical services, body and hygiene care, housework, to recreational and companionship activities – determines a very specific temporal organisation of the work. Especially when the care receiver is highly dependent and the work requires long shifts, the types of activities and the working time must necessarily be adapted to the needs of the older person and are structured according to such needs. This, which is part of the very nature of care work, leads to ambiguity with respect to times that are considered as actual working times, and times of more ‘passive’ work, in which the work is based on a system of presence and/or availability of the caregiver. The fact that care work for people requiring round-the-clock care includes elements of more passive work – which is necessary to ensure the safety and well-being of the person – is a central issue for the definition (and the remuneration) of the work and can be especially problematic for live-in care workers.

This paper explores the question of the opposition between ‘work’ (intended as active care time) and ‘presence’ (intended as passive care time), with a focus on migrant women working as live-in caregivers, and the question of how this opposition determines their working conditions and remuneration. The paper is based on data collected in the framework of a 4-year research project on elderly care work in Belgium, started in 2018. The research, which explores care work from different angles and with mixed methods of investigation, includes an in-depth study of home care work carried out by migrant workers and workers or foreign origin. The data used for this paper include i) in-depth interviews with migrant elderly carers, live-in or live-out and with different administrative and employment status; and ii) in-depth interviews with public and private care services providers. These data allow me to explore the issue of the opposition between ‘work’ and ‘presence’ from very different perspectives, to discuss the question of the ambiguity of the temporal element in the context of this employment relationship, and to shed light on how this ambiguity affects the working conditions and wages of live-in migrant caregivers.

### *The fuzziness of work temporalities for migrant live-in workers taking care of elderly people in Spain*, **Diana Mata-Codesal** (University of Barcelona), **Sílvia Bofill-Poch** (University of Barcelona)

In this paper, we address how time, space and conceptual fuzziness of care unpacks in the case of live-in care workers in Spain, as well as the impact of covid-19 contention measures on this situation.

Live-in domestic workers constitute a typology of paid care used in Spain to take care of dependants and elderly people, as a way for families to deal with a deficient public care system. Although these workers are essential in a context with insufficient public support to take care of the needs of the elderly and dependant, their working conditions are appalling. They are badly paid, often working without a contract under exploitative conditions. Live-in workers are almost exclusively migrant women, many of them in irregular situation. These women are highly vulnerable and dependant on their job for regularizing their legal situation and to be able to send money to their relatives back in their countries of origin. Losing their job means simultaneously losing their accommodation.

Live-in care work is an extreme example of the permanent availability involved in caring, where the limits between work and off-work time blurry. For employers, live-in work provides complete availability over the worker’s time. Although their work arrangements state the amount and distribution of free time these women are entitled to, often it is not respected, or it changes at the employers’ discretion. The fact that they live and work in the same place, sharing physical space with the person they take care of, makes such time differentiation difficult to maintain.

On top of such time and space indeterminacy, these women face a third fuzziness related to the contents of the job itself. Live-in workers are paid to take care of elder people and “to keep them company”. Activities these women are paid for to perform range from administering drugs and other health treatments to cleaning duties, as well as domestic and social care (including attentiveness and being there for small talk). As some of these elements imply availability and readiness, time care can then be confused with a simple presence, which leads employers to undervalue these women's work.

We argue that these live-in care workers face a three-folded fuzziness: 1) a temporal one due to the nature of the activities performed; 2) a spatial one as they work and live in the same premises; 3) a conceptual one derived from the fact that paid care is located somehow awkwardly at the interplay between affection and labour. The covid-19 lockdown has meant that the care workers were often confined along with the person they take care of. Under these circumstances, time, space and conceptual fuzziness have amplified, increasing women's vulnerability and taking a high toll on their mental and physical health. In our paper, we present and analyse the different ways in which such fuzziness is instrumentalized by employers and the ways female workers have coped with it during the initial months of the covid-19 pandemic.

*Situating paid care within timescales of welfare state provisions, and of working and caring biographies: temporality of paid care employment in Slovakia*, **Zuzana Sekeráková Búriková** (Slovak Academy of Sciences)

Drawing upon ethnographic interviews with paid domestic workers (nannies, baby-sitters, cleaners) and their employers in Slovakia, this paper examines temporality of domestic workers' involvement in paid home-based childcare. Unlike elsewhere, domestic workers in Slovakia are not migrants but mainly local women. Nannies and babysitters are mostly university students and women around the age of retirement. They work mostly informally. I argue that from the perspective of domestic workers paid care is shaped by three intersecting time frames, in particular by temporality of their own caring responsibilities, temporality of their work trajectories, and by the timing of state provisions. In particular:

Paid domestic work has special transitional position within the time frame of the carers' work lives: Students work as paid domestic workers at the beginning of their work lives, before they start working at the formal labour market. Elder women work as paid domestic workers at the end of their work lives, after they worked at the formal labour market.

Wages are low and work is informal, so domestic workers have to pay their own insurance. Both young and elder women "can afford" working as paid carers, since as students or pensioners they have social and health insurance paid by the state. Temporality of their involvement in paid childcare thus indirectly depends on the state welfare regime and state provisions for either students or pensioners.

University students do not (yet) have children of their own, elderly women have grown-up children. Slovak women's involvement in paid care occurs separately from the social reproduction of their own families. Their own caring responsibilities take priority: women stop or drastically limit their work in paid childcare once they have their own children or grandchildren.

The result is that Slovak women's involvement in paid care is always temporary and does not lead to a care deficit in their own families.

## TP6 - Professionalizing or de-professionalizing care work embedded in the changing institutional setting of elderly care

Convenors: Hanne Marlene Dahl, Roskilde University

### *TP6a: Governance and professionalism: neo-liberalism, care crisis and agency*

*Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 2*

Convenor: Hanne Marlene Dahl, Roskilde University

*The Care Gap*, **Monique Lanoix** (Saint Paul University)

The issue of abuse of nursing homes residents in Ontario Canada became pressing to the point where the Canadian Broadcasting Corporation produced a show looking into these abuses. Marketplace is a program that "investigates wrongdoing in the market place" (CBC) and the episode, 'Crying out for Care' (2018) examined several incidents of abuse. The testimonies came from families or by way of hidden cameras, revealing instances of violence perpetrated by workers. This investigation took place in the context of a program dedicated to the market, and this highlights the manner in which Canadian nursing homes frame care provision. Unsurprisingly, the solutions proposed were market oriented: greater surveillance and more staff. Although increasing staff would be a welcomed improvement, no mention was made of the manner in which care provision is structured. The portrayal of abuse focused on the actions of individuals and did not examine how caregiving is structured or whether it is supported. The way abuse was investigated deflects from a larger question that should be examined, which is the role of relationships in caregiving, and the impact of regulations on these relationships. If abuse cannot be denied and must eliminated, it is also essential to acknowledge that caregiving is a relational activity that must be supported.

This paper examines the labour of personal support workers who provide assistance to older adults in nursing homes or long-term care institutions. I make the case that care provision is structured in such a way that personal support workers are taken to be interchangeable. Although the material conditions of care labor contribute to the precarious working conditions of workers, it is important to recognize another aspect of precarity, which touches upon the moral conditions of care work. I make the case that care work as it is currently regulated can only be the site of irresolvable moral contradictions leading to a constant risk of bad care.

In the first part of the paper, I discuss how the insights of Christophe Dejours are relevant to care provision. For Dejours, the 'real' of work involves confronting the "gap between the task to be done and the activity that is actually done to fulfil the task" (Deranty, 2009, p. 79). I demonstrate how this gap has ethical implications for personal support workers and could potentially allow personal support workers to have some agency. In the second part, I discuss how the current framing of care work is not supportive of personal support workers' agency. In fact, the scheduling of care activities is such that personal care workers are interchangeable as they have to perform care activities within strict time constraints. This, in turn, erases an essential constituent of caregiving, which is the relational aspect of care provision. This misconstrues caregiving as it serves to narrow the concerns of personal support workers to 'getting the job done on time' and puts them at ethical risk.

## *Emotional labour and the Realities of Paid Care work*, **Duncan Fisher** (Teesside University)

This paper assesses the 'fit' of Arlie Russell Hochschild's theory of emotional labour (2012), with paid adult social care (ASC) work for young adults in Teesside, north-east England. It considers some important differences – relating mainly to the empirical settings this paper relates to in comparison with Hochschild's study – and how these impact upon the applicability of her theory. The paper draws on data generated as part of a doctoral study of young adults' (18- to 30-year-old) perceptions and experiences of adult social care work. Thematic analysis (Braun and Clarke, 2006) was used to examine semi-structured interviews with prospective, current, and former care workers (n=17). All interviews focused on working conditions and practices, and considered biographical influences on decisions to pursue, take up, stay in, and leave, ASC work.

Hochschild contends that emotional labour is required in jobs across various sectors, including care work, and this paper evaluates her claim in the study's empirical context. It makes a broader assessment of how Hochschild's ideas aid understanding of paid care work, and considers the contribution it and other theories and concepts can make to understanding distinct elements of work. These points are connected to perceptions of what care work is, and to its rewards. These perceptions and rewards have important implications for the perpetuation of narrow understandings of care work, and for care work's continued embeddedness within – and contribution to – intersecting social inequalities. Furthermore, despite efforts within the sector to demonstrate the variety of ASC work, greater effort to challenge these perceptions is necessary.

References

Hochschild, A. R., 2012. The Managed Heart: Commercialization of Human Feeling. 2012 ed. Berkeley, Los Angeles and London: University of California Press.
Braun V and Clarke V (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), pp.77-101.

## *Enrolment of family caregivers and professionalization of long-term care: How do family carers relate to the norms of professionality in the French case?*, **Olivier Giraud** (Lise-CRNS, France)

The analysis provided in this paper aims at connecting the dynamics of policy making at national level and the way care concretely happens in the context of the families, and of the households. More specifically, the analysis deals with the possibly contradictory effects of, on the one hand, the increasing enrolment of family carers in care tasks and, on the other, the goal in the domain, to increase the level of quality and professionality in LTC provision. In order to shed light on this possible contradiction, I propose an analytical grid inspired by a Foucaldian approach to government in the liberal era (biopower and governmentality). This analytical perspective conceives policy making, and at a more operationalized level, professionality as a way to influence specific social actors' behavior, but as well, identity in order to compel them to achieve specific goals. The analysis shows how this movement of professionalization is in France marked by ambivalence. Trainings are made available to the LTC professionals, however, the increasing work pressure and the remaining poor work conditions impede a real positive development of this professionalization. As for family carers, the lack of consensus on their role in LTC provision, as well as the absence of generalization of training schemes for non-professional carers is another sign of ambivalence to that respect. The conclusion that can be drawn to that matter is that the hierarchical conception of power attached to the Foucaldian view on policy making is hardly confirmed in the case of LTC professionalization. In spite of the convincing interpretation about the capacity of professions to coordinate behavior in specific policy domains, the lack of coherence and of explicit goals of the prescriptive discourses concerning the professionalization of family carers should be mentioned as a first defining obstacle. An explicit and coherent policy of professionalized enrolment of family carers has, in the case of France, not been developed at this stage. This observation however does not invalidate the relevance of questioning about the relation of family carers to professionality. As far as they are active in the context of a policy domain at stake with this process of professionalization, they are involved in that process and their analysis of their positioning to this keeps relevant. Precisely, this observation strengthens the relevance of the research method adopted in this paper, that is based on an inductive perspective, allowing an analysis "from below" of the way the individual family carers relate to professionalism.

The analysis of 60 interviews of (mostly monetized) family carers of either persons with disability or frail elderly confirms the ambivalence identified at policy level. Through the analysis of elements of discourses by family carers that concerned both their relations to "formal and unformal learning processes" as well as to their "relations to professional carers", I single out 4 contrasted types of understandings of family carers to professionalization and professionality. These types of logics are structured by a specific positioning of the family carers to autonomy and to conflict in the unfolding of their caregiving activity: Hegemonious capacity, Assumed capacity, Dominated capacity, Auxiliary capacity.

What conclusions can be drawn from this exploratory analysis? First, family carers positioning towards profession and professionality is highly contrasted. Second, their understanding and aspiration to autonomy in the way they conceive and provide care is a structuring element. To that respect, the position of family carers who like to conceive their intervention as autonomous and value their capacity to learn independently from professional carers is opposed to the ones of those who appreciate the contribution of professional carers as well as the complementarity of the intervention of formal and informal carers. Third, the issue of conflict in relations between professional and family carers is frequently discussed in the literature. However, the conflict here analyzed via the angle of knowledge and competencies confirms one of the key elements of the Foucaldian perspective about power relations. The definition of the appropriate corpuses of knowledge and of competencies is at heart of power relations. Contrarily however to the interpretation of this cornerstone of this perspective, struggles over the definition of the appropriate corpuses happen as well amongst social actors dealing, at grass-roots level, with the implementation of policies. Those grass-roots levels social actors are neither mere addressees of prescriptive discourses, nor are they simple objects of subjectification processes.

### *TP6b - Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 4*

Convenors: Hildegard Theobald, University of Vechta; Hanne Marlene Dahl, Roskilde University

### *Professionalising the informal care sector in Italy: What opportunities for change?*, **Sergio Pasquinelli** and **Francesca Pozzoli** (University of Milan)

Care for frail elderly people is mainly provided in Italy by the informal work of family members and of paid care workers, the so called “badanti”, usually women coming from East European and South American countries and working, in the majority of cases, as live-in carers for the person they care for; often outside the frame of formal contracts. The phenomenon is not new. On the contrary, it has characterised the Italian context of care work for the last twenty years, compensating for a lack of appropriate public sector investment and involvement in the sector.

In the last few years, however, have seen some policy developments which have tried to tackle such informal and self-governed dynamics, also by introducing processes of professionalisation and professionalising strategies.

As part of a wider project aimed at understanding how different types of informal care interact and at identifying strategies to intercept the predominantly private and informal nature of care markets in Italy, we conducted a survey on over 400 care workers (badanti) caring for elderly people. The survey was administered between summer and autumn 2020, hence after the sudden outbreak of the Covid-19 pandemic.

For this reason, we have managed to investigate the wider changes which have affected the sector in the last 10 years but also the most recent ones; and in regards to developments ranging from the demographic of the phenomena to the motivation and attitudes of the workforce to the impact of recent state policy initiatives.

In this paper we will present the outcomes of the survey in detail and we will focus our attention on professionalising and de-professionalising processes and dynamics, discussing their impact. Despite the fact that only small steps have so far been made in regards to the professionalisation of the work provided by badanti in Italy, changes have occurred compared to the past which suggest new opportunities for policy intervention.

### *Blurring boundaries: Exploring the varied role of volunteers in care settings for older people*, **Eleanor Johnson** (University of Bristol), **Cameron Ailsa** (University of Bristol), **Willis Paul** (University of Bristol), **Smith Randall** (University of Bristol)

In England, the voluntary sector, and volunteering as a distinct activity, has always played a role in the provision of personal welfare services. Faced with rising demand for services, cuts to health and social care funding, and recruitment difficulties, however, social care services are becoming more dependent on the use of volunteers in the provision of care to older people. Drawing upon findings from a study of the roles and experiences of volunteers in social care settings in England, this paper considers the implications which this practice has for paid care workers and care provision. Our findings indicate that volunteers are making a substantial contribution to the provision of care and support services for older people and, moreover, that social care organisations recognise the value of this contribution, particularly in terms of alleviating loneliness and isolation amongst the older population. The study found that working with volunteers in social care settings is most successful when it is formalised in terms of recruitment and training and when there are clear boundaries between the volunteer role and that of paid care workers. Those organisations where the boundaries between paid care work and volunteer roles were more clearly defined tended to be larger and had dedicated resources and paid members of staff to oversee the recruitment, training and management of volunteers. In other settings, the boundaries between paid care work and the volunteer role were poorly delineated and appeared at risk of becoming increasingly blurred. In this presentation we explore some of the questions which this blurring of the roles of paid care workers and volunteers raises concerning the equity and quality of service provision, professionalism, and the remuneration of and regard for caring work.

*Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review*, **Barbora Silarova** (University of Kent), **Nadia Brookes** (University of Kent), **Sinead Palmer** (University of Kent), **Ann-Marie Towers** (University of Kent), **Shereen Hussein** (London School of Hygiene & Tropical Medicine)

Background: Work-related quality (WRQoL) of life has become an important concept internationally across different professions including adult social care  and is one of the factors associated with higher retention. More importantly, in adult social care, WRQoL is linked to the quality of services provided and outcomes related to patients and service users.
Objective: The main objective was to understand how WRQoL has been defined and measured in the literature and to map key components of WRQoL among those working in adult social care and other similar contexts.
Design: We conducted the scoping review following the updated guidance by the Joanna Briggs Institute and a pre-defined study protocol. Reporting followed the PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist.
Data sources: We performed an electronic literature search of eight major databases (e.g. PubMed; CINAHL Plus with Full Text through EBSCO and Social Care Online). The grey literature was searched through the following databases: PROSPERO; OpenGrey; EThOS e-theses online service; and ProQuest Dissertations & Theses Global: full search strategy. We complemented these electronic searches by searching the reference list of included full-text reports and articles and by contacting our existing network of 15 experts.
Eligibility criteria: We included studies that: 1- focused on WRQoL/work-related wellbeing (and their synonyms) where the concept is defined as a multidimensional construct consisting of several components (at least two); and 2- included adult social care or community health care and individuals working in those contexts as participants groups.
Results: In total, we included 61 publications. There is an absence of agreement on a definition of WRQoL. Very few studies provided an explicit definition of WRQoL and of those even fewer linked those definitions to specific theoretical models. Based on a thematic analysis of definitions of WRQoL, measures, and factors associated with WRQoL or general wellbeing we identified six key components: organisational characteristics; job characteristics; mental wellbeing and health; physical wellbeing and health; spillover from work to home; and professional identity. Strategies implemented and evaluated in adult social care that addressed social care staff’s WRQoL are almost entirely lacking.
Conclusions: While WRQoL in adult social care is recognised as an important concept (given the volume of identified studies), there is very little consensus on what WRQoL is and how best it should be measured. Without a clear understanding of what WRQoL is and how to measure it, development of any interventions and recommendations to the sector and policymakers on how to improve WRQoL among those working in adult social care remains challenging.

## TP7 – Inequalities and care needs

Convenors: Lina Van Aerschot, University of Jyväskylä; Teppo Kröger, University of Jyväskylä;  Nicola Brimblecombe, London School of Economics and Political Science

*TP7a - Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 7*

*Met or unmet need for long-term care: formal and informal care in Southern Europe*, **Paula Albuquerque** (University of Lisbon)

Southern European countries share many common traits but there are differences among them that can justify different levels of need and of unmet need for social long-term care (LTC). In our

study, we quantify met and unmet need for LTC for older individuals (aged 50 years old or more), in the four Southern European countries - Portugal, Spain, Italy, and Greece – and we analyse their determinants, using a multinomial logit.
We use data from the sixth wave of the SHARE database. Although the seventh wave has already been launched, it cannot be used for the purpose of our study because of the lack of data about receiving help from someone inside the household. We compute as need for care the situations where the person acknowledges at least one type of difficulty in performing activities important for independent community living. We assume that need is met as long as someone in need receives some type of care, which leads to what can be considered lower-boundary estimates.
Age and sex are, by far, the factors with the strongest association with the probabilities of falling into any of the outcome categories expressing the existence or inexistence of needs and of unmet needs, and thus, this work contributes to the literature that supports a call for particular attention to women in LTC policies. Although most of the effects of the explanatory variables are valid to all the countries, some factors are more important in some countries than in others. Portugal appears as the country with more 9differences concerning met or unmet long-term care needs in the group of Southern European countries. The differences between the countries must be taken into consideration when defining policies to promote disability-free ageing or to guarantee that support is provided when it is needed.

### *The use of long-term care among people aged 70+ at the end of life: Utilization decreased over time among the oldest old with and without dementia*, **Mari Aaltonen** (Tampere University), **Forma Leena** (University of Helsinki), **Jylhä Marja** (Tampere University) **Pulkki Jutta** (Tampere University)

Health and social care policies have emphasized home care over round-the-clock residential care (i.e., long-term care LTC) in the past decades. This development has likely affected the use of round-the-clock LTC in people with dementia, a significant LTC user group. We explore how the use of round-the-clock long-term care in the last five years of life among people with and without dementia has changed over time and discuss whether the changes are due to changes in individual factors or changes in care policy.
Retrospective data drawn from Finnish national health and social care registers include all those who died aged 70+ in 2007, 2013, and 2017, plus a 40% random sample from 2001 (N=128 050). Negative binomial regression analysis was used to estimate the association of dementia with LTC use during the last five years of life. The outcome variable was the number of round-the-clock LTC days in the last five years of life (1825 days). The independent variables included dementia, age at the time of death (70-79, 80-80, 90+), marital status, annual income, education, and chronic conditions based on ICD10 codes (arthritis, cancer, diabetes, heart diseases, other circulatory diseases, hip fracture, stroke, psychiatric disorders, Parkinson’s disease, and other neurological conditions). Interaction term year of death*dementia was used to study if the impact of dementia on round-the-clock LTC use had changed over time.
Dementia was a highly important contributor to the use of round-the-clock LTC over the study years. The use of LTC was highest in people with dementia and the oldest-old people, i.e., in individuals aged 90+, without dementia. In the total study population, the mean number of days in LTC in the last five years of life increased until 2013, after which it decreased. However, the changes in LTC use differed between different age groups and by dementia status. Over time, the decrease in round-the-clock LTC use was steep in the oldest-old with dementia and people aged 80 and older without dementia. Taking into account the individual factors age and sex did not change this result.
The round-the-clock LTC use decreased among the oldest people over the study years. The individual factors related to morbidity or sociodemographic factors did not explain this result. Hence, the changes in old-age care policy may have contributed to the decrease in the use of round-the-clock LTC in the last years of life among the oldest people. Based on national statistics, the coverage of the home care services has not increased, although according to health and social care policy recommendations, home care should complement the declining availability of round-the-clock care. This is a worrying development, as the oldest-old and those with dementia may be left without proper care at the end of life.

### *Care management of assistive technology provision in standardized and marketized elderly care*, **Nobu Ishiguro** (Osaka University)

Assistive technology such as wheelchairs and electric beds are indispensable for some frail older people. Such devices can support older people in their wish to live independently and improve their quality of life. Assistive technology can be one of the solutions to the ongoing shortage in the care workforce. It is expected that Japan will suffer from a shortage of 377,000 care workers by 2025 (Ministry of Health, Labor and Welfare 2015). Also, the COVID-19 pandemic calls for a new approach to the care of older people; due to the risk of infection, assistive technology can play a more important role in care. The purpose of the study is to investigate how Japanese care managers work on the frontline to provide individual care in the standardized and marketized long-term care insurance scheme, using assistive technology provision as an example. The data is based on the semi-structured interviews with eight care managers working in the municipalities in O Prefecture. The interviews had two aspects: challenges they face in providing assistive devices to meet individual care needs, and strategies that they use in tackling the challenges. Along with the concept of individualized care, conditions of job crafting and role theory constitute the theoretical framework of the study. The results show care managers constantly craft their job by changing boundaries of their tasks, relationships and meanings in meeting the individual needs of older people under the rigid and standardized regulations. Due to marketization of care management, care managers are put in more contradictory situations with different roles including employee’s role of a for-profit company. Consequently, role conflicts and ambiguity often occur in care management process.

### *“Mind the Gap”: Community Aged Care Services*, **Gudmund Ågnotes** (Western Norway University of Applied Sciences), **Bodil Hansen Blix** (The Arctic University of Norway), **Jacqueline Choiniere** (York University), **Tamara Daly** (York University)

This paper comes out of a large, multi-year, 12-city international comparative case study of age-friendly cities (https://imagine-aging.ca/). The comparative case study draws on key informant interviews with service providers and users, field observations of the cityscapes and service delivery as well as analyses of policy documents and media stories. Our overarching goal is to better understand promising practices that lead to age-friendly communities. Within the large project, we pay particular attention to the differing needs of various groups of seniors and those who provide their care, attending to inequalities and if and how these are addressed, across different jurisdictions.

From this broad findings’ database, our paper offers a comparison of community services provided to groups of seniors living in Bergen, Norway and Toronto, Canada. More specifically, in seeking to explore the conditions which can create and/or support promising practices, we surface the gaps that are left unattended and maintained, intentionally or not, by the organizations. Furthermore, we offer an analysis of how these care gaps reflect organizational and policy differences between these two jurisdictions. In the process, we expose varying types of inequalities within each city, within the context of more robust welfare state supports in Norway and the stronger emphasis on individual responsibility in Canada. Ultimately, we discuss the ways in which each system simultaneously addresses and exacerbates inequalities, enables and inhibits access to care and welfare services, and addresses or conceals unmet needs.

Our paper responds to the following questions:

- What do groups of seniors in Toronto and Bergen indicate are the gaps experienced between their needs and the services they are able to access and how are these experienced?
- How are gaps understood and experienced by service providers?
- What political and social contexts create these gaps in each of these cities?

By adopting a comparative approach, we aim to examine the similarities and differences in community services for older adults, including their policy contexts. In our analysis, we investigate how these (different) community services for older adults in various ways, explicitly and implicitly, are filling the gaps left by the (different) welfare systems, and how welfare service gaps are experienced and approached by an ageing population. Combining the perspectives of service users and providers, we pay particular attention to ‘transitions’ (both in

the sense of transitioning between stages of life and between service levels) and ‘meeting the needs of older adults’ as organizations are navigating and adapting to changing and complex needs of older adults.
Our findings from two community agencies each in Toronto and Bergen trouble the notion of a normative ‘life-course’ in which transitions are understood to be linear and smooth. Drawing on interviews and field notes gathered over several days, by several researchers utilizing a rapid ethnography approach, our findings demonstrate that many older adults experience “bumps” in their life transitions to needing greater support. Furthermore these ‘bumps’ can be understood as reflecting differences in context, including the degree to which policy approaches are informed by neoliberal forces, as well as social status, gender and ethnicity.

## *TP7b - Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 4*

### *Perceptions about quality of child care and long-term care across care regimes and rural-urban divides*, **Nevena Kulic** (University of Konstanz), **Tine Rostgaard** (Roskilde University)

When analyzing how countries placed in different care models approach childcare and long-term care, we need to move beyond social expenditure and simple utility of services. We need to understand also how use of care services may be affected by perceptions of quality and levels of satisfaction. As the organization of child care and LTC is often devolved to local and regional authorities, we also need to move beyond country models. Within countries, there are often considerable differences in users’ satisfaction and quality perceptions between localities because of different eligibility rules, population size and funding opportunities. As an example, for LTC, this is in particular hindering effective access to care in rural and more remote areas (Spasova et al., 2018; Verbeek-Oudijk, et al 2014). It is only at a local level that socio-spatial inequalities in access to formal services make practical sense. This paper will have a number of comparative foci: we will compare users’ perceptions of quality and levels of satisfaction with child care and LTC across a number of countries, using the European Quality of Life 2016 wave. Also, we will investigate whether there is a rural-urban divide, and whether it is more prominent in some countries/care regimes than others.

### *Caring through and for diversity: a case of cultural-sensitive approaches in the Netherlands*, **Brigitte Möller** (Social and Cultural Anthropology)

People with a migration background are expected to compose an increasingly large part of the ageing population in Europe. This population, together with the elderly-care institutions, have to find a way in giving and receiving care that meets everyone’s needs. Since the 1960s, the Netherlands have been recruiting guest-workers from Turkey to rebuild the country after the war. Consequently, people of Turkish origin are one of the largest migrant groups throughout the Netherlands. This paper focusses on people with a Turkish migrant background, who are now approaching 'old age' and are in need of care.

Calls from different points in society – from migrant advocates, health care staff, social scientists – are made about creating a higher awareness and sensitivity related to ‘cultural differences’ and different needs in general in the act of caregiving. Ideas about health, illness and ‘appropriate’ care are differently constructed by different social actors. The health-care sector sees an increasing variety of illness interpretations and wishes for how to receive care, and is therefore challenged to cope with this diversity.

In this research, three health-care settings and their practices in the Netherlands are studied: a geriatric department at a hospital, a home-care organization, and a day-care centre. In each location, the health-care staff is trying to apply ‘cultural-sensitive methods’ when treating elderly people with a migrant background in order to create more ‘equal’ health care. The stance of these practitioners is that the migrant elderly often felt misunderstood, and the health care staff had issues with communicating and diagnosing diseases. At the geriatric department, they created a special ‘migrant outpatient clinic’ to assess if someone has, for example, dementia. The home-care organization mostly couples up elderly people with care staff that have a similar cultural background. At the day-care centre, elderly people who speak Turkish gather a few times per week to spend social time and a variety of activities together. Aspects such as ‘health literacy’, poor access to care due to language barriers, a variety of interpretations concerning sickness and treatment, and someone’s cultural and religious background are taken into consideration in these places.

Through an ethnographic approach, this research looks at how these different health-care settings give meaning to ‘cultural difference’, what their stances are on improving the care arrangements and reaching the needs of elderly people with a migrant background.

### *What Trauma-Related Psychiatric Diagnosis Can Teach Us About Agency and Need in Care-Impoverished Communities*, **Shoshana Lauter** (London School of Economics)

Deinstitutionalization of psychiatric treatment and the ideological move towards community mental health over the past five decades have resulted in an increased presence of psychiatry in the social care space. Mental health and social services in major urban areas like New York have formed a co-dependent yet unclear relationship, often concentrated in indigent neighborhoods where the blurring of economic disadvantage and mental healthcare need amongst individuals is most visible. It is within this landscape that we might consider care poverty, recently defined as a lack of sufficient assistance resulting from a mix of individual and structural, policy-related factors (Kroger et al 2019), and its relationship to personal conceptions of need, access, and agency. While social care research typically addresses care disadvantage vis-a-vis empirical, positivist studies of service arrangements, or of the acquisition of material goods, this paper suggests there is critical value to examining individual users’ relationships with need and urban poverty. Trauma-related psychiatric diagnosis is an ideal mechanism by which to do so.

2020 marked forty years since the publication of DSM-III and the formal declaration of Post-Traumatic Stress Disorder (PTSD) as a psychiatric diagnosis. PTSD is unique compared to other formalized mental illnesses as it is a social and “conditionally-based disorder”(Pai et al 2017); it has also made room for a broader category of stress-related diagnoses (DSM-V 2013) and trauma-informed discourses. Because of trauma-related diagnosis’ balance of structural and psychological challenges, and its increasingly pervasive use in social care services, it gives valuable insight as a case study into the particular struggles of impoverished service users. First, a critical literature review will ground this research in a discussion on the management of marginalization and psychiatric care in urban social services. Then, a thematic analysis of interviews with social workers, case managers and clinicians in Brooklyn, New York-based social care and mental health clinics (e.g. foster care center, behavioral health services charity) will examine the ways in which trauma diagnoses are tethered to issues of access and need in welfare provision. These interviews develop a landscape not only of endemic care poverty, but of its handling by service users through the cultivation of unique “survival strategies” that establish agency and authority within their relative means (Hansen et al 2014). The paper will conclude with an argument for increased psychosocial research on the future of trauma-related diagnosis in care-impoverished communities, particularly following the COVID-19 pandemic

### *The regulation of care poverty in rudimentary welfare regimes – the Greek approach to care for vulnerable groups*, **Gabriel Amitsis** (University of West Attica), **Marini Fotini** (University of West Attica)

The regulation of poverty and social exclusion through access of vulnerable people to basic social rights (i.e. education, employment, health, social welfare, social care, housing, etc.) constitutes a key political challenge in the context of the sharp economic crisis that affected Greece, leading successive governments to seek during 2010-2028 financial support from major lending international partners (European Commission, European Central Bank, International Monetary Fund) through the so-called Economic Adjustment Programmes (known also as Bailout Programmes). However, politicians, policy makers and key stakeholders still pay emphasis to the development of measures focused on basic needs and access to cash benefits, leaving little space for concerted action in the field of social care (home care, open care and residual care services for children, disabled and elderly).

Prior to the 2008-2009 crisis, Greece had one of the highest at-risk-of poverty and/or social exclusion rate in the EU. Nevertheless, the factors increasing poverty have been exacerbated, disposable income has been hit and in-work poverty remains at a high level. Rising unemployment leads more and more people to non - contributory social programmes, the cost of protection keeps increasing and there is a growing fear that the provision of care services could not be addressed by traditional unpaid informal care settings anymore. Although the sharp financial crisis has compelled Greece to engage in profound fiscal reform and address many of its structural weaknesses, this has not been matched by sound machineries to protect social care needs of all poor people, given that the current General Minimum Income Scheme (introduced in 2017) is focused on extreme poor individuals and families, and pays little attention to social care measures needed to reverse the mood of dependency and vulnerability, particularly in the case of elderly and disabled persons with increased needs.

In this respect, this Paper discusses the development of the social safety net in Greece, describes the current framework of the GMIS and analyses its contribution to address complex care needs and combat care poverty. It concludes that the scope of the Greek GMI reflects a dominant approach that focuses exclusively on budgetary constraints and social spending surveillance. It does not follow a rights or a capabilities based strategy towards the introduction of a comprehensive social safety net for people at high risk of care poverty.

### *Compensating governance architecture of social care in Western Europe: concept, measurement and consequences for social inequality*, **Eva-Maria Euchner** (LMU Munich)

Demographic change, increased female labor market participation, transformation of family structures and a withdrawl of the state from the provision of social services have provoked a serious “care gap” between care-givers and care-receivers. The Covid-19 pandemic has illuminated and further amplified this gap through a sharp increase of severely sick people as well as families, women and children in need of care. Care is at the pandemic’s epicentre; the global virus involves an avalanche of care needs (Daly 2020: 7). Yet, these care needs are neither equally distributed nor equally perceived among members of our society. Not least the Covid-19 pandemic has shown us that potent and responsive social care systems are essential to build a socially sustainable and prospering Europe that reduces social inequality. This paper breaks new ground by conceptualizing and empirically examining for the first time a new phenomenon that has remained curiously widely neglected in social sciences: the dynamics of compensation in filling the “care gap” across countries, care policies and targets. This project aims at exploring the regulatory and institutional dynamics of compensation – called compensating governance architecture of care– by (1) empirically mapping and explaining the mix of engagement of public, market-based and third-sector actors (religious and secular) in the implementation of social care policies; and (2) by examining the impact of these dynamicis on perceived care gaps and inequalities for particularly vulnerable targets (i.e. lonely parents, LGBTQ+-people). Having detailed empirical and comparative knowledge about these patterns and consequences will help policy-makers to structure collaborative governance arrangement in the most effective way to mitigate varying care gaps and to build up care regimes that allow Europe to accomplish social equality and economic prosperity at the very same time.

## TP8 – Imagining an Alternative Future: Collaborative Housing as an Option for Aging and Caring

Convenors: María Offenhenden, Universitat Rovira i Virgili; Nina Navajas-Pertegás, Universitat de València

*Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 5*

*Transforming eldercare? Exploring the narratives sustaining self-managed senior co-housing in Spain*, **Yolanda Bodoque-Puerta** (Universitat Rovira i Virgili), **Offenhenden María** (Universitat Rovira i Virgili)

In recent years, self-managed senior co-housings have begun to emerge in Spain as an alternative setting for aging and caring, overcoming the domestic/institutional and private/public divide in eldercare arrangements. These community-based projects have arisen in a specific context of increased life expectancy and the aging of society. In addition, profound social and family changes have transformed the intergenerational relationships and gender roles which traditionally structured care provision. All of the above occurs in a context of a debilitated welfare state and the expansion of the market for the provision of care services.
Self-managed co-housings are led by a generation of seniors that refuse to age alone in their homes or do so in nursing homes. They also express a desire for autonomy and agency on how to age and care, without being a burden to their offspring, but also without having to depend on them. Members of senior co-housing projects argue that they can set up care arrangements that are not commanded by either the market or the family. However, they do not consider acting against or outwith the State and public policies from which they demand recognition and commitment to meet their rights and needs.
Drawing on ethnographic data collected within the framework of the research project "Men's commitment to long-term care: gender, generations and cultures of care" (funded by State R&D Program Oriented to the Challenges of the Society, Ministry of Economy and Business Affairs) carried out in Spain, this paper aims (1) to explore the narratives sustaining the creation of these community-led projects, and (2) to discuss the tensions and contradictions involved in senior co-housing initiatives when it comes to democratizing access to and provision of care, focusing on the redistribution of care resources among the family, the market, civil society, and the State.

*Resilience, adaptation and limitations: Testing local social capital of Collaborative Housing Communities through the COVID-19 pandemic*, **Misa Izuhara** (University of Bristol), **Hudson Jim** (University of Bristol), **West Karen** (University of Bristol)

The first national lockdown in response to the COVID-19 pandemic in Spring 2020 has revealed the prevalence and importance of informal mutual support in neighbourhoods and social networks throughout the UK. Mutual support structures and functions are inevitably strong in ‘collaborative housing communities’ (including co-housing), in which people often ‘intentionally’ form resident communities to enhance mutual aid and care practice with other members. By their collective housing design and functions such as common rooms and communal meals, however, during the lockdown the members may have experienced more constraints than those in ordinary households to their established practices of sociability and mutual aid within these communities. Thus, the lockdown provided a test for the resilience of such collaborative housing communities in terms of their infrastructure, governance, and operation.

Using empirical data collected through small-scale surveys and semi-structured in-depth interviews with residents of 17 collaborative housing communities in England and Wales in summer 2020, this paper examines how the lockdown restrictions have impacted on practices of mutual aid and support mechanisms in the communities when the usual infrastructure of shared facilities and proximate neighbourliness were restricted and challenged. The paper first discusses the nature and features of collaborative housing, focusing on the purpose, orientation and variations that existed in the UK. The main body of the paper examines the impact of the lockdown on these practices. In particular, the research found their adaptability to the new normal of social distancing by using technology and creating new support systems. Moreover, it revealed that there were ambiguous and contested definitions of ‘households’ associated with the communities when interpreting the lockdown rules in order to exchange care and support. The lockdown also made some communities re-evaluate their governance structure as well as the boundary of informal care provision and responsibility between the members. It concludes with the applicability of the findings to the wider housing and care settings.

### *Perceptions of care in communal senior housing*, **Paula Vasara** (University of Jyväskylä)

Finland is known for its universal welfare system, in which everyone is entitled to necessary services that are of good quality, publicly funded and provided to all, regardless of income level, geographical area or other such factors. Ageing in place interpreted as continuing living in long-term homes in old age is strongly supported. However, with the pressures of marketization, privatization, and other neoliberal tendencies retrenching the provision of public services, need for lighter care is not acknowledged by the current system which has left many older people in bit of a predicament.

Public imagery of ideal older citizens portray grey panthers actively participating on all societal levels. Independence and self-sufficiency are valued, and admitting to any kind of frailty or neediness is easily taken as a sign of ascribing to a narrative of decay and loss of status. Even though need for support is experienced subjective in many cases, formal health and social care system is more concerned with health related needs that may be measured objectively by professionals. Thus, services are often provided for those with (I)ADL needs due to physical impairments and illnesses, but needs for emotional and social support are often overlooked.

Experiences related to the outcomes of these policy practices have contributed to a situation in which new diverse ideas for senior housing are being ferreted around. Thus, the aim of this paper is to explore the narratives of older people (55+) living in a novel form of housing, communal senior housing block, in Central Finland. The purpose is to study the perceptions, ideas and ideals around possible support and care arrangements in a community that has committed to ideas of providing accessible quality homes in which continuing living even with possible services is genuinely possible. Physical surroundings that support active independent living and services close by are at the core of this model, but efforts are also put to building a sense of community and enhancing the overall feeling of security and quality of life in old age.

Preliminary results indicate that very few of the interviewees had particular measurable (health related) care needs, but the reasons related to moving were more connected to their aim to be able to continue independent and active living in an environment experienced supportive and secure. Feelings of connectedness and being genuinely part of community were valued, in addition to easiness of participating in various activities. These narratives are illustrative as they showcase how cultural models related to care are slowly transforming. Care in relation to human vulnerability is better apt to characterize the way these narrators portray care in relation to themselves. In the future, more leeway is perhaps left for defining needs, which may leave room for having one’s various needs, even emotional and social, met by the official system.

## TP9 - Long-term care in life course perspective: novel theoretical and empirical findings

Convenors: Andrej Srakar and Maša Filipovič Hrast, University of Ljubljana

*Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 5*

*Long-Term Care for Older British People Living in Spain*, **Kelly Hall** (University of Birmingham)

Spain continues to be the most popular retirement destination for British and other Northern European citizens. Most international retirement migrants move post-retirement when they are healthy and mobile, leaving behind their family in the UK. However, many are now ageing in place, have reached the fourth age and need additional care and support. This paper explores the care arrangements of older British migrants in Spain. It focuses specifically on the informal and intergenerational care arrangements that these migrants construct with their families over national borders. It highlight the complexity that migration can bring to both care giving and receiving, especially in light of Brexit that has led to the withdrawal of some freedom of movement and welfare rights for EU migrants.
The paper draws on data collected from Economic and Social Research Council (ESRC) research, involving interviews with 35 older British migrants living in the Spanish Costa del Sol. Retired migrants were found to engage in three distinct care strategies. First,' transnational care giving' where children in the UK provided remote care to their elderly parents in Spain; second, 'joiners' which involves elderly parents moving to Spain to receive care from their children already living there; and third, 'returners' where older migrants return to the UK in later life to receive care from their children. The paper explores the complex intergeneration and often transnational care arrangements for older migrants and the way in which a changing social and political context have (re)shaped these arrangements. The findings highlight the importance of proximity in old age care and the difficulties of both providing and receiving care over national borders.

*When Adolescents Take Financial Care of the Family: Adolescent Employment, Parental Marital Status, Gender and Household Income*, **Anat Herbst-Debby** (Bar Ilan University)**, Amit Kaplan** (Tel Aviv-Jaffa Academic College)**, Miri Endeweld** (Bar Ilan University)**, Noa Achouche** (Bar Ilan University)*

Main issue analyzed in the paper and its relevance: Adolescents in welfare states are perceived as both care recipients and contributors to family care through formal employment. The current study focuses on such employment, examining its relation to gender, changes in parental marital status and household income, as well as the intersections between them. Specifically, the research contributes to understanding adolescent employment when parental care and income change following divorce. The study makes two novel contributions. First, adolescent employment can be a mechanism for coping with parental divorce by contributing to family finances. Despite vast literature on the effect of divorce on children and adolescents, little is known about its effect on the employment of adolescent offspring. Second, the study contributes to the debate on how family status change is related to social inequality. Our research questions are twofold: (1) How is parental divorce during adolescence related to the offspring's employment and earnings, and how is that related to gender? (2) What is the contribution of adolescents' wages to the overall family income, and how is this related to parental divorce, gender and household economic resources?
Type of methodology and sources of data/information used for the analysis
We analyzed administrative longitudinal data from 2003-2018, using a database created specifically for this project. It is based on the National Insurance Institute (NII) database, which includes administrative data from the tax authorities with information on employment income, pension and allowances and sociodemographic characteristics of children and their parents.

We selected a study population of adolescents who were 12 years old (born in 1991) and living with their married parents in 2003, which is the first year for which full data on a set of pre-separation characteristics are available in the NII data. This enabled us to identify children who experienced parental divorce at age 14 and to follow them from age 15 (minimum working age in Israel) to age 18. We defined employment as working more than three months a year.
Main findings expected from the analysis: Preliminary findings show that boys, on average, have higher odds of being employed and higher salaries than girls. Similarly, employment chances are higher in the middle class (quintile 3) than the top and bottom levels of the scale. However, children in the bottom quintile work more months a year than those in the top quintile. Experiencing parental divorce increases the odds of adolescent girls being employed compared to girls from intact families. Moreover, the contribution of adolescents' wages to overall family income depends on the intersection of marital status, gender and household economic situation. This contribution is higher for families of divorce than for intact families, especially among low-income groups: boys contribute about 83% of the family income in the bottom quintile, while girls contribute 70%. The findings thus indicate that when parents in low-income families divorce, adolescents become the primary wage earners.

### *Childhood adversities and unmet long-term care needs: The mediation effects of family relationships*, **Bo Hu** (London School of Economics and Political Science), **Mingyu Wei** (Newcastle University)

Ensuring equality and adequacy of long-term care for older people is vitally important in the global context of population ageing. This study investigates the relationships between childhood adversities and unmet long-term care needs of older people in China and the mediation effects of family relationships. The data came from a nationally representative sample of older people aged 60 and over with long-term care needs (N=2,186) collected in the China Health and Retirement Longitudinal Study (CHARLS). The probability of unmet needs is significantly higher among older people experiencing multiple adversities in childhood. Satisfaction with marriage mediates the association between childhood adversities and unmet personal care needs. Relationships with children mediate the association between childhood adversities and unmet domestic care needs. The causes of unmet needs can be traced back to early life, which underscores the importance of concerted efforts in family, education, and long-term care policies to address this issue.

### *The past casts a long shadow: an exploratory analysis on the pathways into intergenerational caregiving using life course concepts*, **Rodrigues Ricardo** (European Centre for Social Welfare Policy and Research), **Filipovic Hrast Maša** (University of Ljubljana), **Kadi Selma** (European Centre for Social Welfare Policy and Research), **Cerar Miriam** (University of Ljubljana), **Valentina Hlebec** (University of Ljubljana)

Background and objectives: We develop a framework for the analysis of pathways into family caregiving to older people defined around life course concepts such as key turning events in life, cumulative processes and linked lives within the family realm that influence decisions around intergenerational family caregiving.
Research design and methods: Using Framework Analysis, we analyse semi-structured qualitative interviews from a sample of dyads (older cared-for adults and their main family carers) in Austria (N=24) and Slovenia (N=52). Data was collected in 2019 through a purposive sampling strategy that included dyads from a differentiated socio-economic background and gender composition.
Results: The analysis reveals the existence of four non-exclusive pathways into caregiving. One pathway is associated with single turning events occurring in family or work trajectories of carers that expanded the possibilities for caregiving later in life. Another pathway referred to cumulative processes that later influenced transitions into caregiving, such as personal biographies marked by weak labour market attachment or previous occupations as professional carers. The third pathway is characterized by continued and sustained exchanges of support within families that cement reciprocal ties that underpin caregiving at later stages. In the fourth

pathway, life trajectories of siblings, but also family relationships and conflicts constrained carers into their role.

Discussion and Implications: Decisions regarding caregiving within families can be best understood as processes, linked to developments in other trajectories in carers' lives, as much as to internal family dynamics and relationships. Becoming a carer may be itself the result of intertwined accumulated vulnerabilities.

Contributed paper: *Protecting adolescent young carers in Europe through legislation and policy: Findings from a transnational analysis*, **Elena Guggiari** (Careum School of Health), **Leu Agnes** (Kalaidos University of Applied Sciences)*

The goal of the international ME-WE project is to strengthen the resilience of Adolescent Young Carers (AYCs) in transition to adulthood (15-17 years old) in order to impact positively on their mental health and well-being and to mitigate the negative influence of psychosocial and environmental factors in their lives.

Young Carers are defined as “children and young persons under 18 who provide or intend to provide care, assistance or support to another family member. They carry out significant or substantial caring tasks, often on a regular basis, and assume a level of responsibility which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision.” (Becker 2000, p. 378).

The caring role can have a negative impact on the mental health, well-being and social life of young carers. Research has highlighted that being a YC exacerbates health inequalities during the life-course and they often experience the consequences of social exclusion and inequalities in education, with higher absenteeism and drop-out rates than peers and low employability. YCs may also experience stigma, which in turn leads to secrecy and social withdrawal and they might struggle with bullying at school (Leu and Becker 2019).

The main goal of Work Package 2 of the Me-We project was to analyse the development and implementation of legislation, policy and service frameworks addressing adolescent young carers (AYCs) in six European countries and how such policies are enacted in the ‘real’ world. Specific aims of the research were to examine what legal provisions and other policy frameworks exist in Italy, Netherlands, Slovenia, Sweden, Switzerland and the United Kingdom that provide support and protection for AYCs. The study also aimed to understand how legislation and policy changed in the past and who were the key drivers for these changes.

This qualitative study involved expert interviews within each country and the development of country specific case studies. Hearing from AYCs themselves, with first-hand experience, is vital and therefore AYCs and young adult carers were invited to review specific sections of these case studies relating to (1) how legal provisions and policy frameworks work in practice and (2) the experts' goals and hopes for the future. AYCs and young adult carers also reported their own hopes for the future.

The presentation will also focus on dilemmas that emerged from these findings that must be addressed for the future protection and support of young carers.

List of key references and resources:

Becker, S. (2000): Young carers. In Martin Davies (Ed.): The Blackwell Encyclopedia of Social Work. 3rd ed. Oxford: Blackwell.

Leu, A. and Becker, S. (2019): Young Carers. In Heather Montgomery (Ed.): Oxford Bibliographies in Childhood Studies. New York: Oxford University Press.

Leu, A. and Becker, S. (2016). A cross-national and comparative classification of in-country awareness and policy responses to ‘young carers’. Journal of Youth Studies, 20(6), 750-762.

Leu, A., Guggiari, E. Phelps, D., Magnusson, L., Lewis, F., Hlebec, V., … Hanson, E. [in Review]. Transnational Analysis of Legislation, Policy and Service Frameworks for Adolescent Young Carers in Europe'. Journal of Youth Studies.

## TP10 – Care Work in the Household under Time Pressure: Coping Strategies and Precarious Time Frames?

Convenors: Tanja Carstensen and Almut Peukert, Hamburg University

*TP10a - Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 5*

### *(Re)structuring childcare arrangements during the COVID-19 pandemic. A gender lens on coping strategies in intact and stepparents families in Switzerland*, **Sandra V. Constantin** (University of Oxford)*

Compared to neighboring countries, Switzerland is undergoing a loose form of lockdown in response to the spread of the Covid-19 pandemic. Some schools are closed but not all, teleworking is promoted but not enforced, gatherings of more than five people are forbidden but people can move around freely outdoors conditional on respecting physical distancing. This paper intends to examine the (re)structuration of childcare arrangements in intact and stepfamilies in Switzerland during the Covid19 pandemic. How did parents reorganize their daily and weekly time schedules to reconcile working obligations, childcare and home-schooling, as well as other family activities?

The findings rely on data from a qualitative in-depth study conducted in French-speaking Switzerland within the framework of the ANR-20-COV4-0002 "Fam.Conf”. 70 in-depth interviews were conducted in Vaud, Geneva, Wallis, Fribourg and Jura. This article will shed light on the changes in care arrangements triggered by the partial lockdown. It will will reveal that the gendered division of labour has been only slightly transformed, despite a significant increase in the amount of work – professional and reproductive work.It will also assess the effects of the restrictions on gender relations in intact and stepparents families across the social stratification. Content analyses will uncover parents’ agency in driving the observed patterns of family-work organisation.

### *The Effects of Argentina’s COVID-19 Lockdown on Women’s Time Use Dynamics*, **Mariana De Santibañes** (New York University)*

Argentina endured one of the world’s longest and strictest nationwide lockdowns due to COVID-19 outbreaks. This resulted in an abrupt reduction of formal (educational and care centers, paid domestic work) and informal (family and community support) care arrangements, increasing women’s care responsibilities within households, and thus affecting their time use dynamics. Using an interpretive and comparative method approach, this study explores how the COVID-19 pandemic and the measures adopted by the national and local governments in relation to it, affected the forms of intra-family organization and time-use dynamics in Argentina. Qualitative data from in-depth interviews collected over a 5 month period to 40 families living in the Buenos Aires Metropolitan Area and the province of Mendoza, help identify how the differences in family composition, occupation, various capitals (social, cultural, economic, material) and the organization of care and domestic work, shape the forms and means through which women respond to those aspects that this health crisis exposes, such as the perception of the different access and quality of time. Findings show that the lack of commute time for school and work, the shrinkage of care networks, home schooling, remote work or unemployment, have introduced women to new time-use scenarios, with some finding themselves more impoverished and others more enriched in relation to their discretionary time prior to the pandemic

### *“Unfortunately, the world is closed for now”. Technical and moral logistics of the pandemic in the experience of US-based nannies*, **Anna Rosińska** (Ca’ Foscari University)

Care work in the household under pre-pandemic conditions was time-strained, depending on time regimes of all the actors involved: of children, parents and, in case of paid in home childcare, of nannies (Cojocaru, Rosinska 2018). The COVID-19 pandemic has brought additional pressure to the household – for part of the parents who begin to intensively work from home, sometimes in parallel, the role of nanny grew even more important than before the pandemic.

In fact, in the US nannies report a splitting or polarizing effect of the pandemic on their work: some of them find themselves with less to none work due to parents who can no longer afford to hire them because they in turn lost their jobs, or due to parents trying to cope with care at home by themselves, sometimes sharing the chores in an uneven way that especially hurts women's availability for remote work. On the contrary, those nannies that kept their jobs, found themselves working more hours with new duties added on top of the old ones, like supervising the online learning, which in itself brings another timeframe to the picture, as well as inventing ways to spend time with children indoors and without social contacts. These more technical changes were accompanied by what I call the moral logistics of the pandemic. Nannies were also on the frontline of explaining what was happening to the kids on a daily basis. They engaged in discourses on who deserves to be provided care work and who does not applying the essential work framework to their employers and to their own advantage.

This paper presents the perspective of nannies of different backgrounds working in the households located in Massachusetts (primarily) and several other American states, based on in-depth interviews (10) and online survey for domestic workers (N=100) about the impact of COVID-19 on domestic workers within the framework of the project 'Intersections of class and ethnicity in paid domestic and care work', a Marie Skłodowska-Curie fellowship from the European Commission.

### *The vicious circle of familism in care and housing in Greece during the COVID-19 pandemic. Welfare and biopolitics*, **Myrto Dagkouli-Kyriakoglou** (Malmo University)*

During COVID-19 pandemic, care and even self-care are a central point on official and unofficial campaigns on the prevention of transmission which also recommended or ordered people to 'stay home' in order to stay safe.  These parameters: home and care are connected with family and especially women in the Greek society as the state was always inadequate to cover people's needs. Family acted always as a welfare agent covering the care and housing needs of its members by employing related strategies. The social services provided by the state are merely complementary to family welfare especially when family reserves reach their limits. Thus, family welfare, and women in particular, are under extreme pressure by biopolitical discourses and the absence of an alternative solution to cover the needs of its members, especially during crises, moving the obligation and the cost away from employers and the state.

Family welfare is both the weapon and the weakness of people in Greece against the new Covid-19 related crisis. This institution guarantees, in relation to its capacity, housing and care support for its members in need but on the other hand it does not allow the necessary distance between people in risk, informal carers and carriers. In this paper through secondary sources of narratives of women in Greece who act as kinship carers during the pandemic, it is investigated what is currently care and how the familistic care and housing practices in Greece are both the strength and the weakness during the COVID-19 pandemic.

### Contributed paper: *Housewifization of Work on the Self - a feminist-materialist lens on self-optimization*, **Cosima Langer**

Care and self-optimization: both processual, incomplete, and constituted according to the principle of structural overload, cannot be understood as opposites. Caring activities are subject to the imperative of self-optimization. Many practices are characterized precisely by the simultaneity of caring and self-optimization. Through the concept of housewifziation, that has been developed by 1980s feminist-materialists, so called Bielefelderinnen, it is outlined that housewifization has expanded. Individual strategies of self-optimization is thus an internalized form of coping with the care deficit, a possibility for tappping time resources. The shifting self-relationship, that can be characterized as autonomous, auteronomous or autotonomous is key to understanding self-optimization as individual practice and structural necessity. Based on an interpretation of current German-language studies on self-optimization, housewifization is brought into focus. Practices of self-optimization seek to cover up a lack of care, thus functioning as a 'substitute' for a transformation of the conditions of (re-)production. Care is, also in the current social division of labor, housewifed. The decrease in actual housewives has magnified this problem. Strategies of individual self-optimization as housewifely "work on the self" promise a remedy, but can never provide it.

## *TP10b - Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 6*

### *Protected through part-time work? Employment, domestic responsibilities, and life satisfaction of women in Germany during the COVID-19 pandemic*, **Ariane Bertogg, Susanne Strauss** (University of Konstanz), **Nevena Kulic** (University of Konstanz; European University Institute)*

The Covid-19 pandemic and the ensuing measures have created existential challenges for people across the globe. In Germany, in mid-March 2020, far-reaching lock-down measures were passed by the government. Particularly the school and childcare facility closures left parents with the urgent need to re-organize childcare themselves. For employed parents this has created major challenges. The additional strain of combining domestic work and employment without external support has been shown to negatively affect life satisfaction. This applies more strongly to women than to men, who traditionally take over the major share of the unpaid domestic work, and also did so during the pandemic, as recent research has shown.

In end October 2020, as the second wave of the pandemic gained momentum, a second “lockdown light” was passed. This time, however, schools and childcare facilities remained open, enabling parents to better reconcile employment and family demands than under the conditions of the first lockdown in spring 2020. This, too, should have implications for life-satisfaction.

The literature on gender and employment has argued that part-time work combines “the best of both worlds” for mothers, because part-time workers enjoy both more temporal resources to combine paid employment and domestic work, and they additionally have a sense of purpose and social integration from their workplace. Thus, part-time workers should be better able to cope with the additional strains of taking care of children during the pandemic than full-time workers, who have fewer temporal resources to live up to the additional demand of housework childcare. Moreover, part-time workers should also better cope than non-employed, who lack network-related integration and purpose.

Against this background, we ask: Has the COVID-19 pandemic affected life satisfaction of women negatively? Is there a differences between full-time, part-time, and non-employment? Does the impact vary between the two lockdowns? Our analyses are based on a topical online survey implemented in a stratified online access panel (Kantar), which was designed and funded by the University of Konstanz. Two waves of data were collected: in May 2020, during the first lockdown, and in November 2020, during the second “lockdown light”. We restrict our sample to partnered women at working age.

We find that, during the first lockdown, part-time women are indeed less likely to experience a decrease in life satisfaction as compared to before the pandemic (37%) than both full-time working (46%) women and non-employed women (53%). During the second wave of the pandemic, when childcare and schools remained open, we find no difference in the risk of declining in life satisfaction between full-time and part-time employed women (52% vs. 54%). Non-employed women seem to have benefited the most from the lockdown light; in November 2020, their risk of declining in life satisfaction is much smaller as compared to during the first lockdown (29% versus 53%).

### *Synchronizing childcare and paid work. Home-based work as danger to reinforced or potential to weaken the gendered division of paid and unpaid labor in families with children?*, **Jana Mikats** (University of Graz and University of Vienna)

Home-based work creates a specific spatiotemporal arrangement: one location serves as both the home and the workplace. So far, research on home-based work has predominately examined home-based workers and their work-life balance. In the paper, I follow a wider

perspective and explore the spatiotemporal interrelation of home-based working and family practices by looking at Austrian families with young children (kindergarten and school age) and home-based working parents. I will examine how heterosexual couples reconcile home-based working and family life by coordinating childcare and thus divide and (de-)gender paid and unpaid labor.
The analysis is based on a multi-method (interviews and observations) and multi-perspective (adults and children) fieldwork with 11 families in Austria. I analyzed the data by following coding and mapping strategies of Grounded Theory and Situational Analysis
Based on my findings, I argue that for parents home-based work was a way to adjust their paid labor to the insufficient childcare services in Austria. Parents faced various obstacles and problems as childcare and school arrangements did not cover their needs regarding flexibility of opening hours or limited families by requesting regularity and punctuality. The spatiotemporal flexible work arrangements allowed parents to adjust and synchronize their working schedules to those of their children and the formal childcare services. However, the analysis showed here an ambivalent situation: On the one hand, home-based working parents relied on formal childcare and school arrangements as working in the co-presence of children was not an efficient mode of working. On the other hand, home-based working parents had to compensate lacks of childcare services by their presence and care at home.
Finlay, the presence of parents at home shaped their overall responsibilities for care in the family. As a consequence, the division of unpaid and paid labor looked very differently in families in which solely women were working home-based in contrast to families in which both partners worked at home. In families with female home-based workers who had a partner working fulltime outside the home, the responsibility for the domestic domain was fully allocated to women. While in families with two home-based working partners the spatiotemporal flexibility of the home-based work facilitated an equal share of paid work and childcare. Consequently, home-based work can reinforce gendered divisions of labor as well as facilitated a de-gendered division of paid and unpaid labor between heterosexual partners.

### *Time pressure and reconciliation of paid and unpaid work in Luxembourg during the pandemic*, **Irina Gewinner** (University of Luxembourg), **Cosaert Sam** (LISER), **Görges Luise** (Leuphana University)

Families with children might be hit particularly hard by many governments’ measures tackling the 2020 pandemic. Social distancing, the lockdown of public life including schools and early education, as well as increased work from home have put enormous pressure on parents’ ability to (re)organise daily family life, fulfil work requirements, educate and care for their children, and communicate with colleagues, supervisors and educators. How couples deal with the increased levels of stress in combining paid and unpaid work, and how Luxembourgish society responds to families’ needs during the pandemic, is not just a challenge to parents and children, but to women in particular.
The short- and mid-term consequences of the Covid-19 pandemic, including sustainable development (e.g., gender equality), largely depend on how families, especially women, go through the crisis. Drawing upon the data of the 1st wave of the survey “Socio-Economic Impacts of Covid-19” for Luxembourg, this paper addresses three main issues. First, it investigates whether and how couples change their routines in time use before and during the first wave of the pandemic. This relates to various activities ranging from paid work to childcare and leisure.
Second, one possible impact of the pandemic is that it leads to a reorganisation and redistribution of (care) work and affects the work-life balance, thus offering new coping strategies with unpaid work. We address the change in attitudes and division of paid and unpaid work in families with children by asking questions on the division of household chores and childcare before and during/shortly after the outbreak of pandemic. While in traditional circumstances, women take over a larger share of household responsibilities, in times of quarantine, the bargaining power in couples might change because of perceived financial vulnerability. There are at least three scenarios: the outbreak and lockdown either 1) close the gender gap in unpaid labour within families; 2) further widen the gap in favour of men; or 3) leave the household division of unpaid work unchanged.
Lastly, we explore whether and how couples re-negotiate the division of unpaid work and care for their offspring. We particularly focus on satisfaction with intra-household division of unpaid

work by asking individuals how they and their partner determined their current division of labour arrangement. We give special attention to whether the partners are equally (dis-)satisfied with their organisation of unpaid work.
Our findings show that in the case of Luxembourg, men increased their share of unpaid work and childcare, which was the case particularly during the lockdown in spring 2020. We conclude with implications for policy, reflecting on the aspects that favour men's engagement in unpaid work.

### *Temporality and parental nest care in face of transitions: An exemplary comparison of the phases 'pregnancy' and 'empty nest'*, **Marie-Kristin Doebler** (Eberhard Karls Universität Tübingen), **Gerstewitz Julia** (University of Giessen)

Focusing on so-called nest-care as paradigmatic example, we empirically investigate the temporality of care on a micro-level. Drawing on an empirical analysis of advice books, internet forums and interviews dealing with two major transitions during the life course (becoming parents and becoming empty nesters), we reconstruct two time-care constellations: preliminary analyses reveal how time perspectives shape care practices in face of life-changing incisive events such as children's arrival or departure. Accounts about prenatal parenthood, for example, put a strong focus on the future, while narratives about entering and being in the empty nest oscillate between presence and past or past and future.
During the transition to first-time parenthood, much care work revolves around building a 'nest', e.g., furnishing the nursery. This nest care is obviously future directed and focuses on the expectant family and parental role as carer, the foreseen moment of giving birth or having a child in the home. This form of future directed care and time perspective can be seen as part of coping strategies: anticipatory care helps dealing with feelings of powerlessness or uncertainty in face of waiting for an event that is believed to be life-changing.
During the transition into 'post-parenthood' nest care practices revolve around re-building a 'nest' for the couple or oneself or conserving the family nest, i.e., by focusing on the presence or the past or anticipating a future version of the self/the couple: some parents report on awaiting their children's move. Their nest care is tailored at creating life-conditions for someone who previously had little time (and place) for themselves, i.e., they re-build the nest and re-appropriate the former child's room and use the finally freed time and space. Other parents report to fear the children's move, or to mourn about the loss as if the child had died when they have moved out. Their time perspective and nest care practices are backwards oriented: they conserve the nursery and, thereby, the 'past' or they create continuity. Thus, empty nest care practices can be interpreted as coping strategies, too: parents try to come to terms with being 'empty nesters' which also requires reorganizing cohabitation.
Against this backdrop, the proposed presentation will discuss the following questions:

- How do nest care practices during times of family's transformations impact temporality?
- How can the relations of nest care and time perspective be systemized?
- Are they gender specific and if so in which respect?

The proposed presentation is based on a recent research project on gender differentiation in family transitions. It will contribute to the overall theme of the conference by shedding light on the time-care nexus in the context of family transformations: looking at and comparing two different periods of time within the life course reveals time frames' precariousness and dynamics.

### Contributed paper: *Time spent caring – the externalisation of temporal costs in regimes of consumer directed care*, **Lukas Hofstaetter** (Carers NSW)

In recent decades, disability and aged care service systems around the globe have adopted the paradigm of "consumer directed care" as their guiding policy principle. In Australia, the National Disability Insurance Scheme (NDIS) and My Aged Care (MAC) are the outcomes of such reform. This contribution aims to support a better understanding of the temporal costs of these consumer directed systems of care, based on the Australian experience.
In the consumer directed care paradigm, care is primarily understood as dyadic relationship between the care "consumer" and "provider(s)", engaged in exchanges of services in a market

context. The principles of choice and control for consumers are generally framed as safeguarding the autonomy of people receiving care, with market competition serving to keep service costs down and service quality high. The political philosophy underpinning policies of consumer directed care is market liberalism.

Frequently omitted from policy design in this paradigm is a consideration of the social nature of care, and the involvement of, and effects on, informal carers. However, informal carers often play an important role in supporting the decision making, administration and coordination involved in consumer directed care transactions. This is particularly the case among carers of people living with intellectual and developmental disabilities.

Data from the Carers NSW 2020 National Carer Survey shows that 85.4% of carers of people with disability provide regularly invest time in administration, organising supports and services for the person they care for. Carers of people living with intellectual and developmental disabilities in particular report spending considerable time looking for services, liaising with service providers, completing necessary paperwork and dealing with problems and delays.

In this way, the transition to consumer directed care has resulted in a shift of the temporal costs of service coordination from paid workers to service users and/or their informal carers, with little assistance or recognition provided. This externalisation of these formerly core functions of the disability services sector is rarely addressed in policy discourse regarding consumer directed care markets in Australia.

In our contribution we will further examine the consequences of externalising temporal costs onto informal carers, in terms of time use, health and wellbeing, using quantitative and qualitative data from the Carers NSW 2020 National Carer Survey.

## TP13 – Time to care: critical perspectives on “fast policy regimes” and anticipatory techniques in care policy

Convenors: Carlotta Mozzana and Davide Caselli, University of Milano-Bicocca

*TP13a – Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 6*

*The use of social impact bonds in children’s social care: A comparative analysis of project justifications and design expectations in the Life Chances Fund*, **Tanyah Hameed** (University of Oxford)

This paper investigates social impact bond (SIB) projects aiming to improve social outcomes for children and young people in England. First pioneered in 2010 in the UK, social impact bonds remain novel but contentious tools for public sector reform. Over the last decade, they have been increasingly used within children’s social care to improve social outcomes while countering demand and financial pressures. The paper brings detailed insights on the specific ambitions and design considerations in the adoption of this novel commissioning approach in children’s social care. Drawing on unique access to administrative documents, detailed project data and qualitative insights from local government teams, the paper compares across seven recently launched projects within the Life Chances Fund (LCF). It is the most detailed comparative investigation of SIBs within children’s social care to date.

*Identifying Clusters of Nursing Facilities that Responded Differently Over Time to a New Value Based Reimbursement System*, **Zachary Hass** (Purdue University School of Nursing)

Background. Changes in public policy often have effects that evolve over time in complex and unintended ways. We evaluated the impacts on care quality and expenditures of a major change in state financing policy for long-term facilities over a seven year time horizon. The U.S. state of Minnesota passed legislation in 2016 tying public payment for nursing home care to measures of care quality. The system, Value Based Reimbursement (VBR), dramatically increased the amount of money paid for nursing home care from public funds (Medicaid program) due to care related cost reimbursement. Additionally a composite quality measure, reflecting clinical quality measures, quality of life surveys of residents and their families, and regulatory findings, is used to set reimbursement rates such that higher quality scores can result in a higher rate. In a before and after comparison of the impact of VBR, we found that this approach was effective in increasing care related spending, but there was not a discernible, associated impact on composite care quality measures. These previous analyses adopted a growth model approach examining the entire set of Skilled Nursing Facilities (SNF) participating in the Medicaid program in Minnesota and viewed time as two epochs, before and after the VBR system was implemented. Although viewing time as two homogeneous epochs is a valid approach, it may fail to find relationships due to changes occurring within the epochs or may miss relationships that exist only for subsets of facilities.
Objective. To identify sub-groups of facilities with differential response to the implementation of the VBR system over time and distinguish these groups by their facility characteristics.
Methods. We utilized Latent Class Growth Analysis (LCGA) of the composite quality score and of care related spending trajectories over a seven year period (2013-2019) to cluster SNFs according to their joint outcomes of quality and spending. We then describe each of the group characteristics that differentiated the facility clusters.
Findings. Although on average facilities substantially increased their expenditures each year without any accompanying increase in care quality, the LCGA revealed a more complex pattern with facilities falling into three distinct clusters. The first cluster had the highest quality scores accompanied by low average care-related expenditures. The second cluster had the lowest quality scores accompanied by somewhat higher care related spending. The third cluster had quality scores midway between the other two clusters; however, it had much higher care

related expenditures. From 2017 to 2019, quality scores for the second cluster trended sharply downward, scores for the first cluster remained steady; and scores for the third cluster declined only slightly. All three clusters had substantial increases in care-related expenditures from 2017 to 2019, while the large gap between cluster 3 and the other clusters continued. Facility characteristics associated with higher quality were higher retention of direct care workers, activities staff, and social workers, greater spending on dietary costs, and a higher number of privately paid resident days. Higher care-related expenditures were associated with location in the Twin City metropolitan area, large facility size, and a higher proportion of the more lucrative Medicare postacute stays.

Conclusions. Response to the implementation of VBR in Minnesota appears to have differential response over time on quality measures. For this and similar pay for performance policies, properly incentivizing care quality may require a more tailored approach to be effective in all SNF subgroups.

### *Time and logics of care in financial education*, **Maria Dodaro** (University of Milano-Bicocca)

Since the early 2000s, financial education acquired increasing relevance in the public agenda in many countries. Its primary goal was initially to encourage the diffusion of individual retirement planning strategies in the face of pension system reforms. Over time, financial education extended its range of purposes to including the promotion of citizens' ability to cope with social risks and implementing strategies of self-protection in the context of crisis of public welfare systems. Broadly speaking, it currently points to spread economic-financial knowledge and capability, the latter understood as the ability to translate knowledge into adequate behaviours. Such behaviours are supposed to include people's ability to make rational use of money, save and, more widely, to planning and executing appropriate strategies of care for themselves and their families. Based on a case-study analysed through qualitative methods, i.e. semi-structured interviews and participant observation, this research investigates the ways financial education considers time and try to shape a new balance between public and private responsibilities for care. It mainly focuses on the instrumentation adopted to predict and anticipate future care needs and the logics of care such instrumentation incorporates. The paper shows the centrality of temporality in such a field and how time is used to shape practices and policies of care that lever to the consolidated individualised conception of care responsibilities while contributing to reinforcing it by encouraging the adoption of privatised and financialised care provision and logics.

### *Framing Care through investment and measurement: the Social Impact Bonds adoption in the French context*, **Vincenzo Buffa** (Université d'Angers)*

In this communication we aim to investigate the Social investment shift in care policies, and its related specific temporal approach, trough the study of the implementation of Social Impacts Bonds (SIBs) in France. SIBs are indeed an example of a specific future-oriented approach based on the assumption that public expenditure needs to generate both social and economic returns (Adamson and Brennan, 2014). SIBs are a funding mechanism in which a private investor, through a contract with a public commissioner, finances the implementation by private service providers of social intervention, based on rigorous outcome evaluation; in exchange, the investor receives the payment of financial interest if the previously defined results are achieved (Fraser et al., 2018). SIBs are nowadays used for the financing of different care policies from early childhood education to care for adults, with a policy approach mostly based on a mix of preventive solutions and behavioral interventions (Chiapello and Knoll, 2020).

We will firstly present the fast international proliferation of SIBs since 2010, supported by a networks of financial, consulting and public actors producing knowledge and specific socio-technical arrangements. In a second time, we will specifically investigate the translation of the SIB model in the French institutional context. We will describe the efforts made by public actors in order to make acceptable this new arrangement leading to an original SIB adoption, which differs in several features from the classic Anglo-Saxon SIB model from where SIBs originate.

Our analyses will be centered on three specific aspects, characterizing SIBs as other Social Investment arrangement, and the way in which they are translated into the French context: 1) Social interventions and the various definitions of social problems associated with particulars care solutions; 2) Networks of actors and the related collaborations and struggles that make possible the (always instable) stabilization of a social welfare conventions; 3) Financial circuits and the diversity of rules and socio-technical devices governing money flows.

## *TP13b - Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 4*

### *Time for more care, Time for more crisis*, **Stephanie Davies** (University of London)

The claim about the National Health Service /NHS being in crisis is an old claim prompting the question about whether crisis is even the correct way to describe what is actually happening now. In response to such crisis states however, the government has often turned to time as a way of giving definition to the problem, turning crisis into something inevitable and containable if only the correct techniques are applied. Some policies even seem to want to suggest that one of the best way to keep crisis within reasonable limits, is to alleviate the burden on providers of having to care at all. Using the example of a policy document from pre-pandemic British general practice in which a version of crisis is played out in the form of not having enough time to care, this paper asks what can be the value of assigning more time for certain types of caring activity, when to do so only appears to burden the NHS, without leading to any tangible outcome or pay off in the long term? I try to describe why, in an era of accelerated healthcare production, we might need to invoke modes other than those of crisis if we are to form realities of non-emergency care that do not depend for their value, on what they can offer a future of overcoming the threat of breakdown.

### *Lean management and the rhythms of care*, **Iiris Lehto** (University of Eastern Finland)

In this paper I will investigate the rhythms of care work. I will ask how do implementing Lean structure the rhythms of care work and what it does to the agency of the actors of care? The data consists of 14 thematic interviews of care workers (e.g., nurses) who attended lean training and have since implemented lean in their own work in a Finnish hospital. The data was collected during 2019 and follow up data during 2020. I analyse the worker experiences about implementing Lean against different notion of time, rhythms, and agency. Lean management is one of the most popular ways to organize different services and industries globally including Finland. It was originally developed in the car industry in the Toyota Production System in the 1940s. During the 21st century lean doctrine has also travelled fast to healthcare organizations. For example, in Finland around 70 per cent of hospitals have implemented lean (Jorma et al. 2016). Lean management is also part of the fast policy phenomena where different kinds of policy ideas travel from one sector to other. Lean refers to several levels of work: general management philosophy, model of production, organizational doctrine, and practical tools. The most common areas in healthcare lean implementations are in process-oriented functions, where the most important targets have been queuing time and time-saving (Jorma et al. 2016). In short lean is a way to do more with less: less time, less space, less human effort, and less equipment (Womack et al. 2003). One could argue that the conception of time of lean is linear whereas the conception of time of care is cyclical. In the logic of care time turns and twists. There is no single, crucial moment when all relevant fact values are available. (Mol 2008.) In the logic of lean, the standardization of the process at hand is a key element. According to studies (e.g Äijö & Tikkanen 2017) lean management may enable care workers to prioritize their work in a relevant way but if these two logics collide it may lead into arrhythmia.

### *Documenting homecare in the UK in a time of crisis*, **Kerry Harman** (University of London)*

This paper is part of the emerging resistance to ‘fast care’ regimes that are integrally linked with austerity measures and the underfunding of the adult and social care sectors in many countries (Chatzidakis, Hakim, Littler, Rottenberg, & Segal, 2020; Hayes, 2017; Mol, 2008; Tronto, 2017). Our focus is the homecare sector in the UK. While the Covid pandemic has given greater exposure to the ongoing ‘crisis in care’ in the UK, with regular articles appearing in national newspapers on the plight of the social care sector (e.g. Editor, 2020), paid homecare provision in the UK was in crisis long before the Covid pandemic (e.g. BBC Panorama, 2019; Koehler, 2014; UNISON, 2016). This paper is part of a collaborative project with homecare workers that aims to reconfigure homecare by documenting the experiences and sensory ways of knowing in and through everyday practices of paid homecare workers. These sensory aspects of caring are often overlooked in the development of policy on how homecare is organised and, too often, this group of workers who ‘do’ care on an everyday basis are treated as objects of knowledge when theorising care. The overarching argument is that homecare workers are active participants in the production of care knowledges. The paper is a collaborative piece of writing between two paid homecare workers and an academic interested in sensory ways of knowing care and documents various experiences of these workers during the current Covid pandemic. The hope is that the inclusion of accounts from paid homecare workers in ongoing theory development and policy discussions will begin to reconfigure how ‘good care’ might be known and understood.

References

BBC Panorama (Writer). (2019). Crisis in Care. In A. Mason (Producer): BBC.
Chatzidakis, A., Hakim, J., Littler, J., Rottenberg, C., & Segal, L. (2020). The Care Manifesto: The Politics of Interdependence. Verso: London.
Editor. (2020). The Guardian view on the social care crisis: fix a broken system. Guardian. Retrieved from https://www.theguardian.com/commentisfree/2020/oct/25/the-guardian-view-on-the-social-care-crisis-fix-a-broken-system
Hayes, L. (2017). Stories of Care: A Labour of Law. London: Palgrave.
Koehler, I. (2014). Key to Care. Retrieved from London:
Mol, A. (2008). The Logic of Care: Health and the problem of patient choice. Abingdon: Routledge.
Tronto, J. (2017). There is an alternative: homines curans and the limits of neoliberalism. International Journal of Care and Caring, 1(1), 27-43.
UNISON. (2016). Suffering alone at home: A UNISON report on the lack of time in our homecare system. Retrieved from London:
https://www.unison.org.uk/content/uploads/2016/01/23574_Save_care_now_homecare_report-5.pdf

## TP14 - Negotiating and arranging care during the COVID-19 pandemic and shifting grounds: the effectiveness of policies in shaping a responsive and resilient care system

Convenor: Shereen Hussein, The London School of Hygiene & Tropical Medicine

### *TP14a - Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 5*

*Teleworking and re-familiarisation of care during the COVID pandemic: a case study at the University of Valencia*, **Isabel Pla-Juliàn** (Universidad de Valencia)*

Telework was the mandatory form of work organisation during the COVID pandemic for non essentials employments in the home based option. As a result, all tasks were performed simultaneously in the domestic space, resulting in a triple or infinite working day that prevented the possibility of dividing the time between life, work and care. The risk of establishing telework as paid work in home has obvious pernicious effects, especially for women with caregiving responsibilities. The re-familiarisation of care with the pandemic has had an asymmetrical impact on women and men as a result of the pre-existing unequal distribution of tasks within the household.

In this case study of the Valencia University (VU), it can be observed that during confinement, the gap in domestic and care work that existed prior to the pandemic has worsened. Especially in cases where women's participation in the labour market was not accompanied by an equal sharing of domestic and care tasks. During the state of alarm, there was no recourse to other strategies of reconciliation such as domestic employees or other family members, women were mainly responsible for the care and household chores. Mothers was more likely than fathers to be responsible for the majority of household chores and childcare during COVID-19. As a result, many working mothers feel exhausted by the overwhelming demands of work and home.

Particularly in university institutions, as a VU, the increased dedication to care and household tasks also had negative effects on the professional careers of women academics. Many women scientists reported that they were unable to publish any articles during confinement because they did not have the time to do so. The data show that the effects of the pandemic on scientific publications affected women and men scientists and researchers differently, especially those in the early stages of their careers.

*Justice for Family Carers – Can the concept of wellbeing help?*, **Maria Cheshire-Allen** (Swansea University)*

The inequalities laid bare by the Covid-19 pandemic have had particular implications for the wellbeing of family carers. This paper considers these impacts from a social justice perspective, drawing on elements of the ethics of care and the capabilities approach, and findings from interviews with 30 family carers in Wales, UK during the initial months of 'lockdown' in 2020. Through analysis informed by a critical ethics of care approach, it reveals a context of continuing tensions experienced by carers – tensions which have in key respects been exacerbated by policy responses to the pandemic around the sense of loss, poorer outcomes, 'caring solidarity' and its absence, and concerns about the dominant discourse on care. Though rooted in the specifics of the pandemic experience, all have wider implications for how we understand wellbeing itself and in its application to questions of social justice. We argue for the value of an extended conception of wellbeing in the context of unpaid care – one that avoids the individualistic tendencies of some accounts and incorporates the importance of relationality and extrinsic material factors. Understood in this way and with the right kind of structural support, care can act as a contributor to positive wellbeing outcomes. Furthermore, it is argued, wellbeing measures must include consideration of care inequalities experienced at an individual level.

*Care in times of COVID-19: The impact of the pandemic on informal caregiving in Austria*, **Andrea Schmidt** (Austrian National Public Health Institute)*
Abstract not available

*TP14b - Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 3*

*Uncovering the conflicts of care ideas : Different care work experiences during COVID-19 pandemic*, **Bo-Yung Kim** (Yeungnam University), Yoon Seonwoo (Yonsei Univeristy Han), **Seon-hoe** (Yonsei Univeristy), **Choi Young Jun** (Yonsei University)

While care homes have been reported as facilities most vulnerable to COVID-19, care work has been praised as essential and indispensable by the media in the pandemic period. Nevertheless, little is known how those in need of care and those who provide care have been sailing through this unprecedented period. This study seeks to examine how different forms of care work were conducted during the pandemic period and discuss the impact on those in care needs and care workers using the case of South Korea. Before the pandemic, formal care services were developed with long-term care services, but much of care work was commodified due to the firm marketisation policy. At the same time, institutional familism was still in place as considerable care burden still fell on informal carers. In this research, we aim to investigate the conflicts of care ideas in practice, between care as commodity and burden and care as relation, which the pandemic has amplified To do this, we organised four focus group interviews in different care settings: family informal care, formal home care, and residential care. We found that COVID-19 has significantly affected care work and intensified care as a commodity and care as a burden, as the state-imposed strict social distancing and lockdown without much attention to increase care needs. Under increasing pressures, caregivers responded to the care crisis by facilitating the idea of care as a relation, though they experienced different challenges depending on the care setting. Yet, without organised state support, the conflicts would be deepened, and care workers stretched thin.

*Neoliberal care policy: how does EU policy address the crisis of social reproduction?*, **Elena Zacharenko** (Tampere University)

The research looks at the growing crisis of social reproduction in the EU, where the demand for reproductive labour, essential to maintain life and sustain social structures, is increasingly failing to be met. Many Western EU countries predominantly rely on migrant labour, in large part from East-Central Europe, to supply this low-paid and socially under-valued care work; this labour is performed mainly by women of lower socio-economic class, whose migration causes a shortage of care in their countries of origin. This is further exacerbated by the ageing of EU societies which cause a growth in demand for elder care, and the introduction of neoliberal policies, which have eroded state social protection measures previously supplementing (unpaid) care provision within the family. The research is relevant also to countries which do not (yet) rely heavily on care migration to but will most likely do so in the future in view of the abovementioned trends.

This research project proposes to use feminist political economy analysis to assess the role of the EU in constructing and facilitating the crisis of social reproduction, in particular the relationship of dependency on ECE care workers in (some) Western EU states through its role of neoliberal policy maker with significant influence over member states' economic and fiscal policy, which in turn determine public care provision, and have a substantial impact on social and gender equality policies. It will analyse whose political and economic interests are served through the way in which care and reproductive labour are constructed in EU policy and provide an account of the contradiction between the stated (non-binding) goals of EU social policy and its (binding) neoliberal economic and fiscal policies, as well as the contradiction which they create between pressure for women's participation in the labour market and the reduction of public care provisions, most likely to negatively affect women of lower socio-economic classes. It will further analyse how these policies cascade to the national level by using case studies of Poland and Belgium – one East-Central European predominantly sending and one Western European predominantly receiving country in the care migration chain.

The research aims to fill a gap in existing gender and EU scholarship which often fails to address the subject of the crisis of social reproduction or account for inequalities between different social classes or different regions in the EU. Within a broader context, the research also aims to contribute to literature on how the gender equality discourse and policy has been used as a means of imposing neoliberal macroeconomic policy in the EU and to feminist political economy literature on the differentiated impacts of the crisis of social reproduction on women of different socio-economic classes.

The paper presented at the panel will focus on providing a critical literature review identifying the gaps in the research which this project aims to fill. I further look forward to receiving feedback on the methodological aspects of the research.

### *Care for the elderly during Covid 19 pandemic. Polish experiences*, **Beata Ziębińska** (Pedagogical University of Cracow)*

"The situation in which societies found themselves in relation to the COVID-19 pandemic created a reality in which the use of social assistance has a different specificity than before. The need for support arises in connection with the simultaneous and, importantly, common occurrence of a natural problem and a social problem.

It seems that in a pandemic situation, the greatest victims are mainly the elderly and the sick, not only because they are the most vulnerable to infection, but also because natural support systems in many cases, especially in situations of independent living, cannot be carried out. their functions.

The aim of the paper is, first, to present the conclusions from the analysis of the literature on the subject, which is to answer the question about the specificity of social work provided in an emergency. Secondly, the presentation of the results of an empirical study, the topic of which is social work and care services for the elderly during a pandemic. The study was based on interviews in which social workers and caregivers presented their experiences of working in a pandemic situation.

Resulates of resaearch. An important goal of social work with the elderly has become, during the pandemic crisis, the coordination by social workers of various social services included in the so-called meta-services.The most important elements of this meta-service were: 1) care services, which, although they had a limited dimension in relation to that from before the pandemic, because they mainly included assistance in meeting everyday life needs, hygienic care, care recommended by a doctor, but did not allow for maintaining contact with the environment, were usually the source of the only direct contact of older people with the social environment and 2) organizing support with the participation of the local community, mainly through the involvement of volunteers from voluntary social services."

## TP15 – How to measure care? Innovative reflections and proposals with quantitative and qualitative approaches

Convenors: Karina Batthyany and Natalia Genta, Universidad de la República

*Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 7*

### *There's nothing 'free' about my time: Monetizing family care work in Canada*, **Janet Fast** (University of Alberta)

This paper presents estimates of the monetary value of unpaid family care work. Like other unpaid work, family care work has been described as "invisible", being performed largely by women, within private households, without pay or social recognition. In health policy circles family care work often is viewed as free labour that serves as a (public) cost containment strategy. Yet unpaid care work is a crucial component of economic activity, and an indispensable contribution to the well-being of individuals, their families and societies. Neglecting unpaid care work leads to inaccurate inferences about levels of and changes in the supply of family care and in individual and family well-being. It also gives rise to social justice concerns including inequalities (eg. gender, socio-economic status) in distribution of responsibilities and opportunities for paid and unpaid work, and in distribution of positive and negative outcomes of engaging in care work. It also leads to a poor understanding of sustainability of the formal care sector, which is highly dependent on sustainability of the family care sector.

In 1981 Andre asserted that "the homemaker's [carer's] problems begin with the deceptively simple fact that she receives no salary for her work" (p. 12). That assertion holds true today, especially when it comes to family care work. Monetizing the value of unpaid care work thus becomes a mechanism for making it more visible and for urging and facilitating more policy attention to related social justice questions. In recent years carer organizations have generated these estimates using data and methods that vary in comprehensiveness and quality. In Canada the last rigorous estimates of the value of unpaid care work were published in 2009 based on data collected in 2002. Even those estimates underrepresented the true value of unpaid care work in Canada as their sample was limited to caregivers age 45+ caring for family and friends age 65+.

Estimating the value of unpaid work requires data on; the amount of time spent on unpaid care work activities; and (b) a multiplier representing the economic value of each hour of care provided. We use nationally representative data from Statistics Canada's 2018 General Social Survey on Caregiving and Care Receiving, which asked respondents to report how much time they spent on a comprehensive set of care tasks on a typical day/week/month. We then use data from Statistics Canada's Labour Force Survey to derive a multiplier comprising wage rates for occupations that best approximate relevant care tasks. Estimates of the average value of the care work of individual carers are presented, as are aggregate estimates for the full population of 7.8 million Canadian carers. To situate family carers' contributions in a social and policy context, aggregate estimates are then expressed as a proportion of GDP and as a proportion of aggregate expenditures on formal continuing care services.

### *Survey of Care Strategies in Montevideo*, **Batthyany Karina** (Universidad de la República), **Natalia Genta** (Universidad de la República)

This article addresses child care in Uruguay from a gender perspective, focusing on analyzing how families use care centers for children based on the information provided by the Care Strategies Survey. The article specifically focuses on the factors that contribute to the use of care institutions for children between the ages of 0 and 3, the period in which attendance to educational centers is not compulsory. It also analyzes the factors leading to the use of more than 4 hours a day of institutional care in children over the age of 3. In Uruguay, universal and compulsory educational services consist of 4 hours a day, leading families to resort to other kinds of support to articulate care with an 8-hour workday. Some families pay more hours of institutional care in private services, which commonly offer double shifts. Also some public services offer 7 or 8 hours of care, although these are a minority. Therefore, there is a question about the factors that allow a greater use of institutional child care hours, those necessary for the articulation of paid work and care. The paper seeks to characterize the households that make greater use of care institutions for young children in terms of their socioeconomic level and the employment situation of women, and to analyze the influence of gender mandates on the use of care centers.

### *What decides how do I spend my time? An analysis of unpaid care work in heterosexual couples in Colombia*, **Michelle Vernot-López** (Universidad de Barcelona)*

The purpose of this article is to advance in the analysis of the gender gap in time spent in unpaid care work (UPCW) in Latin America. Using the Colombian National Survey of Time Use (ENUT- 2016/2017), we analyze the distribution of time between heterosexual couples and explore the main individual, household and socio-economic factors that influence the unfair proportion of unpaid care and domestic work done by women. Our empirical strategy uses an original gender role representation index and is supported by specific logistic regressions. The results show that 75% of women do at least two-thirds of this work and highlight the importance of time availability and income as the main contributing factors in this study. But they also reaffirm that, in order to change the unequal burden of unpaid domestic work, we need more public policies that aim at transforming gender norms. In fact, in the context of Colombia, where there is a strong traditional model of families, the gender role representation of men and their level of education seems to have a high influence in time distribution among heterosexual couples. Furthermore, the amount of UPCW and the presence of young children play a role in shaping this unequal distribution, thus highlighting, once again, the regional challenge regarding care policies.

### *Time for care in school arrangements*, **Julia Spitznagel** (University of Bayreuth)

Through several German educational reforms since the 2000er, the transforming education-al system has impacted pedagogical work and professional actions within it. The increasing differentiation of personnel structure in all-day school furthermore reinforces the organisa-tion of care work as informalized practices: Teachers, social workers, pedagogues, special education teachers negotiate time and responsibility for informalized work in all-day school. The following research project applies to the theoretical and methodological concept of „Objective Hermeneutics“ (Oevermann 1979, Oevermann et. al. 1977) to clarifies different forms and types of informalized, care work in German all-day schools. Moreover, the project explores the importance of reconstructive methodology to underline structural dimensions in pedagogical, informalized practices. Prior research confirms that reconstructive methodology opens the view to highlight the scholastic logic and its structuredness within pedagogical actions in mono- and multi-professional teams. Organisational conditions impact not only the professional positionality and boundary work of pedagogues in all-day schools, but also their pedagogical and professional agency. In stressing professional boundary work in multi-professional teams as an immanent aspect of pedagogical negotiation of informalized practices, the scholastic logic in all-day schools receives a new relevance. This abstract considers the organisation and negotiation of time for informalized practices in multi-professional teams and examines the inherent scholastic logic of school withing pedagogical practices.

## TP16 - Comparing long-term care policies in time and space: Historical developments and cross-country variations

Convenors: Johanna Fischer, University of Bremen; Heinz Rothgang, University of Bremen

*TP16a - Parallel sessions A - Thursday 24 June, 11:00-12:30 CEUT – Room 3*

### *The proposal for a National Long-term Care System Policy in Costa Rica. An international comparison*, **Mauricio Matus-López**, **Alexander Chaverr-Carvajal** (Pablo de Olavide University)

Background: Latin America is ageing at a higher pace than any other region in the world. And this is happening while poverty rates remain high and health standards are low. Costa Rica is currently developing a long-term care policy to face the consequences of such process.
Objective: The objective of this work is to identify the similarities between the recent proposal for a public long-term care system in Costa Rica and other international experiences.
Methods: Six countries were selected to carry out the comparative analysis: Japan, Australia, Denmark, Spain, United States, and Uruguay. The axes of analysis were: a) access, eligibility and recipients; b) benefits; c) cost and financing scheme. The scientific evidence found in the Web of Science, Scopus, Scielo and PubMed databases was reviewed for the period 2000-2021. The official reports issued by the institutions responsible for the public systems in those countries were also reviewed.
Results: Costa Rica's new system is being developed from a similar approach to the one used by its predecessors in Europe, most especially Spain. In terms of financing, the design resembles those of Spain and Uruguay. However, the magnitude of the fiscal effort is closer to that of the United States system. As for the mix of services (residential/home-based), it is consistent with the international trend, particularly the Uruguayan model, but it also includes respite care services, which are typical of the Australian model.

### *The transformation of elder care- and civil society regimes: A comparison of the changing involvement of voluntary work in Germany, Sweden, and Japan*, **Hildegard Theobald** (University of Vechta)

Against the background of demographic and social changes in western countries the role and involvement of state, market, family and increasingly civil society in elder care regimes has considerably changed. In the focus of the analysis of this paper is the trend of an increasing involvement of civil society actors in particular voluntary work in several western elder care systems. Despite this common trend, the significance of voluntary work as a resource in elder care provision as well as the definition of the role and shape of voluntary work and their embeddedness in care regimes differ considerably between western countries. The country-specific patterns are developing embedded in an interplay of a transformation of elder care- and civic society regimes in place. Against this background the paper compares the changing involvement of voluntary work in elder care in Germany, Sweden and Japan. The three countries differ considerably with regard to their elder care- and civil society regimes, patterns of changing involvement of voluntary work and their embeddedness in both regimes. Conceptually, the paper combines approaches of elder care- respectively civil society regimes to create an innovative conceptual framework for the cross-country comparison. Empirically, it draws on statistics and research findings to compare the development of voluntary work in the three countries, their embeddedness in the changing elder care- and civil society regimes. The innovative conceptual framework enables a deeper understanding – description and explanation – of the changing elder care- and related civil society regimes, country-specific involvement of voluntary work in elder care, the contradictories and the inequality-related effects in a cross-country comparison.

### *Varieties of Marketization - Institutional Regulation of Supply and Demand in Long-Term Care Policies*, **Christopher Grages** (University of Hamburg)

Since the 1990s, many welfare states in Europe have introduced or expanded public funding of long-term care (LTC) for older people. This development was characterized by the outsourcing of LTC from the private household, where it has traditionally been provided informal and unpaid by women, and its transformation into formal, paid and professional work. At the same time, the restructuring of LTC was based on the introduction or strengthening of market principles.

The analysis of the development of LTC has shown that there are considerable differences between LTC systems in European welfare states.

The present study examines to which extent welfare states show cross-national differences with regard to the degree of marketization in their LTC policies. The development of a typology of LTC markets based on a precise methodological approach that distinguishes different degrees of market regulation forms the basis for the international comparison of publicly funded LTC systems. Against this background, opportunities and risks for market actors, which can arise in the context of the specific institutional design of different types of LTC markets, are also reflected. The study is based on an innovative analytical approach that systematically differentiates between market regulations on the supply and demand side. Market regulations in LTC policies are analyzed with regard to market access and in terms of the autonomy for market actors on the supply and demand side. On the one hand, such regulations can affect the impact of key market principles such as competition and choice. On the other hand, they define the relative importance of the publicly funded LTC market in relation to the entire system of LTC provision in a state.

The article is based on an international empirical study, which involves with Germany and Austria two European welfare states that show significant differences in the design of their LTC systems. The study is based on the analysis of documents on national legislation on LTC, as well as relevant secondary literature. The focus of the study is limited to national welfare state legislation in the area of LTC. It is not examined how the marketization was implemented and to what extent it actually shapes the structures and practices in the field of LTC. The results of the study show that the investigated welfare states can be categorized and compared on the basis of different profiles of marketization on the supply and demand side which are associated with different opportunities and risks for market actors.

## *TP16b - Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 4*

### *A history of invisibility - the case of long-term care in Norway*, **Karen Christensen** (Roskilde University)

Many European societies are currently paying much attention to their social care work, due to one of modern society’s biggest demographic challenges, the ageing population. However, while the importance of care work organized by the state/local authorities and later the welfare state over time has increased significantly, in particular in Nordic countries, the recognition of this work has remained low. Using the concept of invisibility to understand this low recognition, this paper aims at tracing the history of invisibility in the case of long-term care for older and disabled people in Norway. The approach to this work comprises a critical sociological perspective. Theoretically, the article uses a combination of recognition theories and gender theories to understand the gendered care work and its recognition challenges. The paper points at three phases of invisibility: A first phase is about the absence of recognizing a need for public organized social care until local voluntary women’s associations address these needs in society. A second phase concerns the social construction of public care work in the borders between women’s unpaid work in families and the paid care work on a labor marked. A third phase breaks the ties to women’s historically developed care competence through the rationalization and effectivization of long-term care services that in particular New Public Management features establishes. Overall, the paper contributes to the understanding of a differentiation of invisibility related to social care work when using a historical lens. The paper will use two empirical examples to discuss concrete changes and challenges of this invisibility over time.

### *Long term care regimes and the intersection of structural regulations in Southern Eutopean countries and elsewhere: towards new typologies?*, **Rossana Trifiletti** (University of Florence)

The flow of live-in care-workers to Southern European countries is a particularly clear case of the “migrant-in-the-family” model (Bettio et al. 2006): 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 (Simonazzi 2009) and a complex equilibrium between strong family obligations, the traditional gender order and the savailable welfare measures for long-term care (Williams, Brennan 2012; Shutes, Chiatti 2012; Williams 2010; Kilkey et al. 2010; Theobald 2011; Da Roit et al 2013; Bauer et al. 2014; Williams 2014). Mediterranean welfare regimes are 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 from the Eastern non-EU and the accession countries (Anthias and Lazaridis 2000;  Lutz 2008; Vianello 2009). It was particularly clear in these countries in a number of qualitative field researches about migrant care-workers (Sarti 2004; Da Roit 2007; Scrinzi 2008; Näre 2013; Anderson 2012; Picchi 2016; Marchetti 2017; Trifiletti, Milani 2018) that also their space of agency, their degree of professionalization, their plans for the future, were grounded in 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 lacking 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 of re-racialization (Anthias 2008; Marchetti, Scrinzi 2017; Sciurba 2015). The paper builds on a comparison between Italy and Austria, two very different cases of regulation of the same intersections: the covid-19 pandemic made the differences even more evident. However, the hypothesis is proposed that the same intersections could be at work underground also in very different countries with more solid welfare states and entirely different labour markets, migration regulations and gender orders such as Canada, Sweden or Israel: of course with very different outcomes in each of them concerning in particular the quality of care and the migrants’ access to an effective transnational status.

### *Care - What Next in an Ageing Society? The view from England and Japan*, **Ala Szczepura** (Coventry University), **Wild Deidre** (Coventry University), **Nomura Toshio** (Coventry University), **Collinson Mark** (Mark Collinson Consultancy Services), **Ed Russell** (WCS Care Group Ltd), **Harue Masaki** (Chiba University), **Lisa Bayliss-Pratt** (Coventry University), **Guy Daly** (Coventry University)

This paper explores changing policy and practice in two countries (England and Japan) with respect to long-term care (LTC), and the potential for critical events such as the COVID-19 pandemic to act as a catalyst for change.

The world population aged 65+ will triple to 20% by 2050. Countries are at various stages in this journey. Japan is the most rapidly ageing society (28.2% aged 65+); in contrast the UK has one of the youngest populations in Europe (18.3% aged 65+). Older people generally go through three stages as they age; initially able to live independently, then able to continue living in the community with some assistance (e.g. respite care, domiciliary care services) and finally, due to the complexity of their care needs (clinical and social), requiring 24/7 care in a staffed LTC residential institution. England has more than twice as many beds in LTC institutions as in hospitals; the majority are in homes without nursing. Japan, in contrast, has placed a greater emphasis on preventive care in the community and has fewer LTC facilities such as nursing homes.

Going forward, both countries face similar challenges in terms of: (i) re-defining ‘care’ in the context of potential scientific and human innovation and (ii) developing and testing future models of LTC residential provision. Technology use could potentially improve the work environment of staff as well as the lives of older people.

Although historically England and Japan have developed different models of care, we are now exploring solutions to address these ageing challenges through a series of joint seminars and workshops between the Universities of Coventry, UK and Chiba, Japan. Areas being explored include the planned introduction of integrated care systems for health and social care; the establishment of ‘Living Labs’ in English care homes; the recent creation of ‘Care Science’ in Japan as a proposed new academic field which aims to improve research into care ecosystems by removing historical disciplinary barriers and fusing together organizations and specialties.

## TP17 - The changing meaning of informal care

Convenor: Barbara Da Roit, Ca’ Foscari University of Venice

### *TP17a - Parallel sessions A - Thursday 24 June, 11:00-12:30 CEUT – Room 4*

*Doing the laundry: at the intersection of formal and informal care*, **Leonoor Gräler** (Erasmus University Rotterdam), **Hester van de Bovenkamp** (Erasmus University Rotterdam), **Job van Exel** (Erasmus University Rotterdam)

The convoys of care model (Kemp, Ball, & Perkins, 2013) describes how care is negotiated at the intersection of informal and formal care. However, the role of materialities in this negotiation has not been studied. In the material practice of the laundry, formal and informal caregivers intersect and use the laundry to negotiate care. We find that the laundry is used as a translational mobilization device for collective action in the care process. However, clothes and laundry are assessed differently by care recipients, formal and informal caregivers. The “little things” are often of more importance to informal caregivers, as is the task of laundry. Informal caregivers use doing the laundry as a way to monitor care and discuss quality of care, inferring soft signals in terms of quality of care from the laundry, as well as well-being of their loved one. In conclusion, including materialities in the convoys of care model, sheds a light on different interest, ideas of good care and how the daily plays a role in perception and negotiation of more general quality of care.

*Between formal and informal care for elderly people in pandemic times. Reflection from the voices of migrant care-workers and families of the patients, in Veneto region*, **Francesco Della Puppa**, **Francesca Frasson**, **Elisa Matutini** (Ca’ Foscari University)

In sociological literature there is a wide debate on the changes occurred in the organization of informal care and in its relationship with formal care, in the Mediterranean Europe.

Starting from this, our paper proposes a reflection on the transformations that have taken place in recent years in the field of informal care, with particular regard to the processes of “outsourcing” of (part of) the care burden by Italian native families on migrant women.

Firstly, after a socio-historical reconstruction of the transformations occurred in the field of elderly people care, in Italy, moving between social work offices and to the private market, we will focus on the dynamics that taken place during the so called “first wave” of Covid-19 pandemic (February 2020-May 2020).

Secondly, we will analyse the results of a qualitative research, based on in-depth interviews with migrant care-workers and the families from which they are employed in the Veneto region.

Among the main result of the research, the following should be noted: a worsening of the economic, housing, health (both mental and physical) and emotional conditions of the migrant women care-workers; an increase in their isolation and their existential seclusion (Gambino 2003).

Moreover, despite of the increase in the importance of the role of migrant care-workers for the health of elderly patients and the domestic balance of their families in the pandemic times, phenomena of stigmatization of workers, pointed out as Covid-19 spreaders, are detected.

Finally, in a context of praise for the work of health personnel in hospital structures, the invisibility of that of migrant women care-workers seems to be increased. However, at the same time, the lock-down has encouraged some “employer” families to become aware of the difficult daily life of care-workers.

*Maintaining or letting go of couplehood: Perspectives of older male spousal dementia caregivers*, **Olga Asrun Stefansdottir** (University of Akureyri), **Mai Camilla Munkejord** (Western Norway University of Applied Sciences) **Eydis Kristin Sveinbjarnardottir** (University of Akureyri)

Background: Despite the negative health implications of spousal care, spouses continue to support each other and maintain their couplehood for as long as possible, including when one of them develops a severe illness. Despite this insight, knowledge about the relational aspects of spousal dementia care is scarce. With some exceptions, the experiences of older male spousal carers have been largely overlooked.
Aim: The study aimed to explore how dementia caring process, and how the couplehood evolved, as experienced by older spousal male caregivers.
Methods: This qualitative study was done using an in-depth interview with eight older male spousal caregivers aged 67-92, from Iceland and Norway. The participants had cared for their wife with dementia for several years at home before she had been moved to a nursing home sometime before the interview. The data were thematically analyzed by use of a constructivist grounded theory approach.
Results: This study found that older men who became a full-time spousal caregiver of a wife with dementia felt that they were increasingly losing their couplehood, in the sense that they lost their shared everyday life routines, intimacy, joint activities, meaningful communication, and their dreams and hopes for the future. Four phases of the dementia caring process from the participants perspective were identified: the denial phase, the battle phase, the new reality phase, and the redefinition phase. These phases are not necessarily linear nor progressive. Still, they can be perceived as insightful metaphors for a painful process through which male spousal caregivers and their couplehood may go through when faced with a spouse with advancing dementia.
Conclusion: Based on our findings, a couple-centred approach to dementia care should be developed to allow health and care professionals to offer more empowering services to older couples by emphasizing the needs of both the person with dementia and the (spousal) care provider. Moreover, couple-centred approach should encourage the formal carers to consider the emotional and relational transitions that dementia couples go through, as illustrated in the four relational phases mentioned before.

*Changing meanings of informal care at the end of life. Intersectional perspectives pre- and post- Covid19*, **Arianna Santero** and **Alessandro Gusman** (University of Turin)

All the main definitions of palliative care include a reference to the family of the dying person as part of the unit of care. However, in the Italian context, members of the family have often a role of caregivers, too. In this context, the “migrant in the family” care model has consolidated. Based on a pre- Covid19 pandemic crisis two years ethnographic study on terminal illness and palliative care in the Italian long-term care system, and on qualitative interviews to public and private care professionals in 2021, the paper focuses on the narratives and practices of families in which adult children have the burden of managing care for elderly parents. Dilemmas on the organization of informal care and formal care provision emerge especially around end-of-life decisions, as the contrasts between the will of the patient and the ability or possibility of the family/the children of taking care of him or her. Using an intersectional approach, the paper analyses representations and narratives around informal intergenerational care by integrating the point of view of caring children, ageing parents and care professionals. In defining the “appropriate” care for the elderly, families must mediate between different ideals and expectations around informal care. These meanings change over time, and are influenced by the perceived opportunities offered by policies and their local implementation. These processes have become even more evident during the pandemic period, with the obstacles to provide informal care due to the restrictions imposed on the possibility to move and to visit patients in the healthcare facilities.

*TP17b - Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 5*

### *Family Care as a Form of Work? Varieties of the (Re-)Definition of "Work" in European Welfare States*, **Thurid Eggers** (University of Bremen), **Christopher Grages** (University of Hamburg), **Birgit Pfau-Effinger** (University of Hamburg)

According to the feminist debate, women's responsibility for informal and unpaid care is a main basis for their subordinated position in capitalist societies. Therefore, feminists argue that the provision of extra-familial care is a precondition for gender equality. However, in some parts of the feminist discourse it is argued that it would also be important for the development towards more gender egalitarian societies if care by family members were recognized as a form of work. Previous research about long-term care (LTC) policies shows that many welfare states have supported the development towards more gender egalitarian structures, in that they have strengthened social rights and infrastructure related to extra-familial care as an alternative for care provided by family members. In addition, they have also introduced new forms of public pay for LTC by family members. Does this mean that welfare states have reconceptualized care by family members as a form of work? Additionally, what are the consequences in relation to gender equality?

So far, there is a lack of in-depth theorising and research about this issue. The paper addresses two research questions: (1) How far do welfare state policies that offer pay for family care construct the family care as a form of work, and how far do they treat it as non-work? (2) What are main factors that contribute to the explanation of the differences between welfare states? It also discusses the hypothetical consequences for gender equality.

The paper argues that there are different types of LTC policies that offer pay for family care, and that some types treat family care as a form of work, and other types treat it as non-work. The paper offers a new theoretical approach to a classification of these types and their role for gender inequality/equality. It also introduces the findings of a comparative study for six European welfare state, which is based on this typology, using policy document analysis, data from MISSOC and analysis of secondary literature.

The paper offers a new contribution to the scientific debate about the relation between "work" and "care", in that it shows how and why new LTC policies contribute to a change in the concept of "work" in welfare capitalism.

### *Transformative Textual Perspectives on Parental Care & the Deep Old Age*, **Ieva Stončikaitė** (Group Dedal-Lit, U of Lleida)

This paper addresses the representations of the fourth age and caregiving from literary and sociocultural perspectives as depicted in contemporary American writer Erica Jong's works. Jong's later writings, often autobiographical in nature, show how the real experience of parental care provides space for the reconsideration of old age, and lead to the discovery of new ways of human interaction. This study also reveals how humanities-based inquiry can illuminate important aspects of the fourth age and caregiving experiences that are emotional and revealing, but often underappreciated and even hidden under the dark shadow of dementia and the deep old age. It also shows how a literary approach can provide alternative and more realistic perspectives towards the current realities of ageing and care relations and experiences that can benefit today's social care policies, interventions and practices, especially significant in the case of profound critical events, such as the coronavirus 2019 outbreak.

### *Bodies and the visual transposal of care: a comparative approach*, **Sara Mondini** (Ca' Foscari University of Venice)*

The paper aims to present the first preliminary results of the research "The changing body and the care experience in visual arts in a comparative and cross-cultural perspective between Western and Mediterranean art," focused on the perception and representation of care in the regions of Southern Mediterranean and Middle East (i.e. Islamic world). In the modern and contemporary artistic productions from the area, a reflection on the perception and visual transposal of care must necessarily move from a representation of body and illness, that assumes a crucial role in a reflection on caring. Purpose of this paper thus, through a comparative approach and through the analysis of some case studies, is to offer an initial overview of the visual transposal of caring and the way in which it is understood in North Africa and Middle East.

### *The "becoming" of informal care: potential demand and supply of informal eldercare in Italy from the late 19th Century*, **Barbara Da Roit**, **Cristina Calvi** (Ca' Foscari University)

Informal care – support provided to people in need of help due to health- and disability-related issues by family members and other members of their informal network – has been the object of a growing literature since the 1980s and 1990s. The relationship between formal and informal care is at the core of policy discourse and of research. A traditional preoccupation of policy makers (and by extension of researchers) is that the development of social services (especially LTC services), might "crowd out" informal care. Comparative research suggests that instead of "consuming" informal care resources, the existence of formal care provision changes the nature of informal care: in societies where LTC provision is more widely available informal care seems to be more widespread by also less intense. Conversely, in societies with comparative less formal care resources, informal care is more intensive (Johansson et al. 2003).
The nature of care relations in the past has been to some addressed historians and historical demographers: to date, the most accredited hypothesis is that there is a link between family structures (of the past), propensity to provide informal care and the development of the welfare state.  According to Laslett (1988), there is an inversely proportional relationship between the extent of (multi-generational) co-residential living arrangements and the importance of kinship in informal care provision, on the one hand, and the development of extensive welfare policies, on the other hand. In countries where the nuclear family was more prevalent, such as in England, people tended to have an individualistic attitude and not directly assume responsibility for caring for relatives. Conversely, in contexts where families with complex structures were more present, family solidarity was more developed and consequently the welfare system was less structured and widespread (Cavallo 1998). This thesis, very present in the literature on welfare, therefore supports, on the one hand, the presence of a close correlation between the size and shape of family structures and their propensity to offer informal care; on the other hand, a development of welfare structures that is inversely proportional to the availability of informal care.
Yet, we hardly have any evidence of the process of transformation of informal care with the rise and extension of formal care provision. At the same time, historical studies seldom address the form, content and manifestations of informal care of the elderly in the past (Abel 2000).
In this paper, we contribute to this debate by addressing the context and opportunity structure of informal care in the past and its changes over time. In particular, we look at the potential availability and potential demand of informal eldercare. By means of Italian census data (from 1861 until 2011), we focus on ageing, family structures, occupational structures to assess the configuration of care that characterises the Italian society in different periods of its contemporary history. The analysis sheds light on the fact that instead of being "traditionally" based on informal care, the Italian eldercare configuration has "become" an informal-care based country alongside the expansion of the demand for care.

## TP18 - COVID-19 and Long-term care for older people – international policy responses and learnings

Convenors: Elena Bogdanova, European University at St.Petersburg; Tine Rostgaard, Roslkilde University

*TP18a - Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 8*

### *Impact of COVID-19 Responses on Care in Community from People Living with Dementia and their Family/Friend Carers: An Intersectional Health Equity Analysis*, **Katie Aubrecht** (St. Francis Xavier University)*

There is clear evidence that European long-term care facilities (LTCF) are facing unprecedented challenges in the wake of Covid-19 pandemic. These threats on nursing homes (the residential structures for the elderly, also known as ERPI) and other elderly care settings (the long-term and maintenance units, also known as ULDM, from the National Network for Long-term Integrated Care) in Portugal has uncovered their pre-existing vulnerabilities and created new difficulties to control the coronavirus infection and transmission at a national level.

As of February 15th, 2021, Portugal registered a cumulative total of 148,1 deaths from Covid-19 per 100 000 inhabitants (WHO Covid-19 Dashboard). This was, at this time, the eighth highest ratio of deaths to population in the world. International evidence also shows that nursing homes and other elderly care settings are particularly at risk, since they have been contributing to 30% up to 60% of total deaths related to Covid-19 in developed countries.

Research on long-term care facilities (LTCF) in Portugal is scarce and the pandemic situation made it even more important. However, data access regarding Covid-19 infections and its incidence on Portuguese LTCF has been problematic, as it was described in the latest “Mortality associated with covid-19 in care homes: international evidence” report from the International Long Term Care Policy Network (Comas-Herrera et al., 2021: 12, 22).

In order to fill this gap, the alternative was to design an empirical research grounded on a national survey covering the universe of Portuguese LTCF (n= 2528 ERPI and 129 ULDM). The theoretical approach of this research project is based on three dimensions, as follows: contagious risk, vulnerability to Covid-19, and efficacy of institutional responses. The aim of this paper is, therefore, to present and discuss the preliminary results we expect to collect from a survey being launched between March and April of the current year. This survey will allow us to gather facility-level data regarding the Covid-19 outbreaks, morbidity and mortality among LTCF residents and staff members. Data regarding the adoption of preventive measures and procedures, the quality of the facilities, staff working conditions and organizational characteristics will be also collected for each facility. Statistical analysis of these data will provide us with an exhaustive panorama of the overall impact of the Covid-19 pandemic on Portuguese LTCF over the last year. Moreover, it will also allow us to explain the differences between facilities regarding the Covid-19 morbidity and mortality of its residents.

We end our paper by discussing the consequences of our findings, both for the short-term effort of developing of measures to control and mitigate the effects of the Covid-19 pandemic on LTCF, and for the long-term one of improving public health and social policies concerning the elderly population in Portugal.

### *Community care about the elderly in Russia under COVID self-isolation regime: risks and advantages*, **Elena Bogdanova** and **Aliia Nizamova** (European University at St. Petersburg)

This article considers how the Russian countryside is coping with pandemic of COVID-19. It is not uncommon for neighbors to provide informal care for the elderly in the Russian rural communities, and it is comprehended as deeply routinised practice. Pandemic of COVID-19 has exacerbated the issue of elderly care in the Russian countryside and emphasized importance of the resources of local community care. Under the pandemic connections between many rural communities were closed or restricted. The rural communities were forced to solve the problem of care about the elderly people on their own. This situation allowed us to consider the resource of community care attentively, to investigate its reaction to the pandemic, and to pick out risks and advantages of this type of care for the elderly people.

Within the framework of the project there was carried out an empirical study of 18 cases of neighborly care in the Leningrad region and the Republic of Karelia. In each case we made interviews with old people over 70 and their neighbors - caregivers (n=36). There were also used methods of expert interview (n=12), and ethnographic observations in rural communities.

### *How did Japanese "Community-based Integrated Care System" work in the COVID-19 pandemic? – focus on differences between bottom-up model and bureaucratic mode*, **Yayoi Saito** (Osaka University)

"Community-based Integrated Care System" based on the Long-term Care Insurance system has been promoted in Japan as eldercare policy. This system is designed that elderly people can live at home with health care and long-term care. The system expects to provide everyday life support or care prevention activity by volunteer groups in the community. The system is implemented in a small local district (i.e., junior high school area) and elderly people can access these services within 30 minutes. One major feature of the system is that it expects active volunteers' work. Local people might be users, on the other hand they are also expected to be care providers who engage in prevention activities and to contribute small practical work (like cleaning and shopping) as volunteers. There are also many criticisms of this policy to reduce public responsible service.

A purpose of this paper is to be clear how Japanese "Community-based Integrated Care System" worked in the COVID-19 pandemic. Response to the COVID-19 pandemic, Japanese government declared a state of emergency on April 7, 2020. The period which emergency measures should be taken under the declaration was 29 days. All schools, shops, café, restaurants, sports gym, theaters were closed except supermarkets where people could buy food and daily necessaries during the period.

I focus on differences between bottom-up charactered system which is managed by cooperatives and top-down charactered system which is managed by municipality. I discussed social contributions of the system managed by cooperative health and eldercare at the panel session of 4th Transforming Care Conference (Saito 2019). The cooperative health care and eldercare has been based on the idea of user participation and it has been built up by professionals and local residents in Japan. These health care and eldercare networks have been built up over the years through a bottom-up approach; the service operations are funded by the health care insurance and the LTCI system.

The Quantitative analysis shows that there is "co-production" of eldercare between professionals and service users and residents in the system which is managed by the cooperative health and eldercare. It means that care staffs, users and residents work together for better service and they enjoy it. Users and residents can be 'co-producer' for better service. How did the system work in the pandemic?

Interview research (in July 2020) for care workers, residents, board members of the Minami Health and Welfare Cooperatives in Nagoya shows their unique activities.

Home care services worked during the period, however users and their families hesitated to use them. Family could take care of their old parents because they were forced to work at home. Elderly and their family were afraid of infection without credible information to protect themselves from the virus. Many care providers went bankruptcy in other area because they lost clients. Users and their family, residents in Minami arranged a small meeting with nurses in their community park to learn how to prevent infection. They continued to use home care service with correct information, and home care providers could survive with constant clients as a result. There is around 15% of elderly use the LTCI services. It means that no one knows condition of other elderly people. Volunteers among the residents visited neighboring elderly to ask their anxiety and request and told professional if they found serious problem. A lot of social value for better community were appeared by co-productive activity between professionals and residents when municipality did not work as usual.

"Community-based Integrated Care System" which is based on bottom-up model work and support elderly people with social network in the covid-19 pandemic. Top-down model did not work when municipality's management stopped. The quantitative analysis in 2019 was verified by this world surprise.

Main Reference:

Pestoff, V., 2018, Co-production and Public Service Management: Citizenship, Governance, and Public Service Management, London & New York: Routledge.

Saito, Y., 2019, 'Co-producer' or Passive Beneficiary? Findings from a Survey of Cooperative Health and Eldercare in Japan, 4th Transforming Care Conference in Copenhagen.

### *Everyday life among frail elderly people in Denmark in the light of the COVID-19 pandemic*, **Pernille Tufte** (Tufte Research)*

The paper examines everyday life among frail elderly people in Denmark and how their life is affected by the COVID-19 pandemic. 'Frail elderly people' is in this paper defined as people who receive home care. In Denmark, almost 125.000 older adults (< 65 years) receive home care. Home care is predominantly state financed and provided, consisting in either personal care (bathing etc.), practical care (cleaning) or rehabilitation.

The paper is based on an ongoing qualitative study of everyday life among home care recipients in four Danish municipalities. Interviews are conducted primarily among home care recipients, but also among home care workers and close family members, aiming at obtaining a more nuanced understanding of the elderly's life and situation. Interviews have – for safety reasons - been conducted over the phone, but hopefully face-to-face interviews will be possible during the spring 2021. Participants are followed over a period of 10 months.

The paper examines how home care recipients experience and manage the restrictions and other initiatives, following the emergence and spreading of COVID-19 in the Danish society. COVID-19 have caused new conditions of everyday life of frail elderly people, both as changed circumstances of social interaction and as changing content and practices of home care. Consequently, this paper investigates how the lives of home care recipients – a population group which is being defined as particularly at risk – are affected by COVID-19: how they live their lives, adapt to changing circumstances and ultimately try to form a meaningful everyday life.

Preliminary findings of the study show that perceptions and actual effects of COVID-19 in frail elderly people's lives differ quite a lot, ranging from none or only small changes in their normal daily life to experiences of severe anxiety and loneliness. However, preliminary findings also show that differences in perceptions of COVID-19 relate to their way of living before the emergence of COVID-19, indicating that COVID-19 not only cause real changes, but also clarify already existing pattens and ways of living among frail elderly people.

## *TP18b - Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 6*

### *Window still closed? Discourse on long-term care policy during Covid-19 outbreak in Poland*, **Kamil Matuszczyk** (University of Warsaw)*

Poland, being one of the fastest ageing societies among the OECD countries, does not have a coherent policy model addressing the care needs of the elderly. With the development of seniors policy in 2012, a number of government measures have emerged, which, however, have a dispersed, ad hoc character and do not respond to the needs of a dynamically growing population of dependent people and those requiring round-the-clock care. There is a lack of systemic solutions for financing (e.g. care insurance) care for the elderly, as is the case, for example, in Italy, Austria or Japan. Analyses so far confirm that successive governments in Poland place the responsibility for care of elderly members on families, mainly women (familisation and feminisation of care). Despite the politicisation of demographic processes and related challenges in Poland, there has been no systemic debate on the shape of the long-term care model for the elderly. Using Kingdom's (1984) concept of multiple streams in agenda-setting process, despite the emergence of problem, policy and partly politics streams, the so-called window of opportunity has not been opened. That is, despite the favourable conditions for the politicisation of this social issue, the topic did not become the subject of in-depth policy debates or legislative work towards a systemic solution.

At the same time, the period of the Covid-19 pandemic highlighted in Poland, but also in most developed countries, the dramatic situation of hundreds of thousands of elderly people who were deprived of care and support from their loved ones and whose health and lives were endangered. The media and politicians have repeatedly referred to the problem of the elderly, mainly the high mortality rate in nursing homes, but also the loneliness of older people. The question arises, therefore, whether, in connection with the intensification of the issues surrounding older people, the subject of long-term care and a systemic approach to this issue has emerged? To what extent have the issues that make up long-term care (e.g. financing, carers, place of service provision) been politicised and translated into concrete legislative solutions?

Answers to these questions will be provided by a critical analysis of political discourse (statements made by politicians during parliamentary sessions between March and December 2020) and material collected during individual interviews conducted with key policy makers and experts in the field of senior policy and social policy (N=28). The author has been carrying out research on the indicated topic since 2015, and the empirical material obtained makes it possible to present and understand how politicians perceived long-term care for older people and other accompanying issues. Particular attention will be paid to the political discourse that took place in 2020, mainly around successive, governmental programmes to combat the pandemic and its negative consequences. The Kingdom's theoretical-analytic approach used allows for an answer to the question of why, despite favourable circumstances, a given social issue does not reach the agenda of public policies.

### *Long-term care in Covid-19 pandemic in Russia: challenges and reactions*, **Oxana Sinyavskaya** (National Research University - Higher School of Economics)*

The situation of dependent older people has worsened under the COVID-19 influence n Russia and other countries. A distinctive feature of Russia is that a relatively small number of frail older people live in institutions. The institutional framework of Russian long-term care system (LTC) is only developing. Now, many dependent older people do not receive any professional care. The vast majority receive informal help from relatives and friends; while some do not get any proper care. There is no open mortality data in Russian LTC institutions; even the information about nursing homes patients infected is sketchy. It is non-governmental organizations and the biggest private providers of institutional LTC who draws public attention to the hazard of COVID-19 to nursing home patients in Russia. There are only a few government decisions and official statements related to the challenges of COVID-19 to mortality risks and quality of life of frail older people. To what extent government decisions aimed at LTC during the pandemic are adequate to the COVID-19 challenges in Russia? Whether the COVID-19 might be a source of substantial reforms in this area? What are the roles of NGOs and private providers in shaping the LTC reform under the pandemic? To answer these research questions, we examine statistics and survey data on formal and informal care for frail older people; analyze how the pandemic influences the LTC in Russia, and government decisions aimed at care provision at home and in nursing homes in times of COVID-19. Our data include: (a) statistics and survey data on functional limitations of older people and formal and informal care provision in Russia; (b) regulations adopted during the pandemic; (c) publications in the media and social networks; (d) in-depth interviews with employees of state and private nursing homes and with NGOs' representatives.

### *On key workers in an endangered system: policy responses and narratives in Austrian migrant live-in care during the pandemic*, **Michael Leiblfinger** (Johannes Kepler University Linz)

Over the last few decades, live-in care has become an important pillar of elderly care regimes within Europe, especially in familialistic countries like Austria. Commuting live-in care workers, typically women from Central and Eastern Europe, (partially) fill the so-called care gaps resulting from a decrease in familial care and demographic changes. Closed borders and other pandemic-related travel restrictions brought the transnational circulation of care workers, whose rotas typically range from two to four weeks, to a sudden halt and put the care model under pressure.

The government scrambled and narratives of an endangered live-in care model and of the 'systematic importance' of its carers brought upon a variety of policy responses: to foster care workers' extension of rotas during the first months of the pandemic, a federally funded, tax-free bonus was implemented for live-in carers prolonging their stays for at least four weeks. Additionally, the government initiated negotiations with neighbouring countries in hopes of creating 'care corridors' which the suddenly essential live-in care workers could use to cross borders. Similar to agricultural labourers during the spring harvest, charter flights and special trains were organised to ensure the supply of live-in care workers until borders re-opened. These exemplary measures along with the government's announcement to provide 100 million euros to the social care sector – including live-in care, which received considerable media attention from the beginning – show the pressure policy actors faced.

The paper analyses how live-in care was affected by the pandemic and how related policy responses were shaped by powerful narratives. It asks how different policy actors including local and federal governments, interest groups, and grassroots organisations interpreted the pandemic-related challenges for live-in care, what problems they defined and how they proposed to solve them, and whose demands and pleas they addressed. Preliminary results indicate that while live-in carers were deemed key workers and essential for the long-term care system, the policy responses also deepened the inequalities and dependencies already existing in transnational care arrangements. This links to the structural inequalities and power imbalances that mark live-in care in general.

Empirically, the paper draws on a discourse analyses of the media coverage of live-in care in Austria from March 2020 to February 2021. This dataset of over 500 media reports is supplemented by governmental documents, relevant laws, and official guidelines as well as a small number of interviews with policy actors in the field. The analyses will shed insights into the narrative of the ‘systematic importance’ of live-in care and its workers and how policy choices were argued and / or defended, focusing on the roles various actors took on in their own or other’s narration.

### *«It never rains but it pours». The Italian low-cost long-term care system in the COVID crisi*s, **Silvia Borelli** (University of Ferrara)

In Italy, the welfare system is deeply affected by population ageing, women’s entrance in the labour market, the drop in birth rate and the changing structure of families. Besides, the Italian welfare system is strongly characterised by economic treatments; the availability of public care services is instead very scarce. Since 2008 the Italian public expenditure has been bound by constraining austerity measures, partly imposed by the European economic governance. This has boosted the outsourcing and the contraction of public care services. Moreover, Italian families have been obliged to find a DIY solution for taking care of their elder relatives, developing what has been called DIY welfare. Many families have engaged homecare workers (badanti). These badanti are often female workers coming from abroad. Consequently, in Italy, public long-term care services are very few. States, Regions and Municipalities have constantly contracted out these services to profit and no-profit entities, such as companies, cooperatives, religious organisations. Due to the incomplete national legislation and to the huge territorial disparities, the outsourcing of long-term care has been carried out in several different ways and has further increased the socio-economic inequality among different areas of the country. In particular, some Regions (as Lombardia) have set up a system of open authorisation: in order to boost competition, all the providers respecting certain minimum requirements have been authorised to operate long-term care services. Other Regions (as Emilia Romagna) have adopted a close system, authorising only a limited number of long-term care providers.

The paper aims at pointing out the worsening of worker conditions entailed by both systems: in both cases, the professional caregivers have been obliged to work longer, for a lower salary and with heavier work shift than in the public services. Moreover, their contracts are often precarious and the protection against unfair dismissal is much weaker. Long-term care services are in fact labour intensive ones: their cost depends mainly on staff cost; since, in the DIY Welfare, families pay for the services, providers able to reduce their cost are more competitive. Consequently, service providers look for low-cost solution for their workforce.

The COVID crisis has clearly highlighted the shortcomings of the Italian elder care system. Many workers have been forced to work without the necessary health and safety equipment. In some cases, they have been obliged to prolong their working time and to increase their work shift. The consequences are written in the periodical report of the National institute for insurance against industrial injuries (INAIL) on the number of work accidents. Some cases of long-term care service providers severely affected by COVID-19 will be investigated in the paper

## TP19 - (Grand)parenting time and temporality

Convenor: Tine Rostgaard, Roskilde University

*Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 6*

*Immigration and carework in Quebec and Ontario: A feminist border analysis of Canada's subnational immigration-care regimes*, **Karine Côté-Boucher** (Université de Montréal), **Susan Braedley** (Carleton University)

Building on Paquet's (2019) work on the federalization of immigration in Canada, that of Williams on immigration-care regimes and on Mezzadra and Neilson's notion of the proliferation of borders, we undo the notion of a single Canadian welfare regime and immigration regime. We propose to think together postcolonial projects, social welfare and immigration. Through the migrant careworkers and the migrant grandparent cases, we ask critical questions about the multiplication of borders and of nation-building projects in aging societies and we suggest that a feminist border analysis provides us with the tools to ask these questions. Supported by statistical and policy analysis, we go into detail about the divergences in social welfare and immigration as they affect recourse to migrant careworkers as well as the migration of grandparents and their care relationship with their families living in Quebec and Ontario. We demonstrate the production of distinct immigration-care regimes in Canada and add to the work of those focused on migrant care workers. We show that, in some cases, sub-national analysis adds nuance and offers a more empirically and analytically accurate perspective on the immigration-care nexus and its relationship to changing (sub)national projects.

*Fathers and mothers, sons and daughters: a double gender glance*, **Decataldo Alessandra** (University of Milano-Bicocca), **Brunella Fiore** (University of Milano-Bicocca), **Noemi Novello** (University of Milano-Bicocca)

Numerous sociological studies deepen the transformations in male parenting, especially highlighting the increasingly individualized paths in life courses (Maggioni, 2000; Rosina and Sabbadini, 2005; Micheli, 2007; Ruspini and Zajczyk, 2008; Ruspini et al., 2011; Murgia and Poggio, 2012; Magaraggia, 2015). However less attention is paid to the chance that such transformations involve fathers of boys or of girls in a different way, despite neuroscience and social psychology have clearly shown how having a son or a daughter impact differently on ways in which fathers shape their attitudes, behaviors, and expectations (see, for example, Carlson, 2006; Sarkadi et al., 2008; Mascaro et al., 2017).

Literature on the topic shows that when there are daughters in the family, the time dedicated by fathers to domestic work and family care is lengthened, protective attitudes and behaviors increase and, consequently, educational choices are better monitored (Snarey, 1993; Ruspini, 2008; Istat, 2014; Sharrow et al., 2018). Substantially, the presence of daughters seems to have repercussions towards a broader balance in the work-family balance and gender roles (Seward and Rush, 2015 and 2016).

Furthermore, recent empirical evidence from the United States and the United Kingdom (Borrell-Porta, Costa-Font and Philipp, 2019; Rothwell, Hodson and Prusaczyk, 2019), shows that having one or more daughters is the best circumstance for a father in terms of his attitude and wellbeing. This phenomenon has been baptized as the "mighty girl effect" and it shows how interacting with a daughter might produce beneficial effects in fathers' lives, with respect to gender sensitive attitudes, participation in family life and even as regards self-care and income. Our aim is to investigate whether it is possible to trace the presence of the “mighty girl effect” even among the Italian fathers or if they rather respond to a more male-dominated and traditional cultural model that tends to pay more attention to male children, as the results of Mantovani and Gasperoni (2017) seem to show. The authors (ibidem) explored the relationships that families of 15-year-old students in Italy have with teachers and show that parent-teacher contacts are a source of gender inequality: parents of girls are less likely to meet with teachers, compared to parents of boys.

This proposal presents an explorative analysis based on the data from the 2009 and 2018 waves of the PISA (Program for International Student Assessment) Parent Questionnaire promoted by the Organization for Economic Cooperation and Development (OECD). The exploratory analysis will be carried out looking at the different engagement of fathers and mothers in initiatives involving their 15-year-old children, focusing in particular on the gender gap (i.e., possible different engagement of fathers or of mothers with respect to sons or daughters, looking at the factors that favor the intensity of the occurrence of such situations in the Italian context).

### *Embedding care recipient's perspectives into a maternity care model to support breastfeeding*, **Theresa Bengough** (KU Leuven), **Hui Lin Cheng** (The Hong Kong Polytechnic University), **Alison McFadden** (University of Dundee), **Anna Gavine** (University of Dundee)

Background: Socioeconomic status as well as situation of life in early childhood has a strong influence on health in later life. Evidence shows that care interventions targeting early childhood are successful to reduce social and health inequalities. These interventions can be targeted at different levels of health determinants. Breastfeeding is an integral part of nutrition in early childhood development. A growing body of evidence has revealed various health benefits of breastfeeding for mother and child. Although a variety of care mechanisms are in place, many women do not breastfeed.

Objectives: We developed a qualitative evidence synthesis (QES) with the Cochrane Collaboration aiming to assess evidence on factors that influence women's engagement and satisfaction with breastfeeding care during two timepoints: initiation and continuation. We defined breastfeeding care in terms of human actions and interactions and had a specific interest in how these interactions develop throughout the care pathway.

Methods: We applied maximum variation purposive sampling and a framework thematic analysis using a deviant case strategy for data extraction and synthesis. We then integrated our findings with the outcome measures included in relevant effectiveness reviews of breastfeeding care interventions.

Findings: Different types of women (e.g., teenagers, first-time mothers) from various social backgrounds and geographical settings experience breastfeeding care as not ideal. The concept of "timing" is dominant in our findings. Different time points become relevant in breastfeeding care because women have short-term (initiating breastfeeding, knowing where to turn to for care), mid-term (e.g., latching difficulties, appraisal) and long-term needs (e.g., continuation, breastfeeding in a work environment). Awareness for this dynamic and hence flexibility of care practices is therefore crucial. We present a framework of an optimal care pathway from the perspective of care recipients. It emphasizes and encourages understanding potential pathways social determinants have with access to care, interactions within care, and infant feeding decisions both at the individual and societal level.

Discussion: Breastfeeding care is required to satisfy the needs of women from different social and ethnic groups to an extent that is more complex as the definition of an outcome of an intervention. Maternity care models are dependent on a variety of contextual factors supporting women to initiate and continue breastfeeding and our framework offers a progressive way of dealing with current care models.

### *Are policies and cultural values concerning childcare related? A historical comparison of GDR and FRG with post-unified Germany*, **Leonie Kleinschrot** (German Youth Institute)

The relation of family policies and cultural values of a society is less a causal direction than a complex interplay. Politics affects values by institutionalizing norms and providing orientation for moral appropriateness, but at the same time reacts on, represents and is legitimized by the cultural values that exist in society (Pfau-Effinger, 2005).

Germany is an especially interesting case to examine the interplay of cultural values and political concepts on the reconciliation of time for employment and childcare. Before 1990, different institutional contexts as well as cultural values existed within the country, which both have changed considerably until now. In the former German Democratic Republic (GDR), employment crucially shaped time for childcare. The reconciliation of the two was meant to be reached mainly via extensive supply of institutional childcare. In the former Federal Republic of Germany (FRG) the antagonism of time for employment and childcare was emphasized and employment and childcare were mainly conceptualized as two separate spheres. Thus, a compromise between time for employment and childcare was only seen in a gendered division of labour within families, which was supported by the tax and social security system and a small offer of public childcare.

Since 1990, public childcare for under threes has been expanded widely, especially in West-Germany, educational relevance has been attributed to it and the take-up rate is rising steadily. Accordingly, more and more mothers with children under the age of three are employed.

This paper investigates, which differences in cultural values concerning the relation of time for employment and childcare were evident under the distinct politics in the former GDR and the FRG. How widespread were either familialist convictions or advocacies of maternal employment? Did attitudes exist which contradicted the prevailing political concepts in the respective part of Germany? Who were the bearers of such attitudes?
To answer these questions we compare unique data that was still collected during the existence of the former GDR in 1984 with 1982 German General Social Survey data from the FRG. First descriptive results show that in GDR there also existed attitudes towards prioritizing childcare time over employment. In West-Germany attitudes towards maternal employment have always been more sceptical than in the East.

## Contributed paper: *How do family policy affect expectations of cooperation in parental care: A SCAT-based analysis of interviews with prenatal couples in Japan*, **Chino Yabunaga** (Toyo University), **Ito Daisuke** (Toyo University)

This study reveals how prenatal couples in Japan anticipate the sharing and cooperating of parental responsibilities and childrearing.

Family policy in developed countries has illustrated a transformation from supporting the male breadwinner model to a variety of adult worker models such as the maternal employment-oriented family policy. Farragina and Seeleib-Kaiser (2014) pointed out that countries, including Japan that had taken conservative family policy approaches have moved to enact more progressive policies without adequate childcare arrangements.
Family policy in Japan has demonstrated a creeping development over the past three decades. Although the female labour force participation rate has been increasing, the participation of fathers in childcare is still low and the pressure of childcare is skewed towards mothers without having enough childcare support. How do Japanese expectant couples come to terms with the cooperating and sharing of parenting responsibilities under this situation? And how does public support for the family affect this arrangement of the care responsibility?
Interviews of 44 couples expecting their first child, the mothers within their third trimester of pregnancy, were conducted with mothers and fathers individually. Three couples’ interview data was analysed using the Steps for Coding and Theorization (SCAT) method, which can present an explicit coding and theorising process in qualitative data analysis. With the story-line created from the SCAT method, 1) What parenting resources couples perceive to exist; 2) how couples intend to cooperate; 3) what types of influence parenting support resources have on couples’ cooperation in parenting, and 4) how the COVID-19 pandemic affects parents’ cooperation, were investigated.

The results revealed that: 1) most of the childrearing resources perceived by the prenatal couples were relatives; 2) the prenatal couples had not set a division of the current housework and do not plan to do so for childrearing, although the prenatal mothers tended to take most of the responsibility for childrearing; 3) information gathering, acquisition of knowledge and skills, obtaining alternative childcare resources were the main preparation activities, and explicit discussion and arrangement of childrearing was not conducted, while the mother’s stress and conflict was the common concern of the prenatal couples; and 4) the future uncertainty, restrictions and isolation under the Covid pandemic put a strain on one prenatal mother, whereas on a positive note, the prenatal couples perceived that there was an expectation that the introduction of telework could change the way they work.

## TP20 – Long-term care time and temporality

Convenor: Costanzo Ranci, Polytechnic of Milan

*Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 7*

*Examination of the interdependence of cash-for-care schemes and the housing context*, **Paweł Łuczak** (Poznań University of Economics and Business)

Policies such as the widespread stay-at-home orders necessitated by the coronavirus disease 2019 pandemic emphasise housing's central role in public safety. Accordingly, this study argues that discussions on the impact of cash-for-care (CfC) schemes in Europe largely ignored the role of housing context. Further, it examines the link between CfC policies and housing contexts from a comparative perspective and clarifies the interdependence between the two in increasing or decreasing people's capabilities to age in place. First, the study proposes a conceptual and analytical base to incorporate housing dimensions in the comparative social policy research on CfC. For this purpose, the study considers environmental gerontology and comparative housing studies and examines the recently recognised empirical aspect of comparative social policy in terms of the capability approach framework. Second, this study empirically compares Austria and the Czech Republic regarding housing contexts' importance in realising particular long-term care (LTC) policy outcomes. These countries were considered because they follow remarkably similar CfC schemes, but very different housing systems. Since LTC policies and housing contexts are strongly affected by local determinants, this study compares six cities of the two countries (Vienna vs. Prague, Linz vs. Ostrava, and Klagenfurt vs. Brno).

*Ambivalences around family care*, **Ana Paula Gil** (Centro Interdisciplinar de Ciências Sociais, NOVA.FCSH)

This paper intends to reflect on family care, taking Portugal as an example of a country where the access to care services depend on the levels of employment and the working conditions, affecting particularly women, who have the main responsibility to care and, sometimes, give up their personal, professional and social lives.

Recently, Portugal approved the Informal Caregiver Statute (law No. 100/2019) for institutionalizing support for family caregivers in the Social Security System. This law regulates the rights and duties of the caregiver and the person cared for (Ordinance 2/2020 of 10 January). This paper intends to reflect on its process of implementation, based on the legal framework itinerary of the social recognition of the Informal Caregiver Statute, understanding the assumptions and the scope of this public policy.

Additionally, two focus groups were conducted with 12 caregivers. These exploratory methods identified severe situations of caregivers' experiences and trajectories of care and highlighted the unequal responsibilities between men and women, regarding family care, throughout the life cycle. The existence of selectivity criteria, based exclusively on income, limits the access of thousands of caregivers, who are silenced by the State and confronted with lack of support services in the community. The main conclusion of this paper is that the implementation process of the Informal Caregiver Statute in Portugal has been excessively bureaucratic and risks to become a measure to combat exclusively situations of poverty. The recognition of the contribution career for the care provided and the protection in retirement and health situations have both been ignored, indeed the main measures that gave rise to the carers' movement. Work-life balance policies are sparse, as well as measures that promote the reintegration into labour market.

The availability of Informal Care (here in, IC) will remain a key factor influencing future demand for formal services, and uncertainties surrounding IC will increase unmet care needs and can create social and gender inequalities.

### *Addressing the new demand for care needs in industrialised China*, **Ijin Hong** (Sun Yat-sen University)*

In East Asia, policies supporting families such as care services have long been a neglected policy area, due to primacy given to economic growth and traditional family responsibilities (Holliday, 2000; Walker & Wong, 2005; Baek et al., 2011, Hong, 2014). This state of things has started to change in the 1990s and 2010s: forerunners Japan and South Korea not only subsidized formal and informal childcare, but also introduced long-term care insurance systems in 2000 and 2008, respectively (Campbell & Ikegami, 2000; Kim & Choi, 2013; An & Peng, 2016).

However, care needs largely tend to remain a family issue in China. Prior to opening up to foreign trade and capitalism, and during the period of planned economy (1949-1978), Chinese families relied on a relatively comprehensive system of family care that was managed by working units (danwei) (Ngok & Fan, 2018). With the opening up of the economy in 1978, and deepening industrialization and urbanization, families have remained exposed to the need of care for frail members in their families, and demand for social care needs have grown exponentially. As a result, many private agencies have started to surface to address demand for elderly care and childcare, but due to inconsistencies in service quality and affordability, they were grossly inadequate to address the problem of care shortage.

In the search of an acceptable policy solution, the central government has granted local administrations at the municipal and provincial level a good degree of autonomy to take initiative, and several pilot experiments have started to emerge, especially in the more affluent provinces at the East coastal area of the country. In this paper, we focus on the richest province of China, Guangdong, which has officially launched in November 2020 a comprehensive program named the South Guangdong Housemaking Project (SGHP) (nanyue jiazheng), regarded by many as the future model to be applied at the national level (Guangzhou Daily, 2020).

SGHP is an ambitious and multi-purpose social policy project that aims to improve the demand and supply of care services, via expanding this subsidized quasi-market through the participation of care enterprises in Guangdong province in southern China. SGHP is meant to function as a platform to train professional carers, standardize quality levels of housekeeping service enterprises, encourage inter-provincial collaboration to foster job creation for poorer neighbouring provinces, promote the optimal functioning of grass-roots service stations (yangcheng), digitalize care services in the view of constructing a comprehensive platform for home services. As of 2020, 133 yangcheng service stations are operating, more than 630,000 people registered as carers, and 60,000 have completed the verification process, leading Guangdong province ahead of all other provinces (Guangzhou Daily, 2020).

Despite these many achievements, SGHP’s hybrid nature of family policy (addressing the care shortage via privatization of services) and active labour market policy (involving job creation, vocational training, training subsidies…) runs the risk of losing sight of the original problem it was meant to solve, i.e. quality care for children and the elderly. With this study, we engage in an in-depth investigation of this case by collecting primary data through interviews and surveys including yangcheng service stations, carers, educators, local government officials, and urban families with care needs. Our aim is to gain evidence on how this province-led privatization of care services, and this specific type of welfare mix is taking shape. Specifically, we are keen to understand what kind of services are offered (ex. Elderly care, childcare, homekeeping), and what are the service use patterns of families (do they use services more, or is use of informal care more widespread?). We believe that our study’s findings will help gain clarity and understanding of present choices and future directions for social services in industrialised China.

### Contributed paper: *Performative Compliance and the State–Corporate Structuring of Neglect in a Residential Care Home for Older People*, **Joe Greener** (University of Liverpool)*

The abuse and neglect of older people in care homes is widespread across England, but current causative explanations are limited and frequently fail to highlight the economic and political factors underpinning poor care. Informed by social harm and state–corporate crime perspectives, this study uses ethnographic data gathered through a nine-month period of working in an older person's residential care home to show how neglect is embedded in working routines. Three aspects of care are interrogated to reveal the embedded nature of harm in the home; all reveal the rift between official, regulatory rules and informal working practices shaped by material constraints of the labor process. This article explores the role of regulatory regimes in actively legitimizing sectors, such as the residential care industry, even in the face of routine violence, by bureaucratically ensuring the appearance of compliance with formal rules. While the harms of contemporary institutionalized care for older people have its roots in material conditions, performative compliance through regulation guarantees that these injurious outcomes are concealed. This article contends that malpractice (and harm) can be explained with reference to conjoint state–corporate relationships and practices

## TP21 - Migrant care work

Convenor: August Österle, University of Vienna

*Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 6*

*Dilemmas around temporariness and transnational recruitment agencies: the case of migrant caregivers in Taiwan and Germany*, **Sabrina Marchetti** (Ca' Foscari University), **Garofalo Geymonat Giulia** (Ca' Foscari University)

The precarious nature of caregivers' migration is one of the fundamental characteristics of the growing marketization of home-based care at the transnational level. Against this background, scholars have dedicated increasing attention to the role of private actors involved in the transnational recruitment/employment of migrant caregivers, such as the for-profit agencies, asking whether these intermediaries are a good or a bad thing.
In order to understand the dilemmas facing this complex scenario, we interviewed trade unionists, activists, and academic experts in Taiwan and Germany, both of which are countries where the growing care needs of the ageing population are addressed by employing caregivers from abroad. In these interviews, research participants in both countries strongly criticized the emergence of transnational agencies as influential actors in the field, by determining the conditions of recruitment and placement of migrant caregivers for round-the-clock work. Participants accused these agencies of reproducing an exploitative temporariness of work for migrant caregivers and of the care services they provide, grounded in the temporary dimension of their mobility patterns.
The research participants also evaluated the current situation as they tried to imagine alternative arrangements. Advocates for migrant caregivers' rights expressed intense frustration at the widespread acceptance of today's situation – by both institutions and society at large. Some of them did feel that the overcoming of the current agency-based system was necessary, but they also suggested that, even in an ideal system, other forms of intermediaries and of temporariness might be developed.

*Contrasting contexts: investigating the variations of migrant care work*, **Bernhard Weicht** (University of Innsbruck)

Migrant care work has received vast attention over the last decade. Various studies focusing on migrant care workers´ experiences of inequalities, discrimination and potential exploitation have pointed to the intersections of various structural categories, such as gender, class, race and ethnicity or religion. However, since migrant care workers' personal histories of transnational movement and their professional paths vary substantially and are related to specific and diverse combinations of structural conditions, an intersectional approach needs to first identify the relevant categories on each level of investigation.
In this contribution I reflect on the usefulness and applicability, as well as on the limitations of an intersectional approach to investigate migrant care work by proposing a comparative approach. Drawing on narrative-biographical interviews I present three different cases that illustrate the variations of possible intersections stemming from diverse contextual conditions. Drawing on the "Contrast of Contexts" approach (Skocpol and Somers, 1980), which encourages juxtaposing cases to allow both investigations of the unique features of each case and, by drawing contrasts, identification of how different contexts affect general social processes, different relations between contexts and intersecting categories can be identified. Additionally, these three case studies allow a contrasting approach to the interrelations of the different structural levels of care, i.e. the macro-level of care regimes, the meso level of institutions and the micro level of individual trajectories.

*Framework Conditions for Working Hours – The Organization of Time in Live-in care work in Germany*, **Simone Habel** (Oswald von Nell-Breuning Institut), **Rebekka Pflug** (Europa-University Viadrina)

The organization of domestic elderly care in Germany has changed fundamentally in recent years. Due to women's increased employment rates and demographic changes, a common pattern has evolved: domestic care work is being provided by transnational care workers. Migrants – mostly female migrant care workers from Central and Eastern European countries – undertake domestic work, care work and basic nursing of elderly care recipients. They usually work in a rota of two to three months until being replaced by a colleague from their country of origin. Working in German households, these migrant care workers face precarious working conditions.

Further, the organization of working time is the key issue in live-in care work. Live-in carers are expected to work long hours and to maintain around the clock availability. Instead of clear working hours and free time, there is often no limitation of working time in the shared living situation. Moreover, in contrast to other countries, the German "gray market" for live-in care work is not regulated. Due to this lack of clear legal regulations and oversight, brokering agencies as influential actors have extensive leeway to interpret the framework of this "gray market". While most of the agencies try to offer the lowest price and make the least possible effort regarding legal compliance, some agencies take a different path. These "pioneers" (Leiber/Matuszczyk/Rossow 2019) take a proactive critical stance on the unclear legal situation and shape the market either through political lobbying or by virtue of their size. Moreover, they actively engage in implementing quality standards and approaches of self-regulation. As brokering agencies are crucial actors of the "gray market", we analyze the effects of these forms of self-regulation on the limitation of working hours.

This paper aims at analyzing the agencies' framework conditions for working time. First, we provide an overview of how live-in care work is organized in the German "gray market". Second, we present the research design. The paper is based on six qualitative expert interviews conducted with representatives of "pioneer" agencies – both private brokering agencies and welfare organizations. The agencies chosen for the interviews cover different models: the employer-employee relationship model, the self-employment model, and the posting model. Third, drawing on these expert interviews, we examine two different framework conditions that limit working hours and are implemented before or during the live-in carer's stay in the household: the inclusion of other actors in the care tasks and the interventions in case of a breach of working hours. As the inclusion of different actors is an important factor for the live-in carer's working conditions, it is examined in how far the agencies involve other actors and build up a network of supporters to enable the live-in's leisure time. Moreover, we examine the ways in which the brokering agencies intervene in case of a breach of working hours and the solutions they offer. Our results indicate a strong variety among the models when it comes to the implementation of these two framework conditions. Fourth, the paper concludes by discussing the self-regulation of "pioneer" brokering agencies in these two aspects and the potential to limit working hours. It is argued that even though the agencies implement specific arrangements, the effects on the reduction of working hours are mostly limited.

*Contradictions and dilemmas in welfare in times of pandemic: migrant care workers in Spain*, **Paloma Moré-Corral** (Universidade da Coruña), **Martínez-Buján Raquel** (University of A Coruña)

The purpose of this paper is twofold. First, to analyze the conditions of social inequality of migrant domestic care workers in Spain during the COVID-19 health crisis. Second, to explore the foundations of the welfare model that relegates these workers to a marginal position which is now exacerbated by the impact of the pandemic (layoffs, social isolation and illness have now been added to the precarious employment situation of the past). This landscape highlights the contradictions prevailing in the long-term care system in Spain and the dilemmas it is faced with. On the one hand, these workers have not been integrated into the public social protection system, so their access to social benefits is limited - a situation which, in turn, prevents them from being recognized as citizens with rights and does not allow this activity to be considered essential to sustainability of life. Domestic work, by contrast, -especially live-in domestic service- has been revitalized to address the lack of an adequate network of social services and the growing mistrust of nursing homes. Drawing on 20 semi-structured in-depth interviews conducted from September 2020 to January 2021 with domestic workers, political representatives and other actors in the sector, this paper provides insights on crossroads which the Spanish care system is and the dimensions from which its transformation be carried out. The Spanish government has initiated proposals for changes in the funding, coverage and magnitude of social services aimed at dependency, but we argue that a more profound change in the model is necessary to overcome the deprofessionalization of care and job insecurity, as mentioned above.

Contributed paper: *'We are all interdependent': A study of relationships between migrant live-in carers and employers in Taiwan*, **Mai Camilla Munkejord** (Western Norway University of Applied Sciences), **Ness Tove M.** (Nord University), **Gao I-An Wasiq Silan** (University of Helsinki)

For the past three decades, to meet the increasing need for long-term care, the Taiwanese government's primary approach has been to import migrant care workers. In this article, we analyse qualitative interview data produced in an indigenous community. Drawing on Kittay's feminist dependency theory, we explore the interrelationships and collaborative efforts between live-in carers and their employers. Three types of relationships were identified: 'unsupportive relationships', where the live-in carer was treated as a servant; 'supportive relationships' where the live-in carer was treated as a carer; and 'semi-supportive relationships', where the live-in carer was treated as a carer-servant. In conclusion, the article sheds light on how the live-in carer arrangement could be practised in ways that allow live-in carers and thereby their care recipients to thrive.

## TP22 – Technology and care

Convenor: Giuliana Costa, Polytechnic of Milan

*Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 7*

*Solving coordination problems in elderly care: how stakeholders in Germany and Sweden assess the role of digital tools*, **Katharina Koch** (University of Mannheim)

The coordination of healthcare (HC) and long-term care (LTC) services for the elderly is a major issue in all welfare states. As the elderly´s complex care needs involve many different actors and professions, communication is a major challenge for care coordination. Digital tools are often regarded as an effective device for solving these problems. However, can these devices bridge the various systemic, financial and professional gaps and barriers between health and social care services?
This paper analyses how the main stakeholder organizations in the field assess the situation in their country, what they think about the coordination of care, which challenges they identify for communication across professions and systems, and which solutions they prefer. In doing so, two specific interfaces between HC and LTC are addressed: coordination in the context of hospital discharge and coordination within the home care setting. Particular attention is given to the role of digital tools in improving care coordination. With Germany and Sweden, two countries are compared that represent different welfare regimes and are at very different stages of implementing digital tools in elderly care. Moreover, the institutional and organizational barriers to such improvements also vary between the countries.
Using Mayring´s Qualitative Content Analysis, we analysed data from 27 expert interviews with representatives of stakeholder organizations in Germany and Sweden and from position papers with a focus on digitalization issued by key institutions.

Results show that most stakeholders regard digital devices as effective tools in improving care coordination. However, there are limitations, which are mostly linked to the countries' specific institutional setting. Although Germany and Sweden are at different developmental stages in implementing digital tools, analysis revealed a surprising number of similar barriers. In closing the paper, we discuss if those findings can be interpreted as a tendency of convergence between those countries.

### *Optimizing Care With Mobile Phone and Apps? Sociological Perspectives on Digital Practices Between Job and Family*, **Tanja Carstensen** (University of Hamburg)

The constitution of modern capitalist societies is centrally rooted in the division of labor between paid and unpaid work; and to date the unpaid domestic and care work continue to be performed to a far greater extent by women. At the same time, due to neoliberal policies and transformations of welfare state regulations in different European countries, the pressure to be fully available for the labor market has increased in recent years. This led to high demands, double burdens and time pressure in everyday life, in particular for individuals with care-giving responsibilities. In these contexts, digital technologies have already been identified as tools that promise solutions and support for coping with everyday life requirements; furthermore some consider them to be an opportunity to train practices of self- and time management.

On the basis of the qualitative study "Gender Relations and Digital Transformation", the paper presents results on the significance of mobile devices and apps in the midst of everyday balancing of job and family between employment, career, household and childcare. I would like to emphasize two main points: 1. Digital technologies help coordinate everyday attempts to organize (unpaid) work and divide it up between the partners, e.g. by using joint digital shopping lists, by sharing to-do lists and calendars, by using WhatsApp groups with other parents, as well as by using messengers to organize who picks up the children where and when. Many parents now perceive the smartphone as very important for organizing everyday family life. 2. Furthermore, my data show that these digital services are consciously used to organize time efficiently. Small gaps in time that arise in everyday life can now be used to flexibly deal with work-related issues in between, when the children are busy themselves, or when care work and job issues are carried out in parallel. Overall, the results show how great the need is to organize the day efficiently in order to be able to cope with the various demands, as well as the central role that technologies play in this optimization of everyday life. In conclusion, I argue that digital technologies undoubtedly facilitate the organization of everyday life, but may at the same time promote its further densification, time pressure and the orientation to effectiveness.

### *Care as a high-tension zone: Investigating frictions and temporalities in technologized care arrangements*, **Lisa Wiedemann** (Helmut-Schmidt-Universität Hamburg), **Hannah Gruen** (Helmut-Schmidt-University Hamburg)

Various temporalities and logics of care and work clash, intertwine and multiply within specific care arrangements to the effect that both professional and non-professional care workers face tremendous time pressure during their daily routines. While feminist political economists criticize the economization of care and claim for more time to care for ourselves and for each other (Dowling 2021: 366), the German Government highlights in the Gender Equality Report (2021) the potentialities of digital technologies to manage conflicts in temporalities of care and work. Particularly in the context of the so-called silver tsunami, the employment of technology (like AAL, care robots, apps or e-health) promises the control over care time pressure and conflicts. That in turn links technologization of care work to a specific idea and design of 'the future' of an aging society. Our talk approaches conflicts and compromises in temporalities of care work as well as the vision of a technological fix on policy level. We enter the discussion inspired by Science and Technology Studies and Feminist Technoscience to trace how care work in technologized care arrangements is inevitably ambivalent and full of tensions (Duclos/Criado 2020; Mol et al. 2010; Moser 2006; Law 2010). We hence demonstrate that technologization of care tends to intensify tensions, particularly in old age. Borrowing from Susan Leigh Star (1990), we suggest understanding care as a "high-tension zone" which leads us to reveal, contrast, and discuss different temporalities, rhythms, cycles, sequences, and streams in care work. In doing so, we aim to stress that tensions engender oscillations that carry potentialities for change although tensions are mostly considered as a negative matter. Finally, we return to the striking question of compromises between temporalities of care work and temporalities of employment.

*Technology as 'time saver' and 'saviour' in care services for older people. Exploring policy and practice in a Nordic welfare state context*, **Yngvild Brandser Alvsåker** (Western Norway University of Applied Scvience)

This paper analyses the policy vison of 'technology-supported care' in central public policy documents from Norway, in which technology is often described as both a time saver and a life saver for the welfare state. Drawing on data from document analysis of past and present policy documents, the paper aims towards an understanding of how healthcare policies have created a strong 'techno-optimism' in recent history. Epistemologically, the paper leans on the French sociologist Pierre Bourdieu's theories on policy and practice, as well as his historical approaches towards understanding present social practices. The analysis shed light over 'historical breaks' or changes regarding how technologies are positioned throughout the last five decades, and reveal battles between orthodox and heterodox stances towards technological care. Lastly, the analysis focuses on temporal aspects of technology in policies, where a strong belief in telecare as a time-saving practice are discussed.

Contributed paper: *Beyond the clinical evaluation of mobile health innovations: Searching for sustainability in health systems*, **Degavre Florence, David Bol , Suzanne Kieffer , Georgiana Sandu , Charlotte Desterbecq , Thibault Pirson , Rémi Dekimpe and Sandy Tubeuf** (UC Louvain).
Abstract not available

## TP23 - Work Life Balance

Convenor: Birgit Pfau-Effinger, University of Hamburg

*Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 7*

*The role of long-term care systems in the work-life balance of working caregivers in Europe: a cross-country policy design comparison*, **Samuel Briones** (Utrecht University), **Mara Yerkes** (Utrecht University)

Long-term care services (LTC) can support informal carers to combine care responsibilities with other activities in life, i.e., their work-life balance arrangements. Decentralization and privatisation reforms in Europe have transferred the responsibility to provide services from central authorities to local governments and organisations. The capacity of LTC policies to address the needs of citizens depends greatly on the implementation process of services at the local level. This paper analyses the discourses of local professionals working in the implementation of LTC services in two municipalities in the Netherlands (Amsterdam and Nijmegen) and two in Slovenia (Ljubljana and Maribor). Both countries are turning away from institutionalized services to home-based care, but they currently differ greatly in the orientation of services aimed at supporting informal care work. In the Netherlands, long-term care policy pushes for a predominance of public and private formal services with the aim of enhancing the independence of care receivers whereas Slovenia has implemented a scheme of subsidies for families and individuals to cover care needs through the market. Using qualitative interview data with local policymakers and local professionals and comparative document analysis, we compare how LTC policies are adapted and organised at the local level. The analysis provides a better understanding of the potential of LTC services to support informal carers in achieving valued work-life balance arrangements.

### *Parental leave in debate: how much do states commit to transforming the time mothers and fathers spend caring and working?*, **Batthyány Karina** (Universidad de la República), **Valentina Perrotta** (Universidad de la República)

Working mothers and fathers make decisions about time dedicated to care and work in a complex social framework that includes cultural, institutional, socio-structural and economic factors, and their interaction. Social practices of working parents in the management of childcare are influenced by the dominant cultural family models and by options and restrictions in the context of public policies (Pfau-Effinger, 1998).
Gender inequalities, especially those linked to unequal dedication to caring, are sustained in women's role in biological reproduction (De Barbieri, 1996; Alcoff, 2012). This material basis requires recognition from time-for-care policies that promote the articulation of time to care and time to work, such as leave policies. In these policies, biological differences become decisive and require special efforts to transform maternal care culture (Pfau Effinger, 1998; Hochschild, 2003). Moral responsibilities in care (Doucet, 2017) are the main difficulty in sharing care with men. However, evidence shows that the experience of its daily performance allows its learning and the development of an identity as carers. When men take care of their babies during the mothers' working day, they can change the maternal moral adjudication to this work. Those who perform caring as a primary daily activity, transform the forms in how they perceive it and how they perceive themselves as carers when faced with this task. Spending time to direct care work can develop a caring subjectivity and incorporate its moral dimension (Tronto, 2003).
For at least three decades, parental leave systems and the care of young children in Europe, and more recently in the Latin American region, have been modified to improve the conditions for women and men to articulate better work-life and family. The evolution of parental leave corresponds to the search for a new model of citizenship based simultaneously on the exercise of the right and duty of men and women to work and care (Meil and Escobedo, 2018).
Through parental leave, States seek to influence care decisions and practices to transform or sustain the sexual division of labour. In Uruguay, the parental leave system was modified in 2013, approving parental care leave to be used by the father or mother at the end of the maternity leave. This leave expected men to become more involved in care due to gender inequalities in care distribution (Batthyány 2009 and 2015). It also expected to low the penalty of women in the labour market because they are the only or main recipients of this type of care leaves. But these normative orientations act in valuative cultural contexts on the roles of men and women in care and the labour market that, together with other factors, combine to shape parental practices. Thus, since its implementation, 98% of parental leave users are women. This paper analyses parental leave systems in sixteen European and Latin American countries considering their impact in fathers’ engagement in care.
The paper discusses childcare times that states guarantee working mothers and fathers. It focuses on the differences in these times and how much time-to-care policies promote father’s engagement in care. It presents a typology of sixteen European and Latin American countries parental leave systems based on the time they guarantee mothers and fathers, distinguishing between affirmative and transformative leave systems. Iceland, Sweden, Finland, Norway, Portugal, Germany and Spain make up the group of transformative systems; France and Italy have affirmative systems with symbolic incentives for father’s use; Denmark, United Kingdom, Chile, Brazil and Uruguay have affirmative systems without incentives for fathers use, and Brazil and Switzerland have traditional systems. Transformative systems change men's behaviour in care and consolidate a critical mass of fathers who take their leave times without being an exception (between 31% and 90%). Although we cannot linearly assume that greater use of parental leaves by men necessarily implies greater gender equality, clear signals from leave policies on the role of fathers in care, with specific and effective measures for them, are a fundamental step to transform paternal behaviour.

### *Space-time Prisms of Carer-Workers Juggling Unpaid Care and Paid Work*, **Allison Williams** (McMaster University)*

Unpaid care, like domestic work, have been primarily researched from a temporal perspective using time-use diaries or surveys, for example. As geographers, we argue that both the temporal and the spatial aspects of unpaid care are important to understand given the time-space tensions that carer-workers experience in managing their multiple roles. Carer-workers are understood to be employed in the labour market while also providing unpaid informal care to adult care recipients (i.e. either elderly family/friends/neighbours, or adult dependent children). Using both time-use diaries and global positioning system (GPS) data from a sample of 25 carer-workers living in southern Ontario, Canada, both time and space are examined using geographical information system (GIS) technology. Differences across sex are explored.

We begin the paper with the results of a scoping review that shows that GIS has most predominately been used to understand the distribution of (potential) caregivers (Foley, 2008; Giesbrecht, Crooks, Schuurman, & Williams, 2009; Kalogirou & Foley, 2007). Beyond distributions, Holm & Angelsen (2014) instead examined how much time formal caregivers spend simply travelling between locations, while Tonorezos et al (2008) explored informal caregivers' mental health. Finally, some articles fell just outside the inclusion criteria, but may nevertheless provide some insight, such as Scerpella et al's (2019) analysis of the distribution of patient-caregiver dyads for recruitment purposes, as well as Werner et al's (2012) exploration of caregiver burden using the proxy variable of dementia patient mobility. Taken together, these articles illustrate the immense value that GIS may have for understanding caregiving if only it were more frequently utilized. Indeed, the intersection of GIS and caregiving remains largely untapped. Work in feminist GIS has clearly illustrated the spatiality of gender roles, with Mei-Po Kwan making the most notable contributions in this area (Kwan, 1999, 2000; Kwan & Kotsev, 2015; Schwanen, Kwan, & Ren, 2008). Kwan's work clearly illustrates that, in the case of American society, female carer-workers spend more time and travel further distances than do male carer-workers, in realizing their multiple roles.

Next, the methodological approach is outlined, beginning with the time-intensive data collection process. This is followed by the various steps required to analyze the data, to finally produce the visual two-dimensional space-time prisms. Finally, the space-time prisms are presented, providing a visual illustration of both the time used and space travelled in carer-workers daily lived experience, by sex. The remainder of the paper provides an explanation of the results, with respect to how the prisms can be best interpreted in better understanding the gendered division of unpaid care work. Implications for policy and programs are suggested, such as the need for caregiver-friendly workplaces. Further the presentation will discuss how GIS might be better leveraged to improve our understanding of caregiving, and presents a highly fruitful area of geographical research.

### *Availability of caregiver-friendly workplace policies: an international scoping review follow-up study*, **Allison Williams, Frances Lorenz, Lisa Whittaker, Julia Tazzeo** (McMaster University)*

Purpose: The purpose of this scoping review is to identify the availability of caregiver-friendly workplace policies (CFWPs) from January 2015 to June 2019. Methods: In order to determine changes over time, the present review is consistent with the methodology used in a scoping review of CFWPs conducted by the same research group five years earlier. This included: applying an iterative database search to identify relevant articles; applying inclusion-exclusion criteria, and; performing qualitative thematic analysis on eligible articles. Both academic literature and literature that is not peer-reviewed were considered. Findings: A total of 80 papers were included, with 82 unique workplaces identified. Three main qualitative themes were discussed: (i) inclusivity, (ii) generosity, and (iii) culture. The finance, education, healthcare, and technology industries were most generous. The most common CFWPs offered were: support services; paid leave; backup adult care, and; flexible work arrangements. Practical Implications: This review narrows the gap in the literature by providing a comprehensive synthesis of CFWP availability to better understand how workplaces are currently supporting caregiver-employees. This review also provides recommendations on how to support caregiver-employees moving forward. Originality: The paper discusses significant differences from the first scoping review undertaken by the same research group five years ago, suggesting that progress needed to accommodate caregiver-employees has been made in the workplace culture.

### *Care Platforms: Time savers or time oppressors?*, **Franziska Baum** (University of Hamburg)

New technologies are entering elder care as the rise of so-called “on-demand” care platforms demonstrates. Elder care is a field where saving time seems to be most promising in order to organize care more effectively. However, 80% of care provision takes place in domestic settings (Destatis 2020) and thus relies on unpaid care work by mostly women. As pressure to reconcile care with labor exigencies is currently high (cf. Huws 2019, 16; Tronto 2013, 5), care platforms seem to provide a solution to the time squeeze within the domestic realm (cf. Huws 2019, 18).
Care platforms already play a vital part in care provision within the household, and the field is likely to grow further (cf. Trojanski 2020; Ticona/Mateescu 2018). This form of digitalization seems to find considerable acceptance. However, they also symbolize precarious working conditions, including a new form of temporality of work and hence a new form of oppression (cf. Woodcock/Graham 2020, 5; cf. Owens 2021). Platforms and the gig economy deploy “new controls over the temporality of work” (Woodcock/Graham 2020, 38), also in the field of elder care. In my contribution, I use “temporal structures” as a special point of access in order to find the “connection between systemic macro-level developments and individual micro-level perspectives or social experience” as Rosa (2005, 455) proposes and bring care theory and platform research together.
I focus on the relationship of time, care and labor within this very special care-arrangement via online “on-demand” care platforms. Based on a case study of (elder) care platforms from 2020 I will juxtapose the perception of time structures in the narratives of the researched platforms to those of the interviewed platform care workers. Outlining the rise of care platforms in Germany and which factors contributed to their success as a starting point; I will demonstrate how platforms present themselves as the perfect solution to current time pressures when it comes to long-term care for frail older people. Finally, in my contribution I illustrate why time pressure is a major factor for care workers to choose platform work over other professional or semi-professional care work arrangements otherwise available. Based on examples of platform narratives and profiles of workers, I show how clients and workers of care platforms are recruited by utilizing time inequalities and how workers use platforms to cure their experiences of constant time pressure and economic rationales within care situations.

### Contributed paper: *Gender Gaps in Care Work: Evidences from Argentina, Chile, Spain and Uruguay*, **Màrius Domínguez-Amorós** (Universidad de Barcelona), **Karina Batthyány** (Facultad de Ciencias Sociales de Montevideo), **Sol Scavino Solari** (Universidad de la República Oriental del Uruguay)

This paper is a comparative analysis of the gender gaps in the non-paid domestic and care work (NPDCW) undertaken in homes in Argentina, Chile, Spain and Uruguay. The explanatory factors of this gap in two income households and their magnitude and impact on the distribution of NPDCW are analyzed using data from national time use surveys. The weakness of micro-sociological approaches and the variables related to relative resources and time availability is demonstrated using the estimation of a regression model, while the importance of approximations of gender roles and analyses that incorporate macro-sociological factors is shown. Furthermore, the findings show that NPDCW is done by women in 70% of cases with women’s incomes and time availability among the individual variables that drive change within the couple. The results show that the equalizing effects of time availability and gender ideology are stronger for women in more egalitarian countries; women in less egalitarian countries benefit less from their individual-level assets. Additional comparative analysis shows that other macro-level factors (economic development, female labor-force participation, gender norms and welfare systems) may also influence the division of this work. The results suggest that changes in individual-level factors alone may not be enough to achieve an equal division of labor in the household without a parallel reduction in macro-level gender inequality.

# Symposia (S)

## S1 - The IN-CARE project: Socioeconomic inequalities in care use and provision across countries and over time

Convenor: Marjolein Broese van Groenou, Vrije Universiteit Amsterdam; Discussant: Tine Rostgaard, Roslkilde University

*Parallel sessions A - Thursday 24 June, 11:00-12:30 CEUT – Room 1*

*Indicators of familism and defamilisation in long-term care: A theoretical overview and introduction of macro-level indicators*, **Ellen Verbakel** (Radboud University), **Karen Glaser** (King's College London), **Yasmina Amzour** (King's College London), **Martina Brandt** (Technische Universität Dortmund)

Many countries have been working on adjusting their LTC policies to meet the increasing demand for care. Typically, no attention is paid to the potential (unintended) consequences of LTC policies for inequality among care users or informal caregivers. Saraceno (2016) explicitly argued that differences in care use and provision depend on the type of LTC policy: Certain LTC policies can be argued to augment SES inequality in care use and caregiving, whereas others are expected to reduce inequality. Policies with contrasting consequences for inequality can be implemented at the same time. Following Saraceno's theoretical contribution, we argue it is important to use more fine-grained distinctions of familism and defamilisation in LTC policies in order to fully understand the impact of LTC on socio-economic inequalities in care use and informal care provision. To encourage and facilitate this kind of research, macro-level indicators for different types of supportive LTC policies in European countries over time are needed. Our study's research question is: Can we find and capture different dimensions of LTC policies in macro-level indicators that are comparable over countries and time? In particular, we focus on supported familism (e.g., informal caregiver support), supported defamilisation through the market (e.g., in-cash benefits for care users), and defamilisation through public provision (e.g., availability of beds in residential care). Besides a summary of the literature on LTC policies and how they may affect SES inequality in care, we will explain our search process for the macro-level LTC indicators and present basic descriptive information on the different types of LTC policies and their mutual correlations. Our final conclusion is that it is challenging to find comparable and valid information on LTC indicators over countries for many time points. We discuss which difficulties arise when translating theoretical insights on types of LTC policies into high-quality measures.
References
Saraceno, C. (2016). Varieties of familialism: Comparing four southern European and East Asian welfare regimes. Journal of European Social Policy, 26(4): 314–326.

*Socio-economic inequalities in home-care use across regional long-term care systems in Europe*, **Ginevra Floridi**, **Ludovico Carrino** and **Karen Glaser** (King's College London)

We examine whether socioeconomic inequalities in home-care use among disabled older adults are related to the contextual characteristics of long-term care (LTC) systems. Specifically, we investigate how wealth and income gradients in the use of informal, formal, and mixed home-care vary according to the degree to which LTC systems offer alternatives to families as the main providers of care ("de-familization"). We use survey data from SHARE on disabled older adults from 136 administrative regions in 12 European countries and link them to a regional indicator of de-familization in LTC, measured by the number of available LTC beds in care homes. We use multinomial multilevel models, with and without country fixed-effects, to study home-care use as a function of individual-level and regional-level LTC characteristics. We interact financial wealth and income with the number of LTC beds to assess whether socioeconomic gradients in

home-care use differ across regions according to the degree of de-familization in LTC. We find robust evidence that socioeconomic status inequalities in the use of mixed-care are lower in more de-familized LTC systems. Poorer people are more likely than the wealthier to combine informal and formal home-care use in regions with more LTC beds. SES inequalities in the exclusive use of informal or formal care do not differ by the level of de-familization.
The results suggest that de-familization in LTC favors the combination of formal and informal home-care among the more socioeconomically disadvantaged, potentially mitigating health inequalities in later life.

### *Socioeconomic inequalities in the wellbeing of informal caregivers across Europe*, **Martina Brandt, Judith Kaschowitz**, **Nekehia T. Quashie** (TU Dortmund University)

Due to increasing care needs and decreasing care potentials, research around informal caregiving gains attention. Relatively new – but of utmost importance – is the role of socioeconomic inequalities in care and wellbeing. Although caregiving can be rewarding, a growing body of research shows that informal caregiving often has negative consequences for individuals' wellbeing. Theoretically, we expect these negative outcomes to be more pronounced among caregivers with lower socioeconomic resources. The current study examines socioeconomic inequalities in the consequences of caregiving inside the household for life satisfaction. We draw on longitudinal data from the Survey of Health, Ageing, and Retirement in Europe (SHARE waves 2, 4, 5 and 6). We estimated pooled ordinary least squares and fixed-effects regression models to examine the consequences of informal care provision within the household for individuals' life satisfaction, and whether household wealth moderates this relationship, controlling for individuals' sociodemographic and health characteristics. Our results show that care provision inside the household was negatively associated with older adults' life satisfaction. The longitudinal analyses accordingly show that the uptake of care led to declines in life satisfaction. Differentiating by socioeconomic background, we find that caregivers with higher socioeconomic resources in terms of wealth generally experienced higher life satisfaction. Our longitudinal analyses on wellbeing declines reveal, however, that these mechanisms did not significantly differ by socioeconomic status of the caregiver. Our findings suggest the need for increased investments in support services for informal caregivers to mitigate caregiving burdens, irrespective of socioeconomic status, and enhance later life wellbeing.
Our manuscript is published in Aging and Mental Health and can be accessed via: https://www.tandfonline.com/doi/full/10.1080/13607863.2021.1926425

### *Socio-economic inequality in long-term care: a comparison of three time periods in the Netherlands*, **Jens Abbing**, **Bianca Suanet** and **Marjolein Broese van Groenou** (Vrije Universiteit Amsterdam)

As a result of the rapid ageing of societies, meeting the demands for long-term care has become increasingly difficult. In the Netherlands, informal care is recognised as a key element to compensate for cut-backs in formal care provision. Formal, informal and privately paid long-term care services, however, are not used equally across socio-economic status (SES) groups[Q2] and whether these inequalities have been reduced or exacerbated over time has not been researched. This study investigates to what extent educational and income inequalities in the use of formal, informal and privately paid care have changed over time. Data from the Longitudinal Aging Study Amsterdam (LASA) was used from three points in time: 1995 (N = 787), 2005 (N = 550) and 2015 (N = 473). Participants were between 75 and 85 years of age and living independently. The results indicate that lower SES groups are consistently more likely to use formal and informal care, and less likely to use privately paid care compared to higher SES groups. An increase in inequality was only found in the use of informal care; while informal care use is stable among lower SES groups, it decreases steeply among higher SES groups. These findings highlight the importance of education for explaining variation and changes over time in care use. Governmental efforts to mobilise informal care-givers might be outweighed by trends towards less long-term care.

## S2 - Time Use Studies, Care Work, and Care Responsibilities: Conceptual, Methodological, and Epistemological Issues

Convenor: Andrea Doucet, Brock University; Discussant: Nancy Folbre, University of Massachusetts

*Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 1*

### *Parents' Time "With" versus "For" Children: Social Status Dimensions*, **Melissa Milkie** (University of Toronto)

What activities do mothers and fathers do with and for children? Much time use research centers on a narrow cluster of parental time termed "childcare." Yet scholars use the language of time "with" children in their work – and this interchangeability of terms implies that childcare time is the only or at least biggest bulk of parental investments. Alongside this focus, dominant groups -- white, middle-class parents in Western nations – are centered as devoting the best kinds of time to children. Using an intersectional lens, I argue that more conceptual and analytic precision is vital and moves us beyond measuring childcare time to understanding time "with" and "for" children more clearly. Centering non-dominant status groups across dimensions of social class, ethnicity and gender – I provide three examples of time diary data that underscore the importance of an analytic focus beyond parents' childcare activities. From the perspectives of 1) mothers in the U.S. who have the fewest educational credentials (social class), 2) ethnic minority residential fathers in the U.S. (ethnicity) and 3) mothers in Canada (gender), we see diverse ways parents spend time with and for children. Next, centering age as a key social status, I ask about time from the perspective of children and youth – rarely a focus of diary research. This critique from a life course perspective moves scholars toward asking how children's days are spent—including time with extended family, neighbors, teachers, coaches, and the like. In all, the huge investments of time parents – and other adults in the community – spend in diverse ways with or for children beyond the narrow band of childcare activities – should be examined more carefully, given such time is important to children's thriving. At least three gains through broadening the lens beyond childcare are identified: clarity about adults' actual amounts of co-present time with children; reassessment of inequalities in time spent with children across social status groups; and a moving away from an individualistic lens. More complex analytic frames, along with more precision in how we use the language of time, are thus vital.

### *Child co-presence, gender and time use across 5 waves of the UK COVID-19 pandemic*, **Oriel Sullivan** (University College of London)

The focus of this paper is parent's time and activities spent co-present with children during the COVID-19 pandemic in the UK. We use a unique 5-wave (cross-sectional) time use diary data set - collected using the same instrument and market research panel - in 2016 (pre-pandemic baseline), and across the different periods of social restrictions in the UK during the pandemic, including 3 periods of 'lockdown', and one period of relaxation of restrictions. The data used, unusually for time use diary data, collects continuous co-presence data as a requirement, enabling distinguishing child co-presence throughout the complete range of daily activities that parents engaged in over successive periods of social restrictions. As both primary and secondary child care activity is also recorded, this provides a rich record of child associated time. We present preliminary descriptive results for time recorded by mothers and fathers in primary and secondary child care, and with children co-present, across the 5 waves of the CaDDI survey. We find that, in contrast to HETUS type surveys such as the UKTUS, time recorded with child co-presence (during activities other than child care) far exceeds that for both primary and secondary child care. We then investigate the pattern of child co-presence across the waves of the survey for other primary activities for which recorded levels of child co-presence were the highest: leisure in and out of home, unpaid work at home and paid work at home.

*The Critical Temporalities of Serial Migration: Negotiating Care Relations among Migrant-Sending Families in Southeast Asia*, **Brenda S.A. Yeoh** (National University of Singapore)

The prevailing neoliberal labour migration regime in Asia is underpinned by principles of enforced transience, where the overwhelming majority of migrants – particularly those seeking low-skilled, low-waged work – are admitted into host nation-states on the basis of short-term, time-bound contracts, with little or no possibility of family reunification or permanent settlement at destination. In this context, for many migrant-sending families in Southeast Asian 'source' countries such as Indonesia and the Philippines, parental migration as a strategy of 'migrating out of poverty' or socio-economic advancement requires the left-behind family to display resilience in absorbing the uncertainties and provisionality of parental migration. This paper is interested in demonstrating the vital links between seriality in transnational migration and the temporal structure of family-based social reproduction. It examines the ways temporally structured migration decisions to leave, stay or return are integral to and recursively shaped by critical junctures, life events and how migrants organize and manage social reproduction. We draw on research on Indonesian and Filipino rural households first studied in 2008-2009 and revisited in 2016-2017 under the Child Health and Migrant Parents (CHAMPSEA) project.

*"Time is Not Time is Not Time" Care Responsibilities, Clock Time and Process Time*, **Andrea Doucet** (Brock University)

Over the past half century, time use studies on unpaid work have been central in at least two key fields of research and policy advocacy: the multidisciplinary field of gender divisions of household work and care, and feminist international development studies, mainly from the Global South, which have focused on recognizing, reducing, and redistributing women's unpaid work. This paper is rooted in selected literatures from both fields and a longitudinal narrative-qualitative research program with Canadian caregiving fathers and breadwinning mothers. It aims to address some of the methodological and epistemological challenges in measuring care tasks and care responsibilities through and with time.

I make three arguments that attend to the conceptual complexities of bringing care and time together as concepts and practices. First, I argue for greater attention to analytic and coding issues in categorizing care tasks in time use studies. Second, with a view of care responsibilities as a series of dynamic, nested care processes that involve flow and spatial and temporal modalities, I argue that they can be understood as process time rather than clock time. This kind of care responsibilities, I maintain, are best gleaned through narrative and qualitative research studies and not through time use studies. Finally, working from within a feminist ecological epistemological approach that combines multiple and relational ontologies, historical epistemologies, philosophical pragmatism, and the making of just and habitable social worlds as the goal of knowledge making, I argue that it is not only possible, but politically and conceptually important for researchers to embrace and use different kinds of time. Depending on research aims and cultural, geo-political, and onto-epistemological contexts, these concepts of time might include, for example, clock time, process time, and past-present-future time.

## S3 - Technology, care and temporality: 'care' at a distance and in an instant?

Convenors: Kate Hamblin, University of Sheffield; Giovanni Lamura, INRCA-IRCCS: National Institute of Health and Science on Ageing; Centre for Socio-Economic Research on Ageing; Discussant: Andreas Hoff, Zittau-Görlitz University of Applied Sciences

*<u>Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 1</u>*

### *Technology and Social Care in a Digital World: UK Policy and Practice Shifts*, **Kate Hamblin** (University of Sheffield)

This paper addresses one of the Transforming Care 2021 ‘Time in Care: The Temporality of Care Policy and Practices’ conference themes – how care practices and policies change across historical time – with specific reference to the way the role of technologies in adult social care services has shifted in England over the past 50 years. In England, we are observing a change in policy and practice over time as digital and mainstream devices are being deployed in social care arrangements by necessity as analogue solutions become obsolete and as part of a drive for innovation, bringing new challenges for regulation, ethics, privacy and risk and issues related to the ‘digital divide’ in the skills to use and access to these devices. The paper draws on reviews of the policy landscape, evidence and grey and academic literature as well as key stakeholder consultations (n=40) and case studies of local authorities (LAs).

### *Role of healthcare professionals in supporting digital technology use for successful ageing in place*, **Kate O’Loughlin**, **Meryl Lovarini** and **Lindy Clemson** (University of Sydney)

Ageing in place (AIP) is a policy focus of governments and a goal of older adults. Using technology to facilitate AIP has been identified, however healthcare professionals typically rely on traditional assistive technologies (eg, wheelchairs, shower-chairs) to enhance activities of daily living. This paper reports on two studies: 1) A review of international policy documents and research literature assessing older adults’ use of digital technologies to support AIP and health outcomes; digital inclusion was identified as critically important and despite the ‘digital divide’, use by older adults is increasing; 2) A qualitative study using in-depth interviews (n=15) with community-dwelling people (70+ years); participants used a range of mostly non-digital technologies (eg, landline phone, mobility/shower aids) and irrespective of the technology, all participants needed support in selection, use and management. Recommendations are made for advancing research along with strategies for healthcare professionals to support older adults’ use of digital technologies.

### *Challenges and Recommendations for the Deployment of Information and Communication Technology Solutions for Informal Caregivers*, **Alhassan Yosri Ibrahim Hassan** (Centre for Socio-Economic Research on Ageing, Italian National Institute of Health & Science on Ageing)

Background: Information and communication technology (ICT)–based solutions have the potential to support informal caregivers in home care delivery. However, there are many challenges to the deployment of these solutions.
Objective: The aim of this study was to review literature to explore the challenges of the deployment of ICT-based support solutions for informal caregivers and provide relevant recommendations on how to overcome these challenges.
Methods: A scoping review methodology was used following the Arksey and O’Malley methodological framework to map the relevant literature. A search was conducted using PubMed, IEEE library, and Scopus. Publication screening and scrutiny were conducted following inclusion criteria based on inductive thematic analysis to gain insight into patterns of challenges rising from deploying ICT-based support solutions for informal caregivers. The analysis took place through an iterative process of combining, categorizing, summarizing, and comparing information across studies. Through this iterative process, relevant information was identified and coded under emergent broader themes as they pertain to each of the research questions.
Results: The analysis identified 18 common challenges using a coding scheme grouping them under four thematic categories: technology-related, organizational, socioeconomic, and ethical challenges. These range from specific challenges related to the technological component of the ICT-based service such as design and usability of technology, to organizational challenges such

as fragmentation of support solutions to socioeconomic challenges such as funding of technology and sustainability of solutions to ethical challenges around autonomy and privacy of data. For each identified challenge, recommendations were created on how to overcome it. The recommendations from this study can provide guidance for the deployment of ICT-based support solutions for informal caregivers.
Conclusions: Despite a growing interest in the potential offered by ICT solutions for informal caregiving, diverse and overlapping challenges to their deployment still remain. Designers for ICTs for informal caregivers should follow participatory design and involve older informal caregivers in the design process as much as possible. A collaboration between designers and academic researchers is also needed to ensure ICT solutions are designed with the current empirical evidence in mind. Taking actions to build the digital skills of informal caregivers early in the caregiving process is crucial for optimal use of available ICT solutions. Moreover, the lack of awareness of the potential added-value and trust toward ICT-based support solutions requires strategies to raise awareness among all stakeholders—including policy makers, health care professionals, informal caregivers, and care recipients—about support opportunities offered by ICT. On the macro-level, policies to fund ICT solutions that have been shown to be effective at supporting and improving informal caregiver health outcomes via subsidies or other incentives should be considered.

## S4 – Covid-19 and the centrality of care: childcare, the State, and undoing ‘gendered’ responsibilities around paid and unpaid care work

Convenors: Elena Moore, University of Cape Town; Sara Cantillon, Glasgow School for Business and Society; Discussant: Angela O’Hagan, Glasgow Caledonian University

*Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 2*

*South African childcare response in the COVID-19 pandemic: ‘not given full consideration’*, **Elena Moore** and **Nonzuzo Mbokazi** (University of Cape Town)

This article discusses the state’s wilful neglect of the care and caring needs of young children (0–5 years) and their caregivers during the COVID-19 pandemic. We outline how the failure occurred at three intersecting and connected levels. Firstly, the state failed to issue subsidies, cater for or support ECEC/ECDs,1 resulting in the loss of thousands of jobs, the closure of ECD centres and the suspension of food programmes. Secondly, the state failed to recognise care as work, as evidenced in the restrictive and exclusionary criteria of its economic relief package. Thirdly, by drawing on the findings of care practices among a sample of employed black South African mothers with young children, we demonstrate how the state failed mothers in low-income and informal employment who were left to carry the responsibility and cost of care at a time of extensive job losses and food insecurity. The findings reveal the reinscription of traditional patterns of care along gendered, racialised and classed lines. We argue that the pandemic highlighted the weaknesses of the South African care regime. Furthermore, the consequent retreat of the state in response to the pandemic, particularly in terms of service provision of ECDs and the gendered impact of social grants, increasingly placed care needs and responsibility solely in the hands of poorer black women, so exacerbating gender, class and race inequalities.

*On the verge of collapse? Covid-19, the State and the provision of childcare. Exploring the pillars propping up the UK sector*, **Sara Cantillon** and **Nina Teasdale** (Glasgow Caledonian University)

While historically childcare in the UK has been understood as a family and individual responsibility, policy dramatically shifted under the New Labour government (1997-2010) with the initial roll-out in the late 1990s of universal free part-time early education for 3 and 4 year olds in England, with similar policies operating in the other UK nations. This was accompanied by various forms of tax credits and childcare vouchers aimed at reducing childcare costs for working parents. Despite substantial investment, the UK system (albeit slightly different in the different nations) is complex and the cost of childcare has remained high compared to other countries. There have also been long-term problems with availability and the underfunding of childcare providers to deliver the free state entitlement. In this paper, we argue that Covid-19 has exposed not only the centrality of care to social and economic life (WBG, 2020), but also the fragility of the UK childcare sector – with it recently being described as on the 'verge of collapse'. Indeed, despite the UK government's recognition of the importance of childcare to allow key workers to work during the national lockdown, the childcare sector has since been neglected in its recovery planning. We draw upon a range of qualitative and quantitative data, reports and studies published since the start of the pandemic to explore through a gender and intersectional lens the factors or key pillars propping up the UK sector. This includes grandparents, family and friends as informal and wraparound carers, especially for lower paid workers; and the reliance of state policy on poorly paid and undervalued childcare workers and mothers reducing their hours or moving into part-time work to reconcile work-family responsibilities. The paper concludes by considering the consequences for gender equality and transcending gendered notions of the division of labour, as well as the conceptual importance of care work as central to the intersecting and intertwining of the social and the economic, and the policymaking underpinning it.

### *Childcare, food security and responsibilities during the pandemic in Brazil*, **Renata Moreno** (Sao Paulo)

In Brazil the access to childcare facilities is characterized by great regional and income inequalities. Therefore, women's work (paid and unpaid) in families and neighborhoods plays a key role in providing childcare in a scenario of care injustice, intensified by the neoliberal adjustment policies since 2016. This article discusses the effects of the covid-19 pandemic on childcare arrangements from the perspective of women's work, considering the interfaces between State and family, and State and community. The analysis runs along two axes. The first focuses on women's work: the role played by childcare workers (of public facilities) in their relationship with children and their families during the pandemic, in face of the slow response of public authorities; and the pandemic effects in the daily paid and unpaid work of women who are responsible, in their families, for children. The second axis of analysis discusses the effects of the disruption of day care centers on the food security of children, critically analyzing the insufficient response of the State on this matter. The analysis problematizes the processes (public, private and/or precarious) of taking responsibility for care, its changes and continuities during the covid-19 pandemic. The reference of this analysis is the city of São Paulo, particularly a public day-care center and its surroundings in a peripheral neighborhood of this capital.

### *Mothers, childcare duties, and remote working under COVID-19 lockdown in Italy: Cultivating communities of care*, **Allessandra Minello** and **Lidia Manzo** (University of Milan)

Drawing on a virtual ethnography, we explore how the increase in remote working has created unequal domestic rearrangements of parenting duties with respect to gender relations during the COVID-19 lockdown in Italy. We also discuss the resources that mothers have mobilized to create a network of social support in the organization of care.

# S5 – Ageing in place

Convenor: Costanzo Ranci, Polytechnic of Milan; Discussants. Tine Rostgaard, Roskilde University; Margarita Leon, Universitat Autònoma de Barcelona

*Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 3*

### *Aging in place and living alone in urban and inner areas. Frailty, social isolation and loneliness*, **Marco Arlotti** and **Stefania Cerea** (Polytechnic of Milan)

The paper presents the results of an empirical research conducted to explore, in-depth, the conditions of elderly people who live alone, at home, in Italy. The research involved 120 frail elderly people, interviewed between May and December 2019, in different urban contexts and inner areas.

The attempt has been to analyze some key dimensions for understanding the condition of the elderly who live alone at home, focusing in particular on the conditions of frailty, social isolation, loneliness and the relationship between these dimensions.

The paper is divided into five sections. Section 2 is dedicated to a literature review and summarize the main hypotheses emerging from the debate. Section 3 presents the research design and the research questions that have guided our investigation, while in Section 4 and 5 the relationships existing between frailty, social isolation and loneliness are investigated, and a systematic comparison is made between what has emerged in urban contexts on the one hand, and in inner areas on the other.

Finally, section 6 sum up the most important results. In particular, a first consideration concerns the issue of frailty. According to the literature, a certain relationship between frailty conditions, the degree and type of social isolation and conditions of loneliness exist. Physical limitations, in fact, can make the possibility of having and maintaining social relationships problematic, thus promoting social isolation and a sense of loneliness. However, our research shows a much more complex relationship between urban areas and the inner areas investigated. In fact, if, on the one hand, the conditions of fragility seem to play a certain role in limiting social relationships, on the other hand, there are also specific situations that make the scenario more complex than expected.

A second consideration concerns the relationship between social isolation and loneliness. Older people highly isolated from a social point of view tend to feel largely alone. However, as highlighted by the literature and also by our empirical evidence, the relationship between social isolation and loneliness is far from obvious.

Finally, a third consideration that emerges from the research concerns the relevance of the frequency and of the way through which the contacts with the confidence network of the elderly take place. Indeed the importance of daily contacts has emerged quite clearly and consistently, both in urban and inner areas, in contrasting the conditions of loneliness, while the importance of face to face contacts seems to be more relevant in inner areas than in urban contexts.

### *Care arrangements of frail older people living alone in Italy*, **Giovanni Lamura** and **Maria Gabriella Melchiorre** (INRCA Ancona)

The paper proposes some results that emerged from the qualitative interviews carried out as part of the "Inclusive aging in place (IN-AGE)" research project, regarding frail elderly people who live at home, alone or with a private/personal (often migrant) care assistant (the so called “badante” in Italy), in three Italian regions (Lombardy, Marche and Calabria). In particular, the topic of ties and networks for the care of the elderly is explored, especially in the presence of difficulties in carrying out the daily living activities. The study shows that the support networks are still mainly made up of family members, but also domestic/home helpers and personal care assistants, friends and neighbours, public services (albeit, the latter, in a residual way). However, several critical issues emerge, especially in the absence of the family, also with a certain territorial differentiation, which risk compromising the elderly's ability to remain in their own context of life. It is therefore necessary to identify new strategies to support aging in place, starting with an innovation of home services, through a real social and health integration, also with the support of technology.

*Time and space in care. The importance of the spatial context for ageing in place*, **Flavia Martinelli**, **Antonella Sarlo** and **Francesco Bagnato** (Mediterranean University of Reggio Calabria)

Time and space affect in different, but strongly interrelated, ways the spheres of frailty and, hence, care. Frailty is a condition that occurs over the entire life course of a person: in early childhood and again in old age, but also in specific time conjunctures related to sicknesses or accidents, or even throughout one's entire life in the case of permanent disabilities. Frailty occurs in, and is conditioned by, space: the built environment and the residential context at large can constrain or enhance the problems created by frailty, especially in what concerns safety, mobility, and social relations. In other words, the condition of frailty varies in time, but the spatial settings significantly condition the autonomy of frail people and their care needs. In this paper we focus on the conditioning role of the built environment – and the residential context at large – on the daily life and needs of frail older people ageing at home. First, we briefly review the recent debate about ageing in place, age-friendly cities and universal design. Subsequently, we present some results of the IN-AGE research, carried out in three regions of Italy from 2019 to 2021, focussing on the role of the built environment on the quality of life and the risks of isolation of frail older people living alone. Finally, based on our findings and a review of innovative policies in Italy and abroad, we identify strategies for improving the quality of life and mitigating the risks of isolations of frail older people ageing in place.

## S6 - Nordic elder care in transition – exploring dynamics of change

Convenor: Mia Vabø, Oslo Metropolitan University; Commentators: Betina Dybbroe, Roskilde University; Anne Liveng, Roskilde University; Marta Feiring, Oslo Metropolitan University

*Parallel sessions G - Saturday 26 June, 11:15-12:45 CEUT – Room 1*

*Reablement in different governance contexts. A sensemaking perspective on allocation practice and service organization*, **Lea Graff** (VIVE- The Danish Center for Social Science Research), **Vabø Mia** (Oslo Metropolitian University)

Reablement services are gaining popularity in many countries. Because of the promise to maximize independence and wellbeing among older people as well as to reduce the costs of long-term care, the service have been embraced both by administrators as well as of professionals. Although it has been recognized that reablement is a rather ill-defined intervention, little academic attention has been paid to the way organization and practices of reablement are imprinted by different contextual conditions. Research so far have been preoccupied with investigating whether and how intended outcomes of reablement can be realized.

Drawing on a sensemaking approach, this paper aims to explore how reablement is socially constructed and put into practice within national and local context characterized by different legal, political and administrative conditions. By paying attention to ways in which ideas of reablement are framed by the constraints, challenges and beliefs of different actors, the paper opens a broad set of questions about how and why organization, service allocation and programs of reablement are similar or different. The contextual approach assumes that organizational changes are historical, processual and multi-level. Context is not regarded simply as stimulus environment, but as nested arrangement of structures and processes where the interpretations of different actors shape the process. Actors setting up reablement services in different national and local contexts will be bound to reconcile the meaning of new work practices with work roles and institutional arrangements developed over time. Reablement will be formally proposed and informally enacted top down. This provide what is deemed possible, acceptable and legitimate for actors operating at a lower level. Front line professionals, who are striving to make sense of reablement, may however be more or less constrained or empowered.

The paper is based on case study data collected in a Danish/Norwegian project (CONTEXT) The study involved four layered cases, two Danish and two Norwegian community health care sites, each local site addressing several focal points, opening up for cross-case comparisons at different levels. The complexity of each case was captured by utilizing a naturalistic technique – 'rapid site-switching ethnography' – which is intensive team-based field research conducted by ten researchers. To supplement the extensive data collected during the field research (more than 160 interviews with managers, health professionals and care recipients and extensive observational notes etc.), the rapid site-switching approach took advantage of considerable data collection prior to and after each on-site data collection. Follow-up interviews/mini dialogue-seminars were furthermore applied to discuss and validate findings with staff and managers.

The paper demonstrates how allocation and screening procedures as well as inter-professional collaboration differ both across and within national contexts from site to site. Differences may be attributed to discourse and institutionalized practices rooted in previous ideas established under earlier administrations. Notions of effectiveness may be, more or less, imprinted by NPM and its focus on short-term efficiency and cost-savings in home care; and, more or less, by a logic of social investment, i.e. that investing in early intervention and preventative work will protect against future contingencies. We find that within a Danish legal and administrative context it makes sense to integrate reablement services within a purchaser provider system and within the conventional home care services. Reablement in this context was primarily about enabling citizens to manage practical daily living task in their own home. The Norwegian context, where services allocation to a larger degree (but not everywhere) is delegated to professionals at the provider level and municipalities are urged to avoid rehospitalization among elderly people, it makes sense to organize reablement in autonomous interprofessional teams. Hence, Norwegian reablement services seem to be more influenced by professional therapeutic ideals and assessment tools, including outcome measures used for documenting that progress have been made. We found that reablement in Norway was more focused on mobility issues and helping people with regaining strength and balance through physical training exercises and walks in the neighborhood.

### *Training the aging social bodies. New knowledge paradigms and professional practices in elderly care*, **Annette Kamp** and **Betina Dybbroe** (Roskilde University)

In the Scandinavian countries, reablement has become a dominant paradigm in eldercare, and a wave of reforms that aims at making homecare reabling and promote the independence, self-reliance and self-care of elderly clients has been introduced. Hence, reablement is not just an additional part of care; it has become a principle permeating all parts of eldercare. In Norway and Denmark where this study is situated, physio- and occupational therapists have as occupational groups obtained a position as specialists in reablement in elderly care, thus playing a crucial role in transforming reablement into practice, and contributing to producing specific versions of reablement. In our research, we have taken particular interest in how therapists' specific knowledge paradigm, their focus on the trainability of the body, their methods and measures on physical performance and their practices of goalsetting and physical optimization may transform care and care work. This paper aims to contribute to this discussion on reablement and bodies in care by exploring the logic of training and its ramifications when addressing aging social bodies. In the paper that is based on extensive fieldwork in four municipalities in Norway and Denmark, we explore what we terms the logic of training emerging in the field of eldercare. We hence take inspiration from Annemarie Mols concept of logic, not as an abstract rationale but as the values, meanings and ideals practiced in situated contexts. We explore the practices of the therapists unfolding this logic in a complex field marked by e.g. the unpredictabilities of the social and lived bodies, the administrative rules and temporalities and the quest for empowering and involving clients, and we discuss the norms and values of care that are embedded herein. We show how this particular configuration and gaze on the elderly bodies is practiced in ways that may succeed, but is often resisted an also may fail and contribute to creating new contradictions and conflicts in care work.

### *Scientific and care rationality revisited. Negotiating and adapting assessment tools in Norwegian reablement*, **Maya Flensborg Jensen** (VIVE: The Danish Center for Social Science Research), **Vabø Mia** (Oslo Metropolitian University)

Governments are increasingly investing in rehabilitation and reablement to help older people maintain independence. The turn towards reablement has mobilized new health care professionals, new knowledge domains and scientific-based cultures signifying an optimistic belief in older people’s potential for making progress after functional decline. Professional approaches based in physical and occupational therapies are depicted as enabling and liberating in contrast to conventional care which is held to promote disengagement and dependence. The new reablement turn is embraced by policy makers as it promise the triple aim of increasing the health and wellbeing of older people while reducing the per capita cost of health care. This paper explores how this scientific optimism unfold in a context of eldercare. Alluding to previous research on the way scientific knowledge is incorporated into practice, attention is paid to the way in which therapists work with their evidence-based assessment tools. The study draws on ethnographic data from two reablement teams in Norway. Based on a combination of interviews and observations, we highlight the contrast between the therapist’s presentations of themselves as credible professionals and their efforts to appear as authentic in relation to their clients. The paper demonstrates how therapists work hard to bridge the gap between the stream-lined guidelines of their scientific based assessment tools and their efforts to build trust and shared understanding with frail elderly people. We find that work processes are characterize by a care rationality rather than by a linear logic of their scientific tools. Ironically, they rely on the same approach as the care work they alienate in their credibility stories.

### *Fresh news: What can meaningful activities in times of person-centredness look like? An analysis of activities in four day care centres in Denmark and Norway*, **Christine Øye** (Western Norway University of Applied Sciences)

Day centres are increasingly being established as the elderly population increase and many elderly are isolated in need of meaningful activities social contact with others. Previous research has shown that day centres still is an important arena for elderly attendees to socialize and engage in meaningful activities, although day centres are increasingly introducing activities as part of rehabilitation programs to enhance physical and mental enablement. However, little is known on what attendees and staff regard as meaningful activities. Based on a multi-site ethnographic investigation in four day centres in Denmark and Norway, I examined how staff and attendees alike “utilize” day care centres to pursue for meaningful activities and what is regarded as meaningful for the ones attending and working there. Furthermore, this paper discusses the potential for person-centred care in communities like day centres. Our study shows that activities are first and foremost perceived as meaningful if they enhance a social enjoyable dimension with `a touch of fresh news`. Hence, day centres function as a social space were elderly attendees exchange stories and news filled with experiences from the past and present. The “hidden” social significance of “fresh news” which takes place during activities, give the activities an extra meaningful dimension. Therefore, person-centred care in day care centres will preferably be to facilitate communities for attendees to have something new and refreshing to bring back home – and not only to facilitate for personal histories, preferences and wishes.

## S7 - Temporal dimensions of digital technology in the long-term care of older people

Convenor: Helena Hirvonen, University of Eastern Finland; Discussants: Eveline J.M. Wouters, Tilburg University; Virpi Timonen, Trinity College

*Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 2*

*Temporalities of digital care*, **Annette Kamp**, **Sidsel Lond Grosen** and **Agnete Meldgaard Hansen** (Roskilde University)

This paper explores how digital technologies in eldercare may change the temporality and spatiality of work and discusses the implications for care and care work. The paper argues for a context-sensitive understanding of temporalities in order to understand the implications of digitalization. Inspired by micro-sociological and socio-material approaches, the author conceives temporalities as resulting from complex negotiations in socio-material contexts. This conception is applied in an analysis of the use of virtual care and sensor-floors in Danish eldercare based on a larger field study of digital care work. This study illuminates how policy goals on establishing withdrawn and time saving care play an important role in shaping the use of these technologies. It does, however, also show how negotiating multiple and conflicting temporalities and 'making time' is a daily accomplishment, and points at the unintended and contradictory outcomes that often result. The linear temporal order is, however, still the dominant way of governing eldercare, and in the two cases analyses, time-making is paradoxically leading to further compression and fragmentation of time with wider ramifications for client relations.

*Sense of belonging in a digitalised care work community*, **Mia Tammelin** (University of Jyväskylä), **Helena Hirvonen** (University of Eastern Finland), **Riitta Hänninen** (University of Jyväskylä), **Antti Hämäläinen** (University of Jyväskylä)

This book chapter uses the theoretical framework of sense of belonging to explore how elder care workers from Finnish service housing units for older people describe the use of digital devices and applications in their work and the work practices that relate to their sense of belonging. The study is based on interview data (n=25) that was collected in 2018 for a study on digitalisation of elder care. The chapter asks, what does a sense of belonging mean for care workers' agency in a digital era? The analysis concentrates especially on the practices of belonging and how they are enacted in a digitalised work environment. The chapter proposes that in the digital era, a sense of belonging is particularly fluid and dynamic, and that it is constructed in the daily practices of work.

*Eternally in a process of becoming digital citizen? Qualification temporalities in the lives of migrant women in Finland*, **Ulla Buchert** (University of Helsinki)

Contemporary democratic states see transformation from street-level to screen-level bureaucracies as an answer to the neo-liberal requirements to reduce size of the public sector and increase its cost-effectiveness. Reaching the efficiency promises of the screen-level bureaucracies requires though that the citizens start to use the introduced digital self-service systems. To accelerate adoption of digital service use, the states have started to highlight meaning of digital citizenship and invest in teaching of digital competences. Finland aims to be one of the forerunners of the digitalisation of the public services in the whole world. The national policies emphasise importance of digital citizenship. Qualifying for digital citizenship is represented as a temporary, straightforward and linear process of obtaining digital competence that all citizens need and are able to go through irrespective of their life situation. However, research demonstrates that citizens' have diverse opportunities and

abilities to engage in digital service use and that social and digital marginalisation are intertwined.
The present study examines aims of the marginalized migrant women to qualify for digital citizenship. The study using interview data demonstrates that mastering use of digital self-service systems of the public health and social welfare sector does not require only achievement of new digital competences, but also other kind of skills, knowledge and understanding. The results show that qualifying for digital citizenship is for these women a prolonged, discontinuous and multidimensional process. Political expectations regarding digital citizenship place them to the lengthy –or even eternal- process of becoming digital citizen and construct them during that time as unqualified and improper citizens.

*Considering the 'Ageist Factor' in Designing Policy and Digital Technology for Older Adults*, **Ittay Mannheim** (Tilburg University), **Hanna Köttl** (Bar-Ilan University)

Ageism is a socially acceptable form of stereotyping, prejudice and discrimination. It is highly prevalent in the context of healthcare and the use of digital technology. This paper and presentation introduce recommendations of a policy brief based on research conducted as part of the 'Euroageism' Horizon 2020 project. Ageism is highlighted as a potential barrier that affects use, adoption and design of healthcare digital technology and related policies. It is suggested that ageism in relation to how healthcare digital technology is used can operate on three levels: individual (micro-), social and organizational environment (meso-) and design and policy (macro-) level. Main policy recommendations suggest combining awareness-raising with training for healthcare professionals and intergenerational contact; aiming for a partnership in the involvement of older adults in the design process of healthcare digital technology; and fostering inclusion of older adults and recognition of diversity in policy contexts.

## S8 –Transnational care within the European Union in times of COVID-19: Perspectives from Central and Eastern Europe

Convenors: Petra Ezzeddine, Charles University; Michael Leiblfinger, Johannes Kepler University

*Parallel sessions C - Friday 25 June, 8:30-10:00 CEUT – Room 1*

*The political economy of translocal social reproduction in Central Europe*, **Zuzana Uhde** (Czech Academy of Sciences) and **Petra Ezzeddine** (Charles University, Prague)

Wealthy countries pursue control of cross-border mobility while they also benefit from migrant care labour. Czech Republic is positioned in between the two ends of the transnational political economy of social reproduction. Whilst Czech women migrate abroad as care workers to neighbouring countries (Germany and Austria), it is also a country where formal care is provided by migrant women, mainly from Ukraine. In the presentation, we analyse the political economy of social reproduction in the context of cross-border care regime in Central Europe. The political economy of social reproduction in the global capitalism requires enforcement of borders, but it also requires their selective opening which mediates a production of a marginalised labour force for care markers. We ground our arguments in the ethnographic research and socio-political analysis of cross-border care migration on the Czech bordercapes with a special accent on developments during the recent pandemic. We argue that regional inequalities in the EU reproduce a distinct European care border regime which creates the structural position of the low paid migrant/mobile care worker who often come from Central and Eastern EU member states. This regime is built on formalized paths for a subtle combination of inclusion – through open borders within the EU – and exclusion – from some labour rights protection and social rights entitlements. We argue that a naturalized idea of borders which coexists with the idea of open borders is instrumental for reproducing undervaluation of care in the global capitalism and postponing a crisis of care in wealthier countries. It is borders which keep the marketization of care viable.

### *The invisible hand of the state: Why public authorities do not regulate the transnational care market between Ukraine, Poland and Germany*, **Anna Safuta** (University of Bremen)

In many countries around the world, the provision of eldercare at home has become a transnational labour market (TLM), that is a market dependent on the labour of transnationally mobile workers, who come and go between their country of residence and their place of work abroad. Brokering, placement and temporary work agencies place care workers from Eastern Europe in private households in Central and Western European countries. However, in many countries, public authorities turn a blind eye to the emergence of this phenomenon. The objective of this article is to identify the reasons of this laissez-faire.
The article is based on expert interviews conducted in Germany and Poland in order to understand how policy-makers and practitioners in both countries approach the care TLM between Ukraine, Poland and Germany. Although migrant live-in care provision fits the familialist logic governing Germany and Poland’s eldercare regimes, different rationales explain state non-intervention in each country. German authorities do not regulate this mode of care provision, as it fills the gaps between familial and formal care. Polish authorities do not regulate because the development of a TLM between Ukraine, Poland and Germany is perceived as a lucrative business opportunity for Polish agencies.

### *Confronted with COVID-19: Migrant live-in care during a pandemic*, **Michael Leiblfinger** and **Veronika Prieler** (Johannes Kepler University Linz), **Mădălina Rogoz** (International Centre for Migration Policy Development), **Martina Sekulová** (Slovak Academy of Sciences)

In the spring 2020, measures introduced across Europe to limit the spread of COVID-19 included, among others, the temporary closure of borders. For Romanian and Slovakian live-in carers, this meant they were no longer able to commute between the Austrian households they work in and their respective countries of origin. Due to the relatively short cyclical rotas of 2–4 weeks, travel restrictions heavily affected cross-border live- in care between the three countries, which makes them a particular case for studying the effects of pandemic-related measures on transnational care arrangements. Drawing on media reports, relevant laws and policies, and interviews with representatives of care workers’ interests, the article examines how live-in care as a whole and care workers in particular were affected by the pandemic and related policy responses such as specific travel arrangements and financial incentives for workers. It shows that while live-in carers were deemed critical workers and essential for the long-term care system, the inequalities and dependencies already existing in transnational care arrangements were deepened. Care workers’ wants, needs and interests were subordinated to the interests of care recipients, agencies and sending and receiving countries.

### *Crises as catalysts? The case of Romanian migrant care workers in Italian home-based care arrangements*, **Marlene Seiffarth** (University of Bremen)

The COVID-19 crisis in Italy has brought to public attention the labour of almost one million migrant care workers (MCWs) who care for older Italian persons in their homes. Over the past three decades, the migrant-in-the-family model has become one of the main pillars of eldercare provision in Italy. The increase of this kind of care is analysed with a mixed-method approach, using official statistics, secondary literature, and expert interviews. The analysis integrates dynamics in the countries of origin and destination and focuses on Romanian MCWs as a case in point. The analysis highlights crises as catalysts for complex consequences and dynamics of transnational care migration, which play out at the levels of state, family, and individuals.

## S9 – Aging at home in times of the corona pandemic: disruptive temporalities

Convenors: Sílvia Bofill-Poch, University of Barcelona; Paloma Moré, University of A Coruña; Discussant: Alessandro Gusman, University of Turin

*Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 1*

*Time for caring and COVID-19: family caregivers of elderly and care-dependent people*, **Marcela Jabbaz Churba** (University of Valencia), **Soronellas-Masdeu Montserrat** (Rovira i Virgili University)

There is an unspoken social contract that assigns women the social responsibility for caregiving. Thus, with the COVID-19 crisis, no one asked women if they were willing to take on the added labour of caregiving—they simply had to absorb the tasks that resulted from closing schools and the support centres for dependent persons. The COVID-19 confinement increased the amount of time required for care in an unprecedented way. It was due, on the one hand, to care services outside the family being taken away, and, on the other, to losing the support networks of caregivers—grandmothers, domestic help, neighbours. So, the pandemic crisis reinforced the gender gap that already existed in the provision of care.

In our paper we propose to analyse the impact of the pandemic and the lockdown on the caregivers of dependent family members, examining how they rebuilt the “mosaics of resources” to cover the social resources lost during the pandemic, and the strategies they developed, such as rehousing dependent relatives who had been living in nursing homes or independently. We analyse the social construction of the moral obligation, based on gender and kinship, that drives (mainly) women to assume the responsibility of caring for the most vulnerable people in our society. We are also interested in finding out what impact the pandemic had on the health of caregivers and the changes in their expectations about how they themselves want to be cared for in the future.

The data provided in this presentation were collected as part of an ongoing research project (“El cuidado importa. Impacto de género en las cuidadoras/es de mayores y dependientes en tiempos de la Covid-19”. Fondo Supera COVID-19 Santander-CRUE-Universidades Españolas. Principal Investigator: Dolors Comas d'Argemir). And come from 53 semi-directed interviews, conducted with 39 women and 14 men who care for their dependent family members, mostly children (32) caring for their elderly parents. The cases were collected in towns and cities in different parts of Spain and the fieldwork took place between July and December 2020.

*Domestic workers: the meaning of their work-life times in the COVID19 crisis*, **Jesús Martínez Sevilla** (University of Granada), **Carmen Gregorio Gil** (University of Granada), **Ana Lucía Hernández Cordero** (University of Zaragoza), **María del Pilar Tudela-Vázquez** (University of Granada)

The COVID-19 crisis has seriously affected the lives of domestic workers on multiple fronts. In this paper, we use a socio-anthropological analysis of the concept of time as a theoretic tool to analyse this impact. Specifically, we have applied the distinction between time as a resource, time as a scenario, time as a horizon, and time as an embodied experience to the discourses of domestic workers who live in Granada and Zaragoza. The use of these “images of time” to analyse our in-depth interviews with domestic workers and domestic workers' associations' representatives has enabled us to better understand the qualitative aspects of domestic workers' experiences during and after lockdown in Spain. The clashes between different temporalities, such as that of work and that of self-care; the limitations and potentialities arising from the new situation; the change in perceptions of past experiences and the new perspectives about the future; and the effects of the pandemic on domestic workers' health and embodied experiences of care work, are the main elements which have been illuminated by this analysis.

## S10 – Intersectional perspectives on care and care needs in older adults

Convenors: Ricardo Rodrigues, European Centre for Social Welfare Policy and Research, Susan Phillips, Queen’s University; Discussant: Francesca Bettio, University of Siena

*Parallel sessions D - Friday 25 June, 11:00-12:30 CEUT – Room 4*

*An introduction to intersectionality theory and quantitative approaches for studying sex and social locations*, **Susan Phillips** (Queen’s University), **Vafaei Afshin** (Queen's University), **Yu Siu** (Queen's University), **Rodrigues Ricardo** (European Centre for Social Welfare Policy and Research)

An introduction to intersectionality theory and quantitative approaches for studying sex and social locations
Purpose: Independent health impacts of sex or social circumstances are well-studied, particularly among older adults. Less theorized or examined is how combinations or intersections of these underpin differential health effects. Nevertheless, and often without naming it as such, an intersectional framework aligns with studies of social determinants of health, life-course epidemiology and eco-epidemiology. In this systematic review we examined and aimed to identify research methods used to operationalize, whether intentionally or inadvertently, interconnected effects of sex and social locations on health outcomes for 45+ year olds.
Methods: Using broad search terms, numerous databases, and following Prisma guidelines, 732 of 9214 papers initially identified, met inclusion criteria for full review.
Results: Of the 501 papers included after full review, methods used in considering intersections of sex and social circumstances/location(s) included regression (112 of 365 papers), growth curves (7 of 22), multilevel (15 of 25), decomposition (6 of 9), mediation (10 of 17), structural equation modelling (23 of 25), and other (2 of 3). Most (n=157) approximated intersectional analyses by including interaction terms or sex-stratifying results.
Discussion: Few authors used the inherent strength of some study methods to examine intersecting traits. As even fewer began with an intersectionality framework their subsequent failure to deliver cannot be faulted, despite many studies including data and methodologies that would support intersectional analyses. There appeared to be a gap, not in analytic potential but rather in theorizing that differential distributions of social locations describe heterogeneity within the categories 'men' and 'women' that can underlie differential, gendered effects on older adults' health. While SEM, mediation and decomposition analyses emerged as particularly robust methods, the unexpected outcome was finding how few researchers consider intersectionality as a potential predictor of health.

*Cohort specific disability trajectories among older women and men in Europe 2004-2017*, **Stefan Fors** (Karolinska Institute), **Illinca Stefania** (European Center for Social Welfare Policy and Research), **Janet Jull** (Queen's University), **Selma Kadi** (European Center for Social Welfare Policy and Research)

Background: As the population of Europe grows older, one crucial issue is how the incidence and prevalence of disabilities are developing over time in the older population. In this study, we compare cohort specific disability trajectories in old age across subsequent birth cohorts in Europe, during the period 2004-2017.
Methods: We used data from seven waves of data from the Survey of Health, Ageing and Retirement in Europe (SHARE). Mixed effects logistic regression models were used to model trajectories of accumulation of ADL limitations for subsequent birth cohorts of older women and men in different European regions.

Results: There were sex differences in ADL and IADL limitations in all regions for most cohorts. Women reported more limitations than men. However, these sex differences were more marked in Eastern and Southern than Northern and Western Europe. Among men in Eastern, Northern and Western Europe later born cohorts reported more disabilities than did earlier born birth cohorts at the same ages. Similar patterns were observed for women in Northern and Western Europe. In contrast, the risk of disabilities was lower in later born cohorts than in earlier born birth cohorts among women in Eastern Europe.
Conclusions: Overall, the results from this study suggest that disability trajectories in different cohorts of men and women were by and large similar across Europe. The trajectories varied more depending on sex, age, and region than depending on cohort.

*Gender differences in access to community-based caring resources in old age: An examination of the effects of widowhood and living arrangements*, **Stefania Ilinca** (European Centre for Social Welfare Policy and Research), **Rodrigues Ricardo** (European Centre for Social Welfare Policy and Research), **Fors Stefan** (Aging Research Center Karolinska Institutet), **Zolyomi Eszter** (European Centre for Social Welfare Policy and Research)

Background and Objectives: Persistent inequalities in access to community-based support limit opportunities for independent living for older people with care needs in Europe. Our study focuses on disentangling the effects of gender, widowhood and living arrangement on the probability of receiving home and community-based care, while separating the shorter-term effects of transitions into widowhood (bereavement) and living alone from the longer–term effects of being widowed and living alone.
Methods: We use comparative, longitudinal data from the Survey of Health, Ageing and Retirement in Europe (collected between 2004 and 2015 in 15 countries) specifying sex-disaggregated random-effects within-between (REWB) models, which allow us to examine both cross-sectional and longitudinal associations among widowhood, living arrangements and community-based care use.
Results: We find widowhood and living alone are overlapping but independent predictors of care use for both older women and men, while bereavement is associated with higher probability of care use only for women. Socio-economic status was associated with care use for older women, but not for men in our sample.
Discussion: The gender-specific effects we identify have important implications for fairness in European long-term care systems. They can inform improved care targeting towards individuals with limited informal care resources (e.g. bereaved older men) and lower socio-economic status, who are particularly vulnerable to experiencing unmet care needs. Gender differences are attenuated in countries that support formal care provision, suggesting gender equity can be promoted by decoupling access to care from household and family circumstances.

*Gendered cohort trajectories for informal caregiving in Europe between 2004 and 2015*, **Ricardo Rodrigues** (European Centre for Social Welfare Policy and Research), **Rehnberg Johan** (Karolinska Institutet & Stockholm University), **Cassandra Simmons** (European Centre for Social Welfare Policy and Research)

Evolving socio-demographic trends such as changing gender norms, increasing labour participation of women and shifts in marriage and divorce rates have been portrayed as factors endangering informal caregiving in the face of population ageing. This paper aims to take a dynamic view on gender patterns in informal caregiving for older people across Europe to answer the following research questions: i) has there been an evolution in the gender gap in informal caregiving, due to changes in informal caregiving by women and/or men; and ii) has the gender gap in informal caregiving evolved differently across different care regimes in Europe? We apply multilevel growth curve models to a panel sample of individuals aged 50 and older, grouped into 5 year cohorts and followed across 5 waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), stratified by sex/gender and adjusted for socio-economic conditions, health and living arrangements across cohorts. We analyse gendered informal care trajectories across cohorts for both care inside and outside the household. For both women and men there was a decrease in the probability to provide informal care outside the household among later born cohorts, with a more pronounced declined for men and a resulting widening gender care gap. The probability to provide care inside the household has increased for later born cohorts for both sexes/genders without discernible changes to the gender care gap. The overall gender care gap seems therefore to be widening among later born cohorts, driven by men’s lower probability to provide informal care, particularly outside the household. Gender care gaps overall were closing among later born cohorts in the Continental cluster, while they were widening among Southern European countries. We discuss possible causal pathways for these cohort changes and policy implications arising from them.

## S11 - The negotiation and regulation of time in formal care arrangements

Convenors: Diane Burns and Duncan Fisher, University of Sheffield; Discussants: Norah Keating, University of Alberta; Helena Hirvonen, University of Eastern Finland

*Parallel sessions B - Thursday 24 June, 17:45-19:15 CEUT – Room 2*

*The control of care workers' unpaid time in innovative home care provider organisations*, **Diane Burns**, **Kate Hamblin, Cate Goodlad, Duncan Fisher** (University of Sheffield)

Time is considered a key currency in controlling how homecare provider organisations structure care delivery. A large body of evidence shows that the historically dominant model of allocating care tasks to strict time schedules and in short care visits rationalises operational costs at the detriment of job and care quality. Although innovative homecare providers are entering the homecare market, there are few studies exploring how emerging models temporally organise care. This paper examines how innovative homecare providers structure their operations by controlling time within the design of care worker jobs and operational arrangements they assemble. Drawing on case study data of 4 innovative high-achieving homecare companies in the UK, we identify how time is differently functioned. In particular, we identify how paid and unpaid care worker time is constructed within employment contracts and the labour process. Through this lens we show how the central features of temporal controls stabilise and destabilise care and discuss the opportunities and risks consequently engendered for individual care workers and care companies.

*Nursing home employees' experiences of person-centred care: Responses to work intensification and working-time extension*, **Lander Vermeerbergen** (Radboud University/KU Leuven), **Juliane Imbush**, **Valeria Pulignano** and **Ella Petrini** (KU Leuven), **Aoife McDermott** (Cardiff University)

Person-centred care models are increasingly evident across nursing homes. However, there are few studies examining workers' experiences of and responses to these. This paper draws on data from a study of nursing home workers in small-scale and person-centred care homes in Sweden and Germany. It examines the demands arising from attempts to support person-centredness through integrated job-design. This enhances the intensity and quality of relationships between workers and residents, leading to workers feeling increasingly responsible towards residents. Findings suggest that workers met work and felt relational responsibilities via a combination of work intensification during work hours, and the extension of the working day. Employees reflected on their responses to these dual forms of work overload. These were shaped by institutional context and categorized according to the exit, loyalty, voice and neglect model of employees' responses to dissatisfaction. Neglect was not evident. Exit and voice were reported. However, loyalty was most prevalent, even to the detriment of workers. This took the form of acceptance and (non)coping, as well as seeking peer support and solutions to challenges faced. The paper evidences how relationships with residents shape worker responses to work overload in the context of person-centred nursing home care, and considers the managerial and moral implications arising.

*Live-in care: Migrant care workers' negotiation of time across boundaries and boarders*, **Obert Tawodzera** (University of Sheffield)

In live-in care settings, care arrangements are formalised through an employment contract between the family and the care worker (often on zero-hours contracts), where the care worker both lives and works in the private home of their employer. Drawing on in-depth interviews with 27 migrant care workers in the UK, this paper unveils the challenges, complexities and nuances around how formal and informal time is experienced and negotiated in live-in care arrangements. We show how care worker's responsibilities and duties often drift into more informal arrangements, in-cluding picking up domestic work tasks. As a result, time is governed by the task ra-ther than the clock (Daly, 2001) leading to long hours of work and a blurring of the boundary between work-life and personal- life. Consequently, for migrant care workers the time available to care for their family members who often live across na-tional borders, become compromised and compressed.

## S12 - Rhythm is Gonna Get You: the Tempo of Care Policy and Practice

Convenors: Catherine Needham, University of Birmingham; Matthew Lariviere, University of Sheffield; Discussant: Jason Danely, Oxford Brookes University

*Parallel sessions F - Saturday 26 June, 9:00-10:30 CEUT – Room 3*

*Quick, quick, slow: comparing the tempo of care funding reform in the four nations of the UK*, **Catherine Needham** (University of Birmingham), **Patrick Hall** (University of Birmingham)
Abstract not available

*Time in UK Care Policy Systems*, **Patrick Hall** (University of Birmingham), **Catherine Needham** (University of Birmingham)
Abstract not available

*Rhythm of translation and implementation - A case study of how frontline workers translate co-production into their professional practice*, **Nanna Møller Mortensen** (Aalborg University)

The concept of co-production is a key element of New Public Governance and has gained interest worldwide amongst both academics and governments. Despite its popularity, public service organizations have found it hard to implement and maintain co-production. Failed implementation is often explained by a lack of readiness for change among the frontline workers who need to take on a new role as professional co-producers. Based on a real-time, in-depth study of the micro-dynamics of realizing an abstract idea into everyday practice, this study investigates translation and implementation processes of co-production in care services at Aalborg Municipality, Denmark. The empirical part of the paper shows that the introduction of co-production in care services can cause tensions within service delivery and dispute conflict of interests among involved stakeholders. The study demonstrates how frontline workers in their translation of co-production can either minimize or increase such tensions and conflicts. The study's findings indicate frontline workers apply different coping behavior in trying to deal with these tensions. Ultimately, it has implications for how co-production ends up being represented within the service delivery processes, and the study finds three different implementation states: stagnation, paralyzation, and pioneering. Thus, this study brings new insight into the implementation difficulties of co-production, as well as theoretical contributions to translation theory.

## S13 – Disputed temporalities: long-term care services in times of Covid-19

Convenors: Matxalen Legarreta, University of the Basque Country UPV/EHU; Tomasa Báñez, University of Barcelona; Discussants: Encarnación Gutiérrez Rodríguez, Justus Liebig University; Paloma Moré Corral (University of Da Coruña

*Parallel sessions E - Friday 25 June, 16:00-17:30 CEUT – Room 1*

*Working in a residence in times of Covid-19: dislocations in work times and in life time*, **Dolors Comas d'Argemir** (University Rovira i Virgili), **Marina Sagastizabal** (University of the Basque Country UPV/EHU), **Cristina García Sainz** (Autonomous University of Madrid)

This paper analyses the impact of Covid-19 on the work of carers at homes for the elderly and dependent. The health emergency, which has been particularly severe in these facilities, has greatly affected the organisation and management of work time. The large amount of infected people, lack of protection and a high rate of sick leaves has led to significant time changes in women carers' working patterns. Changes in schedules, in time devoted to care and, in many cases, in their holidays, have had considerable repercussion on their lives. Furthermore, as this is a highly feminised sector, it is important to note the difficulties to reconcile work, family life and personal time during the worst of the lockdown. In view of the above, this paper examines these workers' time-related problems, conflicts and demands, taking three stages into account: the pre-Covid-19 situation, the most severe period of the lockdown and later reorganisation of work in care homes. We reconstruct the workers' experiences using a qualitative methodology and then carry out a comparative analysis, using some time metaphors (time as an environment, as a resource, embodied time and time as a horizon) in which their reality can be seen. The geographic scope includes Catalonia, Madrid and the Basque region although the overall results may be extrapolated to Spain as a whole

*The covid-crisis: a risk for work/family balance and career for in-home nurses?*, **Florence Degavre** (CIRTES UCLouvain), **Annalisa Casini** (CIRTES UCLouvain), **Donatienne Desmette** (CIRTES UCLouvain), **Patricia Mélotte** (CRPSI/ULB)

Objective and research question: During the COVID-19 outbreak, medical health workers have experienced psychosocial problems and risk factors for developing them (Zhang et al. 2020). Psychosocial and organisational factors as well as gender identity influence work/family balance (Cifre & Vera 2019). The purpose of our article is twofold: examining how the outbreak has affected the specific situation of in-home nurses regarding their work/family balance (1) and highlighting the reasons that lead in-home nurses to consider, or even decide, to change jobs or organizations and whether these reasons have changed due to the COVID-19 outbreak (2).
Hypothesis: Our hypothesis is that both work/family and family/work conflict have increased since the COVID (1) and that the level of work/family conflict is associated with the stress experienced during COVID-19 and with the level of protection offered by the organization (2).
Theoretical approach: The general theoretical framework for this research is interdisciplinary. It will combine "Model of employee turnover" with insights from gender studies on work-family balance.
Data: The data were collected through a longitudinal study in which the same questionnaire were administered to a large sample of nurses (N=354) working in a Belgium-based homecare organization at two separate points in time, before the crisis (February 2020) and during the crisis (November 2020). The two-stage data collection will allow us to assess the causal links

between risk and protective factors on the one hand and work/family balance and career on the other as well as the impact of the COVID crisis on this link.

*Home care service providers in Brussels: time adjustments in times of COVID-19 and the consequences for front-line elderly carers*, **Chiara Giordano** (Université Libre de Bruxelles)

Because of the crucial role that they assumed in the context of the health emergency, home care service providers have been heavily affected by the COVID-19 crisis, regardless of their status and type of organisation. Since the beginning of the crisis, their internal organisation undergone important changes, including in terms of time schedules, in order to adapt to the needs of the elderly population and of workers. In most cases, they had to reduce the number of hours provided, either because elderly carers – the majority of whom are women – were no longer available to cover their shifts, or because families had cancelled the services. In other cases, they had to meet an increased demand. The most dramatic consequences were borne by female elderly carers, who had to combine changing working hours with family obligations. Drawing from the material collected before and after the striking of the pandemic in the Region of Brussels, which includes in-depth interviews with a sample of public and private elderly care providers, this paper explores the consequences that time adjustments had on frontline elderly carers and on the organisations themselves.

*Redefining Space and Time of care during COVID-19 in Spain*, **Cayuela Sánchez Salvador** (University of Murcia), **Alcázar Campos Ana** (University of Granada), **Rico Becerra Juan Ignacio** (University of Murcia), **Roca Escoda Mireia** (University Rovira i Virgili)

The aim of this presentation is to explain the results of a research on how the Covid-19 has impacted on the care work carried out in three different services: day centres, home help service and personal assistance. The health emergency has forced the care services to reorganize in order to reduce the time of exposure of the workers, while day centres have closed, forcing a reorientation of the work of the professionals hired. In the case of home help services, they have been altered by reorganizing schedules and redefining service times. Thus, this situation has led to changes in working conditions: increase or decrease in working hours, schedules, etc. Based on a qualitative methodology and from a time perspective, the discourses of the agents involved in the provision of care services will be analysed to find out how working times have changed with the covid-19 crisis in Spain.