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## Transforming Care Conference 2023 Abstract Book

The Wave, University of Sheffield, 2 Whitham Road, Sheffield, S10 2AH

For more information, visit the [Transforming Care website](#)

Updated 14th June 2023



- Thematic Panel papers: [https://drive.google.com/drive/folders/1ujQWWSPpgV1JoxYDBw0kQKYr\\_VFJi0VV?usp=share\\_link](https://drive.google.com/drive/folders/1ujQWWSPpgV1JoxYDBw0kQKYr_VFJi0VV?usp=share_link)
- Symposia papers: [https://drive.google.com/drive/folders/15kfHRvV3iuTobx04LEWu4UzqEqyppGUv?usp=share\\_link](https://drive.google.com/drive/folders/15kfHRvV3iuTobx04LEWu4UzqEqyppGUv?usp=share_link)

Monday 26 June									
		LT1	LT3	LT4	WR2	SR11	SR12	SR14	SR15
11:00	Registration opens								
12:00	Lunch								
13:00	Opening	S. Yeandle							
13:15	<a href="#">Keynote 1</a> <a href="#">Professor Rianne Mahon</a>	Chair: C Ranci							
14:15	Break								
14:45	<a href="#">Parallel Session A</a>	<a href="#">S2</a>	<a href="#">TP9A</a>	<a href="#">TP19</a>	<a href="#">TP7A</a>	<a href="#">TP15</a>	<a href="#">S7</a>	<a href="#">TP5A</a>	<a href="#">TP23</a>
16:15	Break								
16:45	<a href="#">Parallel Session B</a>		<a href="#">TP10A</a>	<a href="#">TP13A</a>	<a href="#">TP16</a>	<a href="#">TP24</a>	<a href="#">TP18A</a>	<a href="#">S6</a>	<a href="#">TP8</a>
18:30	Welcome Reception	Sponsored by Policy Press							
20:00	Close								
20:00	Early Career Scholars gathering (optional): a room has been booked at Revolución de Cuba, 1 Mappin Street, S1 4DT. Sign up at registration and meet in the Wave.								

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Tuesday 27 June									
		LT1	LT3	LT4	WR2	SR11	SR12	SR14	SR15
09:00	<a href="#">Parallel Session C</a>	<a href="#">IP2</a>	<a href="#">S10</a>	<a href="#">IP9B</a>	<a href="#">IP17A</a>	<a href="#">IP12B</a>	<a href="#">IP3A</a>	<a href="#">IP1</a>	<a href="#">S4</a>
10:30	Break								
11:00	<a href="#">Parallel Session D</a>	<a href="#">S3</a>	<a href="#">IP6</a>	<a href="#">IP13B</a>	<a href="#">IP17B</a>	<a href="#">IP4</a>	<a href="#">IP11</a>	<a href="#">IP14</a>	
12:30	Lunch								
13:00	Meet the authors sessions	International Journal of Care and Caring Special Issue on <a href="#">Family care of older people in Southern Africa</a> (LT1) Transforming Care book series (LT3) Sustainable Care book series (LT4)							
14:00	<a href="#">Keynote 2</a> <a href="#">Professor Claude Martin</a>	Chair: S. Yeandle							
15:00	Break								
15:30	<a href="#">Parallel Session E</a>	<a href="#">IP7B</a>	<a href="#">S11</a>	<a href="#">IP5B</a>	<a href="#">IP20A</a>	<a href="#">IP18B</a>	<a href="#">IP3B</a>	<a href="#">S9</a>	
17:15	<b>Panel discussion</b> Professor Lena Dominelli Professor Nancy Folbre Professor Michael Fine	Chair: T Rostgaard	Panel						
18:30	Pre-dinner networking	Kelham Island Museum							
19:30	Dinner								

Wednesday 28 June									
		LT1	LT3	LT4	WR2	SR11	SR12	SR14	SR15
09:00	<a href="#">Parallel Session F</a>	<a href="#">IP10B</a>	<a href="#">IP20B</a>	<a href="#">IP9C</a>	<a href="#">IP22</a>	<a href="#">S1</a>	<a href="#">IP21</a>	<a href="#">S5</a>	
10:30	Break								
11:00	<a href="#">Keynote 3</a> <a href="#">Professor Fiona Williams</a>	Chair: T Rostgaard							
12:00	Closing Session	S. Yeandle, C. Ranci and T. Rostgaard							
12:30	Close and lunch								

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**Monday 26th June, Keynote 1 13.15 - 14.15**

Room: LT1

### **Professor Rianne Mahon**

Rianne Mahon is distinguished research professor with the Department of Sociology and Anthropology at Carleton University. She has published numerous articles and chapters on various topics – industrial policy, labour market restructuring, childcare politics, and the redesign of social policy at the local, national and global scales. Mahon has co-edited numerous books including *Feminist Ethics and Social Politics: Toward a New Global Political Economy of Care* (with F. Robinson). After 08: *Social Policy and the Global Financial Crisis* (with G. Boychuk and S. McBride), *Achieving the Social Development Goals: Global Governance Challenges* (with S. Horton and S. Dalby), and co-authored *Advanced Introduction to Social Policy* (with D. Béland). Her current work focuses on the gendering of global governance, with a particular focus on the diffusion of the idea of a 'care economy'.



#### **Title: The Care Economy al America Latina: A Multi-Scalar Feminist Project**

This paper focuses on the concept of the 'care economy' as a diagnosis of a gendered and racialised unequal division of care responsibilities and related undervaluation of care work, as a critical barrier to gender equality and women's empowerment) and a program of action (recognition, reduction and redistribution.[1] Although the initial cognitive work on care is usually [2] credited to feminists in the North, the idea found fertile ground in Latin America and the Caribbean at the regional, national and local scales.

I first provide a brief outline of the analytical framework, which highlights the important cognitive as well as normative dimensions of the care economy. To this is added the thesis of care economy as a potential 'coalition magnet', which reflects the important political dimensions of the project. I then examine the role played by ECLAC (Economic Commission for Latin America and the Caribbean) and the outcomes of the meetings of the triennial Regional Conferences on Women, in forging a regional care economy program. Assessment of the care economy's potential as a coalition magnet however requires a turn to the national, municipal and even global scales.[3] While I discuss the two well-known 'exemplars' in the region, Costa Rica and Uruguay, I pay particular attention to on how blockage at the national scale can at least be partially overcome by innovation at the local (Bogotá and Mexico City), and global scales (the Global Alliance for Care launched from Mexico).

[1] ILO (2018) correctly added two additional Rs: reward and representation which highlight the rights of those providing care, especially in the paid economy.

[2] However, see Blanca Llaveneras (2017) for a more complex origins story which divulges its indigenous Latin American roots.

[3] On the political economy of scale see inter alia Mahon and Keil (2009).

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**Monday 26th June, Parallel Session A 14.45 - 16.15**

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## **Symposium 2- Breaking boundaries: bringing together academia, policy and practice to make change in time of crisis**

Convenors: Obert Tawodzera and Maria Teresa Ferazzoli, IMPACT

Room: LT1 and streamed

Globally care has reached a critical point worldwide, exacerbated by the COVID-19 pandemic and financial crises. In this session, we will present some of the creative and innovative ways academics, practitioners and people who draw on care and support are working together to address the present challenges facing care systems and services in the UK and further afield. The session brings together three centres involved in the dissemination and implementation of good practice in adult social care across Europe: NKA the Swedish national centre of excellence in the field of informal care; Vilans, a National centre for expertise for long term care in the Netherlands and IMPACT, the new UK centre for Evidence implementation. The first paper will introduce the adult social care crisis context and how this has necessitated the creation of innovative 'centres of excellence' (*Tawodzera and Ferazzoli*). In the second paper, Professor Hanson will discuss the successful experience of the Swedish Family Care Competence Centre in collaboration with the Linnaeus University and other key stakeholders to develop a national knowledge-based support in the area of informal carers, care and caring to bring about advances in policy and practice in Sweden. The third paper will present the work of Vilans on the development of national long-term care policy and care services in the Netherlands (*Professor Minkman*). The last paper will present the work of IMPACT (Improving Adult Care Together) in the UK, with Professor Glasby illustrating the IMPACT delivery models and their functions in translating evidence into practice.

Paper 1: Obert Tawodzera (University of Birmingham) and Maria Teresa Ferazzoli (University of Sheffield)-IMPACT Project Officers. Social care in crisis: challenges and 'centres of excellence'.

Paper 2: Liz Hanson (Linnaeus University) - NKA. Working together to bring about more accessible, sustainable and quality supports for and with informal carers across the life course.

Paper 3: Mirella Minkman (Tilburg University/TIAS) - CEO Vilans. Bridging policy, science and practice by knowledge based co-created large scale implementation and innovation programs.

Paper 4: Jon Glasby (University of Birmingham) - Director of IMPACT. Making an 'IMPACT': co-designing and delivering the new UK centre for implementing evidence in adult social care.

### **Discussants:**

- Maria Cheshire Allen, Swansea University; Researcher at the Centre for Innovative Ageing
- Karen McCormick, University of Birmingham; IMPACT Lived Experience Engagement Lead.

## TP9A Inequalities and care needs

Chair: Teppo Kröger

Room: LT3 and streamed

### Full papers

- Saana Raittila-Salo: Can a need be met unknowingly? Social networks and care needs of older people with cognitive difficulties in rural South Africa
- Jiri Remr: Unmet Needs of Informal Caregivers
- Marco Arlotti: Ageing, care needs and inequalities in Italy: a multidimensional perspective
- Jill-Marit Moholt: Missed Care in Norwegian Nursing Homes

### Contributed paper

- Kirstein Rummery: The costs and benefits of addressing inequalities in care needs: a social investment approach

<b>Title of paper</b>	Can a need be met unknowingly? Social networks and care needs of older people with cognitive difficulties in rural South Africa
<b>Name of presenter</b>	Saana Raittila-Salo
<b>Affiliation</b>	University of Helsinki
<p>In the early stages of the life course, the child's need for loving attention, consideration and care seems to be intrinsically recognized by the people invited to care for children. I would argue, however, that the recognition of human needs in older ages is much more subtle. Drawing on ethnographic field research, I suggest that in rural South Africa, understandings of neediness, vulnerability and frailty strongly affect when and how social networks of householders are mobilized to provide help and support the care of an older person with dementia. I draw on data from my PhD study, part of the research project The Complexity of Informal Caregiving for Alzheimer's Disease and Related Dementias in Rural South Africa (Wits, UCL, Harvard). The anthropological fieldwork was conducted in Mpumalanga, 2022-2023, working with Mozambican families of war refugee background. I scrutinize how social network actors support older people even when not meeting specific care needs. Focusing on local understandings of human need and the 'good life', in this paper I problematize care as conceptualized in the Global North, by challenging what is normatively considered good or bad care. My aim is to demonstrate how care needs of older people are mediated by social inequality and cultures of care, and to show how needs prioritization is practiced in families, households and other social networks. My preliminary findings suggest that social networks are supportive of the good life of older people even when the Euro-American notions of care and need are not debated or discussed.</p>	

<b>Title of paper</b>	Unmet Needs of Informal Caregivers
<b>Name of presenter</b>	Jiri Remr
<b>Affiliation</b>	Institute for Evaluations and Social Analyses
<b>Abstract</b>	

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Providing informal care to senior family members has positive effects on dependent seniors who can remain in their natural physical and social environment. However, informal care can also place increased stress on caregivers due to differences in the availability and affordability of social services and changes in the needs of dependent seniors over the life course. Informal caregivers become vulnerable due to limitations in their social lives, reduced quality of life, and limited access to resources.

The paper seeks care pathways that would reduce these inequalities, enhance the quality of life of caregivers by meeting their needs, and ensure dignity in older age by improving the involvement of both seniors and caregivers. Based on empirical evidence in the form of actual data from a quantitative survey conducted on a representative sample of informal caregivers in the Czechia (n=1.034), the paper proposes specific interventions for caregivers to eliminate, minimize, or at least offset the negative impacts of caregiving.

The proposed paper could be appreciated for expanding knowledge on the unmet (or even unconscious) needs of caregivers, on the determinants of caregivers' quality of life, and on key aspects of the unequal status of different groups of caregivers with respect to unpaid care. The results presented may be useful not only for planning care interventions and setting appropriate policies, but also for establishing criteria for their evaluation.

<b>Title of paper</b>	Ageing, care needs and inequalities in Italy: a multidimensional perspective
<b>Name of presenter</b>	Marco Arlotti
<b>Affiliation</b>	Marche Polytechnic University
<b>Other authors</b>	Flavia Atzori, Marche Polytechnic University Luigi Bernardi, Researcher
<b>Abstract</b>	
<p>As in other European countries, the issue of care needs among older people is crucial in Italy. The impact of the Covid-19 crisis has further exacerbated such issue, with frail older people representing the most affected social group. This research topic has been already investigated in the literature, by also considering the intersection between care needs and social inequalities, particularly in the case of the access to the private care market.</p> <p>Against this background, this paper aims to further expand the debate by adopting a multidimensional perspective in the study of care needs and inequalities.</p> <p>The study will be focused on older people living at home in Italy.</p> <p>Firstly, we will analyze the complexity of the conditions of care needs by looking at how care needs arise and are (or are not) met at the intersection between individual conditions and embeddedness within the main sphere of social regulations (family, market, state). Secondly, we will see how these conditions interact with social inequalities. Thirdly, we will explore the intersection of the previous dimensions with spatial conditions, in the light of different spatial scales (home environment; neighbourhood) and types of contexts (urban vs rural areas).</p> <p>The analysis will be based on an original combination of quantitative data, deriving from several surveys (Aspects of daily life; European Health Interview Survey; European Union Statistics on Income and Living Conditions). The paper will include descriptive statistics and multivariate analysis. Due to data availability, the analysis will refer the period just before the pandemic crisis.</p>	

<b>Title of paper</b>	Missed Care in Norwegian Nursing Homes
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<b>Name of presenter</b>	Jill-Marit Moholt
<b>Affiliation</b>	Centre of Care research and The Arctic University of Norway
<b>Other authors</b>	Nina Beate Andfossen Centre of Care research and NTNU, Norwegian University of Science and Technology Siri Andreassen Devik Centre of Care research and Nord university Terje Emil Fredwall Centre of Care research and University of Agder Oddvar Førland, Centre of Care research Rose Mari Olsen, Centre of Care research
<b>Abstract</b>	
<p>Missed care is defined as any aspect of required patient care that is omitted (either in part or in whole) or delayed. Discrepancies between availability and/or competence of nursing staff and the patients' care needs might be contributing factors to missed care. The aim of this study was to describe levels and types of missed care in Norwegian nursing homes, and to explore the relationship between characteristics of nursing staff and missed care. An electronic survey, including the Norwegian version of the Basel Extent of Rationing of Nursing Care for Nursing Homes (BERNCA-NH), was answered by 715 nursing staff in 46 nursing homes located in different parts of Norway. The results indicate that missed care occurs frequently in Norwegian nursing homes, particularly related to care activities involving psychosocial care and documentation, but also to routine care, such as skin care and oral care. Several characteristics of the nursing staff were significantly related to missed care, e.g., gender, occupational group, working time fraction and years of experience in healthcare work. The greatest difference in mean score of missed care was between occupational groups, where skilled nursing staff reported in average higher levels of missed care compared to unskilled staff. The findings suggest that factors such as nursing staff's competence, work experience as well as continuity of care are important to identifying missed care. The results in this study indicate unmet care needs among the nursing home residents, which poses a serious threat to the quality of care and the patients' safety.</p>	

#### Contributed paper

<b>Title of paper</b>	The costs and benefits of addressing inequalities in care needs: a social investment approach
<b>Name of presenter</b>	Kirstein Rummery
<b>Affiliation</b>	University of Stirling
<b>Abstract</b>	
<p>What are inequalities in care needs, and what would the costs and benefits be of addressing them be? In this paper the author will address the theoretical idea of care needs from a citizenship and social participation perspective. She will also discuss social investment approaches to addressing inequalities, and whether that can be applied to care needs. She will examine the literature on economic cost benefit analysis, drawing particularly on comparative evidence about investment in childcare and long-term care services, and outcomes for users of long term care services, unpaid carers and communities. She will then go on to apply these ideas to modelling investment to address care needs to a data set of 120 disabled people and carers who use, or would like to use, long-term care services. She will specifically address gaps in care provision, what costing them would fill, and what the social investment return would be in terms of benefits to individuals, families and communities. She concludes that in investment of around £3 per head in long-term care services provides a return on the social investment of around £5, and so addressing inequalities and unmet long-term care needs should be seen as a wider investment rather than a narrow cost to societies.</p>	

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## TP19 Commercial actors and care entrepreneurs in elderly care markets

Chairs: Veronika Prieler and Mariusz Sapielha

Room: LT4

### Full papers

- Simone Leiber: Formalisation of the Informal: The Role of (Commercial) Intermediaries and the (Self-)Regulation of Live-in Migrant Care Work in Austria and Germany
- Julien Mercille: Business preferences towards marketisation: the case of Irish home care
- Jane Maddison: Developing and sustaining an innovative culture: lessons from two case studies of care home providers
- Ruth McDonald: Care entrepreneurs in English and Welsh communities: a partial revolution?

### Contributed papers

- Valentin Fröhlich : Senior care brokerage on diversified markets: Agency-mediated live-in care in Austria, Hungary, and the Netherlands
- Kelly Hall: Does organisational model affect social care quality? Exploring the contribution of social enterprises to the adult social care sector

### Full papers

<b>Title of paper</b>	Formalisation of the Informal: The Role of (Commercial) Intermediaries and the (Self-)Regulation of Live-in Migrant Care Work in Austria and Germany
<b>Name of presenter</b>	Simone Leiber
<b>Affiliation</b>	University of Duisburg-Essen
<b>Other authors</b>	August Österle, Vienna University of Economics and Business
<b>Abstract</b>	
<p>After Eastern EU enlargement, live-in migrant care work (also called 24-hour care) has become an important source of long-term care provision in familialistic welfare states such as Austria and Germany. This contribution explores the development of live-in migrant care work in both countries focusing in particular on the role commercial for-profit as well as non-profit intermediaries are playing for (self-)regulation in this constantly growing care market. While Austria has seen a comprehensive regulation in 2007, this is still missing in Germany. Thus, despite rather similar welfare state conditions, different developments can be observed in the formalisation of "24-hour care" in the two countries. This paper analyses whether and how the originally almost exclusively informal employment of caregivers in private households was formalised in the two countries. Specifically, it examines which regulatory steps were or were not taken and which actors and factors determined these developments. Particular reference is made to the political role of (commercial) placement agencies. In Germany and Austria, these agencies play a central role as intermediaries between foreign caregivers and people in need of care for the practical organization of care. At the same time, they also represent an important group of actors in social and political discourse. Intermediaries and their associations are initiating processes of (self-)regulation, and they lobby for or against particular policies. The article identifies political drivers of these processes of formalisation including the role of intermediaries. By means of comparison it also aims at better understanding the divergent developments in the two countries.</p>	

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<b>Title of paper</b>	Business preferences towards marketisation: the case of Irish home care
<b>Name of presenter</b>	Julien Mercille
<b>Affiliation</b>	University College Dublin
<b>Abstract</b>	
<p>This paper investigates the views and preferences of commercial providers towards marketisation policies in Irish home care. It is based on interviews with key private providers of home care in Ireland conducted in 2022-2023. Ireland is currently in the process of enacting a major "home care statutory scheme" which would provide citizens with a legal entitlement to home care, and would regulate the home care sector more tightly. The scheme is a radical national departure from the existing, "laissez-faire" system currently in place. Accordingly, the paper helps to clarify the positions of business with respect to marketisation and its regulation. Which aspects of marketisation are supported by business? Which ones are opposed? What marketisation trajectory do private providers support? Are there differences of opinion among private providers, and what provider characteristics explain those differences? Overall, the paper argues that whereas in the years 2000s, Irish home care was significantly marketised and privatised, the private sector now seeks to "de-marketise" it in some key respects. In other words, private providers believe that there is currently hyper-marketisation and that it is time to bring more state intervention and planning to the home care sector. Theoretically, a radical political economy framework orientates the paper, in contradistinction to conventional institutional approaches to study marketisation in long-term care. The paper's framework emphasises the role of business in influencing policy.</p>	

<b>Title of paper</b>	Developing and sustaining an innovative culture: lessons from two case studies of care home providers
<b>Name of presenter</b>	Jane Maddison
<b>Affiliation</b>	University of York
<b>Other authors</b>	Kate Baxter, University of York Yvonne Birks, University of York Juliette Malley, LSE
<b>Abstract</b>	
<p>The Supporting Adult Social Care Innovation (SASCI) project aims to build evidence about how to support the adult social care sector in England to develop, grow, sustain and spread affordable innovations that work well for everyone. One strand of this research involves in-depth analysis of case studies representing innovative organisations. This paper focuses on two of those case studies.</p> <p>Both case study organisations are established, commercial care home groups. One is a family-owned for-profit group of seven homes, the other a not-for profit, charitable organisation comprised of thirteen homes. Both organisations cater for self-paying residents as well as those funded by the state.</p> <p>The main source of data is fourteen in-depth interviews with key stakeholders conducted in 2021 and 2022. In the first round of data collection, chief executives and management team members described the history and aspirations of their organisations. The second round of interviews included people from within and outside the case study organisations, selected to gain insights into issues raised in round one. Among other things, these interviews illustrated why and how these organisations evolved as innovative, and the roles played by leadership and culture, about which there is little existing evidence in adult social care research about innovation.</p> <p>This paper explores these issues, including, for example, the aspirations and motivations of the chief executives, what it means to be good at business in the values-based care sector, how innovations are</p>	

introduced and the workforce engaged, and the challenges of working within care policy and regulation.

<b>Title of paper</b>	Care entrepreneurs in English and Welsh communities: a partial revolution?
<b>Name of presenter</b>	Ruth McDonald
<b>Affiliation</b>	Newcastle University
<b>Abstract</b>	
<p>This research examines changes in the older adult home care field, specifically the emergence of self-employed care entrepreneurs in England and Wales. Researchers, drawing on Bourdieu, suggest that the gendered and class-based nature of habitus constrains employed home care workers and explains why they remain in the field, despite poor working conditions. In this paper, Bourdieu's work is used to theorise how and why previously marginalised workers have left employment and embraced entrepreneurship. Findings from 114 semi-structured interviews with a variety of relevant stakeholders, suggest that the emergence of microenterprise should be viewed as a relational process, rather than a set of individual lightbulb moments. The advice and support of intermediaries, as well as networks of mutual support have helped entrepreneurs to reflect on field practices, in a way which has disrupted expectations which constrain their access to sources of capital. The active participation of entrepreneurs has enabled them to challenge the distribution of capital in the field, as well as the taken-for-granted acceptance of traditional, transactional forms of care provision. Amongst these entrepreneurs, the ability to make changes to the practices of care delivery, compared with being an employee, has enabled them to accumulate economic, social and cultural capital, and mobilise symbolic capital. Bourdieu might categorise these changes as 'partial revolutions', which do not challenge the fundamental axioms of the field. However, for care entrepreneurs, formerly employed as low-paid home-care workers, a revolution that is only partial may be better than none at all.</p>	

#### Contributed papers

<b>Title of paper</b>	Senior care brokerage on diversified markets: Agency-mediated live-in care in Austria, Hungary, and the Netherlands
<b>Name of presenter</b>	Valentin Fröhlich
<b>Affiliation</b>	Johannes Kepler University Linz
<b>Abstract</b>	
<p>Responding to growing demands and arising care gaps in European countries, agency-mediated live-in care has progressively evolved into an important pillar of senior care provisioning in affluent societies. While the established model of transnationally operating agencies consists in the placement of largely migrant female care workers in the household of the cared for, changing patterns have become apparent. Faced with societal transformations, movements in the practice, requirements, orientation, and societal framing of live-in care appeared. The paper takes this as a starting point and presents a comparative analysis of market-based live-in care arrangements in the care regimes of Austria, Hungary, and the Netherlands. Drawing on the DOC-team 114: "The contested Provisioning of Care and Housing" (<a href="http://www.contestedcareandhousing.com">www.contestedcareandhousing.com</a>), the first part of the contribution outlines the societal and socio-political embedding of live-in care in the respective regimes. For this purpose, results of qualitative regime- and policy-analyses are compared and differences and similarities concerning regulation, funding, forms of work and employment, as well as inequality mechanisms discussed. The second part focuses on recent changes in the concrete organisation of live-in care agencies, employing Polanyian, neo-institutionalist, and Foucauldian perspectives. Particular attention is given to the interaction of policy making and the diversified, cross-sectoral activity of agencies. The final part examines the spread of the</p>	

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market principle and corporate logics. In this last step, with a contrasting view on communitised care, it will be discussed whether caring communities represent an alternative to marketized care provision or whether these are also taken over by market logics.

<b>Title of paper</b>	Does organisational model affect social care quality? Exploring the contribution of social enterprises to the adult social care sector
<b>Name of presenter</b>	Kelly Hall
<b>Affiliation</b>	University of Birmingham
<b>Other authors</b>	Janelle Kerlin and Meng Ye, Georgia State University
<b>Abstract</b>	
<p>Numerous studies across countries and time demonstrate that not-for-profit care services have higher quality outcomes than similar for-profit entities, including lower rates of abuse and in some cases mortality (e.g. Gupta et al., 2021; Bach-Mortensen and Montgomery, 2019). Research points to profit maximization and lack of reinvestment of “excess” profit into the organization as underlying factors in poor quality, particularly when it is tied to the distribution of profit to shareholders (O’Neill et al., 2003). However, no studies have been conducted on how social enterprises (businesses with a social mission) that are delivering adult social care, compare with their for-profit and not-for-profit counterparts.</p> <p>The paper brings together quantitative and qualitative evidence to provide a better understanding of the contribution that social enterprises can make to the adult social care sector, focusing on domiciliary and residential care services for older people in England. We draw on Care Quality Commission (CQC) and Skills for Care data to compare quality ratings and staffing across social enterprises and other organizational models. We also include qualitative interview data from 33 third sector and social care stakeholders, as well as interviews or focus groups with 23 staff from five social enterprise case studies. Our quantitative findings indicate that social enterprises perform well when compared with other organizational models and we begin to unpack the reasons why through our qualitative evidence on organizational relationships, size and governance.</p>	
<b>References</b>	
<p>Bach-Mortensen, A. M., &amp; Montgomery, P. (2019). Does sector matter for the quality of care services? A secondary analysis of social care services regulated by the Care Inspectorate in Scotland. <i>BMJ Open</i>, 9(2).</p> <p>Gupta, A., Howell, S. T., Yannelis, C., &amp; Gupta, A. (2021). Does Private Equity Investment in Healthcare Benefit Patients? Evidence from Nursing Homes, NBER, Working Paper No. 28474.</p> <p>O’Neill, C., Harrington, C., Kitchener, M., &amp; Saliba, D. (2003). Quality of Care in Nursing Homes: An Analysis of Relationships Among Profit, Quality, and Ownership. <i>Med Care</i>. 41(12):1318-30.</p>	

## TP7A Whole system reform in social care- *System change at the national level*

Chair: Catherine Needham

Room: WR2

### Full papers

- Adelina Comas-Herrera: Long-Term Care reform: Using Theory of Change to co-develop a roadmap for a more resilient and effective social care system in England following the Covid-19 pandemic
- Anette Fagertun: “Additive reforms”, policy mix and contradictions: Municipal care services in Norway
- Stephen Gibb: Creating National Performance Framework (NPF) Outcomes and Indicators for Care; The Scottish Case and Experience
- Tine Rostgaard: Alike but different? Care for children and older people in the Nordic caring states in times of a care crisis

### Full papers

<b>Title of paper</b>	Long-Term Care reform: Using Theory of Change to co-develop a roadmap for a more resilient and effective social care system in England following the Covid-19 pandemic
<b>Name of presenter</b>	Adelina Comas-Herrera
<b>Affiliation</b>	London School of Economics and Political Science
<b>Other authors</b>	Erica Breuer (University of Newcastle, Australia), Nina Hemmings (Nuffield Trust), Klara Lorenz-Dant (University of Augsburg), Natasha Curry (Nuffield Trust), Jose-Luis Fernandez (Care Policy and Evaluation Centre, London School of Economics and Political Science), Joanna Marczak (Care Policy and Evaluation Centre, London School of Economics and Political Science), William Byrd (Care Policy and Evaluation Centre, London School of Economics and Political Science) and Martin Knapp (Care Policy and Evaluation Centre, London School of Economics and Political Science)
<b>Abstract</b>	<p>In the context of the profound impacts of the COVID-19 pandemic on people who rely on social care in England and on those who provide care, paid and unpaid, and the need to learn lessons from this experience to inform future social care reforms, we used a Theory of Change process to co-develop a roadmap of what needs to happen for the social care system in England to recover from the pandemic, become more resilient in the future and better meet its objectives. This paper discusses how Theory of Change (ToC) worked as tool to gather expert knowledge and develop consensus on social care reform. The participants, by analysing the interdependencies between the different parts of the social care system that they considered that needed to be addressed (governance, legal framework, financing, workforce, etc) developed a roadmap that set out a whole system reform (a new national settlement for care), with consensus that even if separate parts of the system could be improved through small incremental policy changes, a wholesale system reform is needed, echoing the recommendations of the landmark OECD report of 2011, Help Wanted.</p>

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<b>Title of paper</b>	“Additive reforms”, policy mix and contradictions: Municipal care services in Norway
<b>Name of presenter</b>	Anette Fagertun
<b>Affiliation</b>	Western Norway University of Applied Sciences, Centre for Care Research
<b>Other authors</b>	Frode F. Jacobsen, Western Norway University of Applied Sciences, Centre for Care Research
<b>Abstract</b>	
<p><i>Introduction:</i> The Nordic welfare state aims at counteracting societal divisions through inclusive welfare policy and universal and accessible welfare service provision. During the latter two decades, two trends appear prominent: “thinner” care services with “black holes” as to the universalist ambition, and contradictions in policy reforms..</p> <p><i>Objective:</i> Explore and discuss how recent Norwegian welfare reforms add to each other throughout the recent years, with a focus on interdependencies, complexities and contradictions and consequences for care.</p> <p><i>Study design and method:</i> Combining discourse analysis of recent policy papers using Bacchi’s (2016) WPR approach with analysis from fieldwork in Norwegian municipal care services for older people. .</p> <p><i>Findings and discussion:</i> Two different tales/narratives of ageing and need for care services of older people are told in Norwegian policy papers: one of an increasingly healthy and resourceful population of older people, and one of a demographic crisis where health and care needs of older people will increase beyond capacity of the public services. Succeeding policy papers tend to alternate as to which of the visions is foregrounded and which is in the background, expressing conflicting aims and incongruent proposals for solutions. How Norwegian municipalities, having the primary responsibility for the care services, relate to such complexities, both demonstrate confusion and pragmatism, in a Norwegian situation of relative strong autonomy of the municipalities.</p> <p><i>Conclusion:</i> A policy mix characterizes the Norwegian policy papers succeeding each other throughout the two latter decades. The municipalities relate to the more or less conflicting messages in a pragmatic way, opening up for considerable municipal variation in how they organize and perform their services.</p>	

<b>Title of paper</b>	Creating National Performance Framework (NPF) Outcomes and Indicators for Care; The Scottish Case and Experience
<b>Name of presenter</b>	Stephen Gibb
<b>Affiliation</b>	University of the West of Scotland
<b>Other authors</b>	Dr Hartwig Pautz (UWS) Dr Chloe Mclean (UWS) Dr Nicola Hay (UWS)
<b>Abstract</b>	
<p>Whole system reform in social care can be enabled by having a specific outcome for care in a National Performance Frameworks (NPF). Many countries currently have NPF though care does not feature as a specific outcome in these. What a care outcome in an NPF could look like was established by a literature review, and stakeholder consultation in one country context, Scotland. The care outcome and indicators which emerged are outlined. The current process by which this research is having impact on whole system</p>	

reform through the Outcome being advocated for to become a reality in practice is also described and reflected on. We frame that as a cultural change alongside the structural changes being made in the development of a National Care Service in Scotland. National outcomes offer levers for a visible celebration of success and the identification of barriers to change. An NPF outcome brings something new into the policy arena, which can provide a positive focus for, and over time sustain, systemic and positive change in care policy, uniting many voices around a common cause.

<b>Title of paper</b>	Alike but different? Care for children and older people in the Nordic caring states in times of a care crisis
<b>Name of presenter</b>	Tine Rostgaard
<b>Affiliation</b>	Roskilde University
<b>Other authors</b>	Guðný Björk Eydal, University of Iceland
<b>Abstract</b>	
<p>A common trait of the Nordic countries is that they all had economically efficient and politically stable, democratic states for a number of years. This has enabled them to develop and implement relative far-reaching and encompassing social policies, including care for children and frail older people. In the welfare literature, the Nordic countries have accordingly been labelled 'caring states' (Leira, 1992), and their particular model of welfare has been named 'the public service model' (Anttonen &amp; Sipilä, 1996).</p> <p>However, policies are also affected by changing resources, discourses and policy agendas, which shape the identification of the need for policy change as well as the direction of policy changes. The Nordic approach seem sustainable in that it supports a gender equal division of care and thereby facilitates a high female labour force participation rate and a stable tax revenue. Yet, it is also a policy model with high expectations that struggles to up-keep quantity as well as quality of care, and its traditional division of care work between family, market and state.</p> <p>This paper will compare policies of child care and long-term care in the Nordic region (Denmark, Iceland, Finland, Norway and Sweden). Including cash as well as services, we will outline the historical policy trends and identify the change in institutional features over time, the consequences as well as the current challenges.</p>	

## TP15 Exploring innovative collective care practices in housing and communities

Chairs: Misa Izuhara and Karen West

Room: SR11

### Full papers

- Carl Purcell: Building an Infrastructure for Innovation in Adult Social Care? The Case of Shared Lives Plus in England
- Giuliana Costa: Exploring the Nexus Between Care and Living in Organized Cohabitations Among Vulnerable Users
- Karen West: Mutual support in collaborative housing: forms, transitions and limits in later life
- Noelia Teijeiro-Cal: Senior Cohousing: Caring from the Common

### Contributed papers

- Monika Piecek: New housing models, new care models? The politics of housing in an ageing population in Switzerland

### Full papers

<b>Title of paper</b>	Building an Infrastructure for Innovation in Adult Social Care? The Case of Shared Lives Plus in England
<b>Name of presenter</b>	Carl Purcell
<b>Affiliation</b>	King's College London
<b>Other authors</b>	Jill Manthorpe, King's College London Juliette Malley, London School of Economics
<b>Abstract</b>	<p>The spread of Shared Lives schemes across England is often portrayed as an example of innovation in adult social care. Local schemes place individuals in need of care and support in a family environment by matching them with self-employed carers who open-up their own homes, providing an alternative to other models of care including care homes or supported living. Similar arrangements in other countries are generally referred to as 'adult foster care'. Applying a historical perspective, this paper examines the role played by the national organisation Shared Lives Plus (SLP), to which most schemes and carers subscribe, in establishing and maintaining an 'infrastructure for innovation' critical to the development and spread of this model of care. Data are drawn from documentary analysis and interviews with 50 individuals including SLP and local scheme staff, as well carers. SLP has played a central role in the establishment of a regulatory framework and best practice guidance, provided a source of expertise to support the development of local schemes, and raised the profile of this model of care within national and local policymaking circles. However, recent efforts to diversify the model to cover a broader range of care needs have largely been unsuccessful. More fundamental concerns relate to the capability and authority of SLP to ensure the consistent application of regulatory and practice standards, particularly those relating to carers, in the context of ambitions among some local authorities to expand Shared Lives provision to save expenditure.</p>

<b>Title of paper</b>	Exploring the Nexus Between Care and Living in Organized Cohabitations Among Vulnerable Users
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<b>Name of presenter</b>	Giuliana Costa
<b>Affiliation</b>	Politecnico di Milano
<b>Abstract</b>	
<p>The paper focuses on a specific ingredient of social and care policies with a housing dimension, that is, organized cohabitation among unrelated vulnerable users in “normal” apartments and housing units. It explores how and to what extent living together with unrelated people with the support of professional operators or by volunteers can represent a care solution. The topic of the nature of cohabitation is little explored in social sciences, in public policies, and in those disciplines that address the dimensions of space. In fact, there are several social services and projects that target coexistence "under the same roof and behind the same door" (Costa, 2015a; 2020) as a fundamental pillar of their caring action. Sharing domestic spaces in welfare interventions allows to reduce costs, to better organize professional work and to implement individualized programs that possibly make day by day <i>sharing</i> - of experiences, of ways of doing and being, of facing problems - a strength, also for care. Here the nexus between hyper-proximity in domestic spaces and care will be discussed through concepts such as: Autonomy, agency, intersectionality, social support, community embeddedness and others. The paper presents some findings of a long research devoted to study different cohabitation projects and services around Italy and France, developed through 36 (12 in France, 24 in Italy) interviews to key informants, such as policy makers, services managers, services coordinators, volunteers, and professionals that are involved in organized cohabitations among disabled people, people with psychiatric disorders, elderly, refugees, women victims of violence, care leavers, and ex homeless. Convergences and divergences in the nexus between this specific housing model and care will be discussed to disentangle which are the innovative care factors.</p>	

<b>Title of paper</b>	Mutual support in collaborative housing: forms, transitions and limits in later life
<b>Name of presenter</b>	Karen West
<b>Affiliation</b>	University of Bristol
<b>Other authors</b>	Aimee Felstead, University of Bristol Melissa Fernández Arrigoitia, Housing researcher Misa Izuhara, University of Bristol Jim Hudson, University of Bristol Kath Scanlon, London School of Economics and Political Science
<b>Abstract</b>	
<p>Mutual support among residents in collaborative forms of housing offers an alternative to traditional care models, and supplements family care and formal social care provided in individuals' homes or specialised care facilities for older people. Collaborative housing communities may be based on varied levels of commitment to mutuality and different forms of autonomy and self-governance, but many are experiencing ageing and changing care needs of their residents. Drawing on six case studies of different collaborative housing communities (cohousing, senior housing co-operatives, and self-managed retirement community) in England, this paper examines how the communities experience the ageing of the residents and (collectively or individually) respond and manage their changing care needs in the ageing process. The communities are divided into two broad typologies – fully autonomous and intentionally mutually supportive housing ('cohousing') and partially autonomous with paid support – to compare community arrangements and practices for managing and negotiating transition in supporting residents in the process of 'ageing in place'. While residents in cohousing enjoy exceptionally high levels of support from other residents in managing transitory periods of ill health, bereavement and emotional upheaval, such support is also evident in other communities. At the same time, we also observed limits to mutual support, which communities that collaboratively commission paid care work may be in some ways better suited to address. We argue that while there is no ideal type of collaborative community, each case implies certain trade-offs in terms of autonomy and security (of care provision) – cohousing communities could benefit</p>	

from mutually-organised paid care to facilitate the end-of-life transitions.

<b>Title of paper</b>	Senior Cohousing: Caring from the Common
<b>Name of presenter</b>	Noelia Teijeiro-Cal
<b>Affiliation</b>	University of A Coruña
<b>Abstract</b>	
<p>The objective of this communication is to analyse the expansion of collaborative housing for the elderly in Spain as a new space for the provision of care. This modality of coexistence has re-emerged in Europe in the 21st century as an alternative for those elderly people who do not want to face their old age stage and the possible care that entails, neither institutionally nor isolated in their homes under single-family supervision, or through the acquisition in the market of a paid worker.</p> <p>Through a qualitative methodology, based on an ethnographic work of case studies and in which the active participation of the people interviewed in the course of the investigation has been promoted (under the so-called paradigm of co-creation), this study analyses comparative ways several collaborative coexistence initiatives in different territories of Spain, thus giving strength to the spatial context in which they develop, as an explanatory dimension of their emergence. In this sense, the values that have set them in motion, their operation, relations with the surrounding public and private powers, and the possibilities of becoming public provision providers are studied. The theoretical approach is built through the feminist framework of care in the community and the common to find out the transformative potential of these initiatives in the field of democratisation of care.</p>	

#### Contributed papers

<b>Title of paper</b>	New housing models, new care models? The politics of housing in an ageing population in Switzerland
<b>Name of presenter</b>	Monika Piecek
<b>Affiliation</b>	University of Applied Sciences and Arts Western Switzerland
<b>Other authors</b>	Valérie Hugentobler and Damien Mioranza, University of Applied Sciences and Arts Western Switzerland
<b>Abstract</b>	
<p>An expansion in the number of people aged over 65 living in Switzerland and expectation that health and social care needs of elderly people will increase substantially over the next decades reconfigure the question of long-term care for older persons. It has led to the development and the diversification of intermediate housing facilities for ageing people – housing options situated in-between institutional care settings and home spaces - that has become since late 2000 the object of social and health policy reforms.</p> <p>Drawing on documentary sources (legislative and regulatory texts, arguments in support of the law and its revisions, reports produced by state agencies) as well as 30 semi-structured interviews conducted in 2022 with cantonal and institutional officials in charge of the implementation of intermediate housing solutions, this paper explores recent social care policy developments in the field of housing with care for elderly people in six Swiss cantons. The analysis identifies three different models of social care(-less) policies and shows how the imbrication of narratives about the state's role, the nature of the people who require social care support and of the character of that support shape policy interventions, the housing with care supply</p>	

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and the professionalisation of care work.

This paper is based on an ongoing research project (2021-2025) funded by the Swiss National Science Foundation that focuses on the emerging social care professions in intermediate housing for the elderly people.

## **Symposium 7: Blurring the boundaries of care: community-based public policies, social economy and commoning care practices. Insights from the Spanish case**

Convenors: Magdalena Díaz Gorfinkiel, Universidad Carlos III de Madrid and Raquel Martínez-Buján. Universidade da Coruña.

Room: SR12

The care model in Spain has been built around the unpaid work of women in families, the limited role of public services and the commodification of care through the employment of domestic workers. This approach has posed serious problems for the sustainability of life and the Covid-19 health crisis brought to light the need to design alternatives that will minimize inequalities related to gender, social class and race created by this type of provision. The most critical feminist approaches call for a careful consideration of how to design a democratic care model that will lead to the more socially equitable redistribution of these activities. This approach holds that one of the keys to this new design would be to encourage the promotion of care transfers between the different fields of provision (State, family, market and community), thus facilitating inter- communication.

From this standpoint, the purpose of this Symposium is to launch a discussion on the challenges and possibilities posed by the deconstruction of the boundaries between the different areas dealing with the social organisation of care. To this end, we have included four papers which, based on demonstrated research results, explore innovative experiences developed to improve the connection between all of the agents involved in care. Thus, the analysis focuses on family strategies, commercial initiatives, community-based public programs and the social practices of commoning care which were developed during the pandemic and have contributed to the partial transformation of the current boundaries between gender and generation as well as other barriers between the public, private and community sectors. We believe that, in the European context, Spain is a paradigmatic case in this field in that it has developed a number of different of social movements, citizen groups and local political programs that challenge the prevailing hegemony dominating the commodification and re-familiarization of care. Although this panel includes contributions that analyse the specificities of the Spanish case, all the papers submitted critically engage with how the research findings relate to broader theoretical and empirical questions in the field. In addition, the submissions explore the outcomes emerging from social innovation programmes that can also be inferred from the research and interventions carried out in other contexts.

### **PAPER AUTHORS**

1.- Title: *'I don't want my father to be in the nursing home, but he has to be': tensions on the border between family care and residential care in Spain*. Authors: Sílvia Bofill-Poch, Montserrat Soronellas Masdeu, Dolors Comas d'Argemir (Universidad Rovira i Virgili, Spain).

2.- Title: *Collectivising care in segregated spaces: women's resistance in the neighbourhood of Almanjáyar and the village of Almócita*. Authors: Paula Pérez Sanz, Samuel Rubio Coronado, Carmen Gregorio Gil (Universidad de Granada)

3.- Title: *Community long-term care initiatives promoted by local government in Gipuzkoa*. Opportunities and challenges. Authors: Matxalen Legarreta-Iza, Elena Martínez-Tola and Alaitz Uriarte (Universidad País Vasco)

4.- *Brokering agencies and home care worker cooperatives: collective resistance to the private management of care work in Barcelona*. Authors: Raquel Martínez-Buján, Paloma Moré Corral and Antía Eijo Mejuto (Universidade da Coruña)

DISCUSSANT: Magdalena Díaz Gorfinkiel.

## TP5A Care, surveillance and vulnerability: boundaries and limits of care

Chairs: Zuzana Sekeráková Búriková and Veronika Valkovičová

Room: SR14

### Full papers

- Hanne Marlene Dahl: Limits of governance: Theorizing the governance of (old age) care as a heterotopia
- Marjorie Murray: Evading the Caring State: women searching for (and purchasing) dignified relationships in private medicine and preschool education in Chile
- Alice Riddell: Citizen app: Lateral community surveillance and care-centred safety empowerment in New York City

### Full papers

<b>Title of paper</b>	Limits of governance: Theorizing the governance of (old age) care as a heterotopia
<b>Name of presenter</b>	Hanne Marlene Dahl
<b>Affiliation</b>	Roskilde University
<b>Abstract</b>	<p>Currently care is increasingly theorized care as an alternative to our competitive, late capitalist, high-speed, and achievement-oriented society. Care is threatened by commodifying, neo-liberalizing governance, and a looming care crisis. In this view, we often confuse governance with neo-liberal governance. If we look back at feminist theory, the relationship between care and governance has been theorized in four different ways, that can help us in our reflections. But despite their significant contributions to theorizing care, they have not sufficiently understood the heterogeneous and contradictory characteristics of the governance of care. Neither of these four positions understand the complex relationship between governance and care, wherefore I want to re-introduce the notion of heterotopia. Using heterotopia as a conceptual tool can provide a more nuanced, critical view of care, and specifically of the governance of old age care.</p> <p>Drawing on the insights of Annemarie Mol and Michél Foucault, I conceptualize a heterotopia of care as a space of alterity and a space of struggles and contradictions. A heterotopia of old-age care is on one hand alterity, a realized utopia of a different being-in-the-world compared to a neo-liberal, Enlightenment being of reason and control, and on the other, a space of disciplining the vulnerable, elderly people. This space of ongoing struggles between different kinds of knowledges currently includes ways of disciplining elderly people e.g. through the paradigms of 'active ageing'. Theorizing the governance of old age care enables us to grasp its alterity, heterogeneity, contradictions, and multi-sitedness</p>

<b>Title of paper</b>	Evading the Caring State: women searching for (and purchasing) dignified relationships in private medicine and preschool education in Chile
<b>Name of presenter</b>	Marjorie Murray
<b>Affiliation</b>	Pontificia Universidad Católica de Chile

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<b>Other authors</b>	Constanza Tizzoni, Pontificia Universidad Católica de Chile
<b>Abstract</b>	
<p>For 10 years we have studied childrearing and parenting in low-income families in different areas of Santiago de Chile. In these investigations we have learned how the State, through the professionals working at the public health system and preschool education interact daily with women, as well as the perception and strategies that women make use of towards the public system of social policies, health and preschool education. We have observed how the public policies that are implemented with the objective of caring for families, but especially for children, and that have mothers as the main responsible for their success as caregivers, are often presented as policies that oppress and that are felt to control a motherhood that, from the eyes of the State, is always at risk of being deficient. Control devices including "healthy child checkups", of "positive parenting" programs corresponding, by far, to the most caring face of the state (Schild 2000) hardly get rid of a double load. On the one hand, they have not managed to be understood as the caring side of the neoliberal state by citizens. On the other hand, not even programs specifically designed to support families in their care work (Murray and Tapia 2021) manage to listen and support this task. In this paper we focus on the strategies that women use to escape state surveillance-care through private health and education and through consumption, experienced as the only possibility to free themselves and provide and receive what they believe is quality care.</p>	

<b>Title of paper</b>	Citizen app: Lateral community surveillance and care-centred safety empowerment in New York City
<b>Name of presenter</b>	Alice Riddell
<b>Affiliation</b>	UCL
<b>Abstract</b>	
<p>Citizen is a live crime and safety tracking app in New York City that uses AI to monitor police scanners for incidences that are relevant to “public safety”, whilst also utilizing user-recorded footage, as users near a crime or fire are encouraged to ‘go live’ and film unfolding events. Users comment additional information and post emojis as incidences unravel. In sharing information across a digital network, Citizen functions as a form of social media and a peer-to-peer surveillance app. My research investigates the impact of the digitization of crime and how this affects community relationships in increasingly gentrified neighbourhoods in Brooklyn.</p> <p>‘Surveillance has two faces’ (Lyon, 1994), one that gazes with control and often violence, and one that looks with care. My ethnographic research explores the dialectical relationship between care and surveillance and how my interlocutors negotiate this tension; does Citizen make them feel safer, more anxious, or both? This speaks to the inherent ambivalence of digital technology. Citizen app has been mired in controversy, from accusations of racism, voyeurism and vigilantism. However, Citizen also has care-centred features, such as ‘magic moments’, reporting the return of missing people. It has been praised for its accurate and consistent Covid-19 metrics. Additionally, many of my interlocutors have reported productive usage of Citizen during the 2020 BLM protests, using the app to find the location of protests, community fridges and cop-free subway stops. Through Citizen app, my paper will explore the delicate balance between care and surveillance in safety-related practices in NYC.</p>	

**TP23 'Educating communities' in times of multiple crises. Pursuing social inclusion, equal opportunities and contrast to (educational) poverty of children**

Chair: Stefania Sabatinelli

Room: SR15

Full papers

- Francesca Gabrielli : Educational poverty of foreign minors and pedagogical responses
- Martina Bovo: Towards the integrated system: opportunities and obstacles between services and spaces. An ethnography in a neighbourhood of Milan
- Valentina Facchetti: Rethinking the relationship between educational and urban spaces through participatory processes

Contributed papers

- Elisa Cinelli: Supporting educational continuity towards the creation of 0-6 years integrated systems: an Italian case study
- Paloma Vivaldi Vera: A participatory assessment of children and adolescents well-being during pandemic crises in Italy: the application of the MACaD-RCA model (Multidimensional Analysis of Capability Deprivation-Rights of Childhood and Adolescence)

Full papers

<b>Title of paper</b>	Educational poverty of foreign minors and pedagogical responses
<b>Name of presenter</b>	Francesca Gabrielli
<b>Affiliation</b>	Roma Tre University (Rome)
<b>Abstract</b>	
<p>The notion of educational poverty emerged in the social science debate in the late 1990s to draw attention to the multidimensionality of the phenomenon of poverty (Anand &amp; Sen, 1997), not entirely attributable to purely economic aspects. Thanks to the contribution of various studies and research (Botezat, 2016; Lohmann &amp; Ferger, 2014), as well as a legislative process encouraged - also - by the advocacy activity of the third sector (Save the Children, 2018), the phenomenon of educational poverty has become central in the scientific pedagogical and political debate, becoming part of the Italian public policy agenda. Moreover, according to the latest data (Osservatorio Povertà Educativa, 2018), educational poverty particularly affects foreign minors.</p> <p>This paper presents the results of a research project aimed at investigating the phenomenon of educational poverty of minors with migratory background in Italy. The hypothesis underlying this research is that actions to combat the educational poverty of minors with migratory background require a multidimensional, active and intercultural educational approach. The research questions from which this survey originates are: 1) What are the fundamental characteristics of the phenomenon of educational poverty of minors with migratory background? 2) How do some of the most relevant factors - such as socio-economic background, gender and type of migratory background - affect the educational poverty of minors with migratory background? A first analysis of data collected through the administration of a questionnaire to a probabilistic sample of pupils with migratory background is discussed.</p>	

<b>Title of paper</b>	Towards the integrated system: opportunities and obstacles between services
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	and spaces. An ethnography in a neighbourhood of Milan
<b>Name of presenter</b>	Martina Bovo
<b>Affiliation</b>	Polytechnic of Milan
<b>Other authors</b>	Marta Cordini, Polytechnic of Milan
<b>Abstract</b>	
<p>In 2017, the Italian Ministry of Education has paved the way to move towards an integrated system in ECEC services, aiming at increasing equity and quality for the 0-6 population. The merging of the 0-2 and the 3-5 cycles, currently split, would result in the so called “Poli per l’ Infanzia”. These would be systems characterized by the sharing of places, resources and services. The integration is not meant only between the cycles (vertical) but also with services and actors inhabiting the same territory (horizontal). Being the “Poli per l’ Infanzia” particularly relevant to counteract the educational poverty, this contribution aims at exploring the potentialities and the criticalities in a territory characterized by features of marginalization, exclusion and educational inequality. The study, then, is strongly rooted in a neighbourhood of Milan, chosen for its characteristics in terms of demographic composition, heterogeneity of services and indicators of social vulnerability. Adopting an ethnographic approach, researchers have conducted a case study focusing on the variety of services and places targeting and used by the 0-6 population considering nurseries and kindergartens, both private and public, but also associations, libraries, shops, green spaces, playgrounds, streets and pathways, health services. The ethnographic observation of spaces and uses and the interviews to k-informants (managers of the services targeting the 0-6 population, historical inhabitants, social operators, associations) have allowed to detect the networks and the synergies already existing, but also to identify the flaws and the gaps to be overcome in the perspective of an integrated system.</p>	

<b>Title of paper</b>	Rethinking the relationship between educational and urban spaces through participatory processes
<b>Name of presenter</b>	Valentina Facoetti
<b>Affiliation</b>	Politecnico di Milano
<b>Other authors</b>	Laura Galluzzo and Ambra Borin, Politecnico di Milano
<b>Abstract</b>	
<p><i>Keywords: Child-friendly Cities, Learning Environments, Educating Communities, Participatory Design, Design for Social Innovation</i></p> <p>Public spaces frequently limit children's access to areas such as playgrounds, which are the only ones designed specifically for their use. Children's scale is rarely considered in the design of public spaces, but it is crucial to address the development needs of children and how we can accommodate them in planning cities (Kryiask, 2018).</p> <p>Internationally, new school models are emerging that incorporate the notion of educational proximity, inspired by Dewey's "Chicago Laboratory Schools", where the school is conceived as a "centre of aggregation accessible to the local community" (Dewey, 1916). Through alliances between educational institutions, local governments, and territorial subjects, the school transforms into a civic garrison that supports the neighbourhood with programs meant to fight inequality and educational poverty (Coppola et al., 2021). Involving the community in educational planning within public space fosters proximity and spatial permeability with the growth of new, richer cognitive, relational, and experiential levels (Chipa et al., 2022).</p>	

This paper examines some of the best international design practices that have transformed urban spaces close to schools through Participatory Design processes to understand the involvement of educating communities in the design process and creating new meanings (DiSalvo et al., 2017). Participatory Design is a method for "working together with participants in the co-creation of learning environments that meet the needs of the entire community engaged in learning practice" (DiSalvo & DiSalvo, 2014). Thus, participatory processes shift desired outcomes away from functionality and toward developing participants' capacities and connections (Penuel, 2015), addressing who participates and how they create meaning in the co-design of physical spaces.

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Contributed papers

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<b>Title of paper</b>	Supporting educational continuity towards the creation of 0-6 years integrated systems: an Italian case study
<b>Name of presenter</b>	Elisa Cinelli
<b>Affiliation</b>	Politecnico di Milano
<b>Other authors</b>	Mara Soncin, Politecnico di Milano
<b>Abstract</b>	
<p>In an era of unprecedented economic and social disparities, it is essential to provide all children with high-quality early childhood education and care (ECEC). The significance of these services lies in both their dignified existence and positive economic impact. However, the fragmentation of the ECEC services, especially between nurseries and kindergartens, does not facilitate equality of opportunity.</p> <p>The research is based on a pilot study in the city of Milan, Italy. The first aim of the study is to facilitate educational continuity, quality, and access in the ECEC services. The educational continuity is intended as the creation of an homogenous path along the preschool educational services (from nurseries to kindergartens to primary schools), also in connection with other services on the territory, by encouraging service synergies. The context of the inquiry is characterised by educational poverty, which makes the intervention particularly meaningful.</p> <p>The analysis has a qualitative approach, investigating the preschool educational services through semi-structured interviews. The framework is based on the educational value chain, which allows to highlight the contribution of core and support activities to the creation of social value.</p> <p>The study shows how accessibility and quality are interdependent dimensions and how private and public ECEC services can be compared and transformed towards the creation of an integrated system for 0-6 years old children. The study contributes to the literature on the topic and provides policy implications for decision-makers.</p> <p>Key words: Early childhood education; Educational Continuity; Educational Poverty; Qualitative Research</p>	

<b>Title of paper</b>	A participatory assessment of children and adolescents well-being during pandemic crises in Italy: the application of the MACaD-RCA model (Multidimensional Analysis of Capability Deprivation-Rights of Childhood and Adolescence)
<b>Name of presenter</b>	Paloma Vivaldi Vera
<b>Affiliation</b>	INAPP
<b>Other authors</b>	Paolo Raciti, INAPP
<b>Abstract</b>	
<p>Since 2020, the Italian National Institute for the Analysis of Public Policies (INAPP), has developed the MACaD-RCA (Multidimensional Analysis of Capability Deprivation-Rights of Childhood and Adolescence) model, aimed at analyzing the well-being of children and adolescents in terms of capabilities observed within the children and adolescent rights system. This model is composed by a questionnaire divided into different sections (school, family, household, neighborhood, health, friends, emotions, social networks, life satisfaction) and a participatory workshop where children can directly express their views and perspectives on their rights and wellbeing, exploring different aspects of their lives and giving them the possibility to change their self-perception from passive subjects to active agents.</p> <p>The model was applied during the covid-19 pandemic, in the 2021-2022 school year, to 800 elementary</p>	

and middle school students (aged between 8 and 13) in the Municipality of Druento (Italy), with the aim of designing policies and planning actions that could promote their well-being and development. The participatory process involved the entire educating community: children, teachers, families, local institutions (school, municipality, services).

The paper illustrates the MACaD-RCA model describing its theoretical framework, its methodological structure, and the pedagogical characteristics of its application process. It presents the key findings of its application and provides some policy recommendations.

**Monday 26th June, Parallel Session B 16.45 - 18.15**

## TP10A The care-migration systems nexus: De-centring 'global north' perspectives

Chair: Majella Kilkey

Room: LT1 and streamed

### Full papers

- Roda Madziva: Diaspora investment and complex transnational care arrangements among diaspora women: A case study of Zimbabwean women living in the UK
- Obert Tawodzera: Family solidarity, duty and responsibility: aged care arrangements in Zimbabwean transnational families
- Rosa Mas Giralt: Children as caregivers in Sweden and the UK: Obligations, practices, and negotiations within transnational families
- Domiziana Turcatti: Onward migrant youths of Colombian descent in London: Care, agency, and vulnerability

### Contributed papers

- Polina Palash: Care, wellbeing and inequalities in transnational families : a comparative perspective from France and Spain
- Rossana Trifiletti: Four very different chains of care

### Full papers

<b>Title of paper</b>	Diaspora investment and complex transnational care arrangements among diaspora women: A case study of Zimbabwean women living in the UK
<b>Name of presenter</b>	Roda Madziva
<b>Affiliation</b>	University of Nottingham
<b>Abstract</b>	
<p>This paper draws on research with Zimbabwean migrant women who reside in the UK. It explores their engagement in transnational business creation and the dynamics of sustaining and maintaining care arrangements across transnational spaces. The paper seeks to illustrate that apart from seeking opportunities to establish business projects for their own economic gains, these women also act as informal 'business angels' or 'social lenders' who remit to help extended family members start their own income generation projects in the country of origin. At the same time, these women are prone to culturally determined kinship and networks of care obligation as shown by their behaviours that conform to traditional norms and expectations of caring, especially for elderly parents. This case study illustrates how migrant women are adroit at helping others and especially for African women whose collectivist cultural values (built in a relational space of <i>Ubuntu</i> as well as notions of <i>musha mukadzi</i>) oblige them to do so. In so doing, the case study demonstrates the power of socio-cultural factors in understanding Zimbabwean migrant women's participation in both transnational business activity and care arrangements, and the extent to which this challenges dominant understandings and discourses on brain drain and care drain.</p>	

<b>Title of paper</b>	Family solidarity, duty and responsibility: aged care arrangements in Zimbabwean transnational families
<b>Name of presenter</b>	Obert Tawodzera

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<b>Affiliation</b>	University of Birmingham
<b>Abstract</b>	
<p>Research on transnational care practices is fast becoming a common topic together with the role of new technologies in sustaining transnational care practices. International research has increased sociological understanding of the interconnectedness of care, gender and migration regimes. However, most such research has been conducted on European, Latin American and South Asian migrants and their families. Very few studies have concentrated on African transnational families, and the few available focus on migrant mothers caring for their children. Research on aged care and the perspectives of those 'left behind' from an African perspective is scarce. This paper aims to contribute to our understanding of how African transnational families negotiate aged caring relationships and arrangements in the context of migration. It builds on the theoretical notions of "normative obligation" (Baldassar et al., 2007) which is based on culturally informed, gender-based notions of duty and responsibility. Empirically the paper draws on qualitative multi-sited research with Zimbabwean transnational families, focusing on Zimbabwean migrant care workers in the UK and their family members in Zimbabwe. It pays particular attention to the intersections of care and migration regimes as well as the gendered dynamics and power relations that shape family members' capacity to negotiate their contribution to the provision of aged care. The paper contributes to an understanding of how living across borders may influence the renegotiation of role-specific commitments and reshape the traditional aged caregiving norms.</p>	

<b>Title of paper</b>	Children as caregivers in Sweden and the UK: Obligations, practices, and negotiations within transnational families
<b>Name of presenter</b>	Rosa Mas Giralt
<b>Affiliation</b>	University of Leeds
<b>Other authors</b>	Katarina Mozetič (Malmö University) Brigitte Suter (Malmö University) Ruth Evans (University of Reading)
<b>Abstract</b>	
<p>Although there is a substantial body of literature on children as caregivers, less is known about their caring roles within migrant families. This contribution will focus on the roles of children and young people in the caring arrangements of transnational families from the 'Global South' residing in Sweden and the UK. It will draw from data collected through a multi-sited family-focused ethnographic and participatory action research project, particularly from in-depth interviews with children and their (transnational) family members, and with practitioners working in formal social care provisions in these two countries of contrasting migration histories and welfare systems.</p> <p>Firstly, the paper will explore the care obligations and practices that children engage in within their everyday lives. Secondly, it will examine how these obligations are reflected on and negotiated by the children and adults in their proximity. Here, particular attention will be paid to how caring obligations are shaped by underlying norms surrounding care and the specific welfare and migration regimes these transnational families are entangled with. For this, it will draw from the concept of 'resource environment' (Levitt et al. 2017), which sees an individual's welfare as stitched together in time and (transnational) space through the interplay of four different sources of welfare (state, market, family and third sector), and enhance it by acknowledging the role of social conventions and norms and the differentiations related to individuals' legal status (Ryndyk, Suter &amp; Odden 2021). Finally, the paper will shed light on how familial caring arrangements affect children's wellbeing.</p>	

<b>Title of paper</b>	Onward migrant youths of Colombian descent in London: Care, agency, and vulnerability
<b>Name of presenter</b>	Domiziana Turcatti
<b>Affiliation</b>	University of Oxford
<b>Abstract</b>	
<p>This paper advances the understanding of the care arrangements in migrant families from the ‘Global South’ residing in the ‘Global North’ by centring the voices of 21 onward migrant youths of Colombian descent living in London—individuals aged 13-27 born and/or raised in Spain by Colombian parents who then onward migrated to the UK before the end of freedom of movement either with their parents or on their own. Mainstream research and discourse tend to construct migrant children and young people as care recipients, neglecting and at times stigmatising as deviant the caring and social reproductive roles they play in their families. To challenge this narrative, this paper examines how onward migrant youths of Colombian descent make sense of their experiences of providing care, within and across borders. Drawing from fieldwork conducted between July 2020 and May 2021, this paper highlights the diverse caring and social reproductive roles onward migrant youths play in London, ranging from the care of siblings and breadwinning to supporting their parents access social protection and navigate migration regimes. Particular attention is paid to the feelings of ambivalence and vulnerability onward migrant youths experience when fulfilling these tasks, showing how these are intertwined with Western conceptualisations of childhood and youth as life stages normatively defined by dependency and freedom from responsibilities. Ultimately, this paper contributes to making visible the experiences of onward migrant youths while demonstrating the importance of centring migrant children and youths’ voices, agency, and vulnerability in the study of the care-migration systems nexus.</p> <p><i>Key words: migrant children and youths, care, social reproduction, onward migration, London</i></p>	

#### Contributed papers

<b>Title of paper</b>	Care, wellbeing and inequalities in transnational families : a comparative perspective from France and Spain
<b>Name of presenter</b>	Polina Palash
<b>Affiliation</b>	University of Aix-Marseille
<b>Other authors</b>	Virginie Baby-Collin (University of Aix-Marseille) Laura Oso and Andrea Souto García (University of Coruña, UDC)
<b>Abstract</b>	
<p>This paper focuses on intergenerational caring arrangements and wellbeing of transnational families originating from diverse Global South and developing countries (several Latin American, Eastern Europe and Middle East countries, as well as Albania, Armenia, Cap Vert, Morocco and Senegal) which have migrants’ family members in France and Spain. Adopting a care circulation perspective (Baldassar and Merla 2014), we analyse their reciprocal intergenerational care commitments and wellbeing between the origin and destination contexts in relation to the specific migration and welfare systems as well as the socio-cultural norms shaping transnational care arrangements. These are often marked by multidimensional inequalities (e.g. within the families, between families with different socio-economic conditions, between the origin and destination contexts) exacerbated in the post-pandemic era.</p> <p>The project has adopted a multi-sited, family-focused, ethnographic and participatory action methodology, considering a diverse sample (i.e. different cultural backgrounds and legal statuses) of transnational families, drawing from the comparative research project “Transnational Families in Europe: Care, Inequalities and Wellbeing”. This paper focuses on the empirical findings on migrants’ families interviewed</p>	

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in France (19 families) and Spain (18 families), completed by a matched sample method with respondents of the same families interviewed both in Europe and in Colombia (5 families). Data of this research conducted in 2022-2023 include in-depth interviews and ethnographic methods used with different generations of families interviewed in their mother tongues by researchers and community research assistants. These empirical findings have been completed by interviews with policymakers and practitioners working with migrants.

<b>Title of paper</b>	Four very different chains of care
<b>Name of presenter</b>	Rossana Trifiletti
<b>Affiliation</b>	University of Florence
<b>Abstract</b>	
<p>The paper compares the care regimes of four countries with high labor immigration rates by posing the question of whether their differences in terms of Variety of Capitalism (Hall and Soskice 2001), may have consequences on the migration regime they adopt (Devitt 2011). In particular, the paper focuses on the care migrants that these countries attract because care migration has long been recognized as a field where care regimes, gender order and migration regimes intersect in characteristic ways (Lutz 2008; Williams Brennan 2012; Williams 2014; Bauer, Haidinger, Österle 2014).</p> <p>We decided to discard the Nordic countries where it is clear that a series of factors go in the same direction: the rigorous system of regulation of the labor market, the gender order (Pfau Effinger 2001), the emphasis placed on high-quality production and the skilled workforce, all conspire to maintain a low the immigration of low-skilled workers and of care migrants among them.</p> <p>So the countries selected for comparison try to emphasize the differences deriving from different connections: two liberal welfare regimes with almost opposed migration regimes, Canada (Freeman 2006) and Israel (Ayalon 2010; Ajzenstadt, Rosenhek 2000), a Continental welfare regime with a very peculiar semi-legal migration regime, Austria (Österle, Bauer 2015) and a Southern European country with one among the highest percentages of care migrants and a dual labor market (Bettio, Simonazzi, Villa 2006; Ambrosini 2014). Another ambition of the paper is to underline how simplistic the metaphor of the chains of care from the Global South to the supposed Global North is.</p>	

### TP13A Pathways into and across care

Chairs: Ricardo Rodrigues and Norah Keating

Room: LT3 and streamed

#### Full papers

- Aviad Tur-Sinai: Cessation of Care for Frail Older Adults: Physical, Psychological and Economic Outcomes for Family Carers
- Duncan Fisher: Young adults' care biographies and trajectories: routes into and early experiences of paid care work
- Nicola Brimblecombe: Preventing entrenchment of caring pathways and long-term consequences for children and young people who provide high levels of unpaid care.
- Rebecca E Lacey: The mental and physical health effects of transitions into unpaid caregiving: a longitudinal, propensity score analysis

#### Contributed papers

- Anne McMunn: Sandwich care in the UK: How common is it, who is doing it and does it have an impact on caregivers' health?
- Andrea Cooper: Informal Carers and Care-Embedded Social Work: Improving Residential and Nursing Home Admission

#### Full papers

<b>Title of paper</b>	Cessation of Care for Frail Older Adults: Physical, Psychological and Economic Outcomes for Family Carers
<b>Name of presenter</b>	Aviad Tur-Sinai
<b>Affiliation</b>	The Max Stern Yezreel Valley College and University of Rochester Medical Center
<b>Other authors</b>	Dafna Halperin, The Max Stern Yezreel Valley College Nissim Ben David, The Western Galilee Academic College Ariela Lowenstein, University of Haifa Ruth Katz, The Max Stern Yezreel Valley College

#### **Abstract**

Global population aging and increased longevity are making family care a nearly universal experience. Caregiving is a dynamic process that varies over time and in intensity but often takes a physical and emotional toll on carers and may inflict financial costs by attenuating their labour-market participation. The study explores implications of 'cessation of care' of frail elders by adult (middle-aged and older) kin by comparing two ethnic groups in Israel in respect of their health and their psychological and economic life. Using secondary data analyses based on SHARE-Israel data for persons aged 50+, it is found that subjective health assessment and financial capability are significantly higher among those who stop providing care than among those who continue to do so, while carers report a downturn in life satisfaction after they stop giving care. Those who continue are younger than the others and their labour-force participation rate is higher. Significant implications of cessation of care for all three areas studied—psychological, health, and economic—are found as well: subjective rating of health and financial capability improve whereas life satisfaction decreases. Furthermore, cessation of care moderates the relation between individuals' age and their self-rated health, which is better among those who continue to provide care. These results emphasize and deepen our understanding of the cessation-of-care phase as a key

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component of the process of care for frail older adults by family members.

**Keywords:** informal care; cessation of care; family care outcomes; SHARE

<b>Title of paper</b>	Young adults' care biographies and trajectories: routes into and early experiences of paid care work
<b>Name of presenter</b>	Duncan Fisher
<b>Affiliation</b>	University of Sheffield
<b>Abstract</b>	
<p>In this paper I address a key area this thematic panel explores - routes into paid care work – and draw on theories of care trajectories, biographies, and capitals (as resources) to illuminate these issues. Based on qualitative interviews with 17 young adults - a hitherto under-researched group of the care workforce - aged 18 to 30 in Teesside, north-east England, I present three areas of findings: i) routes into paid care work; ii) initial care work experiences including training, learning, and support; iii) working conditions in care more broadly.</p> <p>Following the presentation of empirical data, I offer two strands of discussion. In the first, using a life course perspective, I analyse these care biographies (Elliott and Roberts, 2022) and trajectories (Gil, 2022) alongside early experiences of paid care work. I draw on insights from Skeggs (1997) and Stacey (2011) to argue that these routes are sites for the reproduction of intersecting social inequalities, and that the resources and capitals accrued from and through unpaid care are fundamental to this. I contend that youth is a distinct arena of disadvantage in these contexts. Thus, I argue the importance of age - as well as class and the histories of places and care systems - to analyses of care biographies and trajectories. In the second strand of discussion, I draw on this theoretical analysis to consider the implications for care workforce policy in England at a time of serious labour shortage - an issue that nations are facing globally.</p>	

<b>Title of paper</b>	Preventing entrenchment of caring pathways and long-term consequences for children and young people who provide high levels of unpaid care
<b>Name of presenter</b>	Nicola Brimblecombe
<b>Affiliation</b>	London School of Economics and Political Science
<b>Abstract</b>	
<p>For many children and young people who provide unpaid care ('young carers'), the pathway into providing care starts early in their life and can continue longer term for both informal care and/or paid care work. Young carers are among the most disadvantaged of unpaid carers and are often providing care because of lack of suitable alternatives. There are well-known negative impacts on their health, wellbeing, education, employment, and social relationships and effects have potential to persist throughout the lifecourse. Our research aimed to address a gap in the evidence about what services and support are needed by young and young adult carers to prevent their pathway into inappropriate, excessive or unchosen care, or prevent it from persisting, as well as preventing or mitigating negative effects. We carried out focus groups and in-depth interviews with carers aged 9-25 (N=143), and adults receiving care from a young or young adult carer (N=17). Analysis was thematic deductive and inductive. Carers expressed an unmet need for services and support that would reduce or remove their need to provide care, help improve the lives of the people they care for, mitigate against impacts of providing care on their mental health, wellbeing, education, social participation and leisure activities, and, whilst they are still providing care, assist them in their caring role. Support and services need to address these currently unmet needs and implement existing rights to support for young carers and their families. Support also</p>	

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needs to take into account lifestage, age, and caring context.

<b>Title of paper</b>	The mental and physical health effects of transitions into unpaid caregiving: a longitudinal, propensity score analysis
<b>Name of presenter</b>	Rebecca E Lacey
<b>Affiliation</b>	University College London
<b>Other authors</b>	Baowen Xue, Giorgio Di Gessa, Wentian Lu and Anne McMunn
<b>Abstract</b>	
<p>The physical and mental health of unpaid caregivers is poorer, on average, than non-caregivers. However, few studies have examined changes in health around becoming a caregiver. Further, the health effects of becoming a caregiver are not uniform for all and vary by caregiving intensity and gender. Finally, most studies of caregiving and health have focused on mid-life or older caregivers, but when in the lifecourse people become caregivers is likely to influence its health effects. This study therefore investigated the mental and physical health effects of becoming a caregiver and whether these associations varied by gender, caregiving intensity, or age.</p> <p>We used the UK Household Longitudinal Study, a nationally representative household panel study, using data from 2009-2020. We used propensity score matching to match participants who became caregivers to non-caregivers with similar characteristics. We modelled their physical (n=16,800) and mental health (n=15,699) trajectories via piecewise growth curve modelling, centring the trajectories on caregiving transition, modelling mental and physical health up to eight years before and up to nine years after becoming a caregiver.</p> <p>Mental health deteriorated around becoming a caregiver, particularly for young- (16-29 yrs) and early mid-adults (30-49 yrs) and those transitioning to intense caregiving roles (providing &gt;10 hrs/week of care). The mental health effects were also pronounced for women. Smaller effects on physical health were observed, particularly for young adults providing intense care (&gt;10 hours/week), where there was also evidence of divergence over time. Our findings point towards early identification of caregivers to prevent longer-term health effects.</p>	

Contributed papers

<b>Title of paper</b>	Sandwich care in the UK: How common is it, who is doing it and does it have an impact on caregivers' health?
<b>Name of presenter</b>	Anne McMunn
<b>Affiliation</b>	University College London
<b>Abstract</b>	
<p>The simultaneous provision of care to both children and adults, 'sandwich care', is likely to have implications for the ability of adults in mid-life to participate fully in society, yet little is known about it. This study uses ten waves of the UK Household Longitudinal Study, a large, nationally representative panel study in the United Kingdom, to identify the prevalence of sandwich care in the UK, and whether the prevalence is changing over time. It also investigates the impact on health of taking up adult care amongst parents of children under age 16. We use propensity score matching to match each caregiver with one non-caregiver with similar characteristics and then employ linear piecewise growth curve modelling to model the trajectories in physical and mental health before and after becoming a caregiver. We find that about 4% of the UK adult population are providing care simultaneously to both children and adults. These</p>	

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prevalence rates have remained stable over the past decade. Women are more likely than men to be sandwich carers. Sandwich caring women provide care for longer durations and have lower household incomes than sandwich caring men. We find that uptake of adult care is associated with a deterioration in both mental and physical health for mothers but not for fathers and this deterioration is greater with a greater intensity of weekly caring hours. Policies that support providers of both child and adult care, and a more gender equal distribution of caregiving activities, may pay dividends in promoting population health.

<b>Title of paper</b>	Informal Carers and Care-Embedded Social Work: Improving Residential and Nursing Home Admission
<b>Name of presenter</b>	Andrea Cooper
<b>Affiliation</b>	Cardiff University
<b>Abstract</b>	
<p>Many older people with dementia are cared for at home by family members or 'informal carers', particularly in the early stages of their illness. However, it is not unusual for such older people to enter a long-stay residential or nursing home setting at later stages of their illness. The admission to a care home constitutes a significant transition in the lives of these older people and their informal carers. Drawing upon ethnographic data from my PhD research, this presentation explores the challenges faced by informal carers during processes of care home entry. It also examines the difference that 'care-embedded' social work might make to the experiences of informal carers at such times.</p> <p>Ethics of care theorists argue that not all care is necessarily good or "authentic" (Holstein et al. 2011) care. With reference to the work of Tronto (1994) and Klaver and Baart, (2011), the presentation examines some of the qualities and characteristics of "authentic care" (Holstein et al. 2011). It also considers the positive impacts of 'care-embedded social work' (that is, social work embedded with caring qualities and characteristics), on the transition experiences of informal carers.</p> <p>The findings of the study highlight the difficulties experienced by practitioners, when seeking to perform their admission-related roles and responsibilities in consistently care-embedded ways. The impacts of the context of contemporary practice upon levels of care-embedded social work, are considered in the final section of the presentation.</p>	

## TP16 Boundaries of belonging in older people's care networks

Chair: Elisabeth Schröder-Butterfill

Room: LT4

### Full papers

- Natasha Fothergill-Misbah: Negotiating boundaries of informal care for older people with Parkinson's disease in Kenya
- Svetlana Torno: Gendered boundaries in informal care networks: intimacy and caring for elderly men in Tajikistan
- Elisabeth Schroeder-Butterfill: The negotiation of care network boundaries among different cultural and socio-economic groups in Indonesia
- Marc-Antoine Berthod: Older people through their grief: reconfigurations of care after the loss of the spouse

### Contributed papers

- Samuel Briones: How do working carers value different ways of combining care and paid work? Insights from eight European local settings

### Full papers

<b>Title of paper</b>	Negotiating boundaries of informal care for older people with Parkinson's disease in Kenya
<b>Name of presenter</b>	Natasha Fothergill-Misbah
<b>Affiliation</b>	Newcastle University
<b>Abstract</b>	
<p>Existing evidence from sub-Saharan Africa (SSA) hints towards an 'erosion' of large, multi-generational family care networks. Multiple factors are thought to be responsible, including economic challenges and material deprivation, "modernisation", increasing rates of school enrolment, and more women engaging in paid work outside of the home. However, it remains unclear if, and how, these changes are influencing older people's care networks and what this means for the provision of informal care. This paper draws on data from an ethnographic study on the lived experiences of older people with Parkinson's (PwP) and their families in Kenya, conducted over 9 months in 2018. Specifically, this paper looks at how caregivers and PwP negotiated informal care in the face of increasing care requirements as the disease progressed. The study demonstrated how care for PwP was perceived to go beyond the expected care requirements of older people without degenerative disease, requiring more pooling of resources and fluid care arrangements. However, caregivers reported making pragmatic decisions to make care work in the face of societal change, negotiating gender norms, "old school traditions" and taboos around who could provide which kind of care. They described having to provide care with the added tensions of stigma and exclusion resulting from the disease, while upholding the expectation and obligation of reciprocity. Findings provide insight into how "conventional" boundaries of care provision are drawn and renegotiated in the face of complex and prolonged care, while contending with the added challenges presented by a condition like Parkinson's disease.</p>	

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<b>Title of paper</b>	Gendered boundaries in informal care networks: intimacy and caring for elderly men in Tajikistan
<b>Name of presenter</b>	Swetlana Torno
<b>Affiliation</b>	Max Planck Institute for the Study of Religious and Ethnic Diversity
<b>Abstract</b>	
<p>This paper focuses on the division of labour and gendered boundaries in informal care networks of older men in Tajikistan, a Muslim majority country in Central Asia where eldercare institutions are scarcely developed and most elderly grow old in family circles. Care networks of Tajik senior citizens tend to be broad and include close family, extended kin, and at times neighbours and friends. Caregiving is usually organized along gender lines and residence patterns with female household members providing most of direct physical care, sons taking over financial charges, and non-resident children, relatives, and neighbours assisting through occasional visits as well as donations of food and money in case of an illness. Large family sizes and co-residence with married sons (usually the youngest) ensure a high flexibility in organizing care for older adults. However, when becoming frailer and dependent on personal assistance, Tajik elder men face more challenges in finding appropriate carers. In contrast to older women, who can be washed, dressed, and assisted in toileting by female relatives such as daughters-in-law, daughters, sisters etc., the Islamic rules of gender segregation reduce the number of personal carers of elderly men to their sons and wives. Drawing from ethnographic fieldwork in Tajikistan (16 months in total since 2012) and individual case studies, this paper explores personal care arrangement and subjectivities of widowed elderly men and sheds light on challenges they and their care networks face when searching for appropriate care givers.</p>	

<b>Title of paper</b>	The negotiation of care network boundaries among different cultural and socio-economic groups in Indonesia
<b>Name of presenter</b>	Elisabeth Schroeder-Butterfill
<b>Affiliation</b>	University of Southampton
<b>Abstract</b>	
<p>In Indonesia, a rapidly ageing, middle-income country, the care for older people is by default a family responsibility. Yet cultural, religious, and socio-economic heterogeneity results in important variation in who is considered primarily responsible for care and how families negotiate care, especially when preferred carers are not available. This paper draws on ethnographic data from an ESRC project on later-life care networks in Indonesia. The five study sites across Indonesia include matrilineal, patrilineal, stem-family and nuclear-family systems, each with different care preferences, while also encompassing significant socio-economic variation. This allows investigation of how different subgroups manipulate boundaries around acceptable care, and the implications for the quality and sustainability of older people's care. This reveals that on the whole, better off families flexibly expand their care networks, drawing in additional members to achieve a sustainable division of labour. Where normative solutions are unavailable – e.g. due to a lack of daughters – they successfully redefine the boundaries and nature of acceptable familial care. Reliance on paid care, for example, is presented within a kinship idiom. By contrast, poorer families often experience demographic and economic pressures on the provision of care. Childlessness, conflict (especially around inheritance or other assets) and long-term migration can result in small care networks and unsustainable, inequitable care arrangements. In such circumstances, the identity of carers or the apparent lack of care needs are less the result of cultural or personal preferences than of familial power dynamics and a lack of options.</p>	

<b>Title of paper</b>	Older people through their grief: reconfigurations of care after the loss of the spouse
<b>Name of presenter</b>	Marc-Antoine Berthod
<b>Affiliation</b>	University of Applied Sciences and Arts Western Switzerland
<b>Other authors</b>	Alexandre Pillonel and Catherine Gagnat, University of Applied Sciences and Arts Western Switzerland
<b>Abstract</b>	
<p>Losing a spouse in old age redraws the forms of support and informal help received by the surviving member of the couple both in terms of organization and emotional experience. Following the death and during the first months of mourning, do new care figures appear? And what resources can the bereaved spouse count on to continue to act on a daily basis, to live his or her grief and to take care of himself or herself while projecting into the near future? This paper provides some answers to these questions, based on an ongoing four-year ethnographic research project (April 2021 - March 2025), financed by the Swiss National Science Foundation. Entitled "Necropolis. Funerary transformations and bereavement for advanced old age", this study documents the organization of funerals and the first months of mourning for a series of people aged eighty and over. In these situations, funeral agents are the first to offer professional support to the bereaved. But these professionals intervene in principle only in the short term, leaving open the question of how the bereaved elderly person reorganizes his or her daily life. The aim of this paper is to present some experiences of this type in order to draw attention to a subject that is often neglected in the literature - bereavement in old age - and to put into perspective the reconfigurations and adaptations of care during this specific period.</p>	

#### Contributed papers

<b>Title of paper</b>	How do working carers value different ways of combining care and paid work? Insights from eight European local settings
<b>Name of presenter</b>	Samuel Briones
<b>Affiliation</b>	Utrecht University
<b>Other authors</b>	Mara Yerkes, Utrecht University
<b>Abstract</b>	
<p>Working carers construct work-care arrangements as strategies to combine paid work and providing help or care. These work-care arrangements are composed of divisions of care and household tasks, flexibility arrangements at the workplace and the use of formal services and informal help. The complexity of these factors underscores the need for attention to the lived experiences of working carers as they construct their work-care arrangements in combination with other life activities. Through decision-making and negotiation, working carers exert their agency in ways that hint at how they envision forms of work-life balance as possible or valuable. This qualitative study explores the experiences of 55 female and male working carers in eight cities across four European countries (The Netherlands, United Kingdom, Spain and Slovenia). We apply a capability approach perspective in combination with sociological concepts drawn from critical realism to analyse how working carers perceive their work-care arrangements. The interviews focus on the construction of work-care arrangements and work-family interfaces, the perceived (un)fairness of such arrangements and the ways in which individuals bring about change or stability to them. By taking a comparative perspective, this paper aims to identify the lived experiences of working carers. This bridge between theoretical frameworks using in-depth, qualitative data in multiple country contexts will help inform new ways of understanding the role of agency in the ways in which working carers attempt to achieve a valued form of work-life balance.</p>	

## TP24 Access barriers to early childhood education and care (ECEC): spatial, temporal and structural challenges

Chair: Ingela Naumann

Room: WR2

### Full papers

- Astrid Pennerstorfer: Are all nonprofits the same? Explaining inequalities in access to formal childcare in a universal childcare system
- Aušra Čižauskaitė: Quality of Social Investment Interventions: A Bottom-Up Approach of Satisfaction with Childcare Quality
- Márton Medgyesi: Take up of Sure Start House services in disadvantaged settlements in Hungary
- Merita Mesiäislehto: Family policies and parental wellbeing in Nordic context: the case of early childhood education and care

### Contributed papers

- Aleksandra Webb: 'Insufficient, Expensive and Inflexible childcare': Insights from mothers-performers with non-standard work arrangements

### Full papers

<b>Title of paper</b>	Are all nonprofits the same? Explaining inequalities in access to formal childcare in a universal childcare system
<b>Name of presenter</b>	Astrid Pennerstorfer
<b>Affiliation</b>	Institute for Social Policy, WU Vienna University of Economics and Business
<b>Other authors</b>	Dieter Pennerstorfer, Department of Economics, JKU Linz Michaela Neumayr, Institute for Nonprofit Management, WU Vienna University of Economics and Business
<b>Abstract</b>	
<p>Previous research showed that in Vienna, children living in neighbourhoods of high socio-economic status enjoy higher accessibility of childcare than children living in low-status neighbourhoods and that this inequality can be explained by the location choices of nonprofits, which predominantly offer their services in high-status neighbourhoods (Pennerstorfer &amp; Pennerstorfer, 2021). This finding is surprising given that Vienna's childcare system can be described as universal in which (extensive) public funding is the same irrespective of a provider's location. This paper scrutinizes these inequalities in accessibility of childcare and asks (i) whether all non-profit providers exhibit the same pattern and (ii) if the relation between prices of childcare and the socio-economic status of a neighbourhood vary for different types of (public and private) childcare providers. For our analysis, we use data of the spatial location of all childcare providers in Vienna, of demand indicators, data on neighbourhood characteristics as well as provider characteristics. Results show that the accessibility of childcare centres run by church or by independent non-profit providers increases with the socio-economic status (SES) of the neighbourhood, whereas public providers are more accessible in lower status neighbourhoods. Neighbourhood status and accessibility to nonprofit chain providers are not significantly related. Additionally, the relation between the neighbourhoods status and prices are significantly positive for both church and independent providers. We contribute to the literature on inequality in childcare coverage by accounting for the heterogeneity of non-profit providers in greater detail and by examining reasons for unequal location patterns in a universal childcare system.</p> <p>Pennerstorfer, A., &amp; Pennerstorfer, D. (2021). Inequalities in Spatial Accessibility of Childcare: The Role of Non-profit Providers. <i>Journal of Social Policy</i>, 50(1), 122–147-122–147.</p>	

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<b>Title of paper</b>	Quality of Social Investment Interventions: A Bottom-Up Approach of Satisfaction with Childcare Quality
<b>Name of presenter</b>	Aušra Čižauskaitė
<b>Affiliation</b>	University College Dublin
<b>Abstract</b>	
<p>The topic of social investments (SI) in children through high-quality childcare provision is high on the political and academic agenda in the European Union (EU). Existing SI and childcare literature indicate two distinctive themes: childcare program quality through the public angle and individual experiences by the users of the services, i.e., households with small children. There is an increased awareness that subjective measures are essential for policy evaluations. The current academic research of SI and childcare focuses on the policy-making process and institutional capacities, mainly characterized by a top-down approach. There is very little bottom-up research in the SI literature that asks what users' judgements on childcare quality are. In the absence of strong empirical support, this paper takes a bottom-up perspective by asking whether there is a difference between subjective and objective childcare quality indicators. Lack of empirical research on childcare is especially relevant for Central and Eastern European (CEE) countries. Given the economic, political, and historical differences between CEE and non-CEE countries, the research also takes a country-cluster perspective within this debate by asking whether there is a difference between CEE and non-CEE countries in satisfaction with childcare quality. By using harmonious European Quality of Life Survey (EQLS) data, this study contributes to the multidimensional approach of childcare quality analysis.</p>	

<b>Title of paper</b>	Take up of Sure Start House services in disadvantaged settlements in Hungary
<b>Name of presenter</b>	Márton Medgyesi
<b>Affiliation</b>	Centre for Social Sciences
<b>Abstract</b>	
<p>While participation in kindergarten is obligatory for children aged 3 years until school age in Hungary, publicly provided ECEC services to those under the age of 3 are scarce and unevenly distributed: parents in small settlements and rural areas face severe barriers of access. As a remedy to this problem the Sure Start Program was adapted from the British model and around 180 Sure Start Children's Houses have been established in the country most of them operating in disadvantaged remote rural areas or segregated urban neighbourhoods. In this study we analyse the take-up of Sure Start services in Hungary in a period when attendance of these services was hindered by the pandemic. The results are based on a survey conducted in settlements operating a Sure Start House among parents of children aged 12-18 months. The survey has been carried out in 2019 and parents were re-interviewed two years later. Our regression results show that attendance at Sure Start Houses is determined by the mother's age, education and income: older, high school graduates and those in the highest income quartile have lower rates of attendance. This suggests that Sure Start houses effectively reach those more in need of such services in Hungary. During the pandemic attendance declined among mostly those parents/children who were less frequently participating, especially if they lived far from the institution.</p>	

<b>Title of paper</b>	Family policies and parental wellbeing in Nordic context: the case of early childhood education and care
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<b>Name of presenter</b>	Merita Mesiäislehto
<b>Affiliation</b>	Finnish Institute for Health and Welfare
<b>Other authors</b>	Sanni Välimäki, Johanna Lammi-Taskula & Johanna Närvi; Finnish Institute for Health and Welfare (THL)
<b>Abstract</b>	
<p>In this paper we study the association between children's participation in early childhood education and care (ECEC) and parental wellbeing in Europe. Significant differences exist between countries regarding children's participation rates in ECEC and availability of ECEC services. The availability of high-quality and affordable ECEC services is known to support the reconciliation of work and family life and alleviate parents' financial burden and stress. Parental and child wellbeing are interrelated as the challenges in parental wellbeing are shown to affect the wellbeing of their children. Earlier studies have investigated the effect of family policies on parental wellbeing using macro-level factors, such as availability of childcare. However, micro-level analysis on the role of actual use of ECEC services is still scarce.</p> <p>Using the European Living Conditions Survey (EU-Silc) for 27 countries for the year 2018 we examine 1) whether an association exists between children's participation in ECEC and parental wellbeing and 2) whether the association differs across countries and between mothers and fathers. We use a multidimensional approach to parental wellbeing and include in our analysis general mental health, satisfaction in personal relationships, financial situation and time use, and overall satisfaction in life. The sample consists of 14 220 households with one or two adults where the youngest child is under 3 years old. We test the association between children's participation in ECEC and parental wellbeing using descriptive and regression analysis. Control variables include age, education, employment status, immigrant status, single parenthood, and presence of other children in the household.</p>	

#### Contributed papers

<b>Title of paper</b>	'Insufficient, Expensive and Inflexible childcare': Insights from mothers-performers with non-standard work arrangements
<b>Name of presenter</b>	Aleksandra Webb
<b>Affiliation</b>	University of the West of Scotland
<b>Abstract</b>	
<p>Childcare responsibilities are one of the most commonly discussed barriers attributed to low female participation in the labour market, and/or for stalling development of female careers across all vocational contexts and economic sectors. In recent years, insufficient childcare support for mothers in artistic professions in the UK's music, theatre, tv and film, has been highlighted with respect to difficulties with acquisition and acceptance of potential work opportunities (e.g. PIPA 2022, Public Health Scotland, 2020, Scharff, 2016, STUC, 2016). This paper explores challenges related to accessing suitable childcare provisions experienced by female mothers-performers residing in Scotland. The findings come from an exploratory qualitative empirical study with 10 participating females, who shared their experiences of caring for their children in the face of chaotic work patterns and unpredictable, often precarious, employment. The key argument in this paper points out the incompatibility of a traditional model of childcare provision with non-standard work arrangements that requires female artists to work during unsocial hours (e.g. evenings, weekends, holidays), and frequently, away from home. Despite Scottish and UK childcare extension policies, so far little has been done to acknowledge the inflexibility of childcare system. This paper hopes to widen a critical debate about the fragility of female artistic careers in relation to systemic difficulties of availability, access barriers and access inequalities. This agenda is important in the increasing '24hrs Economy' that situates jobs and employment outside the standard '9-5 model' and a</p>	

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design of childcare provisions are expected to reflect this shift.

**TP18A Labour market, working conditions and employment relations in the care sector: old and new challenges and new solutions in crisis contexts**

Chairs: Stefano Neri and Emmanuele Pavolini

Room: SR11

Full papers

- Hildegard Theobald: Reforms of employment- and working conditions in the elderly care sector in Germany: Approaches, actors and outcomes
- Markéta Doležalová: The effect of wider labour market changes post-Brexit on work and employment in social care in the UK
- Olli Karsio: A silent shift in the institutional logics of welfare state employment? A longitudinal study of employment and pay among Finnish social and health care workers in 2010–2018
- Nick Morgan: Risks to Care Workers Wellbeing: an analysis of Care Worker Charity grants before, during and after Covid-19

Full papers

<b>Title of paper</b>	Reforms of employment- and working conditions in the elderly care sector in Germany: Approaches, actors and outcomes
<b>Name of presenter</b>	Hildegard Theobald
<b>Affiliation</b>	University of Vechta
<b>Abstract</b>	
<p>With the introduction of Long-term Care Insurance in Germany in 1995, home care and residential care services were expanded considerably and simultaneously marketized. The related pronounced increase in the number of care workers was followed by the development of a difficult employment- and working situation. The difficulties were intensified and became a central issue of public debate in the context of the Corona pandemic. Already since 2013, the situation of care workers and the emerging significant shortage of skilled care workers has led to the establishment of reform policies with the aim of improving the situation of care workers and thus strengthen the capacity of the sector in recruiting and retaining (skilled) care workers.</p> <p>Against this background the paper examines central reform approaches in in the elderly care sector in the area of training, wages and staffing levels in nursing homes in terms of their capacity to improve the situation of care workers and to increase the low status of the sector. Conceptually, the paper combines Honneth’s theory on recognition in particular related to the recognition form social esteem linked to the social division of labour and basic professionalization approaches developed in the area of elderly care. As empirical basis, it includes a systematic analysis of the reform policies, research findings on the role of social actors in the public debate and related to the outcomes an analysis of representative statistics on relevant variables of the employment situation such as e.g. wage development in the sector.</p>	

<b>Title of paper</b>	The effect of wider labour market changes post-Brexit on work and employment in social care in the UK
<b>Name of presenter</b>	Markéta Doležalová

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<b>Affiliation</b>	University of Leeds
<b>Other authors</b>	Chris Forde, Gabriella Alberti, Zinovijus Ciupijus, Ioulia Bessa, Jo Cutter (University of Leeds)
<b>Abstract</b>	
<p>The social care sector in the UK has long experienced issues with being underfunded and having high rate of vacancies, with low pay, poor working conditions and limited options for career progression being contributing factors. In the UK, the care sector consists of a mix of NHS, private, local authority and third sector providers. As such, there is a significant fragmentation of the sector, both across the different parts of the country (with different regulators in each of the four nations) and within regions. This fragmentation affects both work conditions and the provision and availability of care across the country. Brexit and the new migration regime, together with the Covid-19 pandemic have compounded these long-term issues that the sector has been experiencing. The shrinking UK workforce and higher levels of economic inactivity and long-term sickness, barriers to training during the pandemic due to lockdowns, are just some of the factors that have led to unprecedented (and rising) rates of vacancies alongside increasing demand for care. In this paper, we draw on early findings from our mixed-method study of four 'low-skilled' sectors (including social care) in the UK and discuss how work and employment conditions in the care sector have been impacted by the major upheaval caused by Brexit and the Covid-19 pandemic. We consider how the changing conditions in the wider labour market brought by those two major events, such as higher rate of vacancies in other sectors and rising inflation, affect work and employment in care and care provision.</p>	

<b>Title of paper</b>	A silent shift in the institutional logics of welfare state employment? A longitudinal study of employment and pay among Finnish social and health care workers in 2010–2018
<b>Name of presenter</b>	Olli Karsio
<b>Affiliation</b>	University of Jyväskylä
<b>Abstract</b>	
<p>The Nordic welfare state has traditionally been characterised by ideals of universalism and equality. The welfare state has been viewed as a good employer, as it has provided steady, reliable employment within welfare state professions such as in social- and healthcare. This article elaborates on the changing institutional logics of a Nordic welfare state, where the traditional welfare statist logic and emerging neoliberal financialized logic co-exist, compete and perhaps evolve into a new, hybrid logic. The argument is made that post-financial crisis society with austerity policies and competitiveness policies targeting the public sector have provided opportunities for new actors to enter the market.</p> <p>The article uses a longitudinal design, descriptive and multilevel panel data analyses and Finnish total registry of working-age population from 2010 until 2018 to study the developments in the social and health care sector. Our contribution is to examine, how does employment develop in health care, residential social care and non-residential care sectors in public and private employers, contrasting for- and non-profit domestic and foreign-owned employment in the 2010s. We also ask, Are employees' wages affected by the type of employer in these sectors. For the analysis, we select all 15–64 year-old employees (N=355,422-366,175) who worked at the social and health care sectors in 2010-2018. The findings show a significant shift towards privately owned and foreign owned service providers. In this context, public sector austerity measures become entangled with private sector profit maximization, which profoundly alters the institutional logics of the welfare state.</p>	

<b>Title of paper</b>	Risks to Care Workers Wellbeing: an analysis of Care Worker Charity grants before, during and after Covid-19
<b>Name of presenter</b>	Nick Morgan
<b>Affiliation</b>	University of Sheffield
<b>Abstract</b>	
<p>Adult social care workers in the UK are potentially exposed to multiple risks to their own wellbeing. Some risks are intrinsically linked to the nature of care work (e.g. Magnavita et al), while others may be associated with particular care regimes/socio-political contexts (e.g. MacDonald, 2022). Past UK research shows that austerity and marketisation policies tightened available resources with negative implications for care workforce pay and conditions (Hayes, 2015; Hayes and Moore, 2017). The Covid-19 pandemic produced additional risks (Tronto and Fine, 2022) and the 'cost-of-living crisis' has added further strain (Homecare Association, 2022).</p> <p>The paper explores the evidence on risks to care workers wellbeing through the conceptual framework of wellbeing based on Keating et al (2021), building on Sen's Capabilities Approach (1999) and employing a labour market segmentation and critical sociology lens to understand broadly the factors determining the conditions of social care jobs and the demographics populating this workforce. The discussion forms the background to a PhD study undertaken in collaboration with the Care Workers' Charity (CWC) examining risks experienced by care workers who sought 'emergency' financial and or/mental health support from CWC and are likely to have experienced deep distress.</p>	

## **Symposium 6- Young people's gendered caring: crossing boundaries, shaping futures**

Convenor: Geraldine Boyle, Senior Lecturer, Open University.

Discussant: Eugenia Caracciolo di Torella, University of Leicester

Room: SR12

This symposium will examine the gendered expectations and experiences that characterise young people's caring. The contributors are members of the International research network on young people's gendered caring, led by the Open University. We will consider how young people and related services respond to familial, socio-cultural, policy and legal boundaries.

Adopting an intersectional lens, the papers will consider how gendered caring in early life intersects with other dimensions of identity to shape young people's futures.

Title, presenter & synopsis of each paper:

1. Başak Akkan, Istanbul Bilgi University, Turkey

*Gendered unpaid care work in Turkey: intersectional inequalities of gender, class and age*

In Turkey, NEET women and girls who are neither engaged in employment nor enrolled in education are heavily occupied with unpaid work (domestic and care). This care work needs public recognition to understand the social inequalities concerning being a NEET in highly gendered and familialist contexts like Turkey. This paper explores care as an inequality-enhancing phenomenon incorporating the multiple inequalities of gender, class, and age.

2. Geraldine Boyle, Open University, UK:

*Caring as young adults, creating new futures?*

This paper draws on qualitative studies undertaken in England with young adult carers and the services that support them. How young people become involved in caring and what scope they have to choose different futures as adults will be discussed. An intersectional lens will be used to explore how social inequalities influence the likelihood of becoming a young adult carer, but also their choice over continuing caring in adulthood. The role of governmental policy in promoting or constraining young people's agency will be discussed.

3. Chloe Alexander, University of Birmingham, UK:

*Empowerment and inequality in the lives of young carers and their families*

Policies on young carers in England refer to the goal of empowerment for children and providing unpaid care. This paper draws on debates about care, power and social reproduction to contribute new perspectives on the goal of empowerment for young carers. It argues that policies have the potential to empower young carers in a way that entrench inequalities of race, class, disability, gender and other categories of social difference.

## TP8 Social care and disabled people: Geographical and social boundaries

Chairs: Yueh-Ching Chou and Teppo Kröger

Room: SR14

### Full papers

- Andrew Power: Care Boundaries that underpin Feeling at Home in Shared Housing (Discussant: Alessia Rosiello & Francesca Taricone)
- Alessia Rosiello & Francesca Taricone: The evolution of social assistance for an independent life of people with disabilities: the Italian case (Discussant: Yueh-Ching Chou)
- Yueh-Ching Chou: "I want to take care of him until he dies": Commodified interdependence, disable people and their migrant care workers in Taiwan (Discussant: Andrew Power)

### Full papers

<b>Title of paper</b>	Care Boundaries that underpin Feeling at Home in Shared Housing
<b>Name of presenter</b>	Andrew Power
<b>Affiliation</b>	University of Southampton
<b>Other authors</b>	Deborah Chinn, Katy Brickley, Tony Levitan, Kings College London
<b>Abstract</b>	
<p>Feeling at home is a phrase that refers to the deeply personal, private, affective bond that people can develop with a space, typically one's living space. This space can be created as a reflection of one's identity, sense of aesthetics and materiality. For people with learning disabilities living in shared housing ('group homes') with formal carers, the home can often be fraught with tensions over the boundaries and autonomy of the space. Drawing on a study involving photovoice with adults with learning disabilities and interviews with care staff, we trace the geographic and social boundaries within and outwith an adult care home. We explore the tensions that residents may face including relational, sensory, material, and temporal, and how in some cases, a sense of home can be unmade by care staff who treat a residence solely as a workspace. Our findings unpack how care cultures and practices shape the negotiation and governance of rules, routines and responsibilities within the shared house. Our findings reveal how a sense of feeling at home can be facilitated, but in a way that challenges some of the normative and ableist assumptions that are made over how people cultivate this feeling around their home.</p>	

<b>Title of paper</b>	Unpacking the cultural paradox of attentive care for institutionalized people with intellectual disabilities
<b>Name of presenter</b>	Bo-Wei Chen
<b>Affiliation</b>	National Kaohsiung Normal University
<b>Other authors</b>	Yueh-Ching Chou, National Yang Ming Chiao Tung University Heng-Chang Chi, National Changhwa University of Education
<b>Abstract</b>	
<p>This study contributes to the under-researched area of culture in institutional care for people with</p>	

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intellectual disabilities in an East Asian context. Drawing upon in-depth interviews with 20 women frontline care workers for institutionalized people with intellectual disabilities in Taiwan, we examined culture-specific caring relations such as the fictive kinships of Confucian care ethics (i.e., respect for elders and affection for the young), the charity paradigm, and religious compassion, which can induce attentive and respectful care in institutional spaces but also relegate residents to stigmatized subordination in a hierarchy of caring relations and legitimize the voluntary exploitation of women workers. In situating the relational nature of care and the dis-enabling potentials of culture at the disability-care-place intersection, we promote an ethics of engagement that values and dignifies both recipients and providers of care.

<b>Title of paper</b>	The evolution of social assistance for an independent life of people with disabilities: the Italian case
<b>Name of presenter</b>	Alessia Rosiello
<b>Affiliation</b>	INAPP - Istituto Nazionale per l'Analisi delle Politiche Pubbliche
<b>Other authors</b>	Francesca Taricone, INAPP
<b>Abstract</b>	
<p>In Italy, since the 1990s, interventions in the social and work fields for people with disabilities, from L.104/1992 to L.68/1999, have been true forerunners of the UN Convention on the rights of persons with disability, ratified by Italy in 2009. The common objective of these first regulatory interventions was to build a "society for all", through both the removal of the causes that prevent or limit access to the various areas of people's lives, and the promotion of their Independent Living, as indicated by the UN Convention and the Strategy for the Rights of Persons with Disabilities 2021-2030.</p> <p>This paper aims to represent how Italy, following European guidelines and national evolution, defines and organizes assistance and care systems for people with disabilities, aimed at promoting independent living through new ways of offering services, according to the principle of deinstitutionalization.</p> <p>Therefore, in the first part of the paper the main regulatory and programmatic tools are presented, as a result of a growing attention in the last decade to policies in favor of people with disabilities (CNEL 2022), while the second part shows some early results of the implementation of the PNRR in Italy with some empirical data related to projects in the territorial areas admitted to funding (MLPS – INAPP).</p>	

<b>Title of paper</b>	"I want to take care of him until he dies": Commodified interdependence, disable people and their migrant care workers in Taiwan
<b>Name of presenter</b>	Yueh-Ching Chou
<b>Affiliation</b>	National Yang Ming Chiao Tung University
<b>Other authors</b>	Bowei Chen, National Kaohsiung Normal University Teppo Kröger, University of Jyväskylä, and Centre for Care Research West
<b>Abstract</b>	
<p>The notion of Interdependence has been widely applied in care research and disability studies, mainly focusing on the relationships between disabled people and their family members. However, dyad relationships between disabled people and their migrant care workers have not been studied. We explore how the values of reciprocity and interdependence explain the commodified relationships between the two sides, both who are in the position of unmet needs (care poverty), due to lacking support by the state and national and international social inequalities. Between 2020 and 2022, we conducted semi-structured</p>	

interviews of 20 dyads of wheelchairs users and their live-in migrant carers (15 are male, 5 female, aged 26–58). All 20 migrant carers were women from South Asia, aged 26–47. We found that disabled people and migrant carers took care of and supported each other. Disabled people felt that they could not experience independent living without their migrant carers' help; they tried their best to have their migrant carers to stay in the commodified relationship, being considerate and taking care of migrant care workers' needs. Living together 24/7, migrant care workers were not just paid workers but kind of partners who also benefited from disabled people's support. The findings suggest that commodified interdependence affects "independent living" of both disabled people and migrant carers, not only physically but also emotionally. This dyadic study also extends the notion of interdependence and points to a new direction in researching the interplay between disabled people and migrant care workers.

**Keywords:** disability, migrant care worker, commodified interdependence, care poverty, social inequalities, Taiwan

## TP12A Ageing, disability, care and (inter-)dependency

Chair: Eugenia Mercuri

Room: SR15

### Full papers

- Chunhua Chen: The role of service providers: Shifting boundaries of autonomy between older parents and adult children in reablement
- Hazel Maxwell : Reablement training and practice: challenging ageism, ableism, and dependency in the care of older Australians
- Rosie Read: The politics of pandemic mutual aid

Discussant: Valeria Cappellato

### Full papers

<b>Title of paper</b>	The role of service providers: Shifting boundaries of autonomy between older parents and adult children in reablement
<b>Name of presenter</b>	Chunhua Chen
<b>Affiliation</b>	University of York
<b>Other authors</b>	Bryony Beresford, University of York
<b>Abstract</b>	
<p>Autonomy in care is relational, so legitimate authority and autonomy often appear as a pair in care relationships. Developmental research describes the transitions in beliefs about parents' legitimate authority over their children's lives which are necessary to developing autonomy. Importantly, parents' and children's beliefs may differ, particularly during adolescence. These two notions also provide a useful lens to explore relationships between older parents and adult children, and the possible role of professionals in negotiating changes in the care relationship. Times of crisis (e.g. deterioration in functioning, hospital admission) typically raise uncertainties about an older person's independence and autonomy. Adult children may find their views change about the areas of their parents' lives in which they have legitimate authority to be involved. These may not align with their parents' views, or professionals involved in their care.</p> <p>This paper focuses on older people referred to reablement, a time-limited intervention seeking to support regaining of independence following a 'crisis'. It draws on UK research with reablement staff, users and family members. Considering the emotional and psychological processes that may heighten adult children's desire to impose greater control, it maps the changing roles and relationships between older parents and their adult children during the reablement period. Alongside this, it explores the navigating and mediating role reablement staff can play in advocating for older adults' autonomy and influencing families' beliefs about their legitimate authority over their parents' lives. Findings support family-centred approaches to reablement which intentionally recognise and address adult children's desires and beliefs.</p>	

<b>Title of paper</b>	Reablement training and practice: challenging ageism, ableism, and dependency in the care of older Australians
<b>Name of presenter</b>	Hazel Maxwell

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<b>Affiliation</b>	University of Western Sydney
<b>Other authors</b>	Tanya Linden, Tasmanian School of Medicine
<b>Abstract</b>	
<p>How can formal care arrangements and procedures using reablement practices of ‘working with’ older people, challenge the stigma of ‘dependency’ in the care of older adults? This project, focused on education of care workers in reablement practice, challenges attitudes in the care of older Australians in both the short and long term. When sustaining these new practices it was discovered that existing social norms around ableism and ageism were contested and innovative behaviours developed. An Australian University and a community care organisation collaborated to co-design and implement a strategy for ensuring a reablement-based model of care was embedded as part of the organisation’s core values (Prior, 2020). This strategy involved the development of bespoke educational training material around reablement and its benefits for community care. It also included an evaluation of staff understanding and skill development following their training and how these staff incorporated new knowledge and values in working to empower older people (Maxwell, 2021). Staff emphasised the successes and challenges associated with the adoption of a formal reablement structure into their current model of care, as well as the alignment of reablement in challenging discourses of ‘dependency’. Staff provided in-depth discussion of how reablement had become a routine part of their daily activities in the direct care of clients and indirectly through organisational based activities such as training, formal and informal feedback, and policy development. Discussion focused on appropriate reablement needs, governance and organisational strategy, reablement as an empowering practice, and strong organisational culture supporting reablement practices.</p>	
References	
<p>1. Maxwell, H, Bramble, M, Prior, SJ, et al. Staff experiences of a reablement approach to care for older people in a regional Australian community: A qualitative study. <i>Health Soc Care community</i>. 2021; 29: 685– 693. <a href="https://doi.org/10.1111/hsc.13331">https://doi.org/10.1111/hsc.13331</a></p> <p>2. Prior, SJ, Heath, A, Reeves, NS, et al. Determining readiness for a reablement approach to care in Australia: Development of a pre-employment questionnaire. <i>Health Soc Care Community</i>. 2020; 00: 1–11. <a href="https://doi.org/10.1111/hsc.13150">https://doi.org/10.1111/hsc.13150</a></p>	

<b>Title of paper</b>	The politics of pandemic mutual aid
<b>Name of presenter</b>	Rosie Read
<b>Affiliation</b>	Bournemouth University
<b>Abstract</b>	
<p>The COVID-19 pandemic of 2020-2021 was a time of intensified voluntary activity around the world. Mutual aid initiatives were mobilised to provide practical care and support to elderly and disabled people at a time of crisis. This article develops a feminist social reproduction approach to assess the politics of care and redistribution exemplified by volunteer mutual aid groups during and after the pandemic.</p> <p>The paper is based on a qualitative study of volunteer community mutual aid networks in a region of southern England, which were actively supporting disabled and elderly residents in their communities during 2020-2021. I show how local government responses to protecting vulnerable citizens relied, to a significant extent, on harnessing the capacities of mutual aid groups and offloading the costs of providing support onto unwaged volunteers. I examine three distinct mutual aid groups, embodying respectively radical leftist, egalitarian and liberal-conservative political commitments, as evident in their members’ views on social rights, civic obligations and appropriate forms of economic (re)distribution. Despite these differences, local government authorities encompassed, co-opted and selectively took advantage of the help these mutual aid groups provided, variously shaping and depoliticizing their activities, whilst ensuring</p>	

that volunteers absorbed the social and material costs of caring for people made vulnerable by the pandemic. I consider the significance of this case study for post-Covid involvement of volunteers in social care provision in England, and argue for research that pays critical attention to the ways in which mutual aid groups can be made to serve neoliberal policy agendas.

**Tuesday 27th June, Parallel Session C 09.00 - 10.30**

## TP2 (Out of) care in crisis – Analyses and activist initiatives in the post-pandemic period

Chairs: Marjorie Cohen and Barbara Thiessen

Room: LT1 and streamed

### Full papers

- Marjorie Cohen: Beyond the Pandemic: How the Care Economy can address economic growth and neglected public services
- Allison Williams: The International Standards Organization Carer Standard as an Activist Initiative in both the Pandemic and Post-pandemic Period
- José Soeiro: Mobilising for care rights: the Portuguese experience
- Barbara Thiessen (in place of Eva Fleischer): Care initiative Care.Macht.Mehr – responding to the Care Crisis

### Contributed papers

- Ester Gubert: Getting out of the care crisis? An explorative analysis of newspapers' and experts' discourse on reforming long-term care policies in Italy and England
- Hedva Vinarski-Peretz: Nurses' Collaboration with Family Informal Caregivers in the Care Process during Hospitalization within the Patient- and Family-Centered Care (PFCC) Paradigm

### Full papers

<b>Title of paper</b>	Beyond the Pandemic: How the Care Economy can address economic growth and neglected public services
<b>Name of presenter</b>	Marjorie Cohen
<b>Affiliation</b>	Simon Fraser University
<b>Abstract</b>	
<p>The covid 19 pandemic was a crisis that exposed decades of neglect of public services. It also demonstrated how important the care sector and care workers are, both to people, and to the reasonable functioning of the economy.</p> <p>This paper will focus on the actions of a Canadian group, thecareeconomy.ca, in its analyses and actions in exposing the blind spots in economic thinking about the care sector. This failure relates to what is understood to be crucial for economic productivity and growth by mainstream economists. As a result, public policy normally treats the care sector as one that is paid for through activities of the manufacturing, resource and technological sectors, and not as a major contributor to the successful functioning of the economy itself.</p> <p>During the pandemic governments increased social spending on care, but in the post pandemic period the tendency is to return to similar economic policies of the pre-pandemic period, fuelled by the fear buttons of inflation, low productivity and the spectre of low growth. This paper will show how the care economy contributes by being the largest sector in size of employment, and by contributing more to GDP than other sectors considered to be economic drivers. The expansion of the care economy in the future will not only improve economic performance, but will also do this in a way that is less environmentally damaging than other types of economic activity related to growth.</p>	

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<b>Title of paper</b>	The International Standards Organization Carer Standard as an Activist Initiative in both the Pandemic and Post-pandemic Period
<b>Name of presenter</b>	Allison Williams
<b>Affiliation</b>	McMaster University
<b>Abstract</b>	
<p>The vast majority of the growing number of unpaid carers are simultaneously employed in the labour market. Research evidence illustrates that unpaid care work negatively impacts both working carers and their paid work, all of which has worsened throughout the pandemic. Few employers have adopted carer-friendly workplace policies (CFWP) to support working carers. A set of international standardised guidelines for organisations has been created by a group of 17 countries. Working with the International Standards Organization (ISO), ISO 25551:2021, <i>Ageing societies – general requirements and guidelines for carer-inclusive organizations</i>, was published in 2021. In partnership with the <u>International Alliance of Carer Organizations</u> (IACO), the Standard continues to be promoted to support working carers in pandemic and post-pandemic times. Using data collected by <u>Embracing Carers</u>, this paper reviews the significance of the Standard given pandemic impacts globally. Further, it discusses the alignment of the Standard with the United Nations (UN) Sustainability Development Goals (SDGs). Finally, challenges of implementation are highlighted, while reflecting on the significance and relevance of the standard globally for countries in both the Global North and South. When compared to employers in the Global South, those in the Global North are more receptive to the Standard given their ability to: (1) resource CFWP initiatives; (2) be aware of the growing evidence that supports CFWPs; (3) realise inclusive workplaces given growing Equity, Diversity and Inclusion (EDI) expectations; and (4) work towards realising the UN SDGs. Engaging the Global South will require collaboration with the UN, the WHO and the ILO.</p>	

<b>Title of paper</b>	Mobilising for care rights: the Portuguese experience
<b>Name of presenter</b>	José Soeiro
<b>Affiliation</b>	Instituto de Sociologia da Universidade do Porto
<b>Abstract</b>	
<p>In recent years, Portugal has witnessed important mobilizations around the care crisis. Between 2016 and 2109, a movement of informal carers forced a political discussion around this crucial dimension of unpaid care work, disrupting the invisibility of their social condition, setting the political agenda and triggering a legislative process that led to the approval, in 2019, of an Informal Caregiver Statute in the country. In 2022, a broad group of associations and trade unions have decided to launch a campaign around a Citizens' Legislative Initiative (ILC) to protect people who need care, to improve the rights of care workers and to create a National Care System. This ILC, which is in practice a draft bill that has to be signed by 20,000 people, has as its motto "Right to care, care with rights". In this context, different alliances and repertoires of action have been used. Among them, forum theatre about care rights was developed by a group in alliance with this campaign. Building on the analysis of these different experiences, we will propose a characterization of the care regime in Portugal and the specific role of the different dimensions of the "care diamond" in the social organisation of care. From this, we will examine the manifestos, the propositions, the tactics and strategies of these groups to tackle the unequal access to care systems and the innovative initiatives that are coming out in this context.</p>	

<b>Title of paper</b>	Care initiative Care.Macht.Mehr – responding to the Care Crisis
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<b>Name of presenter</b>	Barbara Thiessen
<b>Affiliation</b>	Universität Bielefeld
<b>Other authors</b>	Eva Fleischer, Management Center Innsbruck; Karin Jurczyk, Doctorate in sociology, German Society for Time Policy
<b>Abstract</b>	
<p>Care in crisis is not a new issue. Up to 2010, there already existed piles of related scientific research. From then on, the care crisis intermerged and cumulated with other critical phenomena: the rising pressure through the neo-liberal capitalistic system, the accelerated climate change, and the renewal of right movements. In 2011, a group of social science researchers and faculty from Austria, Germany, and Switzerland, founded the Care.Macht.Mehr initiative to draw public attention to the care crisis beyond the academic field. The central hypothesis of the group's work is that the extent of the care crisis is obvious when all fields are considered together: care and support for children, the elderly, and other vulnerable groups, nursing, social work, paid and unpaid care, in institutions and private households, related to health, upbringing, support of family members, friends and neighbours. In 2013, we went public with a Care Manifesto including suggestions concerning possible ways out, and pursued several activities.</p> <p>The Corona pandemic intensified these crises in all fields, the care crisis became visible. The pressing need for action became more noticeable than ever. In our 2020 position paper Clean Up Time! Redesigning Care after Corona, we suggest work packages providing possible answers to urgent questions to be addressed now. They go from introducing care mainstreaming, and improving working conditions for professional care to claiming more time for care in everyday life and the life course. In our contribution, we will discuss the impact of our work considering the recent developments in our countries.</p>	

#### Contributed papers

<b>Title of paper</b>	Getting out of the care crisis? An explorative analysis of newspapers' and experts' discourse on reforming long-term care policies in Italy and England
<b>Name of presenter</b>	Ester Gubert
<b>Affiliation</b>	University of Trento
<b>Abstract</b>	
<p>Long-term care (LTC) policies for the elderly in Italy and England have been at a standstill since the Eighties (Ranci &amp; Pavolini 2015). During the Covid-19 pandemic, their fragilities and inadequacies have entered the public eye. Indeed, the enormous impact of the virus on this vulnerable population turned the media's attention to care systems. This aroused the interest of researchers in the mediatic discourse, especially concerning residential care (Miller et al. 2020, Allen &amp; Ayalon 2021, Schroyer 2021). Little is known about the depiction of LTC policies and their possible changes. This paper explores the prevailing opinions of newspapers and experts on potential reforms of LTC policies in Italy and England. In particular, the interest is to analyse the sentiments on possible policy change and its directions, leading to expansion or dismantling and tradition or transformation. A content analysis of articles published in four leading newspapers and four specialised websites since the Pandemic outbreak is undertaken. After an initial phase of moderate optimism for comprehensive and transformative reform in both countries, disappointment and frustration alternate as the governments' promises were postponed or the political decisions did not match the expectations. In England, the overall sentiment is that only the first step toward reform has taken place, and many opportunities were missed to address crucial issues in the sector. Instead, favourable conditions in Italy support the expectation that the momentum for an expansive and transformative LTC policy reform has come.</p> <p>Allen L. D. &amp; Ayalon L. (2021) "It's pure panic": The portrayal of residential care in American newspapers</p>	

during COVID-19, *The Gerontologist*, 61(1), pp.86-97.

Miller E. A., Simpson E., Nadash P. & Gusmano M. (2020), Thrust into the spotlight: COVID-19 focuses media attention on nursing homes, *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*. Advanced online publication.

Ranci C. & Pavolini E. (2015), Not all that glitters is gold: long-term care reforms in the last two decades in Europe, *Journal of European Social Policy*, 25(3), pp.270-285.

Schroyer D. (2021), Media effects on individual worldview and wellness for long-term care residents amid the COVID-19 virus, *The Gerontologist*, 61(1), pp.8-12.

<b>Title of paper</b>	Nurses' Collaboration with Family Informal Caregivers in the Care Process during Hospitalization within the Patient- and Family-Centered Care (PFCC) Paradigm
<b>Name of presenter</b>	Hedva Vinarski-Peretz
<b>Affiliation</b>	Yezreel Valley Academic College
<b>Other authors</b>	Michal Mashiach-Eizenberg, Nasra Idilbi, Dafna Halperin; Yezreel Valley Academic College
<b>Abstract</b>	
<p><b>Aim:</b> The primary aim of the current study was to underscore individual and organizational factors that drive nurses' collaboration with the family in the care process. Further, this study examined the mediating role of the service climate in the link between nurses' attitudes toward the family and their collaboration with family members in the care process during hospitalization.</p> <p><b>Design:</b> This study was performed using a cross-sectional correlational design. The participants included a convenience sample of 179 nurses from 13 internal medicine, surgical and geriatric wards at a large public hospital in Israel.</p> <p><b>Methods:</b> Analyses were conducted using the IBM SPSS Statistics 25.0 and PROCESS macro. We conducted a multiple-regression analysis to test the contribution of all relationship variables to predicting nurses' collaborative behavior.</p> <p><b>Results:</b> The findings indicate that service climate had a conditional moderating effect in the relationship between nurses' perception of the family as a burden and their collaboration with the family in nursing care.</p> <p><b>Conclusion:</b> In the absence of a targeted service climate, nurses form perceptions about the families as a burden, which in turn affect their distinct non-collaboration, and vice versa. Impact: Although the current tendency is to implement patient- and family-centered care approach in healthcare organizations, only limited attention has been paid to understanding nurses' attitudes toward family importance in care or in the aging context. This study responds to a concrete need by recognizing factors that predict nurses' collaboration with family members in the care process.</p>	

## **Symposium 10: Institutional boundaries and wages in care employment**

Convenors: Franziska Dorn, University of Göttingen, Germany and Nancy Folbre, University of Massachusetts Amherst, US

Room: LT3 and streamed

A growing literature documents a clear “care penalty” on the wages of both women and men employed in care industries and occupations, controlling for individual characteristics and other factors. Because women are highly concentrated in care jobs, their average earnings are significantly affected. Other institutional factors also appear relevant, such as national policies, unionization, immigration status, and employment in public sector or a non-profit enterprises relative to for-profit businesses.

This session will bring together international researchers who are exploring these issues in order to promote greater communication, interaction and collaboration. It includes participants from the U.S., U.K., Canada, and Germany who will consider implications for other countries. Brief presentations will be followed by panel discussion.

### **Presentations:**

Naomi Lightman, (Toronto Metropolitan University), "Converging Economies of Care: A Comparison of Eighteen Countries"

Damian Grimshaw (King's College, London, UK), Mathew Johnson, Eva Herman, Jill Rubery (University of Manchester, UK), "Challenges and Contradictions Implementing a Real Living Wage in the UK Care Sector."

Hussein, Shereen (London School of Hygiene and Tropical Medicine, UK ) "Employment Inequalities among British Minority Ethnic Workers in Health and Social Care at the time of COVID-19,"

Leila Gautham, (University of Leeds, UK) and Nancy Folbre (University of Massachusetts Amherst, US), "The Cost of Doing Good: The Relative Wages of Human Service Workers in the U.S."

## TP9B Inequalities and care needs

Chair: Lina Van Aerschot

Room: LT4

### Full papers

- Johanna Schütz: Gender and regional inequalities in care needs: Novel insights from an analysis of German long-term care insurance data
- Jiby Mathew Puthenparambil: Care poverty and sources of care: a comparison between older persons relying on formal services, informal care or both
- Åsa Alftberg: Refamilisation and responsabilisation: Informal caregiving and dementia in a Swedish context
- Jiayu Zhang: Unmet care needs in informal long-term care provision in China: A case study of Guangzhou City

### Contributed paper

- Federico Sofritti: Implementing coordinated multi-level strategies to contrast inequalities among informal carers in Italy

<b>Title of paper</b>	Gender and regional inequalities in care needs: Novel insights from an analysis of German long-term care insurance data
<b>Name of presenter</b>	Johanna Schütz
<b>Affiliation</b>	University of Applied Sciences Kempten
<b>Other authors</b>	Alina Schmitz, Technical University Dortmund, Germany
<b>Abstract</b>	
<p>In order to receive long-term care (LTC) benefits in Germany, insured persons must undergo a standardised assessment recording health status, impairments, socio-demographic and care arrangements. Previous research on care needs and care arrangements mainly relies on survey data, which can underrepresent severely impaired older individuals. Drawing on Bavarian LTC insurance data from more than 126,000 adults, we investigate gender and regional inequalities in care arrangements, as both gender and place of residence are crucial determinants of health and social support systems in old age.</p> <p>We estimate multivariate regression models and bivariate models, linking individual and finegrained regional data. There are pronounced gender inequalities in care arrangements. Women are more likely to live alone, while men are more likely to live with others in their own homes. Controlling for age and level of disability, women are more likely to live in nursing homes than men. The probability of living in a nursing home increases with severity of care needs, especially mobility limitations are crucial. Particularly, persons with mental and behavioral disorders are more likely to live in nursing homes.</p> <p>Care arrangements also differ by regions. LTC recipients living alone in their own home are mostly found in larger cities. Furthermore, social inequalities play a role. While higher regional average household income is associated with fewer applications for LTC benefits, the number of LTC applicants is higher in regions with higher poverty rates.</p>	

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These findings highlight the impact of gender, socio-economic status and place of residence on care arrangements.

<b>Title of paper</b>	Care poverty and sources of care: a comparison between older persons relying on formal services, informal care or both
<b>Name of presenter</b>	Jiby Mathew Puthenparambil
<b>Affiliation</b>	University of Jyväskylä
<b>Other authors</b>	Lina Van Aerschot & Teppo Kröger; University of Jyväskylä
<b>Abstract</b>	
<p>This paper examines and compares unmet care needs among three groups of older people: those using only formal care services, those receiving only informal care and those depending on both formal and informal care. We explore similarities, dissimilarities, and reasons behind unmet care needs in these three groups. Our approach broadens the understanding of how older persons' unmet care needs differ depending on the availability of different kinds of care and support and capture the various patterns of care poverty. We use a survey dataset Daily Life and Care in Old Age (DACO) collected in 2020 among people aged 75+ in Finland (N=3,083). Preliminary results show that among those using only formal care 15% (n=6) report unmet care needs. Among those receiving only informal care 12% (n=117) and among those relying on both kinds of care 29% (n=238) report unmet care needs. Those using both formal and informal care thus report more unmet care needs than the other groups.</p> <p>Keywords: Care poverty, older people, care users, Finland.</p>	

<b>Title of paper</b>	Refamilisation and responsabilisation: Informal caregiving and dementia in a Swedish context
<b>Name of presenter</b>	Åsa Alftberg
<b>Affiliation</b>	Malmö University
<b>Abstract</b>	
<p>Society is facing a growing number of older people with dementia who remain in their ordinary homes for an extended period of time, and thus a growing group of informal carers. Informal carers in this context consist mainly of an older partner in a joint household, or adult children. This refamilisation process, with a growing number of informal carers due to the withdrawal of elder care, seems to be increasingly accompanied by a responsabilisation process which includes social constructions of how a “good carer” should be.</p> <p>This paper will explore how a discourse of refamilisation and responsabilisation are disclosed in information materials about dementia aimed at informal carers. The information consists of implicit expectations and ideas of different kinds of responsibility that lies on those who care for a family member with dementia. The responsibility does not only mean taking care of the person with dementia. Informal carers are also expected to take responsibility towards formal care institutions such as home help services and health care. Moreover, informal carers are expected to take care of themselves; a responsibility with purpose to strengthen their health in a vulnerable situation. Thus, the Foucauldian concept of self-care is relevant to understand the forming of a good carer. The individualisation of social issues where people are expected to take responsibility for their situation, including family members with severe illness, will increase inequalities.</p>	

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<b>Title of paper</b>	Unmet care needs in informal long-term care provision in China: A case study of Guangzhou City
<b>Name of presenter</b>	Jiayu Zhang
<b>Affiliation</b>	University of York
<b>Other authors</b>	Wing Kit Chan, Sun Yat-sen University
<b>Abstract</b>	
<p>Given the rapidly growing ageing population, diversified long-term care systems have been developed in China, particularly since the implementation of long-term care insurance in pilot cities in 2016. Despite the policy priorities placed on formal care, publicly funded informal care is also available in some cities. When choosing between formal or informal care covered by public insurance, informal care remains the primary or even the only option for many older people for various reasons. However, informal long-term care provision in China has usually been overlooked in previous literature.</p> <p>This paper focuses on the informal long-term care provision in China, investigating whether any unmet care needs exist based on a case study in Guangzhou, where informal care is included in the long-term care system. A thematic analysis of qualitative data from semi-structured interviews with disabled informal care recipients and their carers (N = 25) was performed. Different themes are identified, including reasons for choosing informal care instead of formal care, barriers during the provision of informal care, and policy expectations for the long-term care system. Due to the availability and affordability of care alternatives, many families continue to provide informal care even with long-term care insurance. Care inequalities persist across household purchasing power for services provided beyond the family. The expectations for more professional and higher-quality informal care and more sustainable formal care to relieve the family care burden still need to be met. Policy implications for targeting long-term care needs in a broader Chinese context are also discussed.</p>	

#### Contributed paper

<b>Title of paper</b>	Implementing coordinated multi-level strategies to contrast inequalities among informal carers in Italy
<b>Name of presenter</b>	Federico Sofritti
<b>Affiliation</b>	INRCA IRCSS - National Institute of Health & Sciences on Ageing
<b>Other authors</b>	Cristina Calvi, Giovanni Lamura and Georgia Casanova; INRCA IRCSS - National Institute of Health & Sciences on Ageing
<b>Abstract</b>	
<p><i>Introduction:</i> after the implementation of a participatory multi-level programme on active ageing, that has led to the first Plan of Action in this area by the Italian government, a similar initiative has been recently undertaken to promote more comprehensive policies to support informal carers of older people with longterm care (LTC) needs. The diversified socio-economic impact of informal care increases social and health inequalities among "caring households" in many European countries, including Italy. While active ageing is a relatively new policy field, LTC represents a more well-established sector of political action, but in Italy the regionalisation of care competencies has led to strong regional inequalities and a resistance by regional authorities to State interference in this field. The dramatic impact of the pandemic has radically questioned the validity of this approach, and an advanced proposal to reform the system is currently being discussed.</p> <p><i>Methods:</i> this paper will reconstruct the state of art of Italy's regional policies for informal carers of dependent older people with LTC needs, via a secondary data analysis, grey materials, expert interviews and a bottom-up consultation of main stakeholders involved in the current design of the nation-wide LTC</p>	

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reform.

*Expected results:* starting with an analysis of regional differences in informal care policies, key elements and implications of the currently debated national reform will be discussed, providing the coordinates also for change at regional level. The strengths and weaknesses of these regional policies will be analysed, highlighting possible lessons to contrast inequities among informal carers and beyond.

**TP17A Public administration reforms in long-term care service organisation: de-bureaucratizing, democratising, and improving labour conditions**  
***Social care integration, boundaries and governance***

Chairs: David Palomera and Tine Rostgaard

Room: WR2

Full papers

- Emmy Hjort-Enemark Topholm: The interplay between organizational and disciplinary boundaries: A comparative casestudy on boundary work between nurses and home care workers in two organizationally different home and health care settings in Denmark
- Alis Sopadzhiyan: Boundaries Issues related to Local Implementation of Dedicated Coordination Schemes in four Policy Areas in France
- Madeleine Stevens: Strengths-based approaches in policy and practice to re-personalise adult social care: The example of The Three Conversations in the UK
- Youngbin Kwon: What makes integrated care system for older people get closer to the community?

Contributed papers

- Olivier Giraud: What room for maneuver for policy options in the post-NPM context and in multilevel governance setting in Paris, Lyons and Marseilles?
- Lara Fizaine: Governing social care and doing diversity after decentralization reforms in a participation society: the case of Weert

<b>Title of paper</b>	The interplay between organizational and disciplinary boundaries: A comparative casestudy on boundary work between nurses and home care workers in two organizationally different home and health care settings in Denmark
<b>Name of presenter</b>	Emmy Hjort-Enemark Topholm
<b>Affiliation</b>	VIVE - The Danish Center for Social Science Research
<b>Abstract</b>	
<p>Integrated organizing such as multidisciplinary teams are increasingly emerging within health care in order to reduce fragmentation through increased interdisciplinary collaboration. This is also the case in less professionalized areas such as municipal home and health care where integration may pose a challenge to existing disciplinary boundaries, practice domains and professional projects. While the literature on boundary work among established health care professions is rich, scholars have recently called for more research into how lower status groups negotiate boundaries as well as studies that compare boundary work practices across organizational settings. Based on a qualitative multiple casestudy in traditional and integrated home and health care organizations in Denmark, the study found that collaborative boundary work was most salient among both nurses and home care workers in integrated settings, which was connected to successful collaboration. In contrast, competitive boundary work dominated the nurses' practices in the traditional settings, and in response, the home care workers' also adopted competitive strategies. This was connected to poor interdisciplinary collaboration. The study makes three contributions. First, it identifies the various strategies that these lower status groups draw on. Second, it confirms that collaborative and competitive boundary work can coexist, as these two forms were practiced in both traditional and integrated settings, but suggests that either one will dominate the interactions. Third, it indicates that which form dominates varies with organizational setting, and thus that organizational</p>	

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boundaries produces different forms of boundary work with different effects for the delivery of holistic services to elderly clients.

<b>Title of paper</b>	Boundaries Issues related to Local Implementation of Dedicated Coordination Schemes in four Policy Areas in France
<b>Name of presenter</b>	Alis Sopadzhyan
<b>Affiliation</b>	University of Rennes
<b>Other authors</b>	Ridel Déborah, University of Rennes
<b>Abstract</b>	
<p>In France, as in many other countries, health and social care is fragmented. Two types of policies have been undertaken to reduce this fragmentation and improve health and social care coordination – policies creating dedicated coordination schemes, and policies reconfiguring the health and social care systems’ organisation and governance. Both health care (primary versus hospital care) and long term care for older or disabled people are concerned. Analysis of four policy areas – primary care, mental health, care for older people and care for disabled people – shows a marked acceleration of these policies since the mid-2010.</p> <p>We propose to analyse the process of local implementation of various coordination schemes created since 2015 in a twofold way:</p> <ul style="list-style-type: none"> <li>• Their reception and implementation by local institutional and professional actors: Regional Health Agencies, Local Authorities and professionals from local health and social care organisations piloting those coordination schemes. How do national policies and local dynamics interact? How do they punctuate the implementation process?</li> <li>• The negotiations and arbitrations related to the organisational settings of the schemes: how local geographical and administrative territories and shared responsibilities for territorial and clinical coordination were reconfigured?</li> </ul> <p>Our first results show that the implementation of dedicated coordination schemes induces boundary reshaping processes highly constrained by structural conditions and pre-existing dynamics. Results and further analysis are based on exploratory survey (October-December 2022) and the first wave of semi-directive interviews (n=15, January-May 2023) as part of a research project about the implementation of dedicated coordination schemes at the local level in France.</p>	

<b>Title of paper</b>	Strengths-based approaches in policy and practice to re-personalise adult social care: The example of The Three Conversations in the UK
<b>Name of presenter</b>	Madeleine Stevens
<b>Affiliation</b>	London School of Economic and Political Science
<b>Other authors</b>	Mike Clarke, Nicola Brimblecombe, Jessica Carlisle (all of Care Policy and Evaluation Centre, London School of Economic and Political Science) Miranda MacGill, Head of Care Design, Bi-Borough Integrated Commissioning, Royal Borough of Kensington & Chelsea   Westminster City Council, London.
<b>Abstract</b>	
In the UK policy reforms have led to promotion of ‘strengths-based approaches’ to address	

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over-bureaucratisation and under-personalisation of services resulting from a New Public Management-style focus on permissions, paperwork and processes. 'The Three Conversations' is one such approach implemented, to varying degrees, in over 25 UK Local Authorities. The Three Conversations involves an overhaul of ethos and recording systems; frontline professionals are supported to work creatively with people in a strengths-based, relationship-focussed way, from initial contact. Formal eligibility assessment is delayed or, in many cases, eliminated, where long-term care packages are not needed. Proponents claim that The Three Conversations enables practitioners to provide more tailored, preventative support, reducing the need for long-term care packages. However, there is scepticism about strengths-based approaches: some argue that they offer nothing new or are merely a cost-cutting exercise, given their focus on building and making more use of informal, family, and community resources. Formal evaluation of such approaches is currently lacking.

Our research ([www.sscr.nihr.ac.uk/projects/p157/](http://www.sscr.nihr.ac.uk/projects/p157/)) has examined how The Three Conversations operates in practice, in collaboration with three Local Authority sites, based on interviews and workshops with staff, carers, and people receiving services, as well as data collected by sites. We have developed a Theory of Change setting out key activities and intermediate outcomes associated with operation of the approach in practice, which is intended to support implementation and meaningful evaluation. Our findings present potential benefits and pitfalls, policy-relevance, and barriers to successful incorporation of the approach as 'business as usual'.

<b>Title of paper</b>	What makes integrated care system for older people get closer to the community?
<b>Name of presenter</b>	Youngbin Kwon
<b>Affiliation</b>	University of Jyväskylä, CoE AgeCare
<b>Abstract</b>	
<p>To a great extent, the integrated care system for older people can be seen as developing towards a more combined concept of ageing in place, community care and marketisation that seeks to embed communitarianism and care coordination strategies into the older people care system.</p> <p>To explore this tendency, the study selected three representative cases from Finland, England and South Korea considering the cases' size, history and the concept of combined identity as described above. Within the policy discourse from three cases, the integrated care system has been commonly justified according to three objectives: (1) providing care user centred co-ordinated and seamless care services, (2) providing one-stop services by creating an integrated agency that is the place where various care actors work together, (3) providing cost-effective services by coproducing services across the public, private and voluntary sector. And the cases show clear differences in the approach to the community and the ways of drawing community resources to the care system. They also reveal different features in the organisational structure.</p> <p>The study endeavours to point out these differences from organisational perspectives and to discuss how these differences affect community affinity.</p> <p>The study employs 'elite interview' to understand a complex set of integrated care programmes in each case. The study conducted 12 semi-structured interviews with representatives from participant organisations of each case. To adopt the advantage of triangulation, interviewers were selected from diverse ranges of sectors. By eliciting the perspectives of interviewers, the findings highlight three points: the shapes of integrated agency, connection types of participants and the volume of voluntary sector involvement.</p>	

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<b>Title of paper</b>	What room for maneuver for policy options in the post-NPM context and in multilevel governance setting in Paris, Lyons and Marseilles?
<b>Name of presenter</b>	Olivier Giraud
<b>Affiliation</b>	CNRS
<b>Other authors</b>	Sophie Bérout Arnaud Trenta Cristina Nizzoli Christèle Meilland Anne Petiau Barbara Rist Abdia Touahria-Gaillard
<b>Abstract</b>	
<p>In the context of an ongoing research project, we investigate the capacity of a territorialized policy system to have an impact on the quality of the home delivery of long-term care (LTC) for frail elderly. In France, LTC, both for the aged and for people with disability, is a decentralized policy domain, attributed to the départements (districts). However, in this domain, the lion's share of the financing is national, the regulation of the health care counterparts of LTC happens at regional level, the local authorities traditionally play an important role, and an important part of (mostly private) LTC providers are organized at local level. This multi-level institutional setting furthermore faces a policy context marked by both the general goal setting of equality of access and of new public management. This general structuring of LTC policies in France, as this is the case in most European countries and for most social policy issues (Graser, Kuhnle, 2010) weakens the transparency and accountability of policy making (Papadopoulos, 2010). In a more practical sense, it raises the complexity of decision making, regulation and delivery. In line with the analytical framework in terms of Functional regulatory space (FRS) (Varone, et al., 2013), we think that in the case of LTC for the aged, it is necessary to productive to focus on the tree following dimensions. First, it is necessary to look at the real existing logic of power between the institutions and organizations in each local context and to analyze the capacity of the various actors to influence the goal setting attributed to LTC. Second, the analysis of the "redefinition of the spatial boundaries of political regulation" provides valuable research results. Third, the concept of FRS invites to look at the redefinition of the distribution of "tasks and competencies" amongst the various stakeholders to a same policy in the various territorial contexts.</p> <p>In the context of our research project, and for the cases of the urban areas of Paris, Lyons and Marseilles, we apply the adapted analytical grid in terms of FRS to the three following issues:</p> <ul style="list-style-type: none"> <li>- Assessing needs and entitlements, and grating access to service provision;</li> <li>- Managing service providers;</li> <li>- Organizing concrete provision around qualitative priorities.</li> </ul> <p>Based on grey literature, statistics and semi-structured interviews, our research results will deliver a comparative analysis based on our analytical grid of our three case studies, focusing on the 3 research issues.</p> <p><b>References:</b></p> <p>Graser, Alexander; Kuhnle, Stein (2010). "Social policy and multi-level governance". In Enderlein, Henrik; Wälti, Sonja; Zürn, Michael (eds.). <i>Handbook on Multi-level Governance</i>. Edward Elgar, Cheltenham, 399-409.</p> <p>Papadopoulos, Yannis (2010) "Accountability and Multi-level Governance: More Accountability, Less Democracy?", <i>West European Politics</i>, 33:5, 1030-1049.</p> <p>Varone, Frédéric; Nahrath, Stéphane; Aubin, David; Gerber, Jean-David (2013). "Functional regulatory</p>	

spaces". *Policy Sciences*. 46:1, 311-333.

<b>Title of paper</b>	Governing social care and doing diversity after decentralization reforms in a participation society: the case of Weert
<b>Name of presenter</b>	Lara Fizaine
<b>Affiliation</b>	Netherlands Interdisciplinary Demographic Institute (NIDI)/Erasmus University Rotterdam (EUR)
<b>Abstract</b>	
<p>Following the heydays of its welfare system, the Netherlands saw a period of welfare state retrenchment and the implementation of policies focused on cost containment and efficiency across policy domains. By the early 2000s, it was clear these policies were not achieving their goals of reducing costs and a new wave of reforms were put into place. Centered around the concept of the participation society (participatiemaatschappij), these reforms decentralized most policy domains, assuming that municipalities would be better equipped to meet their inhabitants' needs and wants, therefore increasing social participation and reducing costs.</p> <p>I study the effects of the reforms on the governance of social care. I highlight how the reforms presented both challenges and opportunities for municipalities, who suddenly became responsible for organizing (equal access to) social care. I look in particular at the case of one municipality, Weert (a small, formerly industrial city next to the Belgian border). I ask why and how it took the reforms as an opportunity to improve existing citizen participation processes and create a city-wide diversity policy and how this affected the way they organize social care.</p> <p>I do so by analyzing a small number of texts produced within the municipality, including a municipal council note on a possible diversity policy and a call for innovative citizen-led projects in care. After doing a discursive analysis of the texts, I trace the involvement of different actors in their production. Finally, I look at the local socio-culturo-political context and civil society reactions to the texts.</p>	

## TP12B Ageing, disability, care and (inter-)dependency

Chair: Valeria Cappellato

Room: SR11

### Full papers

- Salla Era: Dependent by default? The experiences of in/ter/dependencies of older persons during the COVID-19 pandemic
- Håkan Jönson: The use of home care as a form of work
- Claire Edwards: "It's a perception thing that disabled people can't give care in any shape or form": Revealing interdependence and relationality through disabled people's caregiving practices
- Daniel Doh: Ageing together and the paradox of negotiating care transitions for disability carers in multicultural migrant communities

Discussant: Eugenia Mercuri

<b>Title of paper</b>	Dependent by default? The experiences of in/ter/dependencies of older persons during the COVID-19 pandemic
<b>Name of presenter</b>	Salla Era
<b>Affiliation</b>	Centre of Excellence in Research on Ageing and Care (CoE AgeCare), University of Jyväskylä
<b>Other authors</b>	Emilia Leinonen, Centre of Excellence in Research on Ageing and Care (CoE AgeCare), University of Jyväskylä
<b>Abstract</b>	
<p>In this article, we explore the intertwined concept(s) of in/ter/dependency with empirical data on experiences of persons 70+ during the COVID-19 pandemic. The pandemic made dependencies visible for all, but for some, dependency was made more explicit. In the first few months of the pandemic, persons over 70 years of age were recommended to stay in quarantine-like conditions. In a sense, with that recommendation, 70+ people were all put in the category of 'dependent' whereas all others were given the possibility to choose – to stay 'independent'. In this article we ask how this explicated dependency was experienced by the older persons themselves?</p> <p>Our data consist of written letters (n=77) from Finnish persons aged 70 or older. We use facet methodology (Mason, 2011) in our article, seeing our overall question as a cut gemstone with facets that illuminate different aspects of the in/ter/dependencies during the pandemic. In our analysis, we divided the descriptions of dependencies into four different categories: social, spatial, temporal and material dependencies. These dependencies highlight the arbitrariness of social isolation as a safety measure as older persons were tied to their surroundings, whatever they were, and had to find a way to cope with the new situation. Within the category of 'dependent', also independence and interdependence were manifested in different ways, based on how the restrictions were seen. Our results show that dependency was also negotiated in relation to the state: either the safety measures were considered to be welcomed 'caring about' or unnecessary paternalism.</p>	

<b>Title of paper</b>	The use of home care as a form of work
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<b>Name of presenter</b>	Håkan Jönson
<b>Affiliation</b>	Lund University
<b>Other authors</b>	Glenn Möllergren and Tove Harnett, Lund University
<b>Abstract</b>	
<p>Research on eldercare has mostly taken a provider perspective, focusing on activities of formal and informal carers and systems. This perspective tends to cast older people as passive objects who are dependent on the thoughts and efforts of others. This tendency is also present in theories on care. Inspired by research within the field of disability studies, this paper takes a different approach and investigates activities that older care users apply to make home care “work out” in the context of their everyday lives. The study has an ethnographic approach and is based on 35 interviews with home care users, supplemented by participant observations of 20 occasions when care is being performed in the home of an older person. Using Dorothy Smith’s theory on “work knowledge” the study identified practical, emotional and rhetorical strategies that home care users develop: making preparations before staff arrives in order for the care to be performed smoothly, teaching and instructing staff, praising staff to make them feel special, learning what staff to ask for what type of tasks and refrain from complaining so as not to hurt the staff. By acknowledging older persons’ “work” when receiving home care, the study is an important contribution to research on eldercare.</p>	

<b>Title of paper</b>	“It’s a perception thing that disabled people can’t give care in any shape or form”: Revealing interdependence and relationality through disabled people’s caregiving practices
<b>Name of presenter</b>	Claire Edwards
<b>Affiliation</b>	University College Cork
<b>Other authors</b>	Cliona Loughnane, University College Cork
<b>Abstract</b>	
<p>Care has historically been framed as something done to disabled people. Disability rights scholars have critiqued the loss of control and dependency associated with such understandings and experiences of care to instead prioritise independence; while feminist care ethics has increasingly emphasised a relational conception of humans as interdependent care givers and receivers (Tronto, 2013). Seeking to develop a ‘discourses bridge’ (Hughes et al., 2005: 271) across these two perspectives, in this paper we draw on feminist ethics of care and critical disability studies to reveal the intricacies of disabled people’s caregiving. Seeking to extend care knowledge with people with lived experience of caring (Ward et al., 2020), we focus on interviews and focus groups with disabled people engaged in an independent living political collective in Ireland. The paper describes the breadth of participants’ everyday caregiving – within their families, for friends, neighbours, members of their disability community, for the planet, as well as through their own paid roles within Disabled Person’s Organisations and in homecare. Participants also detail their emotional labour to sustain the Personal Assistants (PA) and care workers engaged in their paid care and how they leverage their PA services to be more practically involved in familial care. Our paper reflects on how disabled people’s caregiving practices demonstrate the relationality of caring, recast the boundaries between formal and informal care as porous and shifting, and directly contest the relevance of the carer/cared-for binary. We call for recognition of disabled people’s dual position as citizen-carer and ‘cared-for-citizen’ (Lynch, 2022: 125).</p> <p><b>Key words:</b> caregiving; interdependence; disability rights; feminist ethics of care</p> <p><b>References</b></p> <p>Hughes, B., McKie, L., Hopkins, D., and Watson, N. (2005) Love’s Labours Lost? Feminism, the Disabled</p>	

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<b>Title of paper</b>	Ageing together and the paradox of negotiating care transitions for disability carers in multicultural migrant communities
<b>Name of presenter</b>	Daniel Doh
<b>Affiliation</b>	Western Sydney University
<b>Other authors</b>	Karen Soldatic, Lise Mogensen, Rohini Balram, Nichole Georgeou; Western Sydney University
<b>Abstract</b>	
<p>The combined ageing process of family disability carers and their family members with disability, typically adult sons and daughters, is a critical milestone in social care. However, it also raises concerns about the future of care for both groups. It is worse for minority migrant communities who have historically had difficulty accessing services in Australia. This paper examines the care transition planning and experiences of 10 families in Western Sydney's minority migrant communities in collaboration with an industry partner. We conducted in-depth family interviews and held a follow-up validation workshop with families comprising an ageing carer (≥58 years) and a family member with a disability (≥24 years). Findings showed growing anxiety among informal ageing disability carers over the future care of their sons and daughters with a disability. The anxiety arose from concerns over their aged-related health and unreliable support from other family members. Care transition planning was one-sided, with carers thinking more of the care of their family member rather than themselves. Working towards the independence of the family member with a disability through capacity-building initiatives was the most cited strategy used by families. Ageing carers also discussed Public Guardianship and trustees, respite opportunities, and ongoing support through the national disability insurance scheme as essential for them. There are uncertainties arising from the lack of information and the ability to access opportunities to support the transition process. Therefore, we argue that advocacy and carer support organisations strengthen and empower ageing disability carers to negotiate the care transition process. Such interventions must consider cultural and family norms associated with migrant communities.</p>	

### TP3A Digital technologies and care in crisis contexts: Re-drawing boundaries

Chairs: Kate Hamblin and Grace Whitfield

Room: SR12

#### Full papers

- Anna Samén: Articulations of care - A policy analysis of Swedish municipal documents on implementation of welfare technologies in eldercare
- Grant Gibson: "You can't have too many iPads within a care home"; Evaluating a digital social connectivity programme within care homes during the COVID-19 pandemic using the NASSS framework
- Katharina Koch: Digital tools in elderly care: Which system-level factors hinder or support the digitisation of the health sector in Germany and Sweden?
- Maria Nilsson: "Don't leave anyone behind" – An interview study with board members of the Swedish pensioners' organisations about the consequences of the welfare technology discourse

#### Full papers

<b>Title of paper</b>	Articulations of care - A policy analysis of Swedish municipal documents on implementation of welfare technologies in eldercare
<b>Name of presenter</b>	Anna Samén
<b>Affiliation</b>	Umeå University
<b>Other authors</b>	Jens Lindberg and Katarina Andersson, Umeå University
<b>Abstract</b>	
<p>The increase in the older population have been described as a major challenge for Western eldercare. In light of such demographic changes, welfare technologies have been presented as a solution. It has been claimed in both international and Swedish government policy, that digital technologies can improve how care is given and received. There is, however, still limited knowledge about what happens with national policies are taken to municipal and local levels. The aim of this study is to investigate how the concept of "care" is given meaning in municipal policy document about the development and implementation of welfare technologies in eldercare. To do that, we rely on a poststructuralist theoretical framework and use Carol Bacchis WRP-approach. Preliminary results show that care tend to be articulated as an organizational matter in municipal policy, and that through concepts such as independence, self-help, prevention and support, formal care is both extenuated and transferred into the future of older people's lives. Potential implications of such re-articulations of care are, however, not discussed.</p>	

<b>Title of paper</b>	"You can't have too many iPads within a care home"; Evaluating a digital social connectivity programme within care homes during the COVID-19 pandemic using the NASSS framework
<b>Name of presenter</b>	Grant Gibson
<b>Affiliation</b>	University of Stirling
<b>Other authors</b>	Ismini Pavlopoulou, Carolyn Wilson-Nash, Louise McCabe; University of Stirling

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<b>Abstract</b>
<p>One outcome of the COVID-19 pandemic was the rapid implementation of digital technologies within care homes as an emergency measure to reduce the profound social isolation experienced by their residents. One such programme was ‘Connecting Resident’s in Scotland’s Care Homes;’ a Scottish project that introduced iPads into care homes in late 2020 as a response to the 1st phase of the pandemic. The project used the ‘non-adoption, abandonment, and challenges to scale-up, spread, and sustainability’ (NASSS) framework to gather empirical evidence regarding the effectiveness of the programme and factors influencing the successful adoption (or not) of iPads among residents. The project involved qualitative Interviews with 22 care home workers, and 4 ‘deep dive’ workshops with care home residents and staff.</p> <p>The evaluation demonstrated that Connecting Scotland had positive and sustainable impacts on residents’ lives, becoming an important resource and tool for care homes. The successful adoption of iPads was driven by a complex interplay of factors, including the technology, adopters, organisations involved in implementing the technology, and the wider stakeholder system. Successful cases of adoption were characterised by complex, highly personalised approaches instigated by Activities Co-ordinators - specific care staff, who had training, knowledge and enthusiasm for the technology. In addition, these staff members were given the capacity and flexibility to develop the often complex and ‘hidden’ socio-technical arrangements required to support the technology. Our results suggest that personalised, flexible and person-centred approaches to technology create the best chance of technologies being successfully adopted and sustained within care homes.</p>

<b>Title of paper</b>	Digital tools in elderly care: Which system-level factors hinder or support the digitisation of the health sector in Germany and Sweden?
<b>Name of presenter</b>	Katharina Koch
<b>Affiliation</b>	University of Mannheim
<b>Abstract</b>	<p>In recent decades, eHealth has become a highly relevant issue in almost all welfare states. Digital tools are often regarded as an effective means of addressing the challenges posed by increasing numbers of elderly in need of care and the limited resources available. However, countries are at different stages and have of course followed different paths in the digitisation of HC systems.</p> <p>Against this background, this paper analyses which factors can explain these differences in the state of digitisation of HC, focusing on the system level. This includes institutional characteristics, digital governance and the distribution of tasks. With Germany and Sweden, two countries are compared that are at different stages of implementing digital tools in HC. While Sweden is considered a pioneer in eHealth, Germany is a latecomer. Additionally, both countries belong to different welfare state regimes, resulting in different institutional and organisational barriers to the implementation of digital tools.</p> <p>In addition to secondary analysis, we use Mayring’s Qualitative Content Analysis to analyse data from 27 expert interviews with representatives of stakeholder organisations in Germany and Sweden and from 14 position papers with a focus on digitisation from key institutions. These data provide insights into interests, strategies and problems from the perspective of actors in the HC system.</p> <p>Preliminary results show that interoperability, utility and standardisation are crucial issues for the implementation of eHealth, which have been addressed differently in the two countries. Furthermore, the link between inpatient and outpatient HC seems to be crucial.</p>

<b>Title of paper</b>	“Don’t leave anyone behind” – An interview study with board members of the
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	Swedish pensioners' organisations about the consequences of the welfare technology discourse
<b>Name of presenter</b>	Maria Nilsson
<b>Affiliation</b>	Linnaeus University, Swedish Family Care Competence Centre
<b>Other authors</b>	Stefan Andersson, Lennart Magnusson, Elizabeth Hanson; Linnaeus University and Swedish Family Care Competence Centre
<b>Abstract</b>	
<p>Sweden is one of the super-aged societies, and national policy emphasises the necessity of welfare technology as integral to future provision of health and social care for older people. The Agency for Digital Government (DIGG) states that digital services from public providers, wherever feasible and relevant, should be the first choice, and digital communication channels should be the sole option.</p> <p>Despite a system based on universalism, informal care constitutes a cornerstone of health and social care in Sweden. More than half of Sweden's 1.2 million informal carers provide care to an older person.</p> <p>This paper examines the perceptions and experiences among members of the two largest pensioners organisations in Sweden, regarding the consequences of the implementation and use of welfare technology in the health and social care sectors.</p> <p>Research questions include the following:</p> <p>1) What economic, democratic and health effects do pensioners' organisations perceive that the introduction of welfare technology has had for their members: i) in the role of care recipients and ii) in the role of informal carers who provide care, help and support to a next of kin?</p> <p>2) Where do the pensioners' organisations perceive that the discursive power lies?</p> <p>Four focus group interviews were conducted with district board members of Sweden's two largest pensioners organisations.</p> <p>Groups highlighted how a lack of economic resources, knowledge, cognitive abilities, and social context negatively impacted participation in a digitalised society. All groups referred to the risk of increased loneliness when welfare technology was implemented, despite them also identifying positive aspects.</p> <p>Groups discussed how access to informal carers was crucial for their members since carers bridge the gap between the older person and care providers using technology.</p> <p>Finally, the groups felt a lack of inclusion within the decision-making process, despite being part of advisory councils in the municipalities. In their view, it was often a case of one-way information, and their voices were given insufficient weight.</p>	

## TP1 Family transitions: rethinking care in the face of changing household constellations

Chairs: Marie-Kristin Döbler

Room: SR14

### Full papers

- Carme Vivancos Sánchez: Rethinking motherhood, work and care: a case study of young feminists in Barcelona
- Chino Yabunaga: Who are expected as parenting members? Configurations of coparenting anticipated by expectant parents from the Copagloba study
- Marie-Kristin Döbler: Rethinking care: the dissolution of family households
- Mao Saito : Public interest in Young Carers in Japan: Issues of support for carers in the Familialistic Welfare Regime

<b>Title of paper</b>	Rethinking motherhood, work and care: a case study of young feminists in Barcelona
<b>Name of presenter</b>	Carme Vivancos Sánchez
<b>Affiliation</b>	University of Barcelona
<b>Other authors</b>	Clara Camps Calvet, Elisabet Almeda Samaranch; University of Barcelona
<b>Abstract</b>	
<p>To study women's subjectivity and identity as working-mothers we start from the positions that intersect love and care as a cultural fact, neo-liberalism as the current socio-economic framework, and patriarchy as the prevailing social structure. How individuals understand themselves in relation to work is linked to how they understand themselves in care, family relations and sex-affective relations, and vice versa.</p> <p>The aim is to find out how the desire to be a mother is constructed in women between twenty and thirty years living in Barcelona who participate in the feminist movement and have a precarious employment situation. The study of desire in relation to motherhood is what allows us to understand how women are constructing their future identity as possible working-mothers. The study of feminist women allows us to understand the construction of alternative ways of mothering. The work context that they foresee for their future and their ideas in relation to the construction of loving and family ties become the two independent variables of analysis to understand their desire in relation to motherhood and how they are constructing their identity.</p> <p>The research includes 20 semi-structured interviews with women who participate in feminist collectives in Barcelona, where the feminist movement prevalence and has capacity for change. The interviews cover questions related ideas about love, work, family, motherhood and care. It is approached considering that the neo-liberal economic context and the prevailing patriarchal values condition the space for care, labour market and affective and loving bonds.</p>	

<b>Title of paper</b>	Who are expected as parenting members? Configurations of coparenting anticipated by expectant parents from the Copagloba study
<b>Name of presenter</b>	Chino Yabunaga

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<b>Affiliation</b>	Toyo University
<b>Other authors</b>	Anna Rönkä, University of Jyväskylä Anna Leena Böök, University of Jyväskylä Marisa Matias, University of Porto
<b>Abstract</b>	
<p>Coparenting refers to the mutual support and its coordination of individuals who share parenting responsibilities. It begins to be constructed already before the birth of the first child and can be a significant resource for families and society. Although there is an increasing number of studies in different countries, cross-national comparative studies are still scarce. This study aims to identify and compare the barriers and potential facilitators associated with the construction of coparenting relationships during the transition to parenthood through analysing the expected coparenting configuration by expectant mothers and fathers from a cross-national comparative perspective.</p> <p>The study is part of the international project “Learning to coparent: A longitudinal, cross-national study on the construction of coparenting in transition to parenthood”. The sample consisted of expectant couples from Finland (n = 30), Portugal (n = 30) and Japan (n = 30) who participated in individual semi-structured online interviews on their expectations concerning their future coparenting implemented in 2020-2021. Thematic analysis was conducted as an iterative process within and between countries being sensitive to differences between countries and genders in all phases of the analysis.</p> <p>Analysis showed cross-national and gender differences in expected coparenting configurations (spheres, agents, and intensity and variation of commitment). Additionally, differences in configurations reflect the image of the model of parenting they hold and what they have witnessed and perceived during their growing up process. Both similarities and differences between countries and genders will be highlighted and discussed in the socio-cultural and policy contexts.</p>	

<b>Title of paper</b>	Rethinking care: the dissolution of family households
<b>Name of presenter</b>	Marie-Kristin Döbler
<b>Affiliation</b>	Universität Tübingen
<b>Abstract</b>	
<p>Against the backdrop of the well-researched transition into parenthood we look at the ‘end’ of active parenthood: we investigate how parents do the transition into what is called empty nest. Based on qualitative reconstructive analysis of interviews, internet forums, self-help books we find that becoming mother and father is indeed a crossroad for developing male and female biographies, which shape parental life courses in very different ways from the moment of the first child’s birth onwards and, therefore, result in gender differentiated experiences of a family household’s dissolution.</p> <p>Case studies of parents, who had their children in the early 1990s and who belong to a highly educated middle class serve as empirical base for the presentation. On the one hand, their life stories reveal an odd simultaneity of ideas of equality, the new child-centered ideal of education and of parent-child relationship. On the other hand, at least four different kinds of relationality become evident: first, we find path dependencies between the two major family transitions, i.e. arrival and departure of children. Secondly, we reconstruct interlinked parental life courses, i.e. mothers’ and the fathers’ biographies are related ‘organically’. Thirdly, we observe mutual dependencies between different spheres of life, i.e. especially between care and paid employment. Finally, we identify interrelations between discourses and institutions, i.e. primarily the ideal of intensive parenting and an expanding advisory market directed at the empty nest, as well as their effects on individuals’ way of doing family transitions.</p>	

<b>Title of paper</b>	Public interest in Young Carers in Japan: Issues of support for carers in the Familialistic Welfare Regime
<b>Name of presenter</b>	Mao Saito
<b>Affiliation</b>	Ritsumeikan University
<b>Other authors</b>	Yuki Kameyama (Young Adult Carer, Hokkaido University) Yu Kasai (Young Adult Carer, Ritsumeikan University)
<b>Abstract</b>	
<p>The “Young Carers” starts to arouse public interest at the beginning of 2020s in Japan. The government made some fact-finding surveys of the young carer themselves and set concentrated support measures against the young carer between 2022-2024.</p> <p>Japan is a part of Eastern Asia, which is a familialistic welfare regime. Here, most of the services are not considered with being provided by society, but by family. Naturally, the family is recognized as the prime responsible person for care. Familialism has not only interfered with the enactment of legislation for supporting carers but also has a great influence on a carer’s self-awareness of caring.</p> <p>The young carer problem is placed on the critical border of social contradiction in such a situation. That is to say, an over 18 years old person including young adult carers is enforced to be self-support although an under 18 years old person can be supported based on the Child Welfare Act. The government’s tendency is to emphasize “age” too much. In other words, they support the young carers because they are just “too young” and inappropriate to take the role of care. It is necessary to pay consideration to this dichotomy between “child” and “adult”.</p> <p>We started participatory action research on young carers in 2021, examined distinctive subjects, and found social resources. In this presentation, we clarify the present subjects of young carers, especially young adult carers at the same time, deal with the subject of the social supporting system in the familialistic welfare regime.</p>	

#### **Symposium 4: Negotiating care in the context of multiple commitments: Combining paid work and informal care across the life span**

Presenters: Fiona Alpass (Convenor and Discussant), Mary Breheny, Rosie Gibson, Shanika Koreshi & Kate O'Loughlin (Discussant)

Room: SR15

Many governments are focused on policies that reduce the need for residential care, such as ageing in place and community care policies for people with disabilities. Such policies reduce the expense of funding formal care. However, this brings an increased expectation that care will be provided informally. Informal family-based care has become an essential part of the health care system providing many benefits including improved patient outcomes, reduced re-hospitalisations and delayed residential care placements. Many people prefer to be supported informally and carers value the ability to care for people they are close to. Caring roles can extend across the life span. Thus, many informal carers must combine care with work or study, and these experiences may differ depending on when in the life course they occur. The reconciliation of paid work and informal care is complex for many carers and can impact on their health, wellbeing and financial security.

This proposed symposium includes contributions from major research studies from New Zealand and Australia. The first paper (Alpass) analyses factors that enable older informal carers in New Zealand to return to or remain in paid employment. Using multiple waves of data from the longitudinal New Zealand Health, Work and Retirement (HWR) study we highlight predictors of 2-year employment outcomes among unemployed and employed carers in later life. The second paper (Breheny) presents findings from a longitudinal qualitative study which interviewed informal carers who were also employed about their experiences of negotiating work and care. The advantages and disadvantages of flexible work arrangements for supporting care are highlighted. The third paper (Koreshi) utilises HWR longitudinal data to examine how work status preferences of older adults among different age groups (55-59, 60-64 and 65+) influence the decision to take up caregiving responsibilities. Participants aged 55-59 years in involuntary part-time work were more likely to take up care at follow-up. The final paper (Gibson) examines the impact of combining caring with study or work on the sleep of young informal carers. Participants described how their sleep was often compromised due to competing responsibilities. They struggled to support family members as well as maintain school or work commitments.

Papers in this session contribute to the conference themes of boundaries and transitions. They focus on the limits and constraints of the work environment for carers navigating the work-care nexus at different life course stages and highlight the limitations of flexibility for genuinely enabling the integration of multiple roles. The discussants will contextualise the presentations within the broader context of work and care reconciliation and encourage discussion and debate.

Fiona Alpass is a Professor of Psychology at Massey University, New Zealand. She co-leads the Health and Ageing Research team and is also co-PI of the longitudinal Health, Work and Retirement study, a population-level study which aims to identify the health, economic, and social factors underpinning successful ageing in New Zealand's community-dwelling population. Mary Breheny is an Associate Professor in Health Psychology at Victoria University of Wellington, New Zealand. Mary's research focuses on how inequalities over the life course accumulate and shape opportunities and experiences in later life. Rosie Gibson is a Senior Lecturer in Psychology at Massey University. Rosie's research focuses on sleep across the lifespan with a particular focus on the sleep and wellbeing of family carers. Shanika

Koreshi is a 3rd year doctoral student at the School of Psychology, Massey University. Her current research is focused on reconciling work and caregiving.

### **Employment outcomes for older working caregivers**

Fiona Alpass<sup>1</sup>

1 School of Psychology, Massey University

#### **Abstract**

As the ageing population grows, the demand for formal and informal caregivers has increased, leading to a greater number of older workers assuming caregiving responsibilities for ageing family members or friends. We review evidence on the factors that impact the employment outcomes of older working caregivers, focusing on sociodemographic, health, care-related, and work-related factors. The study uses longitudinal data from the nationally representative population-based Health, Work and Retirement survey study. Participants were considered for inclusion in the current study if they had responded to 2 or more consecutive surveys from 2016 to 2022. Participants included in the analyses were carers, in paid employment at baseline, aged 55 to 62 years old and had completed the work and retirement survey module at the 2-year follow-up survey. Binary logistic regression analyses were used to examine factors predicting employment status at T1: carers' sociodemographic characteristics, carers' health characteristics, care characteristics, and work characteristics of the carer. Of the care characteristics only hours spent providing care was a significant predictor of employment. Those who spend a significant amount of time on caregiving may have limited availability for regular employment or may need to work part-time or exit the workforce altogether. Men, Māori, those with a tertiary education, and those who were satisfied with their careers at baseline, were also more likely to be in paid employment at follow-up. The findings provide insights into the complex relationship between caregiving and employment outcomes, considering various contextual variables.

### **Work and care in later life: Interrogating flexible work arrangements**

Mary Breheny<sup>1</sup>, Christine Stephens<sup>2</sup> & Fiona Alpass<sup>2</sup>

1 School of Health, Victoria University of Wellington; 2 School of Psychology, Massey University

#### **Abstract**

**Background:** Combining paid work and informal care presents both opportunities and challenges for informal carers. Paid work can provide a valued role beyond the caring relationship as well as financial security. However, there are tensions between paid work and informal care.

**Methods:** We interviewed eleven people aged 54-70 years who were providing informal care and engaged in paid work. Five were caring for a parent and six were caring for an adult child with disabilities. Each participant completed three or four interviews over two years; thirty-nine interviews were completed in total and analysed using thematic analysis. This presentation explores different kinds of work and suitability for enabling care.

**Results:** Highly flexible work meant carers could respond immediately to unexpected situations. This also meant that paid work was often deferred, which contributed to the exhaustion of combining work and care. Working within a supportive team meant that work did not accumulate in the carer's absence. Inflexible work also had advantages; it supported carers to develop networks of people who were able to respond to emergencies when they were unable to leave work.

**Discussion and Conclusion:** Work appropriate to carers is often viewed as highly flexible work or self-employment, which can work well for carers with strong networks. However, highly flexible roles and self-employment may result in working carers feeling isolated, overburdened, or caring in situations of financial instability. A broader conversation about ways to combine work and care and organisational support for care may enable carers to consider a range of employment types and to maintain their connection to supportive organisations while maintaining care.

**Bio:** Mary Breheny is an Associate Professor in Health Psychology at Victoria University of Wellington. Mary's research focuses on how inequalities over the life course accumulate and shape opportunities and experiences in later life.

**“There's little time for sleep”:** qualitative accounts of young carers balancing sleep, care, and the self.

Rosemary Gibson<sup>1</sup>, Mary Breheny<sup>2</sup>, Faye Wright<sup>1</sup>, Jessica Patterson<sup>3</sup>, Grace Vincent<sup>3</sup>, Amy Reynolds<sup>4</sup>, & Sally Fergusson<sup>3</sup>

1 School of Psychology, Massey University, Palmerston North; 2 School of Health, Victoria University of Wellington; 3 Appleton Institute Central Queensland University, Adelaide, Australia; 4 Flinders University, Adelaide, Australia.

**Background:** Informal care often involves around-the-clock responsibilities which can have a negative impact on the sleep status of carers and care recipients. Young carers are often required to balance work and/or study alongside their caregiving role whilst simultaneously attempting to maintain a healthy pattern of sleeping and waking life. How this is experienced and managed is underreported.

**Method:** Written comments from 110 carers aged 15-24 years were collected as part of an online survey concerning sleep deficits among Australian carers. Comments were coded, then themes and broader narratives constructed to understand and represent how the context of young carers' lives shapes their experiences of sleep and wellbeing.

**Results:** Participants were caring for people with lifelong chronic conditions and described their competing responsibilities supporting family members as well as duties relating to school or work commitments. Common narratives included: sleep as a resource important for functioning - *“I know I need sleep so I fit it in”*; sleep as a low priority amongst the complexities of their life - *“There's little time for sleep”*; the challenges of self-support - *“Knowing what I need to sleep doesn't mean I get sleep”*; and anxieties around the situation impacting their sleep - *“My concerns keep me awake”*.

**Discussion:** Young carers described a complex relationship with sleep. Despite an acute awareness of the importance of sleep for their own health and functioning as carer and as employee and/or student, sleep was often compromised. This was due to the high demands of their waking life, lack of external support and resources to enable suitable sleeping timing and environments, and symptoms of insomnia secondary to the psychological impact of their care situation. This indicates need for tailored support services for young carers who are attempting to balance their physiological need to sleep alongside a complicated waking life.

**Bio:** Rosie Gibson is a senior lecturer in Psychology at Massey University. Rosie's research focuses on sleep across the lifespan with a particular focus on the sleep and wellbeing of family carers.

**Reconciling paid work and informal caregiving among older adults: Implications for work interference with family**

Shanika Yoshini Koreshi, Fiona Alpass

## **Background and Objectives**

Many older adults who combine paid work and informal caregiving responsibilities are often in work arrangements that differ from their preference. There is reason to believe that such work status incongruence may lead to work interference with family (WIF). In response, many governments have policies that support flexible work arrangements (FWA) to help individuals manage work and family commitments. This paper examines whether work status preferences contribute to WIF for older adults who combine work and care, and whether the use of flexible work arrangements moderates this relationship.

## **Research Design and Methods**

The study included 610 informal caregivers (aged 55 -70 years) in paid employment who participated in either the 2018 or 2020 waves of the New Zealand Health, Work and Retirement study. Using a simple moderation analysis with demographic controls, the effects of work status preferences and FWAs on WIF were estimated.

## **Results**

After controlling for confounds, significant main effects were found for both work status preferences and flexible work arrangements on WIF. The moderation analysis revealed that involuntary part-timers using flexible time-off arrangements reported lower levels of WIF. However, other types of flexible work arrangements did not moderate the relationship between work status preferences and WIF.

## **Discussion and Implications**

These findings suggests that work status preferences can contribute to WIF, but not all types of flexible work arrangements alleviate it. Policy initiatives designed to reduce WIF for those combining work and care should consider accounting for differences in the work status preferences of older workers.

Keywords: Informal Caregiving, employment, older adults

**Tuesday 27th June, Parallel Session D 11.00 - 12.30**

### **Symposium 3: Possibilities for care convoys: imaginative and diverse conversations**

Convenors: Jayanthi Lingham Centre for Care, University of Sheffield and Chloe Alexander Centre for Care, University of Birmingham

Room: LT1 and streamed

**Theme:** This symposium will develop and provoke enquiries on care convoys. Existing literature defines a care convoy as *“the evolving collection of individuals who may or may not have close personal connections to the recipient or to one another, but who provide care... including help with daily living and instrumental activities of daily living, socio-emotional care, skilled health care, monitoring, and advocacy”* (Kemp et al 2013: 18). This extends Kahn and Antonucci’s (1980) ‘convoy models of social relations’, which posits that individuals are embedded in dynamic networks of close personal relationships (convoys) that serve as *“vehicles through which social support is distributed or exchanged”* (Antonucci 1985: 96). The approach understands care as relational, recognises care recipients as active agents within their own care and support and reflects the complex and dynamic nature through the life course of both care needs and networks. In addition to the temporal dimension, social, political and economic contexts – such as shifting gender roles and welfare state retrenchment - can also transform the structure of care convoys. Against this backdrop, there is much scope to further develop the framework. This symposium brings scholars together to do so, in the context of transitions wrought by contemporary shifts in boundaries and enduring global crises. The contributing papers will provoke both broad and specific conversations. How do we apply and extend the care convoys model? How to constructively problematise the framework and address gaps in empirical research? What role do digital technologies play in shaping care convoys? What are the policy implications of understanding care relations and change through the care convoys framework? The discussant(s) will offer insights on the care convoys model and its relevance for how we understand practices of care. Together, these papers and the discussion will situate the care convoys model in the context of urgent debates about the sustainability of, equity within, and possibilities for care.

#### **Paper 1: Changes in care networks due to the COVID-19-pandemic: application of the Convoys of Care model.**

Authors: Deborah Lambotte<sup>1,2</sup>, Benedicte De Koker<sup>1</sup>, Nico De Witte<sup>1,2</sup>

<sup>1</sup> HOGENT University of Applied Sciences and Arts, Research Centre 360° Care and Well-being, Ghent, Belgium

<sup>2</sup> Vrije Universiteit Brussel, Faculty of Psychology and Adult Educational Sciences, Brussels, Belgium

#### **Symposium Presenter: Deborah Lambotte**

**Abstract:** Care recipients are embedded in “care convoys” comprised of professional care workers and informal carers. Previous studies have highlighted that care convoys are evolutive, and changes can affect their structure, function, and adequacy. The COVID-19 pandemic jeopardized the provision of good quality care and impacted the lives of care recipients as well as those who cared for them. Especially informal carers experienced additional burden due to the COVID-19 pandemic. Using cross-sectional data of 1,041 Belgian informal carers, this study describes how the structure, function, and adequacy of care convoys changed during the COVID-19 pandemic. Bivariate analyses are applied to explore the relationship between changes in care convoys’ structure, function and adequacy, and informal carers’ outcomes. The results show tighter care networks for many care recipients during the COVID-19 pandemic resulting in less help from different types of informal carers and professional care workers. Consequently, many informal carers provided care more frequently compared to before the pandemic. Notable, many informal carers indicated having no one to turn to if they were temporarily unable to care for the care recipient.

Changes in care convoys are linked with higher psychological frailty in informal carers and lower perspectives on sustainability of the informal care provided. This study demonstrates the utility of the Convoys of Care model for understanding how care networks changed in the light of a pandemic, and its impact on the lives of informal carers. The results call for better recognition of the role of informal carers and the further development of support measures.

### **Paper 2: Exploring migrants' experiences of care through a transnational convoy of care lens**

Authors: Kelly Hall (University of Birmingham) and Majella Kilkey (University of Sheffield)

**Abstract:** Diverse patterns of migration and settlement, both historical and contemporary, are producing new caring contexts, including for older migrants. In this paper, we draw on 78 qualitative interviews conducted as part of the Economic and Social Research Council-funded Sustainable Care Programme (2017-21), to explore the care experiences of two different groups of migrants as they age in place: retired British migrants in Spain and post-war Caribbean, Irish and Polish migrants in Britain. We argue that while a convoy of care framework has the potential to highlight the dynamics of migrants' care relationships and experiences over time as they move through the life course, the framework, because of its methodologically nationalist tenets, is poorly equipped to capture the spatial dimensions of older migrants' care configurations. This is an important weakness since the 'transnational turn' in migration studies has led to an understanding of migrants as 'transmigrants', simultaneously living their lives in the country of destination *and* transnationally. Transnationality shapes all stages of the life course, and while later life was initially neglected in the context of migration studies' dominant focus on early- and mid-adulthood, there is increasing attention to processes of 'transnational ageing'. In this paper, therefore, we bring the care convoys framework into conversation with transnational ageing studies. We suggest that understanding older migrants as embedded in a 'transnational convoy of care', yields novel insights into how older migrants' care relationships and experiences unfold over time and in relation to 'here' and 'there'.

### **Paper 3: Digitising the care convoy: technology and the social relations of care**

Authors: Kate Hamblin and Grace Whitfield (Centre for Care, University of Sheffield)

**Abstract:** This paper explores how the framework of care convoys can be applied to technologies used in the social care sector in England – how they are used and how they may alter care by facilitating certain tasks, connections and 'sociality' (Austin, 2020) but also create new responsibilities, tensions, and risks. It draws firstly on literature using the care convoy model to theorise different aspects of care networks (Kemp et al, 2013; Lambotte et al, 2020; Fuller et al, 2020). Secondly it draws on literature analysing the impact of technology on social relations, communication, and family structures – using concepts such as 'digital kinning', 'techno-emotional mediation', and 'communication voids' (Alinejad, 2021; Barbosa Neves and Casimiro, 2018; Barbarosa and Wilding, 2020, Sampaio, 2020). Analysing policy and grey literature (including advertising/information on websites of technology providers) we focus on two questions to extend the care convoy heuristic: 1) how does technology alter existing 'human' convoys; 2) how do care technologies create and require *additional* 'digital' convoys. To explore the latter, we emphasise how the growing digital workforce and broader digital infrastructures can lead to a shift in relationships of dependence (obscured by rhetoric of *independence*). Our analysis is informed by conceptual insights from Science and Technology Studies: we consider the power relationships – underlying political, economic, and ideological structures – shaping new convoy formations, to extend theoretical understanding of how the care convoy framework can be applied.

### **Paper 4: The (im)possibilities of care convoys**

Authors: Chloe Alexander (University of Birmingham) and Jayanthi Lingham (University of Sheffield)

**Abstract:** The care convoys model challenges us to conceptualise exchanges of support through time and to analyse the changes these caring relationships undergo. The model offers a valuable framework for studying care relations across the life course. Despite this scope and flexibility, the model has been applied to a relatively narrow set of care relationships thus far. This paper asks whether this indicates the restricted potential of the model or, rather, signals a need to broaden participants and subjects in the debate about the content and relevance of care convoys. We argue that there are four ‘impossibilities’ that are due greater attention within debates about the model’s fit with a broad range of care experiences. Firstly, we highlight discursive concerns, with a militarised language of care potentially putting the model in opposition to an orientation towards social justice. Secondly, we identify conceptual hurdles, whereby the model needs to better capture the shape and form of care arrangements for certain contexts, such as those relating to migration. Thirdly, there are experiential limitations: individuals’ experiences of care are inadequately captured or neglected by this model, reflecting unequal attention to different subjects in the study of care. Lastly, we suggest that there are methodological bottlenecks, unaddressed matters of how to accurately represent complexity, diversity and fluidity of subjects’ identities. We take these four critiques as challenges and starting points to begin conversations about how the model might better respond to a wider field of care experiences.

**Discussants** will be 1-2 people who will offer comments and insights on the papers based on their research expertise in care, practices of care and social and global networks of care.

**TP6 Boundaries of inclusion and benefits? Assessing the generosity of long-term care systems worldwide**

Chairs: Johanna Fischer

Room: LT3 and streamed

Full papers

- Alexander Chaverri-Carvajal: Building national care systems in Latin America. One step forward, two steps back
- Thuri Eggers: Measuring and explaining differences in the generosity of Chinese long-term care pilot projects
- Patricia Frericks: Societies' valuation of familial care work. An empirical investigation of long-term care work entitlements in Europe and its conceptual challenges
- Nikki Dunne: Policy implications of a Minimum Essential Standard of Living (MESL) for a Caring Household

Contributed papers

- Minna Zechner: Long-term care as a social problem

Full papers

<b>Title of paper</b>	Building national care systems in Latin America. One step forward, two steps back
<b>Name of presenter</b>	Alexander Chaverri-Carvajal
<b>Affiliation</b>	Pablo de Olavide University
<b>Other authors</b>	Mauricio Matus-López, Juan Imbert Mayola; Pablo de Olavide University, Spain
<b>Abstract</b>	
<p>Background: Latin America is ageing at a higher pace than any other region in the world. Being unequal, with sparse and fragmented public health systems. Only two countries have begun to implement national LTC systems. However, limited fiscal generosity and the absence of new funding have meant that eligibility criteria are narrow and coverage low. Other countries in the region have developed efforts in this direction, but without national LTC laws.</p> <p>Objective: The objective of this work is to compare the two models with national LTC laws in Latin America with other models without national LTC legislation.</p> <p>Methods: Five countries were selected to carry out the comparative analysis: Uruguay, Costa Rica, Chile, Cuba y Dominican Republic. The axes of analysis included: a) access, eligibility, and coverage; b) service approaches and providers; c) cost and financing scheme. The scientific evidence found in the Web of Science, Scopus and PubMed databases between 1 January 2000 and 30 January 2023 was reviewed. Official reports issued by the institutions responsible for the public systems of these countries were also reviewed.</p> <p>Results: A law mandating the building of national LTCs does not guarantee more funding or greater coverage. The magnitude of the fiscal effort is not related either to demand or to the legal status of the systems. Nor is the generosity is related to the country's income level. Of all models, the Cuban is the most consistent with the international trend, being the only one where there are more home-based than</p>	

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residential beneficiaries.

<b>Title of paper</b>	Measuring and explaining differences in the generosity of Chinese long-term care pilot projects
<b>Name of presenter</b>	Thurid Eggers
<b>Affiliation</b>	University of Bremen
<b>Other authors</b>	Jia Xu, Faculty of History, Anhui Normal University, Jiuhua Nan Road Nr.189, 241000 Wuhu, China
<b>Abstract</b>	
<p>Rapid demographic ageing has put pressure on China's social system. While the government started to develop a new long-term care (LTC) policy design by implementing over 20 pilot projects at the provincial level, recent research has pointed out several shortcomings of the current policy design: strict targeting of poorer older people with the most severe care needs, the insufficiently developed care-infrastructure, and the high private costs. Consequently, care remains the responsibility of families, primarily women.</p> <p>Our research aim is twofold. First, we examine to what extent the LTC policies differ across Chinese pilot projects. Therefore, we systematically measure cross-regional differences in LTC policies regarding the eligibility (selectivity, needs-assessment, means-testing) and the generosity of public funding for extra-familial care services on one hand and for family care on the other.</p> <p>Secondly, we focus on four specific cases whose policy design is based on policy learning from established LTC policy models like Germany's. We conduct several semi-structured expert interviews to find out why the pilot projects referred to (a) particular foreign policy model(s) and why they chose a specific policy design, e.g., in terms of selectivity or the form of family care support. Our findings indicate that not only cost considerations but also cultural values such as family solidarity and filial piety played a role in decisions for a particular policy design.</p> <p>Our study offers a systematic methodological approach to measuring differences in LTC policy designs and provides insights into the policy learning process in light of fiscal constraints and cultural values.</p>	

<b>Title of paper</b>	Societies' valuation of familial care work. An empirical investigation of long-term care work entitlements in Europe and its conceptual challenges
<b>Name of presenter</b>	Patricia Frericks
<b>Affiliation</b>	University of Kassel
<b>Abstract</b>	
<p>In this contribution, the question is raised in how far family care work is entitling to social rights. Since old-age pensions are the major redistributive system of present-day societies and it strongly reflects a society's life-course regime with its valuation of different life-course activities, pensions serve as a blueprint for understanding the society's valuation of familial care work. Central to current discourses on pensions and their reforms is the relevance of work as gainful employment; family care work is largely disregarded. And while established welfare states cover family care work in pensions as well, our understanding of family care based entitlements is still little developed, in particular for long-term care based rights. Focussing on pension entitlements for familial long-term care supply in European welfare states, this contribution applies the SCQual method to systematically quantify current pension entitlements for familial long-term care for ten European countries, and their change. It reflects the results by means of</p>	

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assumptions that are derived from the most relevant research strands in the field and contributes to contextualise cross-national variation and change. Based on the empirical findings, conceptual challenges of comparative welfare state research in general and the analysis of family care work entitlements in particular will be addressed and discussed.

<b>Title of paper</b>	Policy implications of a Minimum Essential Standard of Living (MESL) for a Caring Household
<b>Name of presenter</b>	Nikki Dunne
<b>Affiliation</b>	Family Carers Ireland
<b>Other authors</b>	Joanne Murphy, Family Carers Ireland
<b>Abstract</b>	
<p>The Republic of Ireland has made significant progress in the development of carer supports over recent decades. In recognition of the unique role and contribution of family carers, Ireland has implemented a number of financial and practical schemes to support family carers and mitigate the financial hardship that is often experienced by caring households. These schemes include the payment of Carer's Allowance; a statutory entitlement to Carer's Leave; pension credits and grants towards housing adaptations and transport. Despite these developments, this presentation will discuss whether the financial supports available are sufficient to enable carers to cover their costs of living.</p> <p>Whilst the amount required for different household types has been calculated by the Vincentian Partnership for Social Justice (VPSJ) since 1995, the costs associated with caring and disability are less well established. Commissioned by Family Carers Ireland to quantify the additional costs of caring, the VPSJ have published data on the Minimum Essential Standard of Living (MESL) for a household caring for an adolescent with a profound intellectual disability. Adopting a Consensual Budget Standards (CBS) methodology, four focus groups were held with family carers with experience of caring for an adolescent child with a profound intellectual disability. The focus groups deliberated on 18 areas of expenditure. Over a series of sessions, the groups arrived at a negotiated consensus about the goods and services a caring household requires to have a MESL.</p> <p>Findings show that the cost of a MESL for a two-parent household caring for an adolescent child who has a profound intellectual disability is significantly higher than that for the household without additional caring responsibilities and disability. The household budget areas with the largest additional disability and caring related costs are; transport, caring costs, household goods, personal care, health, clothing and household adaptations. Findings also show routine subsidisation by caring households of what should be publicly provided services in Ireland.</p> <p>The Minimum Income Standard (MIS) needs of the caring household in question will also be presented. While the analysis finds that the maximum level of direct income support exceeds the additional net MESL expenditure costs identified as arising from the caring and disability related needs of the household, it is also found that net household income is deeply inadequate at gross salaries under €32,175. This suggests that the maximum level of direct income supports cannot adequately address both low pay and the additional needs arising from caring and disability, to enable an adequate income at lower salary levels. Findings also indicate the opportunity costs experienced by family carers due to the loss of paid employment.</p> <p>Having a benchmark about what it costs for a caring household to have an acceptable standard of living opens up a space to examine the adequacy of the National Minimum Wage and social welfare transfers. The presentation will conclude by identifying how this work can be used to inform policy and sharpen debates about the thresholds of income adequacy.</p>	

[Contributed papers](#)

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<b>Title of paper</b>	Long-term care as a social problem
<b>Name of presenter</b>	Minna Zechner
<b>Affiliation</b>	University of Helsinki
<b>Abstract</b>	
<p>In recent decades the governments' concern over the ageing of populations has enhanced the entry of long-term care onto the political agendas. It may be the unnoticed and mundane nature of care and the fact that it is generally a task given to women, why care has been brought rather late to political agendas, where social problems are formulated and addressed. Social problems are not only unpleasant circumstances, they are also issues that cause trouble for the given society at large, and not only for the directly affected individuals. Social problems tend to exist only when they are named and defined as such, and recognition often prompts collective attempts to address or solve these problems.</p> <p>While the generosity or scope of long-term care is essential, it is also important to ask whether social care is a social problem? Is it worthy of its' own policy? This paper reviews the various ways how care for older persons has been target to societal and collective solutions, generally formulated as care policies. The focus is on developed countries and welfare states, and especially in Nordic and Anglo-Saxon countries. Seven different policy approaches are presented and some of their consequences are discussed. These policies include 1) care as a private issue, 2) supporting informal caregiving, 3) allowing time for caregiving, 4) providing funds to organize care, 5) offering care services, 6) using technology to assist in care, and 7) postponing and lessening care needs.</p>	

## TP13B Pathways into and across care

Chairs: Ricardo Rodrigues and Norah Keating

Room: LT4

### Full papers

- Christine Kelly: How did you get here? Worker experiences of Directly Funded home care in Canada
- Giorgio Di Gessa: Determinants of Informal Care Trajectories in Europe
- Miriam Laschinski: Old-age poverty of informal caregivers in Germany – Does Care make you poor?
- Norah Keating: Life course pathways of care and later life wellbeing

### Contributed papers

- Alžběta Matochová: Informal carers and their ways of participation in the care system in the Czech Republic

<b>Title of paper</b>	How did you get here? Worker experiences of Directly Funded home care in Canada
<b>Name of presenter</b>	Christine Kelly
<b>Affiliation</b>	University of Manitoba
<b>Other authors</b>	Lisette Dansereau, University of Manitoba Yeonjung Lee, Chung-Ang University and University of Calgary Allison Williams, McMaster University
<b>Abstract</b>	<p>Directly-Funded (DF) home care allows users to organize and purchase their own care services and is expanding globally. Little is known about the career pathways of those working in DF home care. Our study asks, what experiences and factors shape the career paths of DF workers, and what influences their decision to work directly for their clients? Drawing on Cranford's (2020) framework exploring tensions between flexibility and security, the study involved remote interviews with 20 DF workers (directly employed and agency employed) in two Canadian provinces. Coding was performed by two members of the research team using Dedoose qualitative analysis software followed by axial coding and thematic analysis.</p> <p>Through exploring work experiences and life trajectories, we found three factors central to understanding workers' pathways to and within DF care: A) consideration of flexibility-autonomy, as workers value the stable relationships and high autonomy in working directly for a client; B) consideration of safety-security, as in exchange for lower pay there are some (limited) improvements to safety for agency employed workers; and, C) education-citizenship, as DF can act as an entryway into the paid care labour market for workers lacking credentials and a stepping stone towards professionalization.</p> <p>Our study shows that workers directly employed by their clients enjoy more flexibility but lack security, whereas agency employed workers risk immediate reductions in working conditions in exchange for limited improvements in safety and supervision and, like other frontline care work, DF represents a key career pathway for many women, particularly racialized and migrant women.</p>

<b>Title of paper</b>	Determinants of Informal Care Trajectories in Europe
<b>Name of presenter</b>	Giorgio Di Gessa
<b>Affiliation</b>	UCL
<b>Abstract</b>	
<p>In the context of an ageing population, combined with long-standing challenges in the delivery of formal social care for older people, unpaid caregivers play a key role in promoting the quality of life of older people and their extended families and ensuring that needs for care and support are met. Although many studies have provided snapshots of informal care provision, few so far have examined longitudinal patterns of informal care provision among older people in Europe. This paper aims to describe caregiving trajectories in later life and to examine how socioeconomic, demographic, and health characteristics of older adults relate to these patterns (including needs and enabling factors). Using six waves of ELSA and five of SHARE, we conduct latent trajectory analysis to cluster people's diverse trajectories into a finite number of groups. The intensity of informal care provision is also considered when identifying longitudinal trajectories. Preliminary results show five distinct trajectories of informal care provision (including those who never provide informal care, those who provide sporadic informal care, those with increasing and decreasing commitment to care provision, and those who care throughout). Gender, age, health, income, living arrangements and family compositions all relate to long-term trajectories of informal care, with younger married women in good health more likely to provide informal care throughout. Support should be provided to this groups of caregivers, given that engagement in long-term caregiving might be detrimental to mental health.</p>	

<b>Title of paper</b>	Old-age poverty of informal caregivers in Germany – Does Care make you poor?
<b>Name of presenter</b>	Miriam Laschinski
<b>Affiliation</b>	Universität Hamburg
<b>Abstract</b>	
<p>In employment-centered societies the standard of living in old age depends on the previous labour-market participation. Consequently, women face higher poverty risks in old age because of care-related employment interruptions. Growing care dependencies in an ageing society strengthen those risks and can probably lead to cumulative disadvantages in the retirement phase. According to human capital theory, it is assumed that individuals who have provided care in the past (e.g. childcare) also tend to provide care again later (e.g. elderly care). While the impact of childcare-related interruptions on poverty risks is well investigated, less is known about the impact of elderly care. Therefore, the aim of this paper is to investigate, <i>whether persons with employment interruptions due to elderly care face a higher risk of old age poverty</i>. For answering this question, a panel design with data of the Socio-Economic Panel (SOEP) is used. In doing so, different employment trajectories from 1984 to 2020 in Germany are identified to examine a) specific risks of care-related employment interruptions on the household income in old age and b) time varying aspects of those risks over the life course(s) in consequence of impacts of the demographic change, rising de-standardisation and precarious employment in general as well as increasing female labour-market participation specifically. Thereby, changes between and within individuals are explored, so that it is possible to unveil cumulated dis-/advantages due to (gender specific and time-dependent) care-related employment interruptions over the life course.</p>	

<b>Title of paper</b>	Life course pathways of care and later life wellbeing
<b>Name of presenter</b>	Norah Keating

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<b>Affiliation</b>	Swansea University
<b>Other authors</b>	Janet Fast, University of Alberta Choong Kim, University of Alberta
<b>Abstract</b>	
<p>Family care is increasingly positioned as a life course domain, based on evidence that family carers follow diverse care pathways across their life courses. We examined later life wellbeing outcomes across five distinct care trajectories: Compressed Generational, Broad Generational, Intensive Parent Care, Serial Care, Career Care. We conducted descriptive and multivariate analysis on the most recent Statistics Canada General Social Survey on Care, which is nationally representative. The sample was respondents age 65+ who had reported one or more episodes of care across their life course (N=3200). Analyses addressed the question of whether care trajectory type predicts wellbeing in three domains: material (income, physical health and mental health), relational (loneliness) and subjective (life satisfaction).</p> <p>Trajectory type was not associated with carers' relational or subjective wellbeing. Evidence from descriptive analyses signaled cumulative disadvantage for the material wellbeing of Serial and Career carers who have the longest care trajectories. These carers reported lower incomes and poorer physical and mental health than carers with other care trajectory types. This is likely due to the much earlier onset and much longer duration of their care trajectories. Serial carers also experienced the most episodes of care and the most overlap among those episodes. However, after controlling for personal characteristics known to influence wellbeing (age, education, marital status, immigrant status), care trajectory type remained significant only as a predictor of physical health, echoing descriptive results on health. This suggests a need to consider potential for cumulative effects of intersectionalities across the life course.</p>	

#### Contributed papers

<b>Title of paper</b>	Informal carers and their ways of participation in the care system in the Czech Republic
<b>Name of presenter</b>	Alžběta Matochová
<b>Affiliation</b>	Charles University
<b>Abstract</b>	
<p>The paper aims to name the possibilities and limitations of the participation of informal carers in the long-term care system in the Czech Republic. We draw on the partial results of a qualitative study of informal carers based on the analysis of in-depth interviews with informal carers. The presentation focuses on the experience of informal carers. Current trends in our country seek a shared care model where professional services and family carers co-create a flexible range of client-oriented services. (Janečková 2020, Kalvach 2014, Průša 2021) The results of the analyses show the possibilities and limitations of caregivers' participation in direct care. The weak point of our system is the position of informal caregivers itself. There is no straight definition of informal caregivers, and social workers often don't recognise their needs. Throughout their journey and experiences, some family carers notice an urgent need to raise awareness about their group. This precarious position changes trajectories of care. Caregivers are looking for support group participation, specifically advocacy of caregivers' interests through involvement in self-help groups, community planning and advocacy. This type of organising doesn't have a long tradition in our country, so we would like to show which patterns they use and their steps on the way.</p> <p>We use ethics of care as our theoretical perspective.</p>	

**TP17B Public administration reforms in long-term care service organisation: de-bureaucratizing, democratising, and improving labour conditions**  
***Social care reforms and labour conditions***

Chairs: David Palomera and Tine Rostgaard

Room: WR2

Full papers

- Erika Kispeter: The impact of policy reform on the social care workforce in England
- Maria Hjortsø Pedersen: Negotiating responsibilities, tasks and identities in interprofessional self-managing teams
- Nobu Ishiguro: Changing work situation among the Japanese long-term care workers – A comparison of NORDCARE data in 2012 and 2022
- Leonoor Gräler: Providing care together: formal and informal caregivers in the changing welfare state

Contributed papers

- Benjamín Olivares Bøgeskov: Implementing interprofessional teams inspired by Buurtzorg. A case study of two Danish Municipalities

<b>Title of paper</b>	The impact of policy reform on the social care workforce in England
<b>Name of presenter</b>	Erika Kispeter
<b>Affiliation</b>	London School of Hygiene and Tropical Medicine/ESRC Centre for Care
<b>Abstract</b>	
<p>The UK's adult social care system has observed many changes in how care is delivered, organised and funded over several decades. Much of this change has been driven by major policy reform as well as the introduction of new initiatives and pilots.</p> <p>There is a large body of literature describing these policy reforms and evaluating their implementation, including their effects on people drawing on care services and their informal carers. In contrast, there is a relative dearth of studies investigating the effects policy reforms and initiatives have had on the paid social care workforce.</p> <p>This paper is focused on adult social care policy reforms introduced in 2010-2022 in England, in particular, the policy priorities of integrating health and social care and the personalisation of care and support. The analysis has two main aims: firstly, to provide an overview and critical commentary on how the care workforce and related issues (e.g., workforce planning and workforce development) are represented in policy documents; and secondly, to describe the effects of policy reform on the workforce (e.g., risk of precarious employment, skills and qualifications and well-being).</p> <p>The paper is based on a review of the relevant policy documents; the academic and grey literature, including reviews by regulators, as well as reports by sector bodies and workers' organisations; and interviews with key stakeholders. While the main focus of the analysis is on England, the key differences among the policy reforms in the four nations of the UK (England, Scotland, Wales and Northern Ireland) are highlighted.</p>	

<b>Title of paper</b>	Negotiating responsibilities, tasks and identities in interprofessional self-managing teams
<b>Name of presenter</b>	Maria Hjortsø Pedersen
<b>Affiliation</b>	Roskilde University
<b>Abstract</b>	
<p>The Danish eldercare is undergoing changes. After 20-30 years of reforms inspired in particular by New Public Management (NPM), municipalities are now reorganizing elderly care implementing more decentralized organizations, introducing interprofessional self-managing teams.</p> <p>These changes are inspired by the Dutch organization Buurtzorg and rely on understandings that NPM has resulted in inflexible and fragmented care leading to low quality with elderly complaining about a lack of continuity and care workers being controlled and their work closely governed. Self-managing teams are thus introduced with hopes of improving quality and working conditions by delegating autonomy to care workers and highlighting that the elderly shall meet fewer different care workers and must be more involved in defining the concrete care tasks. It is the needs and wishes of the elderly that must guide care work.</p> <p>Based on an ethnographic study, comprising documents, interviews and participant observations in two municipalities, I show how this new way of organizing elderly care in Denmark becomes a site for negotiations of responsibilities, tasks and identities in interprofessional collaboration. These negotiations take place in everyday practices in sociomaterial assemblages and entangle with power relations and the potential conflicting rationalities of more autonomy to both care workers and elderly, emphasizing continuity. Furthermore, this is done in a context where technologies from NPM and neoliberal discourses of constant evolvment are still coexisting.</p>	

<b>Title of paper</b>	Changing work situation among the Japanese long-term care workers – A comparison of NORDCARE data in 2012 and 2022
<b>Name of presenter</b>	Nobu Ishiguro
<b>Affiliation</b>	Osaka University
<b>Other authors</b>	Yayoi Saito, Osaka University Tsukasa Yamaguchi, Osaka University Yoko Yoshioka, Kansai University Momoko Sato, Shimane University
<b>Abstract</b>	
<p>Long-Term Care Insurance introduced in Japanese eldercare in 2000 has adopted market mechanism in care, characterized by NPM. Private providers began to enter the market and competition has been generated.</p> <p>In the last decade, the Japanese long-term care has undergone some major policy shifts, such as emphasis on community-based care, targeting care facilities to frail older people, promoting private housing schemes, increasing utilization of foreign care workers and measures to improve care workers' working conditions, while the care sector is facing the severe shortage of labor force.</p> <p>However, little is known about how those policy reforms have affected the care work in practice. This study aims to investigate how the care work conditions have changed over the last decade. Empirically, the paper uses data from the NORDCARE study, conducted in Japan in 2012 and 2022, financed by the Japan Society for the Promotion of Science. The NORDCARE study is a survey-based research in the long-term care and started first in the Nordic countries. We aim to examine the working situation in the</p>	

Japanese care services, comparing the data from 2022 with 2012 to examine the changes regarding type of employment, job content and working environment.

The paper reveals the care work situation has improved in a number of respects, e.g. much less unpaid overwork is reported in 2022 than in 2012. We put the changes in the context of policy reforms and investigate how they impact care work in the daily practice.

<b>Title of paper</b>	Providing care together: formal and informal caregivers in the changing welfare state
<b>Name of presenter</b>	Leonoor Gräler
<b>Affiliation</b>	Erasmus University Rotterdam
<b>Other authors</b>	Hester van de Bovenkamp
<b>Abstract</b>	
<p>Governments are putting increased emphasis on informal care. This change impacts the relationship between professionals and informal carers in practice as they are required to work together to provide older people with the care they need. However, organizational and national level set conditions and restraints for this shift in caregiver roles.</p> <p>In our contribution we look into how professionals, informal caregivers and care recipients respond to this societal challenge, and if and how policies enable them to perform care together. We conducted 73 interviews in 5 elderly care organizations with different actors and studied informal care policies of each organization.</p> <p>Results show that in policy documents talk about the need of professional and informal carers to work together on an equal footing. However, in practice both formal and informal “rules of the game” play an important role in how this cooperation plays out. For example, decisions concerning care activities to be transferred from professionals to informal carers are influenced by (perceived) rules considering safety and accountability. But also informal rules, such as the amount of time family members should spend in the healthcare organization that is considered appropriate, can hamper the increased cooperation with informal carers in practice. We show that because of a lack of supporting policies to work on improving cooperation this remains an individual responsibility of professionals.</p> <p>Thus, these changes in care practices require changes in the institutional context. They require a layered governance approach focused of aligning professional services, organizational and national policies.</p>	

#### Contributed papers

<b>Title of paper</b>	Implementing interprofessional teams inspired by Buurtzorg. A case study of two Danish Municipalities
<b>Name of presenter</b>	Benjamín Olivares Bøgeskov
<b>Affiliation</b>	University College Copenhagen
<b>Other authors</b>	Gry Segoli, University College Copenhagen Line Hillersdal, University College Copenhagen, and University of Copenhagen
<b>Abstract</b>	
Older people make up an increasing proportion of the population as we all live longer, more suffer from	

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chronic illness or multi-disease and care staff become scarcer. In recent years these developments have led to an increased focus on the organization of home care and home nursing. The paper presents a case study of two Danish municipalities that have initiated a process of implementing interprofessional care teams inspired by the Dutch Buurtzorg model in home-care and home nursing. Though Buurtzorg's results are widely recognized, there are serious doubts if the approach can be readily imported into the Danish context. This led many municipalities to explore different adaptations of the Dutch model. The paper has two main elements: first, a description of the different interpretations that each municipality has about what might be useful for them based on the model; second, an analysis of the early experiences of the staff and managers involved in the process. In both municipalities, the focus on more flexibility, self-visitation, and accountability, among other things, has brought about change, and a closer look at these results will allow us to examine the challenges associated with increasing these results, and secondly, it will allow us to ask what exactly are the challenges that can be solved by applying partial and adapted elements of the Buurtzorg approach.

#### TP4 Pushing the boundaries of ECEC: New actors, practices, and technologies

Chair: Aisling Gallagher

Room: SR11

##### Full papers

- Brooke Richardson : Who is the someone watching over me? Critiquing the use of video surveillance in Canadian ECE programs through a feminist care ethics lens
- Eva Lloyd: Opposing private equity investment in childcare markets: stories of an uneven struggle'
- Aisling Gallagher: Researching a political blind spot: Childcare centres as property investment

##### Full papers

<b>Title of paper</b>	Who is the someone watching over me? Critiquing the use of video surveillance in Canadian ECE programs through a feminist care ethics lens
<b>Name of presenter</b>	Brooke Richardson
<b>Affiliation</b>	Mount Saint Vincent University
<b>Abstract</b>	
<p>The use of digital technologies in ECE programs are not a new phenomenon. From digitizing records to documenting children's learning and more recently communicating in real time with parents, digital technologies have been relied on for decades in many (if not most) ECE programs in wealthy nations. Indeed, throughout the mandated lockdowns of the pandemic, children and families relied on digital technologies to access <i>any</i> ECE programming. This paper raises urgent ethical concerns about a less visible, burgeoning use of technology that has largely flown under the radar: live-streamed video surveillance of children and educators in programs. Framed as an accountability mechanism for parents (the purchasers but not the consumers of the "product") in market-based ECE systems, there has been an alarming absence of ethical, political or legal debate in relation to this practice.</p> <p>Building on literature that problematizes the conceptualization of children, children's care/education and educators as a market "product" (Richardson, 2021; Vanderbroek, Leher, Mitchell, 2022), I take up the ethical implications of live-stream video technologies in ECE programs in Canada through a feminist care ethics lens (Tronto, 2013; Sevenhuijsen, 1998; Langford, 2019; Langford, 2020). Thinking with the conference theme of boundaries, I consider the possibilities and dangers of how video technologies are erasing the distance between children and educator's school/childcare/work lives and their personal/family lives. It is argued that such technologies restrict and regulate the subjective possibilities of children, families and educators through a "risk"-based, neoliberal frame in a way that <i>harms</i> more than helps. The political implications of these insights are discussed.</p>	

<b>Title of paper</b>	Opposing private equity investment in childcare markets: stories of an uneven struggle
<b>Name of presenter</b>	Eva Lloyd
<b>Affiliation</b>	University of East London
<b>Abstract</b>	

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The last decade has seen a rapid expansion of private-for-profit childcare provision across the globe where such providers are accepted in principle as delivery partners within publicly regulated early childhood education and care (ECEC) markets (Gallagher, 2022; Lloyd and Simon, 2022; Ruutiainen et al., 2020). Corporatisation, that is the growth of large childcare companies within these markets, has resulted in these companies playing a major role within some of these markets. Much of this expansion has been supported by investments from national and international private equity firms and hedge funds, operating in what has been termed a 'shadow banking sector' (Olmos, 2022). Such lenders extract interest payments on their investments as well as dividends for their shareholders from any profits made by the childcare groups they invest in; a process known as financialisation (Simon et al., 2022). These trends have put childcare sector sustainability at serious risk in some cases. In several countries the growing profile of private equity in childcare markets has also attracted criticism and attempted or de facto action from a range of interested ECEC parties (Vandenbroeck et al., 2022), including governmental actors. This paper examines the contested role of private equity investment in European childcare markets and how this has been addressed by actors within and outside governments, including in Ireland, Finland, the Netherlands, and Germany.

<b>Title of paper</b>	Researching a political blind spot: Childcare centres as property investment
<b>Name of presenter</b>	Aisling Gallagher
<b>Affiliation</b>	Massey University
<b>Abstract</b>	
<p>Childcare services have become a key part of our everyday social infrastructure, yet they have also become one of the fastest growing real estate investment classes in many neoliberal contexts. Despite this trend, few have considered the impact of property investor activity into the childcare sector, and as such it occupies a problematic blind spot at the margins of childcare markets for both policy and ECEC advocacy work. Influenced by literature in feminist economic geography and cultural economy, in this paper I will examine how private, for-profit childcare centres have become an attractive option for passive property investors in New Zealand since 2012. In doing so I will highlight some of the implications of the disentanglement of ownership of childcare property from the everyday practice of care, noting impacts for workers, parents and children who use these services.</p>	

## TP11 Transforming masculinity and care: gendered boundaries and carers' lives in transition

Chairs: Jason Danely and Carlos Chirinos

Room: SR12

### Full papers

- Carlos Chirinos: Older husbands as caregivers. Transits of masculinity in daily long-term care in contexts of disability and illness in villages in Spain
- Jason Danely: Caring masculinities and the renegotiation of gendered boundaries Japan
- Julia Hertault: Men increasingly involved in old care: a paradigm shift? An analysis of the role of men and women in family care in Belgium

### Full papers

<b>Title of paper</b>	Older husbands as caregivers. Transits of masculinity in daily long-term care in contexts of disability and illness in villages in Spain
<b>Name of presenter</b>	Carlos Chirinos
<b>Affiliation</b>	Rovira i Virgili University
<b>Abstract</b>	
<p>This presentation seeks to discuss the transits of masculinity in long-term conjugal care in the contexts of disability, illness and ageing in villages in Spain. This ethnographic study is part of the Spanish project Care Model "The Long-term Care Model in Transition: political, family and community strategies to face the consequences of the Covid-19 pandemic".</p> <p>It is known that the greater involvement of men in long-term daily care in dependency comes from older people and in conjugal contexts. In other words, when men are involved full-time in family care for disability and illness, this usually happens during a couple's life and in an ageing process that generally corresponds to the retirement stage. A life course phase symbolically marks the end of a male hegemonic model as an active producer in the public space (breadwinner). Likewise, this implication responds to a series of demographic changes related to lifespan expectancy and socioeconomic processes that have influenced the form of the sexual division of labour and the intergenerational contract. Thus, when an older wife becomes permanently ill, the husband is usually responsible for day-to-day care.</p> <p>In this ethnography, the husband assumes household tasks (house cleaning, cooking, laundry), intimate care, and emotional and physical care during a large part of the day. However, their involvement has not been immediate. The traditional gender models of some men educated in the Franco regime have had to be subverted and explained in the discourse under the cover of marital moral values: a good husband does not abandon his wife in the face of adversity. In daily practice, on the other hand, men have progressively crossed gender boundaries. They are "doing gender" according to the spaces and times of care, describing masculinity heterogeneity rather than a single model. For instance, they care for their wives at home with responsibility, cooking, bathing and dressing them. They are emotionally committed and empathetic, while they seek to show themselves physically vigorous despite their increasing frailty. Meanwhile, when they meet their friends at the pub, the speeches eventually turn typically male. The relevance of this presentation lies in exploring this intersectionality in gender models in daily care practised by older men, which suggests that care is constructed in a long relational process regardless of gender binarism. Necessary social visibility if we seek democratization of care.</p>	

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<b>Title of paper</b>	Caring masculinities and the renegotiation of gendered boundaries Japan
<b>Name of presenter</b>	Jason Danely
<b>Affiliation</b>	Oxford Brookes University
<b>Abstract</b>	
<p>Men are increasingly providing care for older frail and disabled family members in Japan. Although it was not unusual for men, even high-ranking samurai, to provide care for older adults in the medieval period, modern changes in gender norms and division of labour within families and care institutions across the twentieth century has resulted in care responsibilities shifting overwhelmingly to women. Now, smaller families and shortages of professional care workers has not only brought more men into roles as carers, but these men are also beginning to form networks and support groups to exchange information and increase visibility. This paper is based on ethnographic fieldwork in Japan with men who cared for older family members. It argues that men who care are transforming what it means to be a man, finding both strength and vulnerability in their new role and renegotiating personal, emotion and culturally gendered boundaries. They have, in several cases, been willing to sacrifice their job in order to devote themselves to care, rather than taking a brief care leave. As representations of men who care in popular media, such as the serial comic 'Help Man!') and as staff in care facilities increases, the diversity of men who care continues to grow. One benefit, has been that men who care have the potential to reach men who might not otherwise seek or accept care. For comparison I describe care practices of men who have taken on roles as carers either within prisons or for formerly incarcerated men.</p>	

<b>Title of paper</b>	Men increasingly involved in old care: a paradigm shift? An analysis of the role of men and women in family care in Belgium
<b>Name of presenter</b>	Julia Hertault
<b>Affiliation</b>	Université libre de Bruxelles
<b>Other authors</b>	Chiara Giordano, Université libre de Bruxelles
<b>Abstract</b>	
<p>The family plays a decisive role in the care of older people with loss of autonomy. The literature shows that it is traditionally and mainly women who assume the role of caregivers for dependent members of their family, whether they are wives, daughters or a member of the extended family. Based on a survey conducted in 2020 among the population of Brussels (Belgium), this paper aims to examine the role of women and men in the care provided to older family members. Specifically, we use the results of two separate standardized questionnaires, the first intended to the general population and the second specifically addressed to old care beneficiaries. Based on the two questionnaires, we explore from a gender perspective (i) the opinion of the respondents regarding their willingness to engage in caring for old family members; (ii) their current experience in caring activities for older people; and (iii) the experience of old people themselves with respect to who - among family members - is most involved. The results indicate that there is no significant difference between men and women in the help provided to an older family member and that – especially when care is provided by the children – care is provided as much by sons as by daughters. This allows to discuss the commitment of men in a context where women are still largely associated with the care and support of family members and the potential of family care in terms of transforming masculinities.</p>	

## TP14 Informal / unpaid care: continuities, consequences and change

Chair: Sue Yeandle

Room: SR14

### Full papers

- Barbara Da Roit: The rise of informal care
- Birgit Pfau-Effinger: Familial or extra-familial care? Understanding cross-national differences in the main forms of long-term care
- Baowen Xue: Does providing informal care in young adulthood impact educational attainment and employment in the UK?
- Gabriela Gallardo Lastra: The dialectic of the time of care work in the lives of subaltern women

### Full papers

<b>Title of paper</b>	The rise of informal care
<b>Name of presenter</b>	Barbara Da Roit
<b>Affiliation</b>	Ca' Foscari University of Venice
<b>Abstract</b>	<p>Western countries dealing with increasing pressures on Long-term Care systems but embedded in very different care and welfare regimes have developed an apparently similar trends towards the recognition and fostering of informal care, broadly defined as care provided by family and other members of the informal networks outside the market and the professional sphere.</p> <p>In the debate on different forms of care and on their interaction in making up long-term care systems it is often taken for granted (1) what “informal care” encompasses and (2) that “informal care” has always existed even if to different extents across time and space.</p> <p>Based on a multisource qualitative research – content analysis of professional journals, of literature and cinema production – mainly on the Italian case, the paper shows how the cultural idea of “informal care” and its translation into practices and policies is in fact a relatively recent construction.</p> <p>The hypothesis discussed is that long-term care policies have transformed family care and family relations into a quasi-professionalised activity. The evidence analysed suggests the cultural production of the “informal care” concept is based on the interaction of multiple actors and stakeholders in the field of care – professionals, people in need of care, their family members, policy makers.</p> <p>Finally, the paper discusses the consequences of the crystallization of the concept for “informal” as well as for “formal”.</p>

<b>Title of paper</b>	Familial or extra-familial care? Understanding cross-national differences in the main forms of long-term care
<b>Name of presenter</b>	Birgit Pfau-Effinger
<b>Affiliation</b>	University of Hamburg

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<b>Abstract</b>
<p>There are significant country-specific differences in the main patterns of care use of older people, regarding the relationship between extra-familial and familial care. Common approaches mainly explain such differences with the role of care policies; they often neglect the role of cultural ideas. Even those studies which include cultural factors into the explanatory framework usually do not offer more in-depth theoretical assumptions about the ways in which culture and care policy institutions together influence the main patterns of older people's care use, and on which causal mechanisms this is based.</p> <p>The presentation aims to contribute to answering the question of how it is possible to explain cross-national differences in the main patterns of older people's care use. It introduces a complex multilevel approach that uses sociological theory to theorizing how the interrelation between culture and care policy institutions in the explanation operate. This approach also theorizes which causal mechanisms and processes in the multilevel system it is based on. Main elements include a multilevel concept of culture, the degree of coherence of the relationship between culture and institutions, the micro level foundation of older people's care-related behavior between culture and care policy institutions, and the role of socio-economic structures in the explanation of cross-national differences. The paper illustrates the argument with findings of empirical research.</p>

<b>Title of paper</b>	Does providing informal care in young adulthood impact educational attainment and employment in the UK?
<b>Name of presenter</b>	Baowen Xue
<b>Affiliation</b>	University College London
<b>Other authors</b>	Giorgio Di Gessa, Rebecca Lacey, Anne McMunn, EURO CARE Project, Research Department of Epidemiology & Public Health, UCL
<b>Abstract</b>	<p>Most research on the effects of caring has focused on older spouses or working-age carers providing care for older people, but providing care in early adulthood may have longer-term consequences given the importance of this life stage for educational and employment transitions. This study aims to investigate the impact of informal care in early adulthood on educational attainment and employment in the UK, and to test whether these associations differ by gender or socioeconomic circumstances. Data are from young adults (age 16-29 at first interview, n=27,209) in the UK Household Longitudinal Study wave 1 (2009/11) to wave 10 (2018/2020). Carers are those who provide informal care either inside or outside household. We also considered six additional aspects of caring, including weekly hours spent caring, number of people cared for, relationship to care recipient, place of care, age at which caring is first observed, and duration of care. Cox regression models show that young adult carers were less likely to obtain a university degree and to enter employment, compared to young adults who did not provide care. In terms of care characteristics, the risks of not entering employment and not having a degree increase with the weekly number of hours spent caregiving. Having a university degree qualification and parental educational attainment buffered the negative impact of providing care on employment. Our results highlight the importance of supporting the needs of young adults who are providing informal care while making key life course transitions.</p>

<b>Title of paper</b>	The dialectic of the time of care work in the lives of subaltern women
<b>Name of presenter</b>	Gabriela Gallardo Lastra
<b>Affiliation</b>	University of Groningen and the University of Zacatecas

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<b>Other authors</b>	Mónica López López, University of Groningen
<b>Abstract</b>	
<p>Under the umbrella of an old emblem: “what you call love is unpaid work” the present proposal seeks to analyze the time of unpaid care work of subaltern women (racialized and impoverished women from the global South). The study is based on a feminist epistemology of the feelings and emotions, and looks to respond to the questions: what is for subaltern women the time they dedicate informally to caring for children and nature (a time for emancipation or alienation?) and how this time was decided between the members of the households? Through a decolonial tool of time diaries of feelings and interviews to indigenous and mestizo grassroots recycling women of Ecuador and their male pairs, the study shows how is this time and how democratized it is among these people of different genders. In this way, we understand this time from a qualitative point of view of the feelings (kairos). Additionally, to describe how the informal work of taking care of others operates in an Indigenous community and the association of grassroots recyclers. As a result, the current study provokes a new way of understanding radical feminist democracy through the time of non-remunerated care work since this time is unfairly decided and distributed between men and women. In this way, this study promotes the democratization of time for care work and open the doors to explore the feelings around this time dedicated to caring children and nature that is mainly carried out by subaltern women of Ecuador.</p>	

## **Tuesday 27th June, Meet the authors sessions**

Join the editors and authors of the International Journal of Care and Caring Special Issue on *Family care of older people in Southern Africa* (LT1), the Transforming Care book series (LT3) or the Sustainable Care book series (LT4). Hear about the journal and the books, with the opportunity to ask questions.

**Tuesday 27th June, Keynote 2 14.00 - 15.00**

Room: LT1 and streamed

### **Claude Martin**

Claude Martin is a Research Director at CNRS (National center for scientific research), University of Rennes (Arènes UMR 6051). He is currently the director of a priority research program on autonomy (30 millions € operated by French research agency ANR). He was previously the holder of the chair CNAF on “Childhood, well-being and parenting” (2016-2020) and of the chair CNSA on “social care” (2011-2015) at EHESP School of public health. He has a Master in Psychology (University of Caen), PhD in Sociology (University of Paris 8) and French Habilitation in sociology (University of Paris 5 Sorbonne Descartes). He teaches social policies and Welfare state systems at university Sorbonne Paris Descartes and at the Institute of Political science (Science Po Rennes). He was the director of his research unit (2010-2017), co-director of the international journal on social policies, *Lien social et Politiques* (Montréal and Rennes) and a member of the boards of different academic journals (*Social Policy and Administration*, Blackwell; *International Journal of Care and Caring* (Policy Press); *Sociologie* (PUF); *Revue de politiques sociales et familiales*). Claude was previously visiting professor at the National Institute of scientific research in Montréal (1999-2000) and associate researcher at Institut national d'études démographiques.



### **Maintaining autonomy: beyond good intentions, what can we learn from analysing the French case?**

In the social policy field, choice of words matters. In France, except for a few experts and researchers, we say “medico-social” instead of social care; and rather than long-term care policies, we talk about “solidarity for autonomy”. In fact, in the absence of a clear translation, the notion of “care” hasn’t caught on in the political field, despite one attempt during the 2010 presidential campaign.

It was not until 2020 that a fifth branch of social security was finally created in France, long after the creation of the National Solidarity Fund for Autonomy (in 2004). The latter pays out benefits and finances services for disabled people and people losing their autonomy in old age. These elements (words and institutions) may not make France a model but do make it an interesting case for international comparisons. My objective is to explore how the “French case” can feed into a collective reflection on our issue: *transforming care practices and policies*.

My presentation is in three parts. The first investigates adoption of the notion of *autonomy* in the French LTC policy field, where it is clearly linked to a general phenomenon of promoting individuals, their personal

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development and their independence. It questions its specific contribution to the LTC field, bearing in mind that autonomy is used in other policy sectors too (childhood, the transition to adulthood, education, work). The second looks at the genealogy of what in France are referred to as “autonomy policies”. This area of public policy has seen innovations, but is mostly characterized by inertia, even a resistance to taking decisions. The final part identifies main challenges that research could focus on. These are part of a *‘priority autonomy programme’*, driven by the French President and Government, that I have accepted to manage with the support of a panel of specialists. Challenging issues include bringing together policy measures for disabled people and older people in need of care in a social protection system that has previously considered the two populations separately, and stabilizing a mixed social care system, combining public interventions and informal/family care.

**Tuesday 27th June, Parallel Session E 15.30 - 17.00**

## TP7B Whole system reform in social care- *Influencing system change from the local and the global*

Chair: Emily Burn

Room: LT1 and streamed

### Full papers

- Emily Burn: What do we mean by whole system reform in social care?
- Laura Bennett : Reimagining day care for older people and unpaid carers in the context of COVID-19
- Meika Sternkopf: The introduction of the National Care System in Uruguay – International actors and national policies
- Chunhua Chen: Ambivalent national commitment to Long-term care provision in China

### Full papers

<b>Title of paper</b>	What do we mean by whole system reform in social care?
<b>Name of presenter</b>	Emily Burn
<b>Affiliation</b>	University of Birmingham
<b>Other authors</b>	Catherine Needham, University of Birmingham
<b>Abstract</b>	
<p>Social care is often described as a system embodying complex interdependencies across multiple actors. The outcomes of social care reform are therefore interpreted as being emergent and difficult to predict. Discussions on the reform of social care should be cognisant of the shape and structure of the social care system and the way in which the 'policy mix' (Carey et al, 2019; Needham and Hall, 2023) affects system reform.</p> <p>Applying the concept of policy mix to the analysis of social care requires clarity as to what we mean by whole system reform. In this paper, we will develop the definition of whole system reform within social care. To do this, we will discuss the social care system in England and the establishment in the Care Act 2014 of a cap on the costs an individual contributes towards their care. This reform has been subject to much uncertainty as plans to implement the policy have been repeatedly delayed, with the introduction of the reform now planned from October 2025 (House of Commons Library, 2022; gov.uk, 2022). In this paper, we will use this example of deferred reform to highlight the interdependencies across the social care system and the ramifications of the delay to the commissioning and delivery of social care services. In doing so, we will situate this policy as an example of a whole-system reform and reflect on the contribution a systems approach can make to our understanding of social care.</p>	
<b>References</b>	
<p>Carey, G., Kay, A., and Nevile, A. (2019) Institutional legacies and "sticky layers": What happens in cases of transformative policy change?, <i>Administration and Society</i>, 51(3), 491-509.</p> <p>Gov.uk (2022) <i>Adult social care charging reform: further details. Policy paper</i>. Available at: <a href="https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details">https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details</a> (accessed 13/01/2023)</p> <p>House of Commons Library (2022) <i>Proposed adult social care charging reforms (including cap on care costs)</i>. Available at: <a href="https://researchbriefings.files.parliament.uk/documents/CBP-9315/CBP-9315.pdf">https://researchbriefings.files.parliament.uk/documents/CBP-9315/CBP-9315.pdf</a></p>	

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(Accessed 13/01/2023)

Needham, C. and Hall, P. (2023) *Social Care in the Four Nations of the UK*, Bristol: Policy Press.

<b>Title of paper</b>	Reimagining day care for older people and unpaid carers in the context of COVID-19
<b>Name of presenter</b>	Laura Bennett
<b>Affiliation</b>	University of Bristol
<b>Other authors</b>	Ailsa Cameron University of Bristol Demi Patsios University of Bristol Joanna Thorn University of Bristol Paul Willis University of Bristol Karen West University of Bristol Simon D. Hankins BS3 Community Development Ruth Green BS3 Community Development Sonia Davies Bristol City Council
<b>Abstract</b>	
<p>The impact of closure of day care services during the COVID-19 pandemic, on older people and unpaid carers, challenges theoretical and practical arguments about the role of day care, including the view that day care services are undesirable, outdated and out of kilter with wider policy ambitions. Innovative responses to the COVID-19 pandemic highlight ways in which the boundaries between day care and local health services, community and family can be reimagined, as part of a local health and care system that supports wellbeing and aspirations of older people and supports unpaid carers.</p> <p>This paper outlines findings from an NIHR SSCR study exploring innovative examples of day care in England, carried out as settings re-opened post-lockdown, and draws on the experiences of older people and unpaid carers, as well as paid care workers, managers and local stakeholders, through the COVID-19 pandemic.</p> <p>Highlighting the impact of closure of services on older people and unpaid carers, as well as ways in which day care settings continued to provide support and adapt their role during phases of the COVID-19 pandemic, this paper highlights the ways in which our theoretical understanding of what day care is and its role in local health and care systems can be challenged. Informed by the experience of the COVID-19 pandemic there is an opportunity to rethink the role of day care including rethinking boundaries with the health system and with unpaid carers.</p>	

<b>Title of paper</b>	The introduction of the National Care System in Uruguay – International actors and national policies
<b>Name of presenter</b>	Meika Sternkopf
<b>Affiliation</b>	University of Bremen
<b>Abstract</b>	
<p>With ageing populations and changing gender roles, Latin America is undergoing demographic and social changes that are in particular affecting the division of care responsibilities between the state and the family. While most countries in the region still rely on informal care, Uruguay has taken a different path with the introduction of the “National Care System” in 2015. The system was introduced after a long</p>	

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participatory process, involving political and administrative actors, civil society groups, academic actors, and also international organisations (IOs), especially United Nations agencies, such as UN Women, the United Nations Population Fund (UNFPA), and others.

While existing studies give some indication of the national factors that led to the introduction of the system in Uruguay, such as the influence of feminist movements or the role of a progressive government, little is known about the role of IOs in the development of the new system. Why were they involved in the processes? What was their role in the development of the system? How did they interact with national actors? And to what extent were international ideas on ageing, or women's rights brought into national debates?

To answer these questions empirically, I use interview data and document analysis to reveal the different mechanisms that lead to the involvement of IOs in the reform process. As several countries in Latin America are currently discussing reforms in care policies, this case not only offers insights into mechanisms of international interdependencies, but could also provide indications for future developments in the region.

<b>Title of paper</b>	Ambivalent national commitment to Long-term care provision in China
<b>Name of presenter</b>	Chunhua Chen
<b>Affiliation</b>	University of York
<b>Abstract</b>	
<p>In addition to a large- and fast-ageing population, disability risks among the elderly constitute a severe challenge in China, while the residual social security systems (Mok and Lau, 2014; Dang, 2015) are ill-prepared for it. A national survey released in 2016 revealed the worrying situation of disabled seniors. Subsequently, the central leadership issued a series of directives, shaping a national strategy for long-term care (LTC) provision. It instructs a joint funding mechanism encompassing social insurance, private insurance, and social welfare, and that LTC services are to be delivered by the health-social care integration (integration).</p> <p><b>Conceptually</b>, the national strategy separates LTC from general aged care, and the term 'LTC' begins to appear in policy texts, recognising its independence in the ageing policy system. <b>Politically</b>, it demonstrates increasing attention to LTC from the highest authorities, creating pressure on local governments to act. <b>Practically</b>, it sets the guidelines for the development of LTC. LTC insurance and integration as a new funding mechanism and the service delivery platform, respectively, start to embed in the existing ageing policy system. It also pushes policy pilots and institutional reforms to enhance their embeddedness.</p> <p>However, forming a national strategy does not lead to the automatic establishment of LTC. Using interview data, this paper reveals the nature of the national strategy by investigating its formation, interpretation, and operationalisation. It argues that, despite growing attention, state commitment to LTC is ambivalent, with little prioritisation of LTC in the ageing policy system, thereby posing difficulties in incorporating new LTC elements.</p>	

## **Symposium 11: Transnational families in Europe: caring during the time of 'crisis' of the Covid-19 pandemic and beyond**

Convenors:

Rosa Mas Giralt (Deputy Programme Manager BA Professional Studies, Lifelong Learning Centre, Visiting Research Associate, School of Geography, University of Leeds)

Discussant: Erika Kispeter (London School of Hygiene & Tropical Medicine)

Room: LT3 and streamed

Paying heed to the 'Boundaries, Transitions and Crisis Contexts' theme of the conference, this symposium will focus on the time of 'crisis' of the COVID-19 pandemic and how this has impacted 'proximate' and 'distant' caring responsibilities between younger, middle and older generations in transnational families in Europe. It will draw from the ongoing interdisciplinary and comparative research project Transnational Families in Europe: Care, Inequalities and Wellbeing taking place in France, Spain, Sweden and the UK. The project has adopted a multi-sited, family-focused, ethnographic and participatory action methodology. Each national team is working with third-sector partner organisations and community peer researchers to collect data from a diverse sample (i.e. different cultural backgrounds and legal statuses) of transnational families with care needs, including family members in countries of origin/other settlement countries (approx. 100 families overall plus 25 in-depth ethnographic family case studies). In addition, interviews with policymakers and practitioners working with migrants in health and social care, education, language learning, voluntary and community sector are also taking place across the four project countries (approx.65).

The four paper presentations will consider the project's emerging findings on the reconfiguration of care practices and arrangements in transnational families during, and, in the aftermath of the Covid-19 pandemic in each project country. They will explore the challenges that younger, adult or older migrants or family members faced to continue to provide care locally or cross-borders, access temporary support schemes (e.g. furlough) and health and social services, or secure or maintain the legal status of different family members (e.g. IT or language barriers). Taking account of the boundary factors that mediate care provisions in different (trans)national contexts (i.e. migration regimes/migrants' social rights) and intersecting inequalities within families (i.e. gender, age, disability, etc.), the symposium will illuminate temporary or more permanent changes in the intergenerational caring responsibilities and mobility strategies of transnational families in Europe in the (post)Covid-19 era.

### Paper Authors

UK: Rosa Mas Giralt and Amrita Limbu (University of Leeds); Ruth Evans, Grady Walker, Sally Lloyd-Evans, and Tony Capstick (University of Reading); and James Simpson (Hong Kong University of Science & Technology).

France: Polina Palash and Virginie Baby-Collin (University of Aix-Marseille).

Spain: Raquel Martínez Buján, María Paloma Moré Corral, Laura Oso, Andrea Souto García, Laura Suárez Grimalt (University of Coruña, UDC)

Sweden: Katarina Mozetic, Brigitte Suter (Malmö University).

## TP5B Care, surveillance and vulnerability: boundaries and limits of care

Chairs: Zuzana Sekeráková Búriková and Veronika Valkovičová

Room: LT4

### Full papers

- Nina Fárová: “No CCTV in my house!”: Care vs. control in smart home setting
- Liina Sointu: Constructing the ‘violent caregiver’ through violence prevention programs in the third sector in Finland: The limits and possibilities of the therapeutic discourse
- Claire Dungey: Surveillance and Family life in Germany: Caring for Children and the use of tracking apps
- Serena Vicario: Women's informal surveillance of alcohol consumption in intimate heterosexual relationships during the early parenting period: a caring practice

<b>Title of paper</b>	“No CCTV in my house!”: Care vs. control in smart home setting
<b>Name of presenter</b>	Nina Fárová
<b>Affiliation</b>	Czech Academy of Sciences
<b>Abstract</b>	
<p>Trends in home automation and the increasing use of digital technologies for diverse purposes—such as security, surveillance, maintenance, care provision, and work—have led to the emergence of what is referred to as smart home. That opens the critical questioning related to issues of access, equality, control, and privacy of the home. With the rise of smart home technologies, men have become the ones in charge of the technological control of the household. Therefore, smart home technologies can concentrate the control of devices into the hands of one member of the household causing other members to resist their use or to feel out of control. That can switch or reinforce the dynamic between partners towards unequal access, vulnerability, and belonging. There is also a new pattern emerging – smart home technologies can become new means of surveillance, control, and harassment.</p> <p>This paper presents the data from ethnographic research about gendered power dynamics within smart households (subproject within the EU CHANSE project SMART UP). The focus is on the dynamics between partners living in a smart home and on the new ways in which care and control are practised through technology. As preliminary results suggest, smart technologies are part of the of caring for the relationship, household, and partner, but they are also an affordable means of controlling the partner in less visible but similarly fundamental ways. Especially, smart technologies that enable different forms of surveillance (tracking, CCTV etc.) are often subject to – sometimes unequal – negotiation between partners.</p>	

<b>Title of paper</b>	Constructing the ‘violent caregiver’ through violence prevention programs in the third sector in Finland: The limits and possibilities of the therapeutic discourse
<b>Name of presenter</b>	Liina Sointu
<b>Affiliation</b>	Tampere University
<b>Abstract</b>	
Violence in care settings is increasingly being discussed by care researchers. Previous studies have	

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mostly focused on abuse experienced or witnessed by care workers and family caregivers. This paper adds a new perspective: that of a violent family caregiver. While violence in intimate family care is a challenging topic, it is particularly challenging in the case of caregiver's violence towards the care receiver. Even so, family caregivers' organizations in Finland have taken initiative addressing this issue through prevention programs aimed for informal caregivers who fear that they might use, or have used, violence towards care receivers.

Drawing from a study carried out in collaboration with two such programs in the Finnish third sector, this paper examines the emerging discourse of violence in intimate family care settings. Theoretically and methodologically informed by Foucauldian governmentality tradition, the analysis seeks to answer this question: what kind of understanding about violence and 'violent caregivers' as the subjects of preventive measures underpin this discourse? The data consist of materials, media texts and interviews with experts in these programs.

As a result, the paper portrays a discourse of violence where therapeutic understanding is significant. To conclude, the paper discusses the limits and possibilities of approaching violence through a therapeutic understanding in the light of recent literature of therapeutic culture and politics.

<b>Title of paper</b>	Surveillance and Family life in Germany: Caring for Children and the use of tracking apps
<b>Name of presenter</b>	Claire Dungey
<b>Affiliation</b>	King's College London
<b>Abstract</b>	
<p>Various tracking devices are increasingly offering new ways for parents and children to stay connected, and enabling parents to monitor and care for their children at a distance (Widmer and Albrechslund 2021). This paper explores how parents and children view digital care technologies (Kinderschutzapps) such as Familylink that are increasingly used in Germany. In 2017, the federal network agency in Germany classed a doll with Wi-Fi speech recognition software as illegal espionage apparatus (Oltermann 2017). Owners were instructed to destroy these, yet smart technologies used for monitoring children are increasingly on the rise, which suggests that Germany is at a crucial time of transition regarding smart technologies.</p> <p>Surveillance might be situated along a continuum from care to control (Hagendorff and Hagendorff 2019, Taylor and Rooney 2016). Based on ongoing ethnographic fieldwork in Germany since 2022, this paper discusses how digital surveillance as a form of care/control is often a private matter. Parents sometimes view digital surveillance as a pseudo form of care (fürsorge) that will not protect children when exposed to dangers, and instead emphasise how children need to learn to be independent around the age of 6, e.g. by teaching them to walk alone and trusting others. Other parents fear that their children will be exposed to violence, threats or harassment when walking alone or in groups, and use apps to track their children, or walk with their children to various locations.</p>	

<b>Title of paper</b>	Women's informal surveillance of alcohol consumption in intimate heterosexual relationships during the early parenting period: a caring practice
<b>Name of presenter</b>	Serena Vicario
<b>Affiliation</b>	University of Sheffield and University of Kent
<b>Other authors</b>	Marian Peacock, Edge Hill University and University of Sheffield Penny Buykx, University of Newcastle Petra Sylvia Meier, University of Glasgow

**Abstract**

Family care practices are often associated with public health purposes and entail control. Quantitative studies consistently indicate that women play a prominent role in the informal surveillance of their partners' alcohol consumption in intimate heterosexual relationships. This paper examines possible meanings and reasons underpinning the surveillance of drinking in the early parenting period. In doing so, we draw from the results of a study conducted in Yorkshire-UK, exploring accounts of alcohol drinking practices in women up to three years after giving birth. This is a phase of family readjustment, in which childcare is at its most time- and labour-intensive. Free Association Narrative Interviews were conducted with 21 working mothers from different background, interviewed twice about daily routines and drinking practices. Narrative and thematic content analysis cast light on the gendered aspects of surveillance of alcohol consumption. Participants described seeking to set boundaries around what was considered an acceptable level of consumption. Women's attempts at surveillance were generally articulated in non-confrontational language. However, women expressed disappointment that partners' drinking activities were associated with an unequal distribution of domestic responsibilities. Through informal surveillance of drinking, we argue, women performed actions of care and health-risk management within the family. Most importantly, informal surveillance appeared to be a strategy to negotiate a fairer allocation of household labour, and greater equity between the partners. Findings demonstrates how inequalities in power permeate intimate relationships, reaffirming women's traditional role in regulating drinking. Drinking practices provide valuable insights into how gender and caring operate in the intimacy sphere.

**TP20A The role of cultural ideas in the development of childcare policies and long-term care policies**

Chairs: Birgit Pfau-Effinger, Christopher Grages and Thurid Eggers

Room: WR2

Full papers

- Fabienne Décieux: Care and Care Work in Contemporary Capitalism - Contradictions, Simultaneities and Ambiguities in Childcare
- Frieder Rodewald: The Meaning of Care in Parliamentary Debates: The influence of parliamentarians' personal characteristics on long-term care discourse in the German Bundestag
- Julia Hertault: The end of nursing homes? The impact of COVID-19 on appreciation and trust levels in residential and home care services for older people in Belgium
- Márta Baski: Middle-classing in the Hungarian “carefare regime” as boundary work

Full papers

<b>Title of paper</b>	Care and Care Work in Contemporary Capitalism - Contradictions, Simultaneities and Ambiguities in Childcare
<b>Name of presenter</b>	Fabienne Décieux
<b>Affiliation</b>	Johannes Kepler University and University of Vienna
<b>Other authors</b>	Raphael Deindl, Johannes Kepler University
<b>Abstract</b>	
<p>Our talk discusses the question how neoliberal demands compete with traditional and conservative cultural ideas and values in the organization of early childcare, focusing on Austria.</p> <p>Like many other OECD-countries, the Austrian welfare state experienced fundamental reforms in the provision of early childcare and under the light of the social investment approach (e.g. Atzmüller et al. 2019; Leitner 2013; Österle &amp; Heitzmann 2020). Combing ideas of the sociology of care with key figures of Karl Polanyi’s oeuvre “The Great Transformation” (1995) we shed a light on the re-negotiation and contradictory elements in the organization of childcare (e.g. Aulenbacher et al. 2018).</p> <p>Relying on our qualitative analyses of different empirical sources – expert interviews, observations and policy analyses – regarding fundamental reforms in provision of public childcare and family policy, we examined the Austrian case. Focusing on processes of de- and re-familialization we identified incoherent developments and can witness a double movement in the Polanyian sense. On the one hand, a movement under the light of social investment a quasi-marketization of the public and non-profit sector with mandatory element is taking place. On the other hand, “family as the proper locus of care” (Tronto 2017, p.30) – in the sense of a countermovement – is reinforced by the state.</p> <p>This simultaneity strengthens a gendered individualization of care-duties, -arrangements and -decisions. Even though this individualization seems to harmonize the neoliberal demands with the persistent conservative and familialistic culture in the childcare, it still perpetuates the carelessness of contemporary capitalism (Aulenbacher et al. 2015).</p> <p>References</p> <p>Atzmüller, R., Décieux, F., &amp; Knecht, A. (2019). Transforming Children and Adolescents in Human Capital.:</p>	

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<b>Title of paper</b>	The Meaning of Care in Parliamentary Debates: The influence of parliamentarians' personal characteristics on long-term care discourse in the German Bundestag
<b>Name of presenter</b>	Frieder Rodewald
<b>Affiliation</b>	University of Bremen and University of Milan
<b>Abstract</b>	
<p>Long-term care (LTC) is inherently constructed through emotional and personal relationships, shaped by underlying cultural expectations of peoples' personal characteristics. This social construction of LTC has already been studied extensively, uncovering how it is framed differently in various welfare states depending on the prevalence of specific cultural norms and especially the role of the family. However, research has yet to take the influence of such norms seriously when analysing heterogenous legislative discourses. This paper shows how parliamentarians (MPs) with similar personal characteristics hold common beliefs about LTC based on shared experiences with LTC, e.g., personally providing care. Independent of party affiliation, MPs being a similar gender, age, or having a migration background connect LTC to substantial and relatively permanent discursive beliefs. This paper exploits a novel text-as-data method to systematically show how MPs meaning of LTC developed in German Bundestag speeches over the last 40 years. Results explain how female MPs connected LTC closer to the people involved until the 2010s and male MPs closer to administrative issues. Older MPs focused more on the availability of LTC infrastructure, especially after the mid-2000s, and there were no particular discourses reproduced explicitly by younger MPs or MPs with a migration background. These findings showcase how personal or descriptive representation can matter for LTC policymaking, how LTC discourses are dependent on cultural ideas which are contested and subject to change over time, and how the analysis of word embeddings is promising to study meaning in texts.</p>	

<b>Title of paper</b>	The end of nursing homes? The impact of COVID-19 on appreciation and trust levels in residential and home care services for older people in Belgium
<b>Name of presenter</b>	Julia Hertault
<b>Affiliation</b>	Université libre de Bruxelles
<b>Abstract</b>	
<p>Health institutions in developed countries usually receive positive appreciation and high trust levels from the population, compared to political institutions where trust tends to drop since several decades. However, in March 2020, the COVID-19 pandemic disrupted people's habits around the world and destabilized our health systems. On the one hand, this crisis has led to many reactions with respect to its management by states and questioned our relationship to political and health institutions. On the other hand, nursing homes became the subject of strong media coverage because of the difficulties encountered during the first lockdown. Based on a survey conducted between April and December 2020 among the population of Brussels (Belgium), this paper aims to examine the impact of the health crisis on the assessment of residential services and home care services for older people. Relying on data collected through a standardized questionnaire, we explore (i) the levels of trust in residential services and home care services, making a distinction between public and private providers; (ii) the evolution of the respondents' opinion on these services due to the health crisis; and (iii) their personal preferences in case of future dependency. The results show that despite a degraded vision of nursing homes due to the COVID-19 pandemic, the levels of trust remain relatively high. Moreover, no correlation exists between the opinion of the respondents on old care services and their personal preferences in case of future dependency.</p>	

<b>Title of paper</b>	Middle-classing in the Hungarian "carefare regime" as boundary work
<b>Name of presenter</b>	Márta Baski
<b>Affiliation</b>	University of St. Gallen
<b>Abstract</b>	
<p>This paper presents an ethnographic account of how Hungarian child welfare caseworkers in "parenting encounters" (Koning et al., 2022) assess "responsible parenting" according to "middle-class" norms and values as a form of boundary work between them and their clients. Hungary's contemporary gender regime, which Fodor dubbed a "carefare regime" (2022), presents women's unpaid carework as a woman's natural inclination while simultaneously separating families into "deserving" and "undeserving" families. This regime includes an upwards redistribution and an uncoded "race" dimension, i.e. the non-support of Romani people unless they assimilate to white-Hungarian "middle-class" values and standards.</p> <p>Hungarian social workers act as state agents making the policy of the state (Fassin, 2015) but do so in an underpaid and underfunded sector effectively abandoned by the state. While tasked with supporting the needy, they also struggle with their growing precarity. The relationship between the state and the "middle-class(es)" is interwoven with deservingness, which should be a two-way street: "middle classes are concerned with their status and rightful place in society, but the state has to uphold its side of the bargain" (Bolt-Schubert, 2019: p. 351), and I am arguing that the breaking of this promise restructures class relations between social workers and clients, and middle-classing acts a boundary maker when social workers demand elements of "middle-classness" from their clients that they might not be able to achieve either. Failure to comply with these requirements, in the absence of institutional tools for support, gets re-framed as clients not fulfilling their responsibilities as parents, rather than being effects of structural</p>	

inequality.

**TP18B Labour market, working conditions and employment relations in the care sector: old and new challenges and new solutions in crisis contexts**

Chairs: Stefano Neri and Emmanuele Pavolini

Room: SR11

Full papers

- Lucinda Allen: The cost of caring: poverty and deprivation among residential care workers in the UK
- David Palomera: Tracing the diffusion of the Buurtzorg model in Spanish and Danish local home care: tackling the quadrilemma through organisational change?
- Hedva Vinarski-Peretz: The Role of Public Managers' Support in Combining Paid Work and care for elderly within the Aging in Place Policy
- Phoebe Beedell: Preference or prejudice? How 'self-funding' older white people talk about their care workers and why it matters

Full papers

<b>Title of paper</b>	The cost of caring: poverty and deprivation among residential care workers in the UK
<b>Name of presenter</b>	Lucinda Allen
<b>Affiliation</b>	Health Foundation
<b>Other authors</b>	Skeena Williamson, NHS Confederation Emma Berry, SOAS University of London Hugh Alderwick, Health Foundation
<b>Abstract</b>	
<p>Adult social care workers are among the lowest paid in the UK and experience insecure employment conditions. Social care vacancies are high and rising, despite growing demand for care. We used national survey data from 2017 to 2020 to compare rates of poverty and deprivation among workers in the UK residential care sector to other sectors.</p> <p>We found that around 1 in 5 residential care workers in the UK lived in poverty. Around 1 in 8 children of residential care workers were 'materially deprived', meaning they may not have access to essentials like adequate winter clothing. Nearly 1 in 10 residential care workers experienced food insecurity and might, for example, skip meals because they cannot afford food.</p> <p>Residential care workers experienced much higher rates of poverty and deprivation than most workers and health workers. The prevalence of poverty and deprivation among residential care workers was similar to workers in hospitality, retail and administration despite being older than them, which generally reduces the risk of poverty.</p> <p>Our analysis showed that high rates of poverty and deprivation in residential care were partly shaped by low pay and part-time and insecure employment patterns. Low pay in social care reflects political choices. Sustained underfunding by central government has limited the ability of care providers to increase pay. Ensuring social care workers are paid fairly must be a government priority. Broader policy is also needed to tackle poverty in the UK – including investment in housing, education, and social security.</p>	

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<b>Title of paper</b>	Tracing the diffusion of the Buurtzorg model in Spanish and Danish local home care: tackling the quadrilemma through organisational change?
<b>Name of presenter</b>	David Palomera
<b>Affiliation</b>	Autonomous University of Barcelona
<b>Abstract</b>	
<p>The diffusion of new practices across local governments and organisations is crucial to transform care provision in the care crisis. Constructed upon a plural theory of diffusion, this paper investigates two main research questions. Firstly, asks what causal mechanisms allow the diffusion of new care practices from the source to recipient organisations. Secondly, it investigates how local governments adapt them to their context. To answer this, the article analyses the diffusion of the Dutch Buurtzorg model of self-managed worker teams in Denmark and Spain. Through sixteen interviews and documentation analysis, the paper conducts multiple process tracing and cross-case comparisons of four cases adopting the model: Barcelona and El Prat de Llobregat (Spain) and Copenhagen and Ikast-Brande (Denmark). In terms of diffusion, the study shows how the local managers in the four municipalities studied act as bounded rational actors influenced by contingent arguments of specialists regarding the appropriateness of the Buurtzorg model to improve service quality, labour satisfaction, and efficiency through greater trust and worker autonomy. However, the danish case has a more enabling context for diffusion and scalability potential due to its Socialdemocratic Welfare Regime, where supranational institutions give greater centrality to long-term care policies. In terms of adaptation and translation, due to the critical differences between source and recipient contexts, the Buurtzorg model is translated in all four cases through the alteration mode of translation, omitting and adding characteristics to the Dutch model. In addition to self-organisation, local administrators consider fostering community assets and interdepartmental integration. However, despite its potential, in both countries, worker self-organisation is limited due to the constraints of public administration taylorization, hierarchy and the marginal situation of care labour.</p>	

<b>Title of paper</b>	The Role of Public Managers' Support in Combining Paid Work and care for elderly within the Aging in Place Policy
<b>Name of presenter</b>	Hedva Vinarski-Peretz
<b>Affiliation</b>	The Max Stern Yezreel Valley College
<b>Abstract</b>	
<p>Demographic changes give rise to an increasing number of middle-aged employees providing informal eldercare under the 'Aging in Place' policy in most OECD countries. Among part of the sandwiched generation, particularly for employed parents and informal caregivers, engaging in paid work and eldercare has financial, occupational, health and family consequences. Studies indicate that when informal caregivers lack the organizational/managerial support or resources to combine their paid work with eldercare responsibilities, it could result in intentions to resign, poor job performance, absenteeism and low well-being. The purpose of this paper is to examine the way managers' support cultivates caregivers' engagement at work among Israeli public servants. Very little is known about the role of managers' support for employees who provide informal care, particularly among public servants. Using the Job Demand-Control-Support model (JDCS) (Karasek &amp; Theorell, 1990) and conducting a qualitative inquiry - analysis of 14 interviews with public servants revealed multilayered subjective experiences of the complex negotiations between work and eldercare responsibilities as well the coping strategies. The findings which emerged from the interviews suggest that managers' empathy, working-time autonomy, managers' flexible view, and social ties with colleagues are especially beneficial for employees' functioning at work when eldercare demands and strain are high and for a long time. The results therefore indicate the relevance of organizational and managerial support in work-family research and practice.</p>	

<b>Title of paper</b>	Preference or prejudice? How 'self-funding' older white people talk about their care workers and why it matters
<b>Name of presenter</b>	Phoebe Beedell
<b>Affiliation</b>	University of Bristol
<b>Abstract</b>	
<p>Unlike the medical care provided by the NHS, access to state-funded social care in the UK is means-tested and determined by devolved national eligibility criteria. In England, the largest group of people who need to pay for their own care are older people and the demand for domiciliary care, which is largely provided by commercial agencies, is rising.</p> <p>In policy-terms these 'self-funding' care purchasers are modelled as agentic, independent and autonomous consumers, able to choose and procure their preferred care package from a range of suppliers. In practice, self-funders cover a wide spectrum of people paying for all or part of their care in different circumstances.</p> <p>Recent in-depth qualitative research has examined these older people's experience of paying for care, focussing on ethical and moral dimensions; how relationships of care were negotiated; related risks and responsibilities; and the extent to which older people were able to exercise personal choice.</p> <p>Drawing on empirical evidence, this article shines a spotlight on how a significant proportion of older white self-funders talk about particular care workers as racialised Others. When this discourse is considered in combination with the accounts of care professionals, critical questions arise concerning the extent to which older peoples' 'preferences' for care are driven by underlying racial and colour prejudice.</p> <p>In a privatised system primed to respond, the extent to which older peoples' prejudiced preferences contribute to the unequal treatment of people of colour working in both domiciliary and residential care settings, deserves our attention.</p>	

### TP3B Digital technologies and care in crisis contexts: Re-drawing boundaries

Chairs: Grace Whitfield and Kate Hamblin

Room: SR12

#### Full papers

- Karla Zimpel-Leal: An integrative synthesis on tech-enabled homecare and its impact on ageing in place
- Anna Pillinger: Digitizing the Care Crisis. Technological promises meet care and care-work
- Emma Garavaglia: How are digital platforms affecting elderly care work in Italy?
- Cian O'Donovan: Data ethics in UK social care policy

<b>Title of paper</b>	An integrative synthesis on tech-enabled homecare and its impact on ageing in place
<b>Name of presenter</b>	Karla Zimpel-Leal
<b>Affiliation</b>	Oxford Brookes University
<b>Abstract</b>	
<p>Technology holds a central role in expanding the market for homecare and supporting ageing in place, which is defined as “meeting people’s desire and ability, through appropriate services and assistance, to continue to live relatively independently in the community, either in their current home or appropriate housing” (WHO, 2004). Historically, most of its infrastructure and equipment consisted of durable medical products: walkers, wheelchairs, wall rungs, safety rugs, and the like. That infrastructure enabled basic homecare but could not substitute for the more sophisticated capabilities of specialised care settings, such as on-call nursing in long-term-care facilities. In recent years, however, new homecare technologies—Internet-enabled home monitors, apps for mobile health, and telemedicine—are bringing aspects of advanced care into peoples’ homes. Expanded technology-enabled homecare not only offers a promising pathway to bend the cost curve for ever-growing health and care expenditures but also enables the moral value of older members of society to live in grace and dignity in their own homes, influencing both their physical and mental wellbeing (Means, 2007).</p> <p>This paper identifies what are the current and emerging technology enabled homecare models by reporting on an integrative syntheses (Dixon et al., 2005) with the focus on summarising data from academic and grey literatures. The aim is to show which types of tech-enabled homecare models appear most likely to improve ageing in place from a health and wellbeing standpoint. We highlight the disparities of technology-enabled homecare models between prevention or reducing the need for institutional care and the central thesis is that some chronic illnesses can be treated through monitoring and interventions in a person’s home. The implications are that a homecare technology model must affect a person’s clinical course of care; conversely, if it merely provides information that cannot change the course of disease progression or treatment, its value is negligible. Furthermore, merely observing or flagging an event is not enough; a homecare technology must be accompanied by some way to take action in “closed feedback loop” to measure progress against goals.</p>	

<b>Title of paper</b>	Digitizing the Care Crisis. Technological promises meet care and care -work
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<b>Name of presenter</b>	Anna Pillinger
<b>Affiliation</b>	University of Linz
<b>Abstract</b>	
<p>Within the current care crisis, digital technologies are imagined to support care-provision and the caresector. Thereby, they should cope with phenomena like care-shortages and the demographic change. Digital technologies, such as robotics and digital documentation, promise a technological solution to the crisis by facilitating good care and care-work. These technologies are expected to do so by saving the care-workers time and supporting them in their work. Drawing on qualitative content analysis of interviews and a document analysis, my contribution scrutinizes the interrelationship between the narratives of R&amp;D and technology companies and the experiences of care-workers.<sup>1</sup> The first step presents the theoretical and methodological approach, following Deuten and Rip's (2000) understanding of <i>narratives</i>, to analyze the promises of digitalization in the care-sector. In a second step, I zoom into these promises surrounding imagined technological solutions for the care crisis provided by R&amp;D and technology companies. In a third step, these promises are discussed and contrasted with the experiences of care-workers in the field of senior care. Our findings suggest that while a nuanced view on the effect of these technologies is crucial, aspects of the digitalization of care have the potential to perpetuate the current care crisis by potentially deteriorating working conditions and contradicting the care-workers standards of good care, especially when it comes to the implementation of robotics or the increasing documentation requirements.</p> <p><sup>1</sup> The research was conducted within the research project "Digitalization and work organization: narratives, practices and opportunities for participation", funded by the Vienna Chamber of Labor</p>	

<b>Title of paper</b>	How are digital platforms affecting elderly care work in Italy?
<b>Name of presenter</b>	Emma Garavaglia
<b>Affiliation</b>	Politecnico di Milano
<b>Other authors</b>	Annavittoria Sarli, Università degli Studi di Parma
<b>Abstract</b>	
<p>Digital platforms have become a central actor of today economies. Over the last decade, platforms have started offering a variety of domestic care services, such as childcare or elderly care services. The diffusion of care work platforms is connected to broader trends. On the one hand, the developments affecting European welfare states, i.e., the progressive State withdrawal from the institutional provision of care, the introduction of 'cash for care' policies and the externalization of care responsibilities onto families and communities. On the other, the crisis of care that is the difficulties that families are facing in finding the time for caring activities while working under the circumstances imposed by contemporary capitalisms.</p> <p>The study of care work platforms is still at its infancy. The few research available has highlighted the impact of platforms on the invisibility, flexibilisation and precarisation of care work. Drawing upon 15 qualitative interviews with key informants (i.e., individuals experienced in the formal or informal intermediation of elderly care work, policy makers, digital entrepreneur), the present paper aims at: i) discussing how the presence and role of elderly care work platforms is discursively framed in Italy, ii) how platforms affect the dynamics governing elderly care work in the Italian labour market. Italy represents an interesting case to explore: it is one of the European countries with the largest share of older population, its care regime is family based, and care work platforms are currently an emerging phenomenon. The analysis offers interesting insights into the platformisation of care work.</p>	

<b>Title of paper</b>	Data ethics in UK social care policy
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<b>Name of presenter</b>	Cian O'Donovan
<b>Affiliation</b>	UCL
<b>Other authors</b>	Jack Hume, Melanie Smallman, James Wilson; UCL
<b>Abstract</b>	
<p>Increased data-use features prominently in post-pandemic public policy for long term care in many countries. This paper contributes a new three-part framework to ethically evaluate data policy in the context of English social care. The framework incorporates individual and normative values; system complexity; and scale, place and context. The framework is tested and implications for what's at stake and for whom within digitally transforming social care situations is discussed.</p> <p>Despite some impactful interventions, the benefits of data systems built during the pandemic are not shared or even agreed by all. Data is being used to make decisions today in ways not agreed initially by care providers. And notwithstanding critical attention from practitioners and academics, significant problems remain, not least that people who pay for their own care are invisible in national data, as are many older people living in care homes and people with learning disabilities.</p> <p>These issues raise conceptual and ethical concerns for aligning policy with the needs of practitioners. First, how to balance conflicting calls for more data, minimal data and no data. Also, how to understand how data infrastructures are driving post-pandemic change in the jobs of data users and providers across many levels in care sectors. And how data can at the same time direct attention to people deemed most in need of care, but can also make vulnerability, care and neglect for a diverse range of people in the system worse.</p>	

## Symposium 9: Crisis of the later life care: Cases from Nordic welfare states

Convenor: Alexandra Jønsson, Roskilde University

Room: SR14

Despite being internationally known as affluent welfare states with well-functioning health and social services, Nordic countries face a crisis of care. This care-crisis is due to a rising number of elderly citizens in need of care and failure in recruitment in contexts marked by decades of austerity politics. This session explores the various strategies, practices and dilemmas related to the care-crisis. Taking onset in cases from Nordic Welfare States, the panel aims for a broader discussion applicable to various national and cultural settings. Nordic Welfare States, however, serve as a great example, because here governments have launched several strategies intended to re-organize and improve later-life care, focusing on issues such as better conditions for care workers, de-bureaucratization, digitalization of care, and sustainability. The panel investigate empirically the 'problematizations' of current conceptions of aging, care, care work and the organization of care embedded in the new policies and strategies, to discuss how the intention to solve the current crisis may constitute new problems and dilemmas:

(1) "*Care Crises: Problems & solutions*" uses the case of an intervention to better health and care among and for migrants to discuss the problematization of migratory aging, and the failure to adapt local health intervention solutions to aging migrants.

(2) "*Attractive workplaces – a strategy to curb the recruitment crises*" analyses attempts to introduce new care ideals, and reorganize care work that opposes principles of NPM in order to overcome the crisis of recruiting and retaining care workers.

(3) "*Sustainability for care in later life?*" attends to medicalization and overuse in a sustainability perspective to discuss the drain of scarce care resources and the allocation of professional care for older people in the years to come.

Presenters:

Care Crises: Problems & solutions: Anne Leonora Blåkilde & Karen Christensen

Attractive workplaces – a strategy to curb the recruitment crises: Maria Hjortsø Pedersen, Agnete Meldsgaard Hansen & Annette Kamp

Sustainability of later life care: Alexandra Brandt Ryborg Jønsson

Discussant: TBA

**Wednesday 28th June, Parallel Session F 09.00 - 10.30**

## TP10B The care-migration systems nexus: De-centring 'global north' perspectives

Chair: Majella Kilkey

Room: LT1 and streamed

### Full papers

- Bharati Sethi: Transnational Caregiving During the COVID-19 Pandemic
- Zuzana Sekeráková Búriková: Decolonizing demand for paid domestic work and childcare: Beyond dyadic relationships and western models
- Angela Miku Cherry: Migrant Care Workers in Japan amidst the Staff Shortage and the Covid-19 Pandemic: A Life-Course Perspective

### Full papers

<b>Title of paper</b>	Transnational Caregiving During the COVID-19 Pandemic
<b>Name of presenter</b>	Bharati Sethi
<b>Affiliation</b>	Trent University
<b>Other authors</b>	Allison Williams, McMaster University
<b>Abstract</b>	
<p>Increasingly, immigrants are providing transnational caregiving because of increased global mobility and the aging population worldwide. However, we know little about the experiences of transnational carer-employees (TCEs) particularly racialized immigrants. In this study, TCEs are immigrants who are: (1) working in paid employment in Ontario, Canada; (2) providing informal caregiving within the Canadian context, and/or; (3) engaging in transnational caregiving to family and/or friends living in the global South. Transnational caregiving may involve long-distance moral, emotional, and/or financial support.</p> <p>We used a qualitative and art-based approach to explore the experiences of 21 racialized TCEs (11 female and 13 male) living in Ontario, Canada, from 10 different countries. We conducted open-ended interviews in English, Spanish, or Arabic. Participants also had a choice to submit an art piece (such as a poem, photograph, or drawing) that represented their transnational caregiving experiences. Thematic analysis revealed that pre-existing transnational caregiving responsibilities, combined with the employment pressures and travel restrictions related to the global coronavirus pandemic, posed economic and emotional challenges to TCEs and their loved ones. The findings highlight that transnational care as a multi-dimensional phenomenon requires innovative policy responses as immigrants continue to maintain strong transnational networks with their country of origin. These networks are maintained through remittances and other forms of care, which simultaneously contribute economically, socially, and culturally to the country of resettlement. This study's insights can inform culturally responsive policies and practices to help TCEs balance paid work and unpaid transnational care.</p>	

<b>Title of paper</b>	Decolonizing demand for paid domestic work and childcare: Beyond dyadic relationships and western models
<b>Name of presenter</b>	Zuzana Sekeráková Búriková
<b>Affiliation</b>	Slovak Academy of Sciences

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<b>Abstract</b>
<p>Research on the demand for paid domestic workers tends either to apply models from Global South or to explain the demand in the countries of the South as the result of the migration of paid domestic workers to the North. I argue that we need to decolonise our explanations of the demands for paid domestic work and expand the explanations drawing upon the unequal division of labour between men and women. In the countries sending paid domestic workers abroad, we also need to investigate the possibility of other dynamics of demand than those driven by global care chains. This requires also a methodological shift. We need to acknowledge that care is not necessarily situated within a nuclear family or a dyadic relationship between a man and a woman. Empirically, I draw upon interviews with employers of paid domestic workers in Slovakia. In Slovakia, the decisions and negotiations involved in outsourcing cleaning are embedded in relationships within the nuclear family, mainly in a dyadic relationship between a man and a woman. The paid domestic worker is hired when the husband rejects a more equal division of labour. In contrast, the decisions and negotiations involved in outsourcing childcare are embedded in relationships beyond the nuclear family. The interviews about outsourcing childcare centred around the relationship between mothers and grandmothers. The most important factor was the availability and willingness of the grandmother to provide childcare. While nannies do the work previously done by the mother, they actually serve as replacements for the grandmothers.</p>

<b>Title of paper</b>	Migrant Care Workers in Japan amidst the Staff Shortage and the Covid-19 Pandemic: A Life-Course Perspective
<b>Name of presenter</b>	Angela Miku Cherry
<b>Affiliation</b>	Osaka University
<b>Abstract</b>	<p>This paper aims to examine the experiences of migrant care workers (MCW) in Japan amidst the staff shortage and the pandemic. In 2019, a fourth type of work permit for care workers was introduced that for the first time directly addressed the labour shortage, only for the borders to close shortly afterwards. However, the medical and welfare sector recently has had the fastest growing number of foreign-born workers, with over 74,000 in 2022 (MHLW 2023). The care sector provided stable employment for those in other sectors who couldn't continue their work/training due to the economy and couldn't return to their country.</p> <p>Semi-structured interviews were conducted with nine MCWs from Vietnam, the Philippines and Thailand, three of their superiors, and four others involved, selected using snowball sampling. The majority worked at care facilities near Tokyo. The results were analyzed from a life-course perspective.</p> <p>Adopting a life-course perspective, Christensen &amp; Guldvik (2014) examined the situations of MCWs in Norway and in the UK, and described "the migrants' ways into and experiences with care work" (ibid: 3) as a result of the interplay between the individuals' agency and each country's migration and welfare policies.</p> <p>The participants in this research were constructing their life-plans in unique ways; one switched from construction to care work, seeking stability after mistreatment by his former employer, and others were combining different care worker permits to extend their stay. MCWs' differing life-plans, motivations and acquired skills lead to concerns about their work environment and the quality of care.</p> <p>Reference:</p> <p>Christensen, Karen and Ingrid Guldvik, 2014, <i>Migrant Care Workers: Searching for Horizons</i>, Farnham: Ashgate.</p> <p>Ministry of Health, Labour and Welfare, 2023, "Gaikokujin Koyō Jōkyō' no Todokede Jōkyō Hyō Ichiran (List of Reported Employment Status of Foreign Nationals)," (Retrieved January 28th, 2023,</p>

<https://www.mhlw.go.jp/content/11655000/001044544.pdf>.

## TP20B The role of cultural ideas in the development of childcare policies and long-term care policies

Chairs: Birgit Pfau-Effinger Thurid Eggers

Room: LT3 and streamed

### Full papers

- Sara Marques Canha: Reproducing cultural ideas about the role of the family in LTC policies: the creation of the Portuguese Informal Caregiver Status
- Zuzana Dančíková: Can Policy Transform Gender Norms? The Case of the Slovak Leave Policy for Fathers
- Charlotte Dötig: The Interplay of Perceptions and Policies to Combine Employment and Family Care for Older Adults in Austria

<b>Title of paper</b>	Reproducing cultural ideas about the role of the family in LTC policies: the creation of the Portuguese Informal Caregiver Status
<b>Name of presenter</b>	Sara Marques Canha
<b>Affiliation</b>	University Institute of Lisbon
<b>Abstract</b>	<p>This paper draws from the analysis of the political process of the creation of the Informal Caregiver Status in Portugal, which took place between 2016 and 2019. Looking into the main measures that were debated, exploring how they were justified and envisioned by the political actors and carers' and cared-for people's organisations involved in the call for the status, we analyse how cultural ideas about the role of the family in the long-term care (LTC) system shaped the discussion and the choice of measures for the Status.</p> <p>In Portugal, the late creation of a welfare state, the strong influence of Catholicism's social doctrine and the historical centrality of a traditional idea of women as providers of care and well-being in the family prevented investment in the development of public care services. Given political, economic and social pressures to reorganise public care policies, supporting informal care is emerging as a sustainable alternative.</p> <p>Despite a consensus about a necessary transition for more home and community care-based services and the need for recognition of informal care, the debate was dominated by the tension between different political-ideological perspectives on the role of informal care in the LTC system. We find in the discussion and in the formulation of this policy a persistence of familialistic traits and a non-problematization of gender inequality.</p>

<b>Title of paper</b>	Can Policy Transform Gender Norms? The Case of the Slovak Leave Policy for Fathers
<b>Name of presenter</b>	Zuzana Dančíková
<b>Affiliation</b>	LSE

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<b>Abstract</b>
<p>As a solution to ongoing inequalities in the gendered division of labour, academics increasingly turn to leave policies for fathers – expected to be most effective when they conform to ‘best practice’ characteristics – are non-transferable to mothers and well-remunerated. However, even with such policies, uptake has varied across contexts.</p> <p>In response, researchers have argued that uptake is constrained by gendered norms that must change if policy is to succeed. Others argue that the norms may shape policy itself, and so contribute to their self-perpetuation rather than transformation. Articulation of when such normative transformation happens is scarce and in this paper, I argue policy may change norms by shifting individuals’ understanding of appropriate division of labour. However, it is not clear that such shifts follow from ‘best practice’ policy characteristics. Instead, it is productive to explore ideas associated with policy. Accordingly, I draw on policy process scholarship, which argues that to understand policy outcomes, it is important to look beyond ‘best practice’ indicators – to additional elements of the policy process, including goals and implementation.</p> <p>I investigate a new Slovak ‘best practice’ leave policy for fathers, which was introduced into a traditional gendered context, that may affect the associated discourse. I analyse media reports to answer two questions: how has the policy shaped normative transformation? And how did it perpetuate pre-existing gender norms? I find that discourse associated with policy goals and implementation contributed to the perpetuation of pre-existing norms, rather than their transformation into norms supporting a more gender-equal division of labour.</p>

<b>Title of paper</b>	The Interplay of Perceptions and Policies to Combine Employment and Family Care for Older Adults in Austria
<b>Name of presenter</b>	Charlotte Dötig
<b>Affiliation</b>	Forschungs- und Beratungsstelle Arbeitswelt (FORBA)
<b>Other authors</b>	Ingrid Mairhuber, FORBA
<b>Abstract</b>	
<p>Due to demographic developments, more and more people are in need of care in old age. The main pillar of long-term care policies in Austria is politically supported family care provided mainly by women who are not or only partially employed (i.e., gendered model of explicit familialism). This is despite the fact that family carers are more often employed and women are expected to work longer and also full-time in order to reduce the gender pension gap.</p> <p>This paper explores how the cultural idea that care for older adults is to be provided by family carers shapes the perception of employment of family carers and thus policies to combine employment and family care for older adults.</p> <p>The COMBECA expert study shows that, in contrast to childcare, employment of family carers receives very little attention from welfare state actors and experts. At the same time, family care obligations are hardly addressed by affected employees at their workplaces. The result of these very limited perceptions is that the combination of employment and family care for older adults is hardly considered by the welfare state and consequently receives very little political support. This in turn reinforces the perception of family carers themselves that caring for family members is a private challenge.</p> <p>COMBECA (<a href="https://www.forba.at/combeca/">https://www.forba.at/combeca/</a>) is a comparative research project funded by the FWF and SNF that examines the combination of employment and family care for older adults in companies in Austria and Switzerland. The COMBECA expert study also examines long-term care policies.</p>	

## TP9C Inequalities and care needs

Chairs: Nicola Brimblecombe

Room: LT4

### Full paper

- Emma Garavaglia: Unequal care. How care poverty is distributed among social groups in different European countries
- Sue Yeandle: Intersectional inequalities in social care: towards a new conceptual approach
- Grace Whitfield: Guilt and care inequalities: navigating unmet needs when combining care and work
- Mari Aaltonen: When home is no longer the best place – use of health and social care services and impact on informal carers

### Contributed paper

- Oddvar Førland: The shaping of prioritisations among leaders in municipal long-term care. A case study from Norway

<b>Title of paper</b>	Unequal care. How care poverty is distributed among social groups in different European countries
<b>Name of presenter</b>	Emma Garavaglia
<b>Affiliation</b>	Politecnico di Milano
<b>Other authors</b>	Costanzo Ranci, Politecnico di Milano
<b>Abstract</b>	
<p>Recent developments in care poverty research have found that socio-economic determinants have mixed effects on care inequality. While there is some evidence that low income, ethnic disparities, and regional differences increase the risk of care poverty, the interaction between these aspects and long-term care (LTC) regimes has not been fully explored. In particular, it is not clear how care poverty is affected by socio-economic disparities in different LTC regimes. This paper intends to contribute to the exploration of care poverty in relation to socio-economic inequalities and LTC regimes. The empirical goal is to identify what are the socio-economic groups affected by care poverty, and how they are differently shaped across LTC regimes. We analyze the distribution of care poverty in six European countries (associated to different LTC regimes) among social groups defined based on their socio-economic characteristics. Based on an empirical measure of unmet care poverty, we describe the distribution of unmet needs among different socio-economic groups. Then we calculate the conditioned probability to have unmet needs for such socio-economic groups, controlled by level of dependency, age, gender, ethnic status, ecc.. Finally, we relate our results to the characteristics of the LTC system in the considered countries. The analysis is based on the European Health Interview Survey data, 2019. We limit our analysis to the respondents aged over 65 and with at least one ADL limitation.</p>	

<b>Title of paper</b>	Intersectional inequalities in social care: towards a new conceptual approach
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<b>Name of presenter</b>	Sue Yeandle
<b>Affiliation</b>	University of Sheffield
<b>Abstract</b>	
<p>Care is widely studied as a gendered phenomenon, a property of welfare states and a social right, yet analysis of care inequalities remains limited and underdeveloped. This is understandable; care is a recent addition within countries' policy remits, often the 'poor relation' to health, and data are frequently lacking, with much care provided 'invisibly' within families. Yet as feminist scholars have shown, <i>intersectional analysis</i> is crucial for conceptual progress in understanding social issues and to inform equitable policies (Anthias, 2012).</p> <p>The paper argues that different types of care inequalities must be identified and analysed if unfairness in care is to be addressed. This means examining care systematically and from multiple angles. How and by whom are care needs identified and services distributed? Who, in what contexts, benefits - or is harmed - by care arrangements and practices? Do these arrangements deepen, reflect or alleviate other social inequalities?</p> <p>Working from fundamental questions about care, the paper argues that an intersectional analysis of care requires a distinctive conceptual approach. International literature shows care to be a relational activity vital for human wellbeing. Care is ubiquitous, patterned by culture, kinship relations and socio-economic structures and features in almost every life course.</p> <p>The paper proposes a strategy for exploring the multidirectional ways in which care relations, experiences, practices and policies contribute to, or may alleviate, unfair outcomes - such as the 'triple penalty' (damage to health, wealth and social inclusion) experienced by too many involved in providing or receiving care (Yeandle &amp; Buckner, 2007).</p>	

<b>Title of paper</b>	Guilt and care inequalities: navigating unmet needs when combining care and work
<b>Name of presenter</b>	Grace Whitfield
<b>Affiliation</b>	University of Sheffield
<b>Other authors</b>	Camille Allard, University of Birmingham
<b>Abstract</b>	
<p>This paper analyses how deteriorating working conditions in care services and a transferral of care responsibilities towards family members both engenders and relies upon an emotional reaction of guilt among individuals providing paid and unpaid long-term care. Long-term care in England is characterised by a multiplicity of inequalities related to the access of economic and social resources, and public/private divide of services; we argue that guilt acts as an additional outcome and factor of inequality across paid and unpaid care. Using England as our illustrative example, we draw on 120 qualitative interviews with participants including care workers and unpaid carers (employed in sectors outside of care) alongside their managers and employers. Our paper asks: how does guilt around not 'sufficiently' meeting care needs shape experiences of caring; why might managers encourage employees to feel guilty; and in what ways do economic and social inequalities (on a micro and macro scale) shape a reliance on guilt. The findings emphasise parallels in experiences between care workers and working carers as both groups seek to avoid guilt related to not <i>caring</i> enough and not <i>working</i> enough. In addition, we highlight how guilt – located within the micro-level interactions between workers and their colleagues, managers, and those who they provide care for – is impacted by broader policies. Relevant areas include weak employment protections, insufficient support for unpaid carers, and austerity approaches to paid care provision enacted by successive UK Governments.</p>	

Contributed paper

<b>Title of paper</b>	When home is no longer the best place – use of health and social care services and impact on informal carers
<b>Name of presenter</b>	Mari Aaltonen
<b>Affiliation</b>	Finnish Institute for Health and Welfare
<b>Abstract</b>	
<p>Sometimes home care clients may prefer care in a care facility instead of home care services. In Finland, access to these facilities depends on a professional need assessment. We study older home care clients and the association of experiencing that it would be better to live elsewhere than at home with a) the use of formal care services, b) the informal carer's ability to continue in caring activities, and c) the informal carer's negative feelings.</p> <p>We use data from Resident Assessment Instrument (RAI) home care register, collected between January and June 2022, linked to registers for health care and primary health care (N 33 493). RAI instrument includes the item Person or relative feels that the person would be better off living elsewhere. Formal care services include the use of hospital care, emergency care, outpatient visits, and services provided at home.</p> <p>The preliminary results show that about one in six respondents answered that it would be better to live elsewhere than at home. These respondents used more hospital care, home care, home nursing care, emergency care, and less remote services than those who preferred living at home. Answering that it would be better to live elsewhere was associated with the informal carer's negative feelings and inability to continue caring activities.</p> <p>The results suggest that when living at home is no longer the best option, it is reflected in an increase in the use of various health and social services and in informal carers' problems with coping and well-being.</p>	

## TP22 Combining work and care

Chair: Kate Hamblin

Room: WR2

### Full papers

- Andrin Altherr: Challenges and facilitators of combining employment with informal care for people at an older age
- Norah Keating: Making care count: Inequalities in family carers' contributions to the care economy
- Kate O'Loughlin: Contributors to, outcomes of, perceived carer recognition among informal working carers of ageing relatives
- Thomas Geisen: Negotiating care obligations. Social practices to combine employment and informal care for persons at an older age in Switzerland

### Full papers

<b>Title of paper</b>	Challenges and facilitators of combining employment with informal care for people at an older age
<b>Name of presenter</b>	Andrin Altherr
<b>Affiliation</b>	University of Applied Sciences and Arts Northwestern Switzerland
<b>Abstract</b>	
<i>Topic</i>	
<p>In most industrialized nations demographic shift causes a proportional decrease of the labour force in relation to pensioners. This reduces the accessibility and affordability of long-term care facilities, while in-patient caregivers become scarcer. Thus, informal care for aged citizens is in high demand. This study focuses on employees who combine employment with informal care for the aged and the effects of measures that organisations take to guarantee the compatibility of employment and informal eldercare.</p>	
<i>Theory</i>	
<p>A model of social capital (Badura) is applied to assess interpersonal relationships, shared beliefs, values, and rules within the examined organisations. Neo-institutional (DiMaggio/Powell) and process-figurational (Elias) approaches are followed to formulate hypotheses.</p>	
<i>Method</i>	
<p>In the COMBECA research project (2021-2024) organisation case studies (n=8) are conducted in Switzerland using a mixed-method research design. In the quantitative component, we analyse the relationship between employees' professional status as well as the perception of the corporate structure and culture with the accessibility of and satisfaction with organisational measures that are implemented to enable the combination of employment and informal caregiving. Furthermore, effects of caregiving (including childcare), hierarchy level and corporate culture on well-being and ability to work are explored. A structural equation model is conducted to test the hypotheses.</p>	
<i>Findings</i>	
<p>A higher professional status of employees increases their available options for reconciling work and informal care for the aged. Employees who rate the participation opportunities at their workplace as high, are more successful (better well-being and ability to work) in combining employment with informal care for</p>	

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the aged.

<b>Title of paper</b>	Making care count: Inequalities in family carers' contributions to the care economy
<b>Name of presenter</b>	Norah Keating
<b>Affiliation</b>	Swansea University
<b>Other authors</b>	Karen Duncan, University of Manitoba Janet Fast, University of Alberta Choong Kim, University of Alberta
<b>Abstract</b>	
<p>Unpaid care work is an important economic activity and indispensable to the well-being of individuals, families and societies, yet it remains largely invisible. Its invisibility may be due, in part, to our failure to account for its monetary value. Further, little attention has been paid to diversity in how care is shared among carers, also rendering inequities in its distribution invisible. Consequently, family care work remains peripheral to public policy agendas.</p> <p>Using nationally representative data on caregiving, and a replacement cost approach, we estimated the monetary value of Canadians' 5.7 billion hours of care work at \$97.1 billion - \$112.7 billion. These amounts represent 3-4 times all public expenditures on home, community and long term care. Our unique contribution comes from new evidence that carers who live with the care receiver, are Depression Era or Baby Boom generation, have lower income, and are women, make contributions disproportionate to their numbers.</p> <p>Monetizing the value of family care makes it more visible, locates it in the context of the broader care economy and establishes its relationship to the much more visible and valued realm of paid care work. Findings drive home the observation that sustainability of the formal care sector depends on family carers. They also inform and justify a shift in public discourse and decisions about a comprehensive caregiver strategy. Finally, they point clearly to a need to move beyond "one size fits all" approaches to care policy, and the tendency to overlook family care in discourse about policy reform.</p>	

<b>Title of paper</b>	Contributors to, outcomes of, perceived carer recognition among informal working carers of ageing relatives
<b>Name of presenter</b>	Kate O'Loughlin
<b>Affiliation</b>	University of Sydney
<b>Other authors</b>	Myra Hamilton, University of Sydney Hugh Bainbrudge, University of New South Wales Marian Baird, University of Sydney Nate Zettna, University of Sydney Lukas Hofstätter, Carers New South Wales Sarah Judd-Lam, Carers New South Wales
<b>Abstract</b>	
<p>This study explores influences on perceived recognition of informal, unpaid family caring and its flow-on outcomes in the form of social connectedness and well-being among employees with care responsibilities for ageing relatives. We predicted that unfavourable experiences in both employment and the</p>	

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co-ordination of aged care services would separately and interactively combine to shape carer recognition. In turn, carer recognition was associated with social connectedness and well-being outcomes. Findings provided support for the mediating role of carer recognition. Additionally, difficulty navigating services moderated the relationship between career disruption and outcomes (social connectedness, well-being). Employees who reported greater difficulties with aged care services reported lower community recognition of the carer role and worse outcomes than employees with fewer difficulties with aged care services. The results provide new insights for policymakers about the role of aged care service navigation, and of recognition by government and service providers, in facilitating positive outcomes for working carers.

<b>Title of paper</b>	Negotiating care obligations. Social practices to combine employment and informal care for persons at an older age in Switzerland
<b>Name of presenter</b>	Thomas Geisen
<b>Affiliation</b>	University of Applied Sciences and Arts Northwestern Switzerland
<b>Other authors</b>	Salome Schenk, University of Applied Sciences and Arts Northwestern Switzerland
<b>Abstract</b>	
<p><i>Topic</i></p> <p>Under conditions of demographic change and shortages in the labour force, employers are seeking to find solutions for better addressing the needs of their employees to combine meaningful work while also providing care for persons of an older age. There is still a lack of systematic approaches within companies, but there are numerous informal practices that companies engage in to negotiate combining employment and informal care. Our research is focused on better comprehending the impact of company measures for supporting employees who have care provision obligations for persons of an older age.</p> <p><i>Method</i></p> <p>In the COMBECA research project (2020-2024) company case studies (n=8) were conducted in Switzerland using a mixed-method research design. In the quantitative component, we carried out an employee survey to generate detailed knowledge about the work situation of employees and their obligations for caring. In the qualitative component, we conducted interviews with the CEO/HR, front-line managers, and other service providers (n=4), and organised focus-group discussions (n=2), and biographical interviews (n=2) with employees who are providing such necessary care. The interviews were fully transcribed and analysed with Grounded Theory (Charmaz)</p> <p><i>Findings</i></p> <p>Different social practices exist in companies about how to combine employment and informal care e.g., “finding solutions” or “setting limits”. Such efforts to combine work and caregiving often only achieve success if there is also a sustainable and comprehensive care infrastructure in place supporting provision of informal care by company employees to persons of an older age.</p>	

## **Symposium 1: The political economy of care for children and older adults in times of crisis**

Convenors: Eva Lloyd, UEL and Amy Horton, UCL

Room: SR11

In this symposium four speakers interrogate the impact of Covid-19 on both adult social care and early care and education in England, in Europe and beyond, and explore options for the future. Dr Sara Farris (Goldsmith College, University of London) examines how racialised female care workers have been exploited during the pandemic. Dr Amy Horton (University College London) presents data from a new study on the impact of different forms of care home ownership on care services and the employment conditions of care workers. Ivana La Valle (University of East London) reports on a 2022 study of the pandemic's impact on children's development, on their access to early care and education, and on mothers' employment and mental health. Professor Eva Lloyd (University of East London) highlights how Covid-19 exacerbated sustainability risks within the rapidly growing corporate childcare sector, while discussing, Dr Kate Hardy (University of Leeds) critiques the presentations' suggestions for transforming care and their applicability beyond Britain.

### **Paper 1** *Corporate care and racialised workers in times of crisis.* Sara Farris (Goldsmith)

This paper discusses the results of a project on the growing presence of large corporations in elderly care and child-care. Drawing on qualitative interviews with adult social care workers in France and Italy, and on desk-review in the UK, it shows the strategies corporations use to save on labour costs and increase profits for shareholders. These companies' reliance upon a largely female racialised workforce that can be hired for low wages, appears to be one of the main tactics used to reduce labour costs. The paper intervenes on debates on care and social reproduction feminism to show that we need to be careful to the new forms in which care is marketized and commodified and what the implications are for gender orders and class exploitation.

### **Paper 2** *Splintering social infrastructures: Financial pressures on the social purpose of non-profit care homes.* Amy Horton (UCL)

Internationally, interest is rising in different forms of ownership of care homes, and how these may affect the quality of services and of employment. This paper is based on findings from a study of care homes for older people in the UK during Covid-19. Some charitable providers faced a dilemma between either pursuing a social purpose (accepting new residents without significant assets) or offering what they saw as good jobs to staff, funded by relatively high private fees. I argue that the political economy of care conditions social infrastructures across different ownership models.

### **Paper 3** *A Covid generated childcare crisis in England.* Ivana La Valle (UEL)

A Nuffield Foundation study on the impacts of the pandemic on early childhood education and care (ECEC) shows a system in crisis where children's access to ECEC can still be influenced by their parents' socio-economic circumstances, rather than their development needs and their right to early education, and where lack of access to ECEC services is a barrier to work, particularly for less affluent mothers. As well as exploring these challenges the presentation will outline lessons from the pandemic to build a better and more resilient ECEC system.

### **Paper 4** *A sustainability crisis for English for-profit childcare.* Eva Lloyd (UEL)

In 2022 a UCL based research team published a Nuffield Foundation funded study which traced developments in the English childcare market over the last twenty years. National and international for-profit-childcare companies, with complex financial structures, increasingly came to dominate this market. Relying heavily on private equity investors, and fuelling expansion through mergers and acquisitions, while carrying major debts, their sustainability is at risk. The pandemic exacerbated this risk, which is less for not-for-profits.

## TP21 Isolation and institutionalisation: older people's experiences of care

Chair: Adelina Comas-Herrera

Room: SR12

### Full papers

- Dafna Halperin: Factors Predicting Older Patients' Family Involvement by Nursing Staff in Hospitals: The View of Hospital Nurses in Israel
- Linda Arvidsson: Managing transition to nursing home
- Emilia Leinonen: "Time is stolen from us older persons" - temporalities and the experiences of social isolation during the COVID-19 pandemic
- Kentaro Yamaguchi: Anti-COVID-19 measures in facilities for the elderly in Japan

### Full papers

<b>Title of paper</b>	Factors Predicting Older Patients' Family Involvement by Nursing Staff in Hospitals: The View of Hospital Nurses in Israel
<b>Name of presenter</b>	Dafna Halperin
<b>Affiliation</b>	Yezreel Valley Academic College
<b>Other authors</b>	Hedva Vinarski-Peretz, Yezreel Valley Academic College Michal Mashiach-Eizenberg, Yezreel Valley Academic College Nasra Idilbi, Yezreel Valley Academic College and Galilee Medical Center
<b>Abstract</b>	
<p><b>Aim:</b> To identify the factors predicting staff behavior of involving the family in the care process, and to examine the correlations between perceptions and individual factors, and staff behavior. <b>Design:</b> A cross-sectional study was conducted among 179 nursing staff at a large public hospital in Israel. Using a self-report questionnaire examining staff attitudes towards the importance of family in care, the perception of the interactions with the family, and staff behavior toward family involvement.</p> <p><b>Methods:</b> Analyses were conducted in 3 steps, using the IBM SPSS Statistics 25.0 and PROCESS macro: 1. Pearson correlations between the variables, 2. Multiple-regression analysis to test the contribution of all relationship variables to predicted staff behavior 3. Multiple-mediation approach.</p> <p><b>Results:</b> The findings show the importance that staff attitudes have on their behavior in the active involvement of family in the care of older patients. Staff behavior of family involvement was predicted by their perceptions of the family, less conflicts with the family, and staff academic education. Staff behavior toward family is influenced by their attitude and staff-family relationships.</p> <p><b>Conclusion:</b> Staff behavior regarding involvement of family is motivated by individual perceptions both regarding the importance of this inclusion and regarding staff interactions with the family.</p> <p><b>Impact:</b> The study suggests two central elements to be considered in educational programs: communication with family members and conflicts. To promote staff-family cooperation, educational programs should emphasize the importance of family as partners in care, as well as dealing with conflicts especially with patients' family.</p>	

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<b>Title of paper</b>	Managing transition to nursing home
<b>Name of presenter</b>	Linda Arvidsson
<b>Affiliation</b>	Lund University
<b>Other authors</b>	Tove Harnett, Docent, School of social work, Lund University Åsa Alftberg, Docent, Institution of social work, Malmö university
<b>Abstract</b>	
<p>Relocation to residential care facilities is a unique type of transition. For most older people it is the last move they make in their life when they have no other options. The transition itself involves numerous challenges. There is a lot of knowledge about the situations <i>before</i> and <i>after</i> relocating to a nursing home, but few studies are based on the actual relocation process. This paper explores older people's perceptions during the transition process when they are placed in a stand-by position: having a general decision of the right to move into a nursing home but waiting for an offer that must result in acceptance or admission on short notice. Knowledge capturing the actual relocation process is of particular importance as this process itself may elevate the risk of death. This paper is based on interviews with people during their transition to a nursing home. The article examines how older people experience and deal with the relocation process. The findings show how older people do different types of "work" during the relocation. The first is <i>practical</i> work (processing practical details involved in the move). The second is <i>relational</i> work (the relocation are connected to, and facilitated by, family members, home care services, nursing home staff and residents etc.). The last one is <i>emotional</i> work (processing old age and illnesses/disabilities).</p>	

<b>Title of paper</b>	"Time is stolen from us older persons" - temporalities and the experiences of social isolation during the COVID-19 pandemic
<b>Name of presenter</b>	Emilia Leinonen
<b>Affiliation</b>	Centre of Excellence in Research on Ageing and Care (CoE AgeCare), University of Jyväskylä, Finland
<b>Other authors</b>	Salla Era, Centre of Excellence in Research on Ageing and Care (CoE AgeCare), University of Jyväskylä, Finland
<b>Abstract</b>	
<p>This article explores the temporalities experienced by the persons aged 70 or older during the first months of the COVID-19 pandemic in Finland. Temporalities during the pandemic have already been analysed from myriad of viewpoints. In this article, we add to this vein of research by developing a novel concept of 'forced present'. With this concept, we aim to understand what it meant for older persons to be forced to stay in the present moment, which, during the early months of the pandemic, seemed unending. We build on Nowotny's (1994) 'extended present' and Leccardi's (2005) 'presentification', both of which mean extended sense of present with a perception of the future being either already 'here' or beyond confident imagination.</p> <p>In this paper we ask: how did older persons perceive time (past, present and future) during the pandemic? The dataset consists of written letters (n=77) collected in 2020 and was analysed with thematic analysis. The findings show that social isolation forced older persons to live in present without being able to plan their near future as they had no knowledge of when they would be 'free' again. Furthermore, we show how past intertwined with present: how it was also a collective experience, visible in the descriptions of war, previous pandemics, and hardships. The paper deepens the understanding of older persons' everyday life, changing care networks and their temporal boundaries during the pandemic and highlights the problematic nature of the social isolation as a safety measure that in Finland concerned only older persons.</p>	

<b>Title of paper</b>	Anti-COVID-19 measures in facilities for the elderly in Japan
<b>Name of presenter</b>	Kentaro Yamaguchi
<b>Affiliation</b>	Kindai University
<b>Other authors</b>	Yayoi Saito (Osaka University) Satoshi Ishii (Tohoku Institute of Technology) Yukiko Inoue (Japan College of Social Work)
<b>Abstract</b>	
<p>In this study, we report on anti-COVID-19 measures in facilities for the elderly in Japan. This research focuses on the following three points.</p> <p>(1) Perceive the state of achievement of standard precautions.</p> <p>(2) Facility policy regarding the presence of family members during the resident's end-of-life care period.</p> <p>(3) Zoning method for COVID-19 positive occur.</p> <p>Method: The survey targets were nursing homes where residents with severe. The survey methods were questionnaires (50 facilities) and interviews (6 facilities) with facility managers. Interviews were conducted at facilities where COVID-19 positives occurred within the facility.</p> <p>Results: (1) More than 90% of facilities had PPE (washing hands, wearing masks, and disinfecting hands ). (2) 38% of facilities refused all family visits. Other facilities had set restrictions on family visiting (visiting hours, numbers, places). (3) Regarding the presence of family members during end-of-life care period, 77.6% of the facilities answered that they would allow family to visit even during an outbreak. (4) At 61.2% of the facilities, the motivation of residents decreased, and some residents had advanced dementia. (5) Zoning at outbreak was based on the staff's night shift system. In the unit-type facility, zoning was implemented in 2 units (20 residents).</p> <p>Discussion: During the pandemic, elderly facilities have been faced with a choice between preventative measures against COVID-19 and daily life. What to prioritize during a pandemic shows the care philosophy in each country. I would like to discuss the core concepts of care in each country through the context of a pandemic.</p>	

## **Symposium 5: Socio-economic inequality in long term care and wellbeing: findings from the IN-CARE project**

Convenor: Marjolein Broese van Groenou, professor of Informal Care, dept of Sociology, Vrije Universiteit, Amsterdam, the Netherlands

Room: SR14

The IN-CARE project (2019-2022) studied to what degree changes in long term care (LTC) policy exacerbate socio-economic status (SES) inequality in care and wellbeing. Central in the project is Saraceno's typology of (de)familization of care and the assumption that LTC policy changes reflect either familization, de-familization by providing publicly paid services, or de-familization by services available on the market. The overall aim was to empirically assess the link between macro level policies and individual level care. Four work packages distinguished between care use and caregiving, and between a cross-national comparison and a country specific design. The UK team led by Karen Glaser, studied inequalities in care and wellbeing from a user perspective in a cross-national and longitudinal design using SHARE data. The German team led by Martina Brandt studied the same question from the caregiver perspective in a cross-national longitudinal design using SHARE data. The UK team (led by Mauricio Avendano and Ludovico Carrino) used a quasi-experimental design on ELSA data to study how changes in eligibility impacted inequality in care use in the UK between 2002-2019. Finally, the Dutch team led by Marjolein Broese van Groenou studied the impact of 30 years of LTC policies on care use in the Netherlands, using the LASA data. In this symposium the team leaders will present an overview of the main findings in four presentations, to be followed by a short discussion of the scientific and societal implications of our findings. Main conclusions are that i) a reduction of publicly provided services (familization) increases (pro-poor) SES inequality in informal and formal care use and has negative consequences for informal caregiver well-being, and ii) the association between care and wellbeing does not differ by SES, but there is evidence of gender differences in the link between caregiving and wellbeing. We conclude that the empirical interaction between LTC policies and SES proved useful, but needs more empirical foundation. In particular further work is needed to assess whether and why (changes in) LTC policies impact the wellbeing of care users and caregivers directly.

*Karen Glaser Socio-economic inequality in care use and well-being in a cross-national and longitudinal perspective*

*Martina Brandt Socio-economic inequality in caregiving and wellbeing in a cross-national perspective*

*Ludovico Carrino, Ginevra Floridi, and Mauricio Avendano Cuts to social expenditure and inequalities in home care in England*

*Marjolein Broese van Groenou Socio-economic inequality in care use and wellbeing in the Netherlands 1992-2018*

Discussion by Marjolein Broese van Groenou of the scientific and societal impact of the findings of the IN-CARE project

**Wednesday 28th June, Keynote 3 11.00 - 12.00**

Room: LT1 and streamed

### **Emeritus Professor Fiona Williams OBE**

Fiona Williams is Emeritus Professor of Social Policy at the University of Leeds. She has published widely on gender, race, migration and care in social policy. Her latest book, *Social Policy. A Critical and Intersectional Analysis*, examines what the crises of racialized borders, of care, and of climate change mean for social policy. A central concern in her work is the articulation of prefigurative thinking from social movements. Fiona is a Fellow of the Academy of the Social Sciences, of the RSA, and of the British Academy where she edits the *Journal of the British Academy*. She was awarded an OBE in 2004 for services to social policy.



### **Title: The Global Care Crisis and its Intersections with Racial Justice and Climate Justice**

In this presentation I will focus upon care as an area of crisis at many different scales – local, national, transnational and global - as well as holding the potential for significant social and political transformation. The global crisis of care is marked by two key dynamics: the longstanding devaluation of care as practice, work and ethic, and the depletion of support, resources and time to enable people's capacity to care and be cared for. However, these dynamics are also caught up in two other global crises: of racial (in)justice and climate (in)justice in intersections magnified by the pandemic. I will argue that understanding these intersections is an important basis for creating the necessary political alliances for progressive transformation.