CARE: challenges and solutions for a sustainable future
Abstract book

1st and 2nd April 2020
Cutlers’ Hall, Sheffield, UK
## Abstracts

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Migrant-Led NGOs as the Hope in Austerity and Anti-Immigrant Times? The Case of a London-Based NGO Run by Latin Americans, Supporting Latin Americans to Overcome Care Inequalities

This paper presents the case of a London-based non-governmental organisation (NGO) run by Latin American migrants whose goal is to improve the wellbeing of its ‘clients’ -- typically low-income, working-age, and documented Latin American women and men with diverse health needs. The role of NGOs in mitigating migrants’ care inequalities remains understudied. As such, this paper focuses on the manner in which this NGO addresses the inequalities its clients face in receiving (in)formal care and in fulfilling their social reproductive responsibilities within their transnational/multi-local families. Framed by the literature exploring the intersection between care, migration, and family, our research relies on 230 hours of ethnographic fieldwork conducted within this NGO (October 2018 - July 2019) by Domiziana Turcatti during her MPhil and on the structured surveys conducted by Kiara Assaraf (January 2018 - July 2019) as one of the NGO’s Project Coordinator. Our findings reveal that, despite limited resources due to austerity measures, this NGO supports migrants to overcome the exclusion faced in accessing the welfare state, an issue made more salient by Brexit, while providing a space for accessing emotional and social support. Fundamental to the survival of many clients, this NGO is particularly important for low-income single mothers with complex health needs and multiple responsibilities within their transnational families. While calling for the need of appreciating a health lens within migration research and reforming UK’s welfare state and migration policies, it highlights the importance of NGOs run by migrants to overcome inequalities in receiving and giving care in times of austerity and anti-immigrant measures.

Caring by silence: how (un)documented Brazilian migrants enact silence as a care practice for their ageing parents

Drawing on multi-sited ethnographic research with Brazilian migrants in the United States and their ageing parents in Brazil, this paper argues that for understanding intergenerational ageing care in its entirety we need to pay careful attention to what is ‘silenced’ during transnational contacts and exchange, suggesting that silence is often enacted as a care practice. In so doing, I draw on psychoanalytic theory and deploy the concept of ‘sublimation’ to dissect the processes through which migrants across borders curate their lives abroad and convey their living experiences in ‘purer’ or idealised terms to their ageing parents back in the home country. Sublimation involves a practice of ‘sieving’, through which the adult children are able to communicate their lives abroad stripped of daily tensions and hurdles such as difficult labour and housing conditions, legal anxieties, and a permanent fear of deportation, thus shielding and caring about their ageing, and sometimes vulnerable, parents back home. The paper suggests that paying close attention to what is not being said in contexts of transnational ageing care will help us better weave together the living and ageing experiences of families across borders. This proves particularly valuable in contexts of vulnerability and ageing inequalities such as those prompted by current (im)mobility regimes, demonstrated through the experiences of (un)documented Brazilian migrants in the United States and their ageing parents in Brazil.
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Simultaneous carework across borders: Kyrgyz migrant women caring for the elderly in Turkey and their families back at home

Drawing on qualitative interviews and participant observations in ten households in southern Turkey, Antalya with live-in migrant caregivers and their employers (usually the female children of dementia patients), this paper investigates live-in Kyrgyz migrant women’s transnational lives. In quest to have better life chances, Kyrgyz migrant women migrate to Turkey and yet their educational credentials are not fully recognized, so they end up working as live-in caregivers. Migrant women give care for the elderly in Turkey and simultaneously they have family obligations back in Kyrgyzstan and are expected to contribute their family lives emotionally and financially. While family obligations back home give Kyrgyz women the strength and motivation to further work as live-in caregivers even during times of conflict (with their own families and employers), simultaneity of transnational life also puts great stress and pressure on them. The results suggest that elderly care is perceived by the employers as ‘should be given by the family and kin’, and not by ‘strangers’; however given the economic conditions, increased need of labor market participation of women in Turkey, and the perceived ‘better skills’ of migrant women who can work as live-ins are the major conditions to hire them. Nevertheless, some tensions arise within those households with live-in migrant caregivers between the daughter and/or daughter-in laws who hire the migrant caregivers and migrants’ themselves due to asymmetrical power relations, different understandings of care, and frustrations of dependencies on each other. Therefore, this paper contributes to the literature on transnational care with an example of South-South global mobilities.

Revisiting transnationality among aged migrants: inequalities in transnational ageing and care strategies

The concept of ‘transnational ageing’ has taken centre stage in research on migrants’ experiences of ageing. Transnational ageing practices are spatially and temporally diverse, and take many forms of which retirement migration is one. Retirement return migration as a transnational ageing practice has become a focus of research in the context of the ageing of post-WWII migrant populations. Research finds limited definitive return, and instead identifies back and forth movement between immigration and home countries as a more common pattern. Despite evidence that staying in the country of immigration is as, if not more, common, there is little research on why this is the case. In part this is because most studies focus on actual return migration behaviour, reflecting the dominance of the mobilities framing in migration research. In part it is because most studies are centred on the ‘young old’.

In this presentation, we build on our previous work and draw on new data collected as part of the Sustainable Care project with ageing migrants who are predominantly ‘old-old’ and ‘oldest-old’, and who have remained in their country of destination – England. We examine the role of transnationality in their ageing and care strategies, particularly focusing on return. Our findings complicate and interrogate the extent of transnationality, and how this is maintained over time, across distance, in and between different places and via new technology. We consider the role played by inequalities between people and places in shaping desires and experiences of transnational ageing and care.
Interdependence: contested interpretations and experiments in alternative residential care

This paper explores ideas and practices of interdependence, as the basis for care systems. It aims to refine the conceptualisation of interdependence that has been developed in feminist care ethics (Clement 1996; Held 2005; Tronto 1993; Barnes 2006; Raghuram 2016) and by movements of care workers and service users. This theoretical work informs a proposed research agenda, which focuses on ways of implementing interdependence. Empirical material is drawn from analysis of care company reports, as well as interviews with diverse actors in the care systems in the UK and US, and observation of activist workshops. First, I show how interdependence contrasts with the fragmentation and financialisation that characterise care homes for older adults in England. Second, I draw out different interpretations of interdependence that have been deployed by movements of carers and older people: relational, economic and political. Third, I outline plans to research alternative ways of organising residential and nursing care that could better enact interdependence. The proposal is to study selected experiments in building an intergenerational movement around care; in developing democratic land ownership, capital investment and control of operational costs; and in the radical co-production of spaces of care.
First author
Selma Kadi
Affiliation
European Centre for Social Welfare Policy and Research
Co-authors and affiliations
Rahel Kahlert & Ricardo Rodrigues, European Centre for Social Welfare Policy and Research
Key words
Care relationships, gendered caring role, bodily care, preferences, supported familialization

Gender in the care-mix: Gendered caring roles in the preferences of older parent - adult child care dyads in Austria

Relationships are an important element of care cultures. Care relationships have been conceptualized around the notions of caring about and caring for and moral predispositions to care, such as defined by the ethics of care literature (Tronto 1993). These notions are profoundly linked with gender relations. Questions such as who is involved in a caring convoy (Kemp 2013) and which tasks are performed by whom are not only shaped by cultural norms, but also by available social networks and economic constraints. The cultural norms are particularly present in the provision of bodily care, which involves touch and creation of intimacy (Twigg 2004). They define the ‘appropriateness’ of care relationships in formal and informal care. At the same time, caring relationships include a power dimension defined around mutual dependencies such as need for care and access to financial resources (Kittay 1999). Through the analysis of 25 Austrian dyads (older parents users and adult children carers) who buy some care (and thus have the option to outsource certain tasks), we investigate the persistence of a gendered caring role in the preferences of both users and carers. These preferences are also set up against a life course perspective that considers key points in the lives of carers and their older users and how they may mediate the gendered caring roles. Findings point to the varying importance of gender in general and bodily care.
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Drawing Room
Theme 2: Work, care and wellbeing: new solutions, ongoing challenges
Session 2A: Government, cross-sectoral and workplace policies and supports
Chair:

First author Camille Victoire Allard
Affiliation University of Sheffield
Key words working carers; support; wellbeing; recognition; collective
Supporting working carers in the workplace: exploring the link between personal and collective wellbeing

Drawing on three organisational case studies of support for working carers, this paper will examine the extent to which recognition in the workplace of workers’ private responsibilities for the care of their disabled, sick or older relatives or friends contribute to enhanced collective wellbeing for carers.

McGregor and Pouw’s (2017) multi-dimensional concept of wellbeing (material, relational and subjective) acknowledges the need to distinguish between personal and collective wellbeing. The latter is seen as an “emergent process in itself”, from which the dynamics and links with personal wellbeing must be considered, and which also has the potential to transform quality of life at the community or group level. Person-to-collective relationships are important as they can play a key part in creating the feelings of worth, affection and belonging that are crucial for a person’s subjective and relational needs. At the same time, they can also legitimise and strengthen the individual’s access to material resources.

Drawing on this person-to-collective relationship and on interview data collected in the three case study organisations, this paper will explore the process through which individuals and groups in the workplace shape both the identity of “(working) carers” and the development of resources for material and relational help, and whether this process may contribute to enhanced collective wellbeing for working carers. The findings show in particular the importance of a dynamic carer community as well as the presence of committed employee representatives in the workplace to strengthen access to support and address conflictual issues arising around care and work.

First author Janet Fast
Affiliation University of Alberta
Co-authors and affiliations Jason Heyes, University of Sheffield
Key words employed carers; care-work integratio ; carer leave policies
Sustaining family carers: The case of carer leaves

Caring for family members and friends with chronic health conditions, disabilities or ageing-related needs alongside paid work is increasingly common and the consequences of doing so are well established. Governments around the world have responded to the challenges of combining care work and paid work to greater or lesser degrees, and with greater and lesser success. One strategy that has been adopted in some countries, but not in the UK, is providing carers with the ability to take leaves from their paid work (of various durations and under various conditions) in order to attend to intense care responsibilities while preserving the ability for the carer to return to paid work at the end of such periods. But there is a great deal of variability across jurisdictions with respect to whether, to what extent, under what conditions and to what effect carer leaves are provided.

This paper presents findings from policy scans in the UK and selected comparator countries, as well as scoping reviews of academic and grey literature in which relevant policies have been evaluated.

We also situate carer leaves in the broader context of political ideology, economic conditions, socio-cultural perspectives and other carer support policies in the selected countries. Comparator countries for this paper will be selected so as to maximize variability in these contextual characteristics. The purposes of the scan are to: create an inventory of options (instruments) for implementing carer leaves; examine the relative efficacy of these policy options; and inform evidence-based policy decision-making.
Employer support for working carers and its consequences for employees’ wellbeing

The adequacy of employer support for working carers is a matter of increasing concern. The number of working age people who have caring responsibilities is growing rapidly (Yeandle, 2017) and supportive work contexts are essential if carers are to successfully combine caring responsibilities with paid employment. The government’s recent Review of Modern Working Practices (Taylor, 2017) emphasised the extent to which workers with caring responsibilities value flexible working arrangements, yet this is but one potential way in which employers might assist working carers. The aim of this paper is to provide detailed and up-to-date evidence on how specific work contexts and employer practices influence the ability of employees to provide care and their wellbeing. The paper draws on a representative survey of 1000 working carers employed in organisations in the UK. The survey, conducted in 2019 with the support of the CIPD, collected information about working carers employed in a variety of sectors, occupations and organisation types. The paper addresses four questions: firstly, how do forms of employer support for working carers vary between sectors and types of organisation; secondly, what forms of support are valued most highly by working carers; thirdly, how do factors such as occupation, status and the organisation of work influence employees’ ability to access employer-provided support; and, finally, in what ways and to what extent does employer-provided support influence the wellbeing of working carers.

References


Applying a person-centred approach in supporting older people’s use of technology/ies to age in place

Technology is increasingly relied on in everyday life across generations and is now accepted as having a major impact in supporting older people to age in place. In Australia, the consumer directed care (CDC) model introduced to fund aged care provides financial and practical support to older people to remain living independently, and gives them the right to access and use technology/ies for this purpose, but there is little evidence on how this translates into service delivery within the CDC model. Allied health professionals have a role to play in supporting ageing in place, however the rapid growth of technology in a highly consumerised market is challenging for practitioners in applying the person-centred approach needed to adequately support individuals to take full advantage of available technologies.

A recent review of intervention studies found that particular technologies are used for specific health conditions, but there is little research demonstrating the effects of using a person-centred approach in introducing technology/ies to enhance an individual’s experience of ageing at home. These results are concerning with international bodies and governments pushing for person-centred and consumer-directed-care frameworks to direct funding and support for ageing populations, including the use of technology.

Combining these findings with results of a recent Australian case study, a person-centred technology implementation process is discussed from a practical perspective. Therapeutic relationships, individualised planning and assessments, evidenced-based training and accessible human supports are some of the key elements needed to ensure older adults can successfully use technology to enhance ageing in place.

Calling India: Everyday digital technologies for elder care at a distance

Worldwide, technological innovation for elder and other care is actively being promoted by policy makers. In this presentation, I suggest that in order to support care and wellbeing, technology need not be highly innovative, novel or specific to (health)care. My long-term ethnographic fieldwork with Indian transnational families has shown that everyday digital technologies, such as mobile phones, webcams and the Internet, can also effectively support intergenerational care at a distance. Furthermore, I argue that these technologies not only support, but also shape care in specific ways. I draw on STS care studies, particularly international semiotics, whereby care is understood as something that is enacted jointly by people and technologies. Policy makers considering the inclusion of technology in formal and informal care may gain insight from this approach in relation to the substantial impact of these devices on care. Building on the example of Indian transnational families of nurses, I describe how digital technologies actively join family members in their care practices by forming ‘transnational care collectives.’ Within these collectives, family members tinker with each other and technologies to establish what practices of care are possible at a distance and how they should be done to be considered good.

Moving beyond the shower chair: Supporting digital technology use for successful ageing in place

Ageing in place (AIP) is a policy focus of governments and a goal of many older adults. The use of technology to facilitate AIP has been identified, however health professionals typically focus on traditional assistive technologies (eg, wheelchairs, shower-chairs) to enhance activities of daily living. Given the increasing emphasis on digital technologies to support AIP, we conducted two studies exploring this topic. Study 1: in-depth interviews (n=15) with community-dwelling people aged 70+ years using a range of technologies (typical, digital). Forty-six percent used a computer; 31% smartphone, 23% tablet device; 23% engaged in social media activities. Most used non-digital technologies: landline phone (100%); television (100%); lifter chair (77%); shower aid (100%); mobility aid (69%). Irrespective of the technology, all participants needed support in selection, use and management. Study 2: a review of international policy documents and research literature assessed older adults’ use of digital technologies to support health and AIP outcomes. Digital inclusion was identified as critically important and despite the so-called ‘digital divide’, use by older adults is increasing. Mixed success with telecare/telehealth services was reported; the evidence-base is limited due to a lack of large outcome-based studies. While digital literacy programs for older adults are available, how health professionals can best support them to use digital technology for successful AIP is unclear. Drawing on the findings from both studies, we present recommendations for advancing research along with strategies that could be used by health professionals to support older adults’ use of digital technologies for successful ageing in place.
First author: Matthew Lariviere
Affiliation: University of Sheffield
Key words: Older people, informal carers, assistive health technology, policies

Ageing in place: Unsettling boundaries between 'home' and 'community' through design and provision of technology-enabled care

'Ageing in place' policy aims to define formal government and international support for practices designed to enable older people to continue to live independently in the community. Local authorities in many nations hold responsibility to address social care needs of older adults including assessing and providing different forms and levels of care. Such care arrangements are often interchangeably called 'home care' and 'community care' despite distinctions between 'home' and 'community' as concepts in care and research.

This paper draws on findings from two studies: i) an ethnographic study with people with dementia and their carers using assistive technologies and telecare and ii) an ongoing study with private and third sector organisations involved in the development and implementation of new technologies to support older adults and their carers, to problematise 'ageing in place' and its conflated associations with 'home' and the 'community' in care policy and practice. I draw on these materials to examine how two particular groups, technologists and older people, imagine distinct approaches and relations to spaces through their respective design and use of enabling technologies. These findings highlight spatial liminality of ageing; ageing is not fully-bound by a single place but occurs in and between several places: a person's home, neighbourhood, community and digital spaces - at times all or some of them simultaneously. I suggest a re-imagining for 'ageing in place' to better characterise and attend to these mobile and multiple places of ageing and unsettle geographical boundaries of living in later life in local contexts.
Goodwin Room
Theme 4: Care markets: how and for whom do they work?
Session 4A: Equity and inclusion
Chair:

First author: Sue Westwood
Affiliation: York Law School, University of York
Key words: LGBT+; Care Inequalities; Minority Populations; Sexuality; Gender Identity

Care Market norms and the exclusion of older LGBT+ people: Legal implications

Despite equality and diversity rhetoric in UK social care policy, in reality social care provision is orientated towards the needs of majority populations. Even when minority populations are considered, this tends to be in relation to culture and ethnicity. The needs and rights of people with minority sexualities and/or gender identities often go unrecognised, masked by a ‘we treat them all the same’ approach to equality. However, the social care needs of lesbian, gay, bisexual and/or trans/gender-diverse (LGBT+) people, especially older LGBT+ people, are not the same as the heterosexual and/or cisgender population. Rather they are shaped and informed by their minority sexualities and/or gender identities. It is therefore essential that the social care workforce a) understands and affirms these identities; b) appreciates LGBT+ histories, lifestyles and significant relationships; c) recognises how minority sexualities and/or gender identities contribute to older age health inequalities and associated social care needs; d) can deliver ‘culturally competent’ care to (older) LGBT+ people. Despite a growing body of research in the UK and internationally highlighting the discrepancies between older LGBT+ people’s social care needs, little progress has been made so far. In times of ‘austerity’ the commissioning of social care provision is driven by cost and equality and diversity considerations tend to be regarded as ‘luxury items’. The legal implications of unresolved hetero- and cis-normativity in the older age social care market are considered and ways forward addressed.

First author: Mo Ray
Affiliation: University of Lincoln
Co-authors and affiliations: Beatrice Gahagan, University of Brighton; Phil Locke, University of Brighton, Denise Tanner, University of Birmingham; Lizzie Ward, University of Brighton
Key words: older people, self-funding, choice, ‘hidden costs’

A ‘care-less’ system? Navigating the care market as an older self-funder

This paper examines the assumptions that the social care market will meet the needs of care users through choice of care services and greater control over the care they receive through their purchasing decisions. It draws on empirical research about older people’s experiences of navigating the care market as self-funders. The research, which was co-produced with older people, followed the journeys of older self-funders over an eighteen month period and also included interviews with informal carers, care providers and commissioners to generate a wider perspective of the current social care system in England. The findings point to evidence of a lack of choice and the limitations of market notions of ‘voice’ and exit’ in relation to self-funded care. In this paper we discuss the findings which show that the actual availability of care services, access to appropriate support and information to inform care decisions, as well as the emotional and psychological challenges inherent in the contexts in which the need for care arises, all call into question the nature, meaning and relevance of ‘choice’ in relation to older people’s care needs and the appropriateness of the market in meeting these. It exposes the hidden ‘costs’ of the care system, such as the emotional costs of bearing the brunt of a system that is not needs focused or person centred. Some of these costs are invisible but are experienced by older people, informal carers and care workers in their efforts to make care ‘work’ in a system antithetical to care.

First author: Gabriele Meagher
Affiliation: Macquarie University and Stockholm University
Co-authors and affiliations: Elin Peterson, Stockholm University; Helene Brodin, Stockholm University
Key words: home care, older people, marketisation, navigating access, inequality

Navigating the home care market: how older people are expected to access home care in Australia, Spain and Sweden

Home care services for older people are being increasingly organised through markets in rich democracies. Home care markets are shaped by government policies about who should take responsibility for decision-making about eligibility and provision, and for financing and oversight of services. To a greater or lesser extent in different countries, publicly subsidised home care services are delivered alongside unpaid family care and supports purchased privately in the broader market. These latter arrangements for meeting care needs are also shaped by government policies, and may also be publicly subsidised. The result is a diverse range of home care markets with complex boundaries and interactions with non-market forms of support.

Despite international variation in the availability and organisation of different kinds of support, all home care markets require older people and their families to navigate within them to access services. This comparative paper examines how the organisation of home care markets in three different countries, Australia, Spain and Sweden, shapes the paths that older people are expected to navigate, whether explicitly or by default. We use publicly available documents and websites produced by policy makers and market actors to map how the responsibility is distributed between actors (older people and their families, professionals, governments, providers and other market actors) for decision-making and resourcing at each stage of the process, from how older people enter the home care system, to the specific services provided, how older people are allocated to providers, and how delivery of services is managed and monitored. Based on this mapping, we assess the specific opportunities and constraints older people and their families face in each country’s home care market, and conclude by reflecting on the actual or potential inequalities each home care market generates.
Abstracts

First author
James Pike
Affiliation
Nottingham Trent University
Key words
social care; capitalism; neoliberalism; capitalist crisis; history of social care

Capital versus care: Capitalism and the barriers to sustainable social care

This paper presents an argument, informed by the critique of political economy and a review of the history of care in England, that fundamental features of capitalism undermine the development of sustainable care systems. It addresses debates over the source of the multi-faceted and often-referenced ‘crisis’ in care, with a focus on England; and argues that much existing literature focuses on the phenomenal form of the crisis rather than its essential underlying causes. In particular, it responds to arguments that the contemporary crisis in care is rooted in ‘neoliberalism’. The paper argues that the rise of ‘neoliberalism’ in response to growing crisis conditions following the post-war boom was a result of fundamental underlying contradictions of capitalism. The same fundamental dynamics which made possible the relative stability of care for several decades following the second world war led to the turn to ‘neoliberalism’ and the breakdown of this stability. The paper uses the critique of political economy to make sense of this history, and of the data from academic research and grey literature, demonstrating that stable care systems are in fundamental contradiction with capitalism. The paper concludes that due to this fundamental contradiction, building such systems requires us to look beyond capitalism.

Osbourne Room
MIND Australia Panel: Mobilising for a fair deal in the care economy
Wednesday 1st April  
13.30- 15.00 Parallel Session II

Main Hall
Theme 1: Inequalities in care: global, local and transnational dynamics in an age of migration
Session 1B: Migration, policies and separated families
Chair:

First author Matt Withers  
Affiliation Macquarie University  
Co-authors and affiliations Elizabeth Hill; University of Sydney  
Key words Migrant Care Workers; Transnational Families; Care Depletion; Migration-Development; Decent Care

Development Without Care? Familial Separation and Care Depletion within Australia’s Pacific Labour Scheme

Australia’s new Pacific Labour Scheme (PLS) aims to recruit temporary migrants from Pacific Island Countries (PICs) to work in the rural aged and disabled care sector, among other industries, and has been framed as a ‘triple win’ migration-development scheme. It is anticipated to become a highly feminised migration pathway, with many PLS recruits being young mothers and primary caregivers. With no provision for familial accompaniment under the scheme, migrant households will have to renegotiate established work and care roles under conditions of transnationalism. The implications for families ‘left behind’ have not been adequately considered, despite substantial evidence of adverse social and economic outcomes from other instances of feminised temporary labour migration throughout the Indo-Pacific region. In this article, we analyse how feminised migration in the region has intersected with gendered work and care regimes ‘under stress’ to produce complex forms of care depletion for migrant households. Appraising the existing literature around the unpaid care needs of migrant families in a variety of countries of origin, we identify three forms of adaptive strategy undertaken to manage transnational family life: shifting gender norms; digitally intermediated caring; and the act of financially ‘remitting care’. These strategies are understood as agentic, but only partially remedial, responses to the challenges of transnational family life. We argue that the PLS risks reproducing unsustainable care arrangements for migrant families and their communities in PICs and, if earnestly considered a development scheme, must be augmented by significant investments in PIC care infrastructure to support decent care outcomes.

First author Li-Fang Liang  
Affiliation Department of Sociology, National Dong-Hwa University  
Key words migrant care workers, trasnationalism, care work, qualitative research

Doing transnational care: migrant care workers and their left-behind aged parents

The increase flow of migrant care workers from poorer countries to wealthier countries highlights the urgency of care labour deficits in the context of global ageing. The group of migrants, mostly are women taking care of the elderly and disabled people in receiving countries, and leave their aged parents and children back home. The majority of them have kept moving forth and back between receiving and sending countries for a long time. Their lived experiences demonstrate the trajectory of temporary labour migration. The research on migrant care workers has paid attention to their working conditions and experiences in receiving countries. But so far, we know very little about how they maintain their care responsibilities, make care arrangement, and carry out care work in the transnational context. Migrant care workers in Taiwan are under the guest workers scheme. They are not entitled to the rights of family reunion and naturalisation as Taiwan citizens. This study focuses on the care/care work for aged parents of migrant care workers, including the two main questions:

1. How do migrant care workers negotiate care responsibilities with their aged parents and other family members either back home or overseas?  
2. How do migrant care workers maintain their care responsibilities while tworking overseas? What kind of difficulties and challenges do they confront? How do they deal with difficulties and challenges?

Based on the findings, this study aims to provide further discussion on the crisis of care ethic and the issue of care justice in the transnational context.
Abstracts

First author  Majella M Kilkey  
Affiliation  University of Sheffield  
Co-authors and affiliations  Professor Loretta Baldassar, University of Western Australia  
Key words  Aged-parent migration, Transnational families, Transnational political economy of care, Australia, UK  

(Im)mobility in selective and competitive migration regimes: discourses and policies on ageing parents

Proximate care, requiring physical co-presence, is an enduring and integral element of transnational care relationships (Merla, Kilkey & Baldassar fc; Baldassar 2016). Migration regimes play a central role in mediating possibilities for proximity (Kilkey and Merla 2014). As migration policies in many parts of the world become increasingly governed by the logics of selectivity and economic instrumentalism, mobility rights are ever more stratified. In this presentation, we seek to contribute to knowledge of such stratification processes and effects by focusing on aged-parent reunification discourses and policies. Situating aged-parent migration within the ‘transnational political economy of care’ (Williams 2011), we understand this migration flow in dual terms. Firstly, aged parents in migrating to provide childcare for their children abroad are an unpaid component of the internationalised care labour force. Secondly, as a strategy families employ to meet care commitments – both childcare and elder care – when migration has dispersed care networks across borders, aged-parent migration is a dynamic of transnational care commitments.

Australia and the UK form the case studies for our analysis. These are archetypal examples of neoliberal migration regimes (Boucher and Gest 2018), and in both migration policy has been radically transforming since the 2000s in line with selective- and competition-driven logics. In this context, we examine the parameters of the contestations around aged-parent migration and the ensuing policy developments. We highlight the stratification processes and effects of these developments particularly along gendered, classed and racialized lines. We conclude by articulating a ‘transnational ethics of family care’.

First author  Tanja Ahlin  
Affiliation  University of Amsterdam  
Key words  nursing, India, care, migration, transnationalism  

Gendered Inequalities in Care: The Case of Indian Nurses

In Kerala, South India, where I conducted my ethnographic fieldwork, many young people, especially women, become nurses with the aim of finding employment abroad. The phenomenon of migrating Indian nurses is based on, and reproduces, various sorts of inequalities which are profoundly gendered. In this presentation, I first explore the international socioeconomic disparities that fuel global care chains. Specifically, I show how the conditions of healthcare employment in India perpetuate the economic precarity of nurses that stimulate their migration and simultaneously add to the significant scarcity of nurses in the country. I argue that besides being dependent on economy, these conditions have been grounded in a particular history of the nursing profession in India, including the way in which nursing is gendered. Second, I reflect on how the prospects of migrating and sending remittances to parents impacts the position of nurses as daughters. Particularly, I explore how their filial obligations have transformed in a transnational environment, created through the good employment prospects abroad. I maintain that while the bargaining power of daughters increases in some ways, the impact of this changes on larger patriarchy remains questionable.
Old Banqueting Hall

Theme 6: Caring relations: toward sustainable arrangements with wellbeing outcomes

Session 6B: Caring, Society and Policy

Chair:

First author: Patrick Hall
Affiliation: University of Birmingham
Co-authors and affiliations: Professor Catherine Needham, University of Birmingham
Key words: Progress, modernisation, community, defamilialisation, temporality

The ‘cyclical turn’ in UK social care policy? Temporality, modernisation and community

Comparative social policy research often implies a linear approach: placing nations in an order of ‘progress’ toward some ideal: normally defined in terms of maximum individual liberty. This linear account of time fits with the sociological understanding of modernity (e.g. Giddens, 1990) as a process of moving forwards, as the ‘displacement of everything that has gone before’ and ‘detraditionalisation’ (Heelas et al, 1996, cited in Hood et al, 2010, p.10).

Modernisation is characterised by a ‘break with pre-bureaucratic governing principles and forms of authority, such as sovereignty or kinship’ (Margetts, 2010, p.41). This understanding of modernity is reflected in some feminist accounts of ‘defamilialisation’: a normative and descriptive concept of the process of ‘socialising’ care (through state provision) to maximise women’s individual freedom and choice regarding care.

Communitarians (Wuthnow, 1993), care ethicists (Noddings, 2002) and social capital theorists (Bellah, 1994) have long highlighted to the importance of kinship and community as well as the dangers of undermining their normative importance in modern societies for the provision of care. Interestingly, where these processes of modernisation are most advanced, we can observe a process of a ‘turning-back’.

Emerging discourses of care (asset-based, co-produced, community- development) could be seen as a return to mutual aid and communal types of care which were replaced by modernisation (Duffy, 2014). Cottam describes professionals working in more asset-based and relational ways as going through ‘a stripping away of learned institutional behaviours and a recovery of purpose’ (2018, p.67). Our paper will discuss these ideas and present findings from our ‘Comparing UK Care Systems’ interviews regarding these discourses.

First author: Zhe Yan
Affiliation: University of Wuerzburg
Key words: care work, care labor, political economy, organization of care

Reorganizing Care and Care Work: The Political Economy of Institutional Eldercare in China

Over the past two decades, the Chinese government has initiated schemes to encourage and to subsidize the supply for institutional eldercare. Evolving policies and recent trends of institutional eldercare imply strategies linked to the development of eldercare industry embedded in a service-oriented economy. State initiatives tend to care for the “left-behind” elders, and offload other care responsibilities to families and institutional providers. Eldercare, an essential component of welfare entitlements in later life, is commonly outsourced to paid professionals. In addition, the symbiosis of a neo-liberalism ideology and a socialist legacy keeps the State involved in care arrangements. The intentions of the State are twofold. By investing in eldercare, the State hopes to free productive labor from growing eldercare concerns. Productive labor can thus be more effectively employed for other social requirements, such as reproduction. Additionally, attracting more middle-aged and low skilled care workers to fill the void of care labor addresses deficiencies of their welfare entitlements resulting from market reform and migration. This then frees the State from welfare compensation directly from its own coffers. This paper attempts to explicate state-led eldercare initiatives and the organization of care labor and its implications. The social consequences of reorganizing the eldercare sector from empirical evidence enables the consideration of social reproduction as the basis for economic production. This paper highlights the potential of State in structuring a hierarchical labor market, and sheds light on the fate of low skilled care labor in caring for the largest population of the elderly on earth.

First author: Ana Ramovs
Affiliation: Anton Trstenjak Institute of Gerontology and Intergenerational Relations
Co-authors and affiliations: Jože Ramović & Ajda Svetelšek, Anton Trstenjak Institute of Gerontology and Intergenerational Relations
Key words: women and caregiving, informal care, value of care, experience of care, gender

Women and caregiving: their role and experience of informal care

While all over the world women are still the predominant providers of informal care, with the change of traditional patterns and raising number of women entering the labour market, their role is becoming more and more controversial around the Europe and North America. Many studies which have examined gender differences among informal carers, have reported that women experience greater physical, mental and financial strain, greater caregiver burden and are more likely to drop out of the labour marked. At the same time, there is almost an equal number of studies that have not found any differences between men and women on most of these aspects. Be that as it may, it is indisputable that while there are many papers focusing on the negative impact of caregiving on woman there are very few papers exploring the value of the informal care provided by women. Our presentation aims to present part of this value from the woman’s point of view, taking into account Slovenian cultural and anthropological context.
Abstracts

Drawing Room
Theme 2: Work, care and wellbeing: new solutions, ongoing challenges
Session 2B: Fresh approaches: Enablers and solutions to balancing work and care
Chair:

First author: Cate Fisher
Affiliation: Department for Work and Pensions
Co-authors and affiliations: Lucien Bush, William Downes, Department for Work and Pensions
Key words: Information, early intervention, digital-connectedness, co-production

Combining work and care: The role of early informed and informed decisions

The Carers Employment Digital Discovery Project, led by DWP's Behavioural Science team, has been exploring the role that digital information plays in the decisions people make about working and caring for a relative or friend. The ultimate aim is to better support people to combine work and care.

We looked across the caring information landscape from the citizen's perspective, conducting primary research with people providing care at different points in their caring journey and engaging with a wide range of subject experts. This helped us to understand how people experience these complex and challenging decisions, and to build a context-specific understanding of pain points and unmet needs.

What emerged is a picture of a ‘default decision journey’ in which working people feel pressure to take early decisions hastily without understanding how care needs might evolve; don’t recognise themselves in the loaded language of caring; and struggle to find information that presents their full range of options in a balanced way. As a result, many currently end up making decisions which, over time, mean combining work and care becomes unsustainable.

Based on these findings we have developed a new normative model for informed decision making about work and care, and have identified a group of citizens (those who have not yet made the decisions to become a carer) who are currently under-represented, under-served and often invisible to service providers. The project makes recommendations about improving information for this group through collaboration between central government, local authorities, the third sector and beyond.

First author: Winnie WY Lam
Affiliation: The University of Sheffield
Co-authors and affiliations: Prof Karina Nielsen and Dr Ciara Kelly, University of Sheffield
Key words: Working informal carers, eldercare, informal caregivers, demand-resources model, diary study

A closer look of the experience of carers of older people who juggle between paid work and informal care: a diary study

There are increasing number of people combining paid work and informal eldercare. Juggling between both roles is not easy. This study aims to understand the daily experience of carers who are managing their paid work with providing informal care to older people by looking at their experience closely, and to identify what helped with them managing responsibilities from both work and care. Ten informal carers of older people from Hong Kong provided qualitative diary entries, recording 2 weeks of their work and care experiences. Their diaries revealed that informal eldercare involves a wide range of tasks, not only activities of daily living (e.g. toilet hygiene, feeding) and instrumental activities of daily living (e.g. shopping, preparing meals), but also managing care and providing social support. Participants indicated having supportive colleagues/supervisors, flexible work arrangements, care-receivers having other social networks and time, and paid care as their help to ease their burden. Participants reported that time, finance, and working with other people can be a challenge in providing care. Some participants also mentioned their positive experience in relation to eldercare. By gathering data from participants as care take place, the research method of this study gives a closer understanding in the daily juggles of informal carers of older people, their challenges and what can help them.
Abstracts

**First author**  
Alice Spann

**Affiliation**  
University of Sheffield

**Co-authors and affiliations**  
Marieke Spreeuwenberg (Zuyd Hogeschool); Mark Hawley & Luc de Witte (University of Sheffield)

**Key words**  
working carers; technology; toolkit; participatory design

The potential of technology to support carers of a person living with dementia to combine work and care – Developing a technology toolkit

Carers of a person with dementia (PwD) are faced with unique challenges when combining paid work and unpaid care. Technology has the potential to address some of these challenges, enabling carers to stay in paid work, achieve better wellbeing outcomes for both the carer and PwD and delay or avoid institutionalisation of the PwD. This paper will present the Working Carer’s Technology Toolkit (WCTT) framework which connects technologies to work/care reconciliation challenges. The WCTT framework has been developed using a participatory design approach. Semi-structured interviews with working carers identified challenges when combining work and care which form the basis of the WCTT framework. These include i) carers worrying about PwDs’ safety and wellbeing, ii) attending appointments, iii) coordinating the care network, iv) access to information, v) psychosocial & -emotional stressors, vi) keeping PwD company/providing entertainment and vii) personal care. Existing technologies which have the potential to address these challenges have been identified through extensive literature and web searches and mapped onto the WCTT framework. Key informants in technology research, development and distribution have been interviewed regarding technologies currently in development. Co-design workshops with working carers and other relevant stakeholders (PwD, employers, care workers) elicited feedback on both existing and developing technologies regarding their potential usefulness for addressing the identified challenges and the expected impact of these on each stakeholder group. The resulting WCTT framework will help working carers to identify suitable technologies for their individual circumstances. Areas where further innovation is needed are also highlighted.

**First author**  
Cathy Thomson

**Affiliation**  
Social Policy Research Centre, UNSW, Sydney

**Co-authors and affiliations**  
Myra Hamilton (Social Policy Research Centre, UNSW, Sydney ), Sarah Judd-Lam (Carers NSW)

Reconceptualising replacement care: A holistic approach to the work care nexus

Carers often face multiple barriers attempting to balance work and caring responsibilities: care needs and preferences, inflexible labour market structures and the wider service and policy contexts. These barriers intersect in complex ways. Yet currently, in liberal welfare states, policies aiming to address carers’ barriers to work do not take account of this complexity. For example, in Australia, successive governments have suggested that the National Disability Insurance Scheme (NDIS) is a means of providing replacement care to ‘free up’ carers for paid work. However, this concept of replacement care is limited and detached from the broader context in which carers provide care while they prepare for, obtain or maintain work.

In this paper, we draw on data from Australia to shed light on the need for a broader conceptualization of replacement care. We draw on the results of the Carers NSW 2018 Carer Survey, a state-wide survey of almost 2000 carers, to examine the extent to which supports provided through the NDIS and aged care system enabled carers to combine paid work and care responsibilities. The analysis shows that while additional services provided to care recipients through the NDIS and aged care system may increase carers’ capacity to take a break or look after their health, for most, it does not support them to remain in or return to paid work.

We suggest that while formal supports provided to the care recipient may replace some unpaid care and increase the time available to carers for other tasks, it is a limited conception of ‘replacement care’, especially with reference to participation in paid work. To prepare for, obtain and maintain paid work, carers need replacement care that: takes account of their care and family contexts (including quality, accessible, affordable services that meet the care recipients’ needs); provides them with the appropriate time to engage in training and job seeking and to commit to ongoing and regular employment participation; and is appropriately aligned with intersecting policy and service systems such as disability support, income support and employment services. Finally, replacement care alone cannot be relied upon to help carers remain in or return to paid work.

Drawing on these findings, we develop a new framework to reconceptualise replacement care for improving carers’ employment opportunities that takes account of the barriers at the individual, familial, labour market, and policy levels.
Abstracts

Reception Room
Theme 3: Technology in care: opportunities and obstacles in place-based care contexts
Session 3B: Technology advice and information to support care
Chair:

First author: Jo Moriarty
Affiliation: King’s College London
Co-authors and affiliations: Jill Manthorpe, Nicole Steils (KCL), Jose Luis Fernandez, Nic Brimblecombe, Joanna Marczak, Tom Snell, Martin Knapp, (LSE), Liz Lloyd, Wenjing Zang (University of Bristol)
Key words: carers; Care Act 2014; online information; digital divide; equity

Carers’ access to social care support
Over the past decade, national and local governments in England have been increasingly relying on the internet to disseminate information about what support is available to citizens. This is part of a wider international trend towards digital public services (European Commission 2018). What does this trend mean for carers who may have substantial caring roles, health problems of their own which hamper their ability to access online information. Little is known about the extent to which carers experience ‘a digital divide’. The Care Act 2014 placed a duty on local authorities to establish and maintain information and advice services relating to care and support for all people in its area. A study of local authority websites undertaken before implementation of the Care Act 2014 (Lloyd and Jessiman (2017) identified the lack of a consistent framework for structuring information for carers. In particular, they noted that some local authorities had made better progress than others in developing websites that were accessible in their format and content, meaning that access could vary by geography rather than need. This presentation will focus on an updated web audit to discuss what is meant by online information and the relationship between information and advice in terms of support for carers.

First author: Alhassan Hassan
Affiliation: INRCA-IRCCS, Centre for Socio-Economic Research on Ageing, Ancona, Italy, Marche Polytechnic University, Italy
Key words: Informal carers, ICT, Web Platform, Benefits, Barriers

Information and communication technologies (ICT) based solutions for informal carers and challenges to be addressed
Informal carers need reliable sources for health information and practical advice on support strategies as well as on products and services. In recent years, an increasing number of Information and communication technologies (ICT) - based solutions have been developed and implemented to support the everyday care tasks performed by informal, mainly family carers of dependent older people. Most of these initiatives, however, have been represented by short-term or low-scale pilot initiatives, and often unable of going beyond the experimental stage. One exception is constituted by InformCare, a Europe-wide web-platform run since 2015 by the European Association of carer’s organisations (Eurocarers). The platform offers informal carers, in their own national language, information and advice about care activities as well as useful interactive tools to communicate with other peers, exchange experiences and provide mutual support. This article aims to provide an empirically grounded, comprehensive picture of the ICT-based services that are most helpful in the support of informal carers of older people. Moreover, the article explores the informal carers’ perceived needs, benefits and barriers of using web based platforms. In particular, this will imply also a wide-ranging understanding of the main barriers that might prevent specific categories of caregivers (e.g. older, digitally less skilled family members) from using available ICT-based solutions, and the formulation of suggestions on how to best overcome such difficulties using the InformCare platform as a real-life example. Finally, this article aims to come up with recommendations for designing and upgrading web based platforms for informal carers.

First author: Andreas Hoff
Affiliation: Co-authors and affiliations: Bill Pottharst
Key words: The VATI technology navigator – impartial advice on assistive technologies for older people, family carers and care providers
Abstracts

First author  Milica Petrovic
Affiliation Catholic University of Sacred Heart, Milan, Italy
Co-authors and affiliations Andrea Gaggioli. Catholic University of Sacred Heart, Milan, Italy
Key words informal caregiving, advanced positive technology, transformative experience, intervention, caregiver – care recipient dyads

The potentiality of advanced positive technology for dealing with psychological stress in caregiving

Evidence-based treatment

Interventions and coping strategies addressing the physical, psychological, and economic stress of informal caregivers have been generally successful at tackling the issue and providing tools for dealing with stress. However, assessing and assisting the deeper meaning-making needs that informal caregivers face, resulting in psychological distress, have been long neglected. These profound concerns such as redefining oneself, in a new life path, and transitioning into the role of a caregiver unprepared ultimately result in the stress and burden of the caregiver. The study explores the potential of advanced positive technology to alleviate caregivers’ stress, using transformative experience-designed storytelling (Gaggioli, 2016) to integrate a highly-stressful experience of caregiving into a coherent story of personal identity (i.e., narrative identity). The situations and scenarios they face in an everyday caregiving role are re-created with several suggested outcomes depending on the reaction of the caregiver within the story (i.e., frequent events taking place in caregiver-care recipient dyads) delivered through 360° video storytelling. Drawing from the Post-Traumatic Growth model (Calhoun & Tedeschi, 1998), and exploring transition into caregiving role with the anthropologic concept of liminality with the rite of passage (van Hennep et al., 1961), we investigate the feasibility and efficacy of the transformative experience-designed intervention, adjusted for the informal caregivers.
Abstracts

Goodwin Room
Theme 4: Care markets: how and for whom do they work?
Session 4B: The paid and unpaid care workforce

First author: Stephen Allan
Affiliation: PSSRU, University of Kent
Co-authors and affiliations: Florin Vadean, PSSRU University of Kent
Key words: care homes, staff, wages, care quality

The effect of wages on care home quality

Social care is a labour intensive sector with labour accounting for the largest proportion of overall costs (Competition and Market Authority 2017). Currently those that work in the social care sector do so for low pay (usually close to minimum wage) and the result is a labour market where there are very high levels of staff turnover and vacancies (Skills for Care 2018). This also leads to negative secondary effects on workload, continuity of care and ultimately quality of care (Care Quality Commission 2018). One potential route to improve recruitment and retention would be through increasing wages, and this study looks to assess if higher wages are associated with better care home quality.

We use a staffing database for English social care providers to analyse this question. Specifically, we create a panel of 12,056 care home observations for 2016-2018 and use fixed effects panel models to assess how the average hourly staff wage affects care home quality as measured by Care Quality Commission (CQC) quality ratings. Because of the likely endogeneity between quality and wage, we instrument for wage using exogenous minimum wage changes. We find that average hourly wage significantly increases the likelihood of a care home being rated as good or outstanding. This finding could have important policy implications for social care markets, not only for staffing but also for the wellbeing outcomes of older people.

First author: Olivier Crasset
Affiliation: Centre nantais de sociologie (Cens UMR 6025), France
Key words: ageing, seasonality, coastline, tourism, home help

The effects of summer tourism on the home help market in a seaside resort in Brittany

The labour market for home help for dependent elderly people is short of labour all year round. On the Brittany coast, which is studied here, tensions are particularly high in summer. Starting from the case of a seaside municipality, we are interested in several factors that contribute to this phenomenon and its consequences on work.

The increase in demand is linked to the increased presence of retirees living year-round and also people in second homes. This gentrification of the territory hinders the installation of young working people working in home help. In addition, home help workers, often women raising their children alone, are less available in the summer when their children are on holiday. There is a scissors effect between higher demand and lower availability of labour.

The recruitment policies put in place remain unsuccessful, particularly because jobs are available in other sectors (agri-food industry and tourism). During the summer, the working conditions of professionals deteriorate, particularly due to traffic difficulties. However, services are provided by actors of last resort who make practical arrangements at the margins of the law in the name of necessity. In addition, the economic and cultural resources of families in second homes protect them from labour shortages.

First author: Amaya Alvarez
Affiliation: Future Social Service Institute, (FSSI) RMIT University
Key words: Marketisation, co-option, choice and control, unpaid care, complexity of families

Choice and control? Mental health carers, marketisation and the co-option of unpaid care

Marketisation is touted as a way to address challenges in how systems of social support provide services, and how people with support needs are constructed. Rather than service users accessing supports through block funded organisations, they are realigned as individuals making choices about, and having control over individual budgets in a marketplace.

In Australia the National Disability Insurance Scheme (NDIS) was advocated for on the grounds that individuals living with disability should have more agency regarding their needs and goals to live ‘an ordinary’ life. But research on marketisation under the NDIS has identified a number of blindspots. One of these is the co-option of un-paid care into the market. The architecture of the NDIS treats informal care unproblematically despite research that carers are overwhelmed.

Drawing on embedded research on the experience of mental health carers of the NDIS as it rolls out across Australia the paper will illustrate how the strict demarcation between carer and consumer within the Scheme fails to address the complexity of families and the intensity of care; how carers are often (also) consumers - a key (unsought) challenge for the NDIS within indigenous communities; or why the work for carers increases as they navigate the NDIS process.

Using vignettes that exemplify the complexity and contradictions within the market, the paper will highlight how markets can create further inequities for informal carers struggling to manage their current ‘workload’, own needs, and the messiness of everyday life, and how markets can leave the most marginal more vulnerable.
Abstracts

Above and Beyond: Gendered Austerity and Comparative Wage Theft in Long-Term Care Work

Recent improvements for frontline care workers in long-term care, including the New Zealand Pay Equity settlement and the Scottish Living Wage regulation, have been heralded as advancing care work conditions. Despite representing promising policy shifts, raising the minimum hourly rate and paying for travel for home care comprise only part of the wage and working conditions equation. We argue that under-valued and under-recognised care work occurs in a gendered austerity context, which governs jurisdictional approaches to decent work and good care. Set within this context, and reflecting on recent improvements, this paper presents findings from a comparative case study of long-term care work in Australia, New Zealand, Scotland, and Ontario. We identify gendered austerity produced in care work, such as by shifting risks onto workers; adopting training discourses while leaning-out supports; flattening career ladders; and creating conditions for wage theft. We examine how wage theft is produced through working conditions impacted by gendered austerity. For instance, decent wages are comprised not only of hourly rates, but are also a function of pressures to perform unpaid work; increasing work intensity, forced casualisation, time-fragmentation, personal payment for work resources; hiring in conditions of under-classification; providing little meaningful training or upskilling; and understaffing. We conclude by reflecting on the utility of gendered austerity as a conceptual framework for revealing the complex relationships inherent in the wage and working conditions equation and the tensions arising from the contingent nature of adopting hourly wage rates as a true marker of advancement for care workers.
Thursday 2nd April
08.30-10.00 Parallel Session III

Main Hall

Theme 1: Inequalities in care: global, local and transnational dynamics in an age of migration

Session 1C: Migration and care work

Chair:

First author Hildegard Theobald
Affiliation University of Vechta
Key words Migrant carers, Germany, interaction of policies, care settings, multi-level intersectionality

Migrant care work and stratifications in the long-term care sector in Germany: A multi-level intersectional approach

With the introduction of Long-term Care Insurance (LTCI), Germany made universal long-term care support available. LTCI emphasizes on publicly supported family care provision complemented by marketized professional care services. Within this framework a complex mixture of different types of paid care work - professional home care-, and residential care services organized within the framework of LTCI as well as household-oriented services and 24-hours care arrangements within private households - gradually emerged. The commodification of care work in the distinct settings of the care sector resulted in an increasing employment of migrant carers followed by the development of new patterns of stratifications. In the focus of the paper is the analysis of the emerging patterns of stratifications within and between the distinct care settings based on migration status and skill level as an indicator of socio-economic class against the background of an interaction of long-term care-, professionalization-, and migration polices and related approaches.

Theoretically, the paper draws on concepts and approaches of two research strands 1) concepts developed within international comparative welfare research for the analysis of the institutional frameworks of policy designs and their inequality-related effects and 2) conceptual approaches developed within the research strand multi-level intersectionality. Empirically, it is based on representative statistics and different representative inquiries as well as qualitative research findings for an integrated analysis of the developments within and between the distinct care settings.

First author Shereen Hussein
Affiliation PSSRU, University of Kent
Co-authors and affiliations Agnes Turnpenny (PSSRU, University of Kent)
Key words migrant care workers, live-in care, wellbeing

The role and significance of place in migrant live-in carers’ wellbeing in the UK

Background: Live-in care is a rapidly expanding model of home care in the UK (Laing 2018). It is predominantly provided by migrants who might decide to work in this sector for a variety of reasons and organised through various formal and informal mechanisms. This paper aims to explore how different meanings of ‘place’ and ‘boundaries’ shape the wellbeing of migrant live-in carers in the UK.

Methods: This is a qualitative study using semi-structured interviews with migrant live-in carers (n=15+). Interviews are transcribed verbatim and analysed thematically.

Results: The paper will discuss migrants’ subjective wellbeing and how this is impacted by places and boundaries of live-in care. We will consider the role of ‘home’ and ‘space’, personal and virtual networks, and temporariness and security. The analysis considers live-in carers’ vulnerability at the intersections of migration, gender, and nature of work.

Discussion: Potential policy implications for the organisation and provision of live-in care in the context of changing immigration policies will be discussed.”
Abstracts

Care Management as Glocalising of Neoliberal “Flexibility” in Public Eldercare in Finland: Diversifying the Care Workforce as a Means to an End

Current ideals of care management are linked to neoliberal policies that involve ‘flexible’ designs for organising care work. A key idea of these policies is to capitalise on the availability of care workers with migration histories. The rearticulation of care work as ‘flexible work’ particularly fitting for migrants and transnational recruitment of workforce stems from the globally spreading doctrine about competitive metropolitan regions that promises to ‘tame’ the ‘wicked problems’ of an ageing population and the expected boom of public expenditure. By drawing on interviews with managers in public eldercare and observations from eldercare units in Finland, this article examines care managers as ‘glocalisers’ vested with the task of organising floor-level care work in ways that fulfil the expectations of different stakeholders. We argue that despite the stated emphasis on client-centredness, care managers primarily tackle the inherent conflicts between the expectations of other, diverse stake holders. The demands to achieve eldercare that is both innovatively flexible and meets the tight goals for cost containment make care management oftentimes a mission impossible. Vested with this Sisyphean task, care management produces migrant-background care workers as flexible and desirable workforce in a context where care managers are left to face the demand to cater for the needs of the clients without adequate resources.

Deregulation of Migration Regime and Migrant Care Workers in Japan

In 2018, Japan’s aging population share 27.7% of the total population and de-population has already being felt. Responding to the rapid population aging and labor shortage, Japan reluctantly deregulated its migration regime and opened up the labor market in sectors such as agriculture, manufacturing, construction and care work. The labor shortage in care sector has been chronicle so several policy change took place without much coordination.

The first channel opened in 2008 under the Economic Partnership Agreement (EPA) between Japan and Southeast Asian countries. In 2017 two more channels were opened and finally in 2019 revised immigration law was enacted to accept 60,000 migrant care workers in the next five years. These four channels require different conditions and offer different career prospects as well as citizenship. Among the four channels, one is under Government to Government agreement and three is administered by private agencies which bring different impact to both the migrants and the employers.

The presentation first addresses how migrants are differently constructed to fit within the four channels by examining the migration trajectories from the sending countries to Japan. Secondly, it discusses the impact of deregulation of migration regime on the care labor market. The research data has been obtained through fieldwork in both Southeast Asia and Japan. It aims to provide empirical results on how institutional framework contribute in making of the migrant care workers as well as shaping the quality of care.
Abstracts

Old Banqueting Hall
Theme 6: Caring relations: toward sustainable arrangements with wellbeing outcomes
Session 6C: Care worker wellbeing
Chair:

First author Cate Goodlad
Affiliation University of Sheffield
Co-authors and affiliations Kate Hamblin, Diane Burns, University of Sheffield
Key words Job Quality; Funding; Wellbeing; Sustainability; Gender

Not all Superheroes wear capes: how care workers protect their self-esteem and wellbeing

It is often stated that domiciliary home care work is precarious, characterised by a combination of long hours, minimum wage rates of pay, being unpaid for travel time, zero-hours contracts and a lack of sick pay, as well as being misunderstood and undervalued by the general public. As part of the Sustainable Care programme (award ES/P009255/1, Sustainable Care: connecting people and systems, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield), we are concerned with how care practices can be made sustainable for all stakeholders, including care workers, care recipients and their families, which includes a focus on improving job quality for paid care workers. Here we report preliminary findings of case studies of ‘innovative’ care providers delivering care at home, and report on how companies try to mitigate against some of the impact of poor working conditions but also try to shift the blame for poor conditions to funders or market conditions. Alongside this, we include the voices of home care workers as they explain their reasons for staying in care work despite such poor working conditions. We suggest that care workers develop resilience to poor conditions by drawing on a ‘superhero’ discourse which helps to elevate their self-esteem and maintains social status. This can be explained partly through traditional gender roles and notions of femininity [Hayes, 2015].

First author Mikołaj Zarzycki
Affiliation Bangor University
Co-authors and affiliations Val Morrison, Bangor University
Key words informal caregiving, care receiving, motivations to care, values, caregiver-care recipient dyads

Exploration of values and motivations to provide care amongst informal caregiver and care recipient dyads. A qualitative phenomenological study

The study explores informal caregivers’ and their care recipients’ experience in the context of personal values and their relations to the motivations underlying a caregiver’s role, including investigation of any challenges and any gains perceived by both carers and care recipients.

Care experience was investigated using a combination of methods. Photovoice methodology was adopted at the beginning of the study with dyads being encouraged to take photographs depicting issues they experience either as an informal caregiver or care recipient with an emphasis on their values and motivations for being a carer but also care recipients’ perspective of caregivers’ motivations to provide care. Subsequently, participants were invited to take part in the interviews. Twelve semi-structured interviews were conducted with informal caregivers and care recipients separately and reflective of the photographs each took over a period of two weeks prior to their interview. The transcripts were analysed using an Interpretative Phenomenological Analysis with elements of the Self-Confrontation Method that elaborated the examination of the affective organization of caregiving or care receiving experience. Content management software (NVivo) was employed to streamline the process of coding the transcripts and to critically review the coding rigour applied in analysis of the data.

Values and their relations to motivations to care, any challenges and any gains are discussed highlighting the role personal values and beliefs play in shaping the way informal caregiving and care receiving are manifested and perceived. Different caregiving motives and their implications for caregiver-care recipient dyads are explored.

First author Hareth Al-Janabi
Affiliation University of Birmingham
Co-authors and affiliations Carol McLoughlin, University of Birmingham; Jan Oyebode, University of Bradford; Nikos Efstathiou, University of Birmingham; Mel Calvert, University of Birmingham
Key words economics; wellbeing; policy-making; healthcare delivery; UK

The costs and benefits of healthcare delivery for carer wellbeing

There is an aspiration to consider family carer wellbeing in delivering high quality health and social care. However, we know little about the impact (costs and benefits) of healthcare delivery on carer wellbeing. This paper will draw on a 4-year research programme on carer wellbeing and economic evaluation, focusing specifically on two interlinked studies. In the first study, we established six mechanisms by carer wellbeing is affected by healthcare services and organisational changes. This was based on in-depth interviews and focus groups with carers and care professionals. The mechanisms (summarised by the mnemonic ‘IMPACT’) were ‘Information’, ‘Management of care’, ‘Patient outcomes’, ‘Alienation’, ‘Compliance’, and ‘Timing/location’. In the second study, the Delphi technique was used to identify likely costs and benefits of healthcare delivery for carer wellbeing. This involved surveying 65 experts remotely at two points, followed by a face to face meeting. This revealed a tendency to think that healthcare services would have a positive impact on carer wellbeing, while organisational changes would have a much more negative impact. Overall the studies provide some guidance as to when health and social care may be most likely to impact on family carer wellbeing and what those impacts might be.

For a sustainable care system, practical ways of considering carer wellbeing in policy and care decisions is needed.
### Abstracts

**First author**  
Petra Ahnlund  

**Affiliation**  
Umeå University  

**Co-authors and affiliations**  
Veronica Lövgren, Katarina Andersson, Hildur Kalman  

**Key words**  
Intimate care, home help services, caring relationships  

**Intimate Care Work; building caring relationship in unstable organisations**  

The Social Service act in Sweden states that elderly in need of care should be allowed to live a dignified life, in practice for example manifested by being given support in their own homes in spite of conditions such as disability, frailty, illness or dementia. Essential, but rarely talked about, is intimate care (for example maintaining hygiene, changing diapers, brush one’s teeth), tasks that can be a challenge for the actors involved.

Intimate care requires good relationships between caregivers and care recipients in order to safe-guard integrity and well-being. With the aim to describe and analyze care workers experiences of providing intimate care, in this ongoing study so far twelve caregivers working in home help care in Sweden been included. Overarching goals is to identify components that can be used in education and introduction for care workers as well as influence policymakers.

Preliminary results show to make the person feel safe and included caregivers use different strategies and skills for different caretaker. Important is that the personnel know the care receiver’s routines and preferences. Maintaining a good relationship is described as hard work, which requires time, ongoing discussions with both colleagues and care receivers. It takes time and effort to build a caring relationship but is important for sustainable care work in the future.
Abstracts

Drawing Room

Theme 2: Work, care and wellbeing: new solutions, ongoing challenges

Session 2C: Work-care reconciliation: Inequalities and impacts on health, well-being and labour force participation

Chair:

First author
Fiona Alpass
Affiliation
Massey University
Co-authors and affiliations
Jeroen Spijker, Centre for Demographic Studies, Autonomous University of Barcelona, Spain; Joanne Allen, Massey University, Palmerston North, Manawatu, New Zealand; Christine Stephens, Massey University, Palmerston North, Manawatu, New Zealand
Key words
employment, unemployment, caregiving

Predictors of employment outcomes among employed and unemployed caregivers

Substantial care roles during mid-life are known to have a negative impact on the probability of being in paid employment. This study analyses potential factors that enable current carers in New Zealand to return to or remain in paid employment. To do so, we use multiple waves of data from the longitudinal New Zealand Health, Work and Retirement study to examine the predictors of 2 year employment outcomes among unemployed and employed caregivers aged 53 to 68 years at baseline. In the first analysis of 266 unemployed carers observed at baseline, 44 were in paid employment at follow-up. Employment was predicted by economic living standards and physical health at baseline. Care characteristics were unrelated to employment status at follow-up. For the second analysis, of the 645 employed carers observed at baseline, n = 99 were unemployed at follow up. Unemployment was predicted by physical health and age and was not associated with care or job characteristics. While non-professional workers were less likely to be employed at follow-up (vs professional), the impact of occupational class was not significant when accounting for baseline age and physical health. Findings indicate that characteristics of the care situation are unrelated to employment outcomes for caregivers in our longitudinal cohort. Age, health and wealth factors appear to play key roles in employment trajectories for carers. Results are contrasted with our qualitative findings which highlight the impact of care roles on individual employment choices. Methodological issues arising from the two studies are discussed.

First author
Shanika Yoshini Koreshi
Affiliation
Massey University
Co-authors and affiliations
Fiona Alpass, Massey University
Key words
informal caregiving, work status congruence, paid work, gender, socioeconomic status

The bidirectional relationship between paid work and informal caregiving

There is a need for well-designed longitudinal research that enables understandings of how caregiving trajectories and trade-offs evolve. We investigated longitudinal and bidirectional associations between informal caregiving and work status congruence among older adults in New Zealand. The present study also explored whether gender, socioeconomic status and caregiving intensity moderate the bidirectional relationship between informal caregiving and work status congruence. The study used data provided by three waves of the New Zealand Health, Work and Retirement Study. Latent growth curve analysis examined possible bidirectional associations measured at three time-points over five years. These findings suggest persistent longitudinal and bidirectional associations between informal caregiving and work status congruence. Regression analyses revealed that females, participants from lower SES backgrounds and high caregiving intensities were most vulnerable to experience work status incongruence. This evidence has implications for care policy given the importance of informal care in sustaining ageing in place policies.

First author
Masaya Shimmei
Affiliation
Tokyo Metropolitan Institute of Gerontology/ Institute For Future Engineering
Key words
working carers, mental health, community care, workplace measure, Japan

Mental State of Working Carers in Japan: The mental burden of care affects everyday life

In recent years, policies supporting work and care reconciliation have been recognised as an essential measure to support carers. However, issues surrounding the employment environment, such as a shortage of personnel and the extension of the retirement age, are changing rapidly. Under these circumstances, how do the working and caring environments relate to the mental health of working carers? To clarify factors related to the mental health of Japanese working carers, we analysed data of current workers who are caring for parents or parents-in-law (N = 1,008), using a cross-sectional Web survey administered to carers and ex-carers in Japan (N = 4,000). This study contributes to our understanding of the necessary conditions to bridge support between workplace and community measures to support working carers.
Abstracts

First author  Yanan Zhang
Affiliation  University of Birmingham
Co-authors and affiliations  Matthew Bennett University of Birmingham; Sue Yeandle, University of Sheffield
Key words  Caring, care intensity, employment transitions, panel data, quantitative methods

Care Intensity and Employment Transitions

This study investigates the employment status of carers and how the intensity of their caring responsibilities affects their employment by age and gender. We analyse waves 1-8 (2009-2017) of the UK Household Longitudinal Study (UKHLS) and waves 1-18 (1991-2009) of the harmonised British Household Panel Survey (BHPS) using random-effects logit and multinomial logit estimates. Our results show that providing care for more than 10 hours per week increases the likelihood of exiting the labour market, and that this threshold varies by age group. Carers aged 20-35 (the youngest age group studied) typically exit the labour market at 35 hours of care per week, whereas carers aged 56-65 (the oldest age group studied) tend to exit the labour market at 20 hours of care per week. The results also vary by gender: the threshold is higher for men than for women except among the 36-45 age group. Caring for 10 hours per week is associated with labour market exit for women aged 46-55 and for men aged 36-45. Carers are also more likely to exit the labour market altogether, rather than move from full-time to part-time employment. The results suggest that policies on caring and employment need to take account of the needs of male and female carers at different stages of life.
Abstracts

Reception Room

Theme 3: Technology in care: opportunities and obstacles in place-based care contexts

Session 3C: Digitising social policy and its implications

Chair:

First author: James Wright
Affiliation: University of Sheffield

Co-authors and affiliations: Kate Hamblin, University of Sheffield

Key words: technology, telecare, England, sustainability

Challenges to care system sustainability and the role of technology: the English policy landscape

Care systems in the England (and further afield) are facing challenges to their sustainability and ability to deliver care and wellbeing outcomes. Population ageing and the mismatch of care supply and demand for older people, changes in family and household structures and reduced levels of public investment in social care have all created increased pressure on existing social care arrangements. Technology has repeatedly been presented as a policy solution to difficulties facing health and social care systems in the England (e.g. HM Government, 2010; Carers UK, 2012; LGA, 2016; TSA, 2017; BEIS, 2018; Kings Fund, 2018), but is not without its own challenges, including the ‘digital divide’ in access to and the skills required to use technology and the infrastructure necessary to deliver reliable ‘technology-enabled care’. This paper explores these challenges before exploring the English policy context related to technology in the social care sector at the macro level with some local authority-level case studies. The data highlight the uneven distribution of these challenges across English local authorities and in turn the diversity of commissioning patterns and investment in technology-enabled care. The presentation of technology as a ‘solution’ for social care needs to consider both the different challenges and policy contexts experienced at local authority level.

First author: Maria Nilsson
Affiliation: The Swedish Family Care Competence Center, Linnaeus University

Co-authors and affiliations: Patrick Hall- Research Fellow, University of Birmingham, UK; Stefan Andersson – Senior lecturer, Linnaeus University, Sweden; Lennart Magnusson – Associate Professor, Linnaeus University, Sweden; Elizabeth Hanson – Professor, Linnaeus University, Sweden

Key words: Older people, informal carers, assistive health technology, policies

Older people and informal carers in national and local policy for assistive health technology: whose interests do these policies represent?

Health- and social care in the Nordic countries are battling with scarce resources and demographic changes, where the values of the Nordic welfare model are under threat. Families are increasingly taking on greater responsibility for the help, support, and care of older people living in their own home (The Swedish Family Care Competence Center, 2018). Typically, frequent care is being managed by family members who live close by to their older, sick or disabled relative/significant other (Peng & Yeandle, 2017). This development is being reflected in the policy papers. The preliminary aim of this study is to provide a critical awareness of ideological and value-based ideas that are being put forward regarding older people and their informal carers in relation to assistive health technology in health and social care policies for older people in the Nordic countries.

We ask: In what way do these policies talk about older people and informal carers in relation to assistive health technology? What is not problematized or left unmentioned? Are there differences from national to local level? Why are these representations used, and whose interests do they reflect?

The analysis is primarily based on an analysis of recent health and social policies for older people including references to assistive health technology at a national and local level in the four Nordic countries. Using a model of local care regimes, 6 – 8 municipalities will be chosen. Content analysis (Vaismoradi, Turunen, & Bondas, 2013) will be used to ground the analysis.

References

The Swedish Family Care Competence Center (2018) National population survey, not yet published. For more information please refer to Associate Professor Lennart Magnusson, Linnaeus University


Can robots deliver sustainable care? Lessons from Japan

Japan is in the midst of an intensifying crisis in adult social care. The Ministry of Economy, Trade and Industry predicts a shortfall of 377,000 care-givers by 2025, and by 2050, 40% of the population will be aged over 65, while almost 10% will live with dementia. Meanwhile, the working age population is expected to shrink along with the tax base.

A common assumption is that the country has a binary choice that will shape the future of its institutional care provision: increase the number of immigrant care workers, or use robots and other technologies to substitute for human carers. This paper, based on data from 7 months' of ethnographic fieldwork at a care home in Japan that was introducing three types of care robot, argues that this binary framing is an illusion.

While robots may have been intended by politicians and engineers to solve Japan’s care crisis by replacing human care workers, the reality of robot use makes this unlikely in the foreseeable future. The introduction of these robots reconfigures care – increasing the amount of (often less visible) tasks for human care workers,deskilling aspects of human care, and increasing the costs. Though unlikely to help address labour shortages, by reconfiguring care such robots may facilitate the introduction of migrant care workers by helping overcome linguistic and cultural barriers, at the cost of further precaritising care work. These findings are significant beyond Japan, as other countries develop similar robots, and as Japan seeks to globalise its care robotics industry.

Technological innovations in social work: Lithuanian and Japanese experience

A shortage of human service workers is becoming a growing concern as our society faces declining birth rates, population aging and population decline. Lithuanian and Japanese researchers conducted a research that aims to find out opinion of social workers and their assistants about using technologies at clients’ home or at social care institution. The research in the form of a quantitative online survey took place in 2019. The survey was completed by 152 social workers from Lithuania and 295 from Japan.

Respondents in both countries generally use technology in various fields, have positive attitudes towards use of technology, and are aware of the replaceability of tasks by technology. Yet, over half of the respondents from Japan do not think technological development will take away their workplaces. Many Japanese social workers seem to have an ethical dilemma, while also having positive attitudes towards use of technology, and feel confused about how to deal with this issue.

Respondents from Lithuania lack awareness, which results in high numbers of those choosing „neither agree nor disagreee” with certain statements. As much as half of the respondents selected this option when asked about preparedness of social workers (53%), and their clients (46,4%) to learn using technologies. Among Lithuanian social workers, understanding about use of technologies is rather based on intuition than experience.

Technological innovations in social work is an unexplored and insufficiently discussed. Before introducing certain innovations, social work professionals would benefit from introduction and training.
Goodwin Room

Theme 5: Sustainable care at home: understanding the ‘care mix’

Session 5A: Care mix and aging in place

Chair:

First author: António M. Fonseca
Affiliation: CEDH / Catholic University of Portugal
Key words: Ageing in Place, Older people, Portugal.

Ageing in Place in Portugal

This paper intends to characterize and value what is usually called “ageing in place”. After a brief theoretical contextualization of the concept, we will present a study carried out in Portugal in which a survey of innovative experiences was carried out through the collection and systematization of 80 good practices currently implemented in Portugal in this domain. The survey showed that Portugal has a very diverse set of community-based responses of ageing in place to the older population, both in rural and urban environments. We will place particular emphasis on a set of good examples how public and private care solutions provide support for older people to live safely and independently at home and in the community. In this paper care systems, models and strategies implemented in Portugal will be highlighted seeking to do not remove the older person from the place where he/she lives to give him/her what he/she needs, but creating conditions for his/her needs to be met. It is precisely to study “how is it done” that is the aim of this work based on the analysis of actual practices currently implemented in different points of Portugal. These systems, models and strategies will be analyzed based on the theoretical framework of the 2nd Global Forum of Health Innovation for Aged Populations (2015), which identified five main areas of intervention in the process of ageing in place - people, places, products, personalized services, and policies.

First author: Kofi Awuviry-Newton
Affiliation: Research Center for Generational Health and Ageing, Faculty of Medicine and Public Health, The University of Newcastle, Australia
Co-authors and affiliations: Julie Byles, Meredith Tavener, Kylie Wales, Research Center for Generational Health and Ageing, Faculty of Medicine and Public Health, The University of Newcastle, Australia.
Key words: ethics of care, reciprocity, functional difficulties, continuity of care, Ghana

The lived experiences of adult children caregivers of older adults with functional difficulties: An Interpretative Phenomenological Analysis

Objectives: Adult children caregivers provide care and support to older adults who have difficulties in activities of daily living (ADL) and instrumental activities of daily living (IADL), at the presence of competing demands and cost, at the time when number and proportion of older population is increasing in Ghana. The sustainability of adult children care is not well understood. The purpose of this study was to use ethics of care as a theoretical lens to explore the experiences of caregivers of older adults.

Methods: Interpretative phenomenological analysis (IPA) making use of semi-structured interview was employed as design and methodological approach. Using criterion sampling method, 10 caregivers of older adults with functional difficulties were recruited from Komfo Anokye Teaching Hospital, Ghana.

Results: The analysis identified five interrelated themes; 1) committing the self to caregiving; 2) caregiving as transforming the self; 3) motivating factors to caregiving; 4) tension overburdening caregiving; and 5) thinking about personal affairs. These themes together reflect on the lived experiences of the caregivers of older adults with functional difficulties.

Discussion: Ethics of care offers best theoretical lens for understanding the lived experiences of adult children caregivers of older adults with functional difficulties in Ghana. Adult children caregiver’s express commitment to caregiving to older adults mainly influence by reciprocity, despite internal and external stressors, and desire to fulfil an unmet personal need.
Abstracts

First author: Alejandra Marroig
Affiliation: Instituto de Economía, Instituto de Estadistica, Universidad de la República, Uruguay
Co-authors and affiliations: Graciela Muniz-Terrera, Centre for Dementia Prevention, University of Edinburgh
Key words: Aging, Dependency, Long Term Care, Multi-State Model, Europe

Transitions into Dependency with Aging

Aging has been related to the onset of dependence in older adults, where Long Term Care (LTC) starts to be needed to perform daily activities. For some individuals, these care needs may start earlier in life, be more urgent or of greater magnitude. The analysis of transitions provides a better understanding of the process and will generate evidence for the design of LTC policies.

The aim of this project was the analysis of transitions towards dependency of older adults. We used data (baseline until 2013) from ten European countries that participated in the Survey of Health, Ageing and Retirement in Europe (SHARE). We used limitations in Activity of Daily Living and Instrumental Activity of Daily Living to define dependency states from individuals aged 65 years old and older at study entry (n=20119) and fitted Multi-State Models. We evaluated the impact of sociodemographic variables (sex, education, and socioeconomic status) on transitions across states, including death.

Results show transition varied according to age and an increased risk of in care needs until 70 years old. Women had lower risk of death throughout the age span but higher risk of transitioning into a state of care needs. International variations were identified, and in some countries, the transition to a state of care needs occurred in younger individuals. These results provide an early detection of care needs for an aging population and could improve the design of prevention strategies and LTC policies for better quality of life of older adults and their families.

First author: Katharina Pelzelmayer
Affiliation: Careum School of Health

A feminist appraisal of ‘caring communities’

The notion of caring communities marks a contemporary application of the concept of care. Responding to the ways in which formalised and informal relations of care are expected to face certain moments of "crisis" in the near future, caring communities propagate the re-claiming and re-organisation of care on the local level – the nature of which can be either somewhat autonomous and qualitatively open or led by political communities and/or community networks. The notion suggests that communities both become the social fabric of caring relations and the locus in which (inter)relational care takes place. In countries such as Germany and Switzerland, much attention has been paid to this notion and there have been several attempts to engender and sustain caring communities in rural, peripheral and urban settings. Given that the notion is used in discourses and contexts, which draw little on feminist scholars’ long-standing engagement with care, this contribution offers a critical analysis of the potential of caring communities for feminist endeavours to formulate care in more gender-equitable and sustainable terms. It draws on current participatory research in Switzerland that examines the development of four caring communities with a focus on long-term home care. With reference to this work, I will contrast efforts to build a sustainable culture of interdependent care relations in caring communities to central claims and pillars of feminist scholarship on care. In so doing, I offer a first immanent feminist appraisal of the notion of caring communities.
Abstracts

Thursday 2\textsuperscript{nd} April
11.30- 12.45 Parallel Session IV

Main Hall

Theme 3: Technology in care: opportunities and obstacles in place-based care contexts

Session 3D: Evaluating technologies to support care systems and outcomes

Chair:

First author  
John Woolham

Affiliation  
KCL

Co-authors and affiliations  
Nicole Steils KCL, Malcolm Fisk, DMU, Kirsty Forsyth, QMU (Edinburgh), Jeremy Porteus (MD Housing and Telecare learning and implementation network)

Key words  
Electronic assistive technology; telecare, outcomes, assessments

Telecare: how well is it working and could it work better?
Telecare is used widely by local authorities (LAS) to support the independence of older people amongst others. In a context of public sector austerity and rising demand for social care, particularly amongst older people, there have been significant levels of investment in recent years. This is because LA managers see it as a cost effective way of helping people remain as independent as possible.

However, there is very little research evidence to justify this claim. For example, the Whole System Demonstrator project, funded by the last Labour government, found that telecare did not produce better outcomes on a wide range of measures.

An important question to ask, therefore, is whether telecare will inevitably offer no real advantage over more traditional forms of service provision or whether it is because of how telecare is often implemented.

This presentation will report on selected findings from the NIHR/SSCR funded UTOPIA project: in particular, an online survey of English telecare managers. This survey included all 152 LAS, achieving a 75\% response rate. Telecare was largely used to manage risk to the exclusion of other possible uses, and the range of devices/systems available was limited, reducing scope for tailored solutions. Shortcomings telecare assessment and review activities were noted and training to support telecare assessment activity was often scant. These findings align with the work of others in suggesting that telecare should be regarded as a complex intervention. Changes are likely to be needed for telecare to deliver desired outcomes.

First author  
Blanca Deusdad

Affiliation  
Rovira i Virgili University

Co-authors and affiliations  
Isabella Riccò. Rovira i Virgili University

Key words  
digitalization, LTC, social services, care, Spain, LAPAD, digital technologies

Professional stakeholders’ views of the use of digital technologies in Spanish long-term care
Demographic change in Europe has resulted in an aging population, which presents new challenges for implementing and managing long-term care (LTC) systems. One solution has been to try to increase the efficiency of LTC by using digital technologies. This article focuses on professionals’ opinions of the use of digital technologies in the administration of Spain’s long-term care law (Law 39/2006, December 14, LAPAD). This qualitative research is part of SoCaTel, an H2020 project on the co-creation of LTC services in Europe. Ten focus groups were carried out with health professionals, relatives and care workers, and six semi-structured in-depth interviews were conducted with care recipients in Catalonia, Spain. This article presents the data collected from professionals. Professionals reacted positively to the use of digital technologies, in contrast to some previous studies that highlight professionals’ strong resistance to digitalization. Professionals saw digitalization as a way to speed up and simplify administrative processes. However, they also identified serious obstacles to efficient digitalization.
### Abstracts

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<th>First author</th>
<th>Maxie Lutze</th>
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<tr>
<td>Affiliation</td>
<td>Institute for Innovation and Technology (iit)</td>
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<tr>
<td>Co-authors and affiliations</td>
<td>Gina Glock; Julian Stubbe; Denny Paulicke - Institute for Innovation and Technology (iit)</td>
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<td>Key words</td>
<td>digitalisation, assistive technologies, usefulness, benefit assessment, proof of effectiveness</td>
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**Assessing the benefits of assistive technologies in place-based care - NAAM model as theoretical framework in Germany**

Background: Digitalisation is becoming increasingly important in the care sector. Numerous research and development projects have investigated assistive technologies for care in the past. However, the integration of these technologies into everyday care is only hesitant. There is a lack of systematic research approaches on the benefits of individual care technologies for people in need of care.

Objective: The aim of the study is to develop a model that focuses the needs of those in need of care, their living and care situation and those involved in care. Developers and users are thus to be enabled to classify and evaluate assistive technologies with regard to the benefit and effectiveness for people in need of care.

Method: In a mixed-method approach, a model for the benefit and effectiveness assessment of assistive technologies (NAAM) was developed, which focuses on people in need of care. In a hermeneutic-iterative approach, two deductive and two inductive approaches are combined via four methodological approaches: the analysis of secondary literature, interdisciplinary expert workshops, the analysis of 145 studies on the benefits of assistive technologies and five case studies on the validation of the model.

Result: The developed NAAM model forms a basis for the systematic recording of the benefits of assistive technologies for people in need of care and their immediate environment as well as of conditions that influence the unfolding of benefits. An individual level, a process and structural level as well as conditions of use are developed, which form a reflection frame for developers, manufacturers and users of assistive technologies in care. The model offers cornerstones for interdisciplinary exchange for both research and practical actors.

Discussion: The NAAM model provides indications for a person-centred and demand-oriented assessment of the benefits of assistive technologies in care. Its application also identifies research gaps and starting points for future research projects that can advance the development and implementation of digital solutions geared to the needs of people in need of care.
Abstracts

Old Banqueting Hall

Theme 6: Caring relations: toward sustainable arrangements with wellbeing outcomes

Session 6D: Concepts and caring democracy

Chair:

First author Lizzie Ward
Affiliation University of Brighton
Co-authors and affiliations Beatrice Gahagan, University of Brighton; Phil Locke, University of Brighton; Mo Ray, University of Lincoln; Denise Tanner, University of Birmingham
Key words older people, self-funding, care ethics, relational wellbeing, lived experience

Care ethics, older people self-funding their care and relationality

Tronto’s ‘Caring Democracy’ (2013) challenges us to re-think the current economic domination in human life to make caring more democratic and democracy more caring. A growing body of scholars are using care ethics to critique individualised responsibility and withdrawal of state resources within neoliberal welfare restructuring. Based in a relational ontology care ethics provides a theoretical framework for understanding the significance of care in sustaining human wellbeing. This paper draws on a study informed by care ethics as a theoretical framework and relational participatory research approach, to investigate the relationships between risks and responsibilities for older people who are funding their own social care*. We argue that the current policy orthodoxy based in market principles and individualised notions of autonomy inevitably generates inequity. But further, for the older people in our study, it generates potential risks to their health and wellbeing through their care needs not being adequately met. The lack of older people’s voices and understanding of their lived experiences of care within dominant policy frameworks illustrates that neoliberal economic framing is both failing to meet social care needs through marketised care and limiting knowledge about care. We consider how researching lived experiences of care can help us challenge this purely economic account based on rational calculations and we argue that this is necessary if we are to move towards the ‘caring democracy’ envisaged by Tronto.


First author Matthew Bennett
Affiliation University of Birmingham
Co-authors and affiliations Yanan Zhang, University of Birmingham
Key words informal care, wellbeing, chronic stress, biomarkers, longitudinal data, quantitative methods

Informal care, wellbeing and chronic stress: A longitudinal analysis in the UK

This paper builds on the growing research using health and biosocial data to explore the link between informal care and health outcomes. Previous research has typically explored cross-sectional data and survey responses on wellbeing, however a growing body of literature from the medical sciences has looked at how informal care is related to biological responses and is concerned with longitudinal approaches that increase the credibility of causal inferences. This paper uses longitudinal data and blood samples from 409,031 person-wave observations (adults over time) from 1993–2017 in the British Household Panel Survey (BHPS) and UK Household Longitudinal Study (UKHLS) and explores how informal caring responsibilities are related to biomarkers associated with chronic stress (C-reactive protein and fibrinogen) and subjective wellbeing (GHQ – General Happiness Questionnaire). We hypothesize that informal carers are more likely to experience chronic stress and reduced wellbeing compared to those that do not have caring responsibilities. We also test for ‘dosage’ effects where a greater intensity of informal care will be associated with chronic stress and reduced wellbeing. Finally, we test for differences for those with caring responsibilities for people within the home compared to outside of the home; and whether there are differences between who is being cared for e.g. a spouse, parent, child or extended family member.
Wellbeing, Family Carers and Welfare Justice

This article reports findings from a policy application of the concept ‘wellbeing’ within family care paradigms addressing two main questions: 1) Which components of wellbeing (identified through an in-depth literature review) are evident within the key policy texts of Welsh Government? 2) Does this application correspond with the contemporary conceptualisation of wellbeing within care? The paper highlights the gaps and tensions between the scholarly literature and the policy expression of wellbeing, and concludes with a discussion on the implications of findings on family carers. An expanded conceptualisation of wellbeing is put forward that argues for the inclusion of a gender sensitive wellbeing framework for family carers.

Content analysis is applied to eight Welsh Government policy documents and combined with a critical discourse ‘trace analysis’ (Sevenhuijsen, 2003) to interrogate aspects of wellbeing within the context of family care. In doing so, this work responds to the challenge posed by contemporary care theorists (Engster, 2015, Moen and Pasquale, 2018) to move beyond ‘ideal’ theories of just welfare policies.

Findings demonstrate congruence with wellbeing literature in relation to the ideals of ‘voice, choice and control’ and relate to material, relational and subjective domains of wellbeing. An implicit bias is highlighted, taken as self-evident within the policy texts that favours familialism as the preferred response to the so-called ‘crisis of care’ and the implications of this in relation to family carer wellbeing are discussed. The paper concludes by proposing an alternative conceptualisation of wellbeing; that is empirically grounded, policy orientated (Engster, 2015) and acknowledges the central role that gender plays in analyses of wellbeing within the context of family care.
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#### Drawing Room

**Theme 5: Sustainable care at home: understanding the ‘care mix’**

**Session 5B: The evolving nature of the formal care workforce**

**Chair:**

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<tr>
<th>First author</th>
<th>Fiona Macdonald</th>
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<tr>
<td>Affiliation</td>
<td>RMIT University</td>
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<td>Key words</td>
<td>paid care work; individualisation; Australia; home care; disability policy</td>
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**Positioning paid care workers in Australia’s disability support policy: implications for the ‘care mix’**

The recent policy shift to an individualised and marketised disability support system in Australia appears to be reshaping paid care work in multiple ways. However, there has been limited attention given to the treatment of paid care workers within the new disability policy and to the implications of this treatment for care relationships and for the care mix in home settings. This article uses an analysis of discourses in government policy documents and submissions by interested parties to related policy processes to explore the positioning of paid care workers in the representation of the policy problems to be addressed by the new disability support system. The analysis reveals multiple contradictory positionings of paid care workers. It is argued that a significant implication of these various positionings in policy is a blurring of boundaries between formal and informal work. In conclusion it is suggested this has provided a space for government and employers to reduce their accountability for care workers and may lead to a new ‘care mix’ in which low-paid women and immigrants are shifted to the margins of the labour market.

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<tr>
<th>First author</th>
<th>Jo Moriarty</th>
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<td>Affiliation</td>
<td>King's College London</td>
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**Nursing associates: career progression and a new role to support registered nurses**

More than one in ten nursing posts in the National Health Service in England is vacant (Buchan et al., 2019). The introduction of nursing associates as a ‘work-based route into nursing for existing health and care staff or new recruits who may not be able to give up work to study full-time at university’ (GOV.UK, 2017) is intended to address the skills gap between registered nurses and health care assistants. The position of nursing associate can function as a standalone post or be used to progress to become a registered nurse.

This paper will present early results from a study examining the introduction of the nursing associate role in health and social care. Based on early results from analysis of data from stakeholders such as regulators and employers, directors or nursing and nursing associates themselves, it will discuss the pathways by which nursing associates qualified and their experiences in employment. The presentation will focus on intersectionality as a lens through which to explore skill mix in nursing in terms of the extent to which different demographic characteristics, including immigration status and citizenship, shed a light on the nursing workforce.

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<tr>
<th>First author</th>
<th>Jill Manthorpe</th>
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<tr>
<td>Affiliation</td>
<td>King's College London</td>
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**Homelessness and Dementia: the interface of housing and care services**

There are rising numbers of older homeless people worldwide despite the early risk of death of being homeless. Provision for older homeless people varies but much of it is based in hostels that are run by third sector or private companies. The numbers of older homeless people with cognitive impairment or dementia are unknown and little is known about their care.

This presentation is based on selected findings from the first study of older homeless people with possible memory impairment or dementia in the UK. Based on findings from a sample of eight hostels, 44 staff were interviewed and hostel and medical records accessed for participating residents. Memory assessments were undertaken to ascertain if residents showed signs of memory impairment. Most older residents interviewed had complicated background histories, including learning difficulties, incomplete education, long-term alcohol misuse and physical health conditions, including brain injury. The study revealed that hostel staff were undertaking a variety of care and support tasks for residents with memory impairments including care tasks and help with activities of daily living; some residents were receiving home care services after local authority assessment of their needs. Difficulties were reported by residents and staff of moving on from hostel to more appropriate accommodation such as care homes and the limited options available. There were also challenges in inter-agency working and referral routes. The study has provided new evidence of the interface of housing and care services relevant to growing numbers of the population.

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<tr>
<th>First author</th>
<th>Kritika Samsi, King’s College London; Louise Joly, King’s College London; Maureen Crane, King’s College London; Heather Gage, University of Surrey; Ann Bowling, unaffiliated; Ramin Nilforooshan, Surrey and Borders Partnership Foundation Trust</th>
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Care: challenges and solutions for a sustainable future
Abstracts

Reception Room

Theme 4: Care markets: how and for whom do they work?

Session 4C: The design and operation of care markets

Chair:

First author Juliette Malley
Affiliation CPEC, LSE
Co-authors and affiliations Alasdair Jones, Dept of Methodology, LSE
Valentina Zigante, CPEC, LSE
Key words Social care; local care markets; dementia; process evaluation; England

Shaping the quality of social care markets by investing in providers

In England, local authorities (LAs) are charged with ‘shaping’ their local care markets to achieve diverse good quality provision. We focus on how LAs should discharge this duty, by investigating how policy instruments should be designed, implemented and bundled together into ‘policy mixes’ to assure and raise quality within local care markets. Drawing on data from three case studies of quality initiatives, and building on earlier studies, which suggested a need for LAs and providers to collaborate more, we analyse how different policy instruments influence the LA-provider relationship and contribute to providers’ views about the supportiveness of LAs. We find that providers value initiatives that recognise and celebrate achievement or directly support them to improve practice. This picture is, however, coloured by what the different elements of the policy mix signal about the LA’s trust in providers. Approaches based around the setting and monitoring of standards signalled distrust; but investing in providers through, for example, facilitation interventions and training signalled trust. While the former led providers to view LAs as less supportive, the latter cultivated a culture of cooperation based on reciprocity and seemed to counteract signals of distrust from monitoring schemes. Notwithstanding difficulties finding resources for investment in the current financial climate, LAs also need a pragmatic attitude recognising that all providers cannot independently maintain and improve quality, given challenges recruiting and retaining staff and finances. As LAs seek to shape the quality of care markets, this work serves as a timely reminder of the value of investment-oriented approaches.

Meeting dementia care needs through market shaping?: a process evaluation of a standards-based dementia care payment scheme in England

This paper reports findings from an NIHR SSCR-funded study of local authority (LA) market-shaping initiatives to assure social care quality for older people in England. The study combined a web-based review of approaches taken by LAs to assure social care quality in their local care markets with a series of in-depth case studies of quality initiatives. This paper presents one case study: a financial incentive-based quality initiative implemented by one LA. This initiative was designed to encourage nursing and residential care home providers to adopt evidence-based standards in relation to dementia care practice and the care environment and to reimburse the providers for the additional costs of providing such care. Using a process evaluation approach we first analysed documentary and interview data to understand the ‘logic’ of the quality initiative, its constituent components and its underlying theory of change. We then sought to evaluate the initiative (using a mix of quantitative and qualitative data) with a focus on its implementation. This paper presents the findings of this evaluation, focusing on how the case study quality initiative achieved desired outcomes and how it resulted in various unintended pathways and consequences (organised thematically around issues of provider reputation, provider perceptions of the initiative and consistency of initiative implementation by the LA), and paying attention to the operation of the care market in this case. The paper will conclude by turning to the implications of the quality initiative’s implementation for how the LA was able to meet the needs of the target population.

The missing middle? Market dynamics and organisation size in social care systems

In the social care sectors in Australia and England, the share of large corporations and very small (micro) businesses is growing, relative to middle-sized providers. This emergent market structure has been shaped by government policies and practices that determine which providers enter the market and direct how they navigate and operate within the system, through regulation on, for example, commissioning, service quality and competition. While very large and micro-business might offer specific benefits (e.g. economies of scale and responsiveness/individualisation respectively), there is also evidence that both are more likely to have sustainability issues and quality problems, compared to middle-sized operators. This paper explores the policy drivers of the growth of large corporations (concentration) and micro-businesses (fragmentation) in the two countries, and considers a range of possible remedies to the problem of the ‘missing middle’. Some potential remedies are in the domain of market regulation, while others are in the domain of organisational innovation. In considering potential remedies, we examine which aspects of social care operations may be more amenable to ‘scaling up’ and ‘scaling down’, to capture the respective benefits of large and small size respectively, without increasing quality and sustainability risks. We also take into account the specificities of social care, and consider opportunities and challenges related to different forms of social care and different user groups.
Abstracts

Goodwin Room

Theme 8: Open theme

Session 8A:

Chair:

Using urban woodlands and forests as places for improving the mental well-being of people with dementia

This study investigates the meaning and use of urban woodlands and forests, and how they can contribute to positive mental well-being of people with dementia, by adopting ethnographic, participatory action research and case study approaches. Qualitative research provided knowledge and understanding about how activities in an urban woodland environment can add value to and benefit the lives of people with dementia living independently. Data were collected from semi-structured, and walk-along interviews, as well as from piloting a programme of activities based in an urban woodland setting. Recently, there has been a marked shift in provision away from residential care for people with dementia towards domiciliary care (i.e. care in your own home). To enable good quality and appropriate care to be provided for everyone with dementia, policymakers, professionals and practitioners in the dementia field need to develop ever more innovative approaches to dementia policy and service provision (Milligan & Wiles, 2010). Use of green space, and the woodland activity programme piloted in this study, is an innovative approach to working with people with dementia, and those who care for and support them. New forms of care also involve new providers, such as Forestry & Land Scotland. This paper reports on the results of a 10-week pilot programme of activities based in an urban woodland setting for people with dementia. The paper offers a number of conclusions about how the use of green space can add value to and benefit the lives of people with dementia.

In-group Social Learning Method and its use for Informal Carers Training

The method of in-group social learning used for informal carers training will be introduced. The method was developed by Jože Ramovš and Anton Trstenjak Institute of Gerontology and Intergenerational Relations for holistic health prevention in old age. The method is based on gerontological knowledge on aging, anthropological knowledge on intergenerational relations strengthening, psychological knowledge on importance of experience sharing and neurological knowledge on reinforcement of learning process. Since the considerable importance of training for informal carers became evident as informal carers carry out a significant amount of societal long-term care demands, a special attention has been given to development of the in-group social learning method for informal carers training. To evaluate the potential of the method for the use of informal carers empowerment for quality care giving, the evaluation study was performed. It included analysis of evaluation questionnaire of 453 informal carers, which participated in the training by in-group social learning method. The results of the study will be presented and discussed on the conference.

Exploratory Study on the Work Condition of Early Onset Dementia in Taiwan

Early onset dementia is often a group ignored in society. It is the age of golden time, when people at this stage usually work with self-identification and value. Work for them is associated with increased mental health and self-esteem. The lack of research concentrated on early onset dementia (under the age of 65 years). Virtually none focuses on the care of this group especially, employers who hire people suffering from it. This research is intended to understand these people, who are still employed or unemployed in recent years in Taiwan, as well as their caregivers. The interview time for this research is about 60-90 minutes. Research participants will undergo purposive sampling, or use snowball sampling to obtain research participants. This research plans to visit up to 24 people (three groups: 8 people with dementia, 8 caregivers and 8 employers). An in-depth “semi-structured” interview was used for this qualitative research. The interview outline, structured by the concept of reasonable accommodation from the Convention on the Rights of Persons with Disabilities (CRPD), extensively asked participants about their work history and their efforts or attempts at work. The results show the three perspectives of their work conditions and their thoughts under CRPD. This study will assist to formulate policy about working and employing people with dementia in the future.
Abstracts

Thursday 2nd April
13.30- 15.00 Parallel Session V

Main Hall
Theme 1: Inequalities in care: global, local and transnational dynamics in an age of migration
Session 1D: Ageing Migrants in place
Chair:

First author Melisa Yazdanpanahi
Affiliation PhD student, Heriot-Watt University, The Urban Institute, Edinburgh, UK
Co-authors and affiliations Ryan Woolrych, Associate Professor, Heriot-Watt University, The Urban Institute, Edinburgh, UK
Key words Caring relation, migration, independence, older Turkish adults

Caring relations and negotiation of independence within context of migration: The case of the Turkish community in London

Despite its centrality to social care discourse, independence remains an understudied notion, especially in relation to caring relations of older adults. This is especially important in the context of global migration, changing family dynamics and reformation of care policies in the Global North that adds to the complexity of the notion of independence and experience of it amongst migrant older adults. Drawing on 64 semi-structured individual interviews with older Turkish adults in London and service providers for the community, the paper seeks to present an understanding of older Turkish adults’ conceptualization and lived experience of independence in relation to social networks as informal supports and formal care supports within the community. Findings suggest that Independence is a socially constructed concept being constantly negotiated in the context of changing family and community dynamics, explaining older Turkish adults’ expectations in terms of navigating care supports. Findings also show variation in the conceptualization of independence and experiences of it among different groups of the Turkish community in London according to migration origin, migration path, time of arrival to the UK and levels of adaptation to British society. We conclude by considering the implications this has for social care policy and practice in terms of delivering community and care interventions for older Turkish adults.

First author Majella Kilkey
Affiliation University of Sheffield
Co-authors and affiliations Obert Tawodzera (UoS) Louise Ryan (UoS) and Magda Lorinc (UoS)
Key words Ageing in place’ migrants, wellbeing, diversity, austerity

Care and wellbeing: the experiences of migrants ageing at home in diverse places

‘Ageing in Place’ has become a dominant policy mantra in the UK and internationally. The expectation is that people should stay in their own homes and have their care needs met locally. Drawing on findings from the large UK ESRC-funded Sustainable Care Project (2017-2021), we interrogate the ‘ageing in place’ policy agenda from the perspective of the diversity of the UK’s aged population, the diversity of place and their dynamics over time. We examine older people’s wellbeing experiences, focusing on three groups of ageing migrants African Caribbean, Polish and Irish.

Ageing migrants occupy multiple positionalities by way of their migrant background – e.g. migrant status, identity, “race” and ethnicity, language, religion and culture – which are further inflected with differences such as gender and class. Our findings indicate the relevance of these intersectional differences in people’s well-being experiences when ageing in place. For ageing migrants, ‘home’ is located in diverse places, ‘here and there’, and well-being is experienced through a dual frame of reference. Places ‘here’ are unequal and have become differentiated over time with the impact of austerity. Migrants’ engagements with places ‘there’ are mediated by their wellbeing experiences fostered ‘here’, which change as they grow older. Our findings highlight the opportunities and constraints such dynamic and diverse places, as well as migrants’ relationship to them, present for their wellbeing. Findings also point to the differentiated agency migrants have in negotiating these to secure their wellbeing. We consider the implications of our findings for the policy agenda around ‘ageing in place’.
Rejoice Mazvirevesa Chipuriro

University of Johannesburg

Ageing, gender, mobility, inequality, care work

Politics of gender, mobility and inequalities in care. Experiences of retired Zimbabwean nurses in the diaspora

Recurrent global economic recessions precipitated increased financial insecurities and precarious employment that pushed professionals from the global South into migrant labor in the global North. The care sector in the UK gained from these global imbalances as it attracted hordes of international trained nurses, it also offered nursing training as a lucrative field for those aspiring to live and work in the UK. Two decades later, a number of these care workers are now retired or nearing retirement, and thus posing a new challenge to the care sector in both sending and receiving countries. The paper argues that these ageing, gendered, migrant bodies constitute key sites of struggle and inequality that shape migrant trajectories across space and time. The paper’s argument builds on theoretical notions of intersectionality, embodied cultural capital and translocality to enrich the discussion of global politics of care. Empirically, this paper is informed by in-depth exploratory interviews with both retired and near retirees Zimbabwean female nurses in Britain between 2018 and 2019. The aim was to gather data from the embodied contradictions, socio-economic struggles and agency employed by these nurses as they navigated transnational spaces imposed on their gender and vocation. The paper interrogates process of continuous adjustments and constant navigations for the older migrant nurses in question. By centering their lived experiences, the paper makes a case for adequate social policy in both the sending and receiving countries that supports people to age well and in so doing improving the quality of later life for all.

Louise Ryan

University of Sheffield

Majella Kilkey, Magdolna Lorinc and Obert Tawodzera; University of Sheffield

ageing migrants, ageing in place, belonging, experiences of care, support networks

Analysing ageing in and out of place: the narratives of three migrant groups in London and South Yorkshire

In the context of an ageing society, there is increasing attention on how people navigate and make sense of particular places through the ageing process (May, 2011; van Dijk et al, 2015; Van Hees et al 2017; Kearns & Coleman 2017). ‘Ageing in Place is a key component of UK policy on older people and housing’ (Sixsmith & Sixsmith, 2008). Nonetheless, ageing coupled with bereavement and diminishing support networks, may impact on people’s sense of belonging in local places (May 2011). Of course, places are constructed and dynamic; continually made and remade over time (Massey, 2004). As well as perceived changes, there may also be material changes which impact on older people. For migrants, ageing and retirement may raise questions about return to the country of origin (Ryan, 2004). But return is not necessarily easy as ‘home places’ also change over time and migrants may no longer feel a sense of belonging there – feeling ‘out of place’ (Valentine & Sporton, 2009).

The paper draws on data from the Sustainable Care Programme. We explore the rich narratives of three groups of ageing migrants: Polish, Irish and African-Caribbean. Focusing on two distinct sites, London and South Yorkshire, we examine our participants’ dynamic relationships to places through intersections of age, gender, ethnicity and class.

Our research indicates that migrants’ experiences of ageing and care are locally embedded while transnationally connected, but also shifting through time. We consider the implications of our findings for the dominant policy agenda around ‘ageing in place’.
Abstracts

Old Banqueting Hall
Theme 7: Care workforce wellbeing
Session 7: Care workforce wellbeing
Chair:

First author: Duncan Fisher
Affiliation: Teesside University
Key words: workforce labour shortage inequalities

“*You never know what you could walk into*: young adults and the sustainability of the UK adult social care workforce

In the UK, as in other settings, the adult social care (ASC) sector faces a significant labour shortage. Academic and policy literature focuses on migrant workers and under-represented groups such as men within this context, but comparatively little is written about young people. They too are under-represented in the ASC workforce, and there is a clear gap and opportunity for younger workers to play a greater role in the sector’s present and future. However, what are the conditions and practices of work that await newly recruited young adults to the sector? This paper draws on initial findings from a qualitative doctoral study of the perceptions and experiences of young adults’ (18-30) paid ASC work in Teesside, north-east England. These findings show that, in myriad important ways, young people are being let down by a sector that urgently needs their expertise. This includes inadequate levels of support, guidance and training; and endemic and normalised very low pay. The evidence points to ASC work exacerbating the negative effects of austerity that young people have faced over the last decade. This is especially true for working class women within the cohort for whom ASC is a common source of employment. Consequently, the paper argues that one way the sector can ease the labour shortage is by improving its offer to young people. However, it should do so within the broader scope of providing decent work that reduces rather than compounds inequalities, and fosters worker wellbeing.

First author: Karolina Gerlich
Affiliation: National Association of Care & Support Workers
Co-authors and affiliations: Louie Werth
Key words: wellbeing, care workers, annual survey

Well-being of care workers

The National Association of Care and Support Workers (NACAS) is the professional membership association for the care workforce. We have lived experiences of delivering care face-to-face and an in-depth understanding of the issues that care workers face everyday. This research contributes to our understanding of the experiences of the workforce and we hope that social care stakeholders and policymakers will use it to improve social care for all.

One of our main aims is to give the social care workforce a voice that can influence policy making at the highest levels. Therefore, the wellbeing of care workers research will now become our annual report where we can track the physical, psychological and economical status of the workforce. That, together with the understanding of how care workers experience perceptions of social care inform our strategy and campaigning.

This year, the report shows, unsurprisingly, that many care workers experience burn-out and feel unsupported in their roles. The ongoing issue of the shortage of funds to the sector is also rather prominent in the answers as a big proportion of respondents do not feel financially secure and struggle with money worries.

As part of our programme with Nesta and Dunhill Medical Trust we want to draw attention to more positive aspects of care. This comes across in the report in the fact that a majority of care workers that took part enjoy their work and many reported that helping people makes them feel good about themselves and is very fulfilling.
### Abstracts

**First author**
Lina Van Aerschot

**Affiliation**
University of Jyväskylä

**Co-authors and affiliations**
Antero Olakivi, University of Helsinki; Jiby Mathew Puthenparambil, University of Jyväskylä; Teppo Kröger, University of Jyväskylä

**Key words**
care work, quitting intentions, burden, meaningful

**Psycho-physiological burden, lack of support and unwanted tasks: What makes Finnish care workers in old age care to consider quitting their job**

The Finnish care service sector struggles with a shortage of trained personnel and difficulties recruiting enough workers to meet the needs of the growing number of older people. According to recent media discussions and research, care work is increasingly pressurized and burdensome both mentally and physically. It has been estimated that in Finland about 70 000 people with a degree in social and health care sector works on a field other than social and health care. Thus, not only recruiting but also holding onto personnel is an urgent challenge.

In this paper, we examine why care workers consider quitting their current work in old age care. We use the Nordcare survey data collected in 2005 (N = 712) and 2015 (N = 951) among practical nurses working in home care or institutional settings. We analyze which aspects of the work and what background factors are related to quitting intentions.

The share of care workers who had considered quitting their current work had increased especially in home care between 2005 and 2015. Two of five care workers had considered quitting their current job within the past year in 2015. Younger care workers under 30 years old are more likely to consider quitting their job than older respondents. However, quitting intentions are more strongly related to feelings of not meaningful work tasks, lack of support from superior and psychophysical burden.

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**First author**
John Woolham

**Affiliation**
KCL

**Co-authors and affiliations**
Caroline Norrie, KCL, Kritika Samsi, KCL & Jill Manthorpe, KCL

**Key words**
Personal Assistants, Direct employment relationships, employment conditions

**The employment conditions of social care Personal Assistants**

Social care personal assistants (PAs) are a growing segment of the care workforce. They have a distinctive role in that they are usually directly employed by the person who needs support/care or are self-employed and directly hired. The direct employment relationship is held to offer real opportunities for person-centred care to be provided as employer and employee come to have a deeper working relationship than possible amongst ‘traditional’ care workers.

This presentation is based on selected findings from semi-structured interviews with 105 social care PAs, focusing on their employment conditions. Findings suggest that most PAs enjoyed very high levels of job satisfaction because their closer working relationship to their employer, enabled far greater opportunities to provide very tailored support or care. However, their employment conditions were often unsatisfactory. For example, many did not have job descriptions (those who did often said these were out-of-date); many were not enrolled on to a pension, or had access to sick, or holiday pay. Most worked on a ‘flat rate’ contract with no overtime (many worked anti-social hours) and unpaid overtime was common. Though poor condition of employment are not uncommon in other community based care work, PAs were probably at a greater disadvantage in the event of a dispute with their employer because of their high levels of occupational isolation. The absence of support for PAs in this situation was striking, and there is currently no regulatory oversight of the PA role. The presentation will end by offering recommendations for addressing these problems.
Wellbeing and Turnover Intentions of Japanese Working Carers: What Do They Feel about Balancing Work and Care?

How to decrease the number of turnovers due to caring roles is an important political issue in Japan. The objective of this study was to explore the relationship between wellbeing, support, feelings on balancing work and care, and turnover intentions of Japanese working carers for eligible users of long-term care insurance. A cross-sectional Web survey was administered to carers and ex-carers in Japan. We used the data for current working carers (N = 923). The main variables are feelings on balancing work and care, wellbeing, and turnover intentions. Among all respondents, 10.2% stated their intentions ‘not to continue their work’, while 22% stated ‘don’t know’ and 67.8% stated ‘to continue their work’. The results of logistic regression analysis revealed a significant relationship between wellbeing and feelings of balancing work and care as well as turnover intentions. Gender, main carer, and co-residence were not significant indicators. We also found that those who responded ‘don’t know’ are less likely to have advice from others and more likely to have deteriorating wellbeing compared with those who responded ‘to continue their work’. It would be necessary to support both groups (the ‘not to continue their work’ and ‘don’t know’ groups) separately and differently to improve the wellbeing of these working carers. Career-friendly workplaces as well as tailored advice and counselling opportunities based on carer assessments would be crucial to support these diverse working carers. These findings might have practical implications for employers and social care professionals to reduce the turnover of working carers.
Abstracts

First author: Yanfei Zhou
Affiliation: Japan Institute for Labour Policy and Training
Key words: elderly parent care, early occurrence, managerial promotion, family formation, Japan

Elderly Parent Care at Home: Challenges that Japanese are Facing When It Occurs in Their 30s or 40s

Although Japan initiated a long-term care insurance system in 2000, family care still plays an important role in Japan’s society. Along with the delayed maternal age, more and more Japanese have to begin caring for elderly parents at home in their 30s or 40s. According to the governmental statistics, the number of family care providers in their 30s and 40s rose as much as 11% in the last five years, from 1.10 million in 2012 to 1.22 million in 2017. Since the 30s and 40s are typically regarded as a critical time for career development and family formation, the early occurrence of care responsibilities could impose huge challenges for the care providers’ own life prospects.

Using data from a large-scale originally designed internet survey, this paper probes how elderly parent care responsibility occurring in the 30s or 40s affects the managerial promotion and marriage probability of care providers when they enter their 50s. The estimation results show that for males and females in their 50s who are caring for or have cared for elderly parents at home, the occurrence of care responsibility in their 30s or 40s does impose a negative impact on their probability of gaining managerial promotion. Meanwhile, we find that females who took on elderly care responsibilities in their 30s are less likely to be married when they are in their 50s. For males, however, the early occurrence of care responsibilities has little impact on their family formation.
Abstracts

Reception Room
Theme 5: Sustainable care at home: understanding the ‘care mix’
Session 5C: The role of policy and systems in shaping the care mix
Chair:

First author: Annie Dussuet
Affiliation: Université de Nantes
Co-authors and affiliations: Clémence LEDOUX - Université de Nantes
Key words: Paid/unpaid caregivers; public policies’ implementation; working conditions; gender inequality

Constructing the division between declared paid and unpaid caregivers. A street level analysis of public agents implementing the French “Personalized Allowance for Autonomy” (APA)

In France, care for the elderly is mainly financed by the “Personalized Allowance for Autonomy” (APA), which can be taken at home or in nursing homes. This allowance is defined nationally by law, but implemented locally by the different départements. When distributed at home, a “help plan” is established for the eligible persons, it describes the services which have to be distributed and the level of the financial support from the département. This help plan is drawn up by the département’s agents after having read a medical and a family questionnaire and visited the homes of the applicants.

An important question remains: how do these practices contribute to determine the care mix? In particular, how is the division of work constructed, between paid care service providers, directly employed people and those who, in the entourage of elderly people (family, friends or neighbors) are not recognized institutionally as care providers and work unpaid or undeclared, but whose research has showed the essential character?

Based on a qualitative research carried out among 35 agents of a French department, this paper will show the role of the implementation of French public policies in organizing a divide between declared paid and unpaid work. We will see in particular how the care work is denied, in favour of what is seen as “natural solidarity” towards the elderly, and the consequences of this approach, especially in terms of working conditions for paid caregivers (fragmentation of work and invisibility of skills), and gender inequality reproduction.

First author: Takuro Higuchi
Affiliation: Tokyo University of Foreign Studies
Key words: the IL Movement in Japan, turning-point, welfare reforms, precariousness, de-institutionalization

The Transition of the Independent Living Movement and ‘care mix’ in Japan

In Japan, the Independent Living Movement of people with disabilities developed since the early 1970s. In the 2010s, on the one hand, the achievement of the initial goals of the movement is indicated. For instance, personal care at home is widely and publicly guaranteed and Japan ratified the Convention on the Rights of Persons with Disabilities in 2014. On the other hand, the turning-point of IL Movement has been recognized in recent years. After the major welfare reforms in 2000s, the quasi-market of care industry was formed, then people with disability became a user or a customer to use welfare services. And the activity of care changed from movement to labor. The reform drastically transformed the composition of ‘care mix’. In those contexts, two problems are pointed out. Firstly, the precariousness of care-workers. Problematic labor conditions of care-workers are mentioned in that period. Secondly, imbalanced de-institutionalization. IL Movement since the 1970s was limited to people with physical disabilities, and many of people with mental illness and intellectual disabilities remained in institutions. This paper considers two different problems explicit in the 2010s with the recognition of the turning-point of the IL Movement in Japan has the same roots embedded during the reconstruction of welfare policies and ‘care-mix’ in the 2000s. The research materials of this paper are based on experiences of the author as the director of a social enterprise to support for Independent Living of people with disabilities in Tokyo for 8 years.
Abstracts

**First author**
Shereen Hussein

**Affiliation**
PSSRU, University of Kent

**Co-authors and affiliations**
Agnes Turnpenny (PSSRU, University of Kent), Sara Charlesworth (RMIT University)

**Key words**
Migrant care workers, migration regimes, social care

Migrant care workers in the ‘care mix’: the experience from five countries with diverse care and migration regimes, and lessons for a post-Brexit UK immigration system

Migrant care workers provide an important contribution to the provision of care for older and/or disabled people in many countries. Their share, composition, and roles are largely determined by the intersections of care, migration, and employment regimes (Williams, 2012) and intertwined with migrant agency (Christensen, Hussein, & Ismail, 2017).

Sectoral and low-wage visa programmes are recognised to be challenging from a policy design and implementation perspective, and in the case of social care this is further amplified by high levels of fragmentation and segmentation within the sector.

This paper maps and compares migration regimes in five countries (Canada, Australia, Taiwan, Japan, and Singapore) with diverse care and migration arrangements. Four aspects of legal status will be considered that have been highlighted as important in shaping the living and working conditions of migrant care workers (Cohen-Mansfield, Garms-Homolová, & Bentwich 2013). These include 1) opportunities and challenges of visa schemes allowing free access to the labour market for certain groups of migrants; 2) the availability of and conditions for temporary or sector-specific work visa programmes; 3) access to settlement and naturalisation in the host country, and 4) regularisation programmes for undocumented migrants/workers. The paper will review and discuss available evidence in relation to the impact and outcomes of these arrangements with a view to inform debate around potential UK post-Brexit immigration systems, in relation to the care sector.

**First author**
Salla Era

**Affiliation**
University of Jyväskylä

**Key words**
Disability, ageing, policy, discourse analysis, Finland

Disability and old age in the upcoming disability legislation reform in Finland

Relating to my doctoral dissertation, this paper focuses on the discussion around age restriction in the disability legislation reform in Finland. The main aim of the upcoming reform is to merge two existing Acts regarding persons with disabilities: the Disability Services Act (380/1987) and the Act on Intellectual Disabilities (519/1977). In addition, contents and coverage of the Act will be revised. As the population in general is ageing, also people with early-onset disabilities are living longer. A great number of people are acquiring disabilities later on in life as well. In the six largest cities in Finland, 61 % of persons receiving disability services were over 65 years old in 2018. In the revision process, it was debated whether older persons should be excluded from the disability services, either by setting a categorical age limit or excluding persons with age-related disabilities.

I will analyse the timeline from introducing the second draft bill (2017) to the government proposal (2018) that followed, focusing on the statements to a public call for comments in 2017. I will examine the given meanings of disability and old age, and how the distinction between them has been argued for and against. In my analysis, I utilise principles of interpretive policy analysis and discursive methods to scrutinise the arguments. In the final government proposal, no age restriction was included. However, this proposal lapsed during the last government, and the revision work will most likely continue by the next one.
Reforming the English social care system: lessons from Germany

Germany and England face common demographic and societal challenges but their approaches to social care funding and provision are different. Germany successfully introduced a universal long-term care insurance (LTCI) system in 1995 to replace its means-tested system, at a time of significant economic and political upheaval in the wake of reunification. In contrast, despite numerous proposals over 24 years, reform of the social care system in England remains elusive.

Based on a literature review and a series of interviews with key stakeholders, our research examined the German LTCI programme through the lens of the policy challenges that face us in England. The German experience demonstrates that it is possible to achieve wholesale radical policy reform to implement a new funding and eligibility system. While not without its challenges, Germany found workable solutions to achieve major goals: meeting needs widely across the population while containing costs; shifting financial burden off states and local authorities; and allowing individuals considerable flexibility and autonomy in choosing services. And yet in some respects Germany continues to grapple with similar challenges to England: long-term funding sustainability and workforce shortages.

In this session, we present elements of the German system that could either be incorporated into our thinking or that offer us cautionary tales. We will focus on how Germany approached issues of financing and sustainability, eligibility and benefits, workforce and informal care. We will reflect on how the principles of fairness, transparency, consistency, and clarity could be transferred to a reformed system in England.

Work, Elder Care and Employment Policies: A Comparison between Australia, England and Israel

The goal of the present paper is to explore to what degree are the workplace needs of working carers for old age relatives supported through employment rights. Drawing on findings showing that informal care burdens threaten to overload career and labor market participation, the current study compares the extent to which the needs of employees with caring responsibilities are supported in employment policy through employment rights in Australia, England and Israel. The study utilizes an intrinsic case study research design to compare and analyze the employment legislation in these countries. We focus on two types of support relevant to the reconciliation of work and the care of frail, elderly, sick, or disable old age family member – 1) the right and entitlement to employment, which may protect carers from dismissal or unfair treatment and enable them to vary their working arrangement to facilitate caring activities, and 2) the financial assistance available to carers while they give up, take leave from or reduce their hours of paid work. While there is much country specific research, there is less analysis of legislation and policy from an international perspective. The study provides retrospective policy analysis strategy of ex post analysis based on actual results, that is, mainly after policies have been implemented, rather than on forecasts. Consider that employment rights of carers who combine paid work with unpaid informal care for elderly relatives have become a critical global workforce issue, such comparisons can inform policy targeted to reconcile distress along the work-elder care axis.

At what cost? Estimating direct carer costs in an ageing society

Caring for people with disabilities or who are frail or ill involves costs, both direct and indirect. Direct costs include additional expenditure associated with providing unpaid support to people with disability, chronic illness and frailty. This paper presents the findings from a mixed methods study examining the direct costs of care to carers using Australia as a case study for broader international application. An analytic framework that distinguishes between disability and carer needs, and the associated costs generated meeting these needs, is applied to new qualitative interview data and existing quantitative data from the national Household Income and Labour Dynamics in Australia survey. In the framework, direct carer costs incorporate two components: (1) additional expenditure related to carer needs; and (2) disability costs paid for by the carer. An ethics of care lens overlays the analysis in recognition of the complex relational nature of care and the uneven apportioning of care costs across households and society.

The qualitative and empirical analyses identified direct costs of care as distinct from the direct costs of disability and that these costs can be considerable. The implications of the study’s findings are considered in view of the policies emphasizing fiscal constraint and the dilemmas posed by an ageing population and the negative long-term costs of providing care. The concept of ‘democratic caring’ is considered as a means to move towards fair and sustainable care in society and a more equitable redistribution of care and the associated costs across households, communities and the state.
## Abstracts

**First author**  
Minna Zechner

**Affiliation**  
University of Lapland

**Co-authors and affiliations**  
Fiona Morgan, University of Wolverhampton

**Key words**  
informal care, familialism, England, Finland

### Supported Familialism in England and in Finland

This paper considers the extent to which England and Finland provide support to older adults aged 65+ with social care needs and their informal carers. We analyse the care policies in the two selected states and scrutinise the existing categorisations of these states in relation to their care regime type and the extent to which their implemented policy tools and reforms are considered to promote defamilialisation, familialisation or even refamilialisation.

England and Finland are selected as the case studies under comparison because both countries are experiencing similar population ageing trajectories in relation to life expectancy and old age support ratios. Both countries have also emphasized ageing in place in their care policies for older. Both the Nordic and English welfare states are characterized by a system of benefits and services ensuring that the responsibility to care for older adults does not solely rest on families. The UK’s adult social care system has consistently been classified as means-tested and neo-liberal mixed-market care regime type. Finland was part of the Nordic care regime with one of the most advanced systems for safeguarding citizens’ rights to social care. However the marketisation of care, which has been actively promoted in Finland since the 1990’s, has shifted the Finnish care model further away from the Nordic one. The paper consists of a detailed analysis of Finland’s and England’s current care policies considering how informal carers are treated by state policies and the extent to which families are supported to, or expected to, provide care and support to older adults.
Main Hall

Theme 1: Inequalities in care: global, local and transnational dynamics in an age of migration

Session 1E: Transnationality, inter-generationality and technology

Chair:

First author: Onallia Esther Osei
Affiliation: Maastricht University
Co-authors and affiliations: Valentina Mazzucato and Karlijn Haagsman (Maastricht University)
Key words: transnational families, parent-child relationship, home visits, ICT, Ghana

Parental home visits: experiences and expectations of Ghanaian transnational youth

Maintaining a good parent-child relationship within transnational families can be challenging for parents and children alike. Current research on transnational families and ‘left-behind’ children questions the necessity of geographical proximity and shows how relationships are mediated through ICT communication. Other research has shown that some face-to-face communication is required for parent-child relationships to flourish across great distances and long periods of time. Through family visits in a host or home country, members of transnational nuclear families can stay connected and strengthen their relationships and hence improve their wellbeing. Yet most of this research is based on adult-centric experiences and views. This paper investigates how young people experience long-distance parental relationships and in specific the role of ICT communication and parental home visits therein.

This ethnographic study is based on twelve months of fieldwork with thirty-five youth living in three major cities in Ghana. Some of these youth received visits from their parents abroad. We find that no matter the state of a parent-child relationship, each participant expects some contact, including home visits, with their parents abroad. However, youth who had parents visiting them had diverse experiences, which could also be negative. On the other hand, home visits can also reinforce good parent-child relationships often when these were supported by ICT communication and remittances. The paper investigates what transpires on parental home visits, how this is perceived by young people and how this affects their feelings about their relationship with their parent.

First author: Obert Tawodzera
Affiliation: University of Sheffield
Co-authors and affiliations: Louise Ryan (UoS) Majella Kilkey (UoS) and Magda Lorinc (UoS)
Key words: Transnational Care, new technologies, family, ‘care crisis’, inequalities

Migrant care workers and new technologies: negotiating the interface between paid care work and unpaid transnational aged care.

The proportion of migrant care workers who provide personal care, practical and emotional support to older people in the UK has increased over the years (Cangiano and Shutes, 2010). This reflects a broader global trend in relying on migrant care workers to mitigate the aged ‘care crisis’ currently being experienced by most developed countries. While the importance of migrant care workers in mitigating the elderly ‘care crisis’ is well documented in the UK, less is known about how they reconcile paid work with their own unpaid, familial, transnational care, especially for older family members. An important aspect allowing migrants to be able to reconcile paid work with their own familial caring responsibilities overseas is the emergence of new technologies, broadly defined, that potentially makes it possible for families to remain connected despite physical distance (Baldassar et al., 2017). Nonetheless, research shows that there are complexities to the use of new technology for long distance mediated care (Ryan et al., 2015).

Using data from the ongoing the UK ESRC-funded Sustainable Care Project (2017-2021), we explore the use of new technologies for transnational aged care by migrant care workers and their overseas family members. We also examine the implications of these migrants’ engagement with new technologies has upon social relations as well as patterns of care in a transnational context. Our research contributes to debates about the changing normative ideas and expectations about transnational care, family relationships, use of new technologies and global inequalities in access to new technologies.
Abstracts

First author  Loretta Virginia Baldassar
Affiliation  The University of Western Australia
Co-authors and affiliations  Raelene Wilding, La Trobe University
Key words  older migrants; left-behind parents; digital citizenship; mobility rights; digital technologies

Digital Citizenship and Mobility Rights: care inequalities affecting older migrants and left-behind parents.

This paper reports on two key dimensions of care inequalities from the perspective of ageing migrants and left-behind parents and grandparents: digital citizenship and mobility rights. Elsewhere, I have argued that any discussion of caregiving and mobilities in contemporary family life leads directly to an analysis of the role of digital technologies in sustaining relationships across distance (Baldassar 2016, see also Wilding 2006). More recently, Merla, Kilkey and Baldassar (in press) argue that the current political context of restrictionist migration policies, characterized by immobility or highly conditional mobility, is dramatically affecting the contexts under which transnational families maintain their caregiving relationships. These two dimensions of care inequalities are particularly evident in the lives of older migrants and left-behind parents and grandparents, whose ability to care across distance is impacted by both uneven access and capacity to use digital technologies to engage in virtual forms of care, as well as limitations and restrictions on their capacity to move across borders to engage in proximate care. This double care jeopardy of digital and mobility exclusion for older adults is explored drawing on two research projects. Baldassar and Wilding’s notion of ‘digital kinning’ from their Ageing and New Media project highlights the challenges and inequalities in both proximate and distant care exchange for older migrants, especially those living in residential care facilities. While Hill, Hamilton, and ... Baldassar’s new collaboration examines the mobility restrictions impacting left-behind parents and grandparents under Australia’s new temporary migration and visitor schemes. Both groups of older adults experience similar challenges to their digital citizenship and mobility rights due to ageist policy rhetorics that view older adults as a social burden and economic drain and highlight the need for a transnational ethics of family care (Kilkey and Baldassar in press) to support the mobility and digital inclusion of older people to give and receive both proximate and virtual forms of care.

First author  Weronika Kloc-Nowak
Affiliation  Centre for Migration Research, University of Warsaw
Key words  grandparenting, emotional care, communication technology, intergenerational relations, geographic distance

Grandparenting in the age of mobility: maintaining ties with grandchildren across geographical distance and national borders

The paper will present the ongoing research on grandparenting norms and practices’ adaptation to spatial mobility. By looking at a wide age-range of grandparents with families affected by internal and/or international migration this research intends to contribute to bridging the gap between the literatures on transnational families and contemporary transformation of family practices.

The main source of data is a survey of grandparents living in Poland, where society combines strong intergenerational and family care obligations with intense outmigration. I will present the perspectives of the left-behind family members on the maintenance of ties with their grandchildren living in different locations. While there are many studies on the provision of personal childcare by grandparents hosting grandchildren or visiting them abroad, this research will also include emotional care and financial support from the grandparents to the grandchildren, as the types of care which may last into their adulthood. I intend to deepen the understanding of how geographic distance affects grandparenting and how this is mediated by inequalities due to age, socio-economic characteristics and ICT literacy of the members of the grandparental generation. Next, I search for a specific effect of having grandchildren resident abroad, beyond what can be attributed to the lack of geographic proximity of the members of different generations of the family. While international migration entails additional obstacles (legal and language barriers, time zones) it may also involve a higher propensity of family members to engage in virtual co-presence e.g. as a response to the emotional cost of emigration.
New hybrid models of housing and care as sustainable solutions?

Finland has seen a rapid growth of different senior housing models all of which also somehow address care needs of older people. The case study discussed here is quickly gaining popularity. It represents a senior apartment block with both owner-occupied and social housing apartments. In addition, a private care company provides home care, and runs a restaurant and a long-term care facility in the same building. The ‘hybrid’ senior block results from the collaboration between public, private and third sector. The senior block was designed to facilitate self-care and reciprocal neighborly help, which are expected to complement family or/and formal care. Common spaces, accessible environment, shared resources and a community coordinator contribute to this aim. New senior and multigenerational housing models are clearly part of the development where public sector is reducing its involvement in care provision, and individual people, families, volunteers, private and not-for-profit sector are expected to increase their involvement (cf. Fine 2007). While this housing model has the potential to increase wellbeing of the residents, and to be socially, economically and ecologically sustainable way to organize housing and care, evident risks are involved. They include eroding further publicly funded care services, and relying overly on community care and neighbor help. To promote equality, they need to available in different regions and for people with low-income. With these risks addressed, the ideas of the ‘hybrid’ model can be applicable in regions and countries where publicly led and funded housing and care arrangements cannot be a first solution.
Abstracts

Determinants of motivations to care and willingness to care in informal caregiving: a mixed-method systematic review

Informal caregiving constitutes the backbone of a society’s care supply. But why do caregivers start caring and continue doing so? What influences these decisions and processes? Motivations for adopting the caregiver role and continuing to provide care as well as willingness to provide care are crucial in understanding the extent to which caregiving experience influences caregiver and care recipient outcomes. Therefore, this systematic review examines the possible determinants of motivations to care and willingness to care in informal caregiving exploring the differences or similarities between the influence of different factors on caregiver motives and willingness to care.

A systematic search using six electronic databases and a wide range of additional sources (a grey and unpublished literature) of 7450 records screened overall was conducted to identify all the available evidence generated before 2019, therefore enabling the reviewers to appraise and synthesize the research of both quantitative, qualitative and review studies on the subject.

Diverse determinants of motivations to care and willingness to care are presented and discussed, including the impact of personal, social, ethnic and cultural factors and their implications for the continuation of the caregiver’s role.

Carers and The Care Act: An evaluation of the impact of legislation on local authority support

The Care Act 2014 addressed a long-standing imbalance between carers and care users in terms of access to local authority support. This development, alongside a more carer-focused assessment process, was expected have a substantial positive impact on the volume, consistency and quality of support provided to carers. We used a combination of area-level and individual-level data to investigate the extent to which the ambitions of the Act have been realised. Analyses of national trends in carer support were complemented with regression-based methods to explore patterns of support controlling for differing levels of need. Contrary to expectations, our analyses suggest a decline both in the level of carer support provided and in the perceived quality of care received since the implementation of the Act. We discuss possible reasons for these findings in the context of broader social care trends as well as the capacity of local authority return data to comprehensively reflect the level of support provided.
Abstracts

**Comparing oldest-old widows living with and without ageing offspring with LD: Housing pathways in old age**

Gerontology, housing or care research and long-term care policies rarely pay attention to older parents/mothers who still live with their ageing sons/daughters with learning disabilities (LD), in particular to very old widowed mother carers. This paper aims to explore the plans concerning ageing in place vs. moving in old age among oldest-old and widowed mothers (age 80+) of son/daughter with LD and to compare these perspectives to those of oldest-old widows having no disabled child. Housing Pathways (Clapham, 2002, 2010) was employed as research framework for data collection and analysis. This study is based on a larger sample of 102 older people (age 65+) who participated in a qualitative study/in-depth interview; 60 of them were older parents cohabiting with their ageing son/daughter with LD and 42 were older people whose children do not have a disability. Among 60 older parents, 17 were oldest-old (aged 80-95) widowed mothers; among 42 general older people without a disabled child, 7 were oldest-old widows (aged 82-87). We found that both groups obtained strong personal control to make choices whether to age in place or move, exercised their agency to cope with the sense of housing ownership, had positive identity in the housing and community where they lived, and had strong social support from their children. Their choices were influenced by general gender roles/culture of the society in their age group. The mother carers worried about future care of their ageing son/daughter with LD while, on the other hand, for some of them, the disabled son/daughter had become their support resource and companion. Some of the oldest-old widows without a child with disability, instead, received support from a live-in migrant care worker and some lived alone.

**Care workers and family carers: Constructing the evidence of challenges to sustainability of the care labour force**

The importance of providing timely, responsive and person-centred care to frail older persons is a key theme in contemporary discourses about the challenges of population ageing. Yet there is a widening ‘care gap’, in which fiscal and human resources are seen as inadequate to meet rising care needs. In this presentation we turn to the human-resource element of the care gap: family carers and care workers. We argue that in the relentless search for more care capacity, we risk further eroding the already fragile resources of carers.

In this presentation, we review extant research on consequences of care to family carers and to care workers. We find ample evidence of poor working conditions of care workers including long hours, low wages, lack of benefits, tenuous job security. Relational issues of disrespect and discrimination are pervasive across work settings. The work of family carers is similar but largely unpaid and invisible. There is growing evidence of negative impact on their social connections, financial status and health. Based on these findings, we propose a set of criteria for decent work and for enhancing relevant relationships, setting these within a discussion of wellbeing of those who provide care.
The experiences of carers managing personal budgets for adults with intellectual and developmental disabilities in England

Introduction
There is a growing number of people with intellectual disabilities who access personal budgets in the form of direct payments in England. Although, they are often involved in decisions about their support, personal budgets are usually managed by someone else, typically a parent. This study examines the experiences of carers who manage personal budgets for adults with intellectual disabilities or autism with a particular focus on the challenges of securing suitable support and implications for their own wellbeing.

Methods
A descriptive phenomenological approach was adopted to investigate the experiences of carers, using semi-structured interviews (n=13) and thematic analysis.

Results
Our analysis identified five main themes. The first theme, the hopes for personal budgets, relates to why carers decide to take up a personal budget in the first place and what the initial expectations were. The second theme, restricted choice, highlights the difficulties in securing adequate support and services in the context of what are often described as ‘complex needs’. The third and fourth themes relate to the tasks involved in managing a personal budget and the challenges associated with the dual role of the carer as a parent and a ‘professional’. The fifth and final theme, mixed emotions, describes the impact on the subjective wellbeing of carers.

Implications
Barriers faced by families are discussed alongside potential facilitators of managing direct payments. Implications for policy and practice are also highlighted.
Reception Room

Theme 5: Sustainable care at home: understanding the ‘care mix’

Session 5D: Informal carers within the care mix

Chair:

First author Petra Ulmanen
Affiliation Stockholm University, Department of Social Work

Key words ageing in place policy, care fragmentation, informal care, managerial care, costs of caring

Realization of ageing in place policy in Swedish eldercare: consequences for family members as informal carers

In the 1950s, ‘ageing in place’ was a radical new idea in Swedish eldercare policy. The expansion of publicly financed home care services enabled older persons to go on living at home, even though they had extensive care needs and could not afford private help, without becoming totally dependent on their family members. However, since the 1980s, eldercare services have declined, and informal care has increased, primarily among daughters of older persons with lower levels of education.

Today’s ageing in place policy is driven by cost containment, resulting in de-institutionalisation. Because of reductions in hospital and residential care beds, more older persons with extensive health and social care needs are cared for at home. As the care system is complex and service provision is fragmented, the need for family members to provide managerial care in particular increases (i.e. handling contacts with care services, including getting access to and coordinate services).

Based on a longitudinal interview study with 50 family members of older persons with extensive health and social care needs, the paper aims to answer the following questions:

1. How do these family members perceive the ability of care services to meet their parent’s/partner’s needs?
2. How do they perceive providing managerial care?
3. How do these phenomena affect their lives?

Conclusion: The realization of ageing in place policy in Swedish eldercare has high costs, regarding the well-being of frail older persons, as well as the well-being and labour force participation of middle-aged women, which also threaten financing of services.

First author Ricardo Rodrigues
Affiliation European Centre for Social Welfare Policy and Research

Co-authors and affiliations Masa Filipovic (University of Ljubljana), Valentina Hlebec (University of Ljubljana), Selma Kadi (European Centre for Social Welfare Policy and Research), Lejla Perviz (University of Ljubljana), Miriam Cerar (University of Ljubljana)

Key words Inequalities, Care-mix, Qualitative Methods, Comparative

Family, gender, class and welfare state: care-mix decisions within user-family carer dyads of different socio-economic background

When considering the distribution of care tasks between formal and informal carers, empirical studies have identified a number of factors impacting this care mix at the individual level. Very seldom however, do studies consider the choice of care-mix as the result of a joint negotiation within families.

This study aims to fill this gap by shedding light on the factors impacting the choice of care mix within a heterogeneous group of families. To this end, it uses qualitative data collected through semi-structured interviews with dyads (older users of home care using formal and informal care and their adult children providing informal care) carried out in Austria and Slovenia in 2019. The sample includes a total of 75 dyads (150 interviews), purposely selected to reflect diversity of sex and social class.

Employing framework analysis, this study provides an in-depth investigation of the decision making process leading to the choice of provider. It focuses on the possible role of financial factors (e.g. bequest, in-vivo transfers and gift exchanges), social norms (e.g. regarding filial care, reciprocity, kin independence and gender roles) and individual preferences (e.g. regarding certain types of care). Data is analysed both with an intra and intercountry focus. Within each country, it compares decisions along gender and social class lines. Between countries, it explores the impact of each country’s ‘care culture’ and public policies, the latter analysed through the lens of different degrees of familialism (supported vs familialism by default).
Abstracts

Determinants and consequences of the ‘care-mix’ in England: the informal carer’s perspective

Increasing need for long-term care – coupled with changes in the provision of care, and fiscal austerity in many countries – has resulted in a substantial and increasing proportion of disabled and older people in England not having their support needs met, with a marked pattern of inequality of access. Lack of formal care services is a major contributor and unmet need for care is seen even when unpaid care is received. There are inequities in unmet need for services related to health condition, ethnicity, age, income, area deprivation, and funding source, and consequent impacts on quality of life. In many cases, the person with unmet needs for services is helped by an unpaid/informal carer, but to varying extent. Provision of care can impact negatively on carer’s employment, physical or mental health, wellbeing and social participation. This is particular so for co-resident carers who tend to experience the greatest impacts of caring. Our mixed-methods research aims to explore the extent, variation, reasons and consequences of unmet need among informal carers for services and other support and investigate the factors that might mitigate or exacerbate these consequences. We report preliminary findings on the first phase of this research: the extent, variation, and determinants of unmet need for services among people with co-resident carers. This phase uses analysis of several waves of the UK Household Longitudinal Study (UKHLS), a large nationally-representative longitudinal household dataset to answer these questions.

First author
Nicola Brimblecombe
Affiliation
London School of Economics and Political Science (LSE)
Co-authors and affiliations
Javiera Cartagena-Farias, LSE; Cassandra Lovelock, LSE; Martin Knapp, LSE; Safina Mistry, LSE
Key words
Unmet need; inequalities; care mix; informal carer; consequences

Professional familial care? Division of Labour and Supervision in Live-in-Care

In Austria, as in many Western European countries, migrant 24-h-care emerged over the last decade as one solution to the care gap. Legalised by the Home Care Act in 2007, organised as a profession, pushed by cash-for-care-policies, and embedded in the familialistic ideal of the home care society, migrant live-in-care has become an important part of the Austrian elder care system. Tasks of the care workers, who are typically women from Central and Eastern European countries without formal training in nursing or care, range between housework, assistance for everyday life, and medical care. Brokering agencies advertise live-in-care as a quasi-familial, yet at the same time professional form of care. They promise relatives of care receivers to be relieved of their care responsibilities and care workers to be supported in bureaucratic, psychosocial, and nursing-professional aspects. The paper asks about the division of labour between agencies, relatives, and care workers regarding the organisation and supervision of the arrangement. Which tasks are taken over by whom and who is responsible for what? From whom is supervision demanded, exercised, or rejected and with which arguments? What role does professional quality assurance play? To answer these questions, our paper draws on over 30 interviews with care workers and receivers, their relatives, representatives of brokering agencies and domestic nursing care services. It puts them in relation to a comprehensive policy and regime analysis and shows how the interplay of different actors and types of care tasks shapes the meaning of decent care work.

First author
Michael Leibflinger
Affiliation
Johannes Kepler University Linz
Co-authors and affiliations
Veronika Prieler, Johannes Kepler University Linz
Key words
live-in-care, migrant care work, home care, care supervision, home care tasks
Care: challenges and solutions for a sustainable future

Vanessa Pritchard-Wilkes
University of Sheffield
Housing 21
policies, care services industry, care labor markets, migration, innovation

Cate Goodlad, Karla Zimpel-Leal, Diane Burns, University of Sheffield
Social Care Investment Outstanding Commissioners

Virginia Tech (Virginia Polytechnic Institute and State University
Kris Peach, Housing 21
Deborah Milly
Kate Hamblin
Innovation, home care, private market

Policies, Markets for Care Workers, and Entrepreneurial Innovation: Implications of the Japanese Case

What is the relationship among government policies, markets for caring, markets for migrants, and entrepreneurial innovations to meet increased needs for caring? Drawing mainly on Japan’s recent challenges in securing a care workforce and adopting care-work migration, the paper addresses how care-industry entrepreneurs have sought to work within the policy system to meet the country’s escalating care needs. The paper contends that it is important to recognize that government policies—both for formal eldercare institutions and for migration—do not dictate but interact with market behaviors of care-providing services, entrepreneurs in a wide range of care-related industries, and potential employees. In short, policies become structuring mechanisms that drive an entrepreneurial private sector to develop alternatives preferable to those envisioned or provided directly by government. The “market” in this case demands both a large number of workers and workers with a desired skill set; moreover, employers want a labor force that can be retained. But employers also face limitations on improving wage conditions due to the public insurance system. The paper exposes the strategies of residential care facilities, training schools, recruitment agencies, and local governments that seek to maneuver within and stretch government policies. The paper uses the case as a starting point for developing a framework for cross-national comparison.

Care: challenges and solutions for a sustainable future

First author: Vanessa Pritchard-Wilkes
Affiliation: University of Sheffield
Co-authors and affiliations: Cate Goodlad, Karla Zimpel-Leal, Diane Burns, University of Sheffield
Key words: Innovation, home care, private market

Drivers and Barriers to Innovation in Home Care: Stakeholder Perspectives

Social care – and home care specifically – have been described as being ‘in crisis’ in the UK due to a combination of factors including: reduced public expenditure in a period of austerity, an ageing population and difficulties in recruiting and retaining care workers. These challenges have been met with increasing calls for innovation in the sector as a means of creating sustainable improvements in care quality and supply. At the same time, marketisation has increasingly been a feature of home care in the UK since the 1990 Community Care Act which changed the role of local authorities from providers to purchasers of care. More recently guidance documents (Department of Health and Social Care, 2017) have coupled local authorities’ duties around ‘market shaping’ and ‘encouraging’ and ‘incentivising’ innovation. Our presentation will explore the drivers and barriers to innovation in home care within the context of the sector’s marketisation, utilising data from a narrative review of the grey and academic literature and key stakeholder interviews (n= 14), comprising representatives from third and private sector organisations operating in the field of social care, including the provision of services, research and funding; regulatory bodies and professional associations of care providers and care workers; and local authorities and clinical commissioning groups. Our findings indicate that innovation in the sector is often bottom-up and driven by necessity but is met with barriers in the form of risk-averse commissioning and limited resources.

First author: Kate Hamblin
Affiliation: University of Sheffield
Co-authors and affiliations: Cate Goodlad, Karla Zimpel-Leal, Diane Burns, University of Sheffield
Key words: Innovation, home care, private market

Investing to deliver high quality care

In striving to provide the best possible housing and care for its residents, Housing 21 set out to ensure our care staff felt valued and proud to work for H21, and subsequently ensure our residents could expect to receive an ‘Outstanding’ service, as graded by the CQC.

To achieve this, the historic high worker turnover in the care sector needed addressing. Feedback from care workers cited low pay and a lack of management support as contributing factors. To move from this to the quality proposition which was needed to obtain Outstanding, investment was required in both management and care staff.

Against a backdrop of local authority funding cuts to adult social care, it was unlikely that asking commissioners for an increased hourly rate for care staff would be successful, they needed to be convinced that the investment would result in a better quality service. So, Housing 21 took the decision to invest in its care workforce by increasing pay to 10% more than the National Living Wage.

Alongside this, investment was made in management. The senior worker role, which sat only slightly above the care worker role, was removed and a new higher level of management introduced. The Assistant Care Manager role introduced the benefits of more senior support as well as increased management support as contributing factors. To move from this to the quality proposition which was needed to obtain Outstanding, investment was required in both management and care staff.

This investment has resulted in positive outcomes including very high satisfaction results, turnover of staff reducing to a sector leading 20% and five Extra Care services gaining CQC ‘Outstanding’ status.

First author: Deborah Milly
Affiliation: Housing 21
Co-authors and affiliations: Kris Peach, Housing 21
Key words: Social Care Investment Outstanding Commissioners

Session 4D: Provider innovation
Chair:...