## WEEK ONE

### Monday 12th April

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<th>Time</th>
<th>Event</th>
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<tr>
<td>09.00-10.30</td>
<td><strong>KEYNOTE</strong> Professor Loretta Baldassar&lt;br&gt;Emotional Geographies of Transnational Family Care: from social death to digital kinning and homemaking over a century of Australian migration</td>
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<tr>
<td>15.00-16.30</td>
<td><strong>Examining Carer-Friendly Workplace Solutions for a Sustainable Future</strong>&lt;br&gt;Dr. Allison Williams, McMaster University, Chair:&lt;br&gt;Professor Linda Duxbury, Sprott School of Business, Carleton University&lt;br&gt;Nadine Henningson, Canadian Home Care Association &amp; Carers Canada, Toronto, Ontario, Canada&lt;br&gt;Regina Ding, PhD Student, McMaster University&lt;br&gt;Sophie Geffros, PhD Student, McMaster University&lt;br&gt;Andrea Rishworth, Post-doctoral Fellow, McMaster University</td>
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### Tuesday 13th April

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

1A: Transnationality and care in contexts of ageing<br>1B: Migration, policies and separated families<br>1C: Migration and care work

### Wednesday 14th April

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

1D: Ageing Migrants in place<br>1E: Transnationality, inter-generationality and technology<br><strong>Theme 7: Care workforce wellbeing</strong><br>7A: Care workforce wellbeing

### Thursday 15th April

**Theme 8: Open Theme**

8A<br>8B

### Friday 16th April

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<th>Time</th>
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<td>09.00-10.30</td>
<td><strong>Q&amp;A session: the week</strong></td>
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<tr>
<td>11.00-11.45</td>
<td><strong>IJCC meet the editors</strong>&lt;br&gt;Join Michael Fine and Yueh-Ching Chou, Editors of the International Journal of Care and Caring (IJCC), to find out more about the journal, upcoming special issues, the Debates and Issues section and how to submit your article. Bring your questions.</td>
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<tr>
<td>13.00-14.00</td>
<td><strong>Join the Debate: Care workforce</strong>&lt;br&gt;A live session discussing Care workforce - details soon!</td>
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<td>09.00-10.00</td>
<td><strong>Join the Debate: Care across borders</strong></td>
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<td>A live session discussing Care across borders- details soon!</td>
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<td>13.15-14.45</td>
<td><strong>Policy Panel</strong> Chair: Jon Glasby, University of Birmingham</td>
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<td>Helen Walker, Carers UK</td>
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<td>Karolina Gerlich, The Care Workers Charity</td>
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<td>Simon Bottery, King’s Fund</td>
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<td>Stecy Yghemonos, Eurocarers</td>
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<td>Luke Clements, University of Leeds</td>
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<td>15.00-16.30</td>
<td><strong>KEYNOTE</strong> Professor Joan Tronto</td>
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<td>Caring Democracy</td>
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<td><strong>Tuesday 20th April</strong></td>
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<td><strong>Theme 2: Work, care and wellbeing: new solutions, ongoing challenges</strong></td>
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<td>2A: Government, cross-sectoral and workplace policies and supports</td>
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<td>2B: Fresh approaches: Enablers and solutions to balancing work and care</td>
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<td>2C: Work-care reconciliation: Inequalities and impacts on health, well-being and labour force participation</td>
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<td>2D: Retaining talent: Workplace challenges</td>
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<td><strong>Wednesday 21st April</strong></td>
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<td><strong>Theme 6: Caring relations: toward sustainable arrangements with wellbeing outcomes</strong></td>
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<td>6A: Concepts and caring democracy</td>
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<td>6B: Care worker wellbeing</td>
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<td><strong>Thursday 22nd April</strong></td>
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<td><strong>Theme 6: Caring relations: toward sustainable arrangements with wellbeing outcomes</strong></td>
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<td>6C: Concepts and caring democracy</td>
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<td>6D: Caring, Society and Policy</td>
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<td><strong>Friday 23rd April</strong></td>
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<td>09.00-10.30</td>
<td><strong>Q&amp;A session: the week</strong></td>
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<tr>
<td>10.45-11.45</td>
<td><strong>Join the Debate: Balancing work and care</strong></td>
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<td>A live session discussing Balancing work and care- details soon!</td>
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### WEEK THREE

**Monday 26th April**

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<tr>
<td>09.00-10.30</td>
<td><strong>Wellbeing panel</strong>&lt;br&gt;Details TBC</td>
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| 10.45-12.15 | **Panel** Chair: Jill Manthorpe, King’s College London  
Martin Green (Care England) on ‘the power of collaboration’  
Rob Anderson (Chair, SCP Advisory Board) on ‘the power of good evidence’  
Alyson Scurfield (TSA) on ‘the power of technology’  
Madeleine Starr (Carers UK) on ‘the power of (carers’) voice’ |
| 13.15-14.15 | **Join the Debate: Sustainable care**  
A live session discussing Sustainable care - details soon! |

**Tuesday 27th April**

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<th>Time</th>
<th>Event</th>
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| 09.00-10.30 | **Theme 5: Sustainable care at home: understanding the ‘care mix’**  
SA: Care mix and ageing in place  
SB: The evolving nature of the formal care workforce  
SC: The role of policy and systems in shaping the care mix  
SD: Informal carers within the care mix |

**Wednesday 28th April**

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<th>Time</th>
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| 09.00-10.30 | **Theme 3: Technology in care: opportunities and obstacles in place-based care contexts**  
3A: Technological design and entanglements for people ageing in place  
3B: Technology advice and information to support care  
3C: Digitising social policy and its implications  
3D: Evaluating technologies to support care systems and outcomes |

**Thursday 29th April**

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| 09.00-10.30 | **Theme 4: Care markets: how and for whom do they work?**  
4A: Equity and inclusion  
4B: The paid and unpaid care workforce  
4C: The design and operation of care markets and provider innovation |

**Friday 30th April**

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<td>13.15-14.45</td>
<td><strong>Q&amp;A session: the week</strong></td>
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| 15.00-16.30 | **Closing panel** Chair: Sue Yeandle, University of Sheffield  
Judith Phillips: ‘Sustainable care: a reflection’  
TBC: ‘Sustainable care: a warning’  
Karla Zimpel-Leal: ‘Sustainable care: a vision’ |
Monday 12th April

09.00-10.30

**KEYNOTE** Professor Loretta Baldassar

**Emotional Geographies of Transnational Family Care: from social death to digital kinning and homemaking over a century of Australian migration**

This paper begins with an overview of transnational migration and family studies. I compare and contrast the forms of caregiving, kin work, and co-presence experienced by different cohorts and generations over the past 150 years of Australian migration history. The second half of the paper explores new developments in care and social uses of new technologies. Drawing on the methodological and conceptual frameworks in development in two current collaborative ARC projects: Ageing and New Media and Youth Mobilities, I examine the way today’s polymedia environments have created the conditions for synchronous, continuous, multisensory co-presence across distance that challenge the normative and ontological privileging of proximity in care and kinship relationships. Such conditions require us to consider the importance of human relations to the material world, of both technologies and nonhuman actants, and their role in mediating care exchange. Raelene Wilding and I propose the notions of ‘digital kinning’ and ‘digital homemaking’ as ways to theorise the resultant human-technology interactions, and to explore how the rapidly changing polymedia environment is transforming how we communicate, imagine ourselves, and organise our everyday lives, including across distance. The concept of kinning (Howell 2013) highlights the processes of becoming kin, not on the basis of biological ties, but on the basis of what is done, performed and exchanged. For older people in particular, these digital kinning practices often require facilitation by others, emphasising their social relational, intergenerational and performative character. It is in the creative and diverse practices at the intersections of mobilities and materialities that we see how technologies can transform the experience of caring, in and across place.

15.00-16.30

**Examining Carer-Friendly Workplace Solutions for a Sustainable Future**

This panel will examine the work being done in Canada and internationally, regarding the mobilization of a range of carer-friendly workplace solutions for carer-workers. Primarily focusing on the interdisciplinary research projects being conducted via a partnership grant between a wide range of academic institutions and more than thirty partners, this panel will discuss the various ways that workplaces have responded to various solutions to support carer-workers, including during the COVID-19 pandemic.

Dr. Allison Williams, McMaster University, Chair:
Professor Linda Duxbury, Sprott School of Business, Carleton University
Nadine Henningson, Canadian Home Care Association & Carers Canada, Toronto, Ontario, Canada
Regina Ding, PhD Student, McMaster University
Sophie Geffros, PhD Student, McMaster University
Andrea Rishworth, Post-doctoral Fellow, McMaster University

Release date: Tuesday 13th April

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

Session 1A: Transnationality and care in contexts of ageing

Chair: Majella Kilkey
Discussant: Magda Lörinc

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<tr>
<th>Name</th>
<th>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</th>
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<tbody>
<tr>
<td>Affiliation</td>
<td>University of Oxford</td>
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<tr>
<td>Other authors and affiliations</td>
<td>Kiara Assaraf, University of Westminster</td>
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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 for migrants to overcome inequalities in receiving and giving care in times of austerity and anti-immigrant measures.

Dora Sampaio
Caring by silence: How (un)documented Brazilian migrants enact silence as a care practice for ageing parents
Affiliation: Max Planck Institute for the Study of Religious and Ethnic Diversity

While existing work on transnational aging and care has largely focused on the substance of transnational communication and what is being said, this article examines what is being ‘silenced’ during transnational exchange. I argue that to better understand aging and intergenerational caregiving we need to pay careful attention to what is not being said during transnational contacts, suggesting that silence and ‘communication voids’ are often formulated and enacted as a care practice. Drawing on ethnographic research with Brazilian migrants in the United States whose aging parents live in Brazil, I illustrate how migrants curate their lives abroad and sieve their lived experiences as an act of care for their aging parents back home. In so doing, I reveal the significance of faith as a coping strategy in the process of silencing and concealing emotions and as a means to fight loneliness, cope with adversity, and protect family exchanges.

Basak Bilecen
Simultaneous carework across borders: Kyrgyz migrant women caring for the elderly in Turkey and their families back at home
Affiliation: University of Groningen

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.

Session 1B: Migration, policies and separated families
Chair: Kelly Hall
Discussant: Reiko Ogawa

Matt Withers
Development without care? Familial separation and care depletion within Australia’s Pacific Labour Scheme
Affiliation: Macquarie University
Others authors and affiliations: Elizabeth Hill; University of Sydney
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.

Li-Fang Liang

Doing transnational caregiving: Indonesian migrant live-in care workers and their left/stay behind aged parents

Affiliation: Department of Sociology, National Dong-Hwa University

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 working 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.

Majella Kilkey

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

Affiliation: University of Sheffield
Others authors and affiliations: Loretta Baldassar, University of Western Australia

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’.

Tanja Ahlin

**Gendered inequalities in care: the case of Indian nurses**

Affiliation: University of Amsterdam

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.

Kelly Hall

**Ageing in Spain: Transnational Family Care for Older British Migrants**

Affiliation: University of Birmingham

Spain continues to be the most popular retirement destination for British and other Northern European citizens. Most retired migrants move post-retirement when they are healthy and mobile, leaving behind their family in the UK. This paper explores what happens when older British migrants in Spain age and they require additional care and support, focusing on care strategies enacted within families. The paper draws on interviews with 35 older British migrants living in the Spanish Costa del Sol to highlight the complexity that migration can bring to care giving and receiving. Retired migrants were found to engage in three distinct transnational care strategies. First, ‘transnational care giving’ by children in the UK to their elderly parents in Spain; second, ‘joiners’ which involves elderly parents moving to Spain to receive care from their children already living there; and third, ‘returners’ where older migrants return to the UK in later life to receive care from their children. The findings highlight the importance of proximity in old age care and the difficulties of both providing and receiving care over national borders.

Session 1C: Migration and care work

Chair: Agnes Turnpenny
Discussant: Li-Fang Liang

Hildegard Theobald

**The involvement of migrants in home care settings in Germany: Dynamics of inequalities**

Affiliation: University of Vechta

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 at home - professional home 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 expansion of care work in the distinct home care settings resulted in an increasing employment of migrant carers followed by the development of new patterns of inequalities. In the focus of the paper is the analysis of the involvement of migrant carers, the emerging patterns of inequalities within and between the distinct home care settings based on
migration status and skill level against the background of an interaction of long-term care-, professionalization-, employment and migration policies.

Theoretically, the paper draws, first, on concepts and approaches developed within international comparative welfare research for the analysis of the institutional frameworks of policy designs and their inequality-related effects. This is combined, second, with conceptual approaches created within the research strand intersectionality. Empirically, it is based on representative statistics and different representative inquiries as well as qualitative research findings to enable an integrated analysis of the developments within and between the three home care settings.

### Shereen Hussein

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

**Affiliation:** London School of Hygiene and Tropical Medicine

Other authors and affiliations: Agnes Turnpenny, PSSRU, University of Kent

**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.

### Reiko Ogawa

**Deregulation of migration regime and migrant care workers in Japan**

**Affiliation:** Chiba University

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 chronic 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.

**Release date:** Wednesday 14th April

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

**Session 1D: Ageing Migrants in place**
| Chair: Shereen Hussein  
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<th>Discussant: Basak Bilecen</th>
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| **Melisa Yazdanpanahi**  
| **Caring relations and negotiation of independence within context of migration: The case of the Turkish community in London**  
| Affiliation: PhD student, Heriot-Watt University, The Urban Institute, Edinburgh, UK  
| Other authors and affiliations: Ryan Woolrych, Associate Professor, Heriot-Watt University, The Urban Institute, Edinburgh, UK |
| 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. |
| **Rejoice Mazvirevesa Chipuriro**  
| **Politics of gender, mobility and inequalities in care. Experiences of retired Zimbabwean nurses in the diaspora**  
| Affiliation: University of Johannesburg |
| 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**  
| **Analysing ageing in and out of place: The narratives of three migrant groups in London and South Yorkshire**  
| Affiliation: London Metropolitan University  
| Other authors and affiliations: Majella Kilkey, Magdolina Lőrinc and Obert Tawodzera; University of Sheffield |
| 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’.

Session 1E: Transnationality, inter-generationality and technology

Chair: Magdolna Lőrinc
Discussant: Majella Kilkey

Onallia Esther Osei

**Sustaining Ghanaian transnational parent–child relationships through WhatsApp: a youth-centric perspective**

Affiliation: Maastricht University
Other authors and affiliations: Valentina Mazzucato and Karlijn Haagsman, Maastricht University

Current research on transnational families considers information communication technologies (ICTs or new media) central to sustaining familial ties but it also highlights that abilities to stay connected are not the same for all members of transnational families. Previous studies have focused mainly on how migrant parents communicate with their children at origin, and hence adopt an adult-centric lens. Yet, youth take an active part in these exchanges. Moreover, studies have focused mostly on ‘old’ ICTs such as phone calls, and most recently, Facebook and Skype. As ICTs continually change, we also need to look at new technologies that enable long-distance sociability, giving young people more room for manoeuvre. We address these gaps by investigating how young people who live in Ghana employ WhatsApp for sociability with their migrant parents. We show that youth are agentic herein and devise various strategies to experience a sense of being together across geographical distance.

Obert Tawodzera

**Zimbabwean transnational families and new technologies: negotiating the interface between paid care work and unpaid transnational aged care**

Affiliation: University of Sheffield
Other authors and affiliations: Louise Ryan (London Metropolitan University) Majella Kilkey (UoS) and Magda Lőrinc (UoS)

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.
<table>
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<tr>
<th><strong>Loretta Baldassar</strong></th>
<th><strong>Digital citizenship and mobility rights: Care inequalities affecting older migrants and left-behind parents</strong></th>
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<tr>
<td>Affiliation: The University of Western Australia</td>
<td>Other authors and affiliations: Raelene Wilding, La Trobe University</td>
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<td>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.</td>
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<tr>
<th><strong>Weronika Kloc-Nowak</strong></th>
<th><strong>Polish grandparents in the age of mobility: maintaining ties with grandchildren across geographical distance and national borders</strong></th>
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<tr>
<td>Affiliation: Centre of Migration Research, University of Warsaw</td>
<td>Others authors and affiliations: Sylwia Timoszuk, Warsaw School of Economics; Martin P. Piotrowski, University of Oklahoma</td>
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<td>The paper presents the results of a research project (2019-2021) on grandparenting attitudes 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 bridges the gap between the literatures on transnational families and contemporary transformation of family practices. While there are many studies on the provision of personal childcare by grandparents hosting grandchildren or visiting them abroad, this research includes also emotional care between the grandparents and the grandchildren, as the type of care which may last into their adulthood. The main source of data is a survey (January 2020, N=1000) of grandparents living in Poland, where society combines strong intergenerational and family care obligations with intense outmigration. The survey data allow us to better understand how geographic distance affects grandparenting practices and how this is mediated by inequalities due to age, health, socio-economic characteristics and ICT literacy of the members of the grandparental generation. The analysis covers both in-person meetings, often tied to personal care provision, and remote communication frequency. Relative grandchildren location (living at larger distance or abroad) affects in-person contact but only for more frequent contact patterns, it does not increase the risk of having none in-person contact. Remote conversations once per week are the most popular pattern with both local and distant grandchildren, but not the ones abroad. Living in a large city and using ICT in everyday life reduces the probability of no contact with grandchildren (both in-person and remote).</td>
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**Theme 7: Care workforce wellbeing**

**Chair:** Karla Zimpel-Leal  
**Discussant:** Amy Horton

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<th><strong>Karolina Gerlich</strong></th>
<th><strong>Well-being of care workers in the UK</strong></th>
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<tr>
<td>Affiliation: The Care Workers’ Charity</td>
<td>Other authors and affiliations: Louie Werth</td>
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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 year 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.

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<tr>
<th>Lina Van Aerschot</th>
<th>Psycho-physiological burden, lack of support and unwanted tasks: What makes Nordic care workers in old age care to consider leaving their work</th>
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<tr>
<td>Affiliation: University of Jyväskylä</td>
<td>Other authors and affiliations: Jiby Mathew Puthenparambil, University of Jyväskylä, Antero Olakivi, University of Helsinki &amp; Teppo Kröger, University of Jyväskylä</td>
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<td>The 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. And, not only recruiting but also holding onto personnel is an urgent challenge. In this paper, examine factors explaining care workers’ intentions to leave their current work in old age care. We use the Nordcare survey data collected in 2015 among practical nurses working in home care or institutional settings in four Nordic countries, Denmark, Finland, Norway and Sweden. 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 job during the last year varied between one third in Norway to almost half of care workers in Sweden. The differences in factors related to intentions to leave were surprisingly small between the four countries. The strongest predictor was work-related burden, i.e. feeling physically tired, having back pain and feeling mentally exhausted after a working day and having difficulties to sleep. Also, not getting support from immediate superior and not finding work tasks interesting or meaningful predicted intentions to leave. Care workers working in the private sector were more likely to have intentions to leave than their colleagues in the public sector. Younger age and longer professional education were also related to quitting intentions.</td>
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<th>John Woolham</th>
<th>The employment conditions of social care personal assistants in the UK</th>
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<tr>
<td>Affiliation: KCL</td>
<td>Co-authors and affiliations: Caroline Norrie, KCL, Kritika Samsi, KCL &amp; Jill Manthorpe, KCL</td>
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<td>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-</td>
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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.

Release date: Thursday 15th April

Theme 8 Open theme

Session 8A:

Chair and discussant: Agnes Turnpenny

Mandy Cook

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

Affiliation: Forest Research

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.

Yueh-Ching Chou

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

Affiliation: National Yang-Ming University, Taipei, Taiwan
Other authors and affiliations: Teppo Kröger, University of Jyväskylä, Jyväskylä, Finland

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.
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<th>Name</th>
<th>Title</th>
<th>Affiliation</th>
<th>Co-authors and affiliations</th>
<th>Details</th>
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<tr>
<td>Ajda Svetelšek</td>
<td>In-group Social Learning Method and its use for Informal Carers Training</td>
<td>Anton Trstenjak Institute of Gerontology and Intergenerational Relations</td>
<td>Ana Ramovš &amp; Jože Ramovš, Anton Trstenjak Institute of Gerontology and Intergenerational Relations</td>
<td>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.</td>
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<td>Laura Schlepper</td>
<td>Reforming the English social care system: Lessons from Germany</td>
<td>Nuffield Trust</td>
<td>Natasha Curry &amp; Nina Hemmings, Nuffield Trust</td>
<td>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.</td>
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<td>Cathy Thomson</td>
<td>At what cost? Estimating direct carer costs in an ageing society in Australia</td>
<td>Social Policy Research Centre, UNSW Sydney</td>
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<td>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</td>
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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.

Minna Zechner

Supported familialism in England and in Finland

Affiliation: University of Lapland
Other authors and affiliations: Fiona Morgan, University of Wolverhampton

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.

Friday 16th April

09.00-10.30
Q&A session: the week

11.00-11.45
IJCC meet the editors

Join Michael Fine and Yueh-Ching Chou, Editors of the International Journal of Care and Caring (IJCC), to find out more about the journal, upcoming special issues, the Debates and Issues section and how to submit your article. Bring your questions.

13.00-14.00

Join the Debate: Care workforce

A live session discussing Care workforce - details soon!
### Week Two

**Monday 19th April**

**09.00-10.00**

**Join the Debate: Care across borders**

A live session discussing Care across borders - details soon!

**13.15-14.45**

**Policy Panel**

Chair: Jon Glasby, University of Birmingham  
Helen Walker, Carers UK  
Karolina Gerlich, The Care Workers Charity  
Simon Bottery, King’s Fund  
Stecy Yghemonos, Eurocarers  
Luke Clements, University of Leeds

**15.00-16.30**

**KEYNOTE** Professor Joan Tronto

**Ending Wealth-Care: The Future of Caring Democracy**

While many scholars and groups of activists have now begun to outline the main dimensions of a “care economy,” the struggle for such a change also requires a political appeal to governments and voters to enact such a change. This paper seeks to frame our current political economy as a system of “Wealth-Care”: the global political economy is primarily structured to protect and nurture wealth. Describing this system in terms of its values opens up ways to see how a wealth-oriented culture distorts and downplays other forms of care. The paper argues that in order to create sustainable institutions that allow people to care well for one another and for the natural world, we have to refocus our attention away from caring for wealth (which we do too well) to caring for people and the world. Only a deeper and more robust account of democratic caring practices can create the kinds of practices and institutions required to rethink responsibility if the pursuit of wealth is no longer hegemonic, and if the fears and anxieties stirred up by the logic of wealth-care are to be assuaged.

**Release date: Tuesday 20th April**

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

**Session 2A: Government, cross-sectoral and workplace policies and supports**

Chair: Attracta Lafferty  
Discussant: Katherine Wilson

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<tr>
<th>Camille Allard</th>
<th>Supporting working carers in the workplace: Exploring the link between personal and collective wellbeing</th>
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<td><strong>Affiliation:</strong> University of Sheffield</td>
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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.

Janet Fast  
**Sustaining family carers: The case of carer leaves**

Affiliation: University of Alberta  
Other authors and affiliations: Jason Heyes, University of Sheffield

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.

Jason Heyes  
**Employer support for working carers and its consequences for employees' wellbeing in England and Wales**

Affiliation: University of Sheffield  
Other authors and affiliations: Annie Austin, University of Sheffield

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.

Dominique Phillips  
**Altering work arrangements to accommodate care commitments: Family carers’ experiences in the Irish context**

Affiliation: School of Nursing, Midwifery and Health Systems, University College Dublin (UCD)  
Other authors and affiliations: Prof Thilo Kroll, School of Nursing, Midwifery and Health Systems, UCD; Ms Clare Duffy, Family Carers Ireland; Prof Gerard Fealy, School of Nursing, Midwifery and Health Systems, UCD; Dr Gillian Paul, School of Nursing, Midwifery and Health Systems, UCD; Dr Linda Dowling-Hetherington, School of Business, UCD; Dr Majella Fahy, School of Business, UCD;
Due to the challenges of combining work with unpaid care, family carers often reduce or alter their working hours, take on a less demanding role, exit the workforce or take early retirement to accommodate caregiving responsibilities (Longacre et al., 2017). This decision has multifaceted consequences and, under some circumstances, can negatively impact caregivers, care recipients, employers and the economy as a whole. Employers are well placed to facilitate family carers to balance work with care, by offering carer-friendly workplace policies and supports. However, the availability of such policies varies greatly depending on factors such as company size, sector, location and the gender of employees (Ireson, Bharati and Williams, 2018). Although the Irish Carer’s Leave Act (2001) is relatively progressive compared to other international policy, current legislation does not facilitate flexible, short-term and paid leave options for carers.

As part of the CAREWELL project, semi-structured, face-to-face interviews were conducted with 10 family carers who have altered their work arrangements, so that they could attend to the care of a relative. Using a qualitative case study approach (Yin, 2006), this paper will present insights into (a) some of contextual factors which have led family carers to alter their work arrangements (b) the impact combining work and care and adjusting work arrangements has had on the wellbeing of carers (c) the factors that enabled the reconciliation of work and care. It is hoped that the research findings will help to inform workplace and government policies and solutions that are responsive to workers who balance work with care in Ireland and beyond.

References
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. Technologies which have the potential to address these challenges, both currently available and in development, have been identified through extensive literature and web searches and mapped onto the WCTT framework. Key informants in technology research, development and distribution took part in a webinar to validate the findings. A novel approach for online co-designing was used to elicit feedback from working carers and other relevant stakeholders (PwD, employers, care workers) on the identified technologies and design aspects of a useful and useable WCTT self-help tool. The WCTT self-help tool will help working carers to identify suitable technologies for their individual circumstances. Areas where further innovation is needed are also highlighted.

Cathy Thomson
Reconceptualising replacement care in Australia: A holistic approach to the work care nexus

Affiliation: Social Policy Research Centre, UNSW, Sydney
Other authors and affiliations: Myra Hamilton, Social Policy Research Centre, UNSW, Sydney and Sarah Judd-Lam, Carers NSW

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.

Session 2C: Work-care reconciliation: Inequalities and impacts on health, well-being and labour force participation
Chair: Rob Anderson
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<th>Name</th>
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<tr>
<td><strong>Sue Yeandle</strong></td>
<td>The bidirectional relationship between paid work and informal caregiving in New Zealand</td>
<td>Massey University</td>
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<tr>
<td>Shanika Yoshini Koreshi</td>
<td>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.</td>
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<td><strong>Shingou Ikeda</strong></td>
<td>Stressing autonomy of care recipients among working carers in Japan: Toward a sustainable labour supply of family carers</td>
<td>Japan Institute for Labor Policy and Training</td>
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<td>Japan is famous for its family-centred welfare society, although a long-term care insurance system was established in terms of a defamilisation of caring in 2000. Addressing the recent refamilisation of caring due to public financial constraints, statutory care leave and flexible working arrangements have been reformed so that working carers are able to undertake caring responsibilities at home for a long period of time. There is a possibility that taking long-term leave and shortening working hours, addressing prolonged at-home care, would be disadvantageous for both employers' human resource management and employees' career development. In addition, presenteeism of working carers due to their worsening health condition as a result of an accumulation of fatigue by providing care must be an issue in terms of productivity even if they come to the workplace and work full-time. In the cultural background of such matters, Japanese carers are traditionally expected to devote themselves to adult care recipients as if they were an entirely dependent person like an infant. This is considerate for care recipients, but self-sacrificing for carers. However, I hope to show that the majority of today's full-time working carers keep an adequate distance from care recipients, and respect their autonomous life as mature adults. Such autonomous caring has a positive correlation with working carers' labour supply and health condition compared to traditional devoted caring. We must reconsider family relationships between carers and care recipients in order to construct a sustainable system for combining work and care in the world's most aged society.</td>
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<td><strong>Yanan Zhang</strong></td>
<td>At tipping point: The intensity of unpaid care and employment status transitions across cohorts of men and women in the UK</td>
<td>University of Oxford</td>
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<td>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...</td>
<td>University of Sheffield</td>
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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.

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<th>Hedva Vinarski Peretz</th>
<th>Work, elder care and employment policies: A comparison between Australia, England and Israel</th>
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<tr>
<td>Affiliation: The Academic Yezreel Valley College</td>
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<tr>
<td>Other authors and affiliations: Dafna Halperin; The Academic Yezreel Valley College</td>
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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-eldercare axis.

Session 2D: Retaining talent: Workplace challenges

Chair: Attract Lafferty
Discussant: Kate Hamblin

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<th>Mandy Cook</th>
<th>Transforming workplace challenges into opportunities: How businesses in the UK use innovative approaches to support employees who balance employment with unpaid care</th>
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<td>Affiliation: Forest Research</td>
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This paper will explore the innovative approaches used by businesses to transform workplace challenges into opportunities to add value to their businesses by supporting employees who combine work with unpaid care. Aligning to the core themes, challenges and opportunities highlighted in the UK industrial Strategy (2017), which sets out the government’s plan to create an economy that boosts productivity and earning power throughout the UK, this new knowledge will then be used to explore future developments in working carer support in sectors of key importance for the Strategy (small and medium sized businesses, employers in regions with low skills/productivity). It makes business sense for employers to support carers (of a disabled, seriously-ill, or older loved one). Rapid growth in the number of people with caring responsibilities, especially among older workers, means that to thrive, businesses must adapt to the needs of their employees who are carers. Organisations that do not support carers risk difficulty in recruiting/retaining skilled workers and/or organisational disruption and productivity losses caused by staff absence, employee stress and high turnover (Carers UK, 2013). This paper draws on qualitative research conducted in the UK, involving 28 expert and stakeholder interviews with members of the Employers for Carers (Carers UK) forum in England and Wales, organisations recognised as a Carer Positive Employer in Scotland, and representatives of business, and industry organisations, as well as four industry placements. This research is part of the multi-national, multidisciplinary, Sustainable Care research programme.

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<th>Mai Yamaguchi</th>
<th>Wellbeing and turnover intentions of Japanese working carers: What do they feel about balancing work and care?</th>
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<td>Affiliation: Japan Lutheran College</td>
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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 among 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. Carer-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.

Yanfei Zhou

**Elderly parent care at home: Challenges that Japanese are facing when it occurs in their 30s or 40s**

Affiliation: Japan Institute for Labour Policy and Training

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.

Attracta Lafferty

**Balancing family caregiving with employment during the COVID-19 pandemic: An Irish qualitative study**

Affiliation: University College Dublin

Other authors and affiliations: Dominique Phillips, University College Dublin; Linda Dowling-Hetherington, University College Dublin; Majella Fahy, University College Dublin; Breda Moloney, University College Dublin; Clare Duffy, Family Carers Ireland; Gillian Paul, University College Dublin; Gerard Fealy, University College Dublin; Thilo Kroll, University College Dublin

The health and social protective measures implemented in response to the COVID-19 pandemic disrupted community care provision for many requiring care due to an illness, disability, or age-related dependency. The withdrawal of services and supports meant that family carers, many of whom were in employment, had to suddenly assume additional caregiving responsibilities including for those considered most ‘at risk’ due to old age and underlying medical conditions. Without ‘usual levels’ of support from family, friends, work, school, homecare and other community services, this significantly impacted family carers’ ability to manage both work and caregiving roles.

This qualitative study explored the impact of the pandemic on family carers, their employment and caregiving responsibilities. In-depth, semi-structured, telephone/online interviews were conducted with 16 family carers (14 females, 2 male) who were in employment before or since the onset of the pandemic. Interviews were audio - recorded, transcribed, and analysed using thematic analysis (Braun & Clarke, 2006).

Four themes were identified from the interview data: colliding worlds; navigating unchartered waters alone; growing despite adversity; and the relentless unknowing. The COVID-19 pandemic
dramatically altered family carers’ work and care routines, causing these two life domains to become intrinsically intertwined. Adopting new ways of working and caring with reduced informal and formal supports, impacted the wellbeing of carers and caused considerable stress, worry and anxiety. Based on these findings, policy and practice gaps are identified and recommendations are made to enable employees with caregiving responsibilities to remain working as this pandemic progresses.

### Release date: Wednesday 21st April

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

**Session 6A: Concepts and caring democracy**

**Chair:** Sue Yeandle  
**Discussant:** Norah Keating

**Sandhya Duggal**

**Asset-based approaches and the ethics of care in the UK: A shift towards relational practice**

Affiliation: University of Birmingham  
Other authors and affiliations: Professor Jerry Tew, University of Birmingham

This paper conceptually draws upon the ethics of care to examine how asset-based approaches represent a shift in caring relations in practice. Asset-based approaches represent a fundamental shift in focus towards the relational and away from the transactional understandings of how care and need are conceptualised. This shift from understanding care within a dyadic relationship between carer and care receiver, or a commodified purchase from services, towards the multidimensionality of care (Barnes, 2015) has been achieved through new conservations about ‘what would a good life look like for you’. Asset-based approaches centres the ‘care receiver’ through co-production within a ‘doing with’ rather than ‘doing for’ relationship. By allowing people to explore the right care for themselves, asset-based approaches promote relational autonomy (MacKenzie and Stoljar, 2000).

This paper draws upon recent research findings with beneficiaries and those providing formal/informal care, to reveal how asset based approaches may achieve a shift in caring relations in practice. Its aims (to respect and support the rights, skills and opportunities of all people in communities to be valued, active, contributing citizens) place care relations within broader themes of; citizenship, community, and wider societal responsibility. By doing this, asset-based approaches move away from the paternalistic structures of care ethics, and towards equality of care through the recognition of people’s assets, resilience and capacity.

Our discussion also includes how improvements to personal wellbeing are contextualised within natural relationships and personal networks, which can reduce service dependency and service costs.

**Selma Kadi**

**Gender in the care-mix: ideals of care of older parent - adult child care dyads in Austria**

Affiliation: European Centre for Social Welfare Policy and Research  
Other authors and affiliations: Rahel Kahlert, Ricardo Rodrigues European Centre for Social Welfare Policy and Research

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 economic constraints and available social networks but also by ideals of care. The cultural norms are also present in the provision of bodily care, which involves touch and creation of intimacy (Twigg 2004). 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 semi-structured interviews with 24 dyads (older parent user and adult children carer) who buy some care (and thus have the option to outsource certain tasks), we investigated ideals of care to better understand the prevalent care culture in Austria. We found four different care ideals (family, personal preference,
involvement in decision-making, gendered) which occurred across low, middle and high SES groups. Women described one version of the family care ideal more often than men.

**Weronika Kloc-Nowak**

**Grandparenting in Poland in the age of (restricted) mobility: how COVID-19 pandemics affected the practices of local and transnational grandparents**

Affiliation: Centre of Migration Research, University of Warsaw
Other authors and affiliations: Louise Ryan, London Metropolitan University

The proposed presentation is based on the results of a project on grandparenting attitudes and practices’ adaptation to spatial mobility (both internal and international) bridging the gap between the literatures on transnational families and contemporary transformation of family practices. It contributes to understandings of transnational care networks, at a time of ‘unsettling events’ (Kilkey and Ryan, 2020) and to the more realistic view of transnationalism (Dahinden 2005). Recent events such as the pandemic and Brexit, have revealed the fragility of transnationalism, by creating barriers that migrant families need to navigate in their efforts to maintain caring relations at a distance.

The presentation will be based on the analysis of the focus group interviews conducted in 2020 with grandparents living in Poland, where society combines strong intergenerational and family care obligations with intense outmigration. We will present the perspectives of the non-migrant grandmothers and grandfathers on the emotional care and maintenance of ties with their grandchildren living in different locations in Poland and abroad during the coronavirus pandemic. We identify how having grandchildren abroad made the experience more difficult. Some of the visiting and communication practices related to grandchildren in transnational families are based on the experience and ICT skills which have been acquired earlier on, since the adult children’s migration. As the FGIs were conducted after the first wave of the COVID-19 pandemic they shed light on how the isolation measures affected grandparenting practices, disrupting the old ones and potentially leading to new patterns emerging.

**Kofi Awuviry-Newton**

**Older adults' lived experience regarding their Long-term care in Ghana during the COVID-19 pandemic: A descriptive qualitative study**

Affiliation: Priority Research Centre for Generational Health and Ageing, The University of Newcastle, Department of Public Health and Medicine, Australia
Other authors and affiliations: Jacob Oppong Nkansah and Abraham Newton, Department of Social Studies, University of Education, Winneba, Ghana

Introduction: Adult children have been burdened providing long-term care (LTC); however, it is unknown how the COVID-19 pandemic with its associated social distancing measures have affected the LTC care older adults receive in Ghana. The current study aimed to explore older adults’ lived experiences regarding the LTC during the COVID-19 pandemic in Ghana.

Methods: A descriptive qualitative approach employing semi-structured interviews were used to collect data from 15 older adults from southern Ghana. Employing NVivo (12), a descriptive first cycle and focused second cycle coding were employed to analyse the data.

Results: The analysis of the interview data resulted in five interrelated themes; 1) long-term care sources and nature during COVID-19 pandemic, 2) older adults’ long-term care satisfaction level during a COVID-19 pandemic, 3) LTC alterations during COVID-19, 4) feelings of neglect regarding LTC, and 5) older adults’ resilience in LTC during COVID-19.

Discussion: These findings have revealed how LTC for older adults has been heavily impacted following the COVID-19 and its related social distancing measures in Ghana. We recommend that for the sustainability of LTC needs of older adults in Ghana can be ensured, the state should assume authority to devise a practical policy and programs to promote the health and social care needs of older adults and their primary caregivers.

**Session 6B: Care worker wellbeing**

**Chair:** Jill Manthorpe
**Discussant:** Rob Anderson

**Cate Goodlad**

**Not all Superheroes wear capes: Job quality for care workers in UK home care**

Affiliation: University of Sheffield
Other authors and affiliations: Diane Burns and Kate Hamblin, University of Sheffield
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 (ESRC 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 on findings from cross-case analysis of four 'innovative' agencies who provide care at home (including interview, observation and document analysis). We examine how these companies variously create job quality to enrich employment opportunities for care workers and the strategies they employ to support them in their work. We include the voices of care workers to illuminate how components of job quality can produce sustainable care.

Hareth Al-Janabi

The costs and benefits of healthcare delivery for carer wellbeing in the UK

Affiliation: University of Birmingham

Other authors and affiliations: Carol McLoughlin, University of Birmingham; Jan Oyebode, University of Bradford; Nikos Efstathiou, University of Birmingham; Mel Calvert, University of Birmingham

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.

Petra Ahnlund

Intimate care work - challenges in formal elderly care in Sweden

Affiliation: Umeå University

Other authors and affiliations: Veronica Lövgren, Katarina Andersson, Hildur Kalman

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 safeguard 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.
| Chair: Sue Yeandle  
Discussant: Tom Hunt | **Care ethics, older people self-funding their care and relationality in the UK**  
Lizzie Ward |
|---|---|
| Affiliation: University of Brighton  
Other authors and affiliations: Beatrice Gahagan, University of Brighton; Phil Locke, University of Brighton; Mo Ray, University of Lincoln; Denise Tanner, University of Birmingham | 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.  
| **Informal care, wellbeing and chronic stress: A longitudinal analysis in the UK**  
Matthew Bennett |
| Affiliation: University of Birmingham  
Other authors and affiliations: Yanan Zhang, University of Oxford | 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 hypothesise 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.
| **The ‘cyclical turn’ in UK social care policy? Temporality, modernisation and community**  
Patrick Hall |
| Affiliation: University of Birmingham  
Other authors and affiliations: Professor Catherine Needham, University of Birmingham | 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, p10). 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.

Amy Horton

Interdependence: Contested interpretations and experiments in alternative residential care in the UK and USA

Affiliation: UCL Geography

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.

Session 6D: Caring, Society and Policy

Chair: Kate Hamblin
Discussant: Patrick Hall

Mary Larkin

Sustaining unpaid care in the UK: the National Institute for Health and Care Excellence (NICE) guideline “Carers: provision of support for adult carers”

Affiliation: The Open University
Other authors and affiliations: Phil Taverner. The Open University and NICE

The amount and quality of support available to the 8.8 million unpaid carers in the UK varies widely across the country. High quality and consistent support not only benefits carers’ health, wellbeing and resilience but also enhances the life of the person being supported e.g. it helps reduce hospital admissions and facilitate timely discharge.

The subject of this paper is the National Institute for Health and Care Excellence (NICE) guideline “Carers: provision of support for adult carers” that was published in January 2020. With increasing service integration, the significance of NICE recommendations on social care is now equal to that of their counterparts in in health service settings in the UK.

This guideline makes action-oriented good practice recommendations for professionals providing support that enhances the wellbeing, resilience and life experience of adult carers providing unpaid care for anyone aged over 16 with health and social care needs. Based on the best available evidence of effectiveness, including cost effectiveness, the recommendations focus on:

- helping people to recognise themselves as a carer and understand their right to information and support
- identifying and assessing carers
- providing information; practical, emotional and social support; and training
- supporting carers to remain in, start or return to work, training or education
end of life care support

This paper will present these recommendations and stimulate discussion in the light of their implications for the sustainability of unpaid care, thereby addressing several conference themes. The NIHR recommendations can be implemented by anyone working with carers in order to ensure that the support they need is not just delivered but actively enhanced, both during the pandemic and as services adjust to post-pandemic life. To promote the debate about implementing further improvements in practice, the key research recommendations made by the guideline committee will also be outlined.

Liliya Zenina

Older people with disabilities during the COVID-19 in Russia: differences between the governmental and NGOs` approaches

Affiliation: CoE AgeCare, University of Jyväskylä

The ongoing state policy to engage nonprofit organizations to social service provision has translated into the Special grant of 2020 against the COVID-19 by the Presidential grants Foundation. The analysis of 223 projects for older people with and without disabilities revealed the paternalistic attitude towards older people, limited directions of help, issues with conceptualization and used terminology, which maintain exclusion and negative stereotypes. The language and ideas of the state anti-pandemic recommendations became problematic in context of equality and rights of older people. Restrictions imposed by the local governments in different Russian regions on older people have heightened issues of perception and self-identification of older persons and people with disabilities.

In this regard, I questioned whether activities of independent NGOs differ from the governmental policy during the COVID-19 pandemic in Russia.

Projects of NGOs and initiative groups supported by the nongovernmental grant operator the Timchenko Foundation and Raiffeisenbank differ in the used terminology, demonstrate a higher diversification and orientation on inclusion. The quarantine measures caused by the COVID-19 highlight the importance of horizontal connections of seniors with disabilities and involved NGOs, social workers, friends and relatives.

Promoted by the White Cane NGO, the concept of extrability overcomes the pitfalls of medical and social models of interaction. Interviews with experts and older people with disabilities raise issues of social cohesion and lifestyle changes acceptance due to the COVID-19, and describe solutions to tackle the COVID-19 situation as a hybrid format of online events and ideas for employment.

Maria Cheshire-Allen

Understanding family carer wellbeing in Wales during COVID-19

Affiliation: Swansea University
Other authors and affiliations: Dr Gideon Calder Swansea University

This article aims to contribute to our understanding of wellbeing in the context of family care during the time of the COVID-19 pandemic within Wales, UK reporting on primary data based on 30 semi-structured interviews with family carers caring for older people. Based on a theoretical framing informed by contemporary critical theorists of care (Tronto, 2013; Barnes, 2012; Sevenuises 1998) and wellbeing (Cunningham, Cunningham, Litt and Robertson, 2019; McGregor and Pouw, 2017) it addresses the extent to which key aspects of current theoretical and policy debates on wellbeing are reflected in the lived experience of family caregivers during the time of the pandemic and reflects upon three central questions: 1) What does “wellbeing” mean to family carers of older people in the context of COVID-19? 2) How does this version of wellbeing relate to contemporary conceptualisations of wellbeing in care? 3) What specific aspects of carer wellbeing are affected by the COVID-19 crisis and what policy responses might ameliorate their situation? The authors reflect on researching with carers during the time of the initial lockdown in Wales where some participants report deep personal struggle and hardship due to restrictions on support. They discuss the application of a participatory ‘research with care’ approach (Barnes and Brannelly, 2020 forthcoming) that demands particular attention and an ‘integrity of care’ (Tronto, 1993). Findings are discussed and applied to contemporary debates concerning ‘caring democracies’ within the context of Covid-19.

Outi Jolanki

Business as usual? The meaning of Covid-19 pandemic for the well-being of older people living in service housing in Finland

Affiliation: The Centre of Excellence in Research on Ageing and Care (CoE AgeCare), Faculty of Social Sciences, Tampere University, Finland
The Covid-19 pandemic has affected the lives of each and every one, but due to their age older people have been subjected to most strict mobility restrictions. In Spring 2020 the health authorities and the Government of Finland recommended for people aged 70+ to avoid meeting other people and remain indoors as much as possible. The visits of family members or other outsiders in service housing were forbidden. In summer the restrictions were eased and meetings made possible outside the premises and finally again indoors, if the safety measures (30 minutes time limitation, distance, 1-2 visitors a time, masks) were taken. In this study we ask what has been the effect of the mobility and meeting restrictions on well-being and daily lives of older people living in service housing.

The study draws from theories of social well-being and geographical gerontology. Data come from phone interviews of 31 people conducted June – August 2020 (19 women, 12 men). The age range of the interviewees varied from 64 to 96. Interviews were recorded and transcribed. Data is analyzed with a positioning analysis and environmental positioning analysis. In the analysis we study the descriptions of service housing in the interviews of people living in service housing (9), and of those visiting them on a regular basis.

The results showed that the Covid-19 pandemic had not much affected the daily routines and care delivery. The residents portrayed the life within the walls of the premises largely unchanged with one important exception. Social life of the residents had seriously impoverished and loneliness had increased. Digital technology alleviated the hunger for social contacts for some, but did not replace the longing for meeting people in person and the need for a human touch. The meeting restrictions meant to save lives were seen to bring unnecessary suffering for people with memory problems and those unable to spend time with their dying family members. The service housing unit was portrayed as a place which met the basic needs of the residents, but social and mental well-being required contacts with people outside.

**Friday 23rd April**

- **09.00-10.30**
  - Q&A session: the week

- **10.45-11.45**
  - Join the Debate: Balancing work and care

A live session discussing Balancing work and care - details soon!
### WEEK THREE

#### Monday 26th April

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<tr>
<th>Time</th>
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<tr>
<td>09.00-10.30</td>
<td>Wellbeing panel</td>
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<tr>
<td>10.45-12.15</td>
<td>Panel</td>
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<tr>
<td>Chair: Jill Manthorpe, King’s College London</td>
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<tr>
<td>Martin Green (Care England) on ‘the power of collaboration’</td>
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<td>Rob Anderson (Chair of the SCP Advisory Board) on ‘the power of good evidence’</td>
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<td>Alyson Scurfield (TSA) on ‘the power of technology’</td>
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<td>Madeleine Starr (Carers UK) on ‘the power of (carers’) voice’</td>
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<tr>
<td>13.15-14.15</td>
<td>Join the Debate: Sustainable care</td>
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<td>A live session discussing Sustainable care- details soon!</td>
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#### Release date: Tuesday 27th April

<table>
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<tr>
<th>Theme 5: Sustainable care at home: understanding the ‘care mix’</th>
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<td>Session 5A: Care mix and ageing in place</td>
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<tr>
<td>Chair: Shereen Hussein</td>
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<td>Discussant: Jill Manthorpe</td>
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<tr>
<th>Kofi Awuviry-Newton</th>
<th>Using Ethics of Care as the theoretical lens to understand lived experiences of caregivers of older adults in Ghana experiencing functional difficulties</th>
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<tr>
<td>Affiliation: Priority Research Centre for Generational Health and Ageing, Faculty of Health and Medicine, University of Newcastle, Australia</td>
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<tr>
<td>Other authors and affiliations: Meredith Tavener, Priority Research Centre for Generational Health and Ageing, Faculty of Health and Medicine, University of Newcastle, Australia; Kylie Wales, Lecturer, School of Health Sciences, The University of Newcastle, Australia; Julie Byles, Priority Research Centre for Generational Health and Ageing, Faculty of Health and Medicine, University of Newcastle, Australia, Global Innovation Chair in Responsive Transitions in Health and Ageing, School of Medicine and Public Health, University of Newcastle, Australia;</td>
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<td>Caregivers (familial) provide care and support to older adults who experience functional difficulties in Ghana. However, the lived experiences of caregivers are not well understood. The purpose of this study was to explore and discuss the lived experiences of these caregivers using the Ethics of Care as a theoretical lens and Interpretative phenomenological analysis as the methodological approach. Using purposive criterion sampling, ten caregivers in receipt of social welfare services on behalf of older adults were recruited from the Social Welfare Unit at the Komfo Anokye Teaching Hospital (KATH) in southern Ghana. The analysis identified five interrelated themes: 1) committing the Self to caregiving; 2) caregiving impacting the Self; 3) motivating factors to caregiving; 4) caregiving burdens, and 5) thinking about personal affairs. Their experiences demonstrate that caregivers not only place value on the caregiving relationship, as posited by Ethics of Care but also tend to care for their health and well-being. Caregivers’ expression of commitment to caring for older adults is mainly influenced by reciprocity, despite internal and external stressors, and desire to fulfill unmet personal needs. Ethics of care offers an understanding of the lived experiences of caregivers of older adults in Ghana. The findings draw attention to the state to develop specific programs to ensure the health, social and financial well-being of caregivers of older adults.</td>
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<th>Alejandra Marroig</th>
<th>Transitions into dependency with ageing in Europe</th>
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<tr>
<td>Affiliation: Instituto de Estadística, Universidad de la República, Uruguay</td>
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Aging has been related to the onset of dependency in older adults, and Long Term Care (LTC) may be needed to perform daily activities. Some individuals have care needs earlier in life, more urgently or have care needs of greater magnitude. In this project we analysed transitions towards dependency in older adults. We used data (baseline until 2013) from ten countries that participated in the Survey of Health, Ageing and Retirement in Europe (SHARE). We used limitations in Basic Activity of Daily Living (BADL) and Instrumental Activity of Daily Living (IADL) to define dependency states in individuals aged at least 65 years old at study entry (n=20128) and fitted Multi-State Models. We evaluated and compared the association of age and sex on transitions across states and countries, including death. Results show transitions varied with age and individuals had an increased risk of dependency until 70 years old. International variations were identified. In most countries, women had lower risk of death but higher risk of transitioning into dependency. Sex differences are more pronounced when dependency was defined based on both BADL and IADL. The type of home care distribution at baseline varied by country and sex. Differences in care policies across countries may be underlying these results. Our approach facilitates the early detection of dependency for an aging population and could inform the design of sex-specific prevention strategies and care policies for better quality of life of older adults and their families.

**Mikołaj Zarzycki**

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

Affiliation: Bangor University

Other authors and affiliations: Val Morrison, Bangor University

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.

**Katharina Pelzelmayr**

**A feminist appraisal of ‘caring communities’**

Affiliation: Careum School of Health

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.

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

Chair: Shereen Hussein
Discussant: Agnes Turnpenny

Fiona Macdonald  
**Positioning paid care workers in Australia’s disability support policy: Implications for the ‘care mix’**

Affiliation: RMIT University

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.

Jo Moriarty  
**Career progression and a new role to support registered nurses and health care assistants in England**

Affiliation: King’s College London
Other authors and affiliations: Ian Kessler, Jill Manthorpe, Jess Harris, Nicole Steils, Kritika Samsi, King’s College London

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.

Jill Manthorpe  
**Homelessness and dementia in the UK: The interface of housing and care services**

Affiliation: King’s College London
Other authors and affiliations: 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 Niforooshan, Surrey and Borders Partnership Foundation Trust

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.

Session 5C: The role of policy and systems in shaping the care mix

Chair: Hildegard Theobald
Discussant: Teppo Kröger

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<tr>
<th>Annie Dussuet</th>
<th>Constructing the division between declared paid and unpaid caregivers. A street level analysis of public agents implementing the French “Personalized Allowance for Autonomy” (APA)</th>
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<tr>
<td>Affiliation: Université de Nantes</td>
<td>Co-authors and affiliations : Clémence LEDOUX - Université de Nantes</td>
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<td>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.</td>
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<td>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?</td>
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<td>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.</td>
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<tr>
<th>Takuro Higuchi</th>
<th>Post-Independent Living Movement under Neo-liberal Welfare Reform in Japan</th>
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<td>Affiliation: Tokyo University of Foreign Studies</td>
<td>In Japan, the turning-point of the Independent Living movement of the people with disabilities has been recognized in recent years. Different researchers identify different viewpoints for the turning-point, such as, 1) the goal of the movement got acquired in some points, 2) the policy target of IL was expanded to those who formerly conceived of impossible to live independently, and 3) the reform of welfare regime in response to neo-liberalism. This paper aims to describe an underlying element of the turning-point recognized.</td>
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<td>An essential argument was proposed by Nancy Fraser, which asserted that the second wave of feminism intending the independence of the women had a secret affinity for neo-liberalism. After that, following analysis on complicity between neo-liberalism and the welfare policy supporting to be independent have been accumulated since 2000s.</td>
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<td>Significant welfare reform begun in 1997 in Japan, then many of welfare policies supporting to be independent had been enacted. Primary policy targets were the women, the poor, the homeless and the people with disabilities. Some analysis were conducted on those categories of people in Japanese context, however, the analysis on the people with disabilities is lacking.</td>
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<td>This paper investigates the complicity between neo-liberalism and Independent Living Movement especially after the reform of Japanese welfare regime.</td>
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It is shown that the evaluation of welfare policies supporting to be independent is divided and paradoxical. The IL movement had also developed paradoxically, and it can be one of the reasons why the turning-point of the movement is recognized in 2010s.

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<tr>
<th>Shereen Hussein</th>
<th>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</th>
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<tr>
<td>Affiliation: London School of Hygiene and Tropical Medicine Other authors and affiliations: Agnes Turnpenny (PSSRU, University of Kent), Sara Charlesworth (RMIT University)</td>
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<td>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, &amp; 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.</td>
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<td>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, &amp; 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.</td>
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<th>Salla Era</th>
<th>Disability and old age in the upcoming disability legislation reform in Finland</th>
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<tr>
<td>Affiliation: University of Jyväskylä</td>
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<td>Relating to my doctoral dissertation, this paper focuses on the discussion around age-related 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. Even though the prevalence of disability is higher in older populations, older persons tend to be excluded from disability discourses. 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. In this research, I analyse public statements given in 2017 to a proposal that introduced an age-related restriction to disability services. I focus on how the restriction is argued for and against, and how these arguments are justified. This study suggests that although the arguments differ on each side, the main principles remain the same: equality and justice, as well as efficiency and legality, are used on both sides. Thus, both the opposing and supporting arguments can be justified with the same kind of principles. This makes it nearly impossible to draft an indisputable argument for either side. The crux of the issue seems to lie in varied understandings of disability, old age and therefore, equality and justice.</td>
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**Session 5D: Informal carers within the care mix**

**Chair:** Hildegard Theobald  
**Discussant:** Matt Bennett

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<tr>
<th>Petra Ulmanen</th>
<th>Realization of ageing in place policy in Swedish eldercare: consequences for family members as informal carers</th>
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<tr>
<td>Affiliation: Department of Social Work, Stockholm University</td>
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<td>From being an empowering policy enabling older persons with care needs to continue living at home without becoming totally dependent of their families; today the Swedish ageing in place policy has the opposite effect, it limits choice and increases family dependence. The de-institutionalisation trend has been more dramatic in Sweden than elsewhere, resulting in increasing</td>
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numbers of older persons with extensive needs being cared for at home. The residential care decline has however not been compensated by increased home care, in particular not regarding the intensity of care. Furthermore, home care workers’ capacity to meet their clients’ needs has declined, as increased standardisation and fragmentation of home care work have caused staff discontinuity and limited job discretion. As care services have become less available and more 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 55 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.

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<th>Masa Filipovic</th>
<th>Family and welfare state: care decisions within user-family carer dyads in life course perspective in Austria and Slovenia</th>
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<tr>
<td><strong>Affiliation:</strong> European centre for social welfare policy and research</td>
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<td><strong>Other authors and affiliations:</strong> Ricardo Rodruiges, European centre for social welfare policy and research; Selma Kadi, European Centre for Social welfare policy and research; Masa Filipovic Hrast, European Centre for Social welfare policy and research; Valentina Hlebec, University of Ljubljana, Faculty of Social Sciences</td>
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<td>When considering the distribution of care between formal and informal carers, empirical studies have identified a number of factors impacting this care mix. Very seldom however, do studies consider the choice of care-mix as the result of life course process. This study aims to fill this gap by shedding light on the factors leading to 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 life course events leading to the provision of care. It focuses on the possible role of linked life events (within wider family), specific transitions (related to work, living arrangements etc.), reciprocity within the family and individual (previous) experience with 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).</td>
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<th>Norah Keating</th>
<th>Care workers and family carers: Constructing the evidence of challenges to sustainability of the care labour force</th>
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<td><strong>Affiliation:</strong> Swansea University</td>
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<td><strong>Other authors and affiliations:</strong> Sue Yeandle Sheffield University; Allister McGregor, University of Bath</td>
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<td>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.</td>
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| Ana Ramovs | Women and caregiving in Slovenia: 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.

**Release date: Wednesday 28th April**

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

**Session 3A: Technological design and entanglements for people ageing in place**

**Chair:** Andreas Hoff  
**Discussant:** Obert Tawodzera

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

Affiliation: University of Amsterdam  
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 material 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.

**Kate O'Loughlin**  
**Moving beyond the shower chair: Supporting digital technology use for successful ageing in place in Australia**

Affiliation: The University of Sydney  
Other authors and affiliations: Meryl Lovarini and Lindy Clemson, The University of Sydney  
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.

Matthew Lariviere  
**Ageing in place: Unsettling boundaries between ‘home’ and ‘community’ through design and provision of technology-enabled care in the UK**

Affiliation: University of Bristol

‘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 care’ and ‘community care’ despite distinctions between ‘home’ and ‘community’ as concepts in care and research.

This 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.

**Session 3B: Technology advice and information to support care**

Chair: Kate O’Loughlin  
Discussant:

Jo Moriarty  
**Carers’ access to social care support in England**

Affiliation: King’s College London  
Other 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)

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.

Alhassan Hassan  
**Information and communication technologies (ICT) based solutions for informal carers and challenges to be addressed**

Affiliation: INRCA-IRCCS, Centre for Socio-Economic Research on Ageing, Ancona, Italy, Marche Polytechnic University, Italy
Background: Information and communication technology (ICT)–based solutions have the potential to support informal caregivers in home care delivery. However, there are many challenges to the deployment of these solutions. Objective: The aim of this study was to review literature to explore the challenges of the deployment of ICT-based support solutions for informal caregivers and provide relevant recommendations on how to overcome these challenges.

Methods: A scoping review methodology was used following the Arksey and O’Malley methodological framework to map the relevant literature. A search was conducted using PubMed, IEEE library, and Scopus. Publication screening and scrutiny were conducted following inclusion criteria based on inductive thematic analysis to gain insight into patterns of challenges rising from deploying ICT-based support solutions for informal caregivers. The analysis took place through an iterative process of combining, categorizing, summarizing, and comparing information across studies. Through this iterative process, relevant information was identified and coded under emergent broader themes as they pertain to each of the research questions.

Results: The analysis identified 18 common challenges using a coding scheme grouping them under four thematic categories: technology-related, organizational, socioeconomic, and ethical challenges. These range from specific challenges related to the technological component of the ICT-based service such as design and usability of technology, to organizational challenges such as fragmentation of support solutions to socioeconomic challenges such as funding of technology and sustainability of solutions to ethical challenges around autonomy and privacy of data. For each identified challenge, recommendations were created on how to overcome it. The recommendations from this study can provide guidance for the deployment of ICT-based support solutions for informal caregivers.

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

Andreas Hoff  
The VATI technology navigator – impartial advice on assistive technologies for older people, family carers and care providers in Germany

Affiliation: Zittau Görlitz University of Applied Sciences  
Other authors and affiliations: Bill Pottharst, Zittau Görlitz University of Applied Sciences

Awaiting abstract

Milica Petrovic  
The potentiality of advanced positive technology for dealing with psychological stress in caregiving. Evidence-based treatment in Italy

Affiliation: Università Cattolica, Milan and ExprienceLab, Università Cattolica, Milan, Italy  
Other authors and affiliations: Andrea Gaggioli, Università Cattolica, Milan, Italy; Applied Technology for Neuro-Psychology Lab., Istituto Auxologico, Milan, Italy; ExprienceLab, Università Cattolica, Milan, Italy

Interventions and coping strategies addressing the physical, psychological, and economic stress of informal caregivers have been generally helpful at managing role related-stress. However, informal caregiving is an idiosyncratic process, limiting most of the available interventions that pose informal caregiving as a generalized experience. Assessing and assisting the deeper meaning-making needs that informal caregivers face, leading to psychological distress, have been long neglected. Redefining oneself in a new life path and transitioning into the role of a caregiver suddenly and unprepared can ultimately be perceived as a traumatic experience. The study explores the potential of advanced positive technology (i.e., video storytelling technique) to alleviate caregivers’ stress, using transformative experience-design (Gaggioli, 2016) and drawing from the theory of narrative identity (McAddams, 2011), by integrating a highly-stressful experience of caregiving into a coherent story of “the self”. The technique is delivered via semi-interactive videos, playing the
unified scripted story of the caregiver life, re-created and structured in a five-act story arc with the semi-interactive points allowing acquiring and exercising coping and emotion regulation skills. The ultimate goal of this study is to design and use the semi-interactive video storytelling technique in a third-person perspective as a stimulus for triggering narrative self-structuring of "the self" and the role transformation within one’s life.

**Session 3C: Digitising social policy and its implications**

**Chair:** Matthew Lariviere  
**Discussant:**

### Kate Hamblin

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

Affiliation: University of Sheffield  
Other authors and affiliations: James Wright, Alan Turing Institute

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.

### Maria Nilsson

**Older people and informal carers in Swedish local health- and social care policy for assistive health technology: whose interests do these policies represent?**

Affiliation: Linnaeus University, Sweden  
Other authors and affiliations: Stefan Andersson, Lennart Magnusson and Elizabeth Hanson, Linnaeus University, Sweden

Background: Assistive health technology is purported as a vital part of health and social care for older people. Swedish health- and social care services for older people are organised mainly at the local or regional level under the constitutional principle of local self-government. Despite a publicly financed health and social care, 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).

This study aimed to provide a critical awareness of problematization regarding older people and their informal carers in relation to assistive health technology in current local health- and social care policies for older people in Sweden.

We asked: What are the main discourses concerning welfare technology and care in local policy? How are the categories older people and their carers socially constructed? Where are the silences and what remains unproblematized, and with what consequences? How can the problem representation be critically questioned?

Method: Based on the poststructural tradition, we undertook a discourse analysis. Data consisted of policy documents from 8 Swedish municipalities. The What’s the Problem Represented to be method (WPR) were used as the analytical tool (Bacchi, 2009, 2016).

Preliminary results: Two discourses were evident, first assistive health technology as a necessary part of the health and social care. The second discourse was older people has a responsibility to remain healthy. The focus of assistive health technology is on individual factors for the older person, missing broader conditions. The potential role of assistive health technology is not considered important in the policy documents for support of informal carers.

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


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<th>Author</th>
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<td>James Wright</td>
<td>How could the use of robots transform care? Lessons from Japan</td>
<td>Alan Turing Institute</td>
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<td>Japan is in the midst of an intensifying crisis in adult social care. The Ministry of</td>
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<td>Economy, Trade and Industry predicts a shortfall of 377,000 care-givers by 2025, and by</td>
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<td>2050, 40% of the population will be aged over 65, while almost 10% will live with</td>
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<td>dementia. Meanwhile, the working age population is expected to shrink along with the</td>
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<td>tax base. For over a decade, Japan’s government has been funding the development of</td>
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<td>robots to plug the growing gaps in the care workforce. These robots were expected to</td>
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<td>perform many kinds of care tasks currently done by humans, while avoiding the import of</td>
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<td>foreign labour particularly from China and Southeast Asia. This paper, based on data</td>
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<td>from 7 months’ of ethnographic fieldwork at a care home in Japan that was introducing</td>
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<td>three different types of care robot, looks at how such machines are used by care</td>
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<td>workers, and how they transform the work of care. While robots may have been intended</td>
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<td>by politicians and engineers to solve Japan’s care crisis by replacing human care</td>
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<td>workers, the reality of robot use makes this unlikely in the foreseeable future. Their</td>
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<td>introduction reconfigures care – increasing the quantity of (often less visible) tasks</td>
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<td>for human care workers, deskilling aspects of human care, and increasing the costs.</td>
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<td>Though unlikely to help address labour shortages, such robots may facilitate the</td>
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<td>introduction of migrant care workers by helping overcome linguistic and cultural</td>
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<td>barriers, at the cost of further precaritising care work.</td>
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Session 3D: Evaluating technologies to support care systems and outcomes

Chair: Discussant: Kate Hamblin

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<tr>
<td>Nicole Steils</td>
<td>Telecare in England: how well is it working and could it work better?</td>
<td>KCL</td>
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<td>Telecare is used widely by local authorities (LAS) to support the independence of older</td>
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<td>people amongst others. In a context of public sector austerity and rising demand for</td>
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<td>social care, particularly amongst older people, there have been significant levels of</td>
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<td>investment in recent years. This is because LA managers see it as a cost effective way</td>
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<td>of helping people remain as independent as possible. However, there is very little</td>
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<td>research evidence to justify this claim. For example, the Whole System Demonstrator</td>
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<td>project, funded by the last Labour government, found that telecare did not produce</td>
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<td>better outcomes on a wide range of measures. An important question to ask, therefore,</td>
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<td>is whether telecare will inevitably offer no real advantage over more traditional forms</td>
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<td>of service provision or whether it is because of how telecare is often implemented.</td>
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<td>This presentation will report on selected findings from the NIHR/SSCR funded UTOPIA</td>
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<td>project: in particular, an online survey of English telecare managers. This survey</td>
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<td>included all 152 LAS, achieving a 75% response rate. Telecare was largely used to</td>
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<td>manage risk to the exclusion of other possible uses, and the range of devices/systems</td>
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<td>available was limited, reducing scope for tailored solutions. Shortcomings telecare</td>
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<td>assessment and review activities were noted and training to support telecare</td>
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<td>assessment activity was often scant. These findings align with the work of others in</td>
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<td>suggesting that telecare should be regarded as a complex intervention. Changes are</td>
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<td>likely to be needed for telecare to deliver desired outcomes.</td>
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<tr>
<td>Blanca Deusdad</td>
<td>Professional stakeholders' views of the use of digital technologies in Spanish long-term</td>
<td>Rovira i Virgili University</td>
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<td>care</td>
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<td>Other authors and affiliations: Isabella Riccò. Rovira i Virgili University</td>
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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.

Maxie Lutze

**Assessing the benefits of assistive technologies in place-based care - NAAM model as theoretical framework in Germany**

Affiliation: Institute for Innovation and Technology (iit)
Other authors and affiliations: Gina Glock; Julian Stubbe; Denny Paulicke - Institute for Innovation and Technology (iit)

**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.

**Release date: Thursday 29th April**

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

**Session 4A: Equity and inclusion**

**Chair:** Catherine Needham
**Discussant:**

Mo Ray

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

Affiliation: University of Lincoln
Other authors and affiliations: Beatrice Gahagan, University of Brighton; Phil Locke, University of Brighton, Denise Tanner, University of Birmingham; Lizzie Ward, University of Brighton
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.

Gabrielle Meagher

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

Affiliation: Macquarie University and Stockholm University

Other authors and affiliations: Elin Peterson, Stockholm University; Helene Brodin, Stockholm University

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.

James Pike

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

Affiliation: Nottingham Trent University

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.

Session 4B: The paid and unpaid care workforce

Chair: Gabrielle Meagher
Discussant: Diane Burns

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<th>Florin Vadean</th>
<th>The effect of employment conditions on English care home quality</th>
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<td>Affiliation: PSSRU, University of Kent</td>
<td>Other authors and affiliations: Stephen Allan; PSSRU, University of Kent</td>
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<td>Background: A large proportion of care workers are paid at minimum wage, leading to concerns of negative effects on job satisfaction and care outcomes.</td>
<td>Objective: To quantify the effect of employment conditions in English care homes on care home quality ratings.</td>
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<td>Methods: We conducted an analysis of secondary data of English care homes (n=12,052 observations of 5,555 care homes) for the years 2016 to 2018 to model the relationship between care regulator quality ratings and employment conditions. We focused on the effect that training provision to care staff and job terms and conditions (wages and turnover/vacancy rates) had on care home quality ratings. All these variables, which can be affected by policy, are expected to be important determinants of care quality. We used longitudinal panel data models, multiple imputation to address missing data, and an instrument variable approach to control for potential endogeneity between care quality and wages.</td>
<td>Results: We found a significant positive effect of wages and the prevalence of training for both dementia and dignity/person-centred care on the likelihood of higher quality, whilst staff turnover and job vacancy rates had a significant negative effect. Specifically for wages, we found that a ten per cent increase in the average care worker wage increased the likelihood of a ‘good’ or ‘outstanding’ quality rating by seven per cent.</td>
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<td>Conclusion: This study provides important evidence that improving employment conditions, including pay and training, can have an important impact on the quality of service in care homes.</td>
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<th>Olivier Crasset</th>
<th>The effects of summer tourism on the home help market in a seaside resort in Brittany</th>
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<td>Affiliation: Centre nantais de sociologie (Cens UMR 6025), France</td>
<td>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.</td>
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<td>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 scissor effect between higher demand and lower availability of labour.</td>
<td>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.</td>
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<th>Amaya Alvarez</th>
<th>Choice and control? Mental health carers, marketisation and the co-option of unpaid care in Australia</th>
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<td>Affiliation: Future Social Service Institute, (FSSI) RMIT University</td>
<td>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.</td>
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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.

Tamara Daly

**Above and beyond: Gendered austerity and comparative wage theft in long-term care work**

**Affiliation:** York University, Toronto

**Other authors and affiliations:** Sara Charlesworth, RMIT University; Ian Cunningham, Strathclyde University; Donna Baines, University of British Columbia; Deb King, Flinders University; Wendy Taylor, RMIT University

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.

Session 4C: The design and operation of care markets and provider innovation

Chair: Catherine Needham
Discussant: Karla Zimpel-Leal

**Juliette Malley**

**Shaping the quality of social care markets by investing in providers in England**

**Affiliation:** CPEC, LSE

**Other authors and affiliations:** Alasdair Jones, Dept of Methodology, LSE; Valentina Zigante, CPEC, LSE

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.

Alasdair Jones

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

Affiliation: LSE (Dept of Methodology)
Other authors and affiliations: Juliette Malley (LSE [CPEC]); Valentina Zigante (LSE [CPEC])

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.

Deborah Milly

Policies, markets for care workers, and entrepreneurial innovation: Implications of the Japanese case

Affiliation: Virginia Tech (Virginia Polytechnic Institute and State University)

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.

Kris Peach

Investing to deliver high quality care: an English example

Affiliation: Housing 21
Other authors and affiliations: Vanessa Pritchard-Wilkes, Housing 21

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 presence for both care workers and residents.

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.

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**Friday 30th April**

**13.15-14.45**

Q&A session: the week

**15.00-16.30**

Closing panel

Chair: Sue Yeandle, University of Sheffield
Judith Phillips: ‘Sustainable care: a reflection’
TBC: ‘Sustainable care: a warning’
Dr Karla Zimpel-Leal: ‘Sustainable care: a vision’