



## **Carers@work**

### **The reconciliation of employment and eldercare: a secondary data analysis**

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## Introduction

The possibility to carry out in parallel both a paid activity in the labour market and informal care of a dependent older person is usually seen as a rather difficult objective to achieve. The aim of the project *Carers@work* (the short title for the cross-national study on “The Reconciliation of Employment and Eldercare”, funded by the Volkswagen Foundation) is to show that the reconciliation of employment and family care of older people care is possible if appropriate support measures are made available at both the enterprise and the policy level. The idea underlying this project is that sustainable care provision can be guaranteed in an ageing society, and new productivity potentials can be reached by motivated employees, if the needs produced by the caregiving role are adequately recognised and tackled.

The topic of the reconciliation of employment and care for older family members is indeed highly relevant for societies undergoing socio-demographic change as it affects the future working environment as well as the future provision of care for older people, two areas which are both facing particularly serious challenges. Moreover, the division of labour and roles within the family is also affected by this phenomenon, thereby impacting on the possibility to reach an equal ‘work-life balance’ for both genders. A satisfying reconciliation of employment and family elder care would contribute to both maintaining and strengthening the employability of an ageing workforce, and guarantee the future provision of care for the rising numbers of older people. While the former aspect supports the competitiveness and productivity of an ageing society, the latter is closely linked with the issue of ‘intergenerational solidarity’, which arguably has become overstretched.

However, innovative concepts are needed to exploit the existing capacity of our society. To this end, joint efforts by all societal actors concerned are required. Therefore, family carers and their employers share particular responsibility for finding the best solutions for achieving an adequate reconciliation between work and care. This is the starting point of the research project, which considers both the perspectives and demands of family carers and of enterprises. The study refers to the central challenges of demographic change, namely “ageing workforces” and increasing longevity, which is likely to result in rising numbers of people in need of long-term care. Furthermore, it focuses on the “baby-boomer” generation, which most family carers belong to. Although those living in a “sandwich” position are still a small minority, a better understanding of their situation will nevertheless have major implications for the future, when their prevalence is likely to increase. Changing life courses are, in fact, the blueprint for the project: increasing female employment; the necessity to reconcile employment and care in several life phases (this situation being no longer limited to parents of young children); extension, differentiation and prolongation of old age, as well as receipt of care as a distinct phase in old age. All these have become important structural features of contemporary life courses, with new challenges for the individual and the society which need to be approached from both the perspectives of family carers and that of the working environment. Therefore the issue of productivity is central: the more important future challenges in economy and society have to be mastered by an ageing workforce, the more important it becomes to maintain and to support its capacity/productivity. By reflecting on the “new variant” of the “old” reconciliation problematic, another challenge is represented by the issue of equal opportunities for both genders in the context of demographic change and the resulting new care challenges.

In this context, the concurrence of professional commitments and private, informal care demands have become a new individual and societal challenge that is endangering the economic productivity of “ageing workforce”. This affects particularly older workers and the enterprises employing them. The more enterprises develop transferable innovative solutions, for example with regard to work

organisation and working time, the more likely it is that these transformations will also contribute to societal innovations.

The project *Carers@work* is being conducted in four European countries: Germany (coordinating partner), the United Kingdom, Italy and Poland, and it compares individual and enterprise-based reconciliation strategies using different tools. The three main phases of the project can be described as follows:

- 1) literature review and secondary data analysis: to establish the state of the art on the basis of a comprehensive review of the international research literature, and to identify gaps in existing knowledge using secondary data analysis of relevant international data sets;
- 2) qualitative interviews with family carers: to carry out 60 qualitative interviews in each of the four participating countries regarding individual reconciliation strategies, based on the outcomes of the secondary data analysis, and to produce country reports on this basis, followed by cross-nationally comparative analysis and report;
- 3) case studies within companies: to carry 10 case studies in German enterprises (including some who already took part in a research project in 1995, hence making longitudinal analysis possible), in order to analyse the reconciliation problematic at the company level.

Thus, the database of the enterprise-based study is composed of expert interviews with representatives of employers/trade unions and documentary analyses of collective bargaining and enterprise agreements, as well as international ‘examples of best practice’, while the carer perspective is analysed using secondary analysis of available European databases and the collection of qualitative data.

Within the context of the carer perspective, this publication presents the results of the secondary data analysis carried out during the first phase of the project, based on databases of European research projects: EUROFAMCARE and SHARE.

After a brief description of the aims of this report, the further two “core” sections are dedicated to the results of data analyses following a similar structure, with an initial part explaining methodological aspects, a central body of results, and conclusions: Chapter 2 focuses on results from the EUROFAMCARE database, while Chapter 3 presents findings from the SHARE database.

### **Aims of this report**

The aim of this report is to provide empirical evidence to answer the following research questions posed by the project *Carers@work*:

- A) What conflict and stress situations between work and care are typical among the caregivers?
- B) What strategies do carers use to reconcile work and care for an older individual?
- C) What kind of influence does the qualification level of the carers have with regard to the reconciliation of work and care for an older individual?
- D) What kind of influence do the employment and income situation of the caregivers’ households have on the reconciliation of work and care?
- E) Within the context of the actual parameters of employment and family-work, what kind of gender inequalities are the results of the reconciliation problematic?
- F) Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment and care for older individuals?
- G) Are there any specific individual conflicts or strategies related to the reconciliation of work and care for an older individual when comparing different countries?

This aim is pursued through an in-depth analysis of the data collected by the EUROFAMCARE and SHARE (second wave) projects. EUROFAMCARE was a European research project funded by the European Commission and carried out in 2004-2005 across six European countries: Germany (coordinating partner), Greece, Italy, Poland, Sweden and the UK<sup>1</sup>. From this database, data from Germany, Italy, the UK and Poland were extracted and analysed for this report. The Survey of Health, Ageing and Retirement in Europe (SHARE)<sup>2</sup> is a multidisciplinary and cross-national panel research on health, socio-economic status and social and family networks of individuals aged 50 or over. The second wave of data collection was conducted in 2006-07 within fourteen European countries including Germany, Italy, and Poland, while in the UK a related but partly different survey (ELSA) was conducted.

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<sup>1</sup> For more details on this project please refer to its homepage [www.uke.uni-hamburg.de/eurofamcare](http://www.uke.uni-hamburg.de/eurofamcare). In-depth information on the projects' aims are also reported in Döhner, H., Kofahl, C., Lamura G. and Triantafillou J. (2008). *Introduction – Aims and structure of the EUROFAMCARE project and Introduction to the Trans-European Survey Report (TEASURE)*. In G. Lamura, H. Döhner and C. Kofahl (Eds.): *Family Carers of Older People in Europe – A six-country comparative study*. University of Hamburg-Eppendorf, Hamburg, Lit Verlag.

<sup>2</sup> For more details on this project please refer to its homepage: <http://www.share-project.org/>.







## **Carers@work**

### **PART 1: The reconciliation of employment and eldercare in the EUROFAMCARE findings: a secondary data analysis**

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## 1. Methodology

### 1.1. Data source

The EUROFAMCARE database contains variables concerning circa 6,000 situations of family caregiving of older people. The main aim of the EUROFAMCARE project was to evaluate the situation of family carers of older people in Europe in relation to the existence, familiarity, availability, use and acceptability of supporting services, with the objective of formulating: a) at a macro-level, suggestions for the implementation of more comprehensive, carer-friendly elderly care policies in Europe; b) at a meso-level, suggestions for developing new partnerships between service providers, local authorities and caring families, and the implementation of innovative user-oriented services and c) at a micro-level, more systematic and adequately disseminated knowledge about caregiving, thus contributing to significantly improving the situation of cared-for older people and at the same time improving the caregivers' quality of life.

At a trans-European level, a core group consisting of six national research teams – Germany (co-ordination), Greece, Italy, Poland, Sweden and the UK – conducted a two-step survey on 6,000 primary family carers of dependent older people: 1,000 per country, using an agreed protocol for sample selection and implementation of the survey, a Common Assessment Tool (CAT) for face-to-face interviews with the sample of family carers, data input and data analysis. The questionnaire<sup>3</sup> (CAT) utilised in the survey included also a section on carers' working situation, allowing, at least in part, for the analysis of data to answer to the above mentioned research questions.

### 1.2. Sampling and recruitment<sup>4</sup>

A common strategy was built to ensure that samples from the different countries offered a good representation of carers and their situation and that these samples were comparable across the six countries. Therefore a standard evaluation protocol (STEP) for the national surveys was developed to make it possible to merge the data into a common database. This STEP contained, among other things, guidelines on: a) questionnaires and guidelines for data collection; b) approaches for evaluating the percentage of family carers in the whole population and developing sampling strategies; c) training interviewers; d) the criteria of the sample unit (i.e. definition of "family carer of older people"). To ensure a reasonable level of representativeness and comparability at a European level an agreement on a common definition of the elementary "sample unit", to be used as the basis for the National Surveys, had to be found.

This definition included any person who: 1) perceived themselves to be a carer; 2) supported an older person 65+ for at least four hours a week and/or organised the care provided by others; 3) provided care to an older person living at home or in residential care settings (nursing homes, sheltered housing, etc). The definition excluded: those people who only provide financial support or companionship.

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<sup>3</sup> Freely available at [http://www.uke.de/extern/eurofamcare/documents/deliverables/cat\\_uk.pdf](http://www.uke.de/extern/eurofamcare/documents/deliverables/cat_uk.pdf)

<sup>4</sup> This section is based on: Öberg, B., Quattrini S., Brown J., Lüdecke, D., Prouskas, C., and Synak, B. (2008). *Sampling, recruitment and representativeness*. In G. Lamura, H. Döhner and C. Kofahl (Eds.): *Family Carers of Older People in Europe - A six-country comparative study*. University of Hamburg-Eppendorf, Hamburg, Lit Verlag.

In case a carer provides support to more than one older person, data collection was to be focused on the most relevant or primary care giving situation. Where more than one carer provided support to the same older person, data was to be collected from the person providing the most care.

As for the common sampling strategy, it was formed based on the following steps: a) Sample sub-areas: the identification of at least three representative macro regions in each country; b) Sample regions: the identification of sample regions within the sub-areas based on urban/rural characteristics; c) Sample zones: one or more sub-areas representative of the region in term of socio-economic context and availability of services.

Regarding the recruitment procedure, family carers were recruited through the agreed “saturation” method, which involves contacting the population of caregivers living in the chosen sample communities through all the following potential recruitment channels:

- Contacts through volunteer, religious and private organisations, etc.;
- Door-to-door census;
- Advertisement in newspapers and on local radio;
- Letters sent by mail to residents;
- Phone calls to residents;
- Snowballing through contacts reached by any of the previous methods;
- Personal contacts of interviewers.

A survey of 1,000 participants in each country was planned, utilising the non-random type of sample, with a combination of judgemental and informed expert advice. The parameters used for the computation of the number of carers to be interviewed in each metropolitan, urban and rural district located in each sub-area can be synthesised as follows: a) territorial parameter: a proportionate sampling was carried out according to the size of the population aged 65+ living at home in the sub-areas identified in each country; b) urban-rural parameter: each of the sub-samples were subsequently divided according to the metropolitan, urban and rural population distribution; c) availability of services: the regions and municipalities to be involved in the survey was chosen according to the level of supply of support services for elderly people, in order to assure that regions with high, medium and low availability of services were included.

The described strategy for sampling aimed to ensure that the sample would represent a variety of caring situations. However, in terms of the representativeness, each country has tried to compare the collected samples with existing descriptions of elderly people or carers in existing national databases or from other studies.<sup>5</sup>

The overall EUROFAMCARE sample resulted in 5,923 interviewed caregivers, about 1,000 in each country. From this sample, the Carers@work study concentrated on people in working age (14 to 65 years) and only in four out of the six European countries addressed by the EUROFAMCARE project, we selected the sample accordingly. Our final sample resulted in 3,141 carers (ranging from the 737 cases in the UK to the 812 in Poland), about 4 in 5 of whom were women and 50% were employed carers (Table 1).

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<sup>5</sup> For further details about sampling strategies in each country, see Birgitta Öberg, Sabrina Quattrini, Jayne Brown, Daniel Lüdecke, Costis Prouskas, Brunon Synak, (Eds.). Family Carers of Older People in Europe - A six-country comparative study. University of Hamburg-Eppendorf, Hamburg, Lit Verlag.

### 1.3. Data analysis

Separate analyses on working and non-working carers were carried out and presented through this report.

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Employed										
Female	<b>298</b>	71.6	<b>280</b>	75.7	<b>297</b>	76.7	<b>298</b>	72.7	<b>1173</b>	74.1
Male	<b>118</b>	28.4	<b>90</b>	24.3	<b>90</b>	23.3	<b>112</b>	27.3	<b>410</b>	25.9
Total	<b>416</b>	100	<b>370</b>	100	<b>387</b>	100	<b>410</b>	100	<b>1583</b>	100
% TOTAL EMPLOYED									<b>51%</b>	
Non employed										
Female	<b>313</b>	83.7	<b>307</b>	84.8	<b>336</b>	79.1	<b>326</b>	83.4	<b>1282</b>	82.6
Male	<b>61</b>	16.3	<b>55</b>	15.2	<b>89</b>	20.9	<b>65</b>	16.6	<b>270</b>	17.4
Total	<b>374</b>	100	<b>362</b>	100	<b>425</b>	100	<b>391</b>	100	<b>1552</b>	100
% TOTAL NON EMPLOYED									<b>49%</b>	
TOTAL										
Female	<b>612</b>	77.4	<b>592</b>	80.3	<b>633</b>	78.0	<b>624</b>	77.9	<b>2461</b>	78.4
Male	<b>179</b>	22.6	<b>145</b>	19.7	<b>179</b>	22.0	<b>177</b>	22.1	<b>680</b>	21.6
Total	<b>791</b>	100	<b>737</b>	100	<b>812</b>	100	<b>801</b>	100	<b>3141</b>	100
	<b>100.0</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	

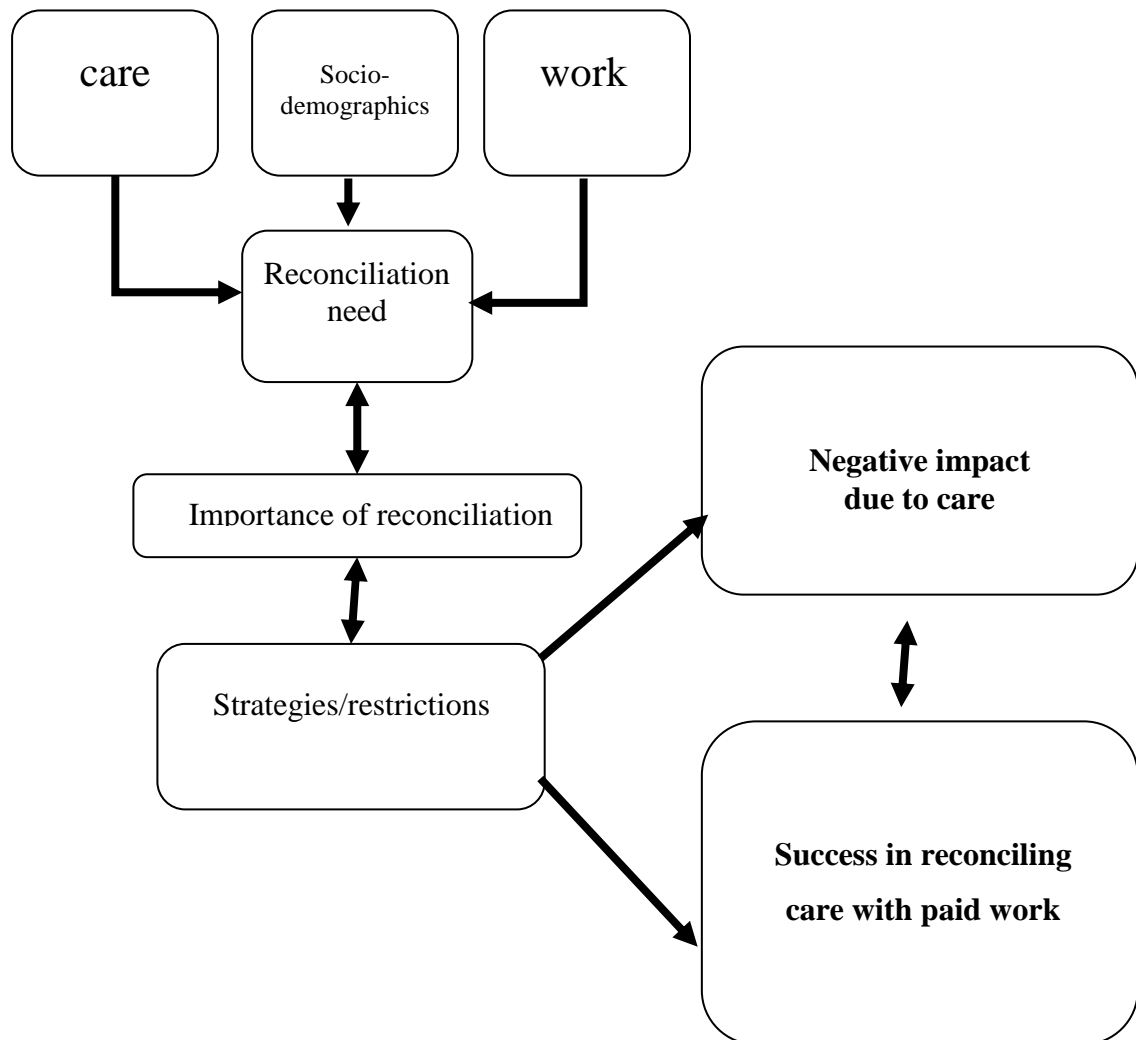
In order to answer to the project's core research questions (RQs), bivariate and multivariate analyses were performed on the 1.583 working carers.

It was decided to address research Questions A (on conflict and stress situation) and B (on strategies to reconcile work and care) by merging answers together. According to the conceptual framework showed in Figure 1, strategies adopted to ensure reconciliation between paid work and care for an older relative are strictly related to stress-conflict situations caused by the attempt to reconcile these different activities. Strategies could depend also on the perceived reconciliation need, indicated, among other things, by the importance attached by caregivers to the possibility of combining caregiving with paid employment.

Success in reconciling care and work might depend also on other factors which could potentially influence strategies and the stress/conflict situation. For this reason, in answering other research questions, we stressed the role of following dimensions: qualification level RQ "C", employment situation RQ "D", gender RQ "E" and kind of support RQ "F", in adopting strategies and in

experiencing possible stress/conflict situations. Thus research questions A and B can be considered the two “dependent” questions, while RQs C, D, E and F could be considered as “independent” ones. RQG, on country differences, has been treated transversally across all other RQs.

**Figure 1: Factors influencing strategies of reconciliation and related stress-conflict situations**



The individual satisfaction with the reconciliation has been identified, within the framework showed in Figure 1, in order to examine whether adopted strategies succeeded in improving the quality of the reconciliation care-work, or should rather be interpreted as sources of possible stress-conflict situations.

As a second outcome, the negative impact of caregiving has been identified as a scale measuring negative aspects linked to caregiving activity, which are not necessarily linked to the reconciliation needs, but could in any case reveal important aspects also about this last issue.

Regarding multivariate analyses, logistic regressions on the success obtained in the reconciliation between work and care were carried out, as well as linear regressions on the negative impact. Table 2 describes variables employed for multivariate analysis.

**Table 2: Descriptions of the independent and dependent variables employed in the multivariate analyses**

<i>Independent Variables</i>	<b>Description</b>
<b>Strategies/restrictions</b>	
Reduction of working hours	People who said that they had to reduce their working hours due to caregiving activity
Impossibility to develop career or studies	People who said that can/could not develop their professional career or studies due to caregiving activity
Forced occasional work	People who declared that can/could work only occasionally due to their caregiving activity
<b>Socio-demographics</b>	
Gender	Male; Female
Marital Status	Married/Cohabiting; Divorced, Single or widowed
Relationship to elder	Daughter; Son; Daughter-in-law; Spouse/Partner; Other (Sibling, Uncle/aunt, Nephew/niece, Cousin, Other)
Living place carer and elder	Same household; Same building or walking distance; Drive/bus/train distance
Level of education	Low; Medium; High
<b>Care related</b>	
Weekly hours of care	Average number of hours of care provided per week
Duration of caregiving	Time since care has started (in months)
Dependency degree of elderly person	Independent-Slightly dependent; Moderately-Severely dependent
Positive value	Positive value of caregiving: scale constructed by summing responses to four items asking respondents to answer “always”, “often”, “sometimes” or “never” (on a 4-point scale) to the following questions: “Do you find caregiving worthwhile?”, “Do you have a good relationship with the person you care for?”, “Do you feel that anyone appreciates you as a caregiver?”, “Do you feel you cope well as a caregiver?”. Range = 4 (least positive value impact) to 16 (greatest positive value) (Balducci et al., 2008) <sup>6</sup>
Support network in care	Based on responses to the question: “If you needed a break from your caring role. Is there someone who would look after ELDER for you?”. With 1=Yes. I could find someone quite easily; 2=Yes. I could find someone but with some difficulty/No, there is no one
Quality of support	Quality of support in caregiving: scale constructed by summing responses to four items asking respondents to answer “always”, “often”, “sometimes” or “never” (on a 4-point scale) to the following questions: “Do you feel well supported by your friends and/or your neighbors?”;

<sup>6</sup> Balducci, C., Mnich, E., McKee, K. J., Lamura, G., Beckmann, A., Krevers, B. et al. (2008). Negative impact and positive value in caregiving: validation of the COPE index in a six-country sample of carers. *The Gerontologist* 48, 276-286.

“Do you feel well supported by your family?”; Do you feel well supported by health and social services? (for example. public. private. voluntary)”; Overall, do you feel well supported in your role of caregiver?”. Range = 4 (worst quality of support) to 16 (best quality of support) (Balducci et al., 2008)

### **Work related**

Type of employment	Private sector; Public sector; Self-employed
Type of contract	Part-time (intended as 30 or less working hours a week); Full-time
Type of work	Low qualification; Middle qualification; High qualification

### *Dependent variables*

<b>Negative Impact</b>	Negative impact of caregiving: scale constructed by summing responses to seven items asking respondents to answer “always”, “often”, “sometimes” or “never” (on a 4-point scale) to the following questions: “Do you find caregiving too demanding?”; “Does caregiving cause difficulties in your relationships with friends?”; Does caregiving have a negative effect on your physical health?”; Does caregiving cause difficulties in your relationship with your family?”; Does care giving cause you financial difficulties?”; Do you feel trapped in your role as a caregiver?”; Does caregiving have a negative effect on your emotional well-being?”. Range = 7 (least negative impact) to 28 (greatest negative impact) (Balducci et al.. 2008).
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<b>Satisfaction with the reconciliation</b>	People answering “mostly yes” to the question: Is the possibility to combine care giving with paid employment currently being met for you?
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In the second part of the following chapter (Section 3.7) focused on results, bivariate analyses on work restrictions experienced by economically inactive carers were carried out. They do not constitute the focus of this report, yet they can give important indications on carers who do not succeed at all in reconciling care and work due to caregiving duties.

## **2. Results**

### **2.1. The reconciliation of work and care: the experience of working carers**

This first part of the chapter focuses on the working carers included in the sample. Initially, in order to describe the situation of each research question, some bivariate analysis were carried out, then the multivariate analysis was conducted to find out the determinants of a successful (or unsuccessful) reconciliation.

#### **2.1.1. What strategies do carers use to reconcile work and care for an older individual and what conflict and stress situation between work and care are typical among the carers?**

The following variables of the EUROFAMCARE database were particularly helpful in answering this research question through the bivariate analysis:

- Strategies followed by the working carers;
- Working carers’ motivations for caring for an older person;
- Importance given by working carers to care-work reconciliation;
- Working carers’ success (satisfaction) in the care-work reconciliation.

It was considered relevant to compare the importance with the satisfaction related to each strategy, in order to understand if such a strategy was to be seen as a positive and successful one or as a potential source of stress and so experienced by the carers negatively as a “restriction”.

As far the working carers’ motivations to look after the older person, it is useful to show the situation, even if a causal link between the motivations and the possible stress experienced by the carer cannot be identified.

The strategies/restrictions turned out to be particularly widespread in the UK, then in Germany, in Italy and at last in Poland. In all countries the working time reduction has proved to be the most used strategy, whereas the emotional tie was the most common motivation behind the provision of care.

In all countries the carers turned out to be very sensitive to the reconciliation aspect, making it highly relevant (values on its importance always above 80%, see Figure 5), in view of an often lower satisfaction with its pursuit.

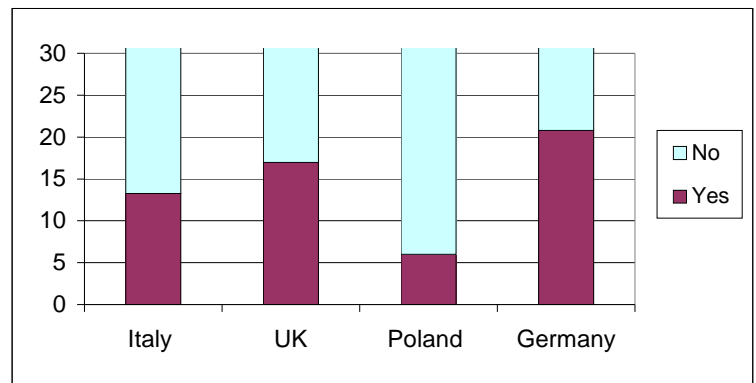
As far the relation between the adopted strategy and stress (this last one measured through the “distance” between the importance given to the reconciliation and the level of satisfaction related to it), the situation was shown to be different among the countries. German and Italian working carers are the most dissatisfied and supposedly more stress-prone. Poland was shown to be the country with the highest satisfaction level and so with less stress and conflict situations.

The following paragraphs go into these single aspects.

**2.1.1.1. Strategies**

EUROFAMCARE’s database allowed us to identify three main strategies available to working carers: a) reduction of working hours (Figure 2); b) forgoing career or study opportunities (Figure 3); c) working only on an occasional basis (Figure 4).

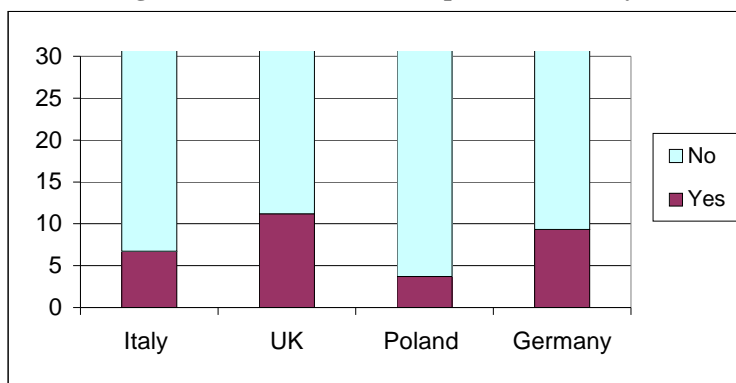
**Figure 2: Carers who had to reduce working time due to care (%)**



N: I=412; UK=364; PL=384; G=409

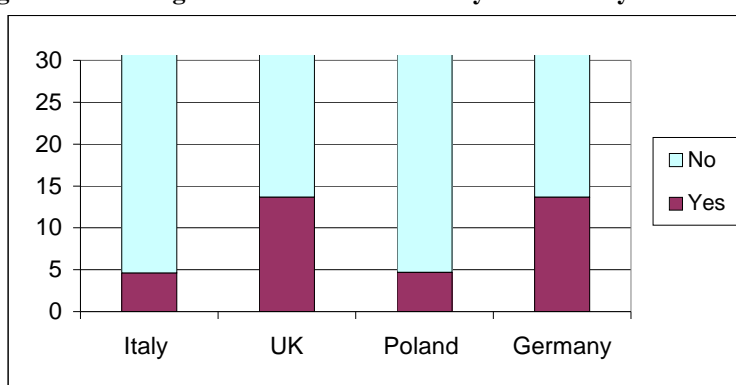


**Figure 3: Working carers who cannot develop career or study due to care (%)**



N: I=415; UK=366; PL=383; G=408

**Figure 4: Working carers who can work only occasionally due to care (%)**



N: I=415; UK=366; PL=383; G=408

Strategies/restrictions are generally present to a larger extent in the UK and in Germany, and to a lesser extent in Poland and in Italy (except for the reduction of working hours, which was quite frequent in Italy).

In the four considered countries, the most used strategy turned out to be the reduction of the working time, with values between 21% in Germany and 6% in Poland. The second most adopted strategy is working only on an occasional basis, used by 14% of German and UK working carers and by 5% of the Italian and Polish ones. With slightly lower frequencies, the same order of countries also applied with regard to the need to give up career or study for care.

### 2.1.1.2. Motivations

In this section the motivations for caring were related to the strategies/restrictions. It was apparent that in all countries the main reason for reducing the working time was the emotional bond. Moreover, whereas in the UK, Germany and Poland even the percentages related to a sense of duty and a personal sense of obligation are high (above 80%), in Italy these variables have values below 70% (Table 3).

**Table 3: Motivations in care of carers who reduced working hours\* (%)**

	IT (n=55)	UK (n=62)	PL (n=23)	GE (n=85)
Emotional bonds (love, affection)	96.4	93.5	95.7	91.8
A sense of duty	69.1	90.3	91.3	82.4
A personal sense of obligation toward the elder	63.6	88.7	91.3	88.2
Caring for the elder makes me feel good	50.9	53.2	78.3	78.8
There was no alternative	38.2	61.3	56.5	70.6
The elder would not wish for anyone else to care for	43.6	71.0	69.6	67.1
I found myself in this situation almost by chance	47.3	69.4	30.4	35.3
Because of my religious beliefs	32.7	19.4	69.6	18.8
The cost of professional care would be too high	41.8	46.8	34.8	54.1
There were economic benefits for me and the elder	7.3	9.7	8.7	9.4

\*people answering “yes” to the question: what of following factors influenced your decision to care for?

The same trend was also found in the motivations given by all people who gave up career to provide care for an older person (Table 4). Even in this case Poland stands out with a high percentage of working carers who care driven by religious beliefs (64.3%), and also for the high percentage of people who stated “caring for the elder makes me feel good” (92.9%). The UK can be distinguished from other countries because of the high percentage (70.7%) of people who became carers almost by chance, which differs from what was declared by the Polish (21.4%), Italian (35.7%), and German carers (42.1%).

**Table 4: Motivations in caring of working carers who cannot develop career or study due to care\* (%)**

	IT (n=28)	UK (n=41)	PL (n=14)	GE (n=38)
Emotional bonds (love, affection)	100.0	92.7	100.0	92.1
A sense of duty	57.1	82.9	100.0	86.8
A personal sense of obligation toward the elder	57.1	85.4	100.0	84.2
Caring for the elder makes me feel good	42.9	46.3	92.9	76.3
There was no alternative	39.3	63.4	71.4	65.8
The elder would not wish for anyone else to care for	32.1	70.7	64.3	68.4
I found myself in this situation almost by chance	35.7	70.7	21.4	42.1
Because of my religious beliefs	17.9	19.5	64.3	26.3
The cost of professional care would be too high	42.9	39.0	50.0	50.0
There were economic benefits for me and the elder	7.1	14.6	0.0	7.9

\*people answering “yes” to the question: what of following factors influenced your decision to care for?

Among the working carers who managed to work only occasionally, the main motivations are, once again, the emotional bonds and the sense of duty (Table 5). It has also to be underlined that - similarly to what was observed for the other strategies – as many as 89% of Polish working carers who do work only occasionally feel gratified by caring for the older family member.

**Table 5: Motivations for caring of who can work only occasionally due to care\* (%)**

	IT (n=19)	UK (n=50)	PL (n=18)	GE (n=56)
Emotional bonds (love, affection)	94.7	96.0	94.4	82.1
A sense of duty	78.9	86.0	100.0	80.4
A personal sense of obligation toward the elder	73.7	88.0	100.0	89.3
Caring for the elder makes me feel good	47.4	66.0	88.9	78.6
There was no alternative	47.4	64.0	66.7	67.9
The elder would not wish for anyone else to care for	57.9	66.0	72.2	69.6
I found myself in this situation almost by chance	47.4	68.0	44.4	42.9
Because of my religious beliefs	26.3	30.0	72.2	21.4
The cost of professional care would be too high	52.6	46.0	27.4	51.8
There were economic benefits for me and the elder	15.8	14.0	5.6	10.7

\*people answering “yes” to the question: what of following factors influenced your decision to care for?

### 2.1.1.3. Reconciliation: conflict and stress situations

In this section the link between the importance given to the care-work reconciliation and the success obtained by the carer in reconciliation thanks to the strategies utilised, was analysed. The level of satisfaction and the importance given by the carers to the possibility of reconciling care with work, become indicators, on one side, of the success obtained by the working carers in achieving reconciliation due to the followed strategies, and, on the other, of the potential experienced stress.

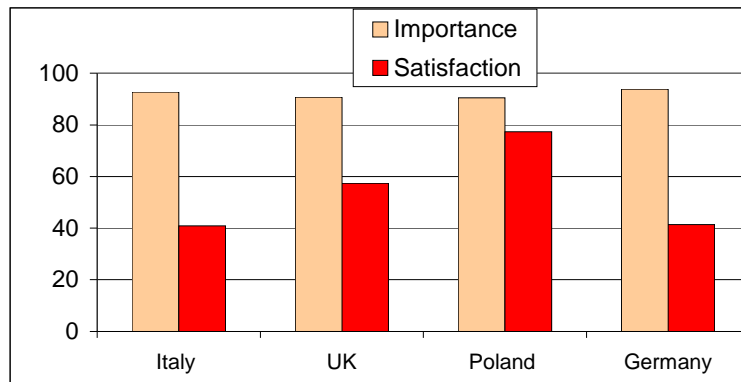
The distance between the importance and the satisfaction “measures” the stress: the bigger the distance between the two columns of the graph, the more “losing” the strategy and the satisfaction are; vice versa, the smaller the distance, the more “winning” the strategy is, so that the stress and conflict situations tend to reduce (see Figures 5, 6 and 7):

- overall in the countries the importance of reconciliation is given an high value, even if it tends to reduce a little for Germans who give up career and work only occasionally,
- in Germany and Italy the satisfaction values are lower, whereas in the UK, and mostly in Poland, they do increase. Stress and conflict situations appear to be particularly widespread mostly in Germany, then in Italy, thirdly in the UK and to a lesser degree in Poland.

Conflict situations vary among countries according to the followed reconciliation strategy:

- in Italy the conflict is higher for those who can work only occasionally;
- in the UK there are less conflict situations for carers who work, even if they are not able to develop a career, and for those who were forced to reduce their working time. Carers who work only occasionally are the most stressed ones;
- on the contrary to the situation in Italy and in the UK, in Poland carers who reduced the working time show very low stress levels. In Poland the levels related to other adopted strategies are also very low;
- in Germany carers who had to give up their career show the biggest distance between importance and satisfaction.

**Figure 5: Importance\* of and satisfaction\*\* with the reconciliation of carers who had to reduce working time due to care (%)**



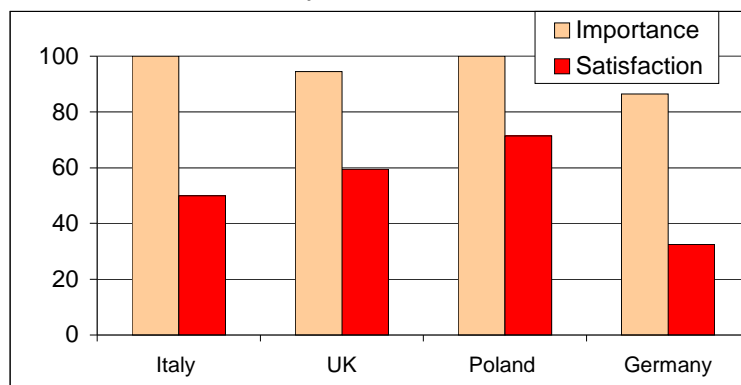
Importance: N: I=408; UK=336; PL=371; G=366

Satisfaction: N: I=378; UK=331; PL=373; G=364

\* People answering “quite important” or “very important” to the question: how important is support that gives you the possibility to combine care giving with paid employment?

\*\* People answering “mostly yes” to the next question: is this currently being met for you?

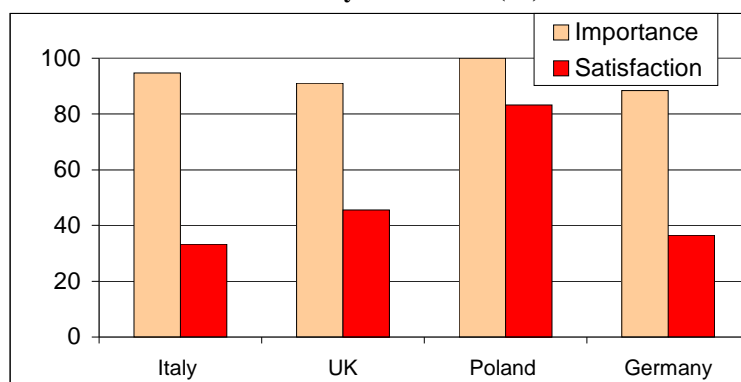
**Figure 6: Importance of and satisfaction with the reconciliation of working carers who cannot develop career or study due to care (%)**



Importance: N: I=411; UK=338; PL=371; G=365

Satisfaction: N: I=381; UK=333; PL=372; G=363

**Figure 7: Importance of and satisfaction with the reconciliation of working carers who can work only occasionally due to care (%)**



Importance: N: I=411; UK=338; PL=371; G=365

Satisfaction: N: I=381; UK=333; PL=372; G=363

**2.1.2. What kind of influence does the education level of the carers have with regard to the reconciliation of work and care for an older individual?**

**Table 6: Working carers by educational level**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Low	17	4.1	29	7.8	20	5.2	54	13.2	120	7.6
Medium	283	68.0	266	71.9	284	73.4	243	59.3	1076	68.0
High	116	27.9	70	18.9	83	21.4	92	22.4	361	22.8
TOTAL	416	100	370	100	387	100	410	100	1583	100

Low = primary education and lower secondary education (ISCED 0-2); Medium= upper secondary and post secondary education, without university degree (ISCED 3-4); High = first and second stage of tertiary level (ISCED 5-6)

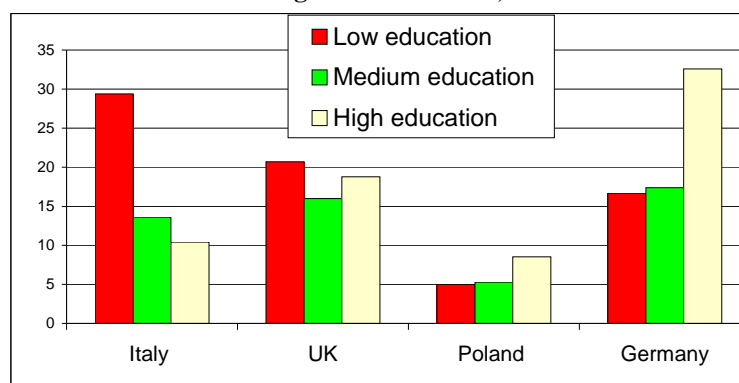
Analysing the impact of the educational level on reconciliation, it has to be considered that in all countries, the largest part of the sample refers to working carers with a medium educational level. However carers with a high educational standard are also well represented, whereas those with a low educational profile are not so large in percentage, ranging from 4.1% to 13.2% in the Italian and German samples respectively (Table 6).

The data analysis showed that, in the different countries, the carers' educational level is a factor affecting the selection process among the various strategies.

As far the working time reduction is concerned, for example, in Italy this strategy is mostly followed by carers with a low educational level (about 28% of low educated carers), with an impressive difference in comparison to carers with an high or medium educational level.

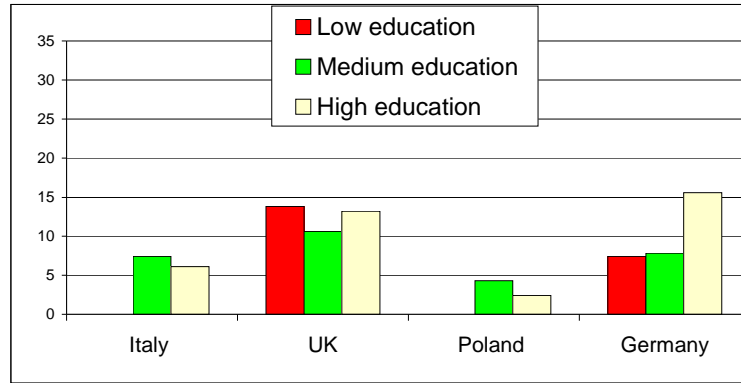
Exactly the opposite is the case in Germany: the higher the educational level the shorter the working time is. Indeed, more than 30% of highly educated carers reduced their working time in comparison with about 15% of other carers who did the same. In the UK and Poland the educational level does not seem to strongly affect the decision to reduce the working time.

**Figure 8: Carers who had to reduce working time due to care, within kind of educational level (%)**



N: I=412; UK=360; PL=384; G=409

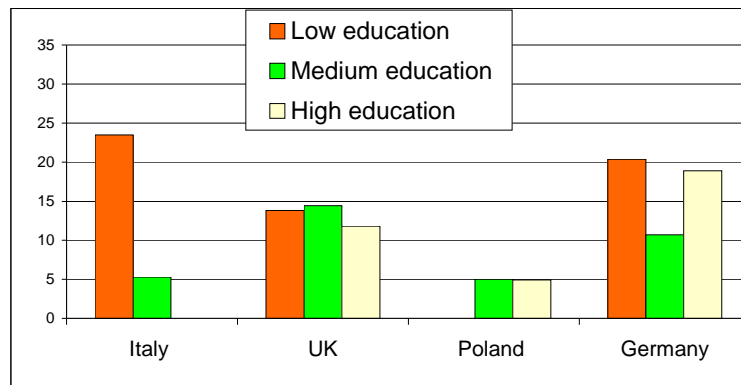
**Figure 9: Working carers who cannot develop career or study due to care, within kind of educational level (%)**



N: I=415; UK=361; PL=383; G=408

Figure 9 shows how the working carers' educational level normally has little influence on their career development. The results for Germany are more significant, where difficulty in developing a career is more widespread among highly educated carers. In Italy and Poland no carers with a low educational level feel penalised regarding their career, perhaps due to their very low expectations.

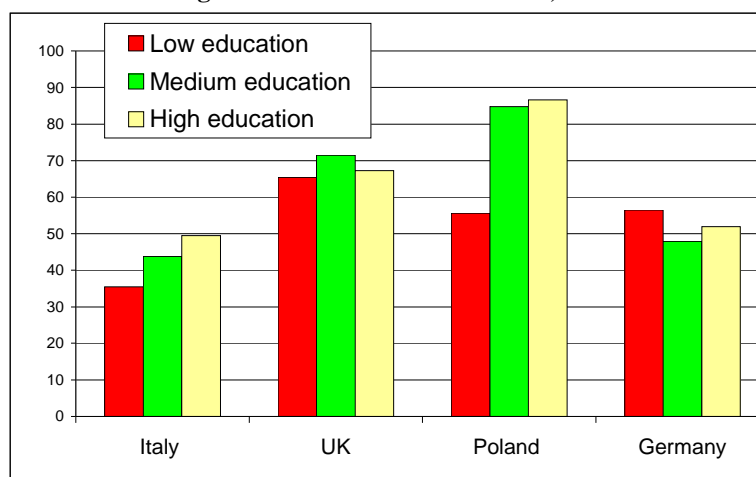
**Figure 10: Working carers who can work only occasionally due to care, within kind of educational level (%)**



N: I=415; UK=366; PL=383; G=408

As far the occasional work is concerned, Figure 10 shows that in Italy this strategy is to be found mostly among low educated working carers, and it is not so popular or is totally absent among those with a medium and high education. In Germany, occasional work is prevalent mostly among low or high educated working carers with a considerable gap to carers with a medium education. In the UK and Poland (where however this strategy is not widespread), the educational level does not appear to play a significant role.

**Figure 11: Satisfaction\* of working carers with the reconciliation, within kind of educational level (%)**



N: I=382; UK=335; PL=376; G=365

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

How does the satisfaction with the reconciliation in relation to the educational level show itself? Figure 11 shows that in Italy and in Poland lower educated carers are less satisfied than other workers, whereas in the UK and in Germany there are not big differences in the perceived satisfaction related to the educational level.

### 2.1.3. What kind of influence do the employment and income situation of the caregivers' households have on the reconciliation of work and care?

**Table 7: Working carers by qualification**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Low qualification	40	23.0	38	24.5	37	21.3	34	18.1	149	21.6
Medium qualification	64	36.8	59	38.1	63	36.2	70	37.2	256	37.0
High qualification	70	40.2	58	37.4	74	42.5	84	44.7	286	41.4
TOTAL	174	100	155	100	174	100	188	100	691	100

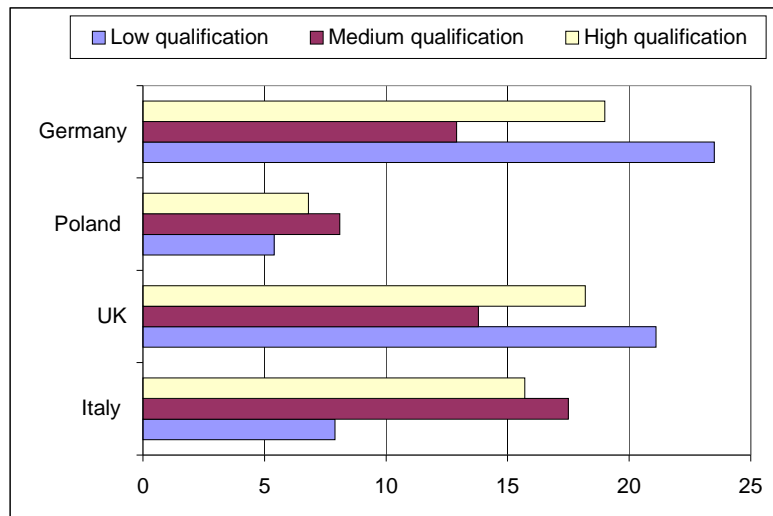
Low qualification = 6 to 9 ISCO 88 classification; Medium qualification = 4-5 ISCO 88 classification;  
High qualification = 0 to 3 ISCO-88 classification  
Missing: 892

It was not possible to use the variable regarding income to answer this research question due to the many missing cases in the EUROFAMCARE database (around 75%). However some information was collected concerning the kind of work undertaken by the carers using the ISCO88 classification, which was later grouped for the purposes of this report into a typology of carers with a high, medium or low qualification. Even in this instance, there is a certain number of missing cases but not to such an extent as to prevent developing some elaborations. Table 7 underlines that the sample is mostly made up of carers who are engaged in highly-qualified work, whereas those who are less qualified are less represented.

Generally speaking, strategies are followed in the UK especially by carers engaged in low-qualified work, whereas in other countries the impact of the kind of employment is rather variable. In Italy,

where carers employed in low-qualified work feel more satisfied, the impact of the kind of work on satisfaction is particularly evident.

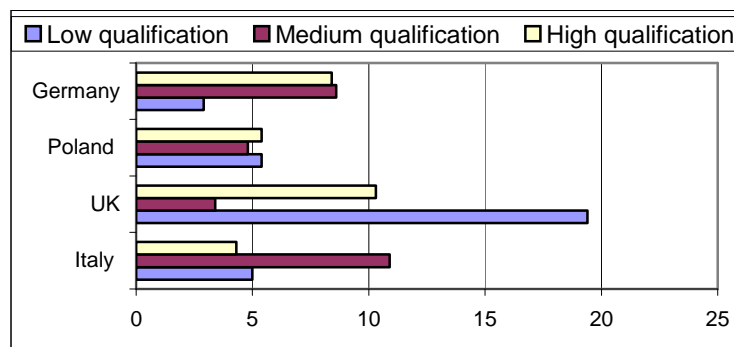
**Figure 12: Carers who had to reduce working time due to care, within kind of work (%)**



N: I=171; UK=151; PL=173; G=188

In Germany and in the UK mainly the working carers in less-qualified jobs reduced their working time. (Figure 12). In Italy and in Poland, on the other hand, this work choice is mostly made by carers with a medium qualification but in general, in Poland fewer carers had to reduce their working time when compared to other countries.

**Figure 13: Working carers who cannot develop career or study due to care, within kind of work (%)**

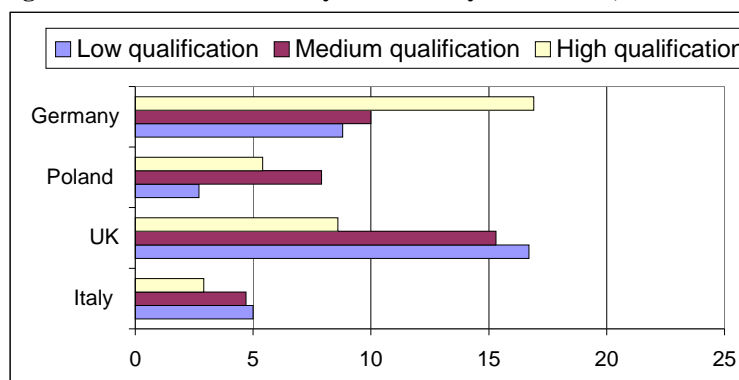


N: I=173; UK=153; PL=174; G=187

In relation to career development (Figure 13), in the UK the low-qualified carers are by far the most penalised, followed by high-qualified ones whereas in Italy, workers with a medium qualification in particular lost out on career opportunities. The same happens in Germany, where, however, a similar percentage can be found for highly-qualified workers. In Poland, the kind of work does not seem to particularly affect the career development.



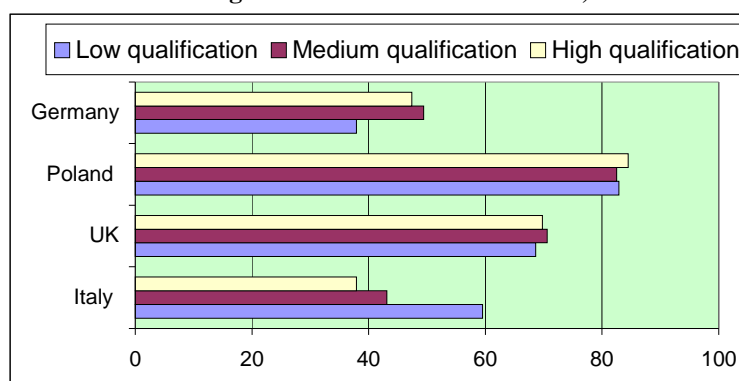
**Figure 14: Working carers who can work only occasionally due to care, within kind of work (%)**



N: I=173; UK=153; PL=174; G=187

In Germany, occasional work is mostly used by carers with a high qualification (Figure 14). On the other hand, in the UK this is more often the case for low- or medium-qualified working carers. The latter are more likely to work occasionally in Poland, even if at lower levels, whereas in Italy the highly qualified workers appear more “protected” from having to work only occasionally, as is also the case in the UK.

**Figure 15: Satisfaction\* of working carers with the reconciliation, within kind of work (%)**



N: I=161; UK=139; PL=169; G=170

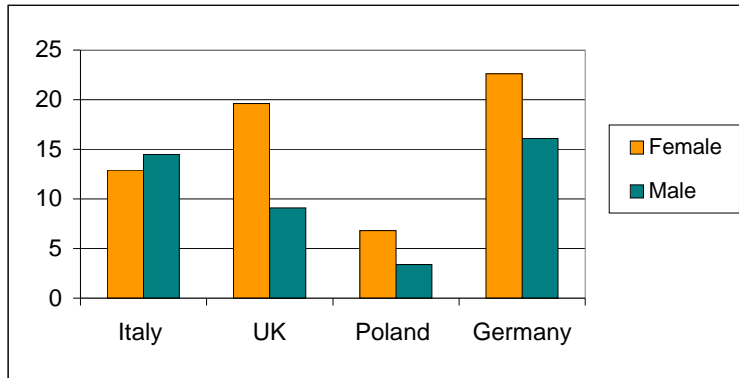
\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

The kind of work has an impact on the satisfaction level in terms of reconciliation especially in Italy, where those with low qualification appear to be more satisfied. On the opposite side, low-qualified workers are the least satisfied in Germany, whereas in Poland and in the UK the kind of work does not particularly impact on the satisfaction level.

**2.1.4. Within the context of the actual parameters of employment and family-work, what kind of gender inequalities are due to the reconciliation problematic?**

As it was showed in Table 1, one in four carers are female (with values between 71.6% in Italy and 76.7% in Poland). In this section data show that, generally in all countries, female carers are most likely to reduce their working time even if, at the same time, they appear to be the most satisfied (with the exception of Germany).

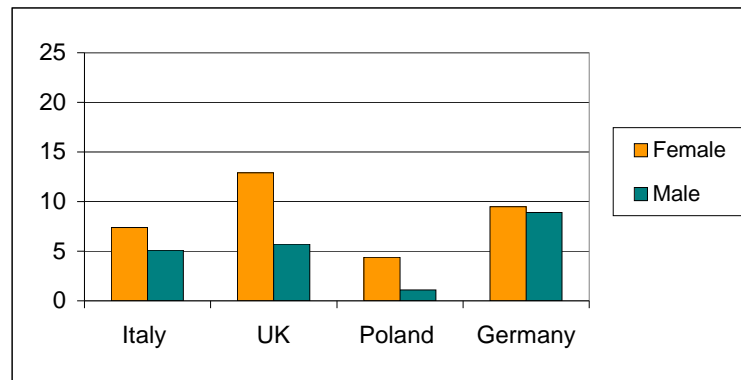
**Figure 16: Carers who had to reduce working time, within gender (%)**



N: I=412; UK=364; PL=384; G=409

In all countries, with the exception of Italy where there are not any relevant gender differences, female working carers had to reduce their working time more often than males (Figure 16).

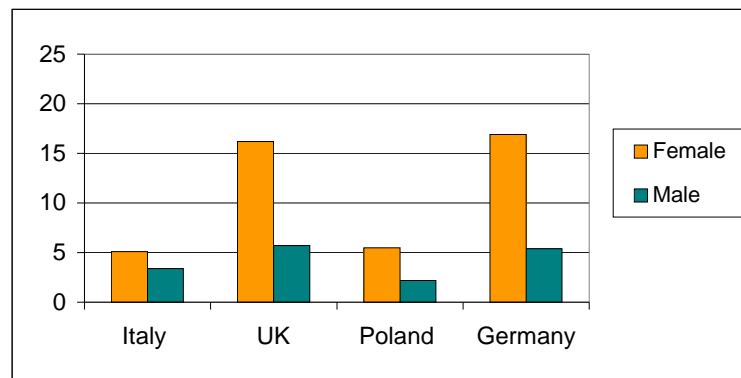
**Figure 17: Working carers who cannot develop career or study due to care, within gender (%)**



N: I=415; UK=366; PL=383; G=408

In all countries women are more likely to be penalised in terms of missed opportunities for career development (Figure 17), and by occasional work (Figure 18). This is particularly clear in the UK but also for the occasional workers in Germany.

**Figure 18: Working carers who can work only occasionally due to care, within gender (%)**

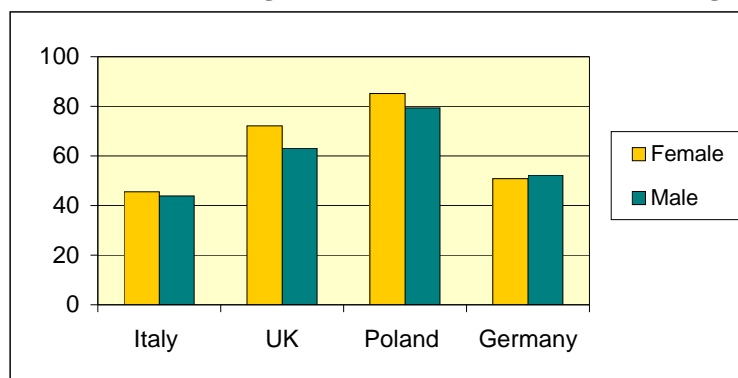


N: I=415; UK=366; PL=378; G=404

Despite the aforementioned results, Figure 19 shows that female working carers are slightly more satisfied than males with the level of reconciliation. This is particularly true for females from the

UK and Poland where they are satisfied with the decisions made to reconcile paid work with care, and do not feel restricted as is the case for the sampled males.

**Figure 19: Satisfaction\* of working carers with the reconciliation, within gender (%)**



N: I=382; UK=335; PL=376; G=365

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

### 2.1.5. Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment with caring for older individuals?

The EUROFAMCARE database does not allow for the processing of information regarding the incidence and the efficiency of the public and business support to the work-care reconciliation. However it is possible to utilise the variables to examine the relationship between the availability of an informal support network and reconciliation.

**Table 8: Working carers by availability of support network**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Not available	48	11.5	60	16.2	33	8.5	57	13.9	198	12.5
Available with difficulty	154	37.0	93	25.1	83	21.4	165	40.2	495	31.3
Easily available	214	51.4	215	58.1	271	70.0	187	45.6	887	56.2
TOTAL	416	100	368	100	387	100	409	100	1580	100

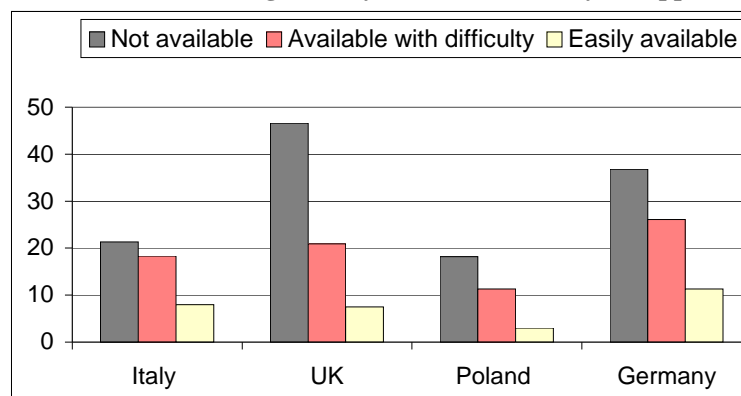
People answering “Yes, I could find someone quite easily”, “Yes, I could find someone but with some difficulty” or “No, there is no one”, to the question: “If you needed a break from your caring role, is there someone who would look after ELDER for you?”

Missing: 3

Looking at Table 8 it is apparent that in all countries the majority of the sample can easily count on a support informal network, compared to a small proportion who cannot rely on one at all (12.5%, with a range between 8.5% in Poland and 16.2% in the UK).

Generally, in all countries (but in particular in the UK and in Germany), carers who mostly follow strategies or experience restrictions are firstly the ones without an informal support network, and secondly those who can rely on it, even with some difficulties. In these circumstances, the most frequent choice for carers is to reduce the working time. Looking at the success of reconciliation in general, there is a slight trend to suggest a direct relationship with the available support. This is particularly true in Germany, where carers without a support network are more dissatisfied than others, whereas in the UK and in other countries the situation appears much more balanced.

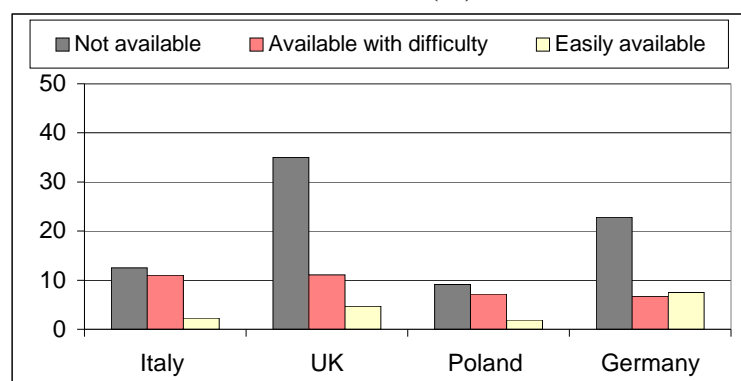
**Figure 20: Carers who had to reduce working time, by level of availability of support network in care (%)**



N: I=412; UK=364; PL=384; G=409

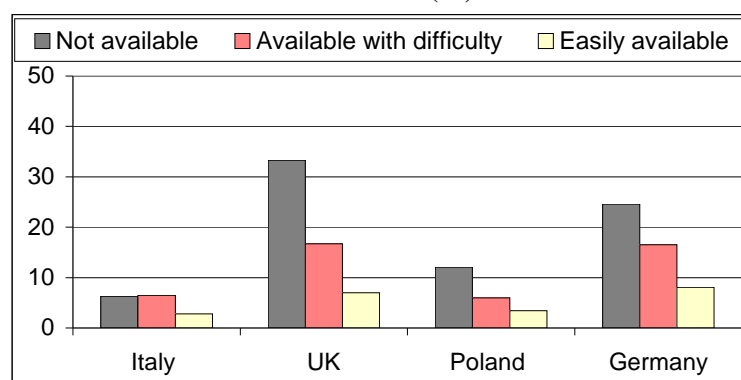
Figure 20 highlights that in the UK and Germany, the availability of an informal support network plays a great role in influencing the reduction of working time. Almost 50% of UK carers without a support network have decreased their working time and almost 40% of German carers did the same. In these two countries there is also a considerable number of carers who reduced their working time whilst being able - without difficulties - to rely on a support network (1 in 5 and 1 in 4 respectively). In Italy the situation is comparable. The trend for the next two strategies is similar (Figures 21 and 22): those who can rely on a support network suffer from fewer professional restrictions than those who cannot rely on such help.

**Figure 21: Working carers who cannot develop career or study due to care, by level of availability of support network in care (%)**



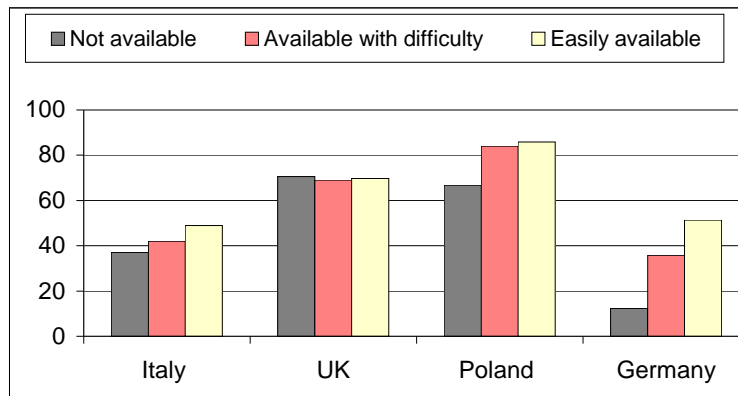
N: I=415; UK=366; PL=383; G=408

**Figure 22: Working carers who can work only occasionally due to care, by level of availability of support network in care (%)**



N: I=415; UK=366; PL=383; G=408

**Figure 23. Satisfaction\* of working carers with the reconciliation, by level of availability of support network in care (%)**



N: I=382; UK=335; PL=376; G=365

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

Considering the two countries with the most critical situations (the UK and Germany), in the UK in spite of all, the adopted strategies appear to work quite well, given the considerable percentage of satisfied carers with the gained level of common reconciliation regardless of the help available. However, in Germany there is a very different situation. Here the satisfaction levels are very low and almost none for the carers without a support network (Figure 23).

### 2.1.6. Predictors of stress and success in reconciling paid work with care

The following analysis is based on the conceptual schema presented in Figure 1 and considers the variables listed in Table 2.

The purpose of this section is to verify, once socio-demographic features have been controlled for, which factors are dominant predictors of conflict/stress situations and the successful reconciliation of work and care.

#### 2.1.6.1. Predictor of negative stress in terms of negative impact due to care

The variable that best summarizes a stress situation due to caregiving is the negative impact scale, whose value increases in association with the number of negative situations faced by the carer.<sup>7</sup> Statistically significant variables (for the complete list of variables in each country, cfr. the Appendix) were presented as follows in Table 9 to obtain a comparison between countries. After some summary information on the validity of the model (number of observations, tests of joint zero of all the explanatory variables and R-square), the first column shows the independent variables that are part of the model. For discrete variables, a reference category has been chosen. In the other columns, there are the coefficients of each variable, their standard errors and the t-test of statistical significance.

<sup>7</sup> Although it is a discrete variable (which only takes integer and finite values), it can be approximated to a continuous one, because we are interested in its order and not in the proportion between the several outcomes. Consequently, the statistical model which uses the linear regression is estimated by the method of ordinary least squares. To avoid heteroskedasticity problems (which would make no substantial testing on estimates), the error terms have been corrected through the White procedure. In this way the coefficients are unchanged, but the statistical tests and statistical significance are not biased (White, H. [1980]. A heteroscedasticity-consistent covariance matrix estimator and a direct test for heteroscedasticity. *Econometrica* 48: 817-838).

The table also shows the estimation of the model described above for working carers in each of the countries covered by the sample. In general, all four estimations are robust, given that the test of joint zero rejects the null hypothesis in every case. Moreover, R-squared shows the percentage of variability explained by the model which ranges from 43% in Poland to 63% in the UK.

The value of the coefficient indicates the magnitude of the relation and indicates the direction of proportionality: if the sign is positive, this means that the value of the variable increases the negative impact; if the sign is negative, this means that with an increase to the variable, the negative impact decreases.

**Table 9: Linear Regression in each the four countries on Negative Impact (only significant variables)**

ITALY					
		Number of obs	=	142	
		F( 28, 113)	=	7.49	
		Prob > F	=	0.000	
		R-squared	=	0.488	
Independent variables	Outcomes	Coefficient	Std. Err.	t	P>t
Level of education	Low (Reference)				
	Medium	2.875	1.457	1.97	0.051
	High	3.485	1.561	2.23	0.028
Dependency degree	Independent (Reference)				
	Slightly dependent	1.188	0.704	1.69	0.094
	Moderately dependent	3.014	0.777	3.88	0.000
	Severely dependent	2.374	0.772	3.07	0.003
Positive value		-0.710	0.165	-4.30	0.000
UK					
		Number of obs	=	125	
		F( 27, 97)	=	9.55	
		Prob > F	=	0.000	
		R-squared	=	0.632	
Independent variables	Outcomes	Coefficient	Std. Err.	t	P>t
Work restrictions	Impossibility to develop career or studies	2.602	1.073	2.42	0.017
Gender	Male (Reference)				
	Female	1.570	0.714	2.20	0.030
Marital Status	Married/Cohabiting (Reference)				
	Widowed, Divorced/Separated, Single	-1.385	0.590	-2.35	0.021
Support network in care	Yes, easily (Reference)				
	With some difficulties	0.317	0.455	0.70	0.487
	No	2.986	1.090	2.74	0.007
Positive value		-0.714	0.151	-4.71	0.000
Type of work	High qualification (Reference)				
	Medium qualification	-0.605	0.538	-1.12	0.264
	Low qualification	-2.529	0.594	-4.26	0.000
POLAND					
		Number of obs	=	155	
		F( 28, 126)	=	3.41	
		Prob > F	=	0.000	
		R-squared	=	0.431	
Independent variables	Outcomes	Coefficient	Std. Err.	t	P>t
Dependency degree	Independent (Reference)				
	Slightly dependent	0.675	0.659	1.02	0.308
	Moderately dependent	1.923	0.670	2.87	0.005
	Severely dependent	4.425	0.936	4.73	0.000
Positive value		-0.434	0.115	-3.76	0.000

GERMANY					
		Number of obs	=	151	
		F( 28, 122)	=	8.25	
		Prob > F	=	0.000	
		R-squared	=	0.503	
Independent variables	Outcomes	Coefficient	Std. Err.	t	P>t
Work restrictions	Reduction of working hours	1.863	0.891	2.09	0.039
Gender	Male (Reference)				
	Female	-2.292	1.101	-2.08	0.039
Relationship to elder	Daughter (Reference)				
	Son	-2.688	1.229	-2.19	0.031
	Daughter in law	-0.971	0.741	-1.31	0.192
	Spouse/Partner	1.851	1.616	1.15	0.254
	Other	-1.742	0.716	-2.43	0.016
Average number of care for the elder in a week		0.046	0.017	2.64	0.009
Support network in care	Yes, easily (Reference)				
	With some difficulties	1.445	0.539	2.68	0.008
	No	1.205	1.151	1.05	0.297
Positive value		-0.553	0.134	-4.14	0.000
Type of employment	Private sector employee (Reference)				
	Public sector employee	-0.153	0.638	-0.24	0.811
	Self employed	-1.691	0.800	-2.11	0.037
	Other	-1.177	0.915	-1.29	0.201

Work restrictions/strategies seem to have no negative impact on carers in Italy and Poland. In the United Kingdom, the giving up of a career or further studies represent a co-determinant for the negative impact. The same effect can be observed in Germany for those that reduce working hours. This means that, limited to these specific cases, the reported decisions are not considered positively experienced strategies, but rather perceived as limitations that increase the conflict/stress level.

The degree of the cared-for older person's dependency is statistically significant only in Italy and Poland, with a positive coefficient: this means that if the older person is moderately or highly dependent, the stress increases in comparison to cases where the elder is independent (up to four times greater in the case of Poland).

The degree of availability of support network is significant in all countries apart from Poland: the unavailability, or the availability with some difficulties, is a determinant of a negative impact.

Gender is statistically significant only for the UK and Germany, but in contradictory ways: in the UK, women are under stress more than men, while in Germany it is exactly the opposite. As expected, finally the positive value is significant and negative for all countries: the stronger the positive feelings resulting from the care activity, the lower the negative impact deriving from caregiving (thus meaning that stress is reduced).

Other factors are country specific. In Italy, those with a high level of education suffer more from the negative factors. In the UK, to be widowed, divorced, separated or single decreases the negative impact, and the same is true for those who perform a low-skilled job. In Germany, to be sons or distant kin-members decreases the negative impact compared to daughters; moreover, as the weekly hours of care increase, the probability of stress increases too, while being self-employed also reduces the impact (compared to private employees).

### 2.1.6.2. Predictors of success in the reconciliation between work and care

The next step has been to verify if the same set of independent variables could be able to explain the success in reconciling work and care. Since in this case the dependent variable is a dichotomous one (i.e. taking value “1” if successful and “0” otherwise), the model used is a logistic regression. In this case, however, the sample was too small to carry out a separate estimation for each country; in fact, the joint zero test for all variables always accepts the null hypothesis, thus losing significance in these models. For this reason, the estimation has been performed on all four countries simultaneously (Table 10).

**Table 10: Logistic regression in the four countries (together) on success in reconciling work and care**

		Number of obs	=	536		
		Wald chi2(28)	=	44.43		
		Prob > chi2	=	0.025		
		Pseudo R2	=	0.064		
Independent variables	Outcomes	Odds Ratio	Std. Err.	z	P>z	
Work restrictions	Not adopted (Reference)					
	Reduction of working hours	0.746	0.265	-0.83	0.409	
	Impossibility to develop career or studies	1.204	0.458	0.49	0.625	
	Forced occasional work	1.682	0.731	1.20	0.231	
Gender	Male (Reference)					
	Female	0.938	0.370	-0.16	0.871	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	0.893	0.191	-0.53	0.597	
Relationship to elder	Daughter (Reference)					
	Son	0.741	0.349	-0.64	0.525	
	Daughter in law	1.513	0.471	1.33	0.184	
	Spouse/Partner	0.917	0.624	-0.13	0.899	
	Other	1.253	0.366	0.77	0.440	
Living place carer and elder	Same household (Reference)					
	Same building/Within walking distance	0.771	0.201	-1.00	0.318	
	Drive/Bus, Train	0.825	0.215	-0.74	0.462	
Level of education	Low (Reference)					
	Mediumediate	1.099	0.410	0.25	0.800	
	High	1.324	0.546	0.68	0.497	
Average number of care for the elder in a week		1.000	0.003	0.11	0.913	
Duration of care for the elder (in months)		1.000	0.002	0.13	0.895	
Dependency degree	Independent (Reference)					
	Slightly dependent	0.913	0.284	-0.29	0.769	
	Moderately dependent	0.683	0.212	-1.23	0.220	
	Severely dependent	0.548	0.191	-1.72	0.085	
Support network in care	Yes, easily (Reference)					
	With some difficulties	0.752	0.166	-1.30	0.195	
	No	0.547	0.164	-2.01	0.045	
Quality of support		0.975	0.032	-0.76	0.446	
Positive value		1.117	0.049	2.52	0.012	
Type of employment	Private sector employee (Reference)					
	Public sector employee	1.353	0.307	1.33	0.183	
	Self employed	0.684	0.189	-1.38	0.169	
	Other	0.667	0.360	-0.75	0.453	
Type of contract	Part time (Reference)					
	Full time	1.581	0.358	2.02	0.043	
Type of work	High qualification (Reference)					
	Medium qualification	1.177	0.247	0.78	0.438	
	Low qualification	1.451	0.382	1.41	0.158	



**Table 11: Logistic regression on success in reconciling work and care (country among independent variables)**

		Number of obs	=	536		
		Prob > chi2	=	0.000		
		Pseudo R2	=	0.130		
Independent variables	Outcomes	Odds Ratio	Std. Err.	z	P>z	
Work restrictions	Not adopted (Reference)					
	Reduction of working hours	0.781	0.289	-0.67	0.505	
	Impossibility to develop career or studies	1.049	0.446	0.11	0.911	
	Forced occasional work	1.265	0.577	0.51	0.607	
Gender	Male (Reference)					
	Female	1.012	0.409	0.03	0.977	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	0.993	0.218	-0.03	0.976	
Relationship to elder	Daughter (Reference)					
	Son	0.822	0.396	-0.41	0.684	
	Daughter in law	1.180	0.380	0.51	0.608	
	Spouse/Partner	1.065	0.800	0.08	0.933	
	Other	1.131	0.342	0.41	0.685	
Living place carer and elder	Same household (Reference)					
	Same building/Within walking distance	1.186	0.338	0.60	0.551	
	Drive/Bus, Train	1.169	0.346	0.53	0.598	
Level of education	Low (Reference)					
	Medium	0.889	0.350	-0.30	0.764	
	High	1.057	0.462	0.13	0.898	
Average number of care for the elder in a week		1.002	0.004	0.60	0.551	
Duration of care for the elder (in months)		0.998	0.002	-1.02	0.309	
Dependency degree	Independent (Reference)					
	Slightly dependent	0.825	0.279	-0.57	0.570	
	Moderately dependent	0.669	0.226	-1.19	0.233	
	Severely dependent	0.667	0.250	-1.08	0.281	
Support network in care	Yes, easily (Reference)					
	With some difficulties	0.829	0.189	-0.82	0.411	
	No	0.590	0.184	-1.69	0.090	
Quality of support		0.968	0.032	-0.96	0.337	
Positive value		1.053	0.051	1.06	0.289	
Type of employment	Private sector employee (Reference)					
	Public sector employee	1.272	0.297	1.03	0.303	
	Self employed	0.590	0.177	-1.75	0.079	
	Other	1.134	0.655	0.22	0.828	
Type of contract	Part time (Reference)					
	Full time	1.309	0.314	1.12	0.262	
Type of work	High qualification (Reference)					
	Medium qualification	1.137	0.248	0.59	0.555	
	Low qualification	1.387	0.396	1.14	0.252	
Country	Germany (Reference)					
	Italy	0.959	0.264	-0.15	0.879	
	UK	2.756	0.852	3.28	0.001	
	Poland	5.753	1.954	5.15	0.000	

In this way, the result is strong, but the variability explained is low (6.4%) and the only statistically significant variables are the following:

- availability of support network: who can not rely on anybody, have about 50% less probability of success in reconciling work and care;
- positive value: as the positive feelings resulting from care activity increase, the probability of success in reconciliation increases, too;

- type of contract: full-time employees are 1.5 times more likely to better manage reconciliation than those working part time. This aspect is very important because it might suggest that, in general, workers want to maintain their working hours to devote to the care activity only in the remaining time. This might suggest also that the reduction of working hours can be considered as a “restriction” rather than as a successful strategy.

These results, however, lose significance once (in a second logistic regression on the same outcome) the country effect is introduced among the dependent variables. In fact, this “new” variable became the only statistically significant one (Table 11).

These findings show that carers from Poland and the United Kingdom are more likely to be successful in reconciling work and care than their German counterparts, indeed almost six times and almost three times respectively. Italy instead does not differ significantly from Germany.

## **2.2. When reconciliation does not work: the experience of non-working carers**

To speak of “reconciliation” in the case of non-working carers can be misleading, as these have actually given up reconciling as they withdrew from the labour market or just remained detached from it. However the bivariate analysis was conveniently carried out as it is useful to identify non-working carers’ possible stress and conflict situations, due to the impossibility of reconciling the two activities.

### **2.2.1. Restrictions, care motivations and conflict/stress situations experienced by non-working carers**

Following the same pattern, as for working carers, this paragraph considers:

- Working restrictions mostly experienced by non-working carers;
- Non-working carers’ motivations for caring for the older person;
- Importance given by non-working carers to the care-work reconciliation;
- Non-working carers’ success (satisfaction) in the care-work reconciliation;

As for the reconciliation success, it is advisable to clarify that, with regard to non-working carers, it can be misleading to speak about success in the strict sense of the word. On the other hand however, as the EUROFAMCARE database offers the possibility to carry out such a measurement also for non-working carers, it was decided to verify such satisfaction levels, which in some cases can be an indicator of the stress situations experienced by non-working carers.

The data analysis shows that the non-working carers’ most experienced restriction is actually the impossibility to find a job following exit from the labour market due to the care activities.

The non-working carers’ biggest motivation for caring for elderly was, even in this case, the emotional bond with the assisted person.

The importance of care-work reconciliation, even if lower in comparison with the working carers’ one, has considerable values (mostly above 60%), which is an indication of a certain sensitiveness around the topic, regardless of the pursuit and achievement of the reconciliation. On a general scale, the overall satisfaction values were low, especially the Italian ones, followed by the German and Polish ones, whereas the highest were those from the United Kingdom. Carers who can work occasionally are the most satisfied.

### 2.2.1.1. Restrictions

For those who cannot work at all, or had to give up working to care for an older person, it is reasonable to speak about limitations of the work field rather than about strategies, as actually those people were not able to reconcile paid work and care.

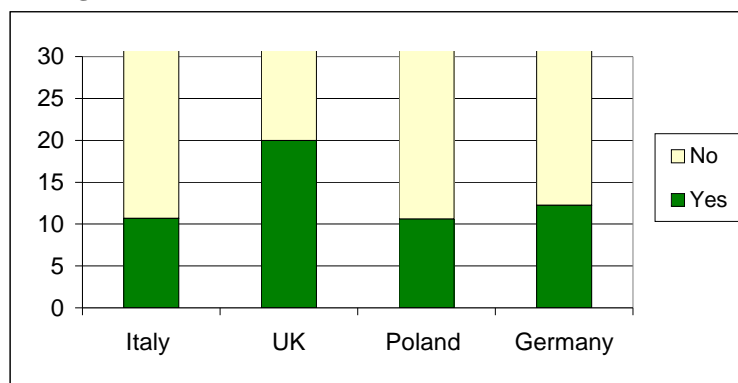
Non-working carers' restrictions analyzed using the EUROFAMCARE database are:

- not being able to work;
- having to give up working;
- the loss of career or study opportunities;
- to be able to work only occasionally.

Generally speaking, non-working carers' experienced restrictions percentages are lower compared to working carers' ones. However restrictions are apparent to a greater extent in the UK and in Germany, and to a lesser extent in Italy and Poland.

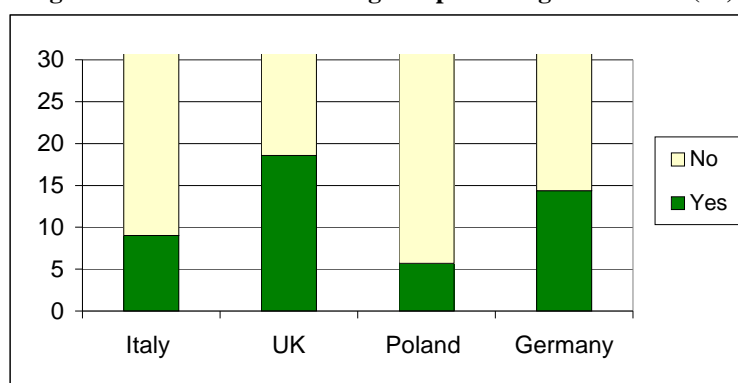
Figures 24 and 25 show that the UK has the highest percentage of people who are not able to work or resigned due to care; Germany is second, whereas the Italian and mostly the Polish non-working carers appear to be less effected by these restrictions.

**Figure 24: Carers who cannot work at all due to care (%)**



N: I=365; UK=360; PL=424; G=382

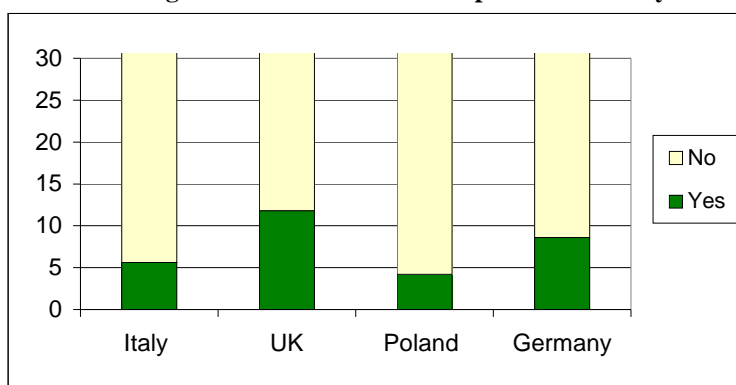
**Figure 25: Carers who had to give up working due to care (%)**



N: I=365; UK=360; PL=424; G=382

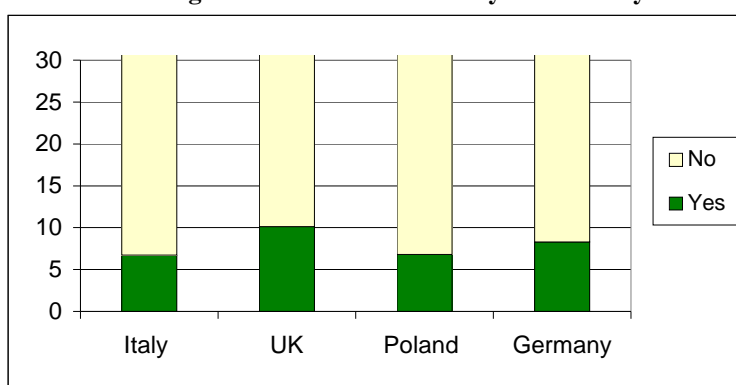
A similar "pattern" regarding is also apparent for the missed career or study development (Figure 26) and the possibility to work only occasionally (Figure 27).

**Figure 26: Non-working carers who cannot develop career or study due to care (%)**



N: I=374; UK=357; PL=424; G=385

**Figure 27: Non-working carers who can work only occasionally due to care (%)**



N: I=374; UK=357; PL=424; G=385

### 2.2.1.2. Motivations

Non-working carers show the same main motivations for caring for an older person as working carers (Table 12 to 15): the emotional bond, the sense of duty and “a personal sense of obligation”, except for Italy, where this last motivation has the lowest values (61.5% and 54.5%).

**Table 12: Motivations in caring of carers who cannot work at all due to care\* (%)**

	IT (n=39)	UK (n=72)	PL (n=45)	GE (n=47)
A sense of duty	84.6	77.8	93.3	91.5
There was no alternative	61.5	59.7	71.1	70.2
The cost of professional care would be too high	59.0	34.7	60.0	51.1
Emotional bonds (love, affection)	97.4	94.4	93.3	100.0
Caring for the elder makes me feel good	48.7	54.2	75.6	80.9
The elder would not wish for anyone else to care for	71.8	72.2	64.4	68.1
Because of my religious beliefs	35.9	13.9	71.1	34.0
I found myself in this situation almost by chance	46.2	68.1	46.7	21.3
There were economic benefits for me and/or the elder	7.7	6.9	15.6	19.1
A personal sense of obligation toward the elder	61.5	84.7	93.3	89.4

\* respondents answering “yes” to the question: what of following factors influenced your decision to care for?

Carers from the UK sample show the highest values in motivations such “I didn’t have any alternative”, “I found myself in this situation almost by chance” and “the elder person would not

wish for anyone else to care for”. In addition, together with the Italian carers the UK sample had low values regarding the option “caring for the elder makes me feel good”, whereas the German carers record the highest for this motivation. Lastly in Poland the motivation had a very strong religious basis.

**Table 13: Motivations in caring of carers who had to give up working due to care\* (%)**

	IT (n=33)	UK (n=67)	PL (n=24)	GE (n=55)
A sense of duty	75.8	79.1	95.8	87.3
There was no alternative	51.5	70.1	66.7	63.6
The cost of professional care would be too high	39.4	40.3	66.7	50.9
Emotional bonds (love, affection)	100.0	95.5	91.7	90.9
Caring for the elder makes me feel good	48.5	43.3	62.5	74.5
The elder would not wish for anyone else to care for	60.2	70.1	45.8	65.5
Because of my religious beliefs	33.3	16.4	75.0	25.5
I found myself in this situation almost by chance	33.3	64.2	41.7	29.1
There were economic benefits for me and/or the elder	0.0	6.0	16.7	21.8
A personal sense of obligation toward the elder	54.5	88.1	95.8	90.9

\* answering “yes” to the question: what of following factors influenced your decision to care for?

**Table 14: Motivations in caring of non-working carers who cannot develop career or study due to care\* (%)**

	IT (n=21)	UK (n=42)	PL (n=18)	GE (n=33)
A sense of duty	81.0	88.1	88.9	90.9
There was no alternative	47.6	73.8	55.6	54.5
The cost of professional care would be too high	52.4	47.6	38.9	54.5
Emotional bonds (love, affection)	100.0	97.6	94.4	97.0
Caring for the elder makes me feel good	47.6	35.7	61.1	84.8
The elder would not wish for anyone else to care for	61.9	76.2	55.6	69.7
Because of my religious beliefs	42.9	16.7	77.8	21.2
I found myself in this situation almost by chance	42.9	66.7	44.4	18.2
There were economic benefits for me and/or the elder	4.8	9.5	16.7	27.3
A personal sense of obligation toward the elder	66.7	88.1	94.4	97.0

\*respondents “yes” to the question: what of following factors influenced your decision to care for?

**Table 15: Motivations in caring of non-working carers who can work only occasionally due to care\* (%)**

	IT (n=25)	UK (n=36)	PL (n=29)	GE (n=32)
A sense of duty	84.0	77.8	89.7	93.8
There was no alternative	60.0	61.1	48.3	56.3
The cost of professional care would be too high	36.0	36.1	48.3	53.1
Emotional bonds (love, affection)	100.0	88.9	93.1	93.8
Caring for the elder makes me feel good	52.0	63.9	72.4	96.9
The elder would not wish for anyone else to care for	64.0	77.8	62.1	65.6
Because of my religious beliefs	24.0	27.8	62.1	34.4
I found myself in this situation almost by chance	68.0	55.6	48.3	31.3
There were economic benefits for me and/or the elder	8.0	19.4	6.9	25.0
A personal sense of obligation toward the elder	72.0	88.9	86.2	96.9

\*respondents answering “yes” to the question: what of following factors influenced your decision to care for?

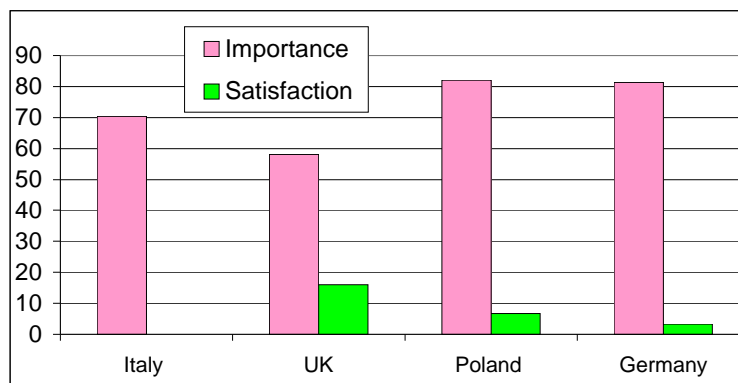
### 2.2.1.3. Reconciliation: conflict and stress situations

A first general aspect emerging from the analysing Figures 28 to 31 (if compared with 5 to 7) is that, as largely expected, non-working carers give less importance to the care-work reconciliation when compared with working carers. Thus this last fact has to be considered when analysing the missed reconciliation opportunity. This is also true for the only real strategy they have, i.e. occasional work (see Figures 7 and 31).

Non-working carers in Poland and Germany has proved to be more sensitive to the work-care reconciliation aspect, giving it a remarkable importance (this is said by 80-90% of carers, regardless of any experienced restrictions). On the other hand, working carers from the UK who cannot work give the reconciliation less importance (about 58%) and thus for them, caring seems to be much more important than working.

Even if there cannot obviously be any “real” satisfaction with the incapability to reconcile work and care in this case, it is interesting to underline that (Figures 28 to 31) in the UK, there were percentage of non-working carers between 11% and 20% who were satisfied by this “missing reconciliation”, and therefore carers from the UK seem to be the less stressed by the impossibility to reconcile the two activities. As expected, the highest satisfaction levels are amongst those non-working carers who can work occasionally, however with much lower values than carers who can work occasionally and were employed at the time of the interview (compare Figures 7 and 31). For these carers, to be able to work, even if in a discontinuous way, partially alleviates (in comparison with the other non-working carers) the stress situation arising from the exclusion from the labour market.

**Figure 28: Importance\* of and satisfaction\*\* with the reconciliation of carers who cannot work at all due to care (%)**



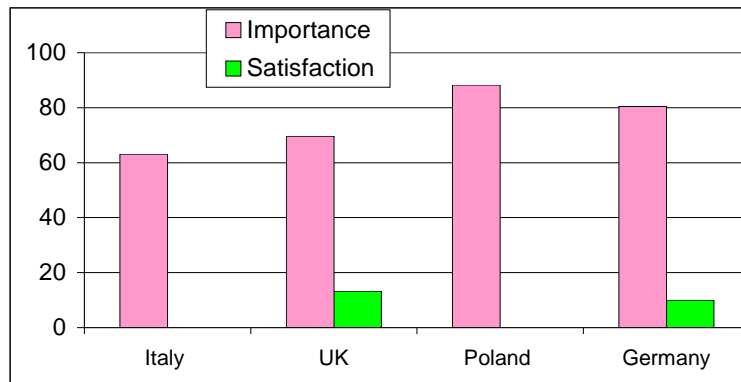
Importance: N: I=247; UK=234; PL=271; G=252

Satisfaction: N: I=224; UK=217; PL=266; G=243

\* People answering “quite important” or “very important” to the question: how important is support that gives you the possibility to combine care giving with paid employment?

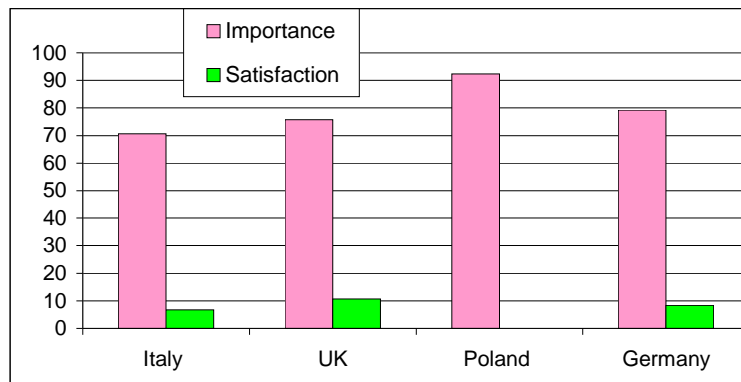
\*\* People answering “mostly yes” to the next question: is this currently being met for you?

**Figure 29: Importance of and satisfaction with the reconciliation of carers who had to give up working due to care (%)**



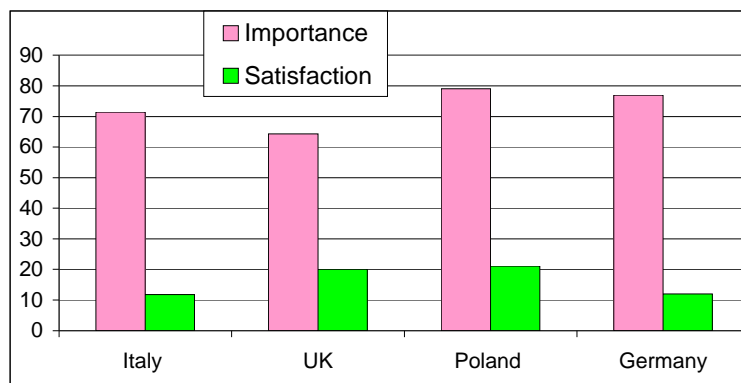
Importance: N: I=247; UK=234; PL=271; G=252  
 Satisfaction: N: I=224; UK=217; PL=266; G=243

**Figure 30: Importance of and satisfaction with the reconciliation of non-working carers who cannot develop career or study due to care (%)**



Importance: N: I=253; UK=236; PL=271; G=254  
 Satisfaction: N: I=229; UK=218; PL=266; G=244

**Figure 31: Importance of and satisfaction with the reconciliation of non-working carers who can work only occasionally due to care (%)**



Importance: N: I=253; UK=236; PL=271; G=254  
 Satisfaction: N: I=229; UK=218; PL=266; G=244

## 2.2.2. What kind of influence does the qualification level of carers have with regard to the reconciliation of work and care for an older individual?

**Table 16: Non-working carers by educational level**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Low	86	23	71	19.5	89	20.9	82	21	328	21.6
Medium	263	70	242	66.5	294	69.2	221	56.5	1020	67.3
High	25	6.7	38	10.4	42	9.9	62	15.9	167	11.1
TOTAL	374	100	351	100	425	100	365	100	1515	100

Low = primary education and lower secondary education (ISCED 0-2); Medium = upper secondary and post secondary education, without university degree (ISCED 3-4); High = first and second stage of tertiary level (ISCED 5-6)  
Missing: 39

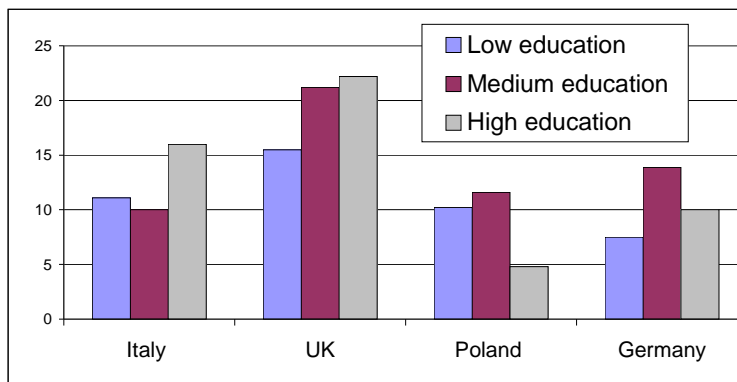
As for working carers, the sample of non-working carers is characterised by the high presence of people with a medium educational level (67%); about 22% of sample has a low educational level, whereas just 11% has a high one (Table 16).

Generally speaking, the most penalised carers in terms of restrictions are in the UK carers with a high educational level, whereas in Poland and in Germany they are mostly those with an intermediate educational level. On the other hand, in Italy the latter are the least penalised. The satisfaction levels with reconciliation do not differ much in relation to the different educational levels.

Entering more into detail (Figures 32 to 35), is it possible to observe that:

- in the UK, among carers with a high educational level, those who are particularly penalised had to give up working and were not able to develop a career (almost one out of four face these restrictions);
- In Italy, mainly high-educated carers cannot work and develop a career, whereas in particular the lower-educated individuals had to give up working;
- in Germany, on the contrary, those with an intermediate educational level are most penalised.

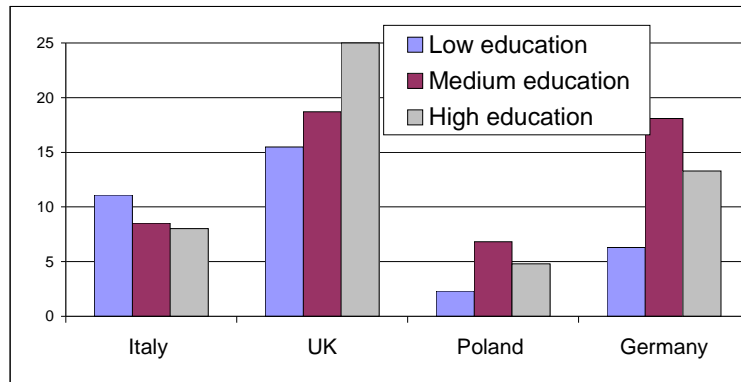
**Figure 32: Carers who cannot work at all due to care, within kind of educational level (%)**



N: I=365; UK=360; PL=424; G=382

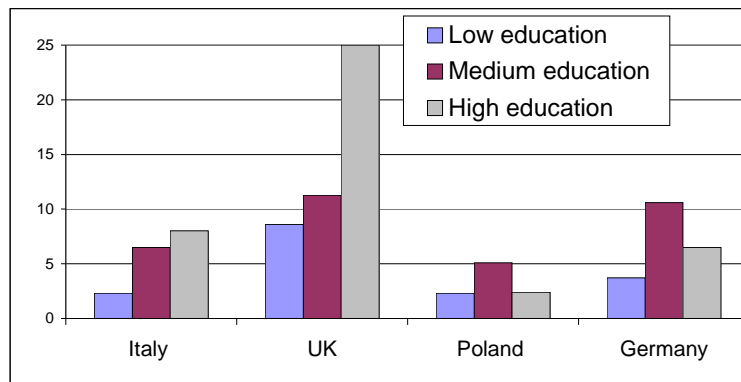


**Figure 33: Carers who had to give up working due to care, within kind of educational level (%)**



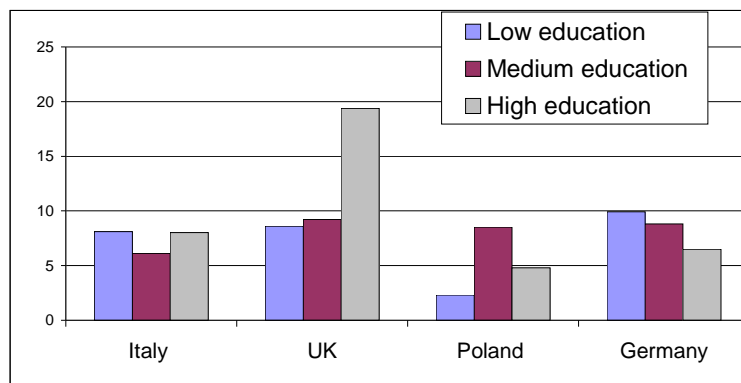
N: I=365; UK=360; PL=424; G=382

**Figure 34: Non-working carers who cannot develop career or study due to care, within kind of educational level (%)**



N: I=374; UK=357; PL=424; G=385

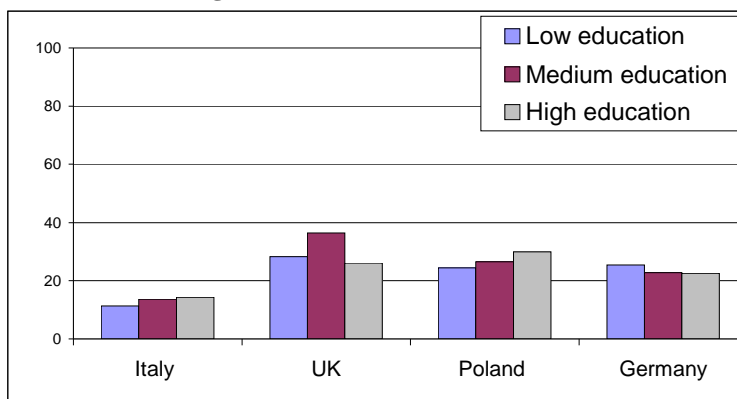
**Figure 35: Non-working carers who can work only occasionally due to care within kind of educational level (%)**



N: I=374; UK=357; PL=424; G=385

Understandably, in all countries people who were not able to reconcile demonstrate a rather low satisfaction level with the reconciliation (Figure 36). Even without particular differences among countries in term of educational level, the carers from the UK with a medium educational level appear to feel slightly more comfortable with this situation.

**Figure 36: Satisfaction\* of non-working carers with the reconciliation, within kind of educational level (%)**



N: I=229; UK=219; PL=267; G=247

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

### 2.2.3. What kind of influence does the employment and income situation of caregivers' households have on the care- work reconciliation?

**Table 17: Non-working carers by kind of condition**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Retired	136	36.4	135	37.1	207	48.7	149	38.1	627	43.0
Unemployed	43	11.5	69	18.9	88	20.7	87	22.3	287	19.7
Housewife	189	50.5	109	29.9	95	22.4	150	38.4	543	37.3
TOTAL	368	100	313	100	390	100	386	100	1457	100
Missing: 97										

To answer this research question with regards to non-working carers, it was related to their condition: retired, unemployed, housewife. In Poland and in the UK the largest part of the sample was made up of retired people, whereas in Germany and in particular in Italy, there were more housewives.

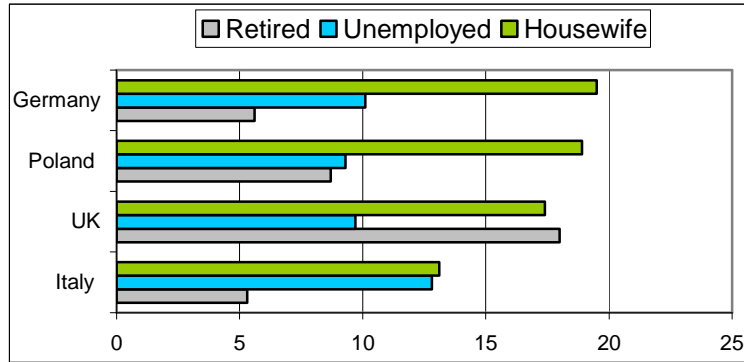
In all countries unemployed carers are the smallest part of the sample (Table 17).

In general, housewives are those who sacrifice work the most. Unemployed carers are more represented just because they are able to work only occasionally, while in the German and Italian samples, retired carers are the most satisfied with reconciliation. In the UK the least satisfied carers are unemployed people, whereas in Poland this is the case for housewives (Figure 41).

Here the single restrictions are discussed in detail:

Mostly housewives suffer from restrictions of not been able to work. However in Italy, the number of unemployed carers is high, while in the UK, retired individuals provide a great deal of care (Figure 37).

**Figure 37: Carers who cannot work at all due to care, within kind of condition (%)**



N: I=365; UK=360; PL=424; G=382

**Figure 38: Carers who had to give up working due to care, within kind of condition (%)**



N: I=365; UK=360; PL=424; G=382

With regard to giving up working (Figure 38), in Germany and in the UK, about one out of five housewives have experienced this restriction. In the UK the percentage of retired carers is also high, whereas in Italy, unemployed carers are those who experienced such a restriction the least.

**Figure 39: Non-working carers who cannot develop career or study due to care, within kind of condition (%)**



N: I=374; UK=357; PL=424; G=385

In Germany, mostly housewives (about 15%) could not develop their careers (Figure 39). In the UK the most penalised in terms of career development were either retired or unemployed carers. In Poland however, the percentage of retired carers who were not able to develop a career was very low.

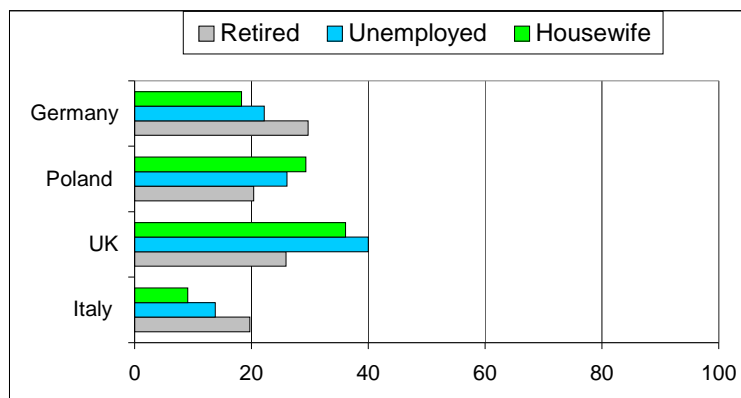
**Figure 40: Non-working carers who can work only occasionally due to care, within kind of condition (%)**



N: I=374; UK=357; PL=424; G=385

As expected with regard to occasional work (Figure 40), unemployed carers in particular adopted this strategy in the UK, Italy and Poland, whereas in Germany such a strategy is adopted more by housewives. Indeed, among the latter group, occasional work was quite considerable in all countries.

**Figure 41: Satisfaction\* of non-working carers with the reconciliation, within kind of condition (%)**



N: I=229; UK=219; PL=267; G=247

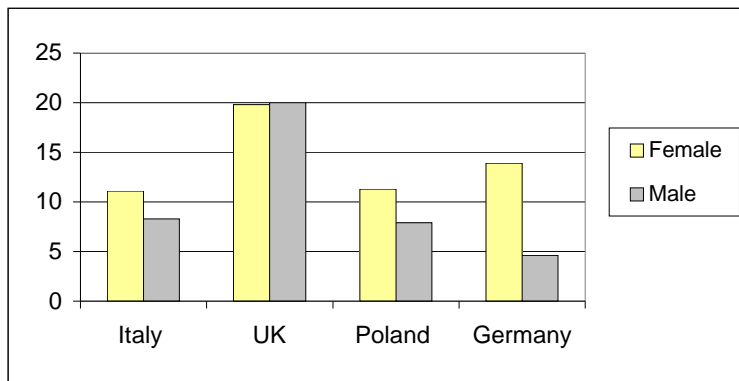
\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

#### **2.2.4. Within the context of the actual parameters of employment and family-work, what kind of gender inequalities are the result of the reconciliation problematic?**

As it was presented at the beginning in the section related to the sample characteristics (Table 1), non-working carers (as in the case of working carers) are mainly women (with values between 79.1% in the Polish and 84.8% UK samples).

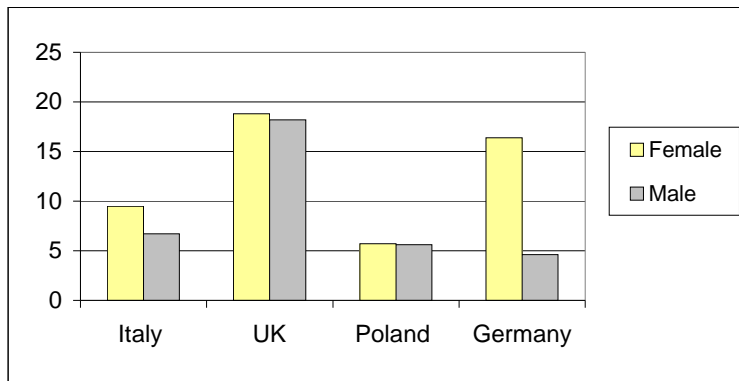
Generally speaking women are also those who mostly experience work restrictions, especially in Germany (Figure 42 to 45). In the UK, gender has a less evident impact, as results for men suggest that even they are more penalised by some restrictions - as they are not able to develop a career and to be able to work only occasionally. On the other hand, UK women and German men show the highest satisfaction levels (Figure 46).

**Figure 42: Carers who cannot work at all due to care, within gender (%)**



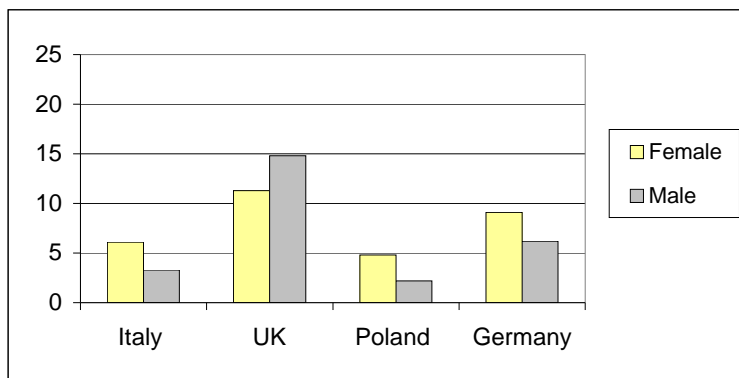
N: I=365; UK=358; PL=424; G=382

**Figure 43: Carers who had to give up working due to care, within gender (%)**



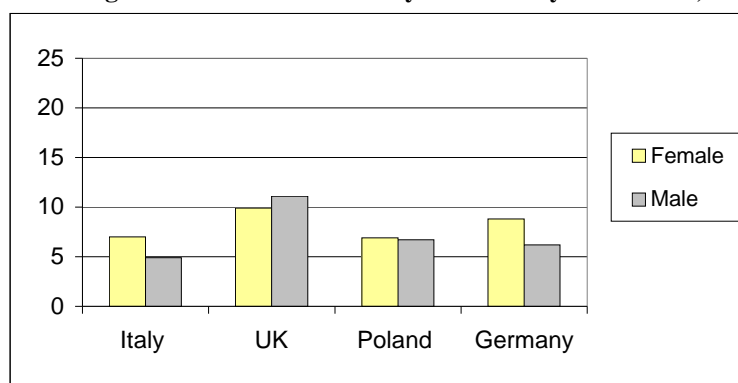
N: I=365; UK=358; PL=424; G=382

**Figure 44: Non-working carers who cannot develop career or study due to care, within gender (%)**



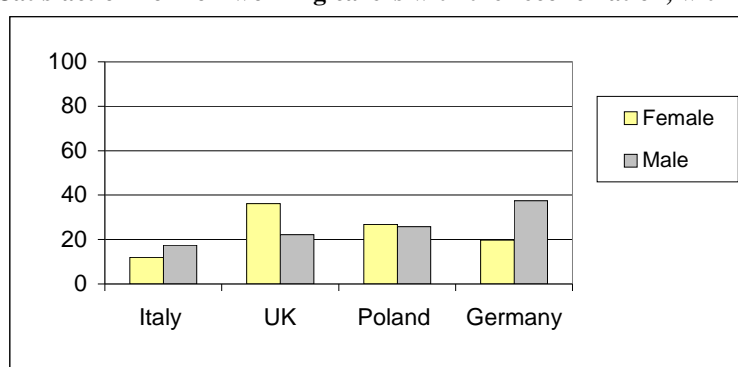
N: I=374; UK=356; PL=424; G=385

**Figure 45: Non-working carers who can work only occasionally due to care, within gender (%)**



N: I=374; UK=356; PL=424; G=385

**Figure 46: Satisfaction\* of non-working carers with the reconciliation, within gender (%)**



N: I=229; UK=219; PL=267; G=247

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

## 2.2.5. Which kind of support at the public, company or societal level is most efficient for in reconciling employment and caring for older individuals?

**Table 18: Non-working carers by availability of support network**

	Italy		UK		Poland		Germany		All	
	N	%	N	%	N	%	N	%	N	%
Not available	87	23.3	95	26.1	57	13.4	78	19.9	317	20.4
Available with difficulty	116	31.0	116	31.9	92	21.6	163	41.7	487	31.4
Easily available	171	45.7	153	42.0	276	64.9	147	37.6	747	48.2
<b>TOTAL</b>	<b>374</b>	<b>100</b>	<b>364</b>	<b>100</b>	<b>425</b>	<b>100</b>	<b>388</b>	<b>100</b>	<b>1551</b>	<b>100</b>

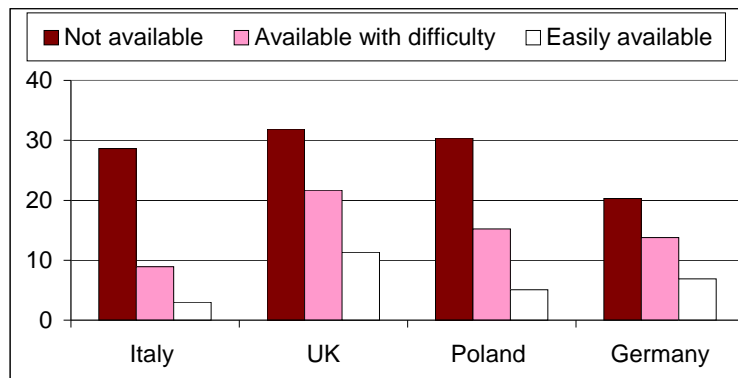
People answering “Yes, I could find someone quite easily”, “Yes, I could find someone but with some difficulty” or “No, there is no one”, to the question: “If you needed a break from your caring role, is there someone who would look after ELDER for you?”

Missing: 3

Table 18 shows that in all countries most of the sample, especially in Poland, can easily count on an informal support network. As far as the workers are concerned (see Table 8), the percentage of carers without an informal support network tends to increase.

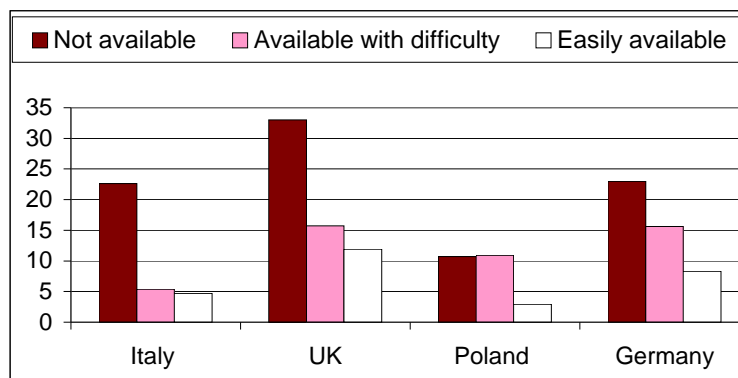
Generally speaking in all countries, almost without exceptions, the less the carers can count on a support network, the more restrictions they experience, and the less satisfied they are (Figures 47 to 51).

**Figure 47: Carers who cannot work at all due to care, by level of availability of support network (%)**



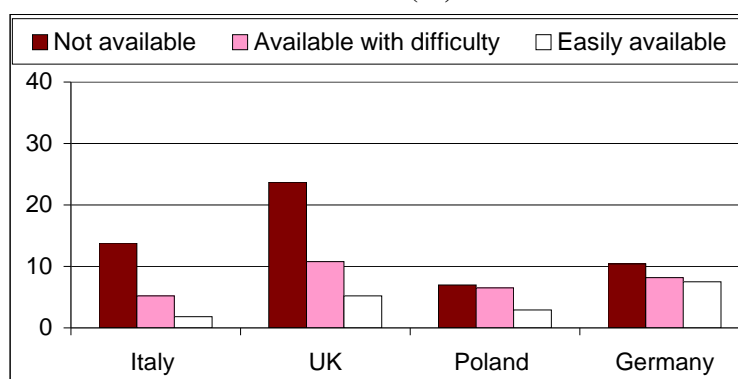
N: I=365; UK=360; PL=424; G=382

**Figure 48: Carers who had to give up working due to care, by level of availability of support network (%)**



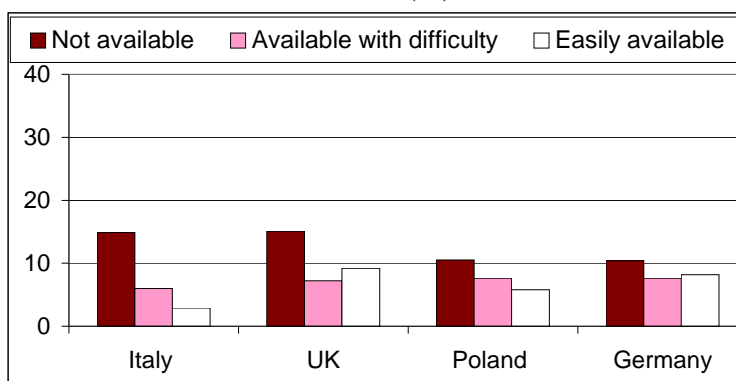
N: I=365; UK=360; PL=424; G=382

**Figure 49: Non-working carers who cannot develop career or study due to care, by level of availability of support network (%)**



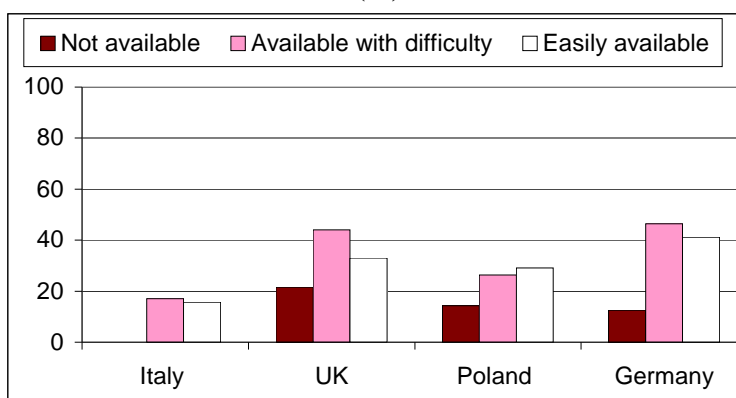
N: I=374; UK=357; PL=424; G=385

**Figure 50: Non-working carers who can work only occasionally due to care, by level of availability of support network (%)**



N: I=374; UK=357; PL=424; G=385

**Figure 51: Satisfaction\* of non-working carers with the reconciliation by level of availability of support network (%)**



N: I=229; UK=219; PL=267; G=247

\* People answering “mostly yes” to the question: is the possibility to combine care giving with paid employment currently being met for you?

### 3. Conclusions

To sum up the main results of the analysis of the secondary data from the EUROFAMCARE database concerning the research questions of the *Carers@work* project (keeping in mind that the Research Question G intersects transversal to all others), it is possible to conclude that:

#### *Research Questions A and B:*

In all countries the working time reduction is the most used strategy, but its “success” has to be scrutinised. Indeed, the multivariate analysis underlines that when taking the sample at large, the work-care reconciliation is the most successful strategy (in as much as 1½ times) for full-time workers (Table 10). This consequently suggests that workers who had to reduce their working time (i.e. becoming part-time) regard this choice more as a restriction than as an actual winning strategy. Nonetheless the positive experience of the care activity helps to reduce the stress and facilitates the reconciliation success.

Regarding the differences among countries, it is possible to state that: in the UK more strategies are carried out than in any other country, with good results concerning the reconciliation success, thus producing low stress levels. This is also underlined by the logistic regression, which shows that



carers from the UK have a triple success probability in comparison to those in Germany (Table 11). However it has to be considered that, as shown by the linear regression, the renunciation to a career development is the least effective strategy among all others and, particularly in Germany, represents a decisive determinant of the negative impact perceived by the carer (Table 9).

In Germany lots of strategies are followed, however with a very small success, as shown by the logistic regression which points out that, as aforementioned, German carers have a reconciliation success possibility six times lower than the Polish carers', and three times lower in comparison to the carers from the UK (Table 11). Thus in Germany it is more appropriate to speak about restrictions than about strategies. The most stressful restriction for carers is the working time reduction, which has proved to be a determinant of the negative impact (Table 9).

In Italy, in comparison to the UK and Germany, less strategies are followed, and at the same time there are the highest stress and dissatisfaction levels. This aspect is not meaningfully underlined by the logistic regression because of the choice of a reference country with similar characteristics (Germany) regarding the experienced stress (Table 11). However the result becomes very significant when taking one of the other two countries as reference (data are not shown). So also in Italy, as in Germany, it is more appropriate to refer to experienced restrictions than to adopted strategies.

On the other hand in Poland there is a rather positive situation: there is seldom the need to utilise strategies in order to reconcile work with care, and the success is high (Table 11).

*Research Question C:*

The impact of the carers' education level is different from the restrictions' impact. In particular, generally speaking, low-educated Italian carers and highly-educated Germans suffer from more restrictions (and as a result, they are the most dissatisfied). However it has to be considered that results related to those with low educational levels have to be read in the light of the few available cases.

*Research Question D:*

The bivariate analysis shows also that the kind of work has an impact on strategies/restrictions and, on the rather variably perceived satisfaction with reconciliation. Generally speaking in the UK, strategies/restrictions are mostly adopted/experienced by less skilled workers. Italian carers engaged in low-qualified employment are among the most satisfied.

*Research Question E:*

In all countries female working carers represent the biggest sample portion (about three out of four). Overall, but especially in Germany and in the UK, women follow more strategies or experience more restrictions yet, however, are more satisfied than men, with the German exception.

*Research Question F:*

To have an easy access to an informal support network is extremely effective in order to facilitate the care-work reconciliation. The logistic regression carried out within the overall sample (Table 10) has shown that carers without a support network have a 50% less chance of experiencing a "reconciliation success". Regarding this aspect it has to be underlined that in all countries, this kind of carer represents a relatively small sample portion, which experiences more often than others the different restrictions (especially the working time reduction) and it is tendentially more dissatisfied (especially in Germany).

The results of the carried out bivariate analysis on non-working carers can be summarized as follows: carers' professional main restrictions have been first of all the impossibility to return to employment due to the care activities and secondly to have to leave the work.

As for the working carers', such restrictions are most widespread in the UK than in Germany, followed by Italy and lastly in Poland. Also the perceived stress trend, measured comparing the importance given to the reconciliation with the perceived success (but in this case related to the "non reconciliation") seems to go in the same direction of the working carers. The satisfaction values are in this case obviously very low, however they are higher for UK carers. German and Polish satisfaction levels are more or less similar whereas the Italians are the lowest. In all countries carers who can work occasionally show the highest satisfaction values. Speaking about the impact of the educational level, whereas it does not seem to be a determinant for the perceived reconciliation success, the results show that, in particular in the UK, more educated carers tend to follow strategies the most.

Generally speaking housewives experience the most restrictions, except for occasional work. However, in Germany this restriction is mostly experienced by unemployed carers. In the UK, unemployed carers are the most satisfied with reconciliation, whereas in Poland this is the case for housewives.

As far as the gender aspect is concerned, women, who are more than three-quarters of the sample, especially in Germany and in Italy experience more restrictions and are the most dissatisfied. In the UK men suffer more from the restrictions of not been able to develop a career and being able to work only occasionally and are also more dissatisfied. In Poland women are less supported, however the impact is less evident. Lastly in all countries, without an informal support network, restrictions are more widespread and dissatisfaction rises.

These conclusions have been made by analysing the EUROFAMCARE database, which did not allow us to answer all research questions in detail. In particular, among the "limitations" we can mention: the absence of important exogenous variables which are the background of all research questions such as, for example, the different elder care systems in the various national contexts, which is a particular important aspect in Research Question F, but of considerable influence also in all other Research Questions. For Research Question B it was not possible to consider the influence of other possible strategies which could be widespread only in some of the countries: in Italy, for example, there is a large use of migrant care workers (the so called "badanti") who are paid for caring for elder people in place of family members, who can thus freely keep working. In other countries this strategy is utilised less or not at all. In terms of Research Question C, the income was not considered due to the too many missing cases, and the qualification level used as an indicator is just an approximation, even if rather convincing. In Research Question F it was not possible to tell about the state and company support. As far as the society on the whole, the indicator used was related to the availability of an informal support network, which can help to explain the very few restrictions in Poland (where only 8.5% of working carers and 13.4% of non-working carers cannot count on a support network).

Within the above mentioned limits, this report can hopefully contribute to a better understanding of the problems related to the reconciliation between paid work and elderly care in the four considered countries. To give further answers on this theme it is however necessary to focus the research also on the previously mentioned aspects, which were not analysed within the EUROFAMCARE European Project.

**APPENDIX: linear regressions on negative impact in the four countries**

**Table 19: Linear Regression on Negative Impact: ITALY**

		Number of obs	=	142		
		F( 28, 113)	=	7.49		
		Prob > F	=	0.000		
		R-squared	=	0.488		
		Root MSE	=	3.004		
<b>Independent variables</b>	<b>Outcomes</b>	<b>Coefficient</b>	<b>Std. Err.</b>	<b>t</b>	<b>P&gt;t</b>	
	Not adopted (Reference)					
Work restrictions	Reduction of working hours	0.764	1.203	0.63	0.527	
	Impossibility to develop career or studies	0.083	1.006	0.08	0.935	
	Forced occasional work	1.002	1.782	0.56	0.575	
Gender	Male (Reference)					
	Female	-1.286	1.758	-0.73	0.466	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	-0.036	0.673	-0.05	0.958	
Relationship to elder	Daughter (Reference)					
	Son	-0.473	1.887	-0.25	0.803	
	Daughter in law	1.781	1.470	1.21	0.228	
	Spouse/Partner	-0.473	1.681	-0.28	0.779	
Living place carer and elder	Other	-0.287	0.796	-0.36	0.719	
	Same household (Reference)					
	Same building/Within walking distance	-0.613	0.895	-0.68	0.495	
Level of education	Drive/Bus, Train	-0.183	0.831	-0.22	0.826	
	Low (Reference)					
	Medium	2.875	1.457	1.97	0.051	
	High	3.485	1.561	2.23	0.028	
	Average number of care for the elder in a week	0.019	0.010	1.91	0.059	
	Duration of care for the elder (in months)	0.001	0.005	0.12	0.907	
Dependency degree	Independent (Reference)					
	Slightly dependent	1.188	0.704	1.69	0.094	
	Moderately dependent	3.014	0.777	3.88	0.000	
	Severely dependent	2.374	0.772	3.07	0.003	
Support network in care	Yes, easily (Reference)					
	With some difficulties	0.779	0.575	1.35	0.178	
	No	3.194	1.152	2.77	0.007	
	Quality of support	0.072	0.086	0.84	0.404	
	Positive value	-0.710	0.165	-4.30	0.000	
Type of employment	Private sector employee (Reference)					
	Public sector employee	0.830	0.686	1.21	0.229	
	Self employed	-0.057	0.795	-0.07	0.943	
	Other	-0.508	1.067	-0.48	0.635	
Type of contract	Part time (Reference)					
	Full time	-0.581	0.625	-0.93	0.354	
Type of work	High qualification (Reference)					
	Medium qualification	0.246	0.607	0.41	0.686	
	Low qualification	0.369	0.662	0.56	0.579	
Constant		15.186	3.216	4.72	0.000	

**Table 20: Linear Regression on Negative Impact: UK**

		Number of obs	=	125		
		F( 27, 97)	=	9.55		
		Prob > F	=	0.000		
		R-squared	=	0.632		
		Root MSE	=	2.580		
<b>Independent variables</b>	<b>Outcomes</b>	<b>Coefficient</b>	<b>Std. Err.</b>	<b>t</b>	<b>P&gt;t</b>	
	Not adopted (Reference)					
Work restrictions	Reduction of working hours	-1.222	0.906	-1.35	0.181	
	Impossibility to develop career or studies	2.602	1.073	2.42	0.017	
	Forced occasional work	1.244	0.924	1.35	0.181	
Gender	Male (Reference)					
	Female	1.570	0.714	2.20	0.030	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	-1.385	0.590	-2.35	0.021	
Relationship to elder	Daughter (Reference)					
	Son	0.210	1.192	0.18	0.861	
	Daughter in law	-1.399	0.913	-1.53	0.129	
	Spouse/Partner	1.540	1.080	1.43	0.157	
	Other	0.554	0.673	0.82	0.412	
Living place carer and elder	Same household (Reference)					
	Same building/Within walking distance	-1.076	0.802	-1.34	0.183	
	Drive/Bus, Train	0.040	0.826	0.05	0.961	
Level of education	Low (Reference)					
	Medium	-0.750	0.831	-0.90	0.369	
	High	-0.891	1.153	-0.77	0.442	
Average number of care for the elder in a week		0.000	0.010	0.04	0.966	
Duration of care for the elder (in months)		-0.001	0.003	-0.37	0.712	
Dependency degree	Independent (Reference)					
	Slightly dependent	-1.266	0.643	-1.97	0.052	
	Moderately dependent	0.225	0.697	0.32	0.748	
	Severely dependent	-0.058	1.196	-0.05	0.961	
Support network in care	Yes, easily (Reference)					
	With some difficulties	0.317	0.455	0.70	0.487	
	No	2.986	1.090	2.74	0.007	
Quality of support		-0.018	0.085	-0.21	0.836	
Positive value		-0.714	0.151	-4.71	0.000	
Type of employment	Private sector employee (Reference)					
	Public sector employee	-0.445	0.497	-0.89	0.373	
	Self employed	-0.651	0.683	-0.95	0.343	
	Other	(dropped)				
Type of contract	Part time (Reference)					
	Full time	0.112	0.520	0.22	0.830	
Type of work	High qualification (Reference)					
	Medium qualification	-0.605	0.538	-1.12	0.264	
	Low qualification	-2.529	0.594	-4.26	0.000	
Constant		21.245	3.154	6.74	0.000	

**Table 21: Linear Regression on Negative Impact: POLAND**

		Number of obs	=	155		
		F( 28, 126)	=	3.41		
		Prob > F	=	0.000		
		R-squared	=	0.431		
		Root MSE	=	2.499		
<b>Independent variables</b>	<b>Outcomes</b>	<b>Coefficient</b>	<b>Std. Err.</b>	<b>t</b>	<b>P&gt;t</b>	
Work restrictions	Not adopted (Reference)					
	Reduction of working hours	-1.507	1.047	-1.44	0.153	
	Impossibility to develop career or studies	-0.052	1.153	-0.04	0.964	
	Forced occasional work	1.031	1.164	0.89	0.377	
Gender	Male (Reference)					
	Female	-0.058	1.087	-0.05	0.958	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	0.169	0.544	0.31	0.757	
Relationship to elder	Daughter (Reference)					
	Son	-0.934	1.228	-0.76	0.448	
	Daughter in law	-0.263	0.640	-0.41	0.682	
	Spouse/Partner	-0.937	1.591	-0.59	0.557	
	Other	-0.123	0.791	-0.15	0.877	
Living place carer and elder	Same household (Reference)					
	Same building/Within walking distance	0.833	0.591	1.41	0.161	
	Drive/Bus, Train	0.027	0.629	0.04	0.966	
Level of education	Low (Reference)					
	Medium	-0.033	2.720	-0.01	0.990	
	High	0.427	2.738	0.16	0.876	
Average number of care for the elder in a week		0.009	0.007	1.26	0.209	
Duration of care for the elder (in months)		-0.001	0.004	-0.30	0.768	
Dependency degree	Independent (Reference)					
	Slightly dependent	0.675	0.659	1.02	0.308	
	Moderately dependent	1.923	0.670	2.87	0.005	
	Severely dependent	4.425	0.936	4.73	0.000	
Support network in care	Yes, easily (Reference)					
	With some difficulties	0.269	0.589	0.46	0.649	
	No	1.630	0.845	1.93	0.056	
Quality of support		0.013	0.077	0.16	0.870	
Positive value		-0.434	0.115	-3.76	0.000	
Type of employment	Private sector employee (Reference)					
	Public sector employee	0.263	0.512	0.51	0.609	
	Self employed	-0.041	0.658	-0.06	0.950	
	Other	-0.930	2.954	-0.31	0.753	
Type of contract	Part time (Reference)					
	Full time	0.696	0.660	1.05	0.294	
Type of work	High qualification (Reference)					
	Medium qualification	0.211	0.485	0.44	0.664	
	Low qualification	0.060	0.597	0.10	0.920	
Constant		12.444	3.436	3.62	0.000	

**Table 22: Linear Regression on Negative Impact: GERMANY**

		Number of obs	=	151		
		F( 28, 122)	=	8.25		
		Prob > F	=	0.000		
		R-squared	=	0.503		
		Root MSE	=	3.128		
<b>Independent variables</b>	<b>Outcomes</b>	<b>Coefficient</b>	<b>Std. Err.</b>	<b>t</b>	<b>P&gt;t</b>	
Work restrictions	Not adopted (Reference)					
	Reduction of working hours	1.863	0.891	2.09	0.039	
	Impossibility to develop career or studies	-0.361	1.360	-0.27	0.791	
	Forced occasional work	1.715	1.112	1.54	0.126	
Gender	Male (Reference)					
	Female	-2.292	1.101	-2.08	0.039	
Marital Status	Married/Cohabiting (Reference)					
	Widowed, Divorced/Separated, Single	-0.314	0.597	-0.53	0.600	
Relationship to elder	Daughter (Reference)					
	Son	-2.688	1.229	-2.19	0.031	
	Daughter in law	-0.971	0.741	-1.31	0.192	
	Spouse/Partner	1.851	1.616	1.15	0.254	
	Other	-1.742	0.716	-2.43	0.016	
Living place carer and elder	Same household (Reference)					
	Same building/Within walking distance	-0.426	0.731	-0.58	0.561	
	Drive/Bus, Train	0.603	0.805	0.75	0.455	
Level of education	Low (Reference)					
	Medium	0.730	1.117	0.65	0.515	
	High	1.395	1.090	1.28	0.203	
Average number of care for the elder in a week		0.046	0.017	2.64	0.009	
Duration of care for the elder (in months)		-0.010	0.006	-1.53	0.130	
Dependency degree	Independent (Reference)					
	Slightly dependent	0.476	0.841	0.57	0.572	
	Moderately dependent	1.154	0.774	1.49	0.139	
	Severely dependent	1.103	0.830	1.33	0.186	
Support network in care	Yes, easily (Reference)					
	With some difficulties	1.445	0.539	2.68	0.008	
	No	1.205	1.151	1.05	0.297	
Quality of support		-0.067	0.103	-0.65	0.520	
Positive value		-0.553	0.134	-4.14	0.000	
Type of employment	Private sector employee (Reference)					
	Public sector employee	-0.153	0.638	-0.24	0.811	
	Self employed	-1.691	0.800	-2.11	0.037	
	Other	-1.177	0.915	-1.29	0.201	
Type of contract	Part time (Reference)					
	Full time	0.078	0.758	0.10	0.918	
Type of work	High qualification (Reference)					
	Medium qualification	-0.431	0.575	-0.75	0.455	
	Low qualification	0.224	0.878	0.25	0.799	
Constant		18.756	2.463	7.61	0.000	

**Carers@work**

**PART 2: SHARE: Overview of ‘Work and Care’  
Analytic report from SHARE database**

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## 1. Introduction

The following report presents the results of the secondary data analysis based on SHARE data (Wave 2)<sup>8</sup>. The major aim of this analysis was to verify what valuable information can be obtained from this source of data in relation to our VW project *Carers@work* (the short title for the cross-national study on “The Reconciliation of Employment and Eldercare”). The aim is ambitious as we would like to match the project’s research questions with possible variables from this survey in order to analyze them according to the primary goals of the project. However, the data received from SHARE is not fully compatible with the research questions leaving many unanswered.

The first part of the report draws the general picture of the sample analyzed and the major characteristics of the caregivers in the three countries of Germany, Italy and Poland, whereas the second part shows the SHARE data according to the research questions of the VW project. At the beginning of our analysis we thought that it will be possible to include the UK as in this country there was conducted the English Longitudinal Survey of Ageing (ELSA) as SHARE’s “sister survey”, but due to small differences in definition of key variable (care) and the Polish team’s limited access to the data, we decided not to include results for the UK in final report as most of answers related to research questions of this project were given via analysis of EUROFAMCARE in the first part of this report. To see the differences in defining key variables between SHARE and ELSA please refer to the Annex.

## 2. Sample characteristics

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidisciplinary and cross-national panel research on health, socio-economic status and social and family networks of individuals aged 50 or over. The second wave of data collection was conducted in the years 2006-2007 in fourteen European countries (including Germany, Italy, and Poland). The results presented in the paper are based on analysis of unweighted data.

The respondents aged less than 50 are excluded from the following analysis and hence the final country samples consist of 2,528 respondents from Germany, 2,429 from Poland, and the biggest sample of 2,927 from Italy. The average age of respondents is about 65 years old in each country.

The age restriction for the studied population limits the analysis only to the older part of the society. Taking this into account, it should be stressed that not the whole group of caregivers, especially working caregivers, from the populations of all analyzed countries can be recognized and described in our paper.

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<sup>8</sup> This paper uses data from SHARE release 2.3.1 (WAVE2), as of July 29th 2010. The SHARE data collection has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001-00360 in the thematic programme Quality of Life), through the 6th framework programme (projects SHARE-I3, RII-CT- 2006-062193, COMPARE, CIT5-CT-2005-028857, and SHARELIFE, CIT4-CT-2006-028812) and through the 7th framework programme (SHARE-PREP, 211909 and SHARE-LEAP, 227822). Additional funding from the U.S. National Institute on Aging (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01 and OGHA 04-064, IAG BSR06-11, R21 AG025169) as well as from various national sources is gratefully acknowledged (see [www.share-project.org/t3/share/index.php](http://www.share-project.org/t3/share/index.php) for a full list of funding institutions).



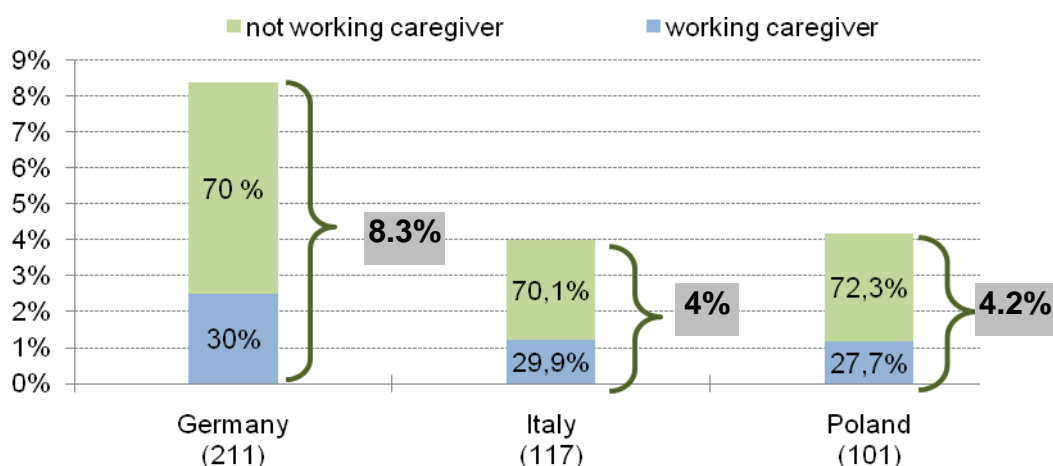
**Table 1: Age categories representation in the sample**

AGE CATEGORIES		GERMANY	ITALY	POLAND	TOTAL
<b>to 49</b>	%	<b>1.6%</b>	<b>1.9%</b>	<b>1.5%</b>	<b>1.7%</b>
	N	40	56	38	134
<b>50 - 54</b>	%	<b>12.1%</b>	<b>11.8%</b>	<b>18.1%</b>	<b>13.8%</b>
	N	312	351	447	1110
<b>55 - 59</b>	%	<b>19.1%</b>	<b>16.1%</b>	<b>20.4%</b>	<b>18.4%</b>
	N	490	479	504	1473
<b>60 - 64</b>	%	<b>16.1%</b>	<b>17.7%</b>	<b>16.1%</b>	<b>16.7%</b>
	N	414	527	397	1338
<b>65 - 69</b>	%	<b>18.9%</b>	<b>18.6%</b>	<b>12.8%</b>	<b>16.9%</b>
	N	486	554	315	1355
<b>70 - 74</b>	%	<b>14.3%</b>	<b>14.1%</b>	<b>11.7%</b>	<b>13.4%</b>
	N	367	421	289	1077
<b>75 +</b>	%	<b>17.9%</b>	<b>19.9%</b>	<b>19.3%</b>	<b>19.1%</b>
	N	459	595	477	1531
<b>Total sample size</b>	%	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	N	2568	2983	2467	8018
<b>Total sample 50-Plus</b>	N	<b>2528</b>	<b>2927</b>	<b>2429</b>	<b>7884</b>

## 2.1. Caregivers - general characteristics

The biggest percentage of caregivers<sup>9</sup> was found in Germany, as much as 8.3 %, (211 respondents) and about half of this in Poland (4.2%, respectively 101) and Italy (4%, 117).

**Figure 1: Working and non-working caregivers 50-plus (Caregivers: % of general population aged 50-plus; Job situation: % of Caregivers)**



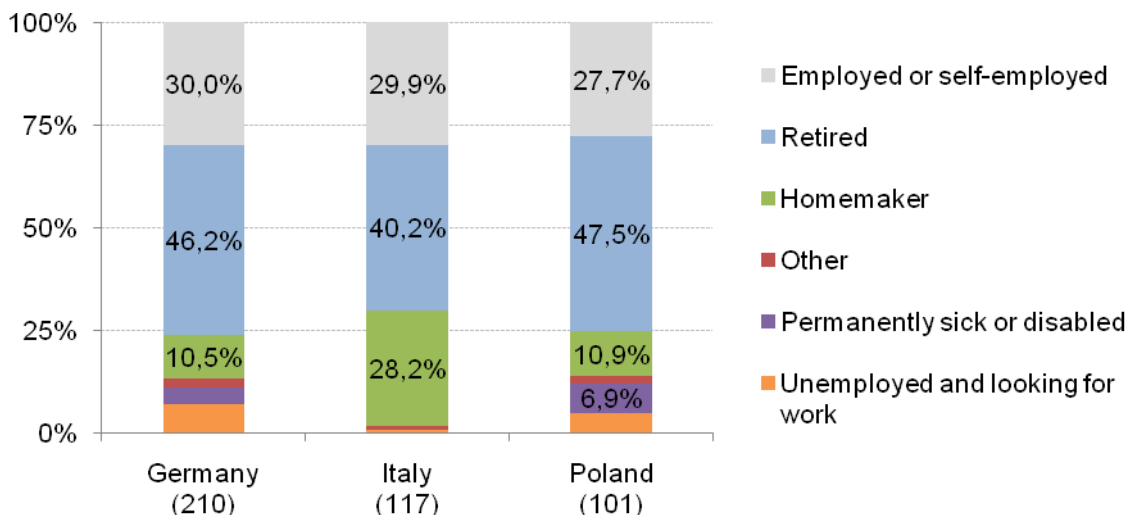
The SHARE data shows that the ratio between working and non-working caregivers is almost the same in all three countries – only 30% of 50-plus caregivers are employed or self-employed. It is a significant restriction for statistical analysis due to the small number of working caregivers. In

<sup>9</sup> In the paper a caregiver is defined as a person who has **cared for a sick or disabled adult in last month**.

Germany, they constitute only 2.5 % of the sample – (63 respondents), whereas in Italy they account for 1.2% (35) and 1.2% (28) in Poland.<sup>10</sup>

## 2.2. Job situation of caregivers

Figure 2: Job situation of the caregivers in the population 50-plus



The above figure presents more detailed job situation of the caregivers. As has been shown previously, 1/3 of caregivers are employed or self-employed. The biggest group among non-working constitutes of retired carers: 46% in Germany, 40% in Italy and 48% in Poland. The difference between the countries can however be observed in relation to category “homemakers”, which is relatively greater in Italy (28% of the carers) than in Poland and Germany (both around 11%). What is specific for Poland is that 7% of caregivers are permanently sick or disabled, which is a relatively higher number than in Italy or Germany.

Table 2 presents caregivers within the 50-plus working population. The proportion does not differ significantly and oscillates around 7-9%, despite big differences in economic activity rates between the countries – according to SHARE, the proportion of economically active (working or looking for work) among the 50-plus cohort are almost 33% of Germans, 19% of Italians and 20% of Poles.

Table 2: Percentage working caregivers and not-caregivers within working 50-plus.

	Germany	Italy	Poland
	<i>Employed and self-employed</i>		
<b>Caregiver</b>	<b>9%</b> (63)	<b>6,6%</b> (35)	<b>7%</b> (28)
<b>Not-caregiver</b>	<b>91.0%</b>	<b>93.4%</b>	<b>93.0%</b>
<b>Total</b>	100.0% 701	100.0% 527	100.0% 398

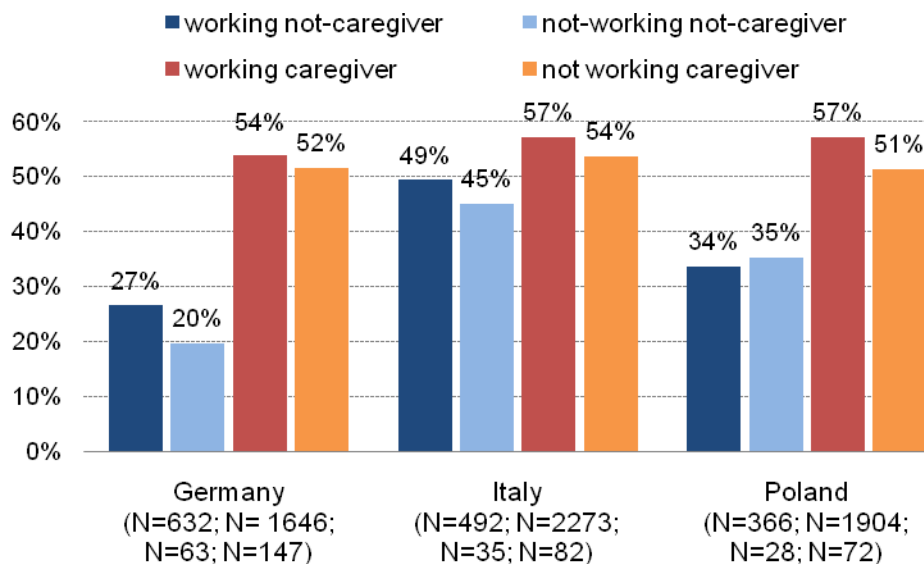
<sup>10</sup> Any cross-tabulation with other variables results give not numerous (only a few respondents) or even empty categories. Any detailed analysis of such a data is unreliable.

### 3. Research questions

In the following section we attempt to answer the research questions with the data received from the secondary data analysis. As it has been mentioned above, not all the questions can be answered as the data from the SHARE survey do not provide the necessary and relevant information. Additionally, insufficient respondents and non-response rates make many detailed analyses impossible in practice. As a consequence, even if some questions from SHARE data analysis could be matched with some of the project’s research goals, such analyses are not reliable due to small numbers of respondents.

#### 3.1. What conflict- and stress-situations between work and care are typical among the caregivers?

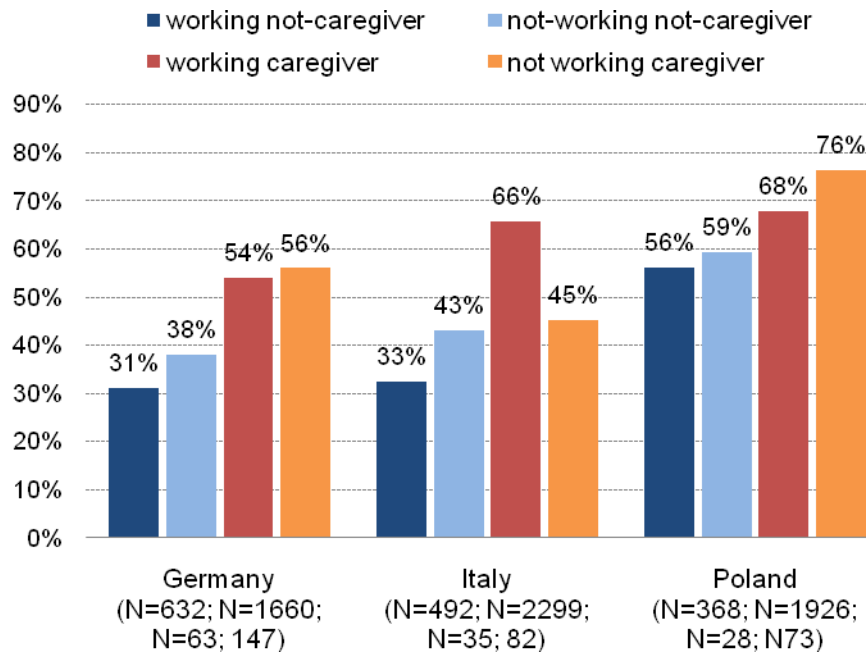
**Figure 3: How often do you think that family responsibilities prevent you from doing what you want to do?**  
(% of answers "often" and "sometimes" combined together)



In the analysis comparing the caregivers and the non-caregivers, one vivid trend can be observed, namely that the persons who have caring obligations more often declare that it prevents them from doing things they would like to do. In each country more than a half of carers have to deal with such a problem “often” or “sometimes”. The greatest discrepancies are visible in the case of Germany, where the caregivers (working and non working together) declare these problems almost twice as often as the non-caregivers (also working and the non working). Only in Italy are these differences smaller between the caregivers (approximately 55%) and the non-caregivers (47%). The differences between the groups of the caregivers alone with reference to their occupational status are rather small. In Germany, the difference is 2% and could be treated as insignificant, whereas in Italy it is about 3% and in Poland almost 6%. This suggests that combination of work and care seems to be the most burdened life situation (in case of Poland and Italy, more than 57% of working caregivers think that family work/duties prevent them from doing what they want to), however the individuals burdened with such duties do not perceive their situation to be worse than the non-working caregivers. The variable which has the greatest differentiating impact is the care itself, which distinguishes between the answers of the respondents.

Another dimension in which the stress situation could be analysed is by examining the number of persons suffering from depression in the last months, as presented in Figure 4 .

**Figure 4: The number of persons suffering from depression in the last month**



As the above figure shows, the caring duties and the feeling of depression are more often declared by caregivers than by non-caregivers (independently from their employment situation). The greatest signs of depression are being reported by the non-working carers (76% in Poland, 56% in Germany and 45% in Italy). Slightly less (with the exception of Italy) affected are the working carers, with 68% of positive answers in Poland, 66% in Italy and 54% in Germany. The feeling depression decreases among the group of non-carers, and is approximately 36% in Germany and 41% in Italy. However, in Poland these numbers do not drop so significantly in the group of non-caregivers and are still high - around 58%. In general, Polish respondents feel more often depressed than in other countries, however these results should be read and interpreted carefully due to small number of the working caregivers and in general, as highlighted in different other social surveys (like ESS), Poles usually are on average less satisfied with life (unhappy) than other nations.

### 3.2. What strategies do carers use to reconcile work and care for an older individual?

The secondary data analysis of SHARE did not allow us to precisely answer this question about the possible reconciliation strategies, but only to assess the frequency of the caring responsibilities for a sick or disabled person. The figure below presents these data.

**Figure 5: The frequency of caring for a sick or disabled person in the last month.**

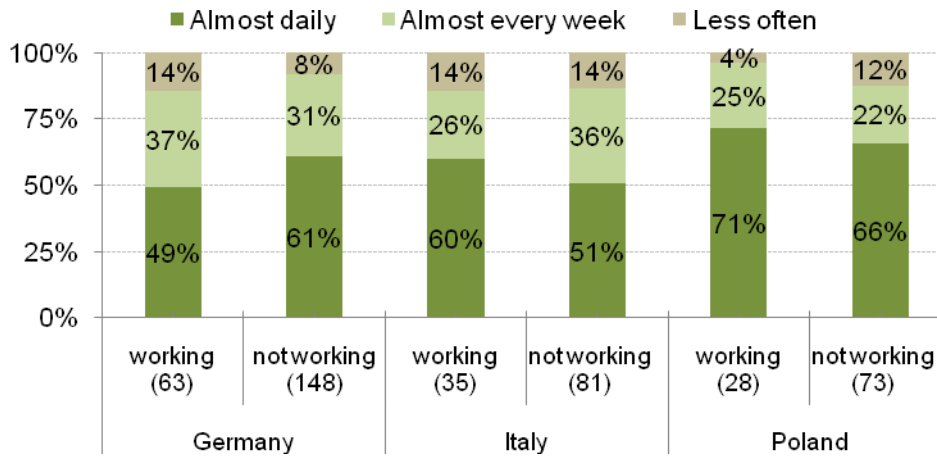


Figure 5 shows the differences between the working and non-working carers. In general, most of the carers declared that they care on almost daily basis - over 50% of the respondents. In Germany, 49% of the working carers and 61% of the non-working carers reported they provided care everyday. In Italy, the numbers were reversed - 60% of the working and 51% of the non-working carers were providing care everyday. However, in Poland, the number of almost daily carers is relatively higher than in Germany and Italy, and accounts to 71% of the working and 66% of the non-working carers. The smaller burden of care - the answers “almost every week” were declared by an average number of 33% of German and Italian respondents, and 23% in Poland.

### 3.3. What kind of influence does the qualification level of the carers have with regard to the reconciliation of work and care for an older individual?

**Figure 6: The average number of years of education.**

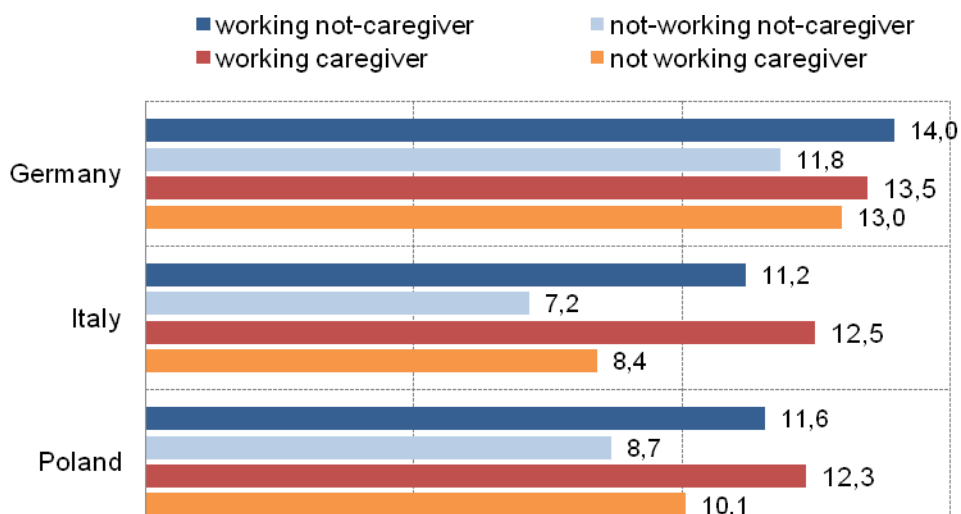


Figure 6 does not give a direct answer to this specific project’s research question; however, it can cast some light on the general trends in relation to the education level of the carers and non-carers. On average, the education level is naturally higher in the groups of the working carers and non-carers. The differences between the working carers and working not-carers are relatively small and amounts to on average 11-14 years of education. In general terms, this number of years of education would approximately equal the secondary level of education.

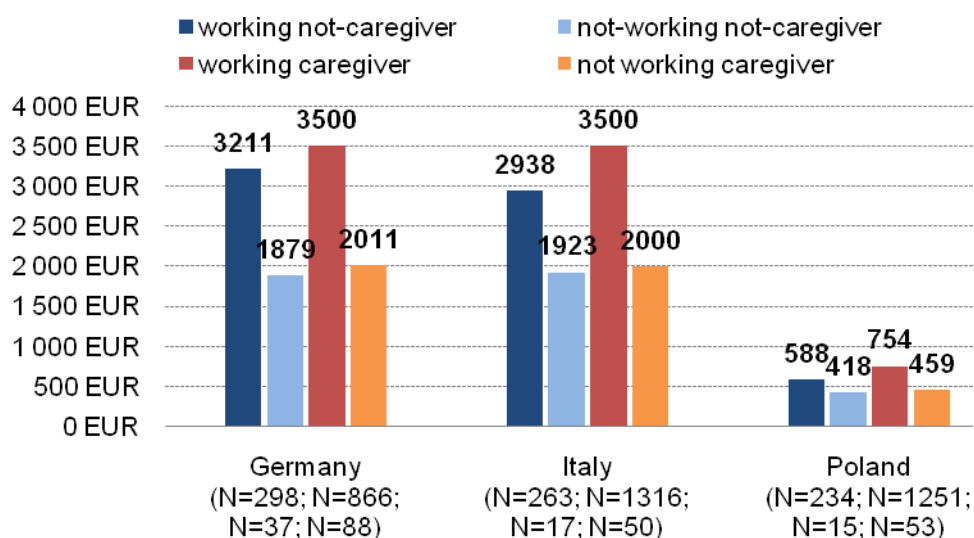
The difference between the groups of caregivers can be observed. The working caregivers have on average almost 13 years of education, and the differences between the countries are not so evident. However, the situation alters when the non-working caregivers are taken into consideration. In Germany, their level of education is still relatively high (almost 13 years of education), whereas in Italy it is only 8.5 years and 10 years in Poland.

### 3.4 What kind of influence do the employment- and income situation of the caregivers' households have on the reconciliation of work and care?

As has been shown in the graph in Figure 4 the differences in the field of family work and duties among the caregivers with reference to their occupational status are rather small. Working caregivers do not perceive their situation to be worse than the non-working caregivers (the difference oscillates from 2% in Germany, 3% in Italy and 6% in Poland with regard to the question about how often family responsibilities prevent the respondents from doing what they want to do – answers “often” and “sometimes”).

An interesting comparison is provided by the analysis of household incomes (in the last month) for all categories of respondents (Figure 7 and Table 3). All three countries present similar profile. Unsurprisingly, households of working respondents have higher income (expressed as a median) than those of non-working. However, what is interesting is the income of working caregivers’ households, which is the highest in each country. It is about 40% higher than the median of income of non-working caregivers’ households.

**Figure 7: Median of household total income in the last month**  
(in Euro, exchange rate for Poland: 1 EUR = 3,847 PLN)



Nevertheless, it needs to be remembered that the numbers of respondents are small and much data<sup>11</sup> is missing. Working caregivers especially should be considered carefully since this small category is very diverse (see indicators in Table 3).

**Table 3: Household's total income in the last month**  
(in Euro, exchange rate for Poland: 1 EUR = 3,847 PLN)

Country	4 categories	N	Median (EUR)	Mean (EUR)	Std. Deviation (EUR)	5% Trimmed Mean (EUR)
Germany	Working not-caregiver	298	<b>3211</b>	10316	17228	7939
	Non-working not-caregiver	866	<b>1879</b>	4367	7873	3061
	Working caregiver	37	<b>3500</b>	8719	12648	7199
	Not working caregiver	88	<b>2011</b>	4122	8152	2611
	<b>Total</b>	1289	<b>2119</b>	5850	11205	3985
Italy	Working not-caregiver	263	<b>2938</b>	10853	21163	8022
	Non-working not-caregiver	1316	<b>1923</b>	7472	17838	5560
	Working caregiver	17	<b>3500</b>	14982	27813	10130
	Not working caregiver	50	<b>2000</b>	5239	6696	4536
	<b>Total</b>	1646	<b>2100</b>	8022	18352	5891
Poland	Working not-caregiver	234	<b>588</b>	1692	2973	1196
	Non-working not-caregiver	1251	<b>418</b>	925	1981	588
	Working caregiver	15	<b>754</b>	2256	3256	1814
	Not working caregiver	53	<b>459</b>	1170	1926	859
	<b>Total</b>	1553	<b>443</b>	1062	2190	678

### 3.5 Within the context of the actual parameters of employment and family-work, what kind of gender inequalities are the results of the reconciliation problematic?

As far as the gender differences are concerned in relation to the caregiving duties of persons over the age of 50, the prevalence of women compared with men is visible in all three countries. This fact is also depicted in the literature, which always identifies women as the group of primary caregivers. The differences between the genders (men and women) are approximately the same in all three countries and account for about 2%.

<sup>11</sup> Missing data for "Household's total income in the last month": 49% in Germany, 44% in Italy and 36% in Poland.

**Figure 8: The share of caregivers by gender**

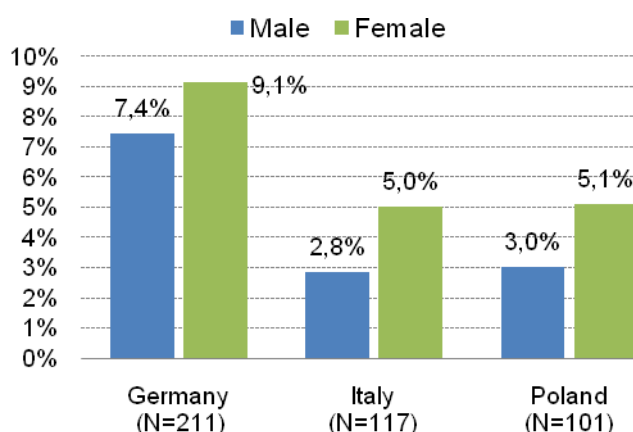


Figure 8 presents the percentage of caregivers among working men and women. On the other hand, Figure 9 shows that among the working caregivers in Poland the percentage of male and female caregivers is equal (50%). However, the total number of observations in this category is only 28. In Italy this proportion is slightly different and it presents 57% of female caregivers (with number of cases - 35), whereas in Germany the percentage of female caregivers increases up to 60% (total number of respondents - 63).

**Figure 9: The proportion of male and female caregivers within employed and self-employed**

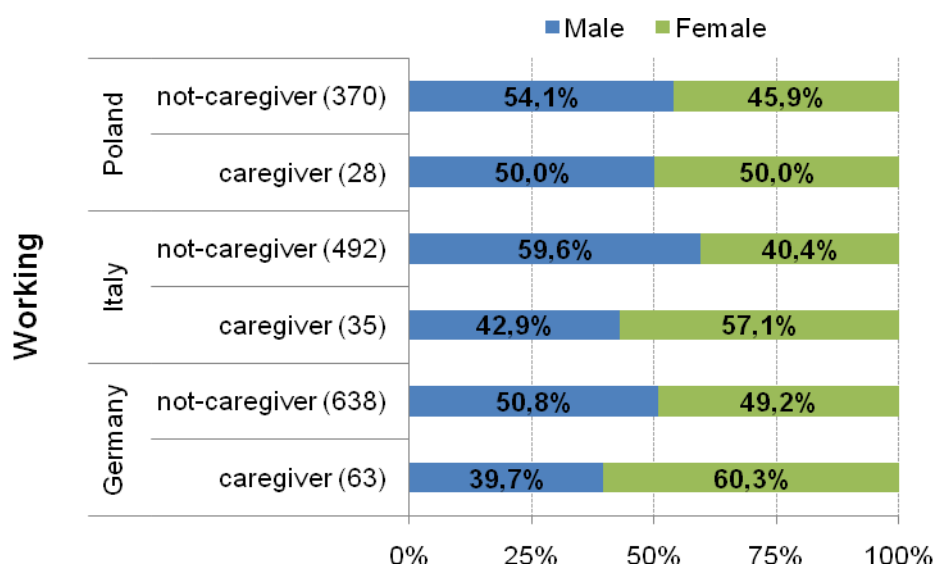
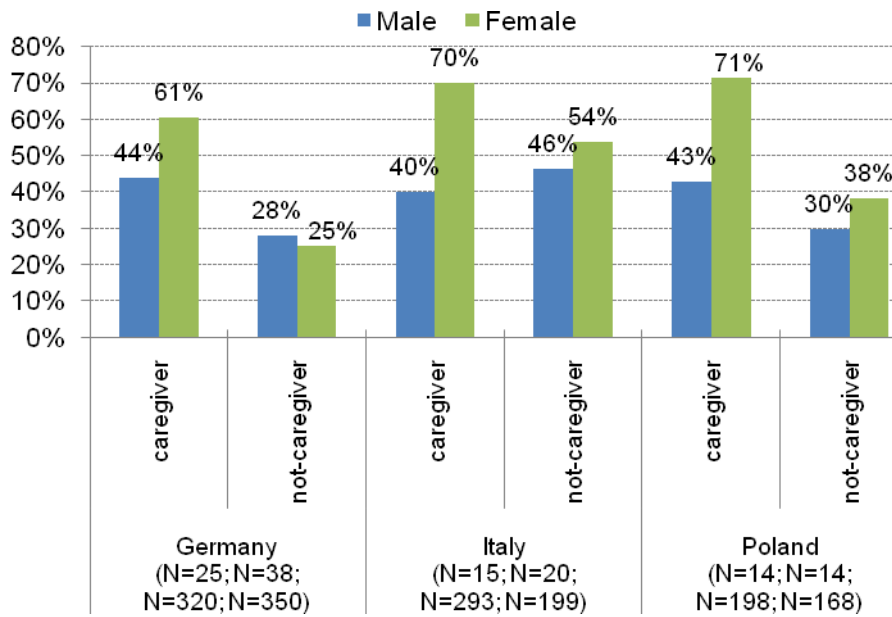


Figure 10 provides a picture of how differently the male and female working caregivers are affected by the provision of care. In general, it is the women who declare they feel they are prevented from doing things they would like to do. The percentage of these answers ranges from 60% in Germany, 70% in Italy and 71% in Poland. Among the male caregivers, this feeling is reported less frequently - on average by 42% of men.



**Figure 10: How often do you think that family responsibilities prevent you from doing what you want to do?**  
 (% of answers "often" and "sometimes" combined together within employed and self-employed)



**3.6 Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment and care for older individuals?**

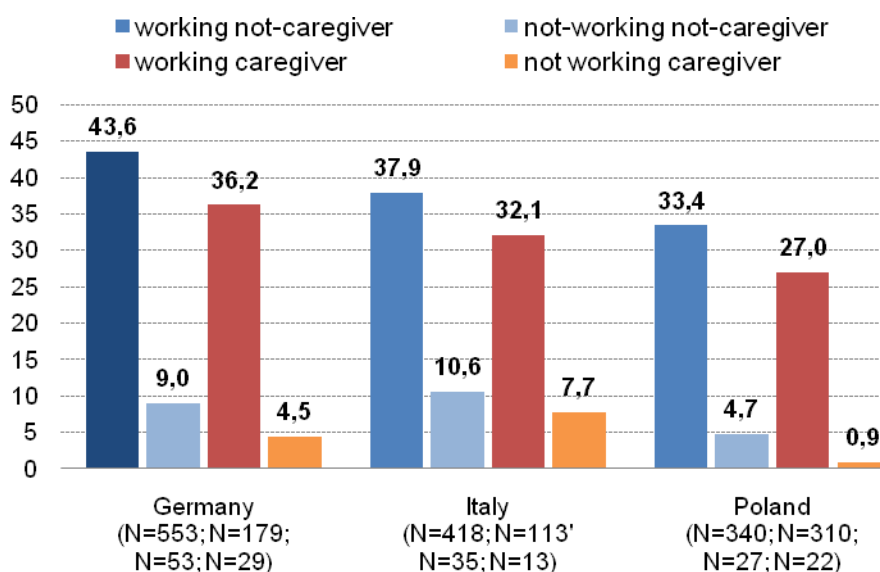
The data from the SHARE survey did not allow for answering this question, since none of the survey questions matched it.

**3.7 Are there any specific individual conflicts or strategies related to the reconciliation of work and care for an older individual when comparing different countries?**

As has been noted above, the data received from SHARE survey did not allow for exact analysis of the strategies for reconciliation. Figure 11 however, presents the chances of being employed (or self-employed) after reaching the age of 63. This can suggest some ways of dealing with the problem of reconciliation of work and care by the respondents in the future.

**Figure 11: Expectations about the chances to work full time after age 63 (expressed from "0" to "100" - average)**

Question asked to respondents aged less than 61



The figure above shows the answers to the question about the future chances of working full time after the age of 63 in all three countries. In general, the respondents who are currently working are expecting higher chances to work after reaching the age of 63. These subjective expectations are the biggest in Germany – expressed as a chance from “0” to “100” the average number is 36 among the working caregivers, in Italy it is 32, and 27 in Poland. The chances however drop significantly among the non-working group and among the caregivers more significantly. In Poland, the expected chances to be working after the age 63 are almost nonexistent (1). In Germany they are at the level of 4.5 and 7.7 in Italy.

#### 4. Conclusions

The SHARE data enable us to show a very general overview of the problem of reconciling work and care for 50-plus the population in Germany, Italy and Poland. However, as the group of working caregivers over the age of 50 is relatively small in these countries, the SHARE data contains a very small sample of this group and this significantly limits the analytical possibilities. Based on this survey, working caregivers constitute only 2.5% of the population of 50+ in Germany (63 respondents), respectively 1.2% (35) in Italy and 1.2% (28) in Poland. Hence, the analysis was mostly concentrated on the group of all caregivers 50+, who account for 8.3 % (211 respondents) in Germany, 4.2% in Poland (101) and 4% in Italy (117). Not all the research questions related to our project could be answered on the basis of SHARE data as they do not provide all the necessary and relevant information. Additionally, the low response rates in numerous categories made many detailed analyses impossible in practice.

Situation and attitudes of older caregivers differ between the countries, but some general trends can be recognized. Caregivers are more often women than men. Only about 1/3 of carers are employed or self-employed and about 40% (in Italy) to 47% (in Poland) are retired. **The differences between working and not working caregivers are significant, as the first group has usually a higher income and a higher education level.** Caring obligations seem to be a significant obstacle in everyday life. In each country more than half of working carers declare that this caring role means they are often or sometimes prevented from doing things they would like to do. Additionally,

caregivers, both working and non-working, suffer from depression much more often. Moreover, most of the caregivers are carrying out their caring tasks on daily basis, which certainly hinders their flexibility and deprives them of free time, causing stress.

The general analysis shows that care responsibilities may be an important limitation in professional and personal everyday life. However, the combination of work and care seems to create a particular burden. Unfortunately, representative population samples usually cannot provide us with data numerous enough to allow for detail analysis of the group of working caregivers, at least based on SHARE survey. We think that similar pattern could be found for the UK based on ELSA.

## Annex

Research Question	ELSA Questions	SHARE
<p>General questions on care to be cross-tabulated with other variables, in wave 1 these included:</p>	<p>H) Did you <b>look after anyone</b> in the past week (including your partner or other people in your household)? By look after we mean the active provision of care (q. 421 wave 1).</p> <p>I) What relation is this person or people to you? (q. 422-425 wave 1). Answers: Refusal; don't know; not applicable; spouse or partner; child; grandchild; parent; parent-in-law; other relative; friend or neighbour; other.</p> <p>J) How many hours <b>in the past week</b> did you do this?</p> <p>By wave 2, these had been modified:</p> <p>K) Whether respondent looked after anyone <b>in the past week</b> (q. 6322).</p> <p>L) Relationship to the person(s) looked after last week. (q. 6323). Answers: Refusal; don't know; not applicable; spouse or partner; child; grandchild; parent; parent-in-law; other relative; friend or neighbour; other.</p> <p>M) Number of partners/ children/ grandchildren/ parents/ parents-in-law/ other relatives/ friends and neighbours/ other people respondent looked after in past week (q. 6333- 634).</p> <p>N) Total number of people respondent looked after in past week (q. 6341).</p> <p>O) Whether he/she lives with the person(s) he/she cares for (q. 6342).</p> <p>P) Hours spent by the respondent looking after someone (q. 6348).</p> <p>Q) Reasons for caring for someone (q. 6349). Answers: to meet other people; to contribute something useful; for personal achievement; because I am needed; to earn money; because I enjoy it; to use my skills; to keep fit; because I feel obliged to do it; none of these.</p>	<p><b>CARE FOR SICK OR DISABLED:</b></p> <p><b>AC002_ ACTIVITIES IN LAST MONTH</b> Have you done any of these activities in the last month? 2. Cared for a <b>sick or disabled adult</b></p> <p><b>AC003_ HOW OFTEN ACTIVITY IN THE LAST FOUR WEEKS</b> How often in the last four weeks cared for a sick or disabled adult 1. Almost daily 2. Almost every week 3. Less often</p> <p><b>HELP OUTSIDE THE HOUSEHOLD:</b></p> <p><b>SP008_ GIVEN HELP IN THE TIME SINCE THE LAST INTERVIEW</b> Now I would like to ask you about the help you have given to others. Please look at card 38. In [the time since the last interview, that is since/<b>the last twelve months</b>] have you personally given any kind of help listed on this card to a family member from outside the household, a friend or neighbour? 1. Yes 5. No</p> <p><b>SP009_ TO WHOM DID YOU GIVE HELP</b> Which [/other] family member from outside the household, friend or neighbour have you helped [most often/{empty}] in [the time since the last interview/<b>the last twelve months</b>]? {list with relations}</p> <p><b>SP010_ TYPES OF HELP GIVEN</b> Which types of help have you given to this person in [the time since the last interview/<b>the last twelve months</b> 1. personal care, e.g. dressing, bathing or showering, eating, getting in or out of bed, using the toilet 2. practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores 3. help with paperwork, such as filling out forms, settling financial or legal matters</p> <p><b>SP011_ HOW OFTEN GIVE HELP</b> In [the time since the last interview/<b>the last twelve months</b>], how often altogether have you given such help to this person? Was it... 1. Almost daily 2. Almost every week 3. Almost every month 4. Less often</p> <p><b>SP012_ HOURS GIVEN HELP</b> About how many hours altogether did you give such help [on a typical day/in a typical week/in a typical month/<b>in the last twelve months</b>]?</p>

		<p style="text-align: right;">_____ (0..3000)</p> <p><b>HELP IN THE HOUSEHOLD:</b></p> <p><b>SP018_ GIVEN HELP TO SOMEONE IN THE HOUSEHOLD</b>  Let us now talk about help within your household. Is there someone living in this household whom you have helped regularly during [the time since the last interview/the last twelve months] with personal care, such as washing, getting out of bed, or dressing?  Yes 5. No</p> <p><b>SP019_ TO WHOM GIVEN HELP IN THIS HOUSEHOLD</b>  Who is that?</p>
<p>A) What conflict- and stress-situations between work and care are typical among the caregivers?</p>	<ul style="list-style-type: none"> <li>- Reasons for trying to leave current job (q. 970 wave 2): Own ill health or disability; Job too tiring/stressful; Ill health or disability of a relative/friend; Company going out of business/site closing down; Being made redundant/dismissed/have no choice; Taking voluntary redundancy; To spend more time with partner/family; Fed up with job and want a change; Fed up with employer/colleagues and want a change; To progress my career; To earn more money; Moving to a different area.</li> <li>- Reasons for staying in current job (q. 995 wave 2). Answers: Don't think could get another; too difficult/ time consuming to look for another job; pay in current job; will be retiring soon so not worth looking for another job; pension scheme in current job; not other suitable jobs available.</li> <li>- Main reason for trying to leave current job (q. 982 wave 2).</li> <li>- What was the main reason you were away from work last month (q. 480 wave 1) answers include 'other personal/ family reasons'.</li> <li>- Family responsibilities prevent me from doing what I want to do (q. 4258 wave 1; q. 6437 wave 2 V2). Answers: Often; sometimes; not often; never.</li> <li>- Considering the things I have to do at work, I have to work very fast (q. 4318 wave 1; 6518 wave 2).</li> <li>- Considering the things I have to do at home, I have to work very fast (q. 4319 wave 1).</li> <li>- Respondent feels they have different demands which are hard to combine (q. 6462 wave 2).</li> <li>- Respondent is satisfied with what they have gained so far from caring for others (q. 6366 wave 2).</li> <li>- Respondent feels they have been adequately appreciated for caring for others (q. 6367 wave 2).</li> </ul>	<p><b>WORK AND RESPONSIBILITIES:</b></p> <p><b>AC018_ FAMILY RESPONSIBILITIES PREVENT</b>  How often do you think that family responsibilities prevent you from doing what you want to do? (Often, sometimes, rarely or never?)  1. Often 2. Sometimes 3. Rarely 4. Never</p> <p><b>JOB SATISFACTION:</b></p> <p><b>EP026_ SATISFIED WITH JOB    </b>  All things considered I am satisfied with my job. Would you say you strongly agree, agree, disagree or strongly disagree?  1. Strongly agree     2. Agree     3. Disagree     4. Strongly disagree</p> <p><b>EP028_ TIME PRESSURE DUE TO A HEAVY WORKLOAD</b>  I am under constant time pressure due to a heavy workload. (Would you say you strongly agree, agree, disagree or strongly disagree?)  1. Strongly agree     2. Agree     3. Disagree     4. Strongly disagree</p> <p><b>EP031_ SUPPORT IN DIFFICULT SITUATIONS</b>  I receive adequate support in difficult situations. (Would you say you strongly agree, agree, disagree or strongly disagree?)  1. Strongly agree     2. Agree     3. Disagree     4. Strongly disagree</p> <p><b>EP036_ LOOK FOR EARLY RETIREMENT</b>  Now we will not use card 26 any longer. Thinking about your present job, would you like to retire as early as you can from this job?  1. Yes       5. No</p>

- In addition, the following could be taken to indicate conflict or stress:*
- I feel full of energy these days (q. 4267 wave 1; 6446 wave 2).
  - I have a hobby or a pastime (q. 4274 wave 1; 6397 wave 2)
  - I have taken a holiday in the UK in the last 12 months (q. 4275 wave 1; 6398 wave 2)
  - I have taken a holiday abroad in the last 12 months (q. 4276 wave 1; 6399 wave 2).
  - I have gone on a day trip or outing in the last 12 months (q. 4277).
  - Have you recently lost much sleep over worry? (q. 4302).
  - Have you felt constantly under strain? (q. 4305).
  - Whether respondent has felt depressed much of the time during the past week (q. 6368 wave 2).
  - Whether respondent felt everything they did during the past week was an effort (q. 6369 wave 2).
  - Whether respondent felt their sleep was restless during the past week (q. 6370 wave 2).
  - Whether respondent was happy much of the time during the past week (q. 6371 wave 2).
  - Whether respondent felt lonely much of the time during the past week (q. 6372 wave 2).
  - Whether respondent enjoyed life much of the time during the past week (6373 wave 2).
  - Whether respondent felt sad much of the time during the past week (6374 wave 2).
  - Whether respondent could not get going much of the time during the past week (6375 wave 2).

**CARE SATISFACTION:**

**AC006\_ FULLY SATISFIED WITH WHAT ACHIEVED SO FAR**

Considering all the efforts that I have invested into my care for a sick or disabled adult I am fully satisfied with what I have achieved so far.

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

**AC007\_ RECEIVED ADEQUATE APPRECIATION FROM OTHERS**

Considering all the efforts that I have invested into my care for a sick or disabled adult I always received adequate appreciation from others.

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

**MENTHAL HEALTH:**

**MH002\_ DEPRESSION** In the last month, have you been sad or depressed?

**MH003\_ HOPES FOR THE FUTURE** What are your hopes for the future?

**MH004\_ FELT WOULD RATHER BE DEAD** In the last month, have you felt that you would rather be dead?

**MH005\_ FEELS GUILTY** Do you tend to blame yourself or feel guilty about anything?

**MH006\_ BLAME FOR WHAT** | So, for what do you blame yourself?

**MH007\_ TROUBLE SLEEPING** Have you had trouble sleeping recently?

**MH008\_ LESS OR SAME INTEREST IN THINGS** In the last month, what is your interest in things?

**MH009\_ KEEPS UP INTEREST** | So, do you keep up your interests?

**MH010\_ IRRITABILITY** Have you been irritable recently?

**MH011\_ APPETITE** What has your appetite been like?

**MH011\_ APPETITE** What has your appetite been like?

**MH013\_ FATIGUE** In the last month, have you had too little energy to do the things you wanted to do?

**MH014\_ CONCENTRATION ON ENTERTAINMENT** How is your concentration? For example, can you concentrate on a television programme, film or radio programme?

**MH015\_ CONCENTRATION ON READING** Can you concentrate on something you read?

**MH016\_ ENJOYMENT** What have you enjoyed doing recently?

**MH017\_ TEARFULNESS** In the last month, have you cried at all?

**WELL BEING:**

**AC012\_ HOW SATISFIED WITH LIFE** On a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with your life?

**AC014\_ AGE PREVENTS FROM DOING THINGS** How often do you think your age prevents you from doing the things you would like to do? Often, sometimes, rarely or never?

**AC015\_ OUT OF CONTROL** How often do you feel that what happens to you is out of your control? (Often, sometimes, rarely or never?)

**AC016\_ FEEL LEFT OUT OF THINGS** How often do you feel left out of things?

**AC017\_ DO THE THINGS YOU WANT TO DO** How often do you think that you can do the things that you want to do?

		<p><b>AC018_ FAMILY RESPONSIBILITIES PREVENT</b> How often do you think that family responsibilities prevent you from doing what you want to do?</p> <p><b>AC020_ LOOK FORWARD TO EACH DAY</b></p> <p><b>AC021_ LIFE HAS MEANING</b></p> <p><b>AC022_ LOOK BACK ON LIFE WITH HAPPINESS</b></p> <p><b>AC023_ FEEL FULL OF ENERGY</b></p> <p><b>AC024_ FULL OF OPPORTUNITIES</b></p> <p><b>AC027_ FELT DEPRESSED</b></p> <p><b>AC028_ FELT EVERYTHING EFFORT</b></p> <p><b>AC029_ SLEEP WAS RESTLESS</b></p> <p><b>AC030_ HAPPY</b></p> <p><b>AC031_ FELT LONELY</b></p> <p><b>AC032_ ENJOYED LIFE</b></p> <p><b>AC033_ FELT SAD</b></p> <p><b>AC034_ COULD NOT GET GOING</b></p>
<p>R) What strategies do carers use to reconcile work and care for an older individual?</p>	<p>Unlike EUROFAMCARE, there is no explicit reference to reduced working hours as a result of caring. However, the following question could be included as the UK literature indicates that carers often utilise leave to provide care:</p> <ul style="list-style-type: none"> <li>- How many weeks of paid leave did you take in the last 12 months? (q. 514 wave 1).</li> </ul>	<p><b>EP302_ HOW MANY DAYS MISSED FROM WORK</b> About how many days did you miss?</p> <p><b>+ JOB PROFILE (CHARACTERISTICS) - see below</b></p>
<p>S) What kind of influence does the qualification level of the carers have with regard to the reconciliation of work and care for an older individual?</p>	<ul style="list-style-type: none"> <li>- Have you take a formal education or training course in the last 12 months? (q. 484 wave 1).</li> <li>- Highest educational qualification at ELSA W1/ since wave 1 (q. 4250 wave 1; 6386 wave 2).</li> <li>- HSE qualifications (q. 4468 wave 1)</li> </ul>	<p><b>EDUCATION:</b></p> <p><b>DN010_ HIGHEST EDUCATIONAL DEGREE OBTAINED</b> Please look at card 2.What is the highest school leaving certificate or school degree that you have obtained?</p> <p><b>DN011_ OTHER HIGHEST EDUCATION</b> What other school leaving certificate or school degree have you obtained?</p> <p><b>DN012_ FURTHER EDUCATION</b> Please look at card 3.Which degrees of higher education or vocational training do you have? 1. <b>Nurses' training school</b>   2. College of further/higher education   3. Other college or training establishment   4. Polytechnic/Scottish Central Institutions   5. University   95. Still in higher education or vocational training   96. None   97. Other (also abroad)</p> <p><b>DN041_ YEARS EDUCATION</b> How many years have you been in full time education?</p>

<p>T) What kind of influence do the employment- and income situation of the caregivers' households have on the reconciliation of work and care?</p>	<ul style="list-style-type: none"> <li>- Which of these best describes the work you do in your main job? (q. 506 wave 1).</li> <li>- How many hours a week do you usually work in this job, excluding meal breaks but including any paid overtime? (q. 510 wave 1).</li> <li>- Working part-time or full-time? (4458 wave 1).</li> <li>- Gross income last year (q. 516-519 wave 1).</li> <li>- Weekly/ fortnightly/ monthly/ yearly gross pay (q. 520-544 wave 1).</li> <li>- Do you currently earn any money from work a month in these jobs, excluding any meal breaks but including any overtime you might do? (p. 618 wave 1).</li> <li>- How many hours do you usually work a month in these jobs, excluding any meal breaks but including any overtime you might do? (q. 619 wave 1).</li> <li>- Which of one of these would you say best describes your current situation? (q. 482 wave 1) Answers: Refusal; don't know; not applicable; retired; employed; self-employed; unemployed; permanently sick or disabled; looking after home or family; other answer not codable.</li> </ul> <p><i>If individuals who are not in work are to be included in the sample, the following may also be of use:</i></p> <ul style="list-style-type: none"> <li>- Reasons for taking early retirement (q. 1083-1089 wave 1). Answers inc.: ill health of a friend or relative.</li> <li>- What was your MAIN reason for taking early retirement (q. 1097 wave 1).</li> <li>- What was you MAIN reason for retiring (q. 1110 wave 1)</li> </ul>	<p><b>JOB CHARACTERISTICS:</b></p> <p><b>EP005_ CURRENT JOB SITUATION  </b> In general, which of the following best describes your current employment situation? 1. Retired   2. Employed or self-employed (including working for family business)   3. Unemployed and looking for work   4. Permanently sick or disabled   5. Homemaker   97. Other (Rentier, Living off own property, Student, Doing voluntary work)</p> <p><b>EP009_ EMPLOYEE OR SELF-EMPLOYED</b> In this job are you an employee, a civil servant, or a self-employed?</p> <p><b>EP016_ NAME OR TITLE OF JOB</b> Please look at showcard 24. What best describes this job?</p> <p><b>EP018_ WHICH INDUSTRY ACTIVE</b> Please look at showcard 25. What kind of business, industry or services do you work in?</p> <p><b>EP019_ FIRM BELONGS TO THE PUBLIC SECTOR</b> In this job are you employed in the public sector?</p> <p><b>EP012_ TOTAL CONTRACTED HOURS PER WEEK IN THIS JOB</b> What are your total basic or contracted hours each week in this job, excluding meal breaks and any paid or unpaid overtime?</p> <p><b>EP302_ HOW MANY DAYS MISSED FROM WORK      </b> About how many days did you miss?</p> <p><b>EP059_ OPPORTUNITIES TO WORK AFTER THE OFFICIAL RETIREMENT AGE</b> In your last job, were there opportunities to work, either full time or part-time, after the official retirement age? 1. Yes 5. No</p> <p><b>UNEMPLOYED AND RETIRED:</b></p> <p><b>EP064_ MAIN REASON FOR EARLY RETIREMENT</b> For which reasons did you retire? 1. Became eligible for public pension 2. Became eligible for private occupational pension 3. Became eligible for a private pension 4. Was offered an early retirement option/window (with special incentives or bonus) 5. Made redundant (for example pre-retirement) 6. Own ill health 7. Ill health of relative or friend 8. To retire at same time as spouse or partner 9. To spend more time with family 10. To enjoy life</p> <p><b>EP069_ REASON STOP WORKING</b> You said you are currently a homemaker, but you have done paid work in the past. Why did you stop working? 1. Because of health problems 2. It was too tiring 3. It was too expensive to hire someone to</p>
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look after home or family 4. Because you wanted to take care of children or grandchildren 5. Because you were laid off, or your place of work or office closed 6. Because family income was sufficient 97. Other

**EP067\_ HOW BECAME UNEMPLOYED | |**

Would you tell us how you became unemployed? Was it ...

1. Because your place of work or office closed | | 2. Because you resigned | | 3. Because you were laid off | | 4. By mutual agreement between you and your employer | | 5. Because a temporary job had been completed | | 6. Because you moved town | | 97. Other reason

**PAYMENT:**

**EP201\_ TAKEN HOME FROM WORK AFTER TAX**

After all deductions for tax, national insurance or pension and health contributions and so on, about how much was your last payment?

**EP205\_ EARNINGS EMPLOYMENT PER YEAR AFTER TAXES**

After any taxes and contributions, what was your approximate income from employment in the year [{previous year}]?

**HH002\_ TOTAL INCOME OTHER HOUSEHOLD MEMBERS | | |** Can you give us the approximate total amount of income received in [{previous year}] by other household members after any taxes or contributions?

**HH010\_ INCOME FROM OTHER SOURCES**

**HH011\_ ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR**

**\*OR OTHER RELATED QUESTIONS**

**ADDITIONAL JOB:**

**EP007\_ CURRENTLY MORE THAN ONE JOB**

So far we have talked about your main job. Do you currently have a second job besides your main job?

**EP321\_ TOTAL HOURS WORKED PER WEEK SECOND JOB**

[Regardless of your basic contracted hours/{empty}] [how many/How many] hours a week do you usually work in this job, excluding meal breaks [but including any paid or unpaid overtime /{empty}].

**EP322\_ MONTHS WORKED IN SECOND JOB (NUMBER)**

How many months a year are you normally working in this job (including paid holidays)?

		<p><b>OTHER:</b></p> <p><b>EX025_ CHANCE TO WORK AFTER AGE OF 63</b> Thinking about your work generally and not just your present job, what are the chances that you will be working full-time after you reach age 63?</p>
U) Within the context of the actual parameters of employment and family-work, what kind of gender inequalities are the results of the reconciliation problematic?	<ul style="list-style-type: none"> <li>- Subject's sex (q. 168 wave 1).</li> <li>- Relationship status (q. 21 wave 2) (This could address whether marital status when combined with gender has an effect i.e. are married men more likely to provide care?).</li> </ul>	<p><b>DN042_ MALE OR FEMALE</b></p> <p><b>DN014_ MARITAL STATUS</b></p>
V) Which kind of support at the public, company or societal level is most efficient for the reconciliation of employment and care for older individuals?	<ul style="list-style-type: none"> <li>- Invalid care allowance- how much (q. 1645- 1669 wave 1).</li> <li>- Way employer changed work to make it easier to work (q. 944 wave 2). Answers include: Less physically demanding; Less mentally demanding/stressful; Fewer hours/job sharing; More flexible hours; Working from home sometimes; Special equipment/workplace adaptation.</li> <li>- Ways in which asked employer to change job (q. 963 wave 2). Answers include: Less physically demanding; Less mentally demanding/stressful; Fewer hours/job sharing; More flexible hours; Working from home sometimes; Special equipment/workplace adaptation.</li> <li>- Ways would like to change job (q. 984 wave 2; Answers: see q 963).</li> </ul>	<p><b>EX007_ GOVERNMENT REDUCES PENSION</b> What are the chances that before you retire the government will reduce the pension which you are entitled to?</p> <p><b>EX025_ CHANCE TO WORK AFTER AGE OF 63</b> Thinking about your work generally and not just your present job, what are the chances that you will be working full-time after you reach age 63?</p> <p><b>EX008_ GOVERNMENT RAISES RETIREMENT AGE</b> What are the chances that before you retire the government will raise your retirement age?</p> <p><b>EP069_ REASON STOP WORKING</b> You said you are currently a homemaker, but you have done paid work in the past. Why did you stop working? 1. Because of health problems 2. It was too tiring 3. It was too expensive to hire someone to look after home or family 4. Because you wanted to take care of children or grandchildren 5. Because you were laid off, or your place of work or office closed 6. Because family income was sufficient 97. Other</p> <p><b>+ JOB SATISFACTION BLOCK</b></p>
W) Are there any specific individual conflicts or strategies related to the reconciliation of work and care for	<ul style="list-style-type: none"> <li>- The ELSA data looks only at England.</li> </ul>	<p><b>COMPARISONS ARE POSSIBLE</b></p>

an older individual when comparing different countries?		
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## Summary of the report

Author: Monika Reichert (Project Coordinator)

The secondary analysis of the EUROFAMCARE-data set (for Germany, Italy, Poland and the UK) and SHARE-Data set (for Germany, Italy and Poland) help to answer the research questions of the *Carers@work* project to a great extent. In addition, this analysis confirms important results of the literature on the reconciliation of work and care. But both data sets also give new information regarding the topic of combining work and care which, however, need further investigation.

- **Quantitative extent:** The SHARE-Data point to the fact that *30% of caregivers* older than 50 years of age *are employed or self-employed* in Germany, Italy and Poland. Despite big differences in the labour market participation rate between the countries, the proportion of *working carers within the working population 50-plus* does also not differ significantly between countries and oscillates around *7 to 9%*.
- **Typical conflict and stress situations between work and care:** According to the SHARE-Data 49% of German working carers, 60% of the ones in Italy and even 71% in Poland mention that they *provide care almost on an everyday basis*. Although the most important motivation to care for an older relative is the emotional relationship, it is not astonishing that working carers persons – albeit to a lesser extent than non-working carers - complain that *caring obligations prevent them from doing things they would like to do* (for example, free time for relaxation). This in turn, can be accompanied by feelings of depression: 68% of Polish, 66% of Italian and 54% of German working carers complain about depression. These data document that the reconciliation of work and care can be *burdensome*, especially when – like the EUROFAMECARE-Data indicate - there is *no help and support from others* (see below) and/or if the *degree of dependency of the cared for person is high* (this counts at least for Italy and Poland). Another factor which has a significant influence on the stress experienced is whether caregiving is accompanied with *positive or negative feelings*: the stronger the positive feelings, the lower the negative impact deriving from caregiving and the higher the probability of a successful reconciliation of work and care. In sum and different than one might expect, working carers do not perceive their situation worse than carers who are not in gainful employment: The variable which has the greater differentiating impact are *different aspects of caregiving* and not different aspects of employment.
- **Strategies to reconcile work and care:** First of all the EUROFAMCARE-Data show that the *issue of the reconciliation of work and care is of great importance* for working carers. The most important strategy they use to combine both areas of life is *the reduction of working time* and that could be shown for all four countries (percentages range from 21% in Germany to 6% in Poland). But the “success” of this strategy has to be questioned. Workers who had to reduce their working time (i.e. part-time), live through this choice more as a restriction than as an actual winning strategy. The second most followed strategy is *working only on an occasional basis*; this strategy is used by 14% of German and English working carers and by 5% of the Italian and Polish ones. In all, it seems that being able to stay in the workforce “somehow” seems to reduce stress to a great extent.

- ***The role of educational and occupational level:*** Regarding the educational level – which is highly correlated with occupational level - the EUROFAMECARE data show that in all countries the largest part of the sample refers to working carers with a *medium educational level*, however, carers with a high educational level are also well represented. In turn that means that carers with a low educational level are the one's who have greater difficulties in combining work and care resp. have a higher risk to leave the labour market due to caring responsibilities. This fact is confirmed by a comparison of working carers and non-working carers: It is the former who have a higher education. Not surprisingly, the data analysis shows that the *educational resp. occupational level has an impact on strategies/restrictions* and, to some extent on the perceived satisfaction with reconciliation. However, the direction is not clear and reflects country-specific framework conditions. For example, lower educated Italian carers and higher educated Germans suffer most from restrictions and are also the most unsatisfied with their situation.
- ***The role of income and employment situation:*** It goes without saying that a high income can make the reconciliation of work and care easier: for example, it makes it possible to pay for informal and/or professional help outside the family. However, *the role of income* could be not explained on the basis of both data sets because of too many missing data. Because a high qualification level has a strong positive correlation with income it can be assumed that working carers with a high qualification level also have a high(er) income than those with a low level. This assumption is also underlined by a comparison of working and non-working carer's household income: according to the EUROFAMECARE data set the median income of non-working carer's household is about 40% lower.
- ***The role of the employment situation:*** Whether working carers work full or part time plays an important role in combining work and care. Surprisingly, working carers who *work full time have 1,5 higher probability to manage the reconciliation of work and care better than those working part-time*. This aspect is very important because it might suggest that, in general, workers want to maintain full time work as long as possible and to devote only the remaining time to caregiving activities. This might suggest also that the reduction of working hours can be considered as a "restriction", rather than as a successful strategy (see above). The importance of gainful employment becomes also clear when considering the situation of non-working carers. For example, the possibility for occasional work makes non working carers more satisfied, a tendency which can be observed in all countries.
- ***The role of gender:*** The EUROFAMCRE data analysis shows very clearly that in all four countries *female working carers represent the majority of working carers* (three out of four carers are female), although some country differences can be observed (e.g., a tendency for more male carers in Poland). In general – and this refers to Germany, Italy, Poland and to the UK - female carers are more likely than men to reduce their working time. Also in all countries *women are the most penalised* when it comes to missing career developments, being able to work only occasionally or to give up work completely. In addition, the SHARE data point to the fact that women are the one's who declare more often that caregiving prevents them from doing things they would like to do. In consequence, *women are more unsatisfied* with their situation than men. This is especially true for former working carers who are housewives now. They suffer most from the restriction of not been able to work.

- ***The role of support within and outside the family with regard to the reconciliation of work and care:*** To have an easy access to an informal support network is *extremely* effective in all countries in order to facilitate the reconciliation of care and work and luckily *the majority of carers can easily count on a support informal network*. The results show that carers without a support network have 50% less chances of experiencing a “reconciliation success”. Therefore, carers without a support network experience more different restrictions (especially working time reduction) and are – in tendency - more unsatisfied than carers with a support network. It is important to note, that the influence of state and company support could not be considered on the basis of neither EUROFAMECARE- nor SHARE-data.
- ***Non-working carers:*** Both data sets also contain some information on non-working carers who are mostly pensioners, but also people who are unemployed or housewives. Not surprisingly, the main restrictions this group of carers experienced is firstly, the *impossibility to find work due to the care activities and secondly, to quit their job because they could not balance work and care*. As a solution especially unemployed carers and housewives work occasionally and that, in turn, contributes to their satisfaction. The importance of work is emphasized by the fact that also non-working carers find that the reconciliation of work and care is of great importance, regardless whether they can or want to achieve it or not.
- ***Important country differences:*** According to the EUROFAMCARE-Data conflict situations vary among countries according to the reconciliation strategy. In general, carers in the *UK* carry out more strategies than in any other countries, with good results concerning the reconciliation success, thus with lower levels of stress. The same is true for most *Polish* and *Italian* working carers who also seem to be successful in combing work and care by using country-specific strategies: Polish carers tend become self-employed, Italian carers employ private migrant carers (the so called “badanti”). In *Germany*, working carers seem to have the greatest difficulties. This is especially true for those who had to reduce their working time. Country differences also emerge when looking at the situation of non working carers. For example, this group is more sensitive to the reconciliation of work and care in *Germany* and *Poland* than in the *UK*: for carers in the *UK* caring seems to be much more important than working. This result corresponds with the degree of satisfaction carers experience. Although the degree of satisfaction with the unbalanced situation of work and care is obviously very low, however, it is higher for English carers than for German, Polish and Italian carers. These results, however, loose significance once the country effect is introduced among the dependent variables in a logistic regression. In fact, this “new” variable became the only statistically significant one. Again an evidence for the fact that the national economic and societal framework conditions resp. the care regimes play an outstanding role with regard to the reconciliation of work and care.