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## **Carers@Work -**

# **Reconciling Employment and Care for Older Family Members in Germany, Italy, Poland, and the UK**

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## Carers@Work consortium

### ***Enterprise study:***

- TU Dortmund (Germany): *Prof. Dr. Monika Reichert (Coordinator), Annette Franke*
- University Duisburg-Essen (Germany): *Prof. Dr. Gerhard Bäcker, Angelika Kümmerling*

### ***Family carer study:***

- University Medical Center Hamburg-Eppendorf (Germany): *Dr. Hanneli Döhner, Susanne Kohler*
- Istituto Nazionale Riposo e Cura Anziani INRCA (Italy) *Dr. Giovanni Lamura, Dr. Andrea Principi*
- Jagiellonian University Cracow (Poland): *Dr. Jolanta Perek-Bialas, Justyna Stypinska*
- University of Oxford (UK): *Dr. Andreas Hoff, Dr. Kate Hamblin*





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## *Outline*

1. Research questions
2. Research stages
3. Sample *design* of the working family carer study
4. Sample *description* of the working family carer study
5. First preliminary findings





# 1. Research questions





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## Research questions

1. What typical conflict-/stress-situations between work and care?
2. What strategies do carers use to reconcile work and care for an older individual?
3. How does qualification level of the carers influence the reconciliation of work and care for an older individual?
4. How do employment and income situation of the caregivers' households influence the reconciliation of work and care?
5. What kind of gender inequalities result from reconciliation?
6. What kind of support at public, company or societal level is most efficient for the reconciliation of employment and care for older people?
7. Are there any country specific conflicts or reconciliation strategies?
8. Do carers and employers identify similar or different conflicts/strategies?





## 2. Research stages





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## Key elements of the research

### (A) Working carers

- International literature review
- Secondary data analysis of SHARE/ELSA+EUROFAMCARE
- N = 60 qualitative topic-guide based interviews in Germany, UK, Italy and Poland with working carers
- Four national reports
- International report
- Comparative report carers-employers
- Guidelines, policy briefs

### (B) Employers

- International literature review
- Review of enterprise-level agreements on reconciliation
- Identification examples of best practice
- expert interviews in Germany, UK, Italy and Poland
- Expert report on economic costs if no reconciliation
- Comparative report carers-employers
- Guidelines, policy briefs







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## Project Progress

- **Two-year project: January 2009 – December 2010**
- **Year 1:**
  - Review of literature in each nation- what have other studies found about working carers?
  - Secondary data analysis- what is the macro picture?
  - Creation of a ‘topic guide’ for interviews;
  - Pilot interviews;
  - First interviews.
- **Year 2:**
  - Interviews continued [**just finished that**];
  - Analysis; [**just started that**]
  - Cross-national comparison and analysis;
  - Final report.





## 3.

# Sample design of the working family carer study





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## Who is a working carer?

- According to EUROCARERS a carer is *'a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework'*.
- 'Carers' in this study are defined as any person who cares on an unpaid basis for someone 60 years and older (does *not* need to be family member), for at least 10 hours per week.
- 'Caring' means: physical care, instrumental support, household tasks (ADL and IADL), emotional care, and organisation of care (excluding financial help only);
- A 'working carer' is any person who reconciles these caring tasks and work- for this study, we have included anyone who works more than 10 hours per week in regular employment (therefore seasonal or occasional employment was not included).





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## Theoretical Sample

- 60 interviews in each country;
- Combining the aim of a mixed sample with saturation;
- The desired mixed sample is as follows:

Qualification Level	Couple, both working	Couple, one working	Single, working
High (A Levels and above)	10	10	10
Low (up to GCSEs)	10	10	10





## 4.

# Sample description of the working family carer study





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## Germany

- N = 54
- West (Hamburg) n = 38 , East (Dresden) n = 18
- Urban n = 24 (HH), 14 (DD), rural n = 14 (HH), 4 (DD)
- Female carers n = 48, male carers n = 6

Qualification Level	Couple, both working	Couple, one working	Single, working
High (A Levels and above)	21	10	6
Low (up to GCSEs)	8	4	5





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## United Kingdom (England)

- N = 45
- Urban/rural mix in South England (urban: Oxford, Swindon, Reading; rural: Oxfordshire, Wiltshire, Berkshire, Somerset, Windsor and Maidenhead)
- Female carers n = 36, male carers n = 9

Qualification Level	Couple, both working	Couple, one working	Single, working
High (A Levels and above)	9	10	8
Low (up to GCSEs)	7	5	4





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## Italy

- N = 60
- Ancona, mix of urban/rural areas
- Female carers n = 41, male carers n = 19

Qualification Level	Couple, both working	Couple, one working	Single, working
High (A Levels and above)	11	3	10
Low (up to GCSEs)	16	10	10







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## Poland

- N = 54
- Krakow (city) n = 30, Kielce (town) n = 11, Witnica (village) n = 13
- Female carers n = 42, male carers n = 12

Qualification Level	Couple, both working	Couple, one working	Single, working
High (A Levels and above)	16	8	13
Low (up to GCSEs)	12	1	4





## 5. First preliminary findings





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## Typical conflict patterns

- Lack of time (to relax) – all countries
- Stress – all countries
- Negative impact on carer's health – all countries
- Guilt and internal conflict – all countries
- Conflicts within family – all countries
- Inability to maintain social networks and family life – all countries
- Working and caring aggravated this, particularly in crises – all countries
- Poor quality of professional support – D
- Too much paperwork - D
- Uncertainty about duration of caring commitment - D





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## Effect of care & work on caregiver's well-being, physical and mental health (Poland)

### Negative

- Lack of time
- Lack of a break
- Stress, deterioration of mental health
- Deterioration of physical health
- Lack of support
- Helplessness
- Loneliness

### Positive

- Sense of fulfillment
- Personal growth
- Experience
- Sometimes: strengthening family ties





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## Reconciliation strategies

- Difficulty to distinguish support from strategy (deliberate, planned action)
- Share care-giving with other family members
- Emotional or practical support from friends and family
- Using day care centres (voluntary sector) as supplementary care givers (esp. with Dementia, AD)
  - Public sector care usually means-tested
  - Private sector expensive → hence, used for auxiliary services mainly
- Changing working arrangements (part-time, flexitime, working from home, job with less responsibility)
- Establish relationship of trust with line manager (honesty, give and take)





## Country specific reconciliation strategies

### Country specific general

1. D – long-term care insurance (financial benefit allows flexibility)
2. UK – day-care centres run by voluntary sector
3. PL – self-employment
4. ITA – migrant care workers

### Country specific workplace

1. D – regulated, but crucial negotiation with line manager
2. UK – regulated, but crucial negotiation with line manager
3. PL – informal deal w. line manager
4. ITA – regulated, clear separation workplace/private life





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**Thank you all very much for  
your attention!**

