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8 The changing mix of care in six European countries

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1 A multidimensional approach to care

Care arrangements have changed significantly in Europe over the last 40 years in the context of shifting gender cultural models, labour markets and welfare systems. While policies introduced immediately after World War II were largely based on a male breadwinner/female home caregiver model, post-1970s policies have emphasised a move away from male breadwinning and an increase in female employment rates and greater state responsibility for working caregivers through leave systems and services. Schemes involving leave to care for the elderly or other family members, early educational services for young children and services/institutions to support elderly persons – even if diverse in structure, intensity and prevalence – are now available in all EU countries.

Two issues may be raised regarding the changing nature of care arrangements and how to conceptualise them. The first is whether these changes have shifted away from *familialised* care arrangements based on unpaid female and informal homecare, thereby reinforcing individual autonomy in relation to the provision of family care as well as gender equity in employment and care work. Welfare state literature and literature on gender and work-family balance reveal complex and often contradictory consequences of these changes. On the one hand, paid leave systems and publicly subsidised services are generally seen to have promoted a *trend towards de-familialisation* and a decline in male breadwinning/female caregiving, especially in the Nordic countries in the 1980s and early 1990s, by integrating children and dependent persons in care services/institutions and promoting gender equity in care (Leira 1992; Sainsbury 1999). Some of this literature suggests a more or less linear move from a female caregiving model towards a dual earner/dual caregiver model, while other scholars point towards a predominant 'adaptive' model in which preferences go towards part-time work or temporary absences from the labour market for certain periods or life stages in order to devote oneself to caregiving (Treas & Widmer 2000; Hakim 2003).

On the other hand, the *diversity and increasing complexity* of current care arrangements and policies have also been highlighted over the last

decade (Geissler & Pfau-Effinger 2005). Rather than a unidirectional linear move, much of the literature on gender and work-family policies has emphasised the emergence of a plurality of care models and spheres of care in which it is difficult to find a clear distinction between familialised/gendered and de-familialised/de-gendered arrangements (Gornick & Meyer 2009). Several authors have highlighted this diversity of models (Pfau-Effinger 1999; Pfau-Effinger & Rostgaard 2011; Aboim 2010) by taking into account the interplay between culture, gender and work-family variables as well as a variety of pathways and rationales in different welfare systems. The need to consider the complex interconnections between different spheres of care – both public and private, private profit and non-profit, formal and informal – in order to understand diversity in care arrangements has also been emphasised (Daly & Lewis 2000; Bettio & Plantenga 2004; Anttonen et al. 2003).

The second issue is whether these trends require new conceptual approaches in order to explore the complexity and pluralisation in current care arrangements. Understandably, conceptualisations based on some well-known dichotomies – such as familialisation/de-familialisation, public/private, generous/weak leave-to-care schemes, formal/informal care – are being critically appraised and unpacked in new ways. Some authors (Korpi 2000; Leitner 2003; Leitner & Lessenich 2007; Saraceno 2010) have stressed that familialisation of care may take on different forms: it may be unsupported, somewhat supported, allowing for choice between home care and services, or strongly focused on service provision. They argue that *optional* familialism, in which families choose between cash for home care and service provision, has to be distinguished both from *supported* familialism (some public support for leaves and services) and from *de-familialisation*, implying a strong move towards the substitution of female unpaid care in the family to paid care outside the family through public, market or third-sector services. Research on leave policy models is saying much the same by underlining distinctions between a specific set of leave-to-care models such as the *one-year-leave* model focusing on services and gender equity, the *optional choice* model, the *long leave mother-centred* model, the *part-time work* model or the *early-return-to-work* model (Moss & Wall 2007; Wall & Escobedo 2012). The impact of these different leave schemes is complex. For example, the emergence of longer (poorly compensated) parental leave for home care (lasting two to three years) does not have clear-cut effects: overall, the longer periods of leave do not contribute openly to de-familialisation and gender equity since they are taken up almost exclusively by women, move away from the idea of state-subsidised services and contribute to gender inequality by lowering levels of maternal employment and making it more difficult for women to re-enter the labour market (Morgan & Zippel 2003; Bergman 2009). Female part-time work may also be seen as an option that provides for greater work-family balance while keeping care work and housework in female hands. As some authors have noted,

part-time work in which the mother is seen as a secondary provider makes it difficult for the mother not to assume her conventionally assigned role of main caregiver in the family (Crompton 1999). Thus, generosity in paid leave schemes and gender egalitarianism do not necessarily move together and have to be analysed as separate rather than complementary aspects of gender equity in employment and care (Gauthier 2002; Ray et al. 2010; Thévenon 2011).

The dichotomised concepts of formal and informal care are also being reformulated. Pfau-Effinger and Rostgaard (2011) point out that some forms of care work are neither formal nor informal. These are somewhere in between, involving payment for care carried out in the home but not always provided by professionals or publicly subsidised services. The existence in many countries of a semi-formal care market in which a diversity of care workers (e.g. immigrant women, babysitter services, local childminders) provide paid, often non-professional, regular or occasional care work, clearly does not seem to fit the existing categories of formal versus informal care work and subsidised-professional versus unpaid family care. This has led to a distinction between formal and *semi-formal* spheres of care, with the latter including forms of paid care work carried out in the home (Pfau-Effinger, Flaquer & Jensen 2009).

Lastly, welfare state literature and research on family support networks are also pointing to the blurring of boundaries in welfare regimes: the rise in a varied *mix* of care which includes a plurality of care providers, from public services to private profit and subsidised third-sector services and unpaid and paid informal caregivers; the complementarity between family/extended kin care and state subsidised services, between public and publicly subsidised care work, between local and nationally provided public support for families (Albertini & Saraceno 2008; Attias-Donfut et al. 2005). The concept of 'welfare mix', although developed in approaches that did not initially deal with the issue of care, is being explored to account for some of these developments in care work (Evers 2005; Pfau-Effinger & Rostgaard 2011).

These two issues point to a third challenge which is taken up in this chapter. If the nature of care arrangements is changing and moving in the direction of a new mix of care work and care providers, then it is important to understand whether these changes are resulting in a mix of care arrangements not only across countries but also within national contexts of work, care and welfare. Drawing on some fundamental aspects of care arrangements in the six European countries, both at the level of policies and practices, we will seek to explore this issue. Two questions are of particular significance. First, how do caregivers cope with the work-care package in the six countries we studied? Can caregivers with long (at least full-time) or atypical working hours rely only on formal services or can we identify a strong trend towards a mix of formal, semi-formal and informal care arrangements? Does this trend cut across all countries? And how do caregivers who work long or atypi-

cal hours themselves perceive and practise this emerging mix of care? Secondly, does the mix of care take on similar or different forms in the case of care for young children and care for dependent elderly persons?

2 The welfare mix in care arrangements for children

Parents with young children in the six countries analysed in this book rely for childcare on a variable combination of formal services (crèche, nursery school, pre-school services, school, after-school services), semi-formal (childminder, nanny, babysitter) and informal resources (mainly grandparents, other relatives, friends). The particular combination of these resources – the mix in services (and the 'intensity' of the services) and the specific care practices at the individual and family levels – is, of course, shaped by various factors: parental division of paid and unpaid work (parents' working schedules, types of shift work and overtime, the sharing of parental care), the age and number of children, and the availability of formal, semi-formal and informal resources. At the macro-level, the specific combination is shaped not only by the differences in the welfare mix regarding types of institutions and actors (public/private/third sector) but also by the normative context, in particular cultural norms relating to the most appropriate type of care for children, as well as norms related to female employment, motherhood, fatherhood and the gender division of care. However, the main specificity of the parents studied by WOUPS is that they distinguish themselves as individuals and families that are 'under pressure', for two main reasons: first, both parents (or one in the case of single parents) have a full-time job that needs to be combined with care; and second, the interviewed parent or his/her partner, or both, has a job with non-standard working hours (including long hours) or a non-standard working contract. In the following paragraphs we will therefore focus on how these dual-earner parents with long or atypical working hours reconcile work and care within the framework of the changing welfare mix.

2.1 Formal care: A crucial resource but not flexible enough

As we have seen in chapter 1, the coverage and types of childcare facilities available for children – especially for very young children below the age of six – as well as the opening hours of services may vary substantially in the six countries analysed. For school-age children, schools that only open in the morning or without cafeteria services leave parents with a number of problems when they have to combine work and care, thus requiring them to mobilise other resources. However, even if the coverage of public services is quite high and diversified, and even if the length of hours of school is quite long and flexible, as in the case of Sweden,

France and Portugal, opening hours are not always flexible enough to match the working hours of parents who work long and 'atypical' hours.

In Sweden, for instance, after the first year of the child's life, which is generally handled by parents during parental leave, almost all parents rely on public childcare and after-school services (managed directly by parents or publicly subsidised services) for children up to the age of ten. In this part of Europe, schools offer pre- and post-school hours services. There are also a few services, managed independently, for parents who work at night, which are open 24 hours and where the children can stop over to sleep. Overall, this diversity makes for services that are quite extensive and helpful for parents who have diversified needs and long working hours. However, this does not mean that many parents with long or atypical working hours do not need to build in other, more flexible care providers to supplement service provision. For example, the most difficult work-care reconciliation problems were found among lone parents who work in the evening, or among parents with unpredictable long working hours who have to depend on other childcare providers such as grandparents, siblings or friends.

Almost all French parents with pre-school and school children use some type of public service, but the lack of flexibility in the opening hours of childcare services and the lack of pre-/post-school facilities sometimes makes it difficult for parents with atypical and long working hours to take advantage of them. The child's 'day off' school also gives rise to a need to bring in other informal or formal care providers. Among French parents with very young children (under the age of three), care arrangement strategies frequently include other more flexible services, such as the *assistante maternelle*, or private childminder. The private childminder is considered an 'ideal solution' by several parents. But it is not an option that is available to everyone, not only because it is expensive but also because not all childminders are available to work at night, very early in the morning or during holidays.

For example, Anne and Patrick have two children, aged six and three. They live in Paris, and both have atypical working hours. Patrick works evening, night-time and weekend shifts on the railways. Anne works as a hairdresser: some days she stays at work until 7 p.m., and she works all day Saturday. On days when Anne finishes at 7 p.m. and Patrick is not at home, their babysitter picks up the youngest child from the nursery (at 4:30 p.m.) and stays at home until one of the two parents arrives. The babysitter is also needed on Saturdays if Patrick is working a Saturday shift. The grandparents are only involved in case of emergency. As Patrick says, it is not at all easy to arrive at a flexible solution, that is to say finding someone who is available to fit in with a railwayman's shifts and a hairdresser's working hours.

Having someone at home while the parents are at work would be an ideal solution. Christian, a French technical assistant in an engineering company, has two children aged seven and one:

The ideal would be to have someone at home who would fetch the children from school and who would look after a bit of everything.

Rozenna, who works in a bookshop and has a five-year-old daughter, explains how the ideal choice is not always what you can afford:

I would really like to have a babysitter for when the kids come home from school. But to be honest, from a financial point of view I just can't do it.

In Portugal, most parents with pre-school or school-age children also use full-time, public or publicly subsidised schools that have canteens and pre- and post-school services (the latter paid for by the families who need them). Parents who work full-time are therefore able to reconcile work and care on the basis of formal care, but they usually combine this with some informal support and/or 'shift' parenting, not only to bring and fetch children but also to avoid leaving them in school for more than eight hours. Below the age of three, care arrangements are more diverse, as in France, and cultural norms – although more favourable to crèches than in the past due to the expansion in full-time childcare services over the last decade – often highlight the advantages of grandparental or childminder care. Private childminders, as in other countries, are only affordable for families with higher incomes, so they also emerge as an extra care option in highly skilled dual-career couples and become part of a wide network of flexible care provision that includes a mix of formal, semi-formal and informal caregivers. The particular care mix therefore varies. Maria, who works as a waitress in a restaurant until late, has her child in a full-time crèche and then relies on her mother and her mother-in-law to fetch the child and care for him in the evening until she arrives; while Vitória, who is part of a high-income, dual-career couple, has a wide network of caregivers after school hours, which includes grandparents as well as a domestic employee and childminders.

In Germany, pre-school and school hours may often be part-time, leading both standard parents working full-time or with long or atypical hours to search for a variety of care solutions in order to reconcile work and care. In the Netherlands, Rita has two part-time jobs, her husband works full-time, and she has four small children (aged seven months, three, five and seven). The care arrangement uses both formal and informal options. She thus sends two of her children to a childcare centre for a few days, one of them also to a host mother, and two of them to school and then after-school care. She also calls the grandmothers or a nanny to stand in when needed.

In summary, when it is not possible to adapt working time to the opening hours of services, as often happens in the Swedish case, or when public childcare services for children under the age of three are not always available, as in the Italian, French or Portuguese cases, or are only available part-time, as Germany, parents who work long or atypical

hours rely on two main options: combining both informal/semi-formal care and formal care/school or, when children are below the age of three, replacing formal care with informal or semi-formal care.

2.2 *Mixing formal, informal and semi-formal care: Grandparents, childminders and others?*

As shown by quantitative surveys (Attias-Donfus et al. 2005; Blome et al. 2009), the extended family network, particularly grandparents, is a crucial resource for combining childcare and work (especially in the case of young children) in the national contexts we examined.

In all countries included in the qualitative study, grandparents sometimes or regularly play a pivotal role in taking care of the grandchildren while parents work: at night, early in the morning, in the evening, on Wednesdays (in France), over the weekend and during summer holidays. Grandparents play a pivotal role not only in providing substitution time in relation to parental care or childcare services but also because, even if formal services are available, the availability of family and informal resources seems to be crucial for the smoothness of care arrangements: not only to cope with emergencies or holiday time but also when parental working hours do not match service times. Thus the organisation of formal care in fact assumes that informal or semi-formal care is also available. However, the extent to which informal resources are used, as shown in the quantitative study by Blome et al. (2009), varies widely from one country to another, both in relation to proximity and the amount of time spent with grandchildren and in relation to family culture and, of course, the availability of other formal or semi-informal resources.

The interviews show that the role of grandparents as a major resource for reconciling time for care and time for work is particularly crucial in the Italian case, for all types of families. Moreover, it often takes the form not of co-residence but of residential proximity. For some of the Italian families, the decision to live close to one's own parents was a planned strategy decided before childbirth or soon after. This is the case for Paola, a lawyer, who decided to move into the same building as her parents and grandparents. Paola and her husband have a one-year-old baby. She loves her job, although she is aware that striking a balance between career and family is not easy. In Paola's case, her mother takes care of the baby when she is at work until her husband comes home at 6 p.m. She is convinced that it is possible to reconcile a highly demanding job with being a mother if two pre-conditions are met: having a family network, as she has, and having a husband who shares the work of caregiving, as she also has. According to the interviewees, the most appropriate childcare for a baby in Italy, after mother care, is that provided by the family environment.

In the Netherlands, although social policy tends to emphasise the importance of 'parental sharing' (not always achieved in practice, cf. Kremer 2007), grandparents are also a crucial resource and a care arrangement strategy that seems to meet the 'ideal of care' of several families. This is the case of Femke, divorced after a short marriage and an assistant manager in a small shop, who has two children (aged nine and 14). Femke's parents play a vital role in the reconciliation of work and care. They are both retired and take care of the children during lunchtime and after school, when Femke is working. Femke's parents offered to help her when she started working again (after a period of being on welfare since the divorce). They said that if she needed childcare, they would want to help out. She decided to accept that help when she obtained a new, full-time job. Although after-school services are available and children can stay at school during lunchtime, Femke believes it is best to think of a solution that does not involve formal childcare:

I always wanted to solve these things myself ... First, it is much cheaper financially, and secondly I think it is better for children to be cared for in their own environment. Of course, a childcare institution can be a lot of fun, but I think that when you can solve it yourself ... [you should].

Parents in the German sample also make considerable use of grandparents. But several mothers saw this solution not as a choice but rather as a last resort because they had no alternatives. This is the case of Gabriele, whose mother-in-law had already taken care of the first child up to the age of four, because at that time it was very hard to find a place in a childcare centre. Gabriele is now again in the position of having to ask her mother-in-law to help with the second child by caring for him during lunchtimes, because the school does not provide a cafeteria. Gabriele explains her situation:

My mother-in-law has several health issues, there's a reason why she's already on a pension at 55, you know. She got one illness after another [...] and if I had a choice I would rather look for someone else. Not that I don't think she is capable, it's just because of her health issues, and I don't want to add to the burden. Taking care of the kids all day is not easy.

Thus the informal network, and especially grandparents, are an essential pillar of most care arrangements in Germany, too, but parents here are more likely than those in Italy, France, Sweden, Portugal and the Netherlands to say they use grandparents, not so much because they see them as a better solution but for the lack of alternatives.

In Sweden, a mix of formal and informal care is also the main form of care arrangement. In many Swedish families, if grandparents live nearby and are still healthy, they are often also involved in caring for their grandchildren. A common arrangement is weekly help. But unlike some

other countries, in Sweden, grandparents are used mainly as a backup solution when parents are unable to rearrange their own working hours or when the grandchildren are ill or during the holidays so that the parents do not need to lose working days.

In addition to the support of grandparents, interviewees in high-level professional positions often manage to remain continuously employed full-time thanks to the help of childminders. This is a type of care included in the care arrangements of some of the Italian and Portuguese interviewees with high professional qualifications and long working hours. Some cases are also found in Germany, where publicly funded and temporarily flexible childminders are part of the new family-oriented policy targeted at university-educated mothers of children under the age of three, and France, which has *assistante maternelle* services. In both cases, rather than informal care we have a new, 'semi-formal' care arrangement. Use of semi-formal care depends very much on parents' financial circumstances and on the extent to which they are subsidised by the state. Even when they are subsidised, the opportunity cost to use a paid informal caregiver depends greatly on individual and family income. In Italy, for instance, only (or mainly) highly skilled parents who work long hours, who are away from home for long periods, who often travel for work, or who have high family incomes can afford to hire a childminder. In Portugal, it is also necessary to earn a high income in order to be able to afford a full-time or part-time paid childminder or nanny.

Finally, in all countries, parents' siblings and friends are not as involved in care arrangements as grandparents are. They are used very rarely, and only on special occasions. Olivia, an assistant nurse and single mother in Sweden who works shifts and who is divorced and remarried, differs from this pattern by being very dependent on her sister and friends for the care of her two children (aged ten and 22). She also receives help from her second husband (who is living apart), but not from the father of the children. She says she cannot afford to pay a childminder.

In summary, in all six countries, parents who work full-time and have long or atypical hours tend not to rely on just a single resource but to mix a variety of care arrangements by combining formal, semi-formal and informal resources. An example of a very complex care arrangement is that of Mathilde and Claude in France, who are both contract workers in the entertainment industry (she is a sound engineer and he is a comedian). They have two daughters aged 12 and nine. Claude is regularly away for long periods. Mathilde works only around ten days a month, but during that time she is also away. The care arrangement is based on three main resources: school, Mathilde's mother, who stays with the two daughters regularly, and a network of babysitters. Mathilde calls them each time she has to leave for several days. The main difficulty is that she is told when she has to go away only two or three days ahead of time.

Planning ahead for care is therefore difficult. Nevertheless, the care arrangement is stable because she has an extensive and reliable network of babysitters.

2.3 *Combining childcare and work in a context of non-standard work*

Some of the changes that have taken place in the labour market in recent decennia (see Chapter 1) seem to make everyday life experienced by the interviewed parents quite similar. Although care arrangements are highly heterogeneous between and within national contexts, there are three common elements that characterise the care experience of parents who work long and 'atypical' hours.

The first common element is the need to integrate formal, semi-formal and informal help. Parents who work 'atypical' or long hours full-time find it more difficult to use only formal services, even in the case of children who attend compulsory school. As we have seen, they often need a mix of care arrangements that can replace or supplement formal care solutions. This requires a complex task of juggling care and work times; e.g. between children who are brought to school by grandparents and picked up by the available parent. In other words, in the case of parents with 'atypical' or long hours, the organisation of formal care in fact assumes that informal or semi-formal care is available. At the same time, the timing and intensity of informal and semi-formal care and the need to expand the range of care providers are to a large degree dictated by the opening hours and availability of formal care. The interdependence of different types of care is even more crucial when the parents have more than one child.

The second common element is the complexity and instability of the organisation of daily life as a result of the mix of formal, semi-formal and informal care, due both to the age of the children and the unpredictability of working hours and parents' career paths and the preferences and emotional needs of the children. It is not only a question of bringing in and organising a wide range of caregivers but also ensuring the well-being of the child and the main caregivers. Possibly more than for parents with 'standard' or shorter working hours, it is necessary for the actors involved in a mix of care arrangements to experience and rely on a fluid type of collaboration that pays attention to relational needs. For example, it is important that the different people involved in the care network do not perceive themselves as objects, and that children do not feel treated as 'mail packages'. In care practice, this means that one of the two parents, generally the mother, acts as 'care manager' in order to mobilise the different actors and to re-organise care and different times of care. The number of actors involved in the care arrangement network and their diversification requires time and energy. Grandparent and childminder time and the relationship with childcare services and school

need to be planned and organised in order to make them fit with the needs of the family and the children, which can vary from day to day or week to week.

A third common element is the use of a complementary strategy for combining care and work, one we may call a 'shift parenting system' in which parents adjust their working hours so that one of the parents can be with the children or adapt his or her working hours to childcare needs. This care solution can be seen as a development of the new parental attitude towards spending more time with children as a model of 'good parenthood', a trend that also emerges from many other recent studies (Bianchi, Robinson & Milke 2006; Coltrane 2009). This strategy is found to varying degrees in every national context, since it requires a well-developed 'equal parental sharing' model, that is, one in which the father is highly involved in parental care. Of course, sometimes this care strategy has a strong impact on the synchronisation of family time and may thus have negative effects on family time, but in other cases it can be perceived as having a positive effect on child development and well-being. This is the case of Patrick and Anne (train driver and hairdresser respectively). During the interview, which was carried out with both of them, they saw non-standard working hours as being positive for the children:

Patrick: There is a main advantage when you work non-standard hours. I can go and fetch them every day after school at 4:30 p.m. and sometimes even at midday for lunch. They can have lunch at home. And this gives them a real quality of life.

Anne: They don't always have us together, but they always have one of us.

In Italy, parental shifts are used, for instance by Giulia and her husband, who are both bus drivers. They have a son aged seven, both work full-time in shifts, weekends included. Giulia previously worked in a factory, but since the child's third birthday she has worked as a bus driver in shifts opposite to those of her husband. She is proud of this work arrangement because they can organise their son's care by themselves when he is not at school. However, Giulia feels that working on weekends is very hard, because she and her family have no time to spend together.

Parental shifting is quite widespread among the Swedish respondents. However, in this case this strategy can actually *create* atypical working hours, as when parents want to minimise the time children spend in public childcare institutions. For instance, Britta and her husband are white-collar workers in the engineering sector. Most of the time they are able to choose their working hours, so they have chosen to take turns working and caring, and they take turns working the early shift (6:45 a.m. to 3 p.m.) and the late shift (8:30 a.m. to 6:30 p.m.). In this

way they can both work full-time, and the time their children spend in public childcare is limited to seven hours (8 a.m. to 3 p.m).

3 The welfare mix in care arrangements for the elderly

Although there are significant differences in terms of caring policies and of care practices overall, several common experiences emerge from the qualitative analysis of the strategies used by our sample of adult children to combine work and care for their elderly parents in need of support. In all countries, the combination of care and paid work for family caregivers is possible only thanks to a composite set of resources – formal, semi-formal and informal, professional and non-professional, paid and unpaid, public and private, involving many providers and co-providers of care. Each national dataset shows a combination of different resources in addition to the family caregiver, mainly daughters in this study but also some daughters-in-law and sons, who cannot bear the full burden of the care alone. A house-cleaner, a paid care worker, professional or otherwise, a nurse, a sibling, a friend or a neighbour who delivers informal care, home help, a daycare centre: all of these are used in the different countries to organise the old person's home-based care. They constitute a veritable mosaic of various care providers according to the needs of the old person, the availability of the informal caregiver network, existing public or private professional support and the 'ideal' of care in the different countries.

This general trend, which is linked to the diversification of policy measures related to the needs of elderly people and their families, cannot be considered solely a way of reducing the existing gaps in care services in the different national contexts. It also corresponds to the definition of a common portfolio of measures to meet the various needs of families. There are three major trends of change in elderly care arrangements in the six countries: 1) the outsourcing of (part of) the care tasks is a major characteristic of care arrangements as well as the involvement of informal family caregivers, even in countries where the public care system is important; 2) the shift towards the care arrangement as a complex mix of resources is also marked by the development of semi-formal care or new hybrid patterns of care work (Geissler & Pfau-Effinger 2005), which has different characteristics in the six countries; and 3) the changing role of the family caregiver, who has to invest in the management of care, is another major trend.

3.1 Relying on the family and the outsourcing of care tasks

Though our study confirms the emphasis on formal services for the elderly in the Netherlands and in Sweden, which are traditional service-led model countries, it shows that externalisation of the care tasks outside

the household and even outside the family network is also a main feature of the care arrangements in the other countries. In our sample, there are some care arrangements in which only family caregivers are involved in three of the countries studied: Italy, Portugal and Germany. Yet these types of care arrangements remain limited in each of these countries, and the delegation of care tasks and the recourse to paid care workers outside the family and even to professional services is significant in all the samples studied.

The role of the informal (unpaid) family caregiver can be seen to be shaped by three factors. First, it depends on the different legal and social definitions of dependency levels and the degree of public acknowledgment and availability of formal resources. Second, it is related to the more general social norms and attitudes towards family obligations, especially between generations. Finally, it depends on the social legitimacy assigned to professional care providers and to care support provided outside the family, by a professional or non-professional paid caregiver either at home or in a daycare centre or similar type of institution.

In the Italian sample, where family obligations remain strong and where public support is insufficient, the care arrangements based only on the main caregiver and his/her family network occur only in the first phase of care, when the dependency is still manageable, when the elderly person in need of care has not yet been recognised as being one hundred per cent disabled (which is a pre-requisite for claiming the attendance allowance), when the caregiver is able to mobilise the network, and finally when the person being cared for and the caregiver live in the same household. Thus, in the majority of the cases studied, the family caregiver combining work and care is not alone: there is an external paid care worker (professional or not) who takes on most of the care tasks.

Portugal is an intermediate position. Although it recognises two different levels of dependency needs and has increased its formal care provision for the elderly over the last three decades (daycare centres, home-based care and home institutions), family obligations to care and to keep the elderly person in his/her own home for as long as possible are also very strong. In Portugal it is therefore not exceptional to find some care arrangements in which the main caregiver takes on caregiving alone, with no formal or semi-formal support of any kind. As illustrated in the chapter on Portugal, this is more likely to happen in situations of low dependency and when the elderly person lives in the same household as the family caregiver, usually with a single or divorced daughter or son. However, it can occasionally happen in cases of high dependency in families with several co-resident caregivers (spouses as well as daughters and/or sons). The situation then becomes a significant burden.

Claudia: We help each other a lot [Claudia, her brother and their father live with the elderly mother with care needs], but it is my father who does most of the job. During the day he cares for her [his wife, Claudia's mother], he

takes her to the bathroom and this happens six, seven or eight times a day. So he does most of it during the day. So at weekends I avoid going out in order to relieve him. When I am at home my father never cares for her, it is my brother and me. We do this to relieve my father so that he can have a quieter weekend ... Yes, now my life is really very limited.

As policy measures have increasingly moved towards the provision of services, norms and practices have been shifting towards a mixed-care regime. According to the interviewees, family care supplemented by professional services (daycare centres and home help) which allow the person to live at home is seen as the ideal solution in situations of low to medium dependency, while institutional homes or full-time semi-formal care are seen as the most suitable options in cases of severe dependency.

In the German sample, there are also some care arrangements in which only informal family caregivers are involved. However, unlike the Portuguese case, this only occurs when the level of dependency is low and the main caregiver is never alone, meaning that other family members are involved in providing care. However, the reasons for not using services also have to do with the fact that the main caregivers do not want strangers around or have had a bad experience in the past. This is the case with Nora, aged 42, who cares for her mother in her own home. She works full-time, as does her husband. The care work is provided by the nuclear family. Nora and her husband share the care work, and their son also helps. Asked by the interviewer why she has not engaged any service, Nora answered:

Because we are sufficient people and we could do that, and because we do not want to have a care service here. My mother does not want a stranger in the house.

Conversely, care arrangements in Sweden and in the Netherlands also involve family caregivers. Moreover, in both countries, the state's inability to cover all family needs has led public authorities to extend the role of the family caregiver.

Together with Sweden, the Netherlands is where a well-developed formal care system for elderly people with care needs has existed for a long time. In fact, in the majority of cases in the Dutch sample, the care provided by the main family caregiver, whether unpaid or paid (by the personal budget or PGB scheme), is coupled with that provided by professional care workers. Professional care in various forms – home help, personal and health home care, daycare centres, nursing homes and care homes – embodies a substantial part of the overall care arrangement in almost all Dutch cases, confirming the importance of established long-term care policies in this country.

This mix of informal and professional care requires that the main family caregivers (and other informal caregivers) and professional services

reach agreement on what has to be done and on the timing and scheduling of each intervention. For instance, one of our interviewees [Catelijne, the Netherlands] cares for her mother two days per week, from 1 p.m. to 9 p.m. Her brother takes care of the mother one day a week, and on other days her mother is cared for by at least ten different home care workers, who together intervene seven times a day. She talks about the constant need to manage the care arrangement as follows:

I coordinate the professional home care workers. If I do not contact them regularly, their attention weakens. I consciously plan these contacts. I can imagine that they are less alert sometimes, they have more people to care for ... By contacting them I also show my appreciation for their work. It is care work, and they perform a major task which is not always properly valued. It is so important what they do.

In France, where family caregivers have traditionally been a part of care arrangements, the introduction of a cash allowance at the end of the 1990s led to the outsourcing of some care tasks. In the French sample, in no case is the burden of care supported entirely by the sole family caregiver. Professional paid caregivers are always present, delivering only a few hours of care in situations of low dependency and up to 57 hours per week, as in the case of Josiane, who lives with her elderly mother. The latter is suffering from dementia and needs to be watched over all day long. Though the 57 hours per week are not all covered by the cash allowance, Josiane has to rely on professional services to care for her mother while she is at work.

This common process of the outsourcing of care is strongly linked to the development of various policy measures to meet the needs of elderly people with care needs in the different countries. Home-based services have been introduced as well as cash-for-care schemes to support families in the organisation of their everyday care arrangements. Cash transfers to families and the fact that their use is not regulated, as in Germany and Italy, have opened up the possibility of paying non-professional caregivers outside the family or a family member (as in Sweden, the Netherlands and partly in Germany), thereby promoting new hybrid forms of paid care work. This confirms the idea suggested by Ungerson (2005a, 2005b) and Geissler and Pfau-Effinger (2005) of a blurring of boundaries between the usual categories of care – informal and formal, paid and unpaid – which was also underlined in our analysis of childcare. In all the countries surveyed, care arrangements emerge as a complex mix of resources.

3.2 *The development of semi-formal care*

The qualitative analysis of the care arrangements of our respondents shows that although recruitment of a professional or non-professional

paid worker is a common solution, the process of outsourcing differs greatly between countries, with variations in the balance between formal, informal and semi-formal care resources.

While in our French, Dutch and Swedish samples, paid professionals or similar workers are recruited on a legal basis, this is not true for Italy, where a grey care market has emerged. Italy stands out from our six countries in having the most instances of outsourcing of care to privately paid migrant caregivers. In general, the caregiving migrant worker – called *badante* in Italian, which means attender – takes care of the older person and performs household tasks on a 24-hour basis, six or seven days a week. In general, the interviewees report the duties of the *badanti* as ‘doing a bit of everything’ and ‘being there’. Paid care workers have quite flexible hours, usually adjusted according to the main caregiver’s work timetable and to his or her family commitments, and to the availability and use of other informal resources.

Chiara and her siblings, for instance, usually take over from the paid care worker on weekends, but they can also negotiate with the paid caregiver to stay over the weekend:

She [the *badante*] lives there with her. And we, the children, the daughters – to tell the truth ... we step in during the weekend, to take over from the *badante*. Saturdays and Sundays, it also depends on our own commitments. But we tend to let her take Saturdays and Sundays off entirely.

This emergence of a grey market is also a characteristic of the German and Portuguese national contexts. Yet the situation differs greatly from the Italian case. Unlike Italy, where the ‘migrant in the family’ model is widespread, in Portugal, full-time semi-formal or private paid professional caregivers are only affordable for high-income families, and only a minority of families can afford to hire a full-time non-professional (national or non-national) or a paid professional to care for an elderly person with high care needs at home (Wall & Nunes 2010). In Germany, where informal paid caregivers, often coming from Eastern European countries, are also widespread (Kondratowitz 2005), in several cases informal paid workers are included in the overall care package. Their presence varies from a few hours once a week to a substantial number of hours every day. But unlike the Italian case, none of these migrant caregivers seem to be living with the old person (Keck, Saraceno & Hessel 2009).

Strangely enough, the increasing incidence of semi-formal types of care occurs not only in countries where care has traditionally been provided mainly or exclusively by the family but also in countries which until the 1990s had served as good examples of the de-familialisation of care.

This is the case in Sweden, where in recent decades the number of services for the elderly has been substantially reduced, and there is in-

creasingly the expectation that needs will be met by families and/or through the market. However, it is primarily family support that has increased since 2000 (Szebehely & Trydgegård 2007). According to the national guidelines as expressed in the Social Services Act of 1992, social welfare committees are required to assist family members who take care of the elderly. A national Incentive Grant has been available for municipalities for several years to assist family members and people with care needs in developing forms of support. Family members who provide care can obtain a family caregiver grant paid either directly to the caregiver or to the person being cared for, who then pays the caregiver.

So even in Sweden there is an observable increase in the mix of formal, semi-formal and informal care, especially in the case of parents who need the most help. For instance, Diana defines herself as the main caregiver of her mother, who suffers from dementia. The mother goes to a special daycare facility for people with dementia every weekday. During the evenings, nights, mornings and weekends, Diana is responsible for the care. She worries constantly when she knows her mother is alone. She lives 45 minutes by car from her mother, so it is quite far for her to go to check on her. Her mother is entitled to and has tried to get help from the municipal home care service, but it did not work for her. For a person with dementia, it is hard to have new people coming into the house every day, not remembering who they are and why they are there.

If only the home care services worked in another way; if it was more of individual care. That one and the same person came to her every day and gave her the support that she needs. Yes, a person that is familiar with Mum and knows what she needs, who has learnt what Mum needs and who my Mum knows. But when different people come, ten of them in a team, it is not, it is not good. It can never be good.

So the home care service was cancelled after a short trial period, and now the main caregiver has to do all of the household work for her mother. In order to take care of her mother, Diana has reduced her working hours.

3.3 The changing role of the family caregiver

Having to carry out direct care tasks – for instance at the end of the working day, in the evening, or most often on weekends and during holidays – is not the only aspect of the informal family caregiver’s role. Many of the working adult-children caregivers we surveyed in the six countries – particularly those who did not live near the parents who were being cared for – were not directly involved in concrete care tasks. This would have been impossible in the absence of cash-for-care schemes: except for well-off families, juggling work and care would have been an impossible challenge.

In addition, allowances for leave and career breaks have facilitated the reconciliation of work and care responsibilities in a number of countries (Haynes et al. 2010). Although all six countries grant paid leave, the impact on users is not uniform. In our samples, we find this type of leave to be of particular benefit to, and strongly appreciated by, family caregivers in the Netherlands and Italy. The Netherlands has a formal leave system (Grootegoed, Da Roit & Knijn 2010) with three possible care leave solutions. Italy provides three days of fully paid leave per month for the care of a severely disabled person. This is greatly appreciated by family caregivers. This is confirmed by Edith, a French caregiver, who explains during the interview:

It is not always easy to combine care and work. I have the feeling I'm running all the time ... and if there are problems with my mother, the situation is even more difficult to deal with ... What I need is to be able to take a day off in an emergency or to organise visits to services or doctors with my mother.

Nevertheless, in all cases, whatever the period of care leave, interviewees had a high level of involvement due to their coordination and management role (Da Roit & Le Bihan 2011).

The diversification of care resources as a result of the new choices offered by cash payments or similar schemes, such as the Personal Budget (PGB) scheme in the Netherlands, has reinforced the need to organise and monitor care arrangements. In the past, when direct informal caregiving was the rule (alongside some complementary public provision of services for the poorest within a logic of social assistance), care management tended to coincide with self-management and with management of family relations at most. Today, the contribution of paid caregivers, professional or not, does not mean that there is no informal unpaid care provision but rather that the forms of care, especially if the caregiver is working, have evolved. The most onerous everyday care tasks may be delegated to professionals, but the family caregiver is still present, dealing with administrative problems and with the organisation of the care arrangements (Pommer, Woittiez & Stevens 2007). The opportunities for outsourcing care tasks that cash payments provide are not sufficient to cover the needs of elderly people and family caregivers, whose contributions remain necessary to ensure the quality of their care arrangements. New tensions have thus arisen in connection with the redefinition of the role of the family caregiver with paid work, who can outsource part of the caring tasks but still remains a significant provider of care as its coordinator and manager.

A care arrangement is generally set up following the death of a partner, illness or hospitalisation. The caregivers therefore have the prime task of organising the care, starting with – in the best-case scenario – their own family, bringing together brothers and sisters at each new

stage, discussing preferences and the possible involvement of each one, etc. These occasions tend to reveal how complex family relationships can be, and this complexity may in turn come into play in these care mechanisms (Le Bihan & Martin 2008). At the same time, in order to facilitate the work of the family, the caregiver may also be led to solicit the aid of care professionals. This involves gathering the necessary information from care services, making appointments, compiling care files, meeting the professional who will be in the home, explaining the customs and practices of the household, monitoring progress (e.g. by means of a correspondence book), managing any conflicts, etc. This may not be an easy task for the caregiver responsible, who discovers – sometimes for the first time – the maze of services and measures involved. In our sample, mediation between the main caregiver and the family and/or care services often becomes an onerous and time-consuming responsibility.

Edith, in the French sample, is a good illustration of the difficult nature of the 'care manager' role. She spends a great deal of time organising her mother's home support via a variety of services: home help, nursing and meal delivery. At each stage, Edith, who lives more than 150 kilometres away from her mother, travels to meet the service managers in person and organise the timetable with them. Faced with the repeated refusals of her mother to allow the caregivers into her home, Edith also has to manage the many conflicts that arise and to spend time convincing the professionals to continue with her mother's care. Faced with increasing difficulties, Edith finally convinced her mother to move to a retirement home.

In the Italian case, when a *badante* is hired (with or without a regular work contract), the caregiver has a dual role. He or she not only has to coordinate and supervise the hiring and paying of the migrant worker but also has to carry out a range of non-delegated tasks – from paperwork to money management, dealing with physicians and social services, and grocery shopping – and stand in for the *badante* when she is absent, i.e. on weekends and during the holidays. Care arrangements involving a *badante* clearly demonstrate the interdependence of informal and semi-formal types of care. This is the case for Rosmara, who hired a woman to look after her 74-year-old mother. The *badante* is not a live-in caregiver, as Rosmara's father takes care of her mother at night: she is employed to work six to seven hours a day, six days a week. She provides personal care and does housework, as well as helping Rosmara's father.

Above all she [the paid migrant worker] takes care of my mother, but I must admit she is good ... because my father is also difficult to put up with. In any case she takes care of everything under my supervision ... as far as the household and all health problems are concerned I told her what has to be done and she does it. She is of great help ... I deal with the doctors and all the bureaucratic stuff. The only thing my father still does is dealing with financial matters. He has hold of the money, he is still able to manage that,

and I do not think it is right to take this autonomy away from him. Everything else, including the shopping, etc., I take care of. I go with him, but I am the one who does it.

This represents a case of high direct engagement and strictly supervised delegation, where a sort of cooperation between the informal (the family caregiver) and semi-formal type of care (the paid caregiver) seems to be in operation. Generally, as already mentioned, this type of care arrangement is extremely flexible. It enables interviewees to stick to their work commitments and to adjust the timing of their care responsibilities to their own family and private life. However, it is not always easy to make such arrangements: they demand continuous negotiation.

4 Final remarks: Towards a 'comprehensive' mixed-care system?

The trends outlined in this chapter point to the importance of the mix of formal, semi-formal and informal care, between public and private resources, in all the countries studied and both in childcare as well as elderly care arrangements. The qualitative findings identify norms and practices that combine a variety of care providers and sites of caring. Against a background of increasing generosity in cash-for-care and leave schemes, in particular for young children, and quite extensive formal services, undoubtedly significant in all the countries even if to varying degrees, the growing receptiveness to some *flexibility* in care providers and locations for care is also significant.

Flexibility is a complex notion, developed in different fields with several connotations. At the macro-level, it often refers to labour market regulations and their impact on both economic activity and work organisation. At the micro-level, flexibility is considered to be positive when it facilitates adjustment to overall shifts in labour demand and negative when it produces exclusion and lack of choice. In our qualitative analysis of the care arrangements set up by parents of young children and adult children of elderly parents, the notion of flexibility is an important variable for widening caregivers' range of choices in how to organise care arrangements. It refers to the capacity – the power of choice – of caregivers to package different resources, which in turn is closely related to the possibilities offered by care systems. Following feminist and disability rights theorists (Rummery & Fine 2012), caregivers should be free to choose whether or not to provide care and how to provide care. The qualitative analysis of the different care arrangements set up in the six countries shows the importance of flexibility as a way for caregivers who have a job and cannot (or are not willing) to be full-time caregivers to juggle work and care: to be able to free up time if the situation of the person being cared for requires their time, to recruit a professional caregiver to

whom they can delegate part of the care tasks or to pay an informal caregiver who is considered to be the right person to care for their elderly parent. Flexibility refers to the possibility of combining 'time, cash and services' (Daly 2002), which are the main resources to which family caregivers should have access in order to achieve the ideal mix of care arrangements. Analysis also shows, however, that flexibility sometimes leads to a constrained rather than a free choice, since it may rely on unequal access to cash, time and services. Such cases represent more of a non-choice than a choice.

It is interesting to see how the trend towards a more socially distributed and flexible care system translates into somewhat diverse care norms and practices in the context of different welfare and family cultures. In the case of childcare, grandparental care is valued in all countries for both its relational and instrumental support, but it may be more integrated into the care system as a backdrop support or as a key full-time arrangement for very small children under the age of three. However, flexible care providers and sites for care (i.e. daycare centres providing 24-hour care, professionals or babysitters recruited by families) are currently seen as important by all parents in the context of ensuring that children do not spend very long hours in formal care and that specific care providers are not overburdened.

In the case of elderly care, flexibility and receptivity to diverse care providers is seen as important in allowing elderly people to stay at home and be independent for as long as possible. Flexibility also provides for alternative solutions which take into account both the caregivers' and the elderly person's preferences. Some elderly persons refuse to have strangers caring for them, while others prefer semi-formal solutions to professional care. Others prefer to be able to go to a daycare centre rather than stay alone at home with occasional home help. Care managers also like to have varied options for making care arrangements in accordance with the changing needs of the dependent person. Flexibility in providers and locations signifies stronger adaptability to the different stages of dependency. However, not all options are universally available, and both in childcare and elderly care, social inequality often makes for differential access to care arrangements, in particular to the privately paid full-time professional or non-professional caregiver.

The extent to which comprehensive care is available differs between childcare and elderly care. For young children, formal care in pre-school from age three and in school from ages five to seven is assumed to be the norm. Parents who work atypical hours or full-time have to negotiate care arrangements and the time children spend in care/school around this norm. This in general makes for a fairly low variety of providers and locations for childcare, with flexibility introduced mainly in the time period around fetching and bringing the children to school or in the afternoons and on school-free days. By contrast, elderly care is not only more comprehensive, in that there are many different providers and locations,

but also varies constantly over the different stages of dependency. Moreover, full institutional care, even if accepted as a solution for severe dependency, may not always be the ideal care arrangement. Negotiation of what is best and what is preferred may take place more often and throughout the different stages of dependency, with the mix and flexibility of care arrangements emerging as an important response to this difficult and ongoing negotiation process.

In heuristic terms, traditional conceptual dichotomies such as familialisation/de-familialisation and formal/informal, are inadequate for analysing recent developments in care regimes. Pathways of national care systems differ, as do the intensity and prevalence of formal services. Some are more 'de-familialised', having gone much further in the development of extensive publicly subsidised full-time services than others. However, as some authors have suggested, we have to move beyond the analysis of these linear trends and develop new analytical categories in order to pinpoint and explain the complexities and multiplicities of care arrangements as they emerge from qualitative data. From this point of view, it is important to develop new concepts that capture the variety of care providers (such as the concept of 'semi-formal' care), but it is also important to understand the social processes that are encouraging this diversity. Our qualitative data suggests that the negotiation of flexibility, within a more comprehensive or mixed range of providers and social locations for care, is currently underpinning the organisation and pluralisation of care arrangements.

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European welfare states are experiencing tensions between labour market constraints and caring responsibilities of families. This book analyses these tensions by focusing on carers 'under pressure'. It investigates the care arrangements set up by bi-active parents of young children and of employed adult children caring for their old parent(s). Based on studies in six European countries, *Work and Care under Pressure: Care Arrangements across Europe* combines the analysis of social policies and daily family life. It questions policies in childcare, elderly care and work-life balance, and highlights the carers' practices and their impact on everyday life. By investigating different generations of men and women who take care of young children or/and an elderly parent, this book is an essential resource for all researchers, scholars and policy makers interested in social policies and care policies.

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Care Arrangements across Europe

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