

RECONCILING WORK AND ELDERCARE

Informal and formal reconciliation strategies of older peoples' working carers: the European carers@work project

Andreas Hoff^{1,2*}, Monika Reichert³, Kate A. Hamblin²,
Jolanta Perek-Bialas^{4,5} and Andrea Principi⁶

¹Zittau/Goerlitz University of Applied Sciences, Zittau, Germany; ²Oxford Institute of Population Ageing, University of Oxford, Oxford, UK; ³Department of Sociology, Technical University of Dortmund, Dortmund, Germany; ⁴Warsaw School of Economics, Warsaw, Poland; ⁵Department of Sociology, Jagiellonian University of Cracow, Cracow, Poland; ⁶I.N.R.C.A., Polo Scientifico Tecnologico—Centro di Ricerca Socio-Economica e Modelli Assistenziali per l'Anziano (Centre of Socio-economic Gerontological Research), Ancona, Italy

Abstract

Faced with a historically unprecedented process of demographic ageing, many European societies implemented pension reforms in recent years to extend working lives. Although aimed at rebalancing public pension systems, this approach has the unintended side effect that it also extends the number of years in which working carers have to juggle the conflicting demands of employment and caregiving. This not only impinges on working carers' well-being and ability to continue providing care but also affects European enterprises' capacity to generate growth which increasingly relies on ageing workforces. The focus of this paper will thus be a cross-national comparison of individual reconciliation strategies and workplace-related company policies aimed at enabling working carers to reconcile both conflicting roles in four different European welfare states: Germany, Italy, Poland, and the United Kingdom.

Keywords: *Care; family care; older workers; social policy and ageing; working carers*

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Employment and family care are commonly seen as incompatible. This article aims to show that the reconciliation of employment and caregiving for older family members is possible if accompanied by support measures at enterprise level. Thus,

*Correspondence to: Andreas Hoff, Zittau/Goerlitz, University of Applied Sciences, Germany.
Email: a.hoff@hszg.de

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a forward-looking and sustainable care provision can be guaranteed in an ageing society, and new productivity potentials in the form of highly motivated employees can be made accessible. This research compares individual and enterprise-based reconciliation strategies in four European countries: Germany, Italy, Poland, and the United Kingdom.

The reconciliation of caregiving and paid work is highly relevant for ageing societies because it affects the future working environment as much as the future provision of care for older people—both areas facing particularly serious challenges in the future. A successful reconciliation of employment and family care would contribute to both maintaining and strengthening the employability of an ageing workforce and ensuring the provision of long-term care at times of rising numbers of older people. Whereas the former aspect supports economic competitiveness and productivity of an ageing society, the latter is closely linked with “intergenerational solidarity,” which arguably has become overstretched (Bundesministerium für Familie, Senioren, Frauen und Jugend [BMFSFJ], 2006; European Commission [EC], 2005).

In this context, the concurrence of professional commitments and private care demands has become a new individual and societal challenge that is putting the economic productivity of ageing workforces at risk. This particularly affects older workers with caregiving commitments toward older family members and enterprises employing them. The more enterprises develop transferable innovative solutions in regard to work organization and working time, the more likely are contributions to societal innovations. Because caregiving is by and large still a

predominantly female activity, this challenge also affects issues of equal rights for both sexes.

The literature highlights some problems inherent to both work and care for older individuals compared with childcare, which create additional difficulties. Phillips, Bernard, and Chittenden (2002) argue there should be a separation of care for older individuals from care for children because of its differential nature. The care needs of older individuals tend to be more unpredictable and are often characterized by emergencies, periods of worsened health, and increased demands (Phillips, 1995). In addition, whereas the abilities of children increase with age, older individuals’ capacity tends to degenerate. Phillips (1995) and Phillips et al. (2002) also argue that care for an older individual may be a more sensitive issue in a work environment and less of a topic for discussion than childcare, making it harder for employees to broach the subject with their employer and seek support (Hamblin & Hoff, 2011).

The reconciliation of employment and informal care has become increasingly common among the workforce. Thereby, working carers are most often married women between 40 and 50 years of age (Hoff & Hamblin, 2011), of whom about 25% cohabit with their teenage children. Evandrou and Glaser (2003) found that the likelihood of caring for an older, disabled, or long-term ill person increases with age to peak in middle age (45–64 years). Maher and Green (2002) point out that 13% of full-time employees and 17% of part-time employees provide informal care. These figures only represent a snapshot picture. Adopting a longitudinal perspective, we expect to find a much higher percentage of people

providing informal care while being employed at some stage of their lives (Arksey, 2002; Evandrou & Glaser, 2003; Pickard, 2004).

The findings presented in this paper are based on the European research project “Between job and care—conflict or opportunity?” with the acronym “carers@work.” The carers@work research consortium published ten separate research reports, dedicated to distinct objectives of the research program: 1) state-of-the-art review of the international research literature (Franke & Reichert, 2011), 2) secondary analysis of statistical data (Principi & Perek-Bialas, 2011), 3) European social policy context (Franke, 2011), 4) economic costs of avoiding an enterprise-based reconciliation of employment and care (Schneider, Heinze, & Hering, 2011), four national reports based on semi-structured interviews with working carers in 5) Germany (Kohler & Döhner, 2011), 6) Italy (Santini, Lamura, & Principi, 2011), 7) Poland (Stypinska & Perek-Bialas, 2011), and 8) the United Kingdom (Hamblin & Hoff, 2011), 9) a cross-nationally comparative report (Hoff & Hamblin, 2011) as well as 10) a report on company-based reconciliation strategies (Küemmerling & Bäecker, 2011).

We will next briefly review the literature on the reconciliation of paid work and care for older family members with particular attention to workplace issues, including crucial conflicts and previously known reconciliation strategies, both from individual carers’ and employers’ perspectives. Following that, we will introduce the carers@work study, the rationale for country selection, sampling, and methodology. In the next section, the key findings of this study in regard to work-related conflicts, reconciliation strategies

used by working carers, as well as policies implemented by companies will be presented and subsequently discussed. This discussion is set against the background of comments made by the working carers in our study about which support measures would help them most. Finally, we will draw some conclusions for future research and policy development.

WORK-RELATED CHALLENGES OF COMBINING EMPLOYMENT WITH CAREGIVING

Before presenting the findings of our own study, we will first give an overview of previous research on this subject, with particular reference to 1) conflicts resulting from the combination of employment with caregiving, 2) strategies used by individual carers to overcome them, and 3) policies established by employers to accommodate those needs.

Work-related conflicts experienced by working carers

The decline of manufacturing industries in the 1970s and 1980s and the rise of the service sector resulted in new forms of work that were more conducive to the combination of employment and care. However, service sector jobs are characterized by part-time hours, tend to be peripheral, and are less highly regarded than regular employment (Phillips, 1995). Phillips et al. (2002) argue that working carers “forego the ‘rewards’ of their work in order to provide care” (Phillips et al., 2002, p. 8), including social events run by their employer, attendance at training sessions, and promotion. Moreover, individuals tended to use time off allocated to holiday or unpaid sick leave to provide care (Mooney, Statham, & Simon, 2002;

Phillips et al., 2002). In an earlier study Phillips (1995) identified a number of negative effects of caring on work performance including absenteeism, lateness, increased use of sick leave, lack of energy, propensity to make mistakes, and refusal to engage in training in different locations.

Times of economic crisis make the reconciliation of employment and care even more difficult. When industries reduce their staff levels, the ability of the remaining staff to take time off in an emergency is significantly reduced (Yeandle, Wigfield, Crompton, & Dennett, 2002). The first potential site of conflict is the assessment as to whether to continue in employment once the need for care arises. A number of factors affect an individual's likelihood of becoming an informal carer, thereby affecting their employment (Phillips et al., 2002). Report by Yeandle et al. (2007b) for Carers UK found that more than one-third of those combining work and care had considered giving up work altogether before reducing their working hours in order to better cope with both demands.

Individual workplace-related reconciliation strategies

There is some evidence in the literature about individual strategies used for reconciling caregiving with paid work. Once again, we will focus on workplace-related strategies—for wider perspectives please refer to Hoff and Hamblin (2011) as well as the national reports (Hamblin & Hoff, 2011; Kohler & Döhner, 2011; Santini et al., 2011; Stypinska & Perek-Bialas, 2011).

Budd and Mumford (2006) argue that there are three tiers that affect policy

take-up within enterprises: the availability level, the perceived availability level, and the actual usage level. Employers have to strike a balance between the needs of their staff and the needs of their service users. This is particularly salient in enterprises which involve the delivery of a service, which results in a set level of staffing required during certain hours, making it hard for an individual to leave work without someone to provide cover. Yeandle et al. (2002) found though formal family-friendly policies were in place, individuals did not feel they were able to take advantage of them on a practical level as they were aware that staffing levels would not allow for their absence. Moreover, some industries are more flexible in accommodating staff needs than others. For example, in the retail industry, an individual could be easily moved between departments and re-trained quickly whereas in the banking sector, this often required moving between different branches, thus resulting in the need for additional travel arrangements (Yeandle et al., 2002). A “strategy” used by many women—and approved by many employers—is to reduce working hours (Evandrou & Glaser, 2003).

With regard to the work environment, a flexible, supportive manager was frequently cited as important to promoting the reconciliation of work and care. The support of co-workers was also important—but not as important as a supportive line manager (Yeandle et al., 2002; Yeandle, Phillips, Scheibl, Wigfield, & Wise, 2003). According to Phillips et al. (2002), four factors influence line managers' implementation of policies to assist in the reconciliation of work and care: their attitudes and discretion, knowledge of their workforce, balancing the

complexity of the situation, and the sub-cultures within the organization. However, though many line managers viewed their ability to exercise discretion favorably, “the lack of clear guidance means that different managers may interpret the same policies in different ways” (Phillips et al., 2002, p. 15). A common strategy was thus to build a “bank of trust” with one’s line manager because employees viewed to be hard working and honest were more likely to be deemed as “deserving” support (Phillips et al., 2002). Yeandle et al. (2002) assert that line managers’ previous experience with caregiving issues in their personal networks was a crucial mediating factor.

Company-based reconciliation policies

Employers are increasingly under pressure to implement family-friendly policies (Bernard & Phillips, 2007). The advantages of company measures for employers and working carers are well documented in the specific scientific literature (Dex & Smith, 2002; Eurofound, 2012; Phillips et al., 2002; Pocock, 2005; Reichert, 2012; Schneider, Häuser, & Ruppenthal, 2006) and the issue of reconciliation of work and eldercare is a core concern of European Union (EU) policy, national governments, and collective bargaining. However, special arrangements relating to the care of older people are not very common in most EU countries. The European situation regarding company measures can be summarized as follows (for an overview see also Demetriades, Meixner, & Barry, 2006):

- Most common measures for reconciling work and family life in European

enterprises are working-time related (flexible working hours as well as reduction of working hours);

- Reconciliation policies tend to be more common in bigger companies than in small or medium-sized enterprises (SME);
- Reconciliation measures are more common in public sector than in private sector organizations;

In general, measures to reconcile work and care are still very much focused on childcare (especially care leave policies)—measures accommodating the needs of those providing care for older or disabled adults are less common;

THE EUROPEAN CARERS@WORK STUDY

In this section, we will introduce the European carers@work study that provides the data for the analysis presented in this paper. In a first step, the rationale for selecting countries will be clarified. This is followed by outlining the central research questions of this analysis and research methods used for this purpose.

Selecting countries for comparison

The “carers@work” research project aimed to get a deeper understanding of the specific conflicts and demands experienced by working carers, strategies they used for reconciling paid work and caregiving to an older family member as well as company-based policies put in place by employers in cross-national comparison. Four European countries were selected to this end—Germany, Italy, Poland and the United Kingdom—and differences among the four countries were analyzed against the background

of different welfare state/care regimes. These four countries represent a different type of European welfare state regime each, with Germany being an example of a “conservative-corporatist” and the United Kingdom being an example of a “liberal-residualist” welfare state regime (Esping-Andersen, 1990), Italy exemplifying a “Southern European” or “Mediterranean” welfare state regime (Ferrara, 1996) and Poland exhibiting a “Post-Communist” or “Eastern European” welfare state regime (Deacon et al., 1992; Standing, 1996). Likewise, each country represents a different regime in Anttonen and Sipilä’s (1996) social care regime typology. More useful in this context, however, are Pfau-Effinger’s (1999) and Crompton’s (1999) typologies by highlighting the gendered division of labor and by making their cultural origins explicit. We would argue that all four countries represent variations of the “dual earner” theme, all of which are combined with varying degrees of female part-time work in combination with marketized care and state care (for a more detailed account of the country selection strategy see Hoff & Hamblin, 2011).

Research questions

For this paper, the following research questions will be explored:

1. Which care and work-related conflicts are typical among the caregivers? In many cases, working carers experience contrary expectations from the work place and the care situation. Thus, they might indicate high levels of physical and psychological burden, which could be the case when caregiving is externally moti-

vated, if there is no (sufficient) help available, if caregiving is aggravated by interpersonal problems between care receiver and carer. Furthermore, the work-care situation is vulnerable to unforeseen crises. In all, an insufficient reconciliation of work and care has an impact on the carer’s health status and well-being. This research question asks for typical stress-situations which occur from an unbalanced reconciliation of work and care. However, we will focus on work-related issues in this paper.

2. Are there any benefits working carers experience in providing care?
3. When we set out to carry out this research, we were motivated by the idea of analyzing how people caught between two contradictory forces—labor market and caregiving—would cope with this double burden. While piloting the topic guide for the interviews a number of working carers reported benefits from combining employment and caregiving. Thus, we included a question asking for positive outcomes of reconciling paid work and care in the topic guide. Which strategies do carers use to reconcile work and care for an older individual?
4. This research question tries to establish which strategies at the workplace are the most common and most successful. To maintain the balance between job and care, working carers need various strategies to facilitate this reconciliation, for example, the reorganization of the work schedule, working-time reduction, and seeking the help of others. Which workplace-centered

reconciliation policies are put in place by employers?

5. This question refers to existing company-based measures, instruments, and services and their effectiveness for a better reconciliation of work and care. Are there any country-specific differences in points 1–3?

Against the background of different care regimes, the last question highlights the cultural and institutional differences among the four countries in our study. However, all four countries share similar conditions, such as the central role of families in providing care, but there are also remarkable differences, for example, the rate of female labor force participation. The extent to which similarities and differences in the four countries influence individual conflicts or strategies will be examined in relation to the other four research questions.

Methodology and sampling

First of all, it is of crucial importance to define who is considered a “working carer” in the context of this study. With regard to care, the EUROCARERS definition was used, whereby 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” (Eurocarers, 2013). Caring activities include physical care, instrumental support, household tasks (“Activities of Daily Living” (ADL) (Katz, Ford, Moskowitz, Jackson, & Jaffe, 1963)/ “Instrumental Activities of Daily Living” (IADL) (Lawton & Brody, 1969)), emotional care, and organization of care (excluding financial help only). The focus

was narrowed to include those caring for individuals over 60 years of age on an unpaid basis.

In terms of work, only individuals who worked more than 10 hours per week in regular employment (seasonal or occasional employment was not included) and who provided a minimum of 10 hours care per week, also on a regular basis, were considered for this study. The following sampling frame was used to allow exploring the potential impact of income and qualification level on the one hand and household structure on the other. Table I illustrates the sampling frame used for each country.

With regard to the data collection, all four country research partners used the same topic guide, formulated in line with the qualitative method of “problem-centered interviewing” as outlined by Witzel (2000). The topic guide was drafted by the UK research team under consideration of the other country research teams’ input. The final version of the topic guide was then translated into German, Italian, and Polish. The research was conducted in each country’s native language. Only at the stage of reporting the key findings in final country reports were the results translated into English again for the sake of better accessibility by the international research community.

A problem-centered interview typically begins with a preformulated introductory question. Scheibelhofer (2005) argues the preformulated introductory question “should stipulate a narration without intervention by the interviewer ... the interviewer should encourage the interviewees to dwell in their own ideas without making any substantive contribution such as asking additional

Table I. Realized sampling frame of the carers@work study.

	Couple both working	Couple one working	Single	Total realized	Total N
High level of education (ISCED 4–6)	DE = 21	DE = 12	DE = 08	DE = 41	139
	UK = 11 I = 11	UK = 10 I = 03	UK = 13 I = 10	UK = 34 I = 24	
	PL = 18	PL = 05	PL = 17	PL = 40	
Low level of education (ISCED 0–3)	DE = 08	DE = 04	DE = 05	DE = 17	85
	UK = 06 I = 16	UK = 03 I = 10	UK = 05 I = 10	UK = 14 I = 36	
	PL = 11	PL = 03	PL = 04	PL = 18	
Total realized	DE = 29	DE = 16	DE = 13	DE = 58	226
	UK = 18 I = 27	UK = 14 I = 13	UK = 18 I = 20	UK = 50 I = 60	
	PL = 29	PL = 8	PL = 21	PL = 58	
Total N	103	51	72	226	

questions, proposing varying possibilities to answer, etc.” (Scheibelhofer, 2005, p. 23). This is followed by a set of questions prepared in the form of an aide memoir to ensure all topics related to the research question are covered. These questions in the topic guide acted as prompts rather than the rigid structure commonly used in standardized interviews. At the end, socioeconomic data were collected using a short standardized questionnaire.

The method of problem-centered interviewing was chosen as it allowed for the combination of the narrative presented by the interviewee while also drawing on existing empirical data in the topic to provide a focus for the interviews. In addition, problem-centered interviewing provides the researcher with a very flexible tool that can be adjusted to the specific interview situation. The interviewer could thus use a number of techniques within one interview beginning with a narrative approach, then a thematic interview, and finish with the collection of

“socio-statistical information” in a short standardized questionnaire at the end. However, this strength can also be a weakness as it places significant demands upon the interviewer in terms of her/his ability to use three approaches of interviewing in one session (Scheibelhofer, 2005).¹

All interviews were tape-recorded, transcribed verbatim, and analyzed using the qualitative software package MAXQDA to assist with the classification, connections, and combination of data. The interviewees produced a huge amount of text and thus a mode of analysis needed to be used which could allow for the exploration of the data within a very limited time span as well as to ensure that the partners in all of the four participating countries would be able to use a strategy which was as comparable as possible. Therefore, it was decided to evaluate the interviews with the method of qualitative content analysis according to Mayring (2000, 2008). For Mayring,

Qualitative Content Analysis is defined “as an approach of empirical, methodological, controlled analysis of texts within their context of communication, following content analytical rules and step by step models without rash quantification” (Mayring, 2000, p. 89).

FINDINGS

In this section, we present key findings relevant for answering the research questions presented earlier. More detailed elaborations can be found in the four National Reports on Germany (Kohler & Döhner, 2011), Italy (Santini et al., 2011), Poland (Stypinska & Perek-Bialas, 2011), and the United Kingdom (Hamblin & Hoff, 2011), as well as in the International Report (Hoff & Hamblin, 2011).

Typical conflict situations in the workplace

Most typical conflict patterns of combining paid work with care for an older person applied universally to all four countries. These included lack of time for completing all tasks at hand, time for oneself as well as time for family and social life, and time-related issues such as the inability to “switch off.” Time pressure was the single factor that caused most stress for working carers, as the following quote illustrates:

And the time—I feel as though the time’s ticking every day. It’s like a clock that beats in the morning and you think, right I’ve got to get this done by the night. (Self-employed female, UK, No. 24)

The complexities of combining work and care also required meticulous time planning. Nothing could be left to chance. The constant demand on their

time—all day, every day, every day of the week, every week, every month, all year long—being alert all the time, that’s what really makes life difficult for working carers, as the following example given by a primary family carer referring to her mother shows:

You always have, I live up there [yes], an ear and a foot downstairs [yes, yes] and permanently watch and do and have to be there around the clock, because she can’t walk any more, but she always has the feeling she can still do it and then she [yes] always tries to get up [to get up, yes]. Then she sometimes lies in front of the wheelchair or the couch. Well, that means you have to be there. (Germany, HH26)

Restricted opening hours of public authorities, doctors’ surgeries, and so on, added to the time pressure. Since many working carers see no alternative other than taking flexi-time or annual leave for this purpose they often end up having no annual leave left for taking an urgently needed break “to recharge their batteries.”

As a consequence, the other big issue prevalent across country borders was excessive stress and resulting adverse implications on personal health and well-being of the working carer. Among the physical disorders frequently reported were digestive disorders, weight loss or gain in weight, or psychosomatic disorders. Reported sleep disorders such as disrupted sleep or fatigue were very common among working carers in our study, which seriously affected their overall well-being.

Likewise, reports on detrimental effects on one’s social and family life were common. Because working hours are set and a considerable amount of time spent

on caregiving was unavoidable, family life was suffering. Family conflicts were common, particularly in settings where the care recipient was cohabiting with the caregiver and her/his children—a situation most common in the Italian and in the British samples (though it only affected a minority of caregivers there). Conflicts between brothers and sisters over caregiving issues were particularly common in the British and the Polish samples, whereas it was not explicitly mentioned in the Italian sample.

In the rare instances working carers could take a break, they were too tired to socialize. Another issue some carers mentioned was the impact caring had on their romantic life. This was partly another facet of the “lack of time and energy” problem. Some carers also felt that their life was difficult enough, so they felt reluctant to add further complexity, as one of the British carers put it:

The romantic side of life doesn't exist, I couldn't invite someone into my life. It wouldn't be fair.
(UK, No. 1)

Work-related conflicts could take very different shapes. One aspect was the effect reconciling caregiving with work had on working carers' daily work performance. The most immediate negative effect was lack of concentration or fatigue because of restless nights. Overall lack of rest and relaxation may contribute to this predicament as well. Care-related emergencies had a big impact on work performance too. People working in jobs allowing for some degree of flexibility were in a better position than those who could not easily leave their workplace.

We know about the crucial importance of a sympathetic line manager, from the

pioneering study by Yeandle et al. (2003). This was reflected in our study too and our respondents in the British and German samples were anxious to retain a good relationship with their line managers. Working carers felt very vulnerable if there was a change of line managers. In big companies, this could happen relatively frequently, thus increasing the likelihood of being faced with an unsympathetic line manager.

I've had five different Managers over the past two and a half years and different Managers have adopted different tacks to the situation. Some have been very sympathetic and very supportive, and others think you should leave work, which isn't an option. (Female interviewee caring for her husband with early onset dementia and her father with terminal lymphoma, UK, No. 35)

Italian and Polish working carers were equally anxious to avoid being seen as having domestic problems, and both groups stressed the importance of keeping work issues separate from care issues. There was a widespread cultural norm of perceiving caregiving responsibility as an entirely private matter, which is not supposed to affect work performance in the first place. Moreover, Polish line managers were usually regarded as ensuring profit maximization for the company and were thus not seen as being approachable about caregiving issues (Stypinska & Perek-Bialas, 2011). German working carers reported more frequently bullying in the workplace than anyone else in our study. This is most likely a consequence of a sampling selectivity, which resulted in a relatively greater share of private sector workers in the German sample

compared to the other three country samples.

Financial concerns were particularly often expressed by British carers in our study. Many of them could not afford reducing working hours because of the high costs of private care provision, which most of them had to rely on because public care provision was limited to people with very low incomes. Stopping work altogether and taking on a full-time role as family carers was not a realistic option either because the income was needed for covering other expenses as well.

Benefits of combining work and caregiving

Benefits were reported relating to three categories: benefits from work, benefits from caregiving, and benefits from reconciling employment and care.

BENEFITS FROM WORK

Working carers reported a number of benefits from being able to work rather than having to focus on caregiving: 1) work as respite from caregiving, 2) work as a means of increasing financial flexibility, 3) work as an activity counterbalancing care, and 4) work as a source of skills beneficial in caregiving situations.

Quite a few working carers expressed the importance of continuing to have an identity as “workers” rather than being reduced to being caregivers only. These views were particularly often expressed by British and German working carers.

But that’s how I saw it, when I still went to work, this was my compensation, which also gave me power, so that at home, so that

I could do all this at home. Well, this was a (...) a well from which I could take. This was the feeling, that you can do something else, that you can still do things. (...) This was also important for me. And did me good, because you could exchange ideas with others and because you realised, that you were appreciated, you, your opinion was respected. (Germany, DD106)

A number of people were very explicit about their reliance on the income from work for being able to cope financially. Some stressed that continuing to work gave them more control over their lives, that is, some degree of independence. Carers employed in health or social care jobs indicated that their professional skills and resources helped them considerably in coping with the demands of caregiving (Hoff & Hamblin, 2011).

BENEFITS FROM CAREGIVING

Benefits from caregiving were much more frequently mentioned, mostly in terms of an improved relationship with the care recipient. Another frequently mentioned theme was that caregiving put things into perspective. Many commented that the necessity to care for another person had reminded them that their previous life was too much focused on work, or felt relieved that work-related pressures were no longer as important as they used to be (Hoff & Hamblin, 2011).

BENEFITS FROM COMBINING WORK AND CARE

Many working carers in all four country samples stressed personal growth as a

main benefit. Others felt that the experience had pushed them beyond their limits, which they perceived as enriching. Some commented that they had become more patient and could much better sympathize with others in difficult circumstances, as the following quote illustrates (Hoff & Hamblin, 2011):

The most positive thing is that now I understand many people when they're having problems. And one becomes kinder because one understands better, in many different situations. (Poland, PL 8)

Individual reconciliation strategies in the workplace

Although conflict patterns applied universally to almost all working carers across country borders, reconciliation strategies for solving the dilemma varied more widely. Whereas Italian and Polish working carers regarded their caregiving obligations as an entirely private matter and thus avoided telling anyone in the workplace, British and German working carers made sure that at least their line managers were aware of their situation and invested substantially in building or maintaining a relationship of trust (“bank of trust”) with their line managers. In most cases, line managers acted as “gatekeepers” to company policies (Hoff & Hamblin, 2011). The following quotation illustrates how it works:

They tend to do it on ‘you scrub my back I’ll scrub yours’ sort of thing. If you put yourself out to help them they will be more lenient with you, but if you stick by the rules you start at quarter to eight and you go at five, and say no I can’t work at dinnertime and I can’t do this and I can’t do that, then when you ask

them for a favor, they’ll say no, but like I fill in at any time, I have my at lunch time, I have my breaks whenever it fits in, they are very lenient on me that way, so yes, basically you help them, they’ll help you. (UK, No. 44)

Other than that, most working carers in the British sample regarded honesty as the best strategy of securing their line managers’ support, arguing that they could only offer support if they were kept abreast of developments at home. Working carers in the United Kingdom employed by a publicly recognized “best practice employer” were reluctant to leave their jobs there, even at the expenses of renouncing better earnings or career prospects elsewhere (Hamblin & Hoff, 2011).

Working from home was another popular reconciliation strategy enabling workers to look after the person in their care while continuing to work. Obviously, this strategy only works with some office jobs—it is of no use to those whose jobs require their physical presence.

Another strategy of reducing work-related pressure was moving home to live closer to work. Thus, time (and money) was saved on travelling to and from work and to and from the care recipient’s home. The Polish case was different from the others as moving home to be closer to work was not mentioned. Another peculiarity of the Polish situation is the absence of any formal reconciliation policies. As a consequence, some working carers were chosen to become self-employed to reconcile both demands (Stypinska & Perek-Bialas, 2011).

Many working carers in our study used informal arrangements to deal with their multiple responsibilities (Küemmerling & Bäecker, 2011; Stypinska & Perek-Bialas,

2011). Part of the reasons for informal arrangements are: a) small and medium-sized companies might have only informal arrangements to offer, b) informal arrangements can be more generous than formal arrangements, and c) official channels can be avoided and there is less or no bureaucracy (Arksey & Moree, 2008). But the availability only of informal arrangements within a company weakens the position of the employed carers. Therefore, formal policies have to safeguard informal arrangements. Employees should have the “right” to ask for, for example, leave options, so that they do not depend solely on the goodwill of their line manager who mostly has to agree to possible arrangements (Eurofound, 2012; Phillips et al., 2002).

Workplace-centered formal strategies from the perspective of working carers

In this section, we will focus on workplace-related strategies based on formal company policies used by working carers to enable them to combine paid work and care. The first step toward a deliberate reconciliation strategy in the workplace was collecting information on formal company policies on flexible working hours and/or combining work and care (Hamblin & Hoff, 2011). This was necessary since there was a lot of confusion about policies and entitlements. This applied to both British and German workers, although German working carers’ entitlements were mainly governed by legislation. However, many German workers reported difficulties in obtaining information on specific company policies (Kohler & Döhner, 2011).

Carers working for bigger employers in the UK sample used the strategy of registering with them as a carer that entitled them to taking advantage of a number of benefits, including Carers’ Leave and Emergency Leave. There was great variety in the time allowed to be taken off for such purposes, ranging from 15 hours to 5 days annually. In addition, big private and public sector employers offered space for carers’ networks which provided advice and in the case of public sector organizations, feedback on carers’ policies. Moreover, a particular British firm sought to ameliorate the risk of line managers misinterpreting company policies by introducing a “Carers’ Passport,” which identified the needs of their employees with care responsibilities. This was particularly helpful when workers moved positions within the company, or a new line manager was introduced (Hamblin & Hoff, 2011):

I now tell people that I’m a carer, I’ve got the [employer’s name] Carer’s Passport. I got some very good advice from someone who was one of my coaches about four or five years ago with [employer’s name], she said when you go for a job tell them up front you’re a carer. Just say, ‘you need to know that I’ve got this carer responsibility’ and you need to kind of put your stake in the ground so that when you get very busy and they want you to travel and you need flexibility, you do need to be able to go back and say ‘but I did tell you that I couldn’t travel, you know, eight nights a week; once a week is one thing but you know, I can’t do this’. (UK, No. 42)

The situation for Italian and Polish working carers was completely different. In Italy, a strict separation of work and

caregiving spheres is expected. Caregiving is considered a private matter by working carers. This may at least partially explain why enterprise level support is rarely offered. Even social policies with entitlements based on legislation in Italy did not change this situation, as the following quote illustrates:

My employers know, however it is a burden I hold inside, if I need a leave I rather go on holiday. I do not need to take advantage of laws. I also benefit from the 104 Law but being a small company, we are five, I've never addressed the issue of being absent even if it is a right granted by the Law because it would be a problem I do not know maybe I will I didn't have the courage to do so, it is a problem, it is a company in which it is fine if you are there, otherwise one risks Do you know what I mean? To speak about a problem everyone is good and dear . . . but so far I've made it with the only help of the migrant care worker, I did not want this thing to have an impact on work. I've tried to avoid it as much as possible. (Italy, IT-12)

The latter quote clearly illustrates the typical Italian eldercare work pattern: even if a paid care leave scheme is available in this country (i.e. it provides 3 days paid care leave per month through the mentioned 104 Law—Drożdżak, Melchiorre, Perek-Bialas, Principi, & Lamura, 2013), this, concretely speaking, is available mainly to public employees so the uptake is in general very low. The reason is that, as also demonstrated by the previous quotation, people working in private companies fear to be at risk of “jeopardizing their jobs” if they apply for this scheme (Polverini et al., 2004). Instead, to cover the eldercare need, in

the light of the cash-for-care orientation of the Italian welfare system (Chiatti et al., 2013), funds made available for care recipients are increasingly used by families to hire migrant care workers privately, often under undeclared terms (Principi et al., 2014). Indeed, even though the Italian family care model still persists, recent socioeconomic and demographic changes are shifting the scenario from the family care model to privately paid migrant care workers. One of the main reasons for this is that women who are the main providers of informal eldercare, are increasingly engaged in the labor market. Care leave legislation entitling people with caregiving responsibilities for older dependents to take time off for organizing or delivering care is still a very recent addition to welfare state legislation. In the countries we studied, Britain, Germany, and Italy had introduced such measures—Polish working carers had no such opportunity. Where such entitlements exist, care leave is typically unpaid. Italy was the only country that had introduced a paid care leave scheme, however it has some substantial unintended limitations, as described above.

Following the introduction of unpaid care leave in 2008, which entitles family carers to take 10 days temporary leave from work for organizing care when a care need suddenly arises as well as up to 6 months of unpaid leave for supporting their close relatives in need of long-term care, Germany also introduced a paid care leave scheme in 2012, the so-called Family Care Time Law (Familienpflegezeitgesetz). This policy initiative responded to widespread criticism that unpaid care leave would not be a financially viable option for working

carers. According to this new proposal, full-time working carers would be entitled to reduce their working hours for 2 years from full-time to part-time (50%) in order to care for an older family member part-time, but would nevertheless earn 75% of their wages. After these 2 years, employees would return to full-time employment but would continue to get paid only 75% of their wages until their virtual “account” is re-balanced. Nevertheless, this legislation was greeted with widespread criticism. Employers perceived it as placing substantial financial risks with them; carers’ representatives claimed that it was still unrealistic to assume that working carers could afford a substantially reduced income (Franke, 2011); and others again pointed out that only workers in permanent positions could take advantage of this initiative—and not the growing numbers of employees on temporary contracts (Hoff & Hamblin, 2011)

Workplace-centered formal strategies from the perspective of companies

Since our project was funded by the German “Volkswagen Foundation” we put a special emphasis on the reconciliation problematic at enterprise level in Germany. Here we conducted 13 case studies in German enterprises (Küemmerling & Bäecker, 2011). Some of these companies already participated in previous research in 1995 (Baecker & Stolz-Willig, 1997), thus making a longitudinal analysis possible. The case studies in 13 German companies (Tables II and III) revealed that the reconciliation of work and care is not high on the agenda of German companies although

the importance of the subject is publicly recognized by employers and employee associations as well as trade unions. Interestingly, there still seems to be an information deficit: The interviewed employers neither knew how many workers in their companies currently tried to juggle work and eldercare nor did they have valid projections about the future development. This is quite surprising against a societal background of significant labor shortages in skilled jobs, which have started to affect certain industries in Germany. As a consequence, employers in engineering in particular are increasingly recruiting older workers or providing (financial) incentives in order to retain older members of their staff when they approach legal retirement age.

It is also noticeable that only a small number of working carers use corporate measures. The reasons for this low uptake are manifold and were mentioned already. Some working carers commented that it would still take a lot of time until the provision of eldercare was seen as equally important as childcare. Only when this was achieved, corporate measures aiming at a better reconciliation of employment and eldercare could realistically be achieved.

As in 1995, most programs and policies companies offer for the reconciliation of work and eldercare in Germany refer to part-time work, flexible working-time models, and breaks from work to care—measures used by many (female) working carers very often without giving any reasons. Küemmerling and Bäecker (2011) conclude that as long as women are willing and able to “afford” part-time work and/or career breaks and as long as German legislation reinforces the

Table II. Important data of companies involved in case studies.

Branch	No. of workers	Female workers (%)	Part-time workers (%)	Average age of the workforce
Automotive	> 500	25	15	~ 40
	> 500	14	2	n.s.
Energy company	> 500	40	n.s.	~ 40
	> 500	20	n.s.	45.3
Chemical industry	> 500	20	n.s.	47.8
Health care sector	> 500	70	10–50 (depending on the profession)	n.s.
Textile industry	50–249	90	10	~ 40
Booktrade	50–249	80–90	50	n.s.
Administration (County)	> 500	54	29	44.5
Administration (Federal)	> 500	35	15 (> 80% women)	
Metal industry	> 500	21	n.s.	41
	> 500	< 10	n.s.	n.s.
Retail industry	> 500	75	80	43

n.s. = not significant.

male-breadwinner model other reconciliation measures will have little effect.

However, it has be also noted that German working carers see career breaks, flexible working time, and the reduction of working time as measures which really help them to balance work and eldercare. Only when these reductions in working hours begin to have a negative effect on career progression, which predominantly affects highly-qualified workers, is this seen as a problem. Companies have to create a working climate which makes it possible to accept and use these measures to reconcile work and eldercare by all qualification levels and for men and women likewise. But it seems there is still a long way to go in Germany.

Our case studies also revealed that 8 out of 13 companies offered special measures for working carers such as counselling (Table III). It is striking to see in Table III that the share of the female workforce does not increase the likelihood of the availability of corporate

reconciliation policies. For example, 90% of the workforce in the textile industry is female—but there are no special corporate measures or policies for working carers in the textile industry companies in our study. Strikingly, reconciliation policies were more likely to be found in industries with a predominantly male workforce, though this was mainly an effect of powerful trade unions in the automotive industry, for example.

Summarizing and comparing the results from the 1995 and 2010 data collections, it can be noted that things are beginning to change slowly but surely in Germany. Indeed, the issues associated with combining work and informal eldercare are still mainly ignored by many small- and medium-sized enterprises.

Why are corporate measures not available in many companies and countries?

Research confirms that the problems related to the (unsuccessful) reconciliation

Table III. Care-sensitive corporate measures.

	Measures especially for working carers of older persons	Availability of career breaks	Telework/home office
Automotive	External counselling and support service	Up to 3 years	Yes
	12 months unpaid leave Family counselling, including eldercare	Up to 5 years 6 months' unpaid leave	n.s.
Energy company	Special leave policy	Yes	Yes
	Special leave policy (up to 5 years) 1 extra day paid leave (in case of illness) Counselling service	Yes	Yes
Chemical industry	External counselling service	Sabbatical Up to 2 years	n.s.
Health care sector	None	Up to 5 years	No
Textile industry	None	No	No
Booktrade	None	Yes	Yes
Administration (County)	Cooperation with a care service 1 extra paid leave	Yes, civil servants up to 15 years Sabbatical	Yes
Administration (Federal)	Reduction of the weekly working time by 1 hour (paid) 1 extra day paid leave Information about eldercare in the Intranet	Yes, civil servants up to 15 years Sabbatical	Yes
Metal industry	None	Yes, up to 2 years Sabbatical	Yes
Retail industry	None	Sabbatical	n.s.
	Yes, 12 months' "caring time" for relatives who live in the same household	Yes, up to 12 months Sabbatical	No

n.s. = not significant.

of work and eldercare—such as high absenteeism rates—directly affect employers through lower productivity (Scharlach, 1988; Scharlach, Lowe, & Schneider, 1991). The aggregate cost of providing eldercare in lost productivity to US businesses was estimated at over \$17 billion per year in 2006 (MetLife Mature Market Institute & National Alliance for Caregivers, 2006). For Germany, in the framework of our project, these costs

were estimated at 14.200 € per employee per year (Schneider et al., 2011).

Although the advantages for companies to offer adequate measures for reconciling work and care are obvious (not only saving costs but also reduced labor turnover and/or better corporate image), the majority of European companies have not yet responded to the problem. Especially SMEs, which constitute the majority of companies in Germany, Italy,

Poland, and the United Kingdom, are usually reluctant to introduce work–life balance measures, perceiving them to be too expensive—especially at times of economic crises—and difficult to implement. Apart from claiming not to have the critical mass required for introducing such policies the most important reason indicated is the ignorance of or hesitation to deal with the subject of eldercare (Kümmerling & Bäcker, 2011).

What corporate measures and social policies are most helpful for working carers?

Research suggests that there is a need for “a change of culture within the workplace” that would give greater recognition to the needs of employees with caregiving responsibilities (BMFSJ, 2012; Mooney et al., 2002, Phillips et al., 2002). The first step is to raise awareness of carers’ needs among line managers so that they are more sensitive and understanding. The second step is to better communicate family-friendly benefits and policies. Trade unions and employers organizations play a crucial role in this context. However, a recent study from Germany revealed that many trade unions did not recognize the importance of family-friendly working-time arrangements sufficiently (Brinkmann & Fehre, 2009).

In this final section we will discuss policies that working carers consider most effective. In our study, we asked the working carers 1) which support measures they regarded as most effective at present and 2) what support mechanisms and policies they would propose to relieve working carers more effectively in future. It is noteworthy that reference was commonly made to governmental policies

in this section whereas company-based policies were hardly mentioned at all.

Effectiveness of available support measures

Overall, the various care services available in the four countries were seen as very helpful, even if they only provided “respite” for a couple of hours. Care services available for longer periods throughout the day were of course even more popular—but they often entailed substantial costs. People on low incomes generally were more likely to have access to free or relatively inexpensive public care services, which were then, of course, seen as a very effective means of support. Most important in this context was a perception of care services as providing high-quality care. From a carer’s perspective, high-quality care implied reliability, punctuality, flexibility, quality care (according to established medical and professional caregiving standards), continuity of staff, and a partnership relationship between professional care worker and family caregiver.

Where they existed, day care services were praised as making a crucial difference for working carers who could leave the people in their care there during the day in the knowledge that they were properly looked after. Likewise, where they existed, respite care and short-term care facilities provided much needed assistance in giving working carers a break. Moreover, these facilities could be used for intermediate arrangements between home care and institutional care spells and vice versa.

The Long-Term Care Insurance (LTCI) (*Pflegeversicherung*), which was implemented in 1995 as the fifth pillar of the

German welfare state, is the central instrument of German care policy. LTCI provides financial support to both informal carers (normally family carers) and professional care providers. It is seen as an effective way of supporting family caregivers although it does not cover all care-related expenses. People in need of care can apply for support from LTCI, subject to assessment of their care needs by medical assessment teams of the sickness funds, which administer the funds of both Healthcare Insurance and LTCI. Following that, people in need of care will be placed in either of three categories of care need, representing medium, that is, at least 1.5 hours daily on average (level 1), high, that is, at least 3 hours daily on average (level 2), and very high, that is, at least 5 hours daily on average, including times at night (level 3); if they are deemed eligible in the first place. Payments depend on assessed care need and whether or not payments go to informal, professional home carers, or care institutions. Professional home care providers generally receive higher payments than informal carers, thus effectively giving an incentive for employing professional carers. A word of caution is perhaps necessary: LTCI was never meant to cover all care-related expenses. It is expected that German families would still have to shoulder part of the financial burden.

Paid care leave schemes were seen as the most effective support measure by Italian working carers who used this tool. These working carers were full of praise about Law 104 that established the paid care leave discussed in previous sections of this report. However, for the reasons previously mentioned, this measure is used to a very low extent by working

carers employed in the private sector, that is., by the majority of the Italian working carers.

Recommendations for improvement

Once again, working carers in the carers @work study were very explicit about their demands addressing their respective governments but far less so in relation to their employers.

Addressing the latter, flexible working hours were seen as crucial by many working carers. Although this policy was common in Germany and the United Kingdom, the Italian and Polish carers stated this as a major area for much needed improvement. Likewise, the opportunity to work from home was seen as a very effective way of relieving working carers of pressure, which applied universally to all countries studied. According to some British working carers, greater flexibility in moving to a more suitable workplace within the same company (position with less responsibility, more flexibility overall) was seen as equally important. This would also include flexibility in allowing a return to the former position once the caregiving situation was resolved, if the employee wished so. There was no clear-cut opinion on how formal company policies on reconciling work and care should be realized. British working carers felt that too much was left to the discretion of line managers. They therefore demanded clear policies that would unequivocally apply to everybody in this situation, which was particularly important in case of an unsympathetic line manager or a line manager unaware of appropriate company policies. In contrast, the substantial lack of company initiatives available to employees to reconcile

work and care in Italy was striking. On the contrary, the strict separation of care and work by Italian working carers we referred to on several occasions throughout the report may have encouraged this context. However, to improve the situation, Italian companies should recognize that Italian working carers need their (i.e. the companies') help, and that the "lack of demand" for help by working carers is mainly caused by the fear of being stigmatized or even being fired.

Demands on government policies focused on two issues: paid care leave schemes and generally more appropriate cash benefits on the one hand, and better quality of public services on the other. Thus, many of the working carers in our Italian sample demanded an increase in financial support from government sources, which they intend to use for purchasing "more appropriate services" (Santini et al., 2011). This is due to the fact that the public care allowance does not cover all costs related to hiring a migrant care worker, that is, families would have to contribute to these expenses. Likewise, Polish working carers asked for an increase in the care recipient's pension benefits, which would enable them to purchase certain health care services and thus relieve working carers who would otherwise have to bear the costs.

Mistrust of public care services was common in all four countries, and most pronounced in the Italian and Polish samples. Thus, calls for an improvement of public care services were common. These included longer hours of service provision. Limited hours of care services posed a serious problem to working carers in all four countries, but it was most explicitly mentioned in Poland.

A reduction in the number of forms to be filled in for receiving/renewing cash benefits, care services, prescriptions, and so on, would constitute an inexpensive but very effective way of relieving working carers and the persons in their care of a significant stressor. Many working carers commented on an urgent need for improvement in the medical services, including reduction of long waiting lists, and lack of attention and consideration to people with a disability, in particular those with cognitive impairments.

An issue expressed in rural Poland was inaccessibility of day care centers. It seems sensible to establish day care centers in rural areas in combination with free transport services to enable older people from a greater catchment area to attend these services.

"Integrated care" referring to closer collaboration between family and professional carers on the one side, and between health care and social care workers on the other, would make a significant change for the better. Still, lack of communication and/or sympathy for the other's situation continues to hamper care provision. Awareness courses allowing both sides to adopt the other's perspective may be a helpful instrument for facilitating better communication, interaction, and mutual support.

A suggestion was made to establish care crisis support teams that could be approached via the emergency phone number in the respective countries, which would provide immediate support. A service generally advocated was the suggestion of home visits by care professionals that would provide information, health care as well as social care services, and deal with prescriptions and other administrative issues. Whereas some suggested

that health care services would be best suited to handle such visits, others suggested social care services or local authorities to provide this service.

The third category of desired improvements referred to measures supporting working carers in organizing their caregiving responsibilities. Adding to this was a suggestion from both the Italian and the Polish samples concerning the establishment of local community-based support networks. These networks are thought to reinvolve a sense of neighbors and the wider local community looking after each other. The voluntary sector was seen as playing a key role in facilitating such networks.

Several working carers expressed the wish that information on existing support and services was more easily available. This interest was particularly pronounced in Poland and in the United Kingdom. Thus, demands for the establishment of “one stop shops” that would advise working carers on all relevant information around caregiving and reconciliation issues were common, and the introduction of this service was very highly regarded.

A few participants in our study also pointed out the benefits of using assistive technologies to ease the pressure on working carers. Modern monitoring, surveillance and communication technology connected to their mobile phones, for example, would enable them to stay in touch with the person in their care on an almost permanent basis and would allow them to resolve a crisis very quickly. Using the same technology, care recipients could be connected to professional care services. Finally, contemporary sensor technology has the potential to enable people in need of care to continue to

live independently for much longer, with little assistance from others.

Last, but not least, many working carers noted the lack of public recognition of their significant contribution to the common good by actually combining two very demanding jobs—employment and providing high-quality care to an older person. German working carers were particularly conscious of this deficit and expressed a desire for more societal dialogue about these issues.

CONCLUSIONS

Our study provided deep insights into how working carers make decisions about balancing work and care and which reconciliation strategies they use in different institutional and cultural contexts for achieving that, contributing to a previous gap in academic knowledge identified, among others, by the EUROFAMCARE study (Mestheneos & Triantafyllou, 2005). The main objective of this paper was to compare workplace-related conflicts and individual reconciliation strategies used by working carers in Germany, Italy, Poland, and the United Kingdom, as well as company-based policies put in place by their employers.

Work-related conflicts experienced by working carers had a lot in common across country borders. These included lack of time, the inability to “switch off,” lack of spare time, too much stress, and adverse implications for personal health and well-being of the working carer, as well as lack of time for family and social life. The most pronounced difference was that our British and German respondents openly addressed their reconciliation challenge with their line managers and work colleagues whenever possible,

whereas the Italian and Polish carers tried to draw a strict line between their caregiving and workplace commitments. Accordingly, the British and German carers in our study developed explicit workplace-related reconciliation strategies, whereas the Italian and Polish tried to avoid that; in part, to avoid negative repercussions from their employers but partly also because of an underlying cultural sentiment that caregiving was a private matter.

Thus, formal company policies are more elaborate in the British and German samples, and most elaborated actually in the United Kingdom where support is subject to negotiation between working carer and her/his employer. In the German sample, this was slightly less pronounced since there was a greater reliance on state policies. In the United Kingdom, working carers emphasized the importance of working for a “best practice” employer to an extent present in no other country, which illustrates the urgent need for workplace-related solutions.

The findings of our research have also shown that a static analysis of welfare state and care regimes (see Esping-Andersen’s original model) does no longer reflect the realities of our ageing societies, adding credit to the claim that future welfare state or care regime classifications would need to be based on dynamic analyses. Moreover, our research also highlights the importance of considering regional variation, another area of research that is still somewhat underdeveloped, despite growing availability of regional statistical data. The Italian case exemplifies the increasingly dynamic nature of social change in European societies: Deep-rooted Catholicism may

suggest the persistence of traditional caregiving patterns. However, the reality is far more complex. It is not surprising that in Italy the care of older people is still a “family affair” affecting mainly on women, as they bear this responsibility more frequently and extensively, but as described above, this traditional care model is shifting from the family to privately paid migrant workers.

Although the reconciliation of paid work and caregiving has returned to the policy agenda of ageing societies it does not receive the attention it deserves. The theme is somewhat overshadowed by concern over the sustainability of either pension or health care/social care systems. There is increasing evidence about the growing numbers of people combining paid work with caregiving and their precarious situation, and there are some international comparisons (Kröger & Yeandle, 2013). However, little is still known about concrete practical consequences of informal care in the workplace. This is an area for future research where much more attention needs to be focused in order to help governments, companies, and ageing workforces to prepare for the implications of changing labor markets in rapidly ageing societies.

Note

1. For a more detailed account of the carers@ work methodology, please refer to Hamblin and Hoff (2011) or Hoff and Hamblin (2011).

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