Balancing work and family care: european experiences

by
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FOREWORD

In a rapidly changing world a multitude of new challenges have been affecting individuals and families, as the welfare state reels under the impact of the global crisis. Many countries are struggling to develop new policies to maintain good level of social welfare. The urgent need for a deeper understanding of social problems demands reflecting on their causes and mechanisms, and rethinking the possible solutions in terms of policies and services.

Families feel the double pressure of being involved in the economic, social and cultural events associated with the global crisis, and managing their educational, work and care tasks.
The goal of reconciliation measures is therefore not only to support the work-family balance in terms of material aid but also to find new strategies to improve the well being of individuals and families.

Work-family challenges in different European countries are the object of this special issue which, in particular, addresses the hot question of managing care and work in everyday family life within the societal context of policies, cultural patterns, and welfare regimes. Previous research has stressed the importance of structural and economic aspects in terms of the relationship between family, gender and work. Now it is time to focus on cultural and symbolic attitudes in different national settings to better understand the impact of European mainstreaming on individuals and family life.

This special issue contains selected contributions from the ESA RN13 "Sociology of Families and Intimate Lives" mid-term Conference held in September 2012 in Milan, entitled *Families, Care and Work Facing the Challenges of a Globalized World: Policies, Practices and Services*, organized by the Catholic University of the Sacred Heart in Milan and by the University of Macerata, in collaboration with ESA [European Sociological Association].

Contributions were chosen for their potential to investigate family-work balance transformations in a period of crisis from an innovative perspective simultaneously considering structural and cultural dimensions, social and personal beliefs, preferences and choices, and taking into account previous literature as well as new developments in politics, attitudes and family choices in national contexts. Such a collection of in-depth studies intends to illustrate the most important models emerging in the countries concerned, in order to see how work-family policies could be enhanced and made more effective.

Within this perspective, different phases of family life (Cesnuityte, Wall and Samitca) and aspects of social and cultural behaviors (Widmer et al., Romero-Balsas, Rossi, Teisseyre) have been explored. Specific attention has been dedicated to the effects of past decisions about intimate relationships and family instability in a life-cycle perspective (Widmer et al.), to caring exchanges between generations (Wall and Samitca, Cesnuityte and Teisseyre), to the impact of social policies and their cultural background (Wall and Samitca and Romero-Balsas), to the mismatch between

expected and received care in family networks (Cesnuityte) and between ideals and actual family practices (Rossi).

In particular, Cesnuityte's paper introduces the relevance of personal social networks as social capital and of care processes to the changing family model in Lithuania. The analysis is based on representative quantitative survey data found in Lithuania in four cohorts of young people and adults. The cohorts interviewed show that they could take care of themselves and their families in everyday life; however, when taking into account stressful events, challenges and unforeseen situations, on one side, and the diversification of family models, on the other, some particularly interesting cases have emerged, such as single-parent families, individuals living alone, etc. The data provide an extended picture of family practices – with the inter-relation of care processes and personal social networks at the time of moving from one family model to another. The inter-generational effect, within the issue of reconciliation is an interesting aspect of this contribution and shows how important it is to consider the different factors involved in the problem of family and work balance.

Wall and Samitca examine the reconciliation of work and care responsibilities in families caring for dependent elderly persons in Portugal. Portuguese social norms emphasize a strong full-time work ethic for both men and women, and a strong family obligation to provide care. Consequently, when confronted with the dependency of an elderly parent, the most valued solution is to keep that person in his/her personal environment as long as possible. The paper draws on the results of the project "Workers Under Pressure and Social Care" carried out in 2008 in 6 EU-countries (France, Germany, Italy, Sweden, the Netherlands and Portugal). In total, 23 semi-structured, in-depth interviews were carried out with adult children working and caring for an elderly parent living at home. Adopting a work-life balance perspective, the authors analyze the care arrangements set up by adult children to respond to their parents' needs: the main implications, the difficulties they experience, the support they can rely upon and how they articulate work and care on a daily basis. The main finding is that the plurality of care arrangements is leading away from a familistic care regime and towards a mixed one, where family care and formal paid services are combined in diverse and complex ways.

Widmer et al.'s contribution intends to approach the interrelation between work and love in a life-course perspective: the impact of equal and unequal participation in paid and domestic work belongs to life trajectories and projects in which the overall pattern of social participation in both areas over time plays a key role in conjugal conflict and the persistence or weakening of conjugal love. Data are drawn from the study "Social Stratification, Cohesion and Conflict in Contemporary Families": 1534 couples in Switzerland were interviewed using a biographical approach; among them, a subsample of 807 couples with at least one child living in the household was selected. The findings highlight that an interruption in labour force participation after the birth of a child increases the risk of women (not men) feeling less in love, as well as the risk of divorce. The most interesting aspect in this paper is that the interrelation between work and love within couples is more understandable within a biographical perspective than when regarded as a synchronous fairness issue concerning domestic

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and paid work that individuals and couples settle without considering their shared history.

Romero-Balsas' paper focuses on the effects that workplace conditions have on the use of paternity leave. It is based on the literature as well as previous qualitative research results. How is paternity leave taken? What are the profiles of leave-takers in Spain? Through a dataset based on 4,000 people, of whom 600 are potential paternity-leave takers, the author analyses the effects of working conditions, education, and gender role values on the use of paternity leave. The main findings are that work types and conditions, gender role ideology and family-oriented values influence positively the use of paternity leave in Spain. These results show how important it is to take into account both structural and cultural factors when analyzing the work-family balance issue.

The purpose of the study conducted by Rossi is to verify whether the work-family relationship -- as actually experienced in everyday life -- can be considered "good" and make the family into a resource for itself and society. The author suggests that this goal first requires framing such a relationship within the identity process at a personal, couple, inter-generational, and social level. It emerges that the attribution of priorities to different spheres of life is gendered: women prefer the family, while men opt for their jobs. The preferred orientation is crucial for grasping the guiding principle of one's ultimate concerns and identifying the respondents' aspirations and ideals. These aspects are investigated by using a comprehensive quantitative survey (CATI), carried out in Italy in 2011 on a sample of 3,527 individuals. Interestingly, family reconciliation seems to prevail; at the same time, the need to achieve one's aspirations (individualistic goals) and the time required to do so are connected to the emphasis on self-achievement, mostly expressed by men, who tend to privilege work in their choices, as well as experience family as self-gratification. A further significant aspect to have emerged is the perception of inter-generational closeness/distance: there is indeed a notable difference in the importance attributed by different generations to the generative and educational purposes of the couple. This is mainly due to the transformation of the meaning of parenthood and the importance attributed to the spouses' self-gratification. These different evaluations affect not only the structural and symbolic dimension of the couple relationship (stability, importance of marriage as a bond, etc.) but also the understanding of the relationship between family and work (hence the meaning of reconciliation) and, ultimately, the asset value of such a relationship to society.

The key points in Teisseyre's paper are the effects of underemployment in Poland on the process of (re)familisation of childcare. In Poland, the increasing frequency of flexible, non-standard employment types leads to the question of the impact of the labour market situation on family life. The challenge is to show the ambiguity in evaluating this impact. In fact, if the State provides no alternative care facilities, social needs seem to be fulfilled informally, through family, neighbourly or local ties. The hypothesis of the influence of underemployment on (re)familisation is explored on the basis of quantitative data – EU-SILC from 2008. The analysis shows that the relationship between employment type and caring strategies cannot be taken for

granted. Caring behaviours are made up of a number of factors, resulting from ties between State, market and family, as well as from transformations inside that basic social unit which is the family. A multidimensional or relational approach is necessary to better understand this problem.

On the whole, this special issue stresses the limitations of the classical approach to the work-life balance based on work-family or family-work spill-over. Both work and family imply identity-oriented behaviours, not just choices and preferences. Addressing family and work reconciliation issues in situations of underemployment and/or precariousness is an increasing challenge faced by many countries in contemporary Europe.

Isabella Crespi and Giovanna Rossi

NEGOTIATING WORK AND FAMILY:
CARING FOR A DEPENDANT ELDERLY PARENT IN PORTUGAL

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Abstract. Portugal, as the other European countries, faces an increase of elderly dependant persons. This situation has considerable implications for families, frequently called upon to provide caring tasks. Portugal may be considered as having followed a specific pathway regarding the reconciliation of work and family life. On the one hand, norms emphasize a strong full-time work ethic, for both men and women and growing state support for families and care services; on the other hand, stress is laid on strong family obligations to care. In this paper we analyze the strategies of families in the context of this cultural double bind, whilst caring for dependent elderly parents. Qualitative interviews were carried out with adult children working full time and caring for a parent. Adopting a work-life balance perspective, we address the diversity of care arrangements identified, carers' perceptions of the main difficulties and pressures experienced, as well as the support they can rely upon in order to deal with the situation. The conclusion stress how the plurality of care arrangements is leading to a move away from a familistic care regime towards a more mixed care regime, combining both family care and formal paid services in diverse and complex ways.

Keywords: *Work-life balance, Elderly care, Care arrangements, Carers' perspective.*

1. Introduction

This paper examines the reconciliation of work and care responsibilities in families caring for dependent elderly persons in Portugal. As in other Southern European countries, important changes have taken place over the last few decades in the articulation between work and family life. Female activity rates have been rising since the 60s and stood at 61% in 2010 (INE), and changes in both the attitudes to and

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the economic behavior of women have led to the continuing decline of the male breadwinner model. At the policy level, Portuguese society has been faced with the task of reorganizing the care of elderly people, leading to developments both in leave policies and in service provision[1]. Recent analysis of demographic and work-family trends, however, reveals both commonalities and differences in relation to the Southern European pattern (Wall and Escobedo 2010; Wall and Nunes 2010). Demographic ageing of the population and a growing demand for care, some feminization of migrant flows and a strong ideological commitment to the family may be considered as commonalities. Women's full-time work and high participation in the labour market, a policy track emphasizing gender equality, and State commitment since the 80s to the building up of publicly-subsidized care services represent significant differences. The specificity of the Portuguese context represents a major research challenge which is taken up in this chapter. If the nature of work-family policies is evolving in specific ways, then it is important to understand how this process affects and interacts with the care norms and practices of families, in particular with the long-standing influence of a familistic culture stressing strong intergenerational obligations. Drawing on a comprehensive perspective which emphasizes the need to view family policies within a wider social, historical and normative context (Neyer and Andersson 2008), our approach seeks to understand how current care arrangements are embedded in changing policy, labour market, family and gender cultural contexts. The importance of path dependency, especially the impact of past policies and practices, must not be underestimated (Pfau-Effinger and Geissler 2005; Crompton 2006; Kamerman and Moss 2010). Work-family and gender equality policies in Portugal started out late, only in the late 1970s. Until then, policies and societal norms emphasized *unsupported familialism* (Leitner 2003) based on female home care and obligations. Understanding the complex linkages between this policy process and carers' experiences of managing work and care will therefore be a major focus of our analysis. Current elderly care arrangements are expected to reveal and illustrate the developments and some of the specific trends in policies over the last few decades. The paper is divided in two main parts. First, we will examine major trends in policies related to work/life balance in Portuguese society. In the second part of the paper we will address caregivers' strategies for managing work and care. A *social care* approach, taking into consideration all social forms of care, underpins our analysis (Antonnen and Sipila 1996; Lewis 1998). Drawing on in-depth interviews with carers who have either standard or atypical full-time working hours, the aim is to understand how families perceive and negotiate the care of their elderly parents.

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[1] The paper draws on the results of the Portuguese case study, which was part of the research project "Workers under pressure and social care" (WOUPS) carried out in 2008 in 6 EU-countries (France, Germany, Italy, Sweden, The Netherlands and Portugal) supported by the French Mission de la Recherche (MIRE) and by the French National Research Agency (ANR); coordinated by Claude Martin and Blanche LeBihan from the Haute Ecole en Santé Publique of Rennes University, France.

2. Major trends regarding the development of policies

To understand care norms and practices in Portugal it is essential to look at policy developments in historical context. The contrast in care policies before and after the Revolution in 1974 is of particular importance. For nearly fifty years, during the right-wing Salazar dictatorship, explicit pro-traditional and pro-natalist family policies promoted a male breadwinner model emphasizing women's subordinate role and obligation to care and men's role as 'head of family' and provider (Torres 2006; Wall 2011). Gender inequality in marriage and professional life and female responsibility for homemaking were written into the Constitution (article 1677, 1966), and the importance of female housework and the care of others was promoted by the state, the church and women's organizations.

Despite the sharp turn in family policies after the transition to democracy, the impact of this normative context emphasizing "unsupported familialism" during most of the 20th century has to be borne in mind. Several generations of women, including those who are today in their fifties and sixties, were brought up during the dictatorship; moreover, cultural norms related to the value of intergenerational support for family well-being were strongly incorporated into family cultures and routines. Care policies after the transition to democracy followed a specific pathway, with a strong focus on state responsibilities to support full-time working men and women as well as a gradual move towards a specific «welfare mix» combining a plurality of providers (state, family, third sector, market) and establishing strong linkages between care and gender equality policies. To summarize developments, three periods may be identified (Wall 2011; Wall and Escobedo 2010).

The first ten years after the revolution marked an important turning point in the political-juridical framework governing families and women's rights. Family policy became implicit and moved into the shadow of social and gender equality policies, leading to major legal changes in women's rights and promoting a new care model centered on conjugal equality, dual earning, and public support for care through developments in leaves and day care services. A well-paid "early return to work" leave policy model was introduced in 1976, with a job-protected, fully-compensated leave of three months for employed women. The need to set up a public network of services (a new constitutional principle) was also recognized; nevertheless, services to support families developed slowly during these initial years.

The late 1980s and the 1990s represent a first significant shift in work/family policies, with a focus on parental care, rather than just maternal care, and new policies for the expansion of services. By the early 90s female activity rates had risen to 41% (up from 19% in 1970), female part-time work continued to be low (16%), and maternal employment, as revealed by the activity rates of women in the younger age groups (79% for women aged 25-34 in 1993), was already high. Leave schemes were developed and made more generous (e.g. individual entitlement to parental leave; the right to miss work for 30 days to care for a sick child and 15 days to care for a sick adult relative; parental entitlement to the 2-hour work reduction during the first year of the child's life), some new cash benefits were introduced (e.g. a low flat-rate benefit for dependent elderly persons needing care provided by a third person), and a

new governmental framework to expand services through the public subsidizing of non-profit institutions was set up. It was implemented through legislation on the legal status of non-profit provider institutions (designated as Private Institutions of Social Solidarity) and the institutionalization of yearly agreements concerning the flat-rate subsidy paid by the state per child or elderly person. From the start, services were required to have full-time opening hours allowing working carers to reconcile work and family life. Payment is according to income.

Dependency of frail elderly persons on family and home-based care remained strong. Three factors may be seen to have contributed to this. First, expectations that dependent elderly persons are best cared for at home and by their spouses and children continued to be significant, not only due to financial reasons (most of those with working lives from the time of the dictatorship have very low pensions) but also due to cultural and interactional factors. Residential nursing homes were originally set up for the destitute and those with no family care and were therefore seen for a long time as a "last resort". On the other hand, we have to remember that the co-residence of three generations in the same household was particularly high until the 70s and 80s, mainly for economic reasons, and only declined sharply from the 90s onwards (Wall 2005); as a result, social acceptance of intergenerational living arrangements in case of need is still important. Thirdly, care policies in the 70s and 80s focused strongly on the problem of work/life balance for working parents, whereas policies for the elderly focused on the health and pension situation of the elderly person, with emphasis on 'invalidity' rather than 'dependency' in old age, and largely ignoring the embeddedness of the elderly person in a care arrangement including full-time working relatives. This aspect of policy related to service provision to support families caring for elderly persons only emerged gradually, very much in line with the demographic ageing and the rising life expectancy of the Portuguese population and also in response to the rising pressure of families needing support to provide better quality care and to reconcile work and care. Day care centres for the elderly were first set up as a pilot project (50 centres, including some home-help) in 1976, only leading to the formal recognition of home-help services in 1985 (either as a separate or daycentre-integrated solution) .

For elderly persons, therefore, the above-mentioned logic of partnership between State and non-profit institutions, emphasizing publicly-subsidized and diversification of services, was slower to emerge, and in fact reveals difficulties in keeping pace with growing needs. In spite of a first increase in home-help and day care centres, both largely provided by the third sector since the late 80s but also by the private sector, coverage rates in the early 90s were as low as 1.2% for home-help services and varying between 1 and 4% in the different regions for day care centres. However, day care centres became especially important over the years as they provide for frail elderly persons who live at home but need meals, personal care and socializing with others rather than full-time nursing (São José and Wall 2006). Compared to day-care centres for children, however, opening hours (9 to 5 basis) have always been shorter, therefore less responsive to the idea of the elderly person's dependency on a family carer before or after day care.

In the context of lower economic constraints, at least until 2008, as well as a policy outlook which set specific goals in terms of leaves and services (also encouraged by European directives and recommendations), developments over the last decade represent a period of some expansion and consolidation in the work/family policies outlined above (Wall *et al.* 2011). Linkages between family policy, gender equality and full-time employment continue to be strong (female activity rates for the 25-34 age group had risen to 87% by 2008). In the parental leave system, emphasis is still on a well-paid «early return to full-time work model» but it has been made more generous, both for fathers and mothers, and more dependent on gender-sharing: paid paternity leave increased to four weeks, and a bonus month for fathers, if used, allows parents to take up 6 months of well-paid leave (at 100% of previous earnings) (Wall and Leitão 2010). In contrast, the leave model for carers of elderly persons has hardly changed, even if the new labour law (2008) grants some more days to miss work when caring for sick adult relatives and stresses the right to different types of flexible working, such as the "continuous" working day (6 hours with no lunch break).

From the perspective of service provision, developments have also reinforced the particular "welfare mix" which took shape in the 90s, combining informal, formal and semi-formal care solutions (Pfau-Effinger 2007) as well as a variety of service providers. From the point of view of elderly care, both the "home-based" and the "semi-home-based" (day care centre) care solutions have been promoted in all regions of the country, mainly as a consequence of the high value placed on ageing "in one's own home", considered to be protective factor which contributes to the maintenance of autonomy, but also due to the cost of institutionalisation and the longstanding negative attitudes towards residential homes (often described as "*warehouses*" for the elderly) (São José and Wall 2006; Samitca and Wall 2008). Publicly subsidized home help services and day care centres are universal but depend on means-testing and are paid according to income, which means that only very low income families (below the minimum national wage: 485 Euros in 2011) are entitled to free services. But even if payment is low, it may represent a significant amount, especially if there is nobody (children) to help pay for this.

Attitudes to residential care have nevertheless been changing, not only due to the overburden of family carers but also to the increase in certain types of prolonged dementia, as well as the recognition of the need for high quality medical and nursing care in some situations. Expansion of services has therefore included increasing the number and quality of nursing homes, as well as residential care for convalescence and terminal care (introduced in 2006 under the concept of a national network of «Continued Care» facilities)[2]. This process of diversification has relied on partnerships between the state and the non-profit organizations as well as the expansion of private nursing homes. By 2009, coverage rates for the population over

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2 The setting-up of a national network of shared care/continuity care (Decree-law 101/2006 of 6 June) was implemented jointly by the Ministry of Health and the Ministry of Work and social solidarity. The objective is to provide various and co-ordinated services according to the level of dependency, as well as meeting both medical and social care needs.

age 65 had increased substantially, but were still average in European terms: 3.8% for residential care; 3.4% for day centres and 4.9% for home help services (10.4% of the over 75s)[3].

Waiting lists for places in low-cost publicly-subsidized residential homes continue to be long, which means that many families with severely dependent persons are refusing to take up a too heavy care burden but often find it difficult to find affordable residential care. Apart from residential care and day care services, other solutions, such as an informal paid carer (either national or foreign), are therefore sometimes used by families, especially for highly dependent persons. Brazilian living-in care workers who speak Portuguese are the preferred solution, leading to some increase over the last decade in care migration chains from Brazil (Wall and Nunes 2010). However, in contrast to the «migrant in the family» care model in Italy, this «semi-formal» care arrangement is a marginal rather than a predominant care arrangement due to its high cost. As the cash benefit for dependency is low (needs tested) and about 170 euros for the higher level of dependency in 2011) and does not cover the cost of a paid informal carer, the solution is more frequently used in high-income families. In summary, the restructuring of elderly care in Portugal has led to a mixed care model including both home-based and residential care, both family and paid informal carers, both publicly-subsidized and private service provision. Coverage levels for service provision are modest, and normative context stresses the value of ageing in one's own home and intergenerational support, thus making for emphasis on the articulation between families' responsibilities to care and the welfare state's responsibility to support and provide services.

3. Method

With the aim to understand how families perceive and negotiate the care of a dependent elderly family member, we adopted a qualitative approach. Semi-structured in-depth interviews were carried out in 2008 in Portugal with carers who have either standard or atypical full-time working hours. Respondents were recruited through personal contacts, institutional contacts with services providers, as well as through a snow-ball process.

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3 MTSS, 2006 (www.cartasocial.pt). When compared with other European countries, Portugal may be considered as a country with an intermediate or average profile. For instance, the coverage rate for persons aged 65+ in residential homes was 3.4% in Portugal (2006), compared to 0.9% in Poland (2006), 1.9% in the Czech Republic (2008), 3.7% in Germany (2008), 4.6% in Finland (2008), 5% in Denmark (2007), 5.9% in Sweden (2008), 6.7% in France (2007) and 6.9% in the Netherlands (2007) (see OECD Health Data, October 2010)3. In the field of home-based or semi-home based solutions, the coverage rate was 4.3% for homecare deliveries and 3.3% for day care centres (total 7.6%), compared to 3% receiving support in Italy, 0% in Poland, 6.5% in France, 7% in Germany, 7.3% in Finland, 9.5% in Denmark, 11.4% in the Czech republic, 11.7% in Sweden and 12.9% in the Netherlands.

3.1. The sample

Twenty-three adult children (19 women and 4 men) working and caring for an elderly parent with an average or high level of dependency and still living at home were interviewed: a mother (11 cases), a father (6 cases), both parents (6 cases) or in-laws (2 cases). All the respondents (between age 33 and 55; one aged 60) are main carers strongly involved in the care arrangement, either through hands-on caring tasks and/or responsibility for the management of the caring arrangement. The majority work full time (40h/week) with predictable working hours and during the day time; only five respondents have an atypical work schedule (working in shifts or long working hours). Professional activities include highly qualified as well as low qualified jobs (Samitca *et al.* 2008). On the other hand, half of all the carers live with the elderly person: most of them had brought the elderly person to live with them, but two had always lived with the parent (see tab. 1). All the interviews were tap recorded with the authorization of the participants and transcribed integrally. The transcriptions were then analyzed first individually and then transversally by themes.

4. Working and caring for a dependant parent

As described above, elderly care in Portugal has changed and developed along a pathway going from an unsupported family-centred model until the 1980s to a mixed care model. Care provided by the family and keeping the elderly person at home are highly valued but changing policies, labour market and families have led to a mixed care model in which complementarity between the state and the "caring family" is seen as the desired norm. A good example of new expectations emphasizing intergenerational support in the context of more state responsibility for service provision is the wish expressed by some carers for nursing homes which are geographically close by: José and his wife (both in their 50s, administrative employees, dual-earner couple) took care of his mother in their home while she had a medium level of dependency; when she became bed-ridden and needed permanent care, they searched for a nursing home nearby (a private profit-making home, more expensive but affordable if his mother's pension is pooled with a quarter of his salary); for José, the main advantage is that he can go and see his mother every day before going home.

Ideally then, when dependent elderly persons are at home, *familialism supported by services* should be followed, when the elderly person is taken into residential care, by *institutional care supported by familialism.* Another important trend is that commitment to their working lives and careers is a key aspect for all interviewees and common to all the care arrangements, whatever the type of work carried out by the carer. Thus, working families develop complex and varied patterns of care arrangements in order to cope with work and care responsibilities for dependent elderly persons at home. Interviews reveal two major strategies. Combining informal and formal care is a first major strategy (covering half of our interviewed families).

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Given the above-mentioned developments in policies and contexts, it is currently emerging as the predominant strategy. However, these "mixed" care arrangements may vary considerably since they are affected by several factors such as the elderly person's needs and wishes, the availability of other family carer(s) (e.g. the elderly person's partner or other relatives), carers' expectations and their capacity or desire to access or buy in certain types of services. A second major strategy is relying exclusively on the care of family members. Given the strong family obligations and the preferred norm of ageing in one's own home, this solution continues to be considered by elderly persons and their careers as a satisfactory care arrangement when dependency levels are low or average and when several members of the family are available to share the care.

Drawing on the interviews, we can describe four different types of "mixed" care arrangements relying in different ways and proportions on family care, semi-formal care (paid informal care, non-professional or professional) and formal services, either home-based or institution-based (day care centre). The *day time delegation to a day care centre* care arrangement seems to be a preferred solution for elderly persons with average or average to high dependency levels but still able to move unaided. Day care centres are usually open 8 hours a day during the week and they fetch and take the elderly person. Pedro, a 48 year old policeman (married) cares for his widowed mother (77) who lives on her own near his house; he has three other brothers, two of whom live far away and one who lives close by and shares some of the caring responsibilities, even if he is less available than Pedro. Thanks to his fairly regular and predictable work schedule, Pedro manages to go to his mother's house every morning to help her bath, dress and take her medicine (his wife fills in for him when he has a night shift). From Monday to Friday his mother goes to the nearby day-care centre (9am-5pm) so she has company, meals and activities during the daytime (take-away meals are also available for the evening meal). In the evening it is his brother who goes to see her and at weekends they also share the mornings and the evenings; but Pedro is also the one who manages other care situations, such as his mother's medical appointments or driving his mother to the doctor or elsewhere (shopping) when necessary. Overall, he thinks the day care centre has a positive effect on his mother's health and also allows him, as main carer, not to worry about leaving her alone during the day:

«Maybe the day-care centre is better (than being at home). She moves more, she needs to go out every morning and comes back in the afternoon, she has to move, it is beneficial for her, I think. The advantage is that she feels better, she likes the other persons there, food and conviviality are very good too; there is a range of factors like these that she really appreciates».

The day care centre is also the arrangement used by Ana (60, insurance professional, married, no children) caring for her father (83) who lives with her and goes to a day care centre every day. Although he still manages to eat or dress alone, he cannot be left alone during the day:

«I am very happy [with the day care centre], *it was necessary. To have somebody at home would also be a solution but it would have to be somebody full time and it was very difficult. Difficult to organize and economically also. But if the day-care solution didn't exist I would have had somebody at home. (...)».*

Care arrangements combining family care and *Homehelp services* are another form of mixed care arrangements; they are an alternative solution to the day care centre for average or even average to high dependent elderly persons who have difficulties in moving. Homehelp is used by Dolores (37, married, one son aged 9, working as full-time school helper, living with her parents) who cares for her dependent elderly mother with some help from her father (who watches over her during the day). From Monday to Friday her mother is visited by a professional from a private non-profit day care centre, who comes to do her personal hygiene, dress her and deliver meals. At weekends it is Dolores who performs all the caring tasks as well as she looks after her son and does all the household tasks (her husband does not help her). Dolores feels that caring for her mother takes up too much of her energy and time. She would like to have more support and feels extremely overburdened; she also feels that her son is suffering from this situation, as she is not able to give him enough attention. However, she does not wish to put her mother in a nursing home.

In summary, both these mixed care arrangements allow the main carer to provide care and keep on working full-time, but there is still pressure and overburden. Although they are less demanding during the week, with some relief from handing over to professional services, the weekends and the evenings often imply many hands-on caring tasks. Moreover, overburden is even higher when the main carer has other care and housework responsibilities and little support from family members such as partners or siblings; in these cases, more typical of women carers in low income couples where the wife does most of the housework and level of income makes it difficult to buy in some domestic help or products (Saraceno 2010), overburden is also associated with long hours of housework and no respite time (Lyonnette, Crompton and Wall 2007). Another form of mixed care arrangements is the *Paid non-professional in the family*. In situations of high dependency, when the cared-for person lives in his/her home but cannot be left alone, the main carer may organize an arrangement based on delegation of care to a paid non-professional carer (migrant or national) who is present during the day, at night or both (living-in) and sometimes at weekends.

The pressure is thus partly relieved by the presence on a regular basis of somebody who is at home with the elderly person. The solution contributes not only to reduce carers' worries, but it also relieves him/her from hands-on tasks and the need for a regular or permanent presence. In some cases, the paid carer stays with the elderly person during the week and the main carer takes over at weekends; in other cases the main carer has the support of other relatives. This is the type of care arrangement set up by João (49 years old, married, 2 daughters aged 6 and 13, finance manager, one brother living abroad):

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«I was here with the problem in my hands. On the one hand my mother couldn't stay alone and on the other hand I also had my family and my job. So the situation was very difficult to deal with in the beginning when I had nobody to help. What helped me was that - I have an aunt who is retired and who was a very precious help since she stayed here [with his mother] *during the day and sometimes at night. It was impossible for her* [his mother] *to stay alone at home. For more or less 2 months it was a very difficult time for me, exhausting, since I used my lunch break to go to the hospital to visit my father (...) and when I left work I went to my parents' house to be with my mother. One day I slept there, the other day it was my aunt and I had some rest and could stay with my family. But the situation wasn't easy at all. (...) Then the alternative we found was to pay somebody to stay 24 hours with them* [before his father's death] *and this lady is still there nowadays to care for my mother and we* [the two brothers] *pay her. My aunt helps out one weekend every fortnight and I do the other weekend».*

The main benefit and relief for the carer is to know that the elderly person is cared for and not left alone practically on a 24-hour basis. Carers feel freer and less stressed, even if they have to oversee the arrangement and take on some caring tasks. However, a full-time paid carer at home is a significant cost (between 700 and 2000 Euros per month), rarely affordable on the basis of the elderly person's pension, and is mainly used by high income families; nevertheless, since it is seen as a good solution for reconciling work and keeping the elderly person at home, some average-income families will sometimes make an effort to access this type of arrangement.

In a few situations, the mixed care arrangement combines both paid non-professional care and professional services. This *Multiple delegation* care arrangement is highly valued in situations of extreme dependency, when constant care and nursing are required. The elderly person is cared for at home within a complex assortment of paid informal and formal services. This is the case of André (47, single, film programmer, only child), whose parents have the following provision of services: home-based publicly-subsidized services during the day; a privately paid professional carer who takes on care in the evening; a nearby restaurant providing meals when necessary; a domestic employee who comes twice a week; and a nurse (paid privately) who comes twice a week:

«From the moment I had trustworthy persons, who handle things better than I do since they are professionals, I felt relieved. I only have to phone to know if they are in pain (...) But my life now, I feel freer. I keep going to their place after work and during the weekends, but I feel freer».

This is the most sophisticated situation found in our sample of carers, involving a mix of different paid formal services (private and publicly subsidized) and seems to be a good example of the complex mix of carers that are needed in order to cover the round-the-clock needs of a severely dependent elderly person at home. Due to its high cost, however, it is not equally accessible to all families.

Apart from mixed care arrangements, *Family care arrangements* organized around one family carer or, more frequently, a network of family members, were also found (half of all care arrangements). This type of care arrangement is more associated with situations of low (or low to medium) dependency. However, in exceptional cases this

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may also happen in cases of medium to high dependency. Often it is the elderly person him/herself who refuses to have a stranger coming into the house and providing care; this usually leads to a burdensome situation requiring significant efforts and flexibility in the workplace in order to reconcile schedules and needs. This is the experience of Célia (42, divorced, a low qualified administrative worker, one adult son) who cares for and lives with her dependent elderly mother. She has two sisters, both of whom used to be part of the care arrangement, but they had an argument and are no longer on speaking terms; since then, Célia has cared for their mother on her own. The latter doesn't want to go into a nursing home and also refuses to be cared for at home by anybody except her daughters.

«When she [Célia's sister] was at home, since I worked late she cared for my mother, so I didn't have to wake up early or wake her at 6 in the morning, which is what I have to do now. She [Célia's sister] was the one to do her personal hygiene in the morning, to give her breakfast and medicines and my other sister came back at midday to give her soup. Now it is more complicated, I have to wake up at 6 in the morning, to care for her, go to work, leave her something to eat for mid-morning and then at midday I go home to give her lunch and then I leave something for the afternoon until I come back at 17.30».

To be able to reconcile work and care, Célia has to have some flexibility in her working schedule; her colleagues and her boss are understanding, giving her more time to go home in the lunch hour and taking pressure off her when she has to arrive late or go home earlier. Although she could have chosen the "continuous" working day, Célia prefers this solution as it gives her time to go home in the lunch hour. Even so, Célia feels permanently stressed, especially because her mother is alone all day long and she fears that something might happen.

In most "family" care arrangements though, main carers are supported by other family members, either on a regular basis or in a 'rotational' care scheme in which the elderly parent spends some time (one or two months) in each of the children's homes (São José and Wall 2006; Pimentel 2006; São José 2009). When the cared-for person still lives in a couple, his/her spouse usually has an important role. Due to age and potential health problems the spouse can seldom take on all the caring tasks, but plays a central role as "watch-over" carer. This help is essential when the elderly parent cannot stay alone all day long while the main carer works. This is the case of Claudia (43, single, self-employed aesthetician, working long and irregular hours) who is her mother's main carer with the support of her father and brother (all still living in the parents' household).

«We help each other very much 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 6, 7 or 8 times a day. So he does most of it during the day and I take over when I come home. Therefore during the 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 myself. We do this so that he can have a quieter weekend (...).Yes, now my life is really very limited».