

State of the art report

How caring for an adult person affects employment?

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August 2009

The report is provided by the EQUALSOC project group: „Reconciliation of employment and elderly care“. The Authors would like to thank very much the group members for their very helpful comments and contributions, that is: Agnes Blome, Hanneli Döhner, Manuela Naldini, Emmanuele Pavolin, Chiara Saraceno, Sebastian Sarasa and Nadia Steiber

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1 Introduction

The reconciliation of paid work and family life is seen as a key issue to tackle various challenges ageing European societies face in terms of productivity, reproduction and social equality: that of increasing women's labour force participation, of achieving higher gender equality both at home and in the labour market, that of encouraging fertility choices in societies where all adults are expected to be in paid work throughout their working life and to keep social security system sustainable (Esping-Andersen et al., 2002).

Most attention in work-family conciliation discourses is paid on parents and in particular mothers with young children in finding measures how they could be supported to stay or return into the labour market after child birth. The support of parents should also positively influence the decision for a child. Much less attention has been devoted to caring responsibilities towards dependent elderly people and how to combine care work with gainful employment.

Caring for an elderly person has specific characteristics which may affect employment patterns very differently compared to child care. Elderly care is less predictable. Care needs tend to increase over time, sometimes suddenly. Care arrangements therefore are often less stable and caring obligation may last for an unknown time period. The second important characteristic is that care giving for dependent elderly occur later in working life. Most carers in employment are aged 40 years and over. They have to deal with quite different career and labour market characteristics than young parents do. Thirdly, elderly care may be mentally as well as physically more demanding than child care. Whereas child care aims to empower individuals who grow up to be independent, elderly care is mainly concerned with decay and increasing dependence of person in need of care. The role change from caring parents for own children to caring children to own parents and the coping with the death of a close relative might cause burdens in the care relationship. Therefore one could expect quite different challenges for caregivers for frail elderly people compared to parents who care for their children.

The issue of balancing elderly care and employment will be of growing importance in future. On the one hand, notwithstanding improved health conditions in old age, rising life expectancy and the over-proportionate growth of very old persons will lead to higher shares of care dependent persons in the population. On the other hand, more people, in particular

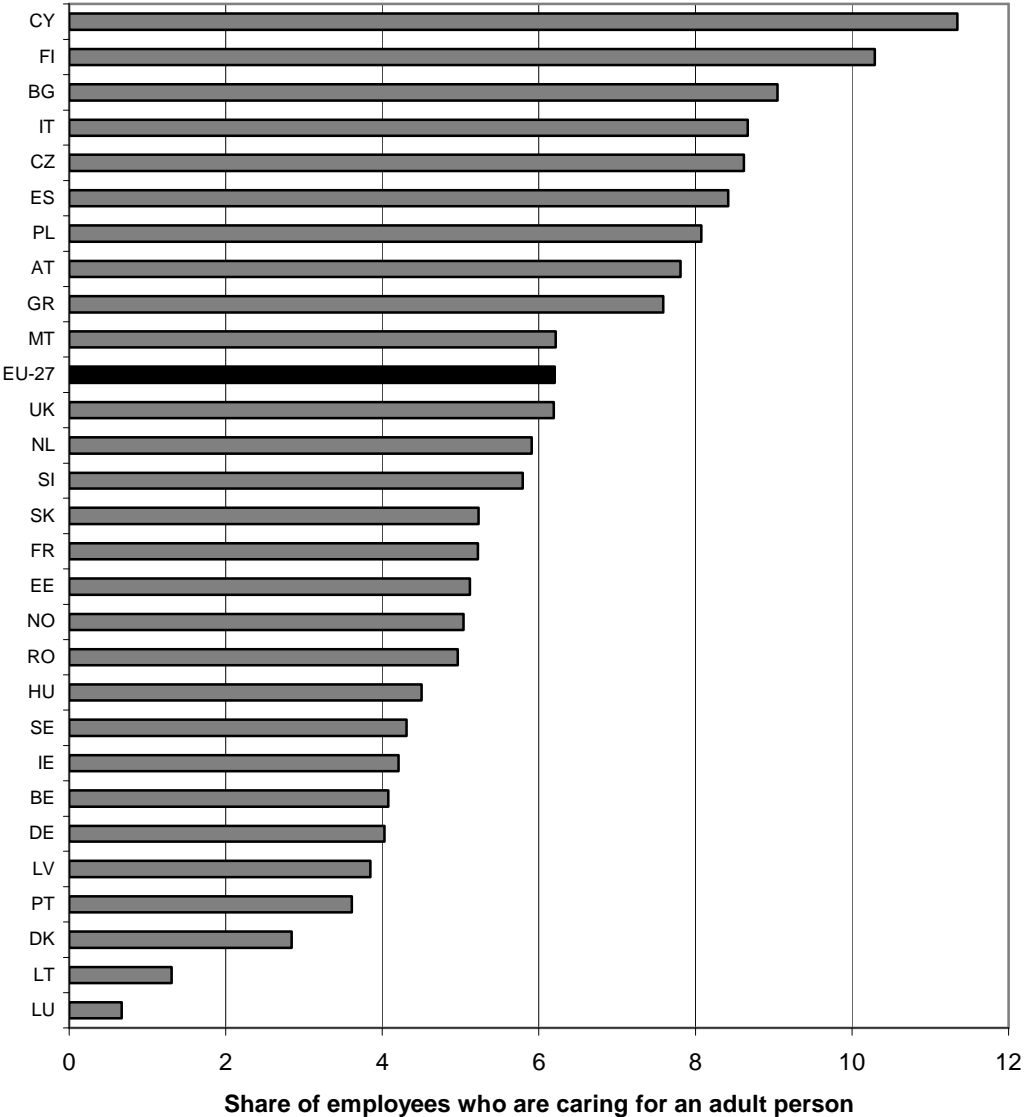
more women, will be in employment due to continuous labour market participation over the life course and later retirement (Salvage, 1995). In addition, for a certain period as the baby boom generation reaches old age and the baby bust generation takes over the responsibility to care for them, the imbalance of care dependents and carers will be particularly large. Countries are differently affected by these demographic developments because of varying fertility levels over time (Harper, 2006).

The issue of reconciliation comprises various facets. With regard to employment the impact of caring on labour market participation and career prospects are discussed but also the consequences on productivity or absenteeism. With regard to caregivers' private life the dual responsibilities affect family and social relations, hobbies and time for relaxation and the health situation. This state of the art report mainly focus on the impacts caring obligations towards frail elderly have on labour market participation, It provides an overview about the conceptual approaches and main findings in the research field. The first section gives an overview how prevalent working for pay and caring is in European countries. The second section addresses conceptual approaches which explain who is caring and employed and why. It focuses in particular on differences between men and women, social classes and countries. The third section summarize the empirical findings on how caring for an adult person affects labour market participation paying special attention to social inequalities and country deviances outlined in the conceptual part. Finally, the in last section research gaps are identified which has to be addressed by future research.

2 The prevalence of working carers in the EU

Figure 1 shows how many employees in working age help an adult family member or friend in need of care. The share of individuals with dual responsibilities ranges from about 1 percent in Luxembourg to more than 11 percent in Cyprus. In Europe on average 6 percent of all employees have additional caring responsibilities. The differences could be explained by very different reason. Due to demographic differences in the population structure (e.g. that some countries have to suffer many dead in World War II) and different health conditions of the older population the incidence of persons in need of care vary. Second, employment rates in later working life are very different between European countries and therefore also the share of cares in employment varies. Third, there are huge difference with regard to the availability of care services in the countries which influences the necessity of the amount of informal help.

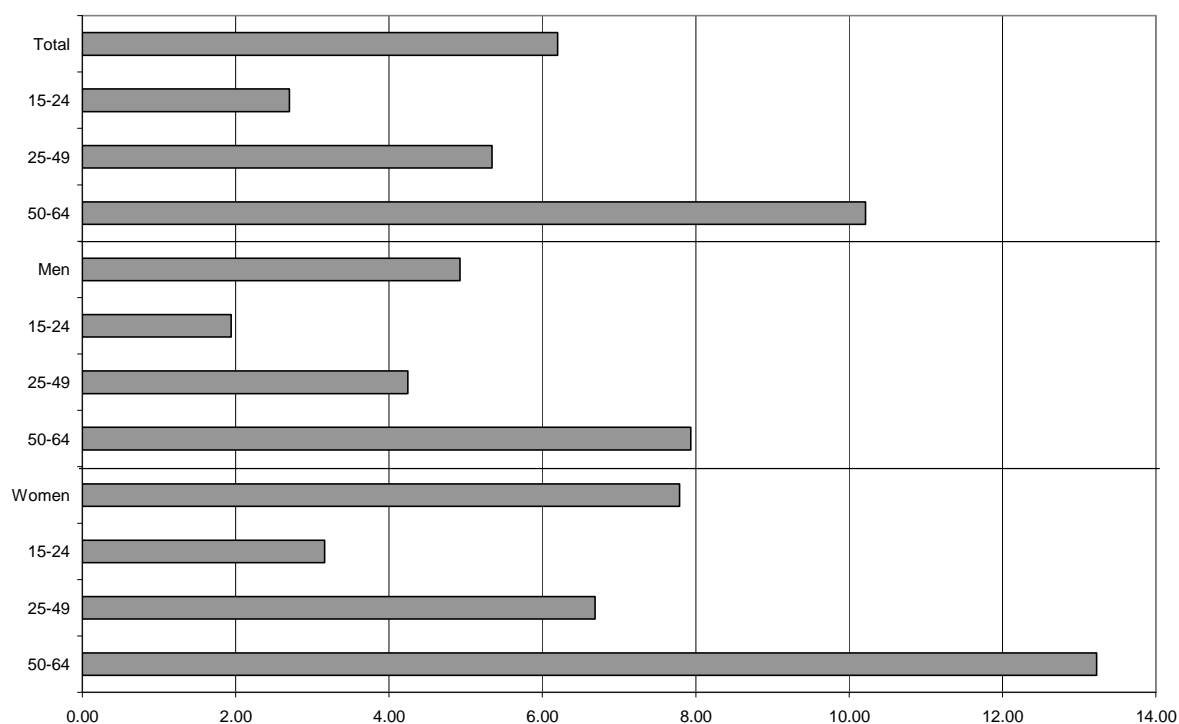
Figure 1: Share of employed persons who care for an adult relative by countries



Source: European Labour Force Survey (LFS) 2005, ad hoc module on reconciliation between work and family life

Responsibilities for adult care mostly arise after age of 40 when parents (in-law) or the partner reaches the age with a higher probability of care dependency. In the age group from 50 to 64 around 10 percent of employed individuals is affected by a dual responsibility. For women in this age group this share is even higher with around 13 percent. A second characteristic is that in all countries more employed women than men do additional care work (figure 2). The gender differences are most pronounced in Cyprus, Italy and Greece. The Labour Force Survey provides only information about the incidence of care work but does not offer details on the amount of care work. Other studies have shown that if intensity is considered the gender differences in care contribution widen (Horowitz, 1985, Haberkern and Szydlik, 2008)

Figure 2: Share of employed persons who care for an adult relative, EU-27 average by sex and age groups



Source: European Labour Force Survey (LFS) 2005, ad hoc module on reconciliation between work and family life

3 Conceptual approaches

The question of who is caring and why could be explained as any social phenomena in terms of structural conditions or individual actions and their interrelation. Structural conditions are institutional contexts like long-term care policies, work-time arrangements or cultural norms and values which shape the preferences of individuals as well as provide a framework of social expectations. Individual actions - referring to Max Weber - are motivated by rational consideration either instrumental or normative, traditional believes or affective behaviour (Weber, 1922). Scholars emphasise the different explanatory theories in addressing the question on who cares, depending on the focus they put: be it an overall framework on how to explain care giving, be it addressing gender or social inequalities, or pinpointing institutional differences. Mainly three questions have been addressed with regard to care giving and employment:

- 1) Why some caregivers experience negative impacts on their job, others not?

2) Why the dual responsibilities of caring and working for pay are for some social groups more prevalent than for others?

3) Why in some countries the reconciliation issue turns out as more prevalent and more challenging for carers than in others?

In the next sections the theoretical contributions to answer these questions will be presented.

3.1 Explaining individual differences

In the first place the question how care and paid work interfere depends on time resources the carer in employment dispose of. The higher the care needs and the longer the working hours the more likely it is that caring obligations will lead to time pressures which in turn force the care giver either to reduced working time or caring time (Greenhaus and Beuttell, 1985). But this general implication about the impact of limited time resources, which is empirically confirmed in many studies, has to be placed into a more complex context.

The main question is why some carers reduce their working hours or drop out of the labour market others not even though they have almost the same work load.

Financial resources are an important factor in explaining why carers (have to) stay in the labour market, simply because the earned income is needed to make a living but also because of the risk to become unemployed in later working age which crucial prospects for a job re-entry.

Another important aspect on how individuals arrange their every day life are preferences (Becker, 1965). When care obligations occur caregivers relocate their time depending on the value different activities have for them. Reconciliation is not only an issue of caring and work for pay it concerns the whole spectrum of activities. Carers with high affiliation to their job or with high aspirations might try to cut their time budget on other activities than working time, including the time devoted to care. In that case care work does not show an impact on working hours but the caring time is mainly balances by fewer hours spend on other activities. A second explanation for is that the caregivers cope with the additional time demands by improving efficiency. However, packing more tasks in a fixed schedule means that the overall pressure in managing all activities increases and therefore the acceleration of daily life may cause stress and other negative outcomes on health and social relations (Repetti and Wood, 1997).

A third reasoning why care giving does not affect working hours for some care givers even though both activities take a considerable amount of time is that employment protects the carer to do more care giving. Both the expectations from the person in need of care and other

family members to provide care are higher when a person is around and not involved with other obligations. In the negotiation process on who is responsible for caring, having a job is an accepted argument for having limited time for care (Finch and Mason, 1993).

Finally the work place is not only good for money and career prospects but for some carers it could become the central place of social and private life (Hochschild, 1997). This could be for two reasons. One is that the situation at home – in particular if the person in need of care cohabit with the carer - is burdensome and there are tensions and loyalty conflicts between the caregiver, the person in need of care and possible other family members. The workplace is a refuge to avoid these conflicts for some time. The second reason is that as far as carers concentrate on their responsibilities on the job and in caring they are at risk that their social network is declining. If this is the case, social ties at the workplace to colleagues and customers gain in importance and to some part replace the lost social ties.

3.2 Explaining social inequalities

Why for some social groups the dual responsibility of caring and employment is more likely and why specific groups are more affected by caring obligations with regard to their labour market participation? These questions are mainly addressed in the context of social inequalities. The main focus is on gender and class inequalities.

Gender differences

There are at least two strands of explanations why women provide more often care than men. The first economic approach is rested upon decision making in order to maximise utility. Most prominent is the concept of new home economy (Becker, 1991, McElroy and Horney, 1981, Leuthold, 1968). The basic idea is that decision making of couples on the division of labour is based on a joint utility function of the household members. Existing differences in the labour market outputs of men and women will increase the likelihood that work is shared by the couple in a way that women take over family work and men are gainfully employed. Once such division of labour is established differences in employment careers between the partners and the specialisation in either the family or the job during the life course will influence consecutive decisions in the same way and underpin the gendered division of labour. The economic model has been contested in its assumption about the modes of cooperation between couples (Woolley, 1996, Bergmann, 1995). More fundamentally the economic approach is criticised because it does not address why gender differences in the labour market appear and why even employed women still take over the bulk of household

chores and care work (Barrett and McIntosh, 1982) and the approach ignore that there are other motivations why people decide to care than utilitarian ones. With regard to elderly care the economic models are framed too narrow because they address household economics. But caring for an elderly concerns the wider kin network and the negotiations on who provides care in this setting could not be reduced to a simple utility function (Finch and Mason, 1993).

The second strand of theories emphasise that gender differences are based on the social structure which shapes the life chances of men and women from birth in different ways (Acker, 1989). One line of argument is that the gender differences are a product of cultural norms in particular the persisting gendered division of family work although a large share of women is nowadays employed (Barrett and McIntosh, 1982, Pfau-Effinger, 2006). These cultural norms are perpetuated and inherited via social expectations and role models. The decision on who is caring for a frail relative is often based on caring experiences during the life course. In a way women's care obligations take turns over time, starting from caring for younger siblings, to caring for own children to caring for frail parents. Women are in a sense predestined for elderly care because of their previous caring experiences. This is not only the consequence of specialisation, as Becker (1991) assumes, but result of culturally constructed gender roles (Fine and Glendinning, 2005, Finch and Mason, 1993).

Gender differences in moral obligations and personal relationships within the family are another dimension mentioned to explain different caring responsibilities between men and women. Women are kinkeeper of the family (Rossi and Rossi, 1990, Szydlik, 2000, Rosenthal, 1985). In this respect, even though women are in a paid job, they are more concerned about the family situation and feel a higher responsibility to care. It has been argued that incomplete labour market participation and therefore also marginal social security protection by the welfare state make it necessary that women (have to) count on the family as their social security net and therefore they invest more time and work on the family (Rossi, 1993, Eggebeen and Hogan, 1990). In consequence, there is a positive feedback that caring obligations of women decrease labour market affiliation and marginal labour market participation again increases the necessity to count on the family as a security network which in turn increases women's caring contributions. A different angle has been proposed by other scholars. They ascribe women distinct capabilities and preferences to care compared to men. The issue here is not so much to overcome the gendered division of labour but to acknowledge the different contributions of men and women in the same way (Leira, 1994, Hakim, 2000, Gilligan, 1980, Finch and Groves, 1983).

Explaining social inequalities

How to organise care arrangements depends strongly on income. Three theoretical arguments are made in this respect. First, of course, resources matters. Families with higher income have on the one side more options to buy care support on the market than families in lower income strata (Henz, 2006). At the same time they have to accept higher income losses (opportunity costs) in case they reduce their working time in order to provide care (Blau and Ferber, 1992). Both higher capabilities and higher opportunity costs support the theses that negative impacts of care giving on employment could be found more often in poorer than in richer families.

Social welfare provision might alleviate class inequalities but also contribute to maintain them (Esping-Andersen, 1990, Korpi, 2000). In particular universal or means tested social services provision might provide access to professional care also for care dependent persons in the lower income strata (Sarasa and Billingsley, 2008). But there is also the thesis of the paradox of redistribution that means-tested benefits are often sparse and only a small part of the population could claim such benefits. In consequence, they are less redistribute than universal welfare provisions which provide support to all individuals in need of care but also guarantee a higher level of benefits (Sarasa, 2007, Korpi and Palme, 1998). By contrast, long-term care policies could also perpetuate unequal access to care provision by providing financial incentives for family care which are in particular attractive for those families with low labour income and foster family care instead of public service provisions which increases the probability that care givers with low income will reduce their working time or quit their job completely (see also section 3.3).

A second explanation for class differences is the different availability of family support. Working class families tend to have more family support because they are geographically less mobile and therefore family members live closer together (Ahmed and Emigh, 2005, Couch et al., 1999).

The third approach to explain class inequalities focus on cultural norms. Higher educated, upper class families are more individualistic and less group-orientated than families from the working class. And they have higher job aspirations. Therefore they perceive lower family obligations and tend to make use of care services rather than caring themselves. This argumentation refers also to the person in need of care. Older people with high education and sufficient income tend to be more autonomous and less likely expect intensive care support whereas care dependent person with low income often have to rely on the help of their family

member and perceive this as a duty (Johnson and Lo Sasso, 2000). Differences in proximity between family members and preferences cause the consequence that family care is more prevalent in working class families and therefore the challenges of combining care and employment are more prevalent. In combination with inequalities in resources and opportunity costs carers in employment in the lower classes should more often experience negative outcomes on their labour market participation than upper class employees.

3.3 Explaining institutional and cultural differences

The incidence of carers in employment and the consequences for caregivers on labour market participation differ between the countries. These differences could be explained by institutional settings both at the policy level as well as with regard to the structure of the labour market and by cultural differences.

Difference in public policies

Long-term care policies play an important role in opening up or restricting choices about care arrangements and the possibilities for caregivers combining care and paid work. They could ease family caregivers contribution by providing either care services directly or paying a care allowance which is bounded to service use. These policy measures contribute to the de-familialisation of family work and support the employment chances in particular of women (Esping-Andersen, 1999, McLaughlin and Glendinning, 1994, Saraceno and Keck, 2009). On the one hand social policies could rely on families' caring responsibilities and support family carers. Care allowances which are not bounded to service use and which are too meagre to pay for professional service provision aim to support family care givers financially but at the same time underpin that the family should take over responsibility to care.¹ Legal obligations to support parents may even tighten caring responsibilities by the family because public intervention is subordinate to family support. These kind of policy measures are label as supported or explicit familism (Saraceno and Keck, 2009, Leitner, 2003).

Third, there are also entitlements for care givers like leaves or opportunities for respite care which support them in combining care and employment. These measures are periodic and allow the caregiver to react on suddenly changing care needs (Arber and Ginn, 1995b) or to

¹ Another side effect of moderate care compensation is that cash allowances are used to hire migrant carers on an illegal or semi-legal status KONDRATOWITZ, H.-J. V. (2005) Die Beschäftigung von Migranten/innen in der Pflege. *Zeitschrift für Gerontologie und Geriatrie*, 38, 417-423, LAMURA, G., POLVERINI, F. & MELCHIORRE, M. G. (2006) Migrant Care Workers in Long-Term Care: Lessons from the Italian Case. Dublin, European Foundation for the Improvement of Living and Working Conditions., DÖHNER, H., LÜDECKE, D. & EICKHOFF, V. (2007) Migrant workers in home care for older people in Germany: The use and problems of legal and irregular Care. *GeroBilim Journal, Journal on Social and Psychological Gerontology*, 1, 1-19..

find some time for recreation but in principle the underlying expectation is that the family carer is responsible to arrange caring and paid work for most of the time by her/his own.

But not only care policies and obligations to support shape the opportunities to combine care and paid work. The lower legal retirement age in some countries in particular for women and generous early retirement schemes (Ebbinghaus, 2006) provide incentives for older workers to retire when a family member becomes needy (Beck, 1995, Dentinger and Clarkberg, 2002).

Difference in work-time flexibility

A second important factor to explain country differences are the access to flexible work time arrangements (Joshi et al., 1996). Work-time accounts, flexi work, or teleworking work open up better opportunities for family carers to fulfil their dual responsibilities. In addition, special leave regulations for carers support caregivers in times of emergency. They are part of collective or company agreements but such agreements remain sparse and are concentrated on big companies (Klenner, 2005). Also part-time is seen as a flexible work-time solution, although working reduced hours is still a gendered and less accredited employment perspective. Part time work option might be a solution to stay in the labour market but could be de-incentivate full-time work (Henz, 2006). The hypothesis is, that in countries and sectors in which flexible work-time arrangements are more prevalent compatibility problems between caring and being employed should be less frequent.

Difference in attitudes

A third important factor which explains country differences are preference both on employment and caring (Kremer, 2007, Hakim, 2000, Pfau-Effinger, 1999, Lewis et al., 2008). There are huge differences between European countries in the evaluation of the best care arrangement for the parents. These preference are more than a wish but clearly associated with actual rates of family care giving (Keck and Blome, 2008). Care Preferences might reflect insufficient public support or a negative evaluation of professional care services but they also explain why individuals in one country take over care responsibilities more often or more intensively than in another country. Preferences are not only important at the individual level to explain decision but also on the societal level. Dominant expectations on what is the right way to care for parents sanction and shape individual behaviour, too. Millar and Warman (1996) provide a telling example. 'Sending' an elderly parent to a residential home in Greece is seen as a disgrace to the family, whereas many elderly people in Germany think that they want/should go to a residential home to be not a burden to their children. But not only caring preferences are important. Employment orientation and the perceptions of gender

roles add to the country differences. Thus individuals and in particular women face country specific forms of sanctions in deciding either to care or to be employed (Pfau-Effinger, 2006).

The next section summarises the empirical evidence of the different facets discussed above theoretically? The literature overview is concentrating mainly on English written publications using quantitative methods.

4 Impact of care on labour market participation

Research on the reconciliation of working and caring for a dependent adult has a longer tradition in the USA than in Europe. Overall, empirical evidence on the relationship between employment and care giving remains incomplete and heterogeneous. One reasons for this circumstance is the variety of different samples and methods used by researchers in the field. In particular three differences among the existing studies seem important to mention.

1) Studies use different concepts both of help and of employment. The definition of help ranges from the likelihood of providing any help (Laditka and Laditka, 2000, Neal et al., 1993, Stern, 1995), to the likelihood of providing specific kinds of help or certain amounts of help (e.g., Johnson and Lo Sasso, 2000), to the number of tasks provided (Finley, 1989, Starrels et al., 1997), to the hours of help, whether annual (Couch et al., 1999, Laditka and Laditka, 2000) or monthly (Gerstel and Gallagher, 2001). In terms of time spent in paid work, some looked at total employment hours, either per week (e.g., Gerstel and Gallagher, 2001, Gerstel and Sarkisian, 2004, Pavalko and Artis, 1997) or annual (e.g., Johnson and Lo Sasso, 2000), in some cases including those not employed as working zero hours (e.g., Laditka and Laditka, 2000), whereas others compare full time employed carers to part-time or not employed carers (e.g., Pezzin and Schone, 1999).

Second, the studies differ in their methods of analysis and in their use of control variables. The majority of analyses are based on cross-sectional data using continuous (e.g., Doty et al., 1998, Finley, 1989, Gerstel and Gallagher, 2001) or discrete (e.g., Farkas, 1992, Himes et al., 1996, Laditka and Laditka, 2000) regression methods. These data mostly do not allow tracing developments and therefore are less adequate to analyse processes such as what happens if someone take over care responsibilities. Only few studies use longitudinal data (Johnson and Lo Sasso, 2000, Pavalko and Artis, 1997, Stern, 1995). Still others use various methods for joint or subsequent estimation of multi-equation models predicting both paid employment and help to parents (e.g., Couch et al., 1999, Johnson and Lo Sasso, 2000, Pezzin and Schone, 1999).

Third, the studies focus on different populations and use different types of samples: non-probability samples (e.g., Archbold, 1983, Brody, 1981, Matthews and Rosner, 1988), or regional samples (Finley, 1989, Gerstel and Gallagher, 1994, Gerstel and Gallagher, 2001, Pezzin and Schone, 1999). Studies often focused on a certain groups of givers - for example, middle-aged women (e.g., Farkas, 1992, Lang and Brody, 1983, Spiess and Schneider, 2003) or married women (e.g., Brody and Schoonover, 1986, Gerstel and Gallagher, 1994, Gerstel and Gallagher, 2001, Wolf and Soldo, 1994). Further, even though some included all adult persons in need of care (e.g., Doty et al., 1998), many studies focused on a certain type of recipient., e.g. impaired or disabled parents (e.g., Farkas, 1992, Laditka and Laditka, 2000). Some include also parents in law (e.g., Ettner, 1996, Himes et al., 1996, Stone and Short, 1990, Wolf and Soldo, 1994), while others investigate just on care giving for one's own mother (e.g., Finley, 1989, Lang and Brody, 1983), or parents in a certain age range (e.g., Finley, 1989, Laditka and Laditka, 2000, Matthews and Rosner, 1988). Studies also often sampled on the dependent variable, focusing exclusively on those who gave considerable care to impaired parents (Boaz and Muller, 1992, Doty et al., 1998, Montgomery and Kamo, 1989). Such research yields a truncated view that neglects those in the early stages of a 'care giving career' - before a family member is seriously disabled (Stoller, 1990).

Analytical strategies are subdivided in two different approaches which are sometimes combined into one study. On the one hand research addresses the question of who is caring and uses job characteristics to explain why someone provides care and to what extent. Care contributions are defined as the dependent variable. On the other hand care work is used as an independent variable to explain labour market participation. The findings for both types of analyses are presented in the following.

4.1 How employment affects taking up care responsibilities

Both the employment history and the employment situation at the time caring responsibilities appear are important to understand why a specific person in the family is willing/able or not to take over caring tasks. Whereas the employment situation prior to the care responsibilities is considered in several studies, the impact of the entire employment (and caring) career is mentioned only in few qualitative studies (Finch and Mason, 1993, Dallinger, 1997b). This is mainly due to lack of adequate retrospective data. According to research findings, the employment situation before starting care shapes care intensity. Specifically, prior labour market participation does not matter in case of low or moderate care intensity. But if care intensity is high (14 hours a week or more) not employed carers are more likely than

employed ones to take over intensive care work (Spiess and Schneider, 2002). This result could however be interpreted also in the opposite direction. Carers with long working hours only accept limited caring obligations and therefore they are found more often in the group with low or moderate caring time than in the group with substantial care provision.

For those who are employed, working time is decisive. Sarasa (2007) has found for Austria, Italy and Spain that full-time employed women provide care significantly less often than part-time employed. In a cross country comparison of eleven Western European countries, Haberkern and Szydlak (2008) confirm that the full time employed are less likely provide weekly care for a dependent parent (in-law). However, these last two studies refer to the work time arrangement at the moment when caring is present. Results may reflect both the selection of who is becoming a carer and the decision to reduce working time when care obligations start. In general, the results point to the fact that time availability in the form of part time work or non-employment is a strong predictor for both the probability to take over caring tasks as well as the amount of care provided (Finch and Mason, 1993).

4.2. How caring affects labour market participation

The situation of the care dependent person, her or his needs are a decisive predictor of a negative effect of caring on employment (Mutschler, 1994, Scharlach et al., 1991, Spiess and Schneider, 2003). However, the evidence of the effect of informal care giving to dependent adults on the caregivers' employment status is mixed. Some US studies do not find support to the hypothesis that caring influences negatively labour market participation (Wolf and Saldo 1994, Stern 1995). For example, Wolf and Soldo (1994) estimate a simultaneous equations model of employment, hours of work, and the provision of care to an elderly parent. They use data drawn from the 1987-88 National Survey of Families and Households (NSFH), focusing on a sample of married women "at risk" of providing care to an elderly parent or parent-in-law. Even though the labour supply behaviour of married women is usually more elastic than of single women or men, they find no evidence of reduced propensity to be employed or reduced conditional hours of work due to the provision of care to frail parents. A cross country and group comparison of caring women in Europe finds significant negative effects on employment only for some countries (Viitanen). Using longitudinal data from the European Community Household Panel the author shows that out of 13 Western European countries only in Germany, Portugal and - with mixed evidence - Italy starting to care results in lower labour market participation.

On the other hand, several studies in the United States suggest that carers reduce their hours of paid work (Moen et al., 1994, Pavalko and Artis, 1997, Ettner, 1996, Johnson and Lo Sasso, 2000) Johnson and Lo Sasso (2000) explore time transfers to elderly parents and their impact on labour supply for men and women at mid-life. They estimate a simultaneous panel data model of annual hours of paid work and the provision of time assistance to parents. This model allows them to account not only for the potential simultaneity of these two decision variables but also for unobserved heterogeneity. They use a sample of men and women aged from 53 to 65 drawn from the second and third waves of the Health and Retirement Study. Their results suggest that time devoted to parent care giving significantly and substantially reduces labour supply for both women and men. Other scholars report negative employment impacts of caring for specific groups, such as co-residing carers (Ettner 1995) or female carers (Ettner, 1996).

Studies in UK and Germany support the thesis of negative consequence of caring on labour market participation. Carers, especially co-resident carers, are less likely to be employed than non-carers, and if they are employed, they are more likely to be in part-time jobs than non-carers (Arber and Ginn, 1995b, Corti et al., 1994, Evandrou and Winter, 1993, Martin and Roberts, 1984, Schneider et al., 2001, Dallinger, 1997a) Madden and Walker (1999). As these studies rely on cross sectional data, they cannot determine the extent to which caring duties actually had an effect on employment. As shown above, carers tend to have a history of weaker attachment to the labour market already before they started caring. Heitmueller (2004) and Heitmueller and Michaud (2006) develop a multivariate dynamic panel data model to identify the causal link from informal care to employment for men who are aged 16 to 64 and women who are aged 16 to 59 in England. Using data from the British Household Panel Study (BHPS) from 1991 to 2003, they found that caring slightly reduces employment probabilities by up to 6 percentage points for individuals caring within their own homes and no significant effect is found for the non co-resident carers. However, these small effects might be driven by the fact that no information about the intensity of care is considered in the analysis. There is also some evidence that reductions in labour market participation of care givers are only temporarily. Studies in the US and the UK have shown that caregivers make short-term adjustments to their working hours to accommodate their care responsibilities. Once the care arrangements are steady, they restore their working time to a level close to the situation before starting care responsibilities (Arber and Ginn 1995, Franklin et al 1994, Mutchler 1994).

The impact of flexible work-time arrangements

Flexible work time arrangements are important for combining caring demands with paid work. Two employee studies of selected United States businesses have shown that job flexibility lowered the negative effect of caring on work (Neal et al., 1993, Scharlach et al., 1991). Apart from flexible work schedules, the ability to take unpaid family leave and the ability to work at home also were considered helpful by carers in meeting their care responsibilities. Part-time work, however, was considered helpful by fewer employees (Fredriksen-Goldsen and Scharlach, 2001). *Self-employment* constitutes a unique work situation. It is often considered a strategy that facilitates combining work and family because it can offer flexible work arrangements (Lohmann and Lubert, 2000, Boden, McManus, 2001). Work conditions among the self-employed, however, are very heterogeneous (Amrum and Muller, 2004). For the United States, Sarkisian and Gerstel (2004) found that, after controlling for a range of job characteristics, being self-employed significantly reduced the help that women provided for parents, whereas for men, the effect was not significant. Budig (2003), however, has shown that even though men's self-employment is often associated with autonomy and control, women's self-employment is significantly more likely to impose constraints, and hence may limit the ability to provide help. The diverging results might be explained by the fact that self-employment comprise very different employment situations. In a qualitative study on main carers in employment in Germany, Keck and Saraceno (2009) have found that professional self-employed, such as consultants or project managers, who must meet the timing needs of their clients face very high problems in conciliating care and job requirements.

Salutory aspects of employment for care givers

Most of the scholars assume that having both caring responsibilities and a job is a burden, because multiple responsibilities result in time constraints, high work load and distress and therefore effect caregivers living conditions negatively which in turn might be the reason why caregiver reduce their labour market participation. Based on the review of studies in the US, Scharlach (1994) criticized the tendency to overemphasise the negative impacts of being involved both in caring and working for pay. The author argues that either studies defining their sample in a way that they focus on precarious situation by looking at caregivers with particular high care and/or work demands or that statistical analyses pinpoint the adverse effects but ignoring that in most of the studies the majority of caregivers in employment neither report consequences on their job nor on their health conditions. Based on qualitative

interviews with main care givers Keck and Saraceno (2009) found that care givers in employment face a high ambivalence. Although almost all care giver report difficulties in combining family responsibilities and job demands and some of them therefore reduced their working time or even change the job, they also show a high work commitment. Care givers report that during the work they could leave behind the demanding care situation. Their performance in the job is often better recognised than informal care provision, caregivers could achieve self-realisation in the job, and they could maintain social networks and emotional support through colleagues.

4.2.1 Gender differences in combining care and employment

Women do not only face more often the dual responsibility of caring and gainful employment but they are more vulnerable to be affected in their labour market participation. Brody (1981) introduced the expression ‘women in the middle’ referring to women in the United States who, after having cared for their children are faced with a care demand for their parents (in-law). A number of influential studies about women caregivers for their parents were conducted in Britain in the 1980s. Nissel and Bonnerja (1982) interviewed married women caring for a parent in their home. Lewis and Meredith (1988) interviewed single daughters caring for their mothers. In these studies, there was little recognition of the role men played in the provision of care (Arber and Ginn, 1995a: 20). Finch and Groves refer to the ‘very small number of men who are front-line-carers’ and as an ‘activity which is culturally defined as being “naturally” for women’ (1983: 3). Scholars might perpetuate this view if they focus their analyses only on women. Of course, in all countries women care more often than men (Stone et al., 1987) with an on average higher intensity (Finley, 1989, Horowitz, 1985, Stoller, 1983); and, last but not least, women tend to take over most day-to-day, personal and hands-on care even though it is physically demanding (Horowitz, 1985, Miller and Cafasso, 1992, Stoller, 1983). Men, in contrast, are more likely to engage in arrangements for services or care management (Chang and White-Means, 1991, Montgomery and Kamo, 1989), transportation (Young and Kahana, 1989) or home repair and maintenance tasks (Coward and Dwyer, 1990). Nonetheless there is also a substantial share of men who provide care. For example a representative study in six European countries revealed that men constitute around one quarter of the main carers (Lüdecke et al., 2007: 89).

There is a growing number of contributions focusing specifically on differences between men and women in their enactment in caregiving (Miller and Cafasso, 1992, Arber and Ginn, 1995b, Daly and Rake, 2003, Martin-Matthews and Campbell, 1995, Pinguart and Sörensen,

2006). With regard to specific gender differences in combining care and employment, the empirical results suggest that employed women reduce their labour market participation more strongly than men when they take up care responsibilities (Anastas et al., 1990, Kramer and Kipnis, 1995, Stone et al., 1987) Stueve and O'Donnel (1989) found that for daughters hours of employment and of care giving were negatively associated.. On the contrary, one early study by Stoller (1983) found that being employed decreased the amount of care giving of adult sons, it did not so for daughters..

Other studies revealed that gender specific effects are related to various contextual and individual characteristics: for instance structure of the care arrangement, marital status, and presence of own children. Ettner (1996) performs an analysis for men and women using data from the US National Survey of Families and Households (NSFH) for the year 1987. She distinguishes between care provided to co-resident and non-coresident parents. Her results show that care giving activities do not have a significant negative effect on the male labour supply whereas female labour supply is only significantly negative affected by the care giving activities to parents not living at home. A recent study of 10 European countries by Bolin et al. (Bolin et al., 2008) found that while for both men and women care giving was generally negatively associated with the possibility of being employed, there were differences in the remaining predictors' effects. While for men (having controlled for care giving) being married and the number of children had a positive effect on the possibility of being employed, the contrary was true for women. This finding is in line with the statement of Carmichael et al. that the association between employment and care giving is 'gendered and influenced by marital status' (Carmichael et al., 2008: 467). Assessing employment characteristics, Laditka and Laditka (2000) found that the gender gap in the likelihood of helping and hours of help to parents persisted when they controlled for the number of hours employed. In contrast, Gerstel and Gallagher (1994) looked at a broader set of objective employment characteristics such as job hours and flexibility, wages, and type of job, as well as subjective characteristics such as job centrality. Although none of these factors individually predicted help to parents, as a group they significantly reduced but did not completely eliminate the gender gap.

4.2.2 Social inequalities

Financial and social support resources are important in shaping care arrangements. There is an interrelation between the individual labour earnings and the income situation of the family (including the person in need of care). Studies have shown that high wage rates tended to be

associated positively with financial transfers and negatively with time transfers to frail parents (Couch et al., 1999, Schneider et al., 2001) . As there is an intergenerational transmission of inequality, social class affects the choices of care givers in two ways, first by their own resources and second by the resources the care dependent person dispose of.

Considering the household income, the situation is more complex. In a German study, individual income and household income had different effects on female carers' propensity to leave the labour market, with higher personal incomes reducing the risk and higher household income increasing it (Schneider et al., 2001). The results indicate that the income of the spouse is important for the decision who takes over care responsibilities. On the one hand the partner with a lower wage rates – often wives – more likely take over care responsibilities because their work time reduction has lower effects on the household income. On the other hand sufficient earnings of the spouse enable the partner to take over caring responsibilities. If this is true, not the overall household income but the income differences between the partners are decisive. This is supported by a study from Couch, Daly, and Wolf (1999), which found that helping elderly parents is negatively associated with the wage rates of married, though not unmarried, women. In a recent study based on the British Family and Working Lives Survey launched in 1994/95, Henz (2006) found that for men and women employment decisions of carers depend on qualification and social class. In her study, being in a lower social class was an important predictor of female carers leaving the labour market.

Education and occupational status

Like individual earnings, education can be regarded as affecting the opportunity costs of caregiving vis-à-vis paid work. The higher the educational status, i.e. the higher the economic value of a person's work, the higher would be the opportunity costs for caregiving at the expense of reduced labour market participation (Shuey and Hardy, 2003, Laditka and Laditka, 2001). A higher labour market orientation of women and men caregivers with higher education was also found by Bolin et a. (2008). Also Sarkisian and Gerstel (2004) found that higher educational attainment is negatively associated with the hours of care giving to dependent elderly. Education however is more than a substitute of occupational status or income. Having controlled for income, Spiess and Schneider (2003) as well as Viitanen (2005) and Crespo (2007) found that higher educated people have a lower probability to start care giving as well as to reduce their working hours.

Social class differences however may not only account for differences in income resources. Income, education and occupational status are indicate that families are more mobile and therefore tend to live in greater geographic distance and are less available to help or they have better capabilities to arrange care provision with the support of formal care services or they have different preferences because they tend to have more individualistic orientations. Empirical studies which test these specific theses on class inequalities have not found by us.

4.2.3 Country differences

Comparative evidence for European countries is very limited. To the best of our knowledge, very little comparative work has been conducted about this question in Europe. Spiess and Schneider (2003) use a sample of women aged between 43 and 57 years old drawn from the European Community Household Panel (ECHP) for 12 EU-countries. Considering all countries they found that both starting care and increasing caring time are significantly linked to a decrease in working hours. But they also found that starting or extending care provision negatively affect changes in working hours in general. They therefore confirm the results found by Scharlach (1994) in the USA: for some caregivers caring has an adverse impact on working hours; but a large share of carers when starting or extending care provision do not change their working time at all. The authors analyse in a second step two country groups: mid-northern Europe (Belgium, Denmark, France, Germany, Luxembourg, Netherlands, and United Kingdom) and south-western Europe (Greece, Ireland, Italy, Portugal and Spain). The groups differ in the formal care service supply and in female employment rates. The authors conclude that starting care has a negative impact on working hours in the mid-northern European countries, whereas in south-western European countries extending care provision is significantly associated with decreased working hours.

Viitannen (2005) also uses data from the ECHP to analyse the relationship between the dynamics of labour force participation and informal care to the elderly for a sample of women aged 20-59 across 13 European countries. Compared with the study by Spiess and Schneider (2003), this one provides country-specific estimates, including an analysis of the impact of informal elderly care on labour force participation by age cohort and marital status. Informal care-giving is found to have a significant negative impact on the probability of employment only in Germany, Portugal and with mixed evidence in Italy. Nevertheless, analysis of different sub-groups in the countries indicates that middle-aged women and single women decrease their working time significantly in several EU countries.

Crespo (2007) uses two different but comparable samples of Mid-Life women drawn from the Survey of Health, Ageing and Retirement in Europe (SHARE). The results show that the estimated effect of providing "intensive" informal care to elderly parents on the probability of labour participation is negative and large for both groups of countries (i.e. northern countries Sweden, Denmark, The Netherlands and the southern countries Spain, Italy and Greece).

What is common to all three studies is that there is no specific empirical evaluation of country specific contexts, with regard to long-term care policies, care service provision, support from the extended kin network, work time arrangements or care preferences. Countries or country groups as such represent these contexts; but it remains unclear what are the causal relation and which of the various structural differences between European countries have a major impact.

Sarasa (2007) inquires whether welfare benefits affect the choice of women in care giving. He focus the analyses on women aged 20 to 60 years working part time to consider the effects of cash versus services transfers to those women which try to find a compromise in linking high care provision with substantial working hours in the job. Using data from the European Community Household Panel (ECHP) he compares Austria, Italy and Spain in order to introduce variation both in the extent of welfare benefits for the elderly as well as in the structure of benefits (services or cash transfers). The main result was that cash transfers reduce the opportunities of conciliation between care and paid work in particular for lower educated women who more like take over care responsibilities of 14 hours or more per week. When public services are offered rather than cash allowances part-time employed women tend to take over less often intensive caring responsibilities.

5 Prospects for future research

From this synthesis of research findings on reconciliation of elderly care and employment the need for further investigation emerge. At least three aspects should be developed:

1) *Refined methodological approaches:* As for the studies on combining child care and paid work, there is a broad scope of diverging methodologies and measurements which sometimes turn out as inadequate. Cross sectional approaches run the risk to interpret the higher likelihood that part-time or non-working individuals take over caring responsibilities as an outcome of the caring obligation and therefore overstate negative effects of caring on

employment. Individuals who are working reduced hours or even are not employed before care obligations start maybe more likely to take over care responsibilities. To disentangle the effects of becoming a caregiver on work participation, it is necessary to have longitudinal data or at least retrospective information on the employment situation before care work starts. Second, it is necessary to include in the sample employed individuals who are not caring as a control group.

2) *Comparative analysis.* More comparative studies are needed in order to better understand why in some countries elderly care and employment seem to be easier to combine than in others. Moreover, the existing studies do not really take into account the different institutional and cultural contexts. Either they assume a kind of welfare regime typology (Esping-Andersen, 1990), which typically is not based on an assessment of public services provision, or they fail to test empirically the country deviations. Rather, they assume generically that socio-political measures, work-time arrangements and preferences may account for country differences. There is a need to include more detailed contextual information on availability of care services, policy measures both at the state and the company level, as well as values and norms on caring.

2) *Sophisticated analytical strategies:* There is need to develop more sophisticated analytical strategies which allow detecting the underlying mechanisms why in one case care giving negatively effects labour market participation in other cases not. Measures like educational attainment, occupational status, and marital status are used as proxies or latent variables on career prospects, geographic proximity, work-time flexibility, family support etc. But they rather conceal the effects than reveal them, because it is possible to hypothetically deduce contradictory outcomes of such characteristics. Occupational status for example expresses high earnings, more career options and more flexible working schedules, but it also points to high workload and high incidence of overtime. There is a need for a more detailed inquiry and therefore also for better data.

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