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Ageing societies and the welfare state: where the inter-generational contract is not breached

By *KATHRIN KOMP & THEO VAN TILBURG*

The populations in industrialised countries are currently ageing dramatically. Europe is presently the oldest continent and still experiences rapid population ageing (United Nations 2009). The share of Europeans aged 65 years and older is expected to increase from 17% in 2008 to 30% in 2060 (Eurostat 2008). Japan, though, has an even older population than the European countries. In 2009, 30% of the Japanese were aged 60 years and older, while the percentage was only 26 in Germany and Italy, the oldest European countries (United Nations 2009). This demographic shift changes the character of societies. Older persons' needs and possibilities become more visible and the social risks associated with old age become more urgent. Those risks are primarily the ones of poverty and poor health in old age (Bonoli 2005; Walker 2000). Tackling these risks does not only become more important, it might also receive more support since an increasing share of the population is affected by those risks (Busemeyer et al. 2009). Addressing poverty and poor health in old age in ageing societies, however, challenges one of the central concepts in welfare states: the inter-generational contract.

The inter-generational contract is a system of behaviours and expectations that regulates transfers across generations. The basic idea is that social risks are concentrated at the beginning and at the end of the life-course (Kabeer 2000). Therefore, if middle-aged individuals were to support the young and the old, then one would be protected during the most vulnerable periods of one's life. In exchange, middle-aged persons can expect support in their own old age (Svallfors 2008). This idea of

transfers between generations plays a central role in many welfare state arrangements. In practice, however, it is only sustainable if two conditions are fulfilled. First, the demands on middle-aged persons to support young and old persons cannot be excessive. Otherwise, middle-aged persons might use such a big share of their resources on transfers that they themselves enter into a precarious situation. This would turn middle-age into a vulnerable period within the life-course. Second, the size of future generations must not decrease dramatically. Otherwise, middle-aged individuals might not receive sufficient support when they are old, making the participation in the inter-generational contract unattractive to them. Consequently, opposition to the inter-generational contract could arise among young and middle-aged persons (Ginn & Arber 2000; Svallfors 2008). Ageing populations are assumed to challenge both conditions for the sustainability of the inter-generational contract.

The fear of a breach of the inter-generational contract is most strongly pronounced regarding pay-as-you-go (PAYG) financed pension schemes. Such pension schemes can, for example, be found in Germany and Sweden (Organisation for Economic Co-operation and Development [OECD] 2006; Schmähl 2007). They collect contributions from today's middle-aged persons and distribute them as benefits to today's older persons (Ginn & Arber 2000; Goldstein 2009). They thus use a simplified version of the inter-generational contract in that they only distribute resources from younger to older generations. Population ageing entails that middle-aged persons contribute more to pension schemes without the prospect of receiving sufficient pension benefits in their old age. Governments try to correct this situation, for example, by delaying retirement and lowering pension benefits (OECD 2006).

Besides PAYG-financed pension schemes, the care provision within families might also suffer from a breached inter-generational contract (Izuhara 2002). Within families, middle-aged persons often provide informal care to children and older persons. Due to population ageing, the demand for informal care for older persons increases while today's middle-aged persons might not receive sufficient care from family members in their own old age (Izuhara 2002; Walker 1996). This challenge to informal care-giving, however, receives less attention than the pressure on PAYG-financed pension schemes. One reason might be that pension

schemes are located in the public sphere, while informal care-giving occurs in the private sphere. Another reason might be that transfers within pension schemes are codified and distributed in cash, while care-giving within families occurs in kind, without any codification (Attias-Donfut & Arber 2000; Izuhara 2002; McGregor et al. 2000). Despite not being at the forefront of political discussions, the pressure of ageing populations on the inter-generational contract within families is greatly relevant for welfare states. Middle-aged women, in particular, need to balance paid work against informal care-giving (e.g. Dautzenberg et al. 2000; Esping-Andersen 2002). If they cut back on paid work in order to provide informal care, they might not accumulate sufficient pension claims and be at risk of old-age poverty. Governments would, therefore, have to provide more social assistance to women in later life (O’Rand & Shuey 2007). If, on the other hand, women cut back on informal care-giving in order to work for pay, unmet needs for care might result and governments would need to provide more social-care services (Esping-Andersen 2002; Lima et al. 2008).

While population ageing challenges the inter-generational contract, it does not put a uniform kind of pressure on it. Rather, there are differences in the state of the inter-generational contract, cutting across generations. Gender and socio-economic status, for example, influence which resources a person transfers to other generations and which resources he or she receives (Attias-Donfut & Arber 2000; Izuhara 2002). This variation in the state of the inter-generational contract is the focus of this special issue of the *International Journal of Ageing and Later Life*.¹ The first article in this special issue, written by Kate A. Hamblin, investigates changes in policies facilitating early retirement. It does this by comparing European countries and different kinds of work biographies. In the second article, Kathrin Komp, Theo van Tilburg and Marjolein Broese van Groenou study workforce participation between 60 and 70 years of age. In their analysis,

¹The articles in this special issue are based on contributions to a workshop for PhD students, entitled “Ageing Societies and the Welfare State”. The workshop took place on 11–12 December 2008, in Amsterdam, the Netherlands. It was organised in cooperation between the Research Network on Ageing in Europe (European Sociological Association) and the European Network for Social Policy Analysis.

they compare levels of socio-economic status across European countries. The final article, written by Meiko Makita, focuses on informal care-giving. It examines gender differences in informal care-giving within Japanese families. Taken together, the articles in this special issue shed light on the complex influence of population ageing on the inter-generational contract. They underline that this influence cannot be summarised in a single statement, which speaks against portraying population ageing as a mere problem between generations. Instead, a differentiated assessment is necessary, paying attention to differences within generations and between countries.

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Changes to policies for work and retirement in EU15 nations (1995–2005): an exploration of policy packages for the 50-plus cohort

By *KATE A. HAMBLIN**

Abstract

“Active ageing” policies have been presented as a potential panacea for the conflict between generations many argue will result from demographic ageing. Indeed, as part of a new intergenerational contract, older individuals (here defined as those aged 50–64) are expected to re-engage with, and remain in, the labour market longer. However, this implies all individuals experience the same policy mix. This study uses micro-level data to address changes to work and retirement policies for older individuals from 1995 to 2005, and the resultant alterations to the degree of choice in terms of labour market participation different sub-groups within this age cohort had. The data demonstrate that the policy shift towards “active ageing” is not universally applied to all older individuals as some retain the ability to early exit from the labour market. Thus the notion of a single intergenerational contract is overly simplistic and neglects a great deal of intragenerational difference.

Keywords: active ageing, EU15 nations, intragenerational equity.

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Introduction

This study focuses on the degree of choice sub-groups within the category of “older individuals”¹ have with regard to labour market participation and upon what criteria choice is awarded. There have been calls for a new intergenerational pact or contract that will require older individuals to contribute, thereby creating “new forms of solidarity ... between the generations, based on mutual support and the transfer of skills and experience” (Commission of the European Communities [CEC] 2005: 6). However, the notion that different age cohorts are subject to single intergenerational contract neglects the very different policy packages available to individuals *within* age cohorts. The study therefore aims to counterbalance the macro-picture, focused on welfare state shifts towards activation and, more specifically, active ageing, by highlighting the differential experiences of policy change at the micro-level.

The political economy of ageing literature stresses the differences that exist between individuals within age cohorts, both in terms of their characteristics and their interactions with state policy, which in turn produce diverse experiences of ageing (Bengtson et al. 2005; Estes 1999). Thus the aim of this study is to address the different policy packages available to those aged 55 in the nations of the European Union of 15 countries (EU15) from 1995 to 2005. The research question is as follows: Are all older individuals equally subject to the active ageing agenda?

This study begins by addressing the aforementioned literature before outlining the shift towards “active ageing”. A tension exists between the former, which emphasises differences within the older aged cohort, whilst the latter implies *all* individuals should engage with its policy approach. The methodology section then discusses the conceptualisation of “active ageing” and the use of model biographies as a means to address EU15 nations’ policy packages before the empirical section outlines the changes in these countries over the ten-year period. Finally, the discussion argues that the notion of a single, uniform intergenerational contract fails to address the instances where early exit and retirement are deemed to be

¹ Here defined as those aged 50–64, but specifically focusing on those aged 55 in the empirical section.

“deserved” or “earned” and the potential impact this has on intragenerational equity. Though “active ageing” through labour market participation is presented as the means to prevent intergenerational conflict, it is clear from the data utilised in this study that not all older individuals are equally subject to its activation logic. While early exit and retirement routes are being retrenched in EU15 nations, some individuals retain the ability to leave the labour market prior to state pension age and thus avoid being “activated”, thereby affecting intragenerational equity.

Welfare Arrangements and the Ageing Experience

This study addresses the disparity between the policy packages available to different groups within the same age cohort, thereby arguing that rather than a single “intergenerational contract”, there are a myriad of diverse policy packages, all presenting divergent configurations of rights and responsibilities. The political economy of ageing literature is highly pertinent as it utilises both conflict and critical theory to focus on how economic and political structures determine the allocation of resources; and how this in turn shapes individual experience of ageing (Bengtson et al. 2005; Estes 1999). This approach focuses on two key aspects: how different social classes, genders and ethnicities experience ageing and how the state is involved in the construction of old age.

With regard to the first, the political economy of ageing literature stresses that the experience of ageing is filtered through other individual characteristics, such as gender, class and ethnicity, and how differential policy treatment according to these characteristics is carried through the lifecourse. In addition, the experience of ageing is bound to the individual’s labour market history; any disadvantage and discrimination faced by the various sub-groups during their working lives are transferred into old age (Moss & Arrowsmith 2003; Nazroo 2006: 71). For example, the experiences of older women are socially constructed, characterised by choices that were highly constrained within and by three spheres: the state, the market and the family (Carr & Sheridan 2001; Estes 1991; Heinz 2001). Gender norms traditionally emphasised the female role as caregivers within the family, which was reinforced in many nations by welfare arrangements or a lack thereof (Bettio & Plantenga 2004; Millar 1999;

Pfau-Effinger 1999). Gender norms combined with the pay gap between men and women make the latter the “logical” choice to provide care. However, women’s employment prospects are limited by the *expectation* they will exit at some point to provide care (Crompton et al. 2003; Himmelweit & Land 2008; Knijn & Kremer 1997). Thus, older women do not have equal freedom of choice over their labour market participation and exit, which has consequences for wellbeing in later life in terms of contribution years and pensions.

In terms of the second strand of the political economy of ageing literature, though ageing is a biological fact, many of its social facets are constructions and are experienced differently by the various sub-groups that make up a particular cohort, with social policy playing a key role (Walker & Phillipson 1986). Indeed, “[s]ocial policies are shown to constrain citizens’ preferences, cement patterns of social inequalities and slow social change” (Meyer & Pfau-Effinger 2006: 69). Thus, social policy defines who is deserving and undeserving and therefore perpetuates existing social divisions. However, the way social policy constructs ageing is not static, as will be explored in the following section.

The Emergence of “Active Ageing”

As the population ages, definitions of the “grey” segment and what is expected of them are being altered. When initially conceived, retirement came at the end of a long career to be followed by at most a decade before death. The provision of a state pension at a set age and the institution of retirement provide a normative framework for older age, but are relatively new and therefore the notion of a “normal” exit age is a fallacy (Marshall & Taylor 2005). In addition, with increased longevity, retirement does not accompany a period of decline as it once did and therefore “is increasingly useless as a definition of old age” (Walker & Naegele 1999: 2). Retirement therefore became the third stage in the lifecourse, after education and work, and before dependent old age and the term “troisième âge” was coined in France to apply to this period of relative good health and social participation (Guillemard & Rein 1993). Demographic ageing and the increasing prevalence of early exit have placed a strain on current welfare arrangements and as a result “active ageing” policies have been presented as a solution.

Active ageing is a relatively new term, increasing in pervasiveness in the last ten years. It first originated in the USA in the 1960s with literature on “successful ageing” which delineates “denying the onset of old age and by replacing those relationships, activities and roles of middle age that are lost with new ones in order to maintain activities and life satisfaction” (Walker 2002: 122). Walker argues the concept was reframed in the 1980s to become “productive ageing”, shifting to include the whole life course as opposed to the latter stages. The new emphasis on the concept at this time was driven by individuals’ desire to get more from their retirement years and policy-makers’ concerns over the costs of ageing in terms of state provision. As a result this approach took a narrow, economic perspective.

Walker (2002) argues that the evolution of productive ageing into “active ageing” occurred in the 1990s with the World Health Organisation (WHO), creating the link between activity and health, as well as acknowledging that retirement did not necessarily indicate inactivity as often it is a period characterised by voluntary work or care for grandchildren (Guillemard & Rein 1993; Künemund & Kolland 2007). The approach of the WHO contrasts with the productive ageing discourse of the 1980s which has re-emerged in supranational organisations, such as the EU and World Bank. Thus, Avramov and Maskova (2003: 24) make the distinction between the two conceptualisations in terms of the “active way of spending the increased free time after retirement (e.g. WHO) [and] others [that] are mainly interested in economic activity as labour force participation (e.g. Organisation for Economic Co-operation and Development [OECD]; European Commission [EC]). In recent years a shift can be perceived from the first towards the latter preoccupation”. The following section outlines the productivist perspective which is now more prevalent in EU-level policy discourse (Avramov & Maskova 2003; Carmel et al. 2007).

Active Ageing and the European Union (EU)

“Active ageing” first appeared in EU documents in 1999 (CEC 1999: 6) with regard to reinforcing the employability of older workers and adapting employment rules to the ageing population. This document argued retirement was a constrained decision and “[o]ver the working lifetime, [older workers] risk of marginalisation and eventual exclusion

from the labour market grows. In the end, older workers often find that early retirement is the only choice left to them" (CEC 1999: 10). Since 1999, active ageing has become a feature of many EU/EC documents and councils. Measures which can be included under the umbrella of active ageing vary within EU documents, and although in some a wider range of measures and services are encompassed, such as lifelong learning, being active after retirement, engaging in capacity-enhancing and health-sustaining activities (CEC 2002), the goal is ultimately to extend the working lives of those approaching retirement age. This focus on activity in terms of labour market participation is reflected in two EU targets: the 2001 Stockholm target to ensure half of those aged 55–64 are in employment by 2010, and the 2002 Barcelona target to increase the average retirement age by five years before 2010.

Methodology

This study is concerned with examining the divergent policy packages available to older individuals, and thus evaluates the notion of a single "intergenerational contract", both in terms of one under threat from demographic ageing and a new pact involving active ageing policies. Exit from the labour market does not represent a homogenous experience and this is because the cohort aged 50–64 itself is made up of diverse groups who experience ageing, work and retirement differently. In turn, state policies mediate their experience and do not interact with all sub-groups in the same way. Thus, the aim is to address the various eligibility criteria and conditions applied to groups within the aforementioned age cohort, rather than to create sweeping generalisations about the state of the contract between generations. Therefore, this study addresses which groups of older individuals are deemed by policy to be deserving of early exit and retirement and who are in need of activating through new "active ageing" welfare arrangements. This begs the question, if (as the policy discourse at national and supra-national levels implies) active ageing is a universal good both for the individual and for society, in which instances do individuals retain the ability to become "passive"?

In order to address these issues, this study employed model biographies to explore the policy packages available to those aged 55 during the period

of 1995–2005. Whereas other studies which use a similar methodology (Bradshaw et al. 1993; Meyer & Pfau-Effinger 2006; Meyer et al. 2007) focus on the outcomes of welfare arrangements, this study addresses the inputs in terms of the degree of choice they provide individuals in relation to their participation or early exit from the labour market. Two different levels of contribution records were included to address the impact of contribution histories on the choices older individuals have regarding labour market participation:

- *Laurent*: Aged 55 with 35 years of employment contributions.
- *Jean*: Aged 55 with a disjointed work history.

An individual with a disjointed work history could represent a woman with caring responsibilities, yet equally it could represent a man with a recurrent health problem, or an individual from a minority ethnic group subject to repeated racial discrimination in the workplace and consigned to a series of temporary jobs. These characteristics are not explicitly mentioned in the model biographies as to label all those with a disjointed work history as female or with a disability, for example, would be a case of “fighting stereotypes with stereotypes” (Duncan 2003: 108).

With regard to the policy areas under investigation, the previous section examining the EU’s vision of active ageing provided a template. Conceptualisation is essential to cross-national comparative research with Dogan and Pelassy (1990: 32) arguing concepts are akin to “buoys” and “are indispensable (. . .). It is through the creation of logical frameworks that the comparativist can make knowledge cumulative”. Rose (1991) argues that the concepts bind countries which are disparate in terms of their geographical location and language, and provide a means by which the researcher can relate one nation to another. As the literature review has outlined, active ageing policies can embody more than the governance of retirement to include areas, such as leisure, voluntary work, health and wellbeing. For this study, as the focus is on EU15 nations, the narrower, work-focused EU configuration of active ageing was adopted and the policy areas included in Table 1 are addressed. In terms of the data collated, the changes regarding the policy areas over the period of 1995–2005 were amassed from a variety of sources including MISSOC (the Mutual Information System on Social Protection in the EU Member States

Table 1. Active ageing conceptualised

Activation policies	The <i>expansion</i> of active labour market policies (ALMPs) for older individuals.	<ul style="list-style-type: none"> ● Barriers to longer working removed – age discrimination legislation. ● Part-time work/reduction of working hours. ● Training. ● Incentives to remain in employment.
Early exit/retirement policies	<p>The <i>retrenchment</i> of de facto early exit, i.e. unemployment benefits extensions/supplements and job search exemptions.</p> <p>The <i>retrenchment</i> of early retirement routes.</p>	<p>Closing off early exit routes.</p> <ul style="list-style-type: none"> ● Abolition/reduction of early retirement schemes. ● Stricter criteria for early pensions – disability or long contribution records.

Sources: Committee of the Regions 2003; CEC 2005; EC 2006.

and the European Economic Area) databases, EU15 nations' National Action Plans and communications from organisations, such as the EU, the EC and the OECD in addition to academic texts. Mangen (1999) warns against the use of blindly employing documentary methods, arguing they have been edited for purposes which are unlikely to be the same as a comparative researcher's. Thus, this study employs a range of data sources so as to establish a clear picture of the policy situation and changes in the EU15 nations.

The year 1995 was selected as Austria, Finland and Sweden joined the EU at this point and also marked the launch of the "Resolution of the Council and of the representatives of the Governments of the Member States on the Employment of Older Workers", which firmly placed the issue of ageing on the political agenda. The ten-year time frame provided an account of any policy shifts, acknowledging the dynamic nature of social policy.

Empirical Data

The empirical data indicates that EU15 nations' policy packages in this period can be divided according to the dominant eligibility principle for early exit and retirement, which in turn affects the degree of choice *Laurent* and *Jean* had in terms of labour market participation. For nations where exit was for the large part contingent upon the individual's work record, the approach is labelled "desert-focused", with desert here defined as "a backward-looking concept" (Miller 1989: 93), contingent on previous labour market behaviour. When early exit or retirement was universally available to all citizens above a certain age, these nations adopted a "rights-focused" eligibility approach. Finally, those nations where exit was bestowed on individuals in certain industries or occupations, contained criteria that allowed firms to replace the older individual with a young person from the unemployment register or were for use in times of economic crisis, these nations had a "labour market-focus". In addition, the eligibility criteria employed by these nations channelled reforms and retrenchment of early exit and retirement policies in a particular direction, as will be elucidated below.

However, when examining the data with regard to *Laurent* and *Jean*, it also becomes clear that the exit and retirement options open to these individuals over the ten-year period in some nations have remained relatively static, as in the case of Ireland, the UK, Sweden, Germany and Luxembourg. This is not to say all of these nations did not undertake significant reforms of early exit and retirement; it is instead the case that the focus of either the original early exit and retirement policies or subsequent reforms was on older age cohorts. In addition, these nations all introduced active labour market policies (ALMPs) that could be accessed by *Laurent* and *Jean* (with the exception of Luxembourg where limited moves were made in this respect). In these nations, the period of 1995–2005 did not represent the departure from early exit and retirement policies to a more "active ageing" approach the period for *Laurent* and *Jean*, either because the former trend was never present in the first place or instead because the nations remained committed to these policies.

With regard to these nations, of those undertaking no reforms to early exit policies, in the case of Ireland *Laurent* and *Jean* would have been able to exit at 55 via the means-tested pre-retirement allowance if they had been

in receipt of either the unemployment insurance or unemployment assistance for an excess of 390 days. However, they both would have benefited from the introduction of ALMPs from 1996 onwards, including anti-ageism legislation, employment subsidies and a scheme that integrated the long-term unemployed into mainstream training (Committee of the Regions 2003; Department of Enterprise, Trade and Employment 1999; EC 1994; OECD 2005h, 2006; Schulze & Moran 2007).

Similarly, in the UK *Laurent* and *Jean* would only have been able to access an extended benefit duration throughout the ten-year period had their assets been below a certain level (a higher threshold for older individuals than the general population). However, the UK represents a distinct case in that there were no early retirement or exit routes provided by the state.

In the case of Germany in 1995, the unemployment insurance duration was contingent on age and contribution record, and as a result, *Laurent* could have remained on benefits until the age of 57.4 when s/he could have received a further extension, followed by early retirement at the age of 60 if still unemployed. However, at the same time, there was a less generous non-contributory unemployment assistance that *Jean* would have been able to remain on until the age of 60. The unemployment benefits system was unaltered until the 2004 Hartz reforms which made these benefits less generous, with Unemployment Insurance (*Arbeitslosenversicherung*) limited to 18 months after which the Basic Resources for Jobseekers (*Grundsicherung für Arbeitssuchende*) would have been the only option.² With regard to the early retirement routes, due to *Laurent's* age, many early retirement routes were barred; *Jean's* contribution record would continue to impede them even in advanced years. In terms of ALMPs, Germany had in place subsidies and employers were exempt from the social security contributions for older employees in "mini jobs" in 1995, and lifelong learning and training measures were introduced in the following five years (Ebbinghaus 2006; Guillemard 1993; OECD 2005f; Taylor 2005; Teipen & Kohli 2004).

²In addition, from 2006 those over the age of 58.5 would have been required to engage in job search.

Of those nations where the early retirement policies were only available to older age cohorts, *Laurent* and *Jean* in Sweden were unable to access early retirement throughout the entire period, but could receive an extension for both unemployment insurance and assistance. However, the age threshold for the latter was raised in the period of 1996–2000 and was disbanded by 2005. Equally, in Luxembourg, for *Laurent* and *Jean* the only option for exit was the extended benefit duration, contingent on their contribution record, not their age (Committee of the Regions 2003; OECD 2005j; Taylor 1998, 2005; Walker 2002).

Of the remaining EU15 nations, in 1995 the policy approaches to *Laurent* and *Jean* can also be divided into those where early exit and retirement were dependent upon desert through contributions (and thus presented *Laurent* with more opportunities for exit); those where early exit was dependent upon the labour market situation (and therefore provided exit according to occupation or economic situation, treating *Laurent* and *Jean* the same if employed in the same industry) and those which largely provided rights-based early exit and retirement options (where the policy packages for *Laurent* and *Jean* would have been identical). It should be noted, however, that some nations do not neatly fit into these categories with some presenting a mixed approach in 1995, before moving clearly into one of these groups after 1996 (as will be demonstrated in the case of Belgium, Denmark and Italy below). However, with any categorisation, a completely perfect fit is not always possible, but the differences within classifications are less than those between. Table 2 summarises the change over time to the options for early exit and retirement available to the two individuals.

Desert-Focused Early Exit

In terms of the nations with a desert-focus, in Austria in 1995 there were reduced age thresholds for the early retirement schemes for women, allowing exit at 55 years of age. This, however, presents a paradox as women effectively have less time within which to complete these insurance contributions before they reached the lower age thresholds. This, when combined with the fact that women are more likely to have an interrupted work history, reduces their access to these early exit and retirement policies and is reflected in the model biography analysis: if *Laurent* was female (due to the contribution record of 35 years), the opportunities for exit were

Table 2. EU15 nations' policy packages 1995–2005

	Eligibility approach 1995	Eligibility approach 2005	Model biography	Early exit			Early retirement		
				1995	2000	2005	1995	2000	2005
IRL	Rights	Rights	Laurent	1	1	1	–	–	–
			Jean	1	1	1	–	–	–
UK	–	–	Laurent	–	–	–	–	–	–
			Jean	–	–	–	–	–	–
S	Rights	–	Laurent	1	–	–	–	–	–
			Jean	1	–	–	–	–	–
LUX	–	–	Laurent	–	–	–	–	–	–
			Jean	–	–	–	–	–	–
D	Desert	Desert	Laurent	1	1	1 (↓)	–	–	–
			Jean	–	–	–	–	–	–
A	Desert	Desert	Laurent	♀2	♀1	–	♀5	♀4 (↓)	♀1
			Jean	♂1	♂1	–	♂2	♂1	♂1
			Jean	♀1	–	–	♀1	–	–
B	Desert/ labour market	Labour market	Laurent	♂1	–	–	♂1	–	–
			Laurent	2	2	1	2	3	3
F	Desert/ labour market	Desert/ labour market	Jean	1	1	1	2	3	3
			Laurent	1	1	2	2	3	3
I	Desert/ labour market	Labour market	Jean	–	–	–	1	2	2
			Laurent	–	–	–	4	6	5
ES	Desert/ labour market	Desert/ labour market	Jean	–	–	–	3	5	5
			Laurent	2	2	1	2	2	2
EL	Labour market	Desert/ labour market	Jean	1	1	–	2	2	2
			Laurent	1	1	1	♀5	♀5 (↓)	♀5 (↓)

Changes to policies for work and retirement in EU15 nations

Table 2 (Continued)

	Eligibility approach 1995	Eligibility approach 2005	Model biography	Early exit			Early retirement		
				1995	2000	2005	1995	2000	2005
			Jean	-	-	-	♂- ♀5	♂1 -	♂1 -
P	Rights/ labour market	Desert/ labour market	Laurent	1	1 (↓)	1 (↓)	♂- 1	2 (↓)	2 (↓)
			Jean	1	-	-	1	1	1
DK	Rights/ desert	Desert	Laurent	2	1	1	2	-	-
			Jean	2	1	1	1	-	-
NL	Rights/ desert	Rights/ desert	Laurent	1	1	1	1	1	1
			Jean	-	-	-	1	1	1
FIN	Rights/ desert	-	Laurent	1	-	-	1	-	-
			Jean	1	-	-	-	-	-

Note: The figures indicate the number of early exit/retirement options available to the model biographies. Table excludes partial retirement options. ↓ indicates the retrenchment of retained routes (i.e. raised contribution requirements, age thresholds or reductions to pension amounts). IRL, Ireland; UK, United Kingdom; S, Sweden; LUX, Luxembourg; D, Germany; A, Austria; B, Belgium; F, France; I, Italy; ES, Spain; EL, Greece; P, Portugal; DK, Denmark; NL, Netherlands; FIN, Finland.

widespread, both in terms of the early exit routes in the form of unemployment benefit supplements and job search exemptions, in addition to early retirement policies as contribution requirements were prevalent, even for certain industries. Had *Laurent* been male, in 1995 his exit opportunities in 1995 largely mirrored *Jean's* whereby early exit was limited to a job search exemption and early retirement in the instance of a work accident, irrespective of gender. In addition, if *Laurent* was male, he could have exited at 51 if employed as a miner.

However, within five years, the early exit and retirement options available to *Laurent* were curtailed through the removal of the job search exemption and reduced pension amounts for those exiting early. The removal of the job search exemption and the early retirement scheme for those with a reduced working capacity removed *Jean's* exit possibilities. At the same time, the options of remaining in or re-entering the labour market were strengthened through the creation of ALMPs encompassing anti-ageism measures and lifelong learning. *Jean*, however, was barred from an employment project as they were equally unable to access an early retirement route. By 2005, the early retirement options were further limited through the increase of age thresholds, thus barring *Laurent* in all cases except for the mining industry, irrespective of gender. *Jean* would have faced increased compulsion to re-enter the labour market if unemployed and the introduction of ALMPs continued apace (Committee of Regions 2003; EC 1996; OECD 2000, 2005a, 2006; Taylor 2005).

Desert- and Labour Market-Focused Early Exit

The Belgian system presented a mixed picture in 1995. It featured a desert-bias with regard to early exit, though in terms of early retirement, the schemes focused on labour force restructuring and industries in economic difficulty and were thus potentially available to both *Laurent* and *Jean*. The individuals' contribution records had no impact upon eligibility for the early retirement schemes, which was permitted in instances of economic difficulty or partially where a replacement would be recruited from the unemployment register. However, *Laurent* could have also exited early via extended unemployment benefits and the exemption from job search; *Jean* on the other hand was barred from the former due to his/her disjointed work history. By 2000, ALMPs increased the onus on labour market participation. However, the use of early retirement as a means to restructure firms was retained, allowing *Laurent* and *Jean* to exit when their firm was in economic difficulty; indeed, the age thresholds for the *pré-pension conventionnelle* for dismissals had been lowered to include *Laurent* and *Jean*. Within a further five years, however, the job search exemption had been revoked for those who were newly unemployed and the age and contribution thresholds for the additional unemployment benefits had been raised, thus barring *Laurent*. Therefore in the case of

Belgium, reforms and retrenchment shifted the focus of eligibility criteria from a mix of desert- and labour market-focus to a system that embodied the latter for individuals in their 50s (Committee of the Regions 2003; Hemerijck et al. 2000; Lafoucrière 2002; Merla 2004; OECD 1997, 2005b, 2006; Vandenbroucke & van der Hallen 2002).

France, too, presented a mixed picture with regard to *Laurent* and *Jean* in 1995. First, in terms of early exit, a benefit extension was available for those with certain levels of contributions, but the individual was required to engage in job search. At the same time, there was a great deal of protection specifically for older workers (the *Delande* scheme), in terms of redundancy (*Contrat d'initiative employ*) and subsidies and social security exemptions were in place (*Contrat emploi solidarité*). With regard to the early retirement routes available to *Laurent*, these were comparatively limited (when considered both in relation to other EU15 nations and the subsequent reforms France would take), with only two partial schemes and a route for private sector workers (accompanied by a large reduction in the final pension amount), and were also available to *Jean*. In addition, in special cases, *Laurent* would have been able to retire under the *L'Allocation de Remplacement Pour l'Emploi* scheme.

Over the following five years, France introduced a comprehensive array of ALMPs, yet at the same time expanded the early retirement routes available to *some* industries and occupations. Thus as a result of dialogue with the social partners, early retirement routes were used to reduce labour supply and/or provide respite to those in particularly demanding labour. The new unemployment benefit extension and lowered age threshold for the job search exemption could not have been accessed by either *Laurent* or *Jean* due to the 40-year contribution requirement. However, *Laurent* would have been eligible for the *Allocation de solidarité spécifique* unemployment benefit supplement.

Again, France from 2000 to 2005 retained its commitment to protecting older individuals within the labour market with the introduction of new ALMPs, but made no significant early exit reforms. *Laurent's* and *Jean's* access to the vast majority of early retirement schemes were delimited by their previous occupations, perhaps demonstrating that here the opportunity to exit is as much about those *in* the labour market as those exiting, i.e. creating vacancies for younger individuals (Ebbinghaus 2006; Eichhorst &

Rhein 2005; Guillemard 1991; Guillemard & Argoud 2004; Guillemard 1993; Jolivet 2002; OECD 2005e).

In the Italian case, as with France, the focus on work-specific retirement policies was increased after 1996. In 1995 Italy embodied a mix of desert- and labour market-focused eligibility criteria. In line with the seniority pension, *Laurent* would have been able to have exited at 55. Both *Laurent* and *Jean* would have been able to exit early in line with the three schemes for industries in economic difficulty. By 2000, Italy had introduced new early retirement routes that *Laurent* and *Jean* would have been able use in instances of arduous work or entry into the labour market at a young age; there was also a new route for women engaged in care. Within a further five years, the contribution requirement for the seniority pension had been raised, barring *Laurent*. However, unlike many of the other EU15 nations, Italy had not made significant moves towards the introduction of ALMPs between 1996 and 2000, yet from this point on, new policies were introduced. The early retirement schemes for certain industries and economic crises remained unchanged (EC 2001; Ferrera & Jessoula 2007; Mirabile 2004; OECD 2005g; Walker 1993).

Spain too had a mix of desert and labour market-based eligibility criteria in 1995. *Laurent* and *Jean* in 1995 would have been able to leave the labour market if they had been made redundant from an industry in crisis or had engaged in strenuous work. In addition, when *Laurent* had exhausted his/her unemployment benefit entitlement, s/he would have received an additional extension due to his/her contributions. As with many EU15 nations, by 2000 Spain had introduced a range of ALMPs and five years later, had increased the compulsion for *Laurent* and *Jean* to engage in job search whilst, however, retaining the benefit extension. The early retirement routes for certain industries were sustained (Boldrin et al. 1999a; Committee of the Regions 2003; EC 2001; Forteza & García-Zarco 1998; OECD 2005i, 2006; Taylor 1998).

Like Austria, the Greek system in 1995 also featured lower age thresholds for women, and the contribution-focus of early retirement increased after 1995. However, though in 1995 early exit through unemployment benefits had a desert focus, Greece had a labour market-approach to early retirement. As a result, in 1995, if *Laurent* or *Jean* was female, early retirement options were available to her based either on the

nature of her previous employment (one route for arduous labour and one for the construction industry) or universally with a reduction to the pension amount, whilst *Laurent* could have received an additional unemployment benefit duration. In addition, for women, there were two routes in instances of care for either a disabled child or three or more children. Both *Laurent* and *Jean* would not have been able to retire early if male due to the age thresholds. Five years on, a range of ALMPs had been introduced and the early retirement routes available to those aged 55 had been retrenched. If *Laurent* had been female, she would have been able to access three routes for arduous labour, which by this point contained a contribution requirement, one scheme for long insurance durations and one for women; all routes were barred to *Jean* due to their contribution record. If *Laurent* was male, there was now early retirement in instances of arduous labour which would have resulted in a reduced pension amount. Therefore the introduction of ALMPs and the retrenchment of decommodifying policies occurred concurrently, as was the case for Austria, and also represented an increased emphasis on the desert element.

Within a further five years, no additional retrenchment was undertaken and a new route for those with 37 years of contributions was added. At the same time, the benefit extension for certain contribution records remained in place whilst new ALMPs, including lifelong learning measures and job creation, improved *Laurent's* and *Jean's* re-employment prospects. In Greece therefore the early exit and retirement options were retrenched through the imposition of contribution requirements, thus reducing the number of applicants (Committee of the Regions 2003; EC 2000; Kathimerini 2003; Mestheneos 1998; OECD 1997).

Rights- and Labour Market-Focused Early Exit

The case of Portugal is interesting as the eligibility-focus for early exit and retirement policies for those individuals under 60 was altered entirely by retrenchment over the ten-year period. Initially in 1995 *Laurent* and *Jean* would have been able to exit early if they had been employed in certain industries or were unemployed. Over the following five years, penalties and a contribution threshold were applied to the unemployment route, limiting *Jean's* exit to certain industries and shifting Portugal from a mix of labour market- and rights-based eligibility to a system focused instead on

the former and desert. Both *Laurent* and *Jean* would have benefited from supply side ALMPs, including training measures (Committee of the Regions 2003; Chuliá & Asensio 2007; EC 2000).

Rights- and Desert-Focused Early Exit

Nations that do not conform to the division of desert- or labour market-focused eligibility criteria instead contained a rights-based element with regard to options for early exit and retirement in 1995, which was subsequently retrenched. In the Danish case, for *Laurent* and *Jean* in 1995, early exit and retirement routes were available, not purely on the grounds of desert (earned via contributions) but also on a rights-basis thereby presenting a mixed approach. *Laurent* and *Jean* could have retired early in 1995 if their re-employment prospects were felt to be limited in the context of the labour market situation, in addition to receiving an extended benefit duration and exemption from job search on the basis of age. *Laurent* could also have retired early if unemployed for a long duration because of the contribution record. Over the following five years, the opportunity for early exit was curtailed through the imposition of a job search requirement for those under 55 and a reduced benefit extension (which was conditional on the individual's ability to access an early pension) whilst ALMPs were introduced. In addition, individuals with a diminished working capacity who would previously have been eligible for the early retirement scheme were instead placed on an employment project. Thus *Jean* would no longer have been able to early exit. By 2005, the policies available to *Laurent* were far narrower than they had been in 1995; job search and the acceptance of offers was mandatory and the ALMPs emphasised the individual's right and duty to participate in the labour market, thus entirely removing the rights element (Committee of the Regions 2003; EC 2001; Hansen 2002; Jensen 2004; OECD 2005c; Taylor 1998; Tikkanen 1998; Venge 1998; Walker 1993).

Like Denmark, in the Netherlands the early exit and retirement approach embodied a mix of desert and rights as the eligibility principle. The unemployment benefit duration in 1995 was contingent upon the individuals' insurance record and thus *Jean* would not have been able to exit early via this route. However, as early retirement was permitted in instances of reduced earning capacity universally, *Jean* would still have been able to exit

early. Thus the routes out of the labour market in the Netherlands were limited in 1995, and remained largely unchanged throughout the period, unlike in the case of Denmark. The Netherlands did, however, introduce a range of ALMPs relatively early, including anti-ageism legislation and subsidised employment (*Melkert banen*) representing a move towards the active ageing approach advocated by the EU (de Vroom 2004; Delsen 2002; Drury 1993; Klercq 1998; OECD 2005i; Taylor 1998).

The Finnish system initially represented a mix of desert and rights in their eligibility focus, and engaged in significant retrenchment. In Finland, *Laurent* could have accessed the individual early pension if s/he had been employed in the private sector with a 6% reduction per year under the state pension age (*Yksilöllinen varhaiseläke*). However, there was a universal “unemployment tunnel” (*Työttömyyseläkeputki*) which allowed *Laurent* and *Jean* to remain on unemployment benefits until reaching the lower age threshold for many of the early retirement routes. Within five years, however, the age threshold for this tunnel and the early pension were raised, thus barring *Laurent* and *Jean* from effectively leaving the labour market early. At the same time, ALMPs had been introduced, including lifelong learning and employment subsidies. The following five years saw the significant reform of the pension system in Finland. As a result, accrual rates increased with age, thus making both the age and contribution record of the individual integral to securing a good standard of living post-retirement. This represents a clear departure from an early exit and retirement approach based on age in 1995, to a system that encourages longer working lives (Committee of the Regions 2003; EC 1994; Gould & Saurama 2004; OECD 2005d, 2006; Taylor 2005; Tikkanen 1998; Uusitalo & Koskela 2003; Vinni 2002).

In terms of the overall picture regarding the degree of choice older individuals in EU15 nations had vis-à-vis labour market participation, as the active ageing agenda began to be adopted, the reforms followed paths bound by the original structure of policies related to early exit and retirement. Thus the timing and type of active ageing policies adopted was influenced by the legacy of early exit and retirement policies present in the nations, and this is reflected in the model biography data. In the case of desert-focused systems, *Laurent's* ability to exit began to be curtailed either through the application of penalties for early retirement or increased age

and contribution thresholds, whilst *Jean's* access to early exit and retirement policies would have been limited from the outset. The introduction of ALMPs occurred simultaneously. In the case of nations with early exit and retirement policies that principally focused on the restructuring of the labour force, *Laurent* and *Jean* largely retained, or indeed increased, their ability to exit early whilst any more universal schemes were retrenched. However, at the same time in some nations desert-focused conditions began to be applied to these labour market-based options. In these nations, ALMP introduction accompanied either the retention or expansion of early retirement for individuals in some industries; for those not engaged in these jobs, the opportunity for, and onus on, labour market participation increased. In those nations which included rights-elements to their exit options, these nations retained an egalitarian approach in that the retrenchment and ALMPs applied to all welfare clients, regardless of their contribution record and *Laurent* and *Jean* would have equally felt the increased pressure to re-engage with or remain in the labour market.

Discussion

To return to the aim of this study, it sought to examine whether all older individuals are equally subject to the active ageing agenda at a time when these policies are being presented as part of a new intergenerational pact. The notion of a single contract between the generations needs to take into account the state's role in creating and perpetuating difference and disadvantage between groups in society, as highlighted by the political economy of ageing literature. Thus as policy does not treat individuals the same, ageing is not experienced in the same way, and not all have the same rights and responsibilities vis-à-vis the intergenerational contract.

The model biography data demonstrate the divisions produced by eligibility criteria for early exit and retirement within the 50–64 aged cohort. Those nations where contributions determined access to early exit and retirement effectively divided the age cohort into those deserving and undeserving of early exit. Indeed, long, uninterrupted careers were an important determinant of early exit and retirement opportunities for some nations in 1995, and became increasingly significant over the ten-year

period. This was particularly the case in Austria, where all exit options contained a threshold of insurance contributions with the exception of job search exemption and in instances where disability was the result of a work accident. The desert-focus was increased over the ten years, with the abolition of the job search exemption and early retirement scheme for those with a reduced work capacity. In addition, the desert-focused early retirement policies were retrenched through increases to the age thresholds and the imposition of penalties. In other nations, such as Denmark, Portugal and Greece, the focus on desert was introduced or increased over the ten-year period, thus barring *Jean* from many exit options. At the same time, ALMPs would have offered increased possibilities for labour market participation.

In these nations where early exit or retirement was contingent on contribution records, the importance of labour market opportunities and participation is highlighted. It could be argued that to provide increased choice vis-à-vis labour market participation for those with extensive contributions is not necessarily inequitable; after all, those who have worked for the longest periods of time may deserve to exit at a younger age. Yet this assumes that opportunities to participate in the labour market are bestowed equally upon all citizens. Social characteristics impact upon the ability to participate in paid employment, such as gender, disability, recurrent health problems, racial discrimination, ageism, as well as the devaluation of skills and the decline of certain industries. For example, when considering women, limited state provision of care and employers' *expectation* of care provision limit employment opportunities and may mean they will find it hard to "earn" early retirement (Crompton et al. 2003; Himmelweit & Land 2008; Knijn & Kremer 1997). Anderson (2004) and White's (2000, 2004) arguments regarding workfare can be applied to the notion of "deserved" early exit: states that demand a certain level of contributions before an individual "deserves" to retire early need first to ensure there is equality of opportunity for individuals to secure these contributions. In addition, Anderson argues unpaid care is "socially necessary labour" (2004: 248), undervalued by states.

However, labour market participation not only affected an individual's ability to exit early; it also impacts upon the level of pension income in many nations, thus constraining the decision to remain in the labour

market. Austria, Belgium, France, Germany, Greece, Ireland, Luxembourg, Portugal, Spain, the UK all had first tier³ pension systems based on contributions with only low-level social assistance pensions for those with no contributions, whilst Denmark, Finland, Italy, the Netherlands and Sweden and all had a first-tier, basic flat-rate citizenship pension with additional supplementary schemes. As a result, when examining the nations with early exit and retirement policies with a rights element, pension accrual is an important consideration. In these nations, though the option for early exit may be open to all, individuals with limited labour market opportunities in a practical sense may be less financially able to take this option due to the reduced pension income it would produce.

With regard to those nations with labour market-elements to their eligibility criteria, in some nations, early exit and retirement were occupationally segmented, as perhaps the notion of a “full” career varied in accordance with different industries, perhaps because of negotiations between the state and the social partners (Ebbinghaus 2006; Immergut et al. 2007) or because they represent the opportunity for firms to shed older workers (Jacobs & Rein 1994). The labour market-elements of early exit and retirement proved resilient in Belgium, France, Italy, Portugal, Spain and Greece. These early pensions also create divisions between older individuals, thereby questioning the notion of a single intergenerational contract.

To conclude, the data from the model biographies highlight that policies for older individuals create divisions within this age cohort along the lines of occupation, age and other characteristics, such as gender. As a result, policies for work and retirement play a role in not only perpetuating disadvantage accrued over the lifecourse, but also exacerbating these differences through the unequal policy choices presented to the sub-groups within the cohort aged 50–64. Though nations’ active ageing policies aim to address intergenerational equity by ensuring younger

³I use the term “tier” in line with Immergut and Anderson (2007)’s distinction whereby a “pillar” indicates the sector in which the pension scheme is located (public, occupational and private) and “tiers” include the type of benefit. Thus, “first tier” includes basic state pensions, whilst social assistance substitutes for a minimum pension are separate.

cohorts are not burdened by passive older generations, when combined with selective early exit options they in fact contribute to *intragenerational* inequity between older individuals. Thus for some, the intergenerational contract is upheld, with an increased onus on “active ageing” through labour market participation, whilst for others, exit prior to the state pension age and into a period of “passivity” remains permissible.

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Paid work between age 60 and 70 years in Europe: a matter of socio-economic status?

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Abstract

Over the past years, older persons' workforce participation has increased and, after years of studying early retirement, the focus has gradually shifted to workforce participation between age 60 and 70 years. Those are the years directly below and above the mandatory retirement age in most of the European countries. We investigate the influence of socio-economic status (SES) on older persons' workforce participation. Moreover, we study whether the importance of private pensions in a country modifies the effect of SES. Survey data from eleven European countries are analysed in multilevel analyses. Results show that paid work in old age is the domain of persons with high SES. Moreover, a high share of private pensions in a country diminishes the influence of occupational prestige on men's workforce participation. This suggests that older persons with low SES deserve particular attention in labour market reforms. Additionally, it suggests that pension reforms be monitored concerning their effects on social inequalities.

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Introduction

Over the past years, older persons' labour force participation rate has increased (Eurostat 2009). This development signals a trend reversal, considering that early retirement and unemployment in later life were common phenomena during previous decades (Casey 2009; Gould 2006; Kim 2009; Szinovacz & Davey 2005). The trend reversal was driven by a confluence of the needs of governments, employers and of the older persons themselves. Governments sought to reduce the pressure on pay-as-you-go financed pension schemes exerted by population ageing and economic crises (Hemerijck et al. 2009; Organisation for Economic Co-operation and Development [OECD] 2006; Pierson 2006). They did this by restricting the access to early retirement schemes and by raising the public pension age (OECD 2006; Taylor-Gooby 2008). Employers are confronted with an increasing labour shortage, which makes it more important for them to keep older persons in employment (Van Dalen et al. 2009). Older persons, finally, face an increasing risk of poverty. This risk has increased recently, because unemployment spells have become more common and retirement savings have been lost due to stock market crashes and the economic crisis (Butrica et al. 2009; Esping-Andersen 1996). Older persons might have to counter this development by working longer.

Studies from the United States document that paid work in old age is common there, sometimes even when pension benefits are already received (Choi 2001; Hardy 1991; Hayward et al. 1994). Recent statistics show that work after retirement age also occurs in Europe (International Labour Organization 2007). Studies on this phenomenon in Europe, however, are still missing. The present article fills this lacuna by studying the workforce participation of Europeans aged 60-70 years. This age bracket covers the years directly below and directly above the mandatory retirement age in most European countries (European Commission 2007). It thereby covers the time most strongly affected by decisions about early retirement and work after pension age.

A person's workforce participation does not only depend on age. One strand of research, for example, shows that workplace characteristics influence older persons' workforce participation (Beehr et al. 2000; Frederiksen & Westergaard-Nielsen 2007). Generally speaking, occupations with high job autonomy and a low stress-level motivate persons to work longer. Another strand of research focuses on the influence of retirement regulations on older persons' workforce participation (e.g. Ebbinghaus 2006; Hartlapp & Kemmerling 2008). The effect of these regulations is particularly strong, which is why governments use them to manipulate older persons' workforce participation rates. A third strand of research studies the influence of an individual's characteristics, such as gender, health status and socio-economic status (SES) (Choi 2001; Van der Meer 2006). Among those characteristics, SES is particularly interesting. It describes the position a person occupies within society on grounds of wealth, educational level and occupational prestige (Shaw et al. 2007). While SES is mostly acquired throughout one's youth and middle-age, its effects are still visible in old age (Shaw et al. 2007). It therefore reflects the accumulation of advantages and disadvantages throughout the life-course. Regarding older workers, it has been found to influence the need, possibility and desire to work (Gouldner 2001; Kim 2009). We will extend the knowledge on the effects of SES by studying a first research question: To what extent do wealth, educational level and occupational prestige influence the workforce participation of Europeans aged 60–70 years?

The fact that SES describes a person's position within society ties its effects to social structures. For example, the effect of SES on a person's workforce participation depends on gender roles. Women's labour force participation rate is lower than men's because of social norms and women's responsibility for familial care-giving (Hult 2008; Lewis et al. 2008a, 2008b). As a consequence, men and women balance the need, possibility and desire to work created by SES against different norms and obligations. To give another example, the effect of SES on a person's workforce participation varies with the importance of private pensions in a country. Governments sometimes stimulate the investment in private pension schemes as a supplement to public and occupational pensions (Myles 2002; OECD 2008). In contrast to public and occupational pensions, private pensions are not affected by budget cuts in welfare states and

companies. This makes them particularly attractive in times of economic crisis (Hemerijck et al. 2009). However, the possibility to invest in private pension schemes depends on a person's wealth, with wealthy persons having more possibilities. Some scientists, therefore, speculate that a shift towards private pensions might increase wealth-related inequalities in pensions (Korpi & Palme 1998; Schils 2008). Consequently, wealth might become more important for when a person can afford to retire. We will expand the knowledge of the effect of the prevalence of private pensions in a country on the influence of SES by answering a second research question: To what extent does the prevalence of private pensions modify the effect of SES on the workforce participation of Europeans aged 60–70 years? With this research question, we will not only test the influence of private pensions on the effect of wealth suggested by other studies. We will also explore whether the influence of the other dimensions of SES, namely educational level and occupational prestige, are affected by private pensions.

This article answers the research questions through multilevel analyses. The data analysed stem from the Survey of Health, Ageing and Retirement in Europe. It allows for comparison between eleven European countries, representing different levels of prevalence of private pensions. We will analyse men and women separately to account for gender differences in the workforce participation rate and in the effects of SES.

Socio-Economic Status (SES) and Older Persons' Workforce Participation Rate

The three measures of SES we are studying are wealth, educational level and occupational prestige. Those measures can be associated with each other, but they do not have to be. An association can arise because educational level influences which occupations can be chosen. The occupations, then, generate wealth and occupational prestige (Shaw et al. 2007). However, these associations can be weakened out for several reasons. First, wealth is influenced by more than one's occupation. Wealth summarises the income and assets a person accumulated throughout his or her life. Apart from a person's income it therefore also reflects a person's spending patterns, inheritances, gifts and transfers within

families (Galobardes et al. 2006; Shaw et al. 2007). Wealth seems more relevant than income among women and older persons, because both groups might draw heavily on transfers or savings (Galobardes et al. 2006; Sorensen 1994). Second, women often have to balance work and caring tasks within the family. They can, therefore, not always translate a high educational level into occupations with high prestige and income (Gannon et al. 2007). Finally, it still occurs that women receive a lower salary than men in the same job (Kunze 2008). This weakens the link between occupational prestige and wealth. We will analyse wealth, educational level and occupational prestige separately in this article to account for the possible disparity between them. In the following paragraphs, we discuss how each measure of SES might influence the workforce participation of older persons.

Wealth and Older Persons' Workforce Participation

Wealth reflects the economic side of SES. It refers to purchasable goods and the opportunities derived from them (Shaw et al. 2007). In the case of older persons' workforce participation, it is influential in two ways. First, it reduces the need for paid work in later life. Disproportionately many wealthy persons invest in private pension schemes. Those schemes allow them to bring forward retirement (Schils 2008). Moreover, wealth allows people to bear their everyday expenses without generating income through paid work. This softens the financial consequences of retirement, thus increasing possibilities for early retirement (Beehr et al. 2000).

Second, personal preferences influence wealth and older persons' workforce participation. Persons valuing paid work are more likely to work, thereby generating wealth. Persons preferring leisure time or family relations over work, in contrast, are less likely to work (Hakim 2004). This mechanism will probably be weaker for women than for men due to women's lower wages (Kunze 2008).

The two opposed effects of wealth make it necessary for persons to decide what they value more: material situation or personal preferences. We assume that the material situation has a stronger effect on an individual's behaviour than preferences and, therefore, hypothesise: Wealthy older persons are particularly unlikely to work for pay (Hypothesis 1).

Educational Level and Older Persons' Workforce Participation

Educational level represents the knowledge-related side of SES. On the one hand, it refers to opportunities derived from information. On the other hand, it indicates when a person left the educational system and joined the workforce.

In an information society, a high educational level makes persons attractive as employees (Gouldner 2001). This increases their chance of finding and keeping employment in old age (Hayward et al. 1994). At the same time, especially persons with a high educational level need to work in later life. Due to their long educational phase, they start working and therewith earning pension entitlements at a later age (McDaniel 2003). Consequently, they reach the minimum period of contribution to pension schemes at a later age. This phenomenon is particularly important among women, because familial care-giving duties add periods without paid work to their life-course (Kim 2009). We sum those considerations in a second hypothesis: Older persons with a high educational level are particularly likely to work for pay (Hypothesis 2).

Occupational Prestige and Older Persons' Workforce Participation

Occupational prestige is closely tied to paid work. It indicates the desirability of an occupation and the degree of success employees in an occupation are assumed to have (Goldthorpe & Hope 1974; Magnusson 2009).

Persons in prestigious occupations are held in high esteem and with respect. They receive deference because of their job and usually have autonomy in their work tasks (Ganzeboom & Treiman 2003; Treiman 1977). This makes paid work more agreeable for them, increasing their desire to work (Beehr et al. 2000). Moreover, persons in prestigious occupations often have specialised skills. Those skills make them particularly valuable to their employers, motivating employers to prevent early retirement (Hayward et al. 1994; Rose & Harrison 2007). We summarise the effect of occupational prestige in a third hypothesis: Older persons with high occupational prestige are particularly likely to work for pay (Hypothesis 3).

Private Pensions and Older Persons' Workforce Participation

Current welfare state reforms often strengthen private pension schemes. These schemes are directly financed by the individual citizens and the details of the schemes can be negotiated to fit the individual's preferences (OECD 2008). As a result, a person's investment in private pension schemes reflects his or her financial situation, financial literacy and preferences (Schils 2008). Governments are attracted to private pension schemes, because these schemes do not require any public funding. This is important when governments try to cut expenditures, for example, as a counter to increasing pension claims in ageing populations (Myles 2002). When shifting the focus to private pensions, governments put more responsibility on the individual. Individuals can then only afford to retire when they personally made sufficient contributions to their own pension plan. Periods without contributions due to, for example, unemployment or childrearing consequently have a negative impact on one's pension prospects. This contrasts with public pension schemes, where students, unemployed persons and mothers often accumulate some entitlement to a pension (European Commission 2007; OECD 2006). A shift towards private pensions, thus, aggravates the effect of periods of non-employment on old age poverty.

Private pension schemes do not only influence older persons' workforce participation rate, they also influence which groups of older persons work. They have this capability because of the kind of redistribution they achieve and the population groups they address (Korpi & Palme 1998; Schils 2008). Private pension schemes redistribute wealth across a person's life-course. Contributions a person makes to his or her own pension plan during middle age are distributed back to him or her in old age (Myles 2002). This kind of pension scheme is open to anyone with sufficient disposable wealth, be it wealth generated through paid work, inheritances or transfers, income from rent or return on investment.

The redistribution achieved by private pension schemes differs from the one achieved by other kinds of pension schemes, that is to say public and occupational pensions (Korpi & Palme 1998). Public pension schemes are usually organised by the state, covering almost the entire population. This kind of pension scheme redistributes wealth across a person's life-course, just like private pension schemes do (Myles 2002). Additionally, it

can redistribute wealth between population groups (Korpi & Palme 1998; Schils 2008). For example, lower and upper limits to public pension benefits redistribute wealth from persons with high to persons with low wealth (Myles 2002). Another example is the inclusion of periods of studying and of raising children in the calculation of pension levels (European Commission 2007; OECD 2006). This approach redistributes wealth from persons with long to persons with disrupted working histories. In practice, this often means redistributing from men to women (De Vroom & Bannink 2008). By redistributing wealth between population groups, public pensions partly level pension benefits. Consequently, they partly level older persons' need to engage in paid work (Schils 2008).

Occupational pension schemes, finally, redistribute wealth across the life-course, similar to private and public pensions. What differentiates them from the other two kinds of pension schemes is the group of persons covered (Myles 2002). In countries with mandatory occupational pension schemes, all persons engaging in paid work are covered. Differences in pension benefits usually stem from income differences. In countries with voluntary occupational pension schemes, only some persons engaging in paid work are covered (OECD 2008, 2009). Those persons often are in prestigious occupations, having occupational pensions included in their remuneration packages (Crystal & Shea 1990; Hayward et al. 1994; Rose & Harrison 2007; Taylor & Earnshaw 1995).

The observations just presented show how different kinds of pension schemes can create different kinds of stratification among older persons. Usually, the three kinds of pension schemes exist side by side, with their relative importance varying between countries. Considering the share of private pension benefits among all old age benefits can give us an indication of stratification in older persons' workforce participation. It can give us an indication of how important wealth, educational level and occupational prestige are for older persons' workforce participation.

Wealth enables persons to invest in private pension schemes, which can allow them to bring forward retirement (Kim 2009; Schils 2008). However, persons with a strong preference for work might work to a later age and see the accumulation of benefits in private pension schemes as a mere side-effect (Hakim 2004). We, again, assume that the material situation has a

stronger effect on a person's behaviour than preferences and, therefore, hypothesise: A high share of private pensions in a country makes wealthy older persons less likely to work for pay (Hypothesis 4).

A high educational level increases a person's financial literacy, meaning his or her capability to manage personal finances (Hershey et al. 2007; Lusardi & Mitchell 2007; Oehler & Werner 2008). This skill is particularly important when navigating the market for private pensions. Private pension schemes usually have multiple providers, which makes their regulations and benefits heterogeneous within a country (OECD 2008). It thus becomes challenging for individuals to keep an overview of the pension market. A high educational level might increase the chance that a person picks the most suitable private pension scheme for his or her particular situation. He or she might, therefore, have a bigger chance to bring forward retirement, if this is desired. Consequently, we formulate the fifth hypothesis: A high share of private pensions in a country indicates little need for well-educated older persons to work for pay (Hypothesis 5).

Occupational prestige does not only determine a person's status in society, it also gives an indication of the behaviour expected from a person (Magnusson 2009; Treiman 1977). A high share of private pensions in a country might create the expectation that persons with high prestige have invested in these schemes. Using these schemes to retire early might, thus, become a sign of occupational prestige. We therefore formulate a sixth hypothesis: A high share of private pensions in a country makes older persons with high occupational prestige less likely to work for pay (Hypothesis 6).

Methods

Sample

We use data from the Survey of Health, Ageing and Retirement in Europe, a longitudinal study on activities, SES and social networks of persons aged 50 and older (Börsch-Supan & Jürges 2005). From the main sample of the first wave, collected in 2004 and 2005, we obtain data from eleven European countries. This data contains information on 3999 men and 4453 women aged 60–70 years. Because of missing values, 456 men and

519 women have to be excluded. An analysis shows that those values are missing at random. We then split the dataset in two, according to gender. This is necessary because we analyse men and women separately. This way, we can detect gender differences in the effects of SES. In each dataset we randomly select one person per household, which corrects for clustering within households. This leads to the exclusion of two men and ten women, who were partners in same-sex relationships, siblings, siblings-in-law and other relatives. About 3541 men and 3924 women remain for the analysis. Among men, the average sample size is 322 and the range 143 (Switzerland) to 469 (Germany) cases per country. Among women, the average sample size is 357 and the range 140 (Switzerland) to 478 (Belgium) cases per country.

Measures

The dependent variable is whether a person spends any time on paid work (answer categories: yes/no). The answer was coded as “yes” when a person states that he or she spent any time on a main or a secondary job. Table 1 shows that paid work is more common among men (23%) than among women (13%) aged 60–70 years. This gender difference can be explained with the lower retirement age for women than for men in some countries and with a lower labour force participation rate among women than among men (Hult 2008; Komp et al. 2009). Sweden, Denmark and Switzerland are the countries where paid work between age 60 and 70 years is particularly common. Belgium and France, in contrast, are the countries where the workforce participation rate in this age group is at its lowest. The country differences roughly correspond to differences in retirement regulations (Komp et al. 2009).

The explanatory variables are wealth, educational level, occupational prestige and the share of private pensions in a country. A tolerance-test shows that the variables wealth, educational level and occupational prestige are only weakly correlated (tolerance > 0.7).

Wealth is measured with the variable “household net worth”, which states the current value of all financial and real assets minus liabilities. It was measured at the household level in 100,000€ and adapted to the individual level using the square root scale (Atkinson et al. 1995). To correct for outliers, the highest 5% per gender and country were set to the

Table 1. Sample descriptive statistics for explanatory and explained variables, per gender and country

	Wealth (1000€)	Occupational prestige (scale 0–100)	Educational level (years)	Share private pensions (%)	Paid work (yes/no)
	Mean (SD)	Mean (SD)	Mean (SD)	Country- average	Percentage (%)
<i>Men</i>					
A	137 (125)	42 (13)	12 (3)	0.7	11.7
B	233 (201)	44 (15)	10 (4)	0.8	10.6
DK	238 (301)	44 (15)	12 (3)	1.4	40.1
F	214 (208)	43 (13)	8 (6)	0.1	5.4
D	150 (152)	44 (12)	14 (3)	3.0	22.0
GR	115 (116)	42 (11)	9 (5)	0.4	26.1
IT	157 (147)	40 (11)	7 (4)	0.0	19.3
NL	161 (164)	45 (15)	11 (4)	5.4	17.0
E	140 (153)	36 (12)	7 (4)	0.7	18.9
S	246 (331)	47 (15)	10 (3)	7.6	42.3
CH	400 (400)	45 (14)	12 (4)	1.8	51.7
<i>Total</i>	189 (223)	43 (14)	10 (4)	2.0	22.8
<i>Women</i>					
A	119 (118)	32 (16)	10 (4)	0.4	9.9
B	221 (204)	32 (20)	9 (4)	0.2	5.0
DK	170 (191)	39 (15)	11 (3)	1.5	19.7
F	186 (163)	37 (16)	7 (5)	0.1	7.3
D	133 (132)	37 (15)	13 (3)	1.5	13.0
GR	86 (70)	41 (8)	7 (4)	0.5	8.5
IT	133 (119)	38 (9)	6 (4)	0.3	6.9
NL	158 (172)	32 (17)	11 (3)	2.7	10.3
E	117 (114)	18 (18)	6 (4)	0.1	8.0
S	214 (282)	42 (15)	10 (3)	6.0	35.3
CH	317 (313)	38 (15)	11 (4)	1.2	32.1
<i>Total</i>	161 (185)	35 (17)	9 (4)	1.3	13.3

Note: A, Austria; B, Belgium; DK, Denmark; F, France; D, Germany; GR, Greece; IT, Italy; NL, Netherlands; E, Spain; S, Sweden; CH, Switzerland; SD, standard deviation.

value of the 95th percentile. Correspondingly, the lowest 5% per gender and country were set to the value of the 5th percentile. Table 1 shows that the average man (mean: 189,000€) is wealthier than the average woman (mean: 161,000€) in our sample. This can be explained by the fact that men usually have higher earnings than women (Kunze 2008). The average wealth among men and women is particularly high in Switzerland and particularly low in Greece.

The educational level is measured as years of education. Table 1 shows that the average time spent in education is slightly higher among men (10 years) than among women (9 years). This difference can be explained with gender-specific norms that see women's place in the household (Hawley McWhirter 1997). Germans aged 60–70 years spent comparatively much time in education, while Italians, Spaniards, Greeks, and Frenchmen in this age group spent comparatively little time in education. Those differences might result from country-specific requirements of years at school for educational degrees (Brauns et al. 2003). It might also result from persons leaving the educational system after achieving different educational degrees. In Germany, for example, it is uncommon to attend primary education only. People usually continue on to secondary and sometimes also tertiary education. In France, in contrast, it is uncommon to stop with a secondary education. People either leave the educational system after primary or after tertiary education. In Italy, Spain and Greece, however, the majority leaves the educational system after finishing primary education (Huijts et al. 2010).

Occupational prestige is measured with the Standard International Occupational Prestige Scale (SIOPS; Ganzeboom & Treiman 2003). We used the SIOPS-values of the last job for our analysis, because it best describes the situation before retirement. The original SIOPS-scale reaches from 0 to 100. In our analysis we rescaled it to reach from 0 to 1. Table 1 shows that the average occupational prestige is higher among men (43 SIOPS-units) than among women (39 SIOPS-units). This can be explained in two ways. First, women are usually employed in jobs with lower prestige than men (Magnusson 2009). Second, the non-employment rate is higher among women than among men (Hult 2008; Lewis et al. 2008a, 2008b).

The share of private pensions in a country is expressed as the average percentage of private pension benefits of all old age and early retirement

pension benefits received. We calculated this percentage among persons aged 60–70 years only. The calculation required three steps. First, we calculated the percentage of private pension benefits of all old age and early retirement pension benefits each person received the previous year. Then we weighted the cases with a population weight. Finally, we calculated the average per person. Table 1 shows that only a small share of old age pension benefits stems from private pensions. This share is lower among women (1.3%) than among men (2.0%). The gender difference arises because compared to men, women receive a lower salary and have a lower workforce participation rate. The share of private pensions is comparatively high in Sweden and the Netherlands. It is comparatively low in Greece, Italy, Spain and France. Those country differences are in line with the country differences described by the OECD (2009).

The control variables are “age”, “health status”, “minors in the household”, “respondent provides help”, “marital status” and “presence of a retired partner”. Age is a common control variable, included in almost all studies on workforce participation. Its influence is explained in several ways, some of them seeing age as a marker for psychological development and social roles, other seeing it as an indicator for closeness to a mandatory retirement age (Carstensen 1995; Cumming & Henry 1961; Gauthier & Smeeding 2003; Kohli 2007). In our study, age is measured in years. The modal man and the modal woman in our sample are 65 years old.

Health status influences a person’s physical capability to engage in paid work. Poor health, according to the assumption, makes it difficult to engage in paid work, which leads a person to abstain from paid work (Gauthier & Smeeding 2003; Van Solinge & Henkens 2007). In this study, we operationalised health status as limitations in one’s activities of daily living (answer categories: yes/no) (Katz 1983). Neither the modal man nor the modal woman in our sample is limited in his or her activities of daily living.

The provision of informal care and help can compete with paid work. Especially, women are expected to provide informal care, which is sometimes named a reason for women’s low labour force participation rate (Hult 2008; Lewis et al. 2008b). In this study, we use two variables to

capture the provision of informal care and help: one determining whether there are “minors in the household”, a second one determining whether the “respondent provides help” (answer categories for both variables: yes/no). Neither the modal man nor the modal woman in our sample has minors in the household or provides help to anybody.

The partnership situation influences older persons’ workforce participation in two ways. First, marital status shows whether a person needs to provide for him or herself or whether income can be pooled within a household. This changes older persons’ considerations concerning retirement. Second, the timing of retirement is sometimes coordinated within couples. A person might delay or bring forward retirement in order to synchronise with his or her partner’s retirement plans (Moen et al. 2006; Van Solinge & Henkens 2005). We merged both characteristics of partner status, meaning “marital status” and “partner’s employment status” in one variable with the following answer categories: “married, partner retired”, “married, partner not retired”, “never married”, “widowed” and “divorced or separated”. The modal man and the modal woman in our sample were married to a person who was not retired.

Analysis

The data is analysed in multilevel models, using the program MlwiN 2.02. The levels of analysis are countries and individuals nested within those countries. We conduct the analyses for men and women separately to account for gender-specific effects of SES. The analysis is carried out as logistic regression, using Markov Chain Monte Carlo for estimation. In preliminary analyses we tested whether any countries were outliers. We did not find outliers and, therefore, kept all eleven countries for our analyses.

The main analyses are carried out in four steps. First, we calculate a model with the control variables only (Model 1). Then we add the explanatory variables at the individual level: wealth, educational level and occupational prestige (Model 2). Then, we add the explanatory variable at the country level, meaning the share of private pensions (Model 3). Last, we add cross-level interactions between the explanatory variables at the individual- and at the country-level (Model 4).

For all calculations, continuous variables are centered on their grand mean and categorical variables are assigned their modal category as the reference category. We use fixed effects in all models.

Results

SES and the share of private pensions in a country have some influence on older persons' workforce participation. This can be read from Table 2, which gives information on the model fit. Adding SES to the model considerably improves the model fit for men and women. This is visible in the lower deviance in Model 2 compared to Model 1. Adding the share of public pensions in a country did not improve the model fit among men and women. This is visible in identical deviances in the Models 2 and 3. Adding interaction effects between the share of public pensions and SES, finally, improves the model fit among men (the deviance drops by 8 points), but not among women.

More information on older persons' workforce participation can be found in Tables 3 and 4. Those tables show the coefficients for the complete model (Model 4) for men and women. To make them more easily interpretable, we calculated standardised coefficients following Hox (2002). Moreover, we present point estimates for the modal man respectively woman in our sample. Those estimates help us portray the effect of changes in a single variable. They, moreover, help us compare the

Table 2. Older persons' workforce participation: model comparison

	Model 1	Model 2	Model 3	Model 4
<i>Men</i>				
Unexplained variance: country-level	1.027	0.935	0.982	0.985
Unexplained variance: individual-level	1	1	1	1
Deviance	2881	2759	2759	2751
<i>Women</i>				
Unexplained variance: country-level	0.925	0.708	0.371	0.387
Unexplained variance: individual-level	1	1	1	1
Deviance	2397	2337	2337	2338

Note: The value 1 for the unexplained variance at level 1 is a scale factor due to the kind of analysis, not an actual value (Hox 2002).

Table 3. Older men's workforce participation: regression coefficients and standard errors

	Unstandardised (SE)	Standardised
<i>Constant</i>		
Constant	– 1.17 (0.27)***	n.d.
<i>Control variables: individual-level</i>		
Age	– 0.24 (0.02)***	– 1.82
Partner status: married, partner retired	– 1.54 (0.13)***	– 1.77
Partner status: divorced or separated	– 0.43 (0.20)*	– 0.24
Partner status: widowed	– 0.57 (0.26)*	– 0.27
Partner status: never married	0.13 (0.21)	0.07
Provided help	0.08 (0.10)	0.09
Minor in household	0.25 (0.15)	0.20
Health status	– 0.92 (0.26)***	– 0.54
<i>Explanatory variables: individual-level</i>		
Wealth	0.10 (0.03)***	0.55
Education	0.04 (0.01)*	0.38
Prestige	2.90 (0.44)***	0.93
<i>Explanatory variable: country-level</i>		
Private pensions	0.10 (0.12)	0.60
<i>Explanatory variables: cross-level</i>		
Private pensions wealth*	0.01 (0.01)	0.17
Private pensions education*	0.00 (0.01)	0.05
Private pensions prestige*	– 0.04 (0.02)**	– 0.55

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Note: SE, standard errors; n.d., not defined. The reference categories are “married, partner not retired” (partner status), “no help provided” (help provided), “no minor in household” (minor in household) and “no limitations in activities of daily living” (health status). The standardised coefficients were manually calculated from the unstandardised coefficients. This approach preserves the variance components (Hox 2002).

likelihood that the same man or woman, respectively, would work for pay in different countries.

A high SES increases older persons' likelihood to work for pay. Among women, only occupational prestige has a significant effect. Among men, occupational prestige, wealth and educational level have significant effects. The effect of occupational prestige is stronger among men than among women. Among men, persons with the highest possible prestige value (100

Table 4. Older women's workforce participation: regression coefficients and standard errors

	Unstandardised (SE)	Standardised
<i>Constant</i>		
Constant	− 1.87 (0.20)***	n.d.
<i>Control variables: individual-level</i>		
Age	− 0.19 (0.02)***	− 1.77
Partner status: married, partner retired	− 1.92 (0.17)***	− 2.68
Partner status: divorced or separated	− 0.18 (0.19)	− 0.15
Partner status: widowed	− 0.46 (0.17)**	− 0.52
Partner status: never married	0.05 (0.23)	0.03
Provided help	0.10 (0.12)	0.14
Minor in household	0.38 (0.19)*	0.34
Health status	− 0.22 (0.22)	− 0.18
<i>Explanatory variables: individual-level</i>		
Wealth	0.06 (0.03)	0.34
Education	0.03 (0.02)	0.39
Prestige	2.28 (0.43)***	1.11
<i>Explanatory variable: country-level</i>		
Private pensions	0.03 (0.01)**	1.63
<i>Explanatory variables: cross-level</i>		
Private pensions wealth*	0.00 (0.01)	0.01
Private pensions education*	0.01 (0.01)	− 0.14
Private pensions prestige*	− 0.02 (0.02)	− 0.22

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Note: SE, standard errors; n.d., not defined. The reference categories are "married, partner not retired" (partner status), "no help provided" (help provided), "no minor in household" (minor in household), and "no limitations in activities of daily living" (health status). The standardised coefficients were manually calculated from the unstandardised coefficients. This approach preserves the variance components (Hox 2002).

SIOPS-units) are 61% more likely to work for pay than persons with the lowest possible prestige value (0 SIOPS-units). Among women, the difference is only 47%. Among men, 100,000€ additional wealth increases the likelihood to work for pay by 2%. Ten additional years in education increase a man's likelihood to work for pay by 8%.

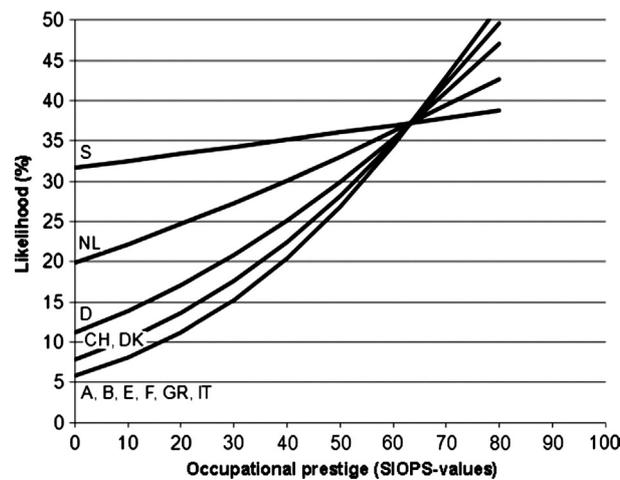
The effect of SES partly depends on the share of private pensions in a country. This share modifies the effect of occupational prestige among

men. The higher the share of private pensions in a country, the less likely are older persons with high occupational prestige to engage in paid work. At a share of about 8.5%, the effect of private pensions cancels out the effect of occupational prestige. Occupational prestige, consequently, has no influence on older men's workforce participation any more. In countries with a share of private pensions higher than 8.5%, prestige makes older men less likely to engage in paid work. No country in our sample surpasses the critical share of 8.5% of private pensions. Accordingly, we find a positive correlation between occupational prestige and older men's likelihood to engage in paid work in all countries studied. Figure 1 displays the effect of occupational prestige on older men's likelihood to engage in paid work, accounting for the share of private pensions in a country. In the figure, countries with similar shares of private pensions were summarised in order to facilitate the readability of the figure.

Besides the explanatory variables, some of the control variables also have a significant influence on older persons' likelihood to engage in paid work. First, the constant shows that the modal man in our sample has a likelihood of 24% to engage in paid work.¹ The modal woman in our sample has a likelihood of 13%. Those values correspond to the values mentioned in the sample descriptive statistics (Table 1). Second, age influences older men's and older women's likelihood to engage in paid work. Men aged 70 years are 42% less likely to engage in paid work than men aged 60 years. Among women, the difference is 23%. Third, the partner status influences the likelihood to engage in paid work among older men and older women. Compared to older men with a working wife, older men with a retired wife (17%), older divorcees or separated men (7%) and older widowers (9%) are less likely to engage in paid work. Compared to older women with a working husband, older women with a retired husband (11%) and older widows (4%) are less likely to engage in

¹The probability cannot be read directly from Tables 3 and 4. It has to be calculated, exploiting the fact that the result of our equation is the logit of a probability (p), which equals the natural logarithm of $p/1 - p$. If we impute values into this equation, e.g. the ones for the modal man, respectively, woman in our sample, we can calculate the corresponding probability. Such a probability is particularly easy to interpret. We, therefore, calculated probabilities showing the effects of the coefficients.

Figure 1. Occupational prestige and the likelihood that older men work for pay, per country



Notes: (a) The calculations were made for the modal man in our sample. (b) Occupational prestige is measured on a scale from 0 to 100. However, in our sample we have only got values up to 78. We can, therefore, make no statements about the highest prestige-values.

paid work. Fourth, poor health makes older men 13% less likely to engage in paid work. Fifth, the presence of minors in the household makes older women 2% less likely to engage in paid work. Finally, women in countries where pension benefits stem entirely from private pensions would be about 1% more likely to work for pay than women in countries where no private pension benefits are distributed.

Discussion

This article studies the workforce participation of Europeans aged 60–70 years, underlining that paid work still occurs in this age group. It thereby complements knowledge gathered in the numerous studies on early retirement (Kim 2009; Schils 2008). Additionally, it ties in with discussions on active ageing, which stress that older persons are capable of working

for pay (Walker 2006). Our analysis showed that paid work is more common among male than female Europeans aged 60–70. It moreover showed that influences on workforce participation differ across gender. This article, therefore, also extends our knowledge of gender differences in labour force participation and in old age in general (Arber et al. 2003; Hult 2008; Van der Meer 2006).

The workforce participation of older Europeans depends on SES. Generally speaking, paid work in old age is the domain of persons with high SES. Among men, wealthy persons with a high educational level and high occupational prestige are particularly likely to work. Among women, persons with high occupational prestige are particularly likely to engage in paid work. This underlines the importance of adopting a differentiated perspective on older persons' workforce participation. Policy-makers seeking to strengthen paid work should not only monitor how many persons work, but also who works. Those who need support to find a job in old age are not primarily well-educated individuals with high occupational skills. Instead, older persons with little education and little work-related skills need support to find their place in the labour force. Considering that education takes place in one's youth and work-related skills are acquired throughout one's middle age, governmental support cannot only focus on old age. Rather, it would have to accompany persons throughout their life-course, making sure that they acquire the necessary work-related skills whenever possible. This suggestion is in line with the recommendations on how to restructure welfare states made by Esping-Andersen et al. (2002).

Wealth is a measure of SES we found to be relevant for older men's, but not for older women's workforce participation. The wealthier older men, the more likely they are to engage in paid work. This effect is opposed to the effect formulated in Hypothesis 1. We expected wealthy persons to be less likely to engage in paid work, because of a reduced need for income generation. The effect we found can be explained with the preference theory presented by Hakim (2004). According to her, individuals valuing work over leisure time and family-oriented activities are more likely to engage in paid work and, thereby, accumulate wealth. This explanation resembles the explanation of the effect of occupational prestige in that it also stresses the importance of a person's quest for well-being and satisfaction with life. At the same time, it highlights that material needs

might not be the most important driving force when it comes to older persons' workforce participation. This conclusion is particularly interesting nowadays, where older persons might have lost some of their retirement savings due to stock market crashes and the economic crisis. Following Hakim's considerations and our findings, we would expect two different types of reaction to those events: Persons valuing leisure time would adapt to a lower level of wealth, while persons valuing work would maintain or even increase their workforce participation, thus increasing their wealth. As a result, inequalities in older persons' wealth would increase. This expectation is in line with the considerations made by Atkinson (2009) and Fitoussi (2009).

Admittedly, wealth does not only influence older persons' workforce participation, the reverse is also true. When older persons engage in paid work, they generate income, which increases their wealth. However, Galobardes and colleagues (2006) pointed out that the relative importance of wealth and income changes over the life-course, with income becoming less important in old age. The reason is that persons usually stop generating income upon retirement. From that point on, they mainly rely on transfers and on the assets accumulated throughout their lives, for example, in the form of real estate property or pension funds. When approaching retirement, persons will, consequently, pay more attention to their overall wealth than to their income. Future studies still need to determine at which point exactly this shift in perspective occurs.

Educational level is another measure of SES that is only relevant for men's, but not for women's engagement in paid work. In accordance with Hypothesis 2, we found older men with a high educational level to be particularly likely to work for pay. There are two explanations for this effect. First, well-educated persons have higher chances of finding employment (O'Rand & Henretta 1999). They possess the skills necessary for adapting to a changing working environment, due to, for example, progress in information technology. Consequently, they are employable until a late age. This explanation underlines the importance of adult education and life-long learning programmes. Supporting such programmes might, therefore, be of central importance for governmental intervention striving to increase older persons' workforce participation. A second explanation is that the influence of educational level results from the need to reach the

minimum contribution period to pension schemes. Persons with a high educational level start contributing to pensions schemes at a later age and, consequently, reach the minimum period of contributions at a later age. In this case, restricting the access to pension schemes could be suitable means for increasing older persons' workforce participation.

Occupational prestige is the only measure of SES relevant for older men's and older women's workforce participation. The higher the occupational prestige, the more likely an older person is to engage in paid work. This finding is in line with Hypothesis 3. We explained the effect in three ways. First, persons in prestigious occupations have specialised skills, which makes them valuable to their employers (Hayward et al. 1994; Rose & Harrison 2007). Second, prestige elicits respect, which makes social interaction at the workplace more pleasant (Beehr et al. 2000). Third, prestigious occupations are characterised by autonomy, which makes work tasks more pleasant (Ganzeboom & Treiman 2003; Treiman 1977). The appropriateness of the third interpretation became obvious in preliminary analysis, where we tested the explanatory and control variables for multicollinearity. We found that the workplace characteristics "autonomy at work" and "supervising others" were strongly correlated with occupational prestige and, consequently, discarded them from the group of control variables. The relevance of occupational prestige for older persons' workforce participation puts the focus on the quality of work places and job satisfaction. Although these factors are harder to manipulate than, for example, the mandatory retirement age, it might be worthwhile addressing them when seeking to encourage older persons' workforce participation.

Comparing the importance of private pensions across countries, the effect of SES on older persons' workforce participation remains relatively stable when the importance of private pensions in a country is higher. Neither the effect of wealth nor the effect of educational level changes, which means that we have to reject the Hypotheses 4 and 5 of this study. The influence of occupational prestige on older men's engagement in paid work, however, differs when the importance of private pensions in a country is higher. In accordance with Hypothesis 6, the influence weakens when the share of private pensions in a country is higher. We assume that the effect of occupational prestige might be annihilated or even reversed

when the share of private pensions reaches values higher than the ones in our sample. Additional studies are needed to test this assumption.

The modifying effect of the share of private pensions can be explained with a shift in the symbols of occupational prestige. In countries where private pension schemes play a prominent role, persons in prestigious occupations might be expected to have invested in private pension schemes and, consequently, have the possibility to retire early. Early retirement can, thus, become a symbol of occupational prestige and persons with high occupational prestige might retire early to prove their status in society. This explanation relates to the ones about the effects of occupational prestige and wealth in that it underlines the importance of soft factors, in this case symbols and social expectations. Most discussions about the effect of private pensions on social inequalities, however, focus on material changes. The main argument is that wealthy persons have the means to invest in private pension schemes and, consequently, the possibility to retire early. This possibility is assumed to be seized wherever it opens up (Korpi & Palme 1998; Schils 2008). Our study does not question that wealthy persons are the primary beneficiaries of private pension schemes. Instead, it stressed that an opportunity for early retirement does not always need to be seized. Personal preferences and agreeable working conditions can keep older persons in paid work, even when the opportunity for early retirement arises. We therefore suggest that future studies on early retirement and on older persons' workforce participation include personal preferences, working conditions, social norms and social expectations in their considerations.

In addition to advancing our knowledge of the influence of SES on older persons' workforce participation, this article also provides insight into gender differences in older persons' engagement in paid work. First, we found older women to be less likely to engage in paid work than older men, which is in line with the results of previous studies (Hult 2008; Lewis et al. 2008a, 2008b). Second, we found influences on older persons' workforce participation to differ between men and women. SES has a more developed influence among older men and its influence also changes with the share of private pensions among men only. It thus seems that discussions about social inequalities in older persons' workforce participation are mainly relevant for the male life-course. While discussing influences on older

women's labour force participation, one would consequently have to focus mainly on the control variables in our study, such as marital status and the presence of minors in the household. We therefore suggest that political programmes seeking to strengthen older women's labour force participation always consider women's role within the family. This suggestion ties in with the results of previous studies, for example, Kubicek and colleagues (2010).

Besides its merits, this study also has some limitations. First, we estimated the effects of SES, but did not test the explanations for the effects. We derived those explanations from the literature. Consequently, we sometimes presented alternative explanations for the same effect. Occupational prestige, for example, was described to be effective through an agreeable working environment and through employers' interest in keeping those employees. Future studies have to determine to what extent each of the alternative explanations applies. Second, we tested the influence of private pension schemes with one indicator only: the share of private pension benefits in the overall old age and early retirement benefits. Other possible indicators, such as the amount of pension benefits and the split between mandatory and voluntary schemes were excluded for the sake of clarity. Moreover, we did not determine the influence of country characteristics associated with private pensions, such as the share of self-employed persons or of persons working in agriculture. This study can therefore be seen as a contribution to our knowledge about the effect of pension schemes, putting it in line with the studies of inter alia Korpi and Palme (1998) and Schils (2008). However, it still leaves several aspects of pensions schemes to be explored in future studies. Third, we studied older persons' workforce participation only with respect to the question of whether older persons were working. We did not study how much time older workers spend on their jobs. The effect of SES and private pension schemes might be different, when working time instead of workforce participation is analysed. Additional studies are needed to compare social inequalities in older persons' working time to social inequalities in older persons' workforce participation.

Summing up, this article studies the workforce participation of Europeans aged 60–70 years. It thereby suggests a more active perspective on older persons than the numerous studies on early retirement do. We found paid work in old age to be the domain of persons with high SES.

This connection between SES and paid work was stronger developed among men than among women. This suggests that older persons with low SES deserve particular attention in reforms seeking to increase the workforce participation rate. Moreover, we found a high share of private pensions in a country to diminish the influence of occupational prestige on older men's workforce participation. This suggests that recent reforms strengthening the role of private pension schemes might have decreased social inequalities in older men's workforce participation. Workforce participation in old age thus seems to be connected to different kinds of social inequalities, across genders and across SES levels.

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Gender roles and social policy in an ageing society: the case of Japan

By *MEIKO MAKITA**

Abstract

This article reviews the major underpinnings of the Japanese welfare state in the context of social care from a feminist perspective. In Japan, family-care responsibilities have traditionally been assigned to women; hence, care has long been a women's issue. However, as the social contract of a male breadwinner and a "professional housewife" gradually fades out, Japanese women find more opportunities to renegotiate their caring roles. Of course, this social transformation did not occur in isolation, it was influenced by patterns in economic development, state policies and mainly demographic changes. All this has stimulated new state responses in the form of social welfare expansion that arguably aim to relieve women of the burdens of family-care. The issue remains, however, as to whether Japan would be able to recognise that the main structural issues of population ageing do not originate from demographic changes, but from a strict gendered division of labour and gender inequality.

Keywords: ageing society, familism, gender roles, Japanese welfare state, social care.

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Introduction

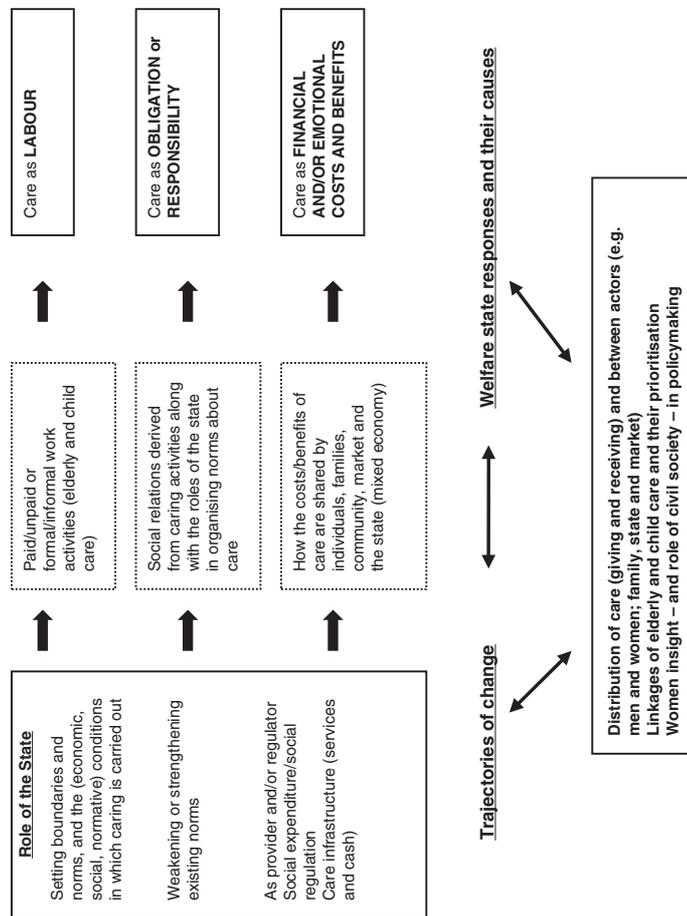
As the twenty-first century advances, Japan finds itself at a crossroads; only a few decades ago it was amongst the youngest societies in the developed world, now it is the oldest one (Long et al. 2009; Peterson 2002). In this regard, the analysis of the Japanese case could provide a relevant frame of reference for other countries as they also implement new social policies in response to population ageing and changing gender relations. Certainly, Japan's demographic situation originates in the convergence of two factors: increasing life expectancy and declining fertility rates. However, these demographic patterns are not the issue on their own. The real issue lies instead in the correlation of such patterns and the dynamics on gender relations and societal/individual views on care responsibilities, which altogether influence social policy responses. Throughout history, the Japanese state has been mainly focused on its industrial and economic growth leaving, therefore, little room for the development of social policies. Consequently, the Japanese welfare system has relied on the informal care families provide to their members, especially the elderly. Traditionally, Japanese women have been encouraged and expected to take on care responsibilities, whilst men fulfil their role as breadwinners. Today, however, the increase of women's participation in the workforce and the decrease in Confucian-inspired family values have together created significant changes in the gendered division of labour (Long & Harris 2000) as some women have started to question, or even refused to take on, the traditional caring role. In this sense, societal and individual changes in post-industrial Japan have made possible not only the establishment of new social care policies but highlighted the need for a social contract fairer to women.

For the theoretical framework, this article draws upon Daly and Lewis' (2000) notion of social care as a useful tool to analyse contemporary welfare states; particularly focused on explaining how care and gender issues are interlocked with welfare state development and social policy-making. Most of the feminist approaches on care have concentrated on the everyday aspects of care and how those condition women's well-being (i.e. micro level). However, a recent approach casts gender and

social care responsibilities in a prominent place for welfare state policy (Daly & Lewis 2000; Gottfried & O'Reilly 2002). In their model, Daly and Lewis (2000) identify three dimensions for social care: (1) care as "labour", (2) care as an "obligation and responsibility", and (3) care as "financial and/or emotional costs and benefits". They note that by having a care-centred approach in welfare state analysis, one can uncover the intersection of private/public and formal/informal domains. Thus, the division of care as labour, obligation and costs within and between the family, the market and the state is the departure point that allows an analysis of both the micro and macro levels. Accordingly, Daly and Lewis (2000: 289) identify three types of European welfare state responses to the issue of care. For instance, they consider the Scandinavian states as a distinctive "cluster" as they tend to collectivise caring for both the elderly and children. The countries from the middle and south of continental Europe are identified as favouring "privatisation" of care, although with some degree of differentiation (given by their either Bismarkian or Mediterranean welfare models). The third type, identified as the Beveridgean welfare states, makes a strong distinction between child and elderly care, and also favours child care as a private rather than a public responsibility. More importantly, the authors suggest that the concept of social care could contribute to a much broader analysis in three specific lines: (1) by looking at how social policies are gendered; (2) by examining the linkages between specific policy domains (e.g. interrelation of elder and child care); and (3) by uncovering trajectories of change in welfare states. Despite this useful conceptualisation of social care in relation to welfare states, something is missing from this model. According to Peng (2002), Daly and Lewis' model should also account for the causes of specific welfare state responses, along with political economy dynamics between the family (i.e. women), the market and the state concerning the issue of social care. Figure 1 represents my interpretation of Daly and Lewis' model of care, along with Peng's contribution.

By following a feminist approach, this article aims at highlighting three main issues: (1) how societal changes, in the context of rapid ageing, have increased opportunities for women to negotiate their traditional

Figure 1. *Social care as an analytical model for welfare states.*



Source: Own elaboration based on Daly and Lewis (2000) complemented with Peng (2002).

caregiving role; (2) the role of Japanese women's social and political discourse – particularly during the 1980s and 1990s – in shaping welfare state policies and their contribution to redefine care as a social issue; and (3) whether current Japanese policies are a real shift towards an expansion of public provision to diminish the burden care on women and balance work and family life, and ultimately promote gender equality.

This article departs from the description of the “unique” characteristics of the Japanese welfare state. The second section will explore how recent demographic, social and economic factors have contributed to changing gender relations and eventually drawn attention to the relevance of social care in welfare state development. The third section will explore two specific social policies (i.e. the long-term care insurance and the promotion of a gender-equal society) with which the government has tried to respond to the challenge of an ageing society. Finally, the last section highlights the relevance of the Japanese case for anticipating the future of welfare states in ageing societies.

Uniqueness of the Japanese Welfare State

Given the processes of economic globalisation and the emergence of post-industrial societies, welfare states have adjusted to a changing environment and, therefore, cannot be categorised within a static and theoretical typology. Although most welfare state analyses have placed Japan into a Western framework, they do so by stressing its “uniqueness” for not fitting comfortably into any of Esping-Andersen's (1996) regime types (i.e. liberal, conservative and social-democratic). Yet, Japan could be placed closer to the conservative–corporatist regime, along with Germany (Gottfried & O'Reilly 2002) and other Continental European countries, in which social rights are based on employment and contributions, and welfare responsibility is placed on families – or community – rather than the state. However, neither welfare state regime theory nor the East-Asian model or “Confucian welfare state” allows the Japanese welfare state to be easily situated (Izuhara 2003b: 1).

Thus, one could argue that Japan is a combination of the liberal–residual and the conservative–corporatist regimes, but at a low level of

development. In fact, it is this “residual” status of Japan’s system, which helps classify it as a “low-performing welfare state” (Hill 1996) or even as “an embryonic form” (Bryson 1992) characterised by the weakness of its institutional form that relies on the private sector (family, community and corporations) and above all, gives priority to economic and industrial development, hence allocating low levels of public expenditure for social policy and welfare. (Campbell 2002; Eto 2001; Peng 2004). In fact, it is this emphasis on the economy over social redistribution that serves as the framework that identifies Japan as a *productivist* welfare state in an attempt to incorporate it into the Western logic of welfare development (Holliday 2000). Nonetheless, as shown in Table 1, each one of Esping-Andersen’s regime types can be identified in a different period of Japanese social policy development, defined by key problems and the corresponding government actions. What is of greater interest is to uncover how *traditional* elements of Japanese culture, such as *ie* ideology, corporate-centred system, family-centred care and the nurturing/subordinated role of women, interacted in order to shape a particular type of welfare regime. Since Daly and Lewis’ model denotes that a welfare state cannot be fully grasped unless gender and social care are integrated into the analysis, the focus here will be in those variables.

Characteristics of Japan’s Welfare State

This section elaborates on what I consider to be the basic features of Japan’s welfare state in relation to care. I contend that the state has strengthened and promoted traditional elements as unique to Japan by legitimising them as inherent to Japanese culture.

Certainly, beneath Japan’s early welfare development lies the continuation of the *ie* ideology; a patriarchal system embedded in the role of family, gender relations and a hard-working corporate culture, that even today, as I will further elaborate, touches the life of every Japanese in a fundamental way. The *ie* family system was prescribed by the Civil Code during the *Meiji* Era, became to be known as the “modern Confucian family”, and was indeed influential until the end of Second World War. A relevant aspect is that under this system, the family – typically a three-generational, patrilineal and patrilocal household – was expected to provide support and care for its elderly members. In this family system the

Table 1. Chronological development of Japan's social policy

Year-historical events	Regime	Key policies/problems/civil action
End of nineteenth century to 1897 <i>Shakai seisaku gakkai</i> Japanese Association of Social Policy Pre-war period	Not yet fully developed: Two main characteristics based on <i>ie</i> ideology: Strengthening the role of family and communities Importance of companies' role Conservative–corporatist: Company welfare systems/Japanese-style industrial relations with provision of occupational welfare. Centred on (relative elite) workers not on the poor. Two main characteristics: Strengthening the role of family and communities Importance of companies' role More egalitarian policies than other nations of the conservative–corporatist cluster.	<i>Meiji</i> era's official family system, <i>Koseki</i> Poverty prevention. 1874: <i>Jukkyu Kisoku</i> (Public Assistance Act). No unemployment insurance. Job centres, nurseries and small retail shops began operating. 1922: Health Insurance Act (mainly for manual workers). 1929: <i>Kyugo Ito</i> (Public Assistance Act). 1931: Industrial Injury Assistance Act (unemployed casual labourers). 1938: National Health Insurance Act (mainly for farmers and self-employed).
1940–1950s Early post-war period	(A sort of) social-democratic Influence of American ideas and British Beveridge Plan → “Japanese Beveridge”. Resembling the Scandinavian model. Incorporation of labour-market policy as key element.	Poverty – as a structural problem. 1940: Social insurance for seamen. 1941: first Pension Act for employees. 1947: New Constitutional Law/Child Welfare Law.

Table 1 (Continued)

Year-historical events	Regime	Key policies/problems/civil action
Late 1950–1970s Rapid Growth	Supporting private employment rather than public assistance or relief projects. Egalitarian pattern of income distribution. (Mostly) Liberal–Residual Wide but relative <i>low-cost</i> (and <i>low-benefits</i>) of social security. Expansion of “safety-net” programs (social welfare) to target special groups or “outsiders” (poverty) by strict means testing. Principle of “subsidiarity”, pursue of the moral and legal responsibility of the family, rather than state’s intervention, though also resembling a conservative–corporatist regime. (Neoliberal) Mix welfare state (with elements of all three of Esping-Andersen’s regimes) Attack on the “cold and expensive bureaucracy of the Western welfare state” (Campbell, 2002: 7).	1950: Recommendation for social security system by Advisory Council of Social Security (ACSS) (two income groups, “employees” and “others”). 1961: <i>Kai nenkin kai hoken</i> (national health insurance and pension schemes): <i>Beginning of a welfare state</i> . 1962: new recommendation by ACSS (three groups: middle-income, lower-income and poor-income). 1963: Welfare Act for Older People. 1970: Japan meets the UN definition of an “ageing society” (7% of the total population are aged 65+). 1973: Reform on health and pension insurances. 1975: Fertility rate falls below 2.00 Emphasis on the “problem” of the ageing society 1981: Austerity campaign “administrative reform” (efforts to restrain spending in the short term, and prevent the expansion of social security burdens). 1982: Health Care for the Aged Law.
1980s		

Table 1 (Continued)

Year-historical events	Regime	Key policies/problems/civil action
	Measures to avoid reaching the European "crisis of the welfare state". Call for a "Japanese-style welfare society" (<i>Nihon-gata fukushi shakai</i>).	1983: National Pension Fund peaked/Women's Association for a Better Ageing Society, established. 1985: Reform of National Pensions System/Kanagawa Club's welfare service, established. 1986: Equal Employment Opportunity Law. 1990: Gold Plan. 1991: Child Care Leave. 1994: New Gold Plan/Angel Plan/Promotion of Gender Equality policy network. 1996: Plan for Gender Equality 2000. 1997: Long-Term Care Insurance. 1999: Basic Law for a Gender-equal Society/New Angel Plan. 2000: Long-Term Care Insurance System. 2002: Measures for the Declining Birthrate Plus One 2005: New record low of fertility rate: 1.25/Ministry of State for Declining Birthrate and Gender Equality. 2006: Outline of Countermeasures for a Society with a Falling Birthrate.
1990s to the present	Regime shift? Neoliberal principles? New social policy regime <i>at least for elderly people</i> . Weaken traditional functions of the family and companies. Recognition of need for a work-life balanced society → <i>promotion of gender equality</i> . Δ in child benefits → support for building three-generation households. Attempt to revive traditional values in society/family ≠ gender equality...?	

Source: Own elaboration with data from Campbell (2002), Eto (2001), Higuchi (2004), Roberts (2005), Schad-Seifert (2006), Tamai (2003).

eldest son, or alternate heir,¹ exclusively inherited the family name, assets, social status, worship of ancestors (i.e. tomb, home Buddhist altar), and occupation (Izuhara 2003a: 85; Kono 2000: 182; Koyano 2000: 201–202) and he, ideally, in return would provide material and affective care to his elderly parents not only out of obligation but as an actualisation of filial piety.² Although under this system the father was the head of the household and had full responsibility for the care of all members, it was the wife or daughter-in-law who provided all practical care, thus allowing the social construction of caregiving as a woman's primary work and as an uncontested extension of her domestic responsibilities.

Besides originating the cultural meaning of caregiving in Japan, with intergenerational co-residence as a basic feature, the *ie* system also contributed to the country's rapid industrialisation. As only oldest sons could become their father's heir the rest of the family sons were therefore obliged to join the labour force or to found enterprises. This, however, is a thesis that has not always received sufficient discussion (North 2009).

As shown in Table 1, throughout the development of Japan's social policymaking and law the state has defined the role of the family, and subsequently, since pre- and post-war periods, that of private companies as the main welfare providers. Although, in theory, the necessity for welfare provision by other sectors increases with the expansion of modernity, there is the possibility that traditional values and culturally

¹ Interestingly, what makes the *ie* system quite unique is the common use of adoption whenever its survival was at stake. If there are no sons, or if they are not suitable to inherit the privileges of the *ie*, a successor is adopted. In case there are no sons, but only daughters, adoption through marriage with the eldest daughter should be arranged. Thus, marriage is conceived as a means of lineage continuation, and should be carefully arranged in order to fit such purpose; it should not be made freely by the couple, but by permission of both families (Koyano 2000: 202; Rebeck & Takenaka 2006: 4–5).

² The Imperial Japanese Government, alongside loyalty to the Emperor, propagated the norm of filial piety. Ideally, only family and nation were regarded as "formal" institutions; the nation was conceptualised as a big family consisting of real families, headed by the Emperor. Thus, filial piety and loyalty to the Emperor were strongly interrelated within Imperial Japanese ideology (Koyano 2000: 202–203).

rooted customs are intentionally preserved and utilised politically. Certainly, since the post-war period the Japanese Government has not only relied mostly on the informal role of families (along with companies and communities) to provide social welfare, but has legally enforced such role as an obligation. This therefore explains why social welfare support rates in Japan have remained relatively low, when compared with other advanced countries.³

Between the 1950s and the 1970s, credited as Japan's period of rapid economic growth, under a liberal-residual welfare regime the provision of social support to the family was considered a social cost for economic development. As Izuhara (2003b: 9) notes, during the 1970s the public increasingly put pressure on the Japanese welfare state. Finally in 1973, the programme "Welfare Year One" (*Fukushi Gannen*) aimed to make Japan a welfare state, striving for more welfare and a better life quality. However, the same year the Japanese economy was affected by the world oil crisis, followed by a serious stagnation period (Kono 2000: 183). Furthermore, 1970 was a very significant year for Japan: the country met United Nations criteria for an "ageing society" since people aged 65 and over comprised 7% of the total population (Tamai 2003: 41).

Subsequently, the government was intent on formulating new policies in an era of low-economic growth and a consensus materialised: the ageing of society should be a major national concern (Campbell 1992). Gradually, the idea of *Fukushi Gannen* gave way to slogans, such as "reconsider welfare" and "welfare state disease" (Izuhara 2003b: 9). Individual responsibilities were re-emphasised, by re-establishing traditional values of mutual aid within the family, communities and workplace. In order to control any increase in public expenditure, the family was explicitly understood as a partner and the core source of welfare provision (Harada 1988). With such re-definition of the family, by 1979 the government

³ According to the Organisation for Economic Co-operation and Development (2010), in 1980 Japan's social expenditure was at 10.6% of GDP, close to that of the USA's (liberal regime) 13.1% but considerably lower than Germany's (conservative regime) 22.7% and Sweden's (social democrat regime) 27.1%, whereas in 2005 the percentages for Japan and those same countries were 18.6, 15.9, 26.7 and 29.4, respectively.

officially confirmed the residual principle of welfare to guide social policymaking accordingly, hence establishing the “Japanese-style Welfare Society” (Kono 2000: 183).

One explanation for the reappropriation of familism by the Japanese Government is, Miyamoto (2003: 13) would argue, that in Japan, in a situation similar to other advanced industrial societies, a large number of female workers withdrew from the labour market after Second World War and increased the number of full-time or “professional housewives” (Vogel 1978). The reason for this was the favouritism of the employment and social security systems towards male breadwinners. Consequently, retired female workers played the role of carers for children and elders. Hence, it is through various employment policies that familism in Japan came to occupy a major role in the social construction and reproduction of the traditional care dynamics and intergenerational responsibilities, thus cementing the dominant role of the family in elderly care provision, the gendered division of labour and subordination of Japanese women to family and men, while at the same time helped Japanese policymakers shaped a particular type of welfare regime framed by a limited social provision.

Finally, since priority was given to policies for economic and industrial development, the so-called “uniqueness” of Japan’s economic miracle has been, Peng (2000) would argue, confused with a successful welfare system. The 1990s, however, witnessed the end of rapid economic growth and came to be known as “the lost decade of Japan”, but it also marked the beginning of the rapid ageing of its population. Consequently, the so-called “unique” Japanese model underwent a more critical assessment and emerged as a recipe for disaster. In this regard, Campbell (2002) suggests that the practices associated with the Japanese-style of welfare, such as seniority and lifetime employment, are key factors causing economic stagnation. I would, however, add the ideology of familism as contributing to Japan’s welfare crisis. This ideology is built on the notion “[...] that a full-time [female] caregiver will be [ever] present in the home to nurture the nuclear or extended family [...]” (Roberts 2005: 176). This is another factor that kept women out of the labour market. Consequently, one could argue that the Japanese state has faced similar issues as in the West, as it

built its employment system and family structures under a patriarchal ideology with a gendered division of labour.

Indeed, through Confucian-embedded familism, the role of the Japanese state has been to allow and encourage family caring, which is similar to the normality of family care found in European welfare states still – strongly – influenced by Catholicism (e.g. Italy, Spain). Thus, is there definitely a “uniqueness” about Japan’s welfare state? Certainly, Esping-Andersen’s typology has proven to be a useful comparative framework that considers Japan as a mix of all three welfare regimes, which led scholars to appreciate Japan as a “unique” model. Importantly, in most European countries there seems to be a shift towards a mixed economy of welfare, where the state is transferring its role as welfare provider into the family and voluntary sector, whilst the market is also assuming a more active role in the provision of care (Daly & Lewis 2000). Although Japan is undergoing a similar “mixed” transformation, the difference is that the state’s role has, historically, been more of a regulator than a provider of social welfare. Thus, Japan appears to be making a policymaking shift, which consists not only of

[...] a massive *transfer of financial responsibility from family to government* or “socialization of care” (*kaigo shakaika*) [...] but also in t]he way care is delivered [...] radically separated from the family, by covering only formal services rather than family care allowances [...], and [...] much more individual-choice oriented than the controlled and bureaucratic [...Scandinavian] approach [...]. (Campbell 2002: 10, emphasis mine)

In this sense, Japan’s focus on social care policies appears to be informed by neoliberal expansion principles shifting also responsibility from “the family” to “individuals”, and thus emphasising the rhetoric of “self-responsibility”, a concept that often evokes Western [i.e. American] ideas and practices of care tending towards a free-market model. Certainly, the problem to situate the Japanese welfare state as either unique or a mix of regimes derives from too many factors that distort its trajectory of development. It is on this basis that the welfare regime typology is insufficient to understand the dynamics of change in the Japanese welfare state. It is only when we apply a model that takes into consideration variables, such as issues of gender and the responsibility of care, like Daly

and Lewis' that we can begin to grasp the trajectories of development in Japan's welfare model and the significance of care as a domain in policymaking.

Therefore, when the focus is on care, it is easier to spot singularities amongst welfare states. For instance, whilst in most European countries there is a tendency for family policy to become care policy, in the case of Japan, arguably, there is no family policy as such (Roberts 2005; Schad-Seifert 2006), but instead it is elderly care what has maintained a significant place in the trajectory of development of the Japanese welfare state for the last 40 years (Campbell 2000). This may show then how the changes – and responses – taking place in Japan are one step ahead of most Western countries; obviously this emphasis on social policies for older people, is also due to the Japanese state's aim to balance demographics and economic development. Thus, instead of analysing cash transfers or taxed-services within welfare state transformation, the focus is on whether care has become a main concern for welfare states and social policy.

Pressures for Change

As indicated earlier, the Japanese welfare state has mostly relied on the family and corporate provision of care. In such context, Japanese women's family-care obligations continue to be reinforced by social and employment policies. However, such welfare regime, embedded in a strong male breadwinner/full-time housewife family model, is being challenged by demographic, social, political and economic trends. Moreover, such trends have created the opportunities for women to negotiate their traditional role, but have also acted as pressures changing the forms and conditions in the demand and provision of social care between the state, family, community and market. In this section, I present some of those trends looking first at the contribution of women's liberation movements to Japanese social policy before considering the current changes in women's care responsibilities at home and increasing opportunities outside the home.

Women's Socio-Political Mobilisation

Japan's rapid population ageing – increasing life expectancy and declining fertility rate – is a very well-known issue, currently shared by many other post-industrial societies, yet experienced by Japan several decades before them. Whilst in most developed countries elementary schools began emptying in the 1970s, in Japan the same event began in the 1950s (Peterson 2002). In such a scenario, the total fertility rate (TFR) went from an average of 4.42 during the baby boom (1947–1949)⁴ to an average TFR of 2.1 (replacement level) in 1960. In 1974 it decreased to 2.05 and continued on this downward trend until reaching a record low of 1.25 in 2005 (Itoh 2000; Statistics Bureau 2009). Simultaneously, the proportion of older people (65+) increased rapidly, whereas the proportion of working-age people (15–64 years) and younger population (0–14 years) has been decreasing considerably since 1996 and 1982, respectively. By 2008, 22.1% of Japan's total population (127.6 millions) was 65 and older, 64.5% was of working-age and 13.4% was under 15 (Statistics Bureau 2009).

Obviously, these demographic transformations along with the increasing workforce participation of women led to a family-care crisis. Given the limited public and market welfare provision Japanese women started to criticise the family-centred welfare system, which clearly was not meeting their rising demands for elderly and child care (Eto 2001; Higuchi 2004). Despite women's social call, in 1981 the government introduced two directions in its social policy: (1) budget cutbacks in social services and (2) a campaign to revive the family and community as main sources of social welfare and care (Campbell 1992). Those most affected were middle-class housewives in their forties and fifties, who had formed the basis of the Japanese-style welfare society (1950–1970s), and thus initiated a movement against the state's neoliberal policies. Amongst Japanese women's mobilisation are two groups that stand out by their achievements. First, the work of the Women's Association for a Better Ageing Society, initiated in 1982, is indeed significant. By addressing elderly care as the

⁴ According to Horlacher (2002), Japan never had a "baby boom", but a "baby blip" as it was a sudden boom but of very short duration. Therefore, population ageing in Japan is related to structural changes in the conditions of mortality and fertility, and also to the consequences of high fertility rates in the 1950s and 1960s.

responsibility of the entire society, and not of individual families, a concept they referred to as “socialised care” (Eto 2001), this group helped redefine Japan’s social policies. Moreover, it is through an active promotion of the issue of care, research surveys and tours to study public elderly care models in Europe and USA that this group managed to increase women’s involvement in Japan’s policymaking process (Higuchi 2004; Peng 2004). Another important group is the Kanagawa Club, created in 1971 as a cooperative society. Due to social and cultural problems affecting their daily lives, in 1985 this club established a non-profit welfare service to provide high-quality private services for elderly people in the Kanagawa Prefecture (Eto 2001).

These groups’ activities and opinions on social care gained not only public support but respect from Japanese policymakers, particularly in the Ministry of Health and Welfare (MHW). Furthermore, they took advantage of the Liberal Democratic Party’s electoral decline in the 1990s and of being invited to serve in the advisory council of the MHW in order to attain their demands. Indeed, as Peng (2001) and Eto (2001) claim, most of the social policy reforms in elderly care introduced in the 1990s, including the two most important, the Gold Plans and Long-Term Care Insurance, were only possible because of the philosophies of “socialised care” and “social market model” created by the Women’s Association and the Kanagawa Club, respectively.

Education and Workforce Participation of Women

Nowadays, Japanese women are taking advantage of easier access to education. According to Ogawa and Retherford (1993: 588), over the past decades the educational attainment of women has been rapidly rising. In 1955, only 5% of women in the corresponding age groups were enrolled in junior college or university compared to 15% of men. By 1990, those figures had increased to 37% and 35%, respectively. In 2007, the enrolment in higher education represented 54% for women and 61% for men (UNESCO 2009).

As for participation levels in the workforce, the proportion of women aged 20–49 in paid work increased from 13% to 42% between 1963 and 1990 (Ogawa & Retherford 1993: 588), and it rose steadily after the burst of the economic bubble in 1991 because companies began hiring more

women as a cheaper source of labour. However, the majority were brought on as part-time or contract workers without benefits or job security, which is still the case as 90% of the eight million part-time workers in Japan are female (*The Washington Post* 2007). In contrast to men, who are the ultimate “corporate warriors”, women are considered ephemeral and peripheral workers (Roberts 2005: 193). Certainly, the reason for this is that companies *expect* women to leave their jobs to take care of their small children⁵ or frail relatives and fulfil the traditional feminine role that should match Japanese men’s identity of an “absent father/husband” fully committed to his job. Thus, one could argue that these gendered working patterns disempower women in Japanese society, business and politics.

However, with women having greater access to higher education and paid work, the traditional gender division of labour, stressed by the ideal of the “professional wife” is fading away, albeit gradually. Japanese women, particularly those of younger generations, do experience a conflict between traditional societal expectations, lack of welfare support and their current individual opportunities and values, which altogether makes it difficult for them to express any discontent about their caregiving burdens (Hashizume 2000). Interestingly, though, the proportion of married women (aged 20–49) “working” as family carers has steadily declined over the last 5 decades. For example, from 1963 to 1990 the ratio decreased from 13% to 10% (Ogawa & Retherford 1993: 588), which illustrates how women’s increased workforce participation, as well as their increasing negotiation of and resistance to the traditional labour division must exert pressure on the Japanese Government. Nonetheless, this negotiation between traditional gender roles and individual opportunities is not limited to education and labour market, it also affects areas such as the distribution of household chores and the participation in family leisure activities, in which, as stated earlier, Japanese men are often absent.

Intergenerational Co-residence Patterns

As mentioned earlier, under the *ie* system the caregiving ideal was not only based on intergenerational co-residence, but on the assumption that it was

⁵In 2003, 60% of mothers leave their job after their first childbirth (Ministry of Health, Labour and Welfare 2009).

the daughter-in-law's responsibility to perform all practical elder care duties in her husband's household. To date, however, Japanese women (i.e. daughters-in-law) are better educated and often work outside the home, and thus, as Long et al. (2009) note, it is more likely that they would negotiate living arrangements and *traditional* elder care expectations before and during marriage. Therefore, co-residence patterns have shifted with the decrease in three-generation households. Yet, when compared to other advanced nations, Japan still shows a high incidence of intergenerational co-residence. For instance, in 1975 three-generational households represented 18% of all Japan's households; by 2002 the proportion was reduced to 10%, whereas during the same period the share of one-person households increased from 18% to 23%. In contrast, households consisting only of members aged 65 and over, also grew in numbers representing 22% of all households by 2005 (Cabinet Office 2008; Ministry of Health, Labour and Welfare 2006). Considering these statistics, caregiving roles and expectations are being negotiated and, more importantly, seem to be shifting from the daughters-in-law towards spouses and adult children.⁶

Marriage Trends

As Roberts (2005: 188) notes, amongst the reasons for Japanese women to postpone or even avoid marriage is the desire to continue working and enjoying a high living standard, away from the social burdens related to the traditional roles of "wife" and "mother".

Currently Japanese people are getting married at an average age older than in any other developed nation (Statistics Bureau 2009). For instance, in 1985 the mean ages at which women and men first married were 25.5 and 28.2 years, respectively, whereas for 2008 the mean age was 28.5 for women and 30.2 for men. As a result of these marriage patterns, motherhood trends are also impacted: the average mother's age on the birth of their first child has risen from 25.6 in 1970 to 29.5 in 2008 (Statistics Bureau 2009). Thus, this is an important factor behind the downward trend in Japan's fertility rates. The reason that a decline in marriage rates is correlated with the decline in fertility rates is because in Japan there is still

⁶See Long et al. (2009) and Robb (2003) for discussions on elderly care and gender issues.

a great social pressure that intends to protect the traditional family, and therefore discourages women to be single mothers, which visibly contrasts with other developed nations where it is more common to see children being born out of wedlock (Itoh 2000: 70). Furthermore, arguably, the reasons for the low-fertility rate are also rooted in the lack of child-care policies aiming at helping women balance work and home, as currently the government's emphasis is mostly on distributing child financial support, albeit relatively low in terms of GDP percentage.⁷ Invariably, these conditions embedded in a male breadwinner model make Japanese women to reconsider fertility decisions. Thus, the burden of combining work and family life in addition to the high opportunity-costs associated with having a child are forcing women to choose between a career and marriage/family.

As we have seen, due to its demographic profile and various financial and social factors Japan is experiencing what Daly and Lewis (2000: 288) call a "care crisis", namely, a decrease in the supply of – female – unpaid caregiving labour, precisely at a time when the demand for caring is rising. In this case, the changes in individual attitudes and expectations of Japanese women regarding family care – living arrangements, marriage and fertility – as a result of a new set of opportunities are clearly impacting gender relations as well as Japan's social policy agenda. Thus, as Gottfried and O'Reilly (2002) claim, fertility rates do emphasise how individual decisions are affected by the gendered character of welfare regimes, in this case by a strong male breadwinner model, and how this, consequently, impacts welfare state development and social change.

Japanese State Responses

The shifts in gender relations and demographic patterns described above are clearly informed by a feminist discourse. Moreover, they seem to have created the ideal political and social context to set specific public policy goals and, above all, forced the state to redefine the issue of social care, as well as its own interests and direction regarding welfare provision. This

⁷For instance, Japan is currently spending a quarter of what other advanced nations are paying on financial child support (IPSS 2010).

section will examine how the Japanese Government is addressing the issue of social care by referring to two of the most recent social policy reforms: the policies in long-term care and promotion of a gender-equal society.

The Long-Term Care Insurance

Up until the 1980s, Japanese Government concerns were merely focused on the economic consequences of demographic ageing, such as social security problems associated with the increasing dependency ratio, savings rates decrease, workforce shortages and the consequent decline in productivity and economic growth, and ultimately, international competitiveness. Thus, unsurprisingly, as Peng (2004: 401) states, nearly 90% of Japan's social security expenditure was allocated to pension and health insurance systems. However, this outlook changed drastically in the 1990s. Due to fertility decline, public and policy debates shifted to the issues of women's employment, family-work imbalance, the declining marriage rate and the overall crisis of family-based care. Subsequently, from 1990 to 2000, social welfare expenditure doubled, most of which accounted for both elderly and child care (Peng 2004).⁸ Despite this welfare expansion, Japan's public care system – 1989s *Gold Plan* and 1994s *New Gold Plan* – has been highly criticised and proven inadequate in meeting Japan's elderly care needs. In fact, in 1996, 85% of Japan's elderly people continued being cared for at home by their female kin (Peng 2002). It is clear, then, that under this "expansion" the Japanese Government was still relying on women as main care providers.

However, as a result of women's political mobilisation in 2000 the government introduced the *Long-Term Care Insurance (LTCI) (Kaigo Hoken)* under the slogan "From Care by Family to Care by Society" which clearly reflected not only women's lobbying actions but the overall societal tension between family-based care and state support. This system has made possible long-term care a universal right for every Japanese person aged 65 and over (or suffering from a disease derived from ageing) based only on physical and mental status, regardless of family circumstances and

⁸ During 1990–2000 spending for elderly care increased from ¥0.57 to ¥3.57 trillion, whereas, during the same period, for family and children support it increased from ¥1.6 to ¥2.74 trillion (Peng 2004: 401).

income (Long et al. 2009; Peng 2002). In this sense, as Campbell (2000) argues, LTCI symbolises a major expansion and a political shift in the development of Japanese social policy.

In line with Japan's long-standing tradition to adopt social policy from other countries, policymakers studied the European experience of social welfare systems and insurance programs. For instance, Tsutsui and Muramatsu (2005: 523) argue that the LTCI programme is less constrained by the national budget than tax-based models of expanding long-term care systems, such as in Scandinavian and UK, as well as in Japan's *Gold Plans*. Although designed in a similar way to the German LTCI programme (initiated in 1994), the Japanese system also incorporates Scandinavian-style community-based management, in which municipalities, acting as insurers, manage their finances, set premium rates for people over the age of 65 and plan and administer services. Japan's LTCI also included an element of care management developed in the UK in which professional care managers (e.g. nurses, physicians, social workers, occupational therapists) prepare care plans for elderly people that may include schedules of home nurses, home helpers, day-care, equipment rentals, long-term residence and respite care (Long et al. 2009; Tsutsui & Muramatsu 2005).

Thus, by setting the notion of a "social contract", Japan's LTCI has established a market-oriented perspective in care services, aimed at achieving a greater mix of welfare providers with the main objective of relieving Japanese families of the care burden. Yet, to do so the government encourages the elderly to be cared for at home and is also promoting self-care and disability-free independent life (Fuyuno 2007; Tsutsui & Muramatsu 2005) with the purpose of reducing reliance on costly long-stay in hospitals and residential homes. However, the meshing of social security policy reform with a market-oriented approach has had other consequences as elderly people and their families are not necessarily receiving more or better care than prior to the implementation of LTCI. Inevitably, the combination of these factors has led both public and researchers to seriously question the quality and efficiency of social care services under Japan's welfare state expansion, along with deregulation and decentralisation processes (Peng 2001, 2002, 2004). Finally, what remains is to examine the effects of social care services provision and social

policy reforms on gender issues. Under the current Japanese system most women have continued to be employed as low-wage, part-time and contract workers, and therefore, such social and economic disempowerment clearly adds more complexity to the redefinition of the boundaries of social care between the state, the family and the market.

Promotion of Gender Equality

Thus far, it has been established that the decrease in fertility is interlocked with changes in marriage trends, increased education and workforce participation of women, along with individual attitudes and expectations. However, at times, only the professional “progress” of women, and not the whole Japanese socio-cultural apparatus, has been held responsible for the recent socio-demographic trends. As Rostow (2000) notes, in 1996, even Japan’s former Prime Minister, Ryutaro Hashimoto identified advancements in women’s educational participation as the cause of population ageing, and proposed policies to discourage young women from pursuing a professional career. Such proposals, however, did not materialise due to the high public opposition. Instead, the Japanese Government soon realised how difficult it was for women to combine work, family-life and childbearing, and therefore initiated the *Plan for Gender Equality 2000*, which subsequently led to the *Basic Law for a Gender-equal Society* in 1999.

Indeed, ever since Japan’s fertility rates have declined, the government has tried to establish a legal framework that will promote gender equality in both home and workplace (Equal Employment Opportunity Law of 1986 and 1989) and has also implemented several “family-friendly” policies (e.g. Angel Plans of 1995 and 2000; Child/Family Care Leave Law of 1991 and 1999; Law to Promote Support Structures for the Upbringing of the Next Generation of 2005) which aim at relieving women of the burden of childbearing, childrearing and elderly care while promoting the “joint-participation” (Osawa 2000) of men and women in household-related activities (Roberts 2005; Schad-Seifert 2006). However, only a very limited proportion of working women has benefited from these schemes. For example, Usui (2003: 20) explains that one out of three employed women is a part-time worker and approximately 20% of those are “quasi part-time workers”; in other words, they work full-time, however, because of their contractual status are excluded from the

Child/Family Care Leave benefits. This, certainly, as Roberts (2005) notes, has forced working women into a dual role as there is a lack of men's involvement in household chores, let alone child and elderly care, which is evident in the average 48 min a day a Japanese man spends in helping with housework and child care (*The Japan Times* 2008). Therefore, it appears that all these social policies have the specific goal of enabling women to balance family and work responsibilities but less attention is given to men in the objectives of Japan's gender-equality policies. Moreover, as Roberts (2005) and Schad-Seifert (2006) would argue, behind the government's measures for harmonising family-life and work is the objective to ensure women's workforce participation in order to revitalise Japanese economy and encourage working women to have more children. And although in recent years there has been a significant increase in the fertility rate, government policies should seriously address a redefinition of the traditional gendered division of labour, especially men's roles and work-oriented lifestyle, so that men can also be encouraged to balance work and family-life. This in turn could help ease the issue of family-care responsibilities as well as other pressures Japan's ageing society is currently facing.

Conclusion: The Shifting Social – Care – Contract

It has been demonstrated that gender relations and demographic trends have been key factors in Japan's most recent reforms in social policy-making. Until recently, the Japanese state has relied on women, families, communities and companies – in that specific order – to provide social care and welfare whilst giving priority to policies for economic and industrial development. Undoubtedly, the trajectory of change observed in the Japanese case is the legacy of a strong familialistic model, which creates new tensions and contradictions between societal shifts, changing gender roles and the existing welfare state arrangements. Thus, it is fair to say that a welfare system centred on the family ultimately produces a social and political discontent as members of the younger generations, particularly women, start seeing the tradition of family care and welfare responsibilities as a heavy burden. These issues are not particular to Japan: many other familialistic societies in Southern Europe (i.e. Italy, Portugal, Spain, Greece) and East Asia (i.e. Korea, Singapore, Taiwan and China)

face similar socio-demographic trends (low-fertility rates/increased longevity) and changes in gender relations (Ogawa 2008; Peng 2002). Interestingly, due to historical and cultural similarities – and a long tradition of economic development transfer – East Asian countries are already viewing Japan as a model to develop their own ageing-related policies according to their particular needs,⁹ especially since these societies appear to be ageing at a much faster pace than Japan (Ogawa 2008).

The Japanese welfare state makes, therefore, a strong case for leading the way into issues of population ageing, fertility decline and the accompanying imperatives for social care. As discussed earlier, Esping-Andersen's typology has identified Japan with the conservative–corporatist regime but also highlighted its uniqueness as a hybrid model that cannot easily fit into the Western comparative framework. Moreover, the so-called uniqueness of Japan's welfare state may be understood in terms of its commitment to balance economic growth and demographic dynamics, which is clearly the premise for Japan's social welfare development. However, Esping-Andersen's model fails to fully explain the trajectories of change of the Japanese state, as it does not integrate further issues of gender relations into the analysis. Thus, by drawing on Daly and Lewis' (2000) model I have been particularly concerned to present the development of the Japanese welfare state from a gender-social care dimension. With gender being a crucial factor in the organisation of welfare, the use of a feminist/gender perspective was at place here. Furthermore, since much of the existing work on welfare states using this approach has been undertaken to compare Western regimes (Bergqvist et al. 1999; Korpi 2000; O'Connor et al. 1999) it appeared necessary to reflect on the Japanese case and recent feminist analyses by Ito Peng. For future studies it might be interesting to compare Japan and other East Asian countries in terms of gender regimes typologies in a similar way to Pascall and Kwak's (2005) study of Central and Eastern European countries. In their analysis they found that state policies in that region fail to support working women contradicting, therefore, the ideas and ideals of parental responsibilities. Women in these countries are similar to

⁹ Korea has studied and followed Japan's LTCI in order to introduce its own health care system (Ogawa 2008).

Japanese women in the sense that they are also negotiating a dual (work/family) burden and expect care to be socially shared, especially between the family and the state. Thus, applying such type of analysis could bring new understandings about Japan, and above all could help us theorising the interplay of gender and welfare development in the East Asian region.

In conclusion, the case of Japan highlights three main issues. First, the trajectory of changes in the Japanese welfare state development shows us how social policies are undoubtedly gendered and come into being as a result of specific societal changes and pressures. In this context, the male breadwinner/professional housewife social contract has been undermined by the increase in education and work opportunities for Japanese women. Thus, the second issue is that such opportunities along with socio-economic, political and demographic changes contributed to the political mobilisation of women who clearly succeeded to impact both the process and outcome of Japan's social welfare policies regarding the issue of social care, whilst also giving way to new individual views on gender roles to younger generations.

Although, today many Japanese women still uphold a strong sense of filial responsibility towards their elderly relatives, they are evidently negotiating and even rejecting the traditional feminine role inherent to the Japanese-style welfare state. This consequently leads us to the third main issue. Thus far, it seems that most of the social policy reforms have relieved women of the burdens of family care through an expansion of public provision of child and elderly care, albeit limited by neoliberal-residual principles. Nonetheless, it seems so far that Japan has not been able to recognise that the real problem behind low-fertility rate/population decline is not merely changes in women's roles but the necessity of gender equality in order to facilitate the balancing of work and family life for both men and women. Perhaps, one of the reasons for Japan's inability to change the basic structure of gender relations is rooted in the traditional ideal towards women, marriage and children. There is no denying, then, that the imperatives for change are embedded in a feminist discourse which aims to force the Japanese Government to carefully examine the structural issues behind societal and individual attitudes on social care and gender roles, in order to redefine more effective social welfare policies for its ageing society.

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Caring for a parent while working for pay in the German welfare regime

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Abstract

This article presents the results of a study that addresses the strategies adopted by adult children in employment who bear the main care responsibility for a frail parent. The context of the study is the resources and constraints offered and imposed, respectively, by long-term care policies in Germany. The empirical part is based on 34 in-depth interviews conducted in winter 2007–2008 in Berlin and Brandenburg. Five different care arrangements emerge at the interfaces of family resources and constraints, paid work demands, other family demands and policy options. These represent different ways of dealing with the interference that can occur between work and care, and other dimensions of personal and family life. In the conclusion, against the background of the research findings, the authors discuss the role of the German policy framework for long-term care in terms of its efficacy in providing adequate care and in easing work–family tensions in a context characterised by unequal private resources.

Keywords: ageing, care, work–family conciliation, social policies.

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Premise

The combination of population ageing, rising women's labour force participation and changes in the statutory retirement age for both men and women means a growing number of workers must find ways to reconcile care responsibilities with their job demands (Lechner 1999; for Germany, see Blinkert & Klie 2001; Häcker & Raffelhüschen 2007). The later phase of working life is thus increasingly characterised by work–family conciliation issues, which are no longer limited to the child-rearing years. In Germany, according to the 2005 Labour Force Survey, 4% of the working population aged 15–65 has some care responsibility for an adult relative or friend. The carers are strongly concentrated in the 45–54 age bracket, where they comprise 7% of workers. Women are over-represented both in the working and the non-working population of carers. However, about 40% of those in employment who have some care responsibility for an adult are men (see Schupp & Künemund 2004).

As in the case of small children, policies addressing both the care needs of dependent adults and the responsibilities and needs of family carers play a crucial role in the way individuals and families deal with the care requirements of a dependent family member. In fact, the options they offer, the degree of time coverage they grant and the quality of the care they provide all shape the framework of constraints and resources within which individuals decide to take on care responsibilities and structure their care arrangements, fitting them in with their work and other family obligations.

This article presents the results of a study that, within the specific context of the resources provided and the constraints imposed by German long-term care policies, addresses the strategies and needs of adult children who are both in employment and bear the main responsibility for the care of a frail old parent (or parent-in-law). The study is part of a larger comparative project examining resources, tensions and stresses in work-care arrangements among the parents of young children and the adult children of disabled or very frail parents in different policy settings.¹

¹The Workers Under Pressure and Social Care (WOUPS) project, financed by the French ANR and MIRE. It includes France, Germany, Italy, Portugal, Sweden and the Netherlands.

Following an overview of the literature and the presentation of our theoretical framework, the article outlines those characteristics of German long-term care insurance that are relevant for family carers who are also in paid work. On the basis of 34 in-depth interviews conducted in winter 2007–2008, it then describes the different strategies of family carers as they are developed at the interface of policy options, family resources and constraints, and the demands of paid work. It focuses in particular on patterns of care packaging and on the role these have in the way carers deal with the interference and tensions that arise between working, caring for a parent, and their own personal and family life. In the conclusion, against the background of the research findings, the role of Germany's policy framework for long-term care is discussed with respect to its adequacy in providing satisfactory care and in easing work–family tensions in a context marked by inequalities in private resources.

Literature Review and Theoretical Framework

According to the literature, at least five analytically distinct aspects are important in considering interference between care obligations and being in employment (Cullen et al. 2009; Dallinger 1997; Frone et al. 1997; Grzywacz & Marks 2000; Neal et al. 1997; Scharlach et al. 2007): (1) the impact of caregiving on employment and therefore indirectly on the carer's financial resources; (2) the impact of employment on caring; (3) the impact of the dual demands of working and caring on other family obligations and relationships; (4) the impact of working and caring on social life and leisure time; (5) the impact on the caregiver's health.

Most literature on reconciling employment and elderly care is concerned with only one dimension at a time and then mostly with the impact of care obligations on labour market participation. Many analyses show that there is a negative trade-off in terms of labour market participation if an employee takes on care responsibilities (Bolin et al. 2008; Crespo 2007; Heitmueller 2006; Reichert & Naegele 1999; Schneider et al. 2001; Spiess & Schneider 2003). Caregivers with intensive care responsibilities are more likely to reduce their working

time (Mutschler 1994; Sarasa 2008; Spiess & Schneider 2003). There are gender and class differences in the degree of this negative impact. Women, especially if they cohabit with the person needing care, show a higher probability than men of reducing their paid working time (Arber & Ginn 1995; Ettner 1995; Kramer & Kipnis 1995; Pinquart & Sørensen 2006; Sarkisian & Gerstel 2004). Gender differences are the consequence of normative frameworks and the gendered division of labour, which assigns women the caring role (Fine & Glendinning 2005; Gerstel & Gallagher 1994) and therefore lowers the average opportunity costs of wives, as opposed to husbands, for leaving or reducing paid work.

Employees with lower income, lower education or lower occupational status are more likely to take on care obligations and face higher risks of labour market attrition (Bolin et al. 2008; Crespo 2007; Henz 2006; Viitanen 2005). The combination in working-class families of weaker financial resources (and thus fewer options to purchase care services) with geographically closer family networks largely explains the different impact of caregiving on employment in diverse social classes (Couch et al. 1999; Henz 2006; Johnson & Lo Sasso 2000).

Caring for a parent not only involves “hands-on care”. It may include also what Rosenthal et al. (2007) have called managerial care: care-related discussions and planning with other family members or the care recipient about the care arrangement and financial matters, negotiation with and supervision of formal and informal, paid and unpaid care providers, carrying out relevant paperwork and seeking information. It is worth noting that the use of formal services and the awareness of entitlement to them require this specific kind of work and competence on the part of family carers. Based on a Canadian sample, Rosenthal et al. (2007) found that providing managerial care generates stress among women and interferes with work among men. The aspect that creates the greatest personal and job costs among both men and women is the organisation of care rather than financial or bureaucratic management.

The role of social policies has been addressed by numerous national and comparative studies, either from the point of view of the dependent person’s entitlement to care (e.g. Doyle & Timonen 2008; Pacolet et al. 2000) or with respect to their impact on and interaction with

family and informal care (e.g. Anttonen et al. 2003; Arntz & Thomsen 2008; Jegermalm 2005; Lewis 1998; Rostgaard 2002; Theobald 2008). More recently, some authors have suggested analysing care policies for the elderly (as well as for children) along the familialisation–defamilialisation continuum, distinguishing between defamilialisation, supported familialism and familialism by default, in order to understand the role that policies implicitly or explicitly assign to family solidarity in providing care (Leitner 2003; Rauch 2007; Saraceno 2010). This distinction appears particularly useful for understanding why different patterns of family care emerge in different countries (e.g. Sarasa & Mestres 2007). It can also help us to understand whether policies alleviate or perpetuate social inequalities among both care-dependent persons and family carers. A recent study by Sarasa and Billingsley (2008), based on comparative survey data, offers important insights on this issue. These authors found that both the parents' and the children's low-economic status are correlated with a higher provision of care by children, no matter the welfare regime (also see Groenou et al. 2006). This study also supported the "paradox of redistribution" articulated by Korpi and Palme (1998), which states that universal benefits counteract social inequalities better than means-tested benefits targeted at those with insufficient income. Thus, in countries that are more generous and universal in providing care, social inequalities are weaker among both care-dependent persons and caregivers. By contrast, where a large share of care needs is left to individual and family resources (familialism by default), female adult children in the lower classes, in particular, find themselves in tighter trade-offs between working and caring (Saraceno 2010). These trade-offs are not the same for men and women, given their different positions in the labour market. They are also not the same for all women. Women with limited economic means have fewer options than women with higher incomes, who can purchase part of the care work. These differences across social classes are particularly acute in countries with little public provision of services. But they are also present in countries where support takes the form of financial transfers (Ungerson & Yeandle 2007), i.e. through supported familialism. In the latter situation, in fact, low-income women may face difficult trade-offs between staying

in a poorly paid job and paying for a care service, keeping the money for the family budget and caring full time, or keeping the money for the family budget while juggling care and job obligations. The German case is important in this respect because long-term care insurance, while leaving a large degree of care to individual and family resources (familialism by default), also offers a choice between service provision or cash benefits, i.e. between defamilialisation and supported familialism, for the quota of care it supports.

In this article, our specific aim is to understand whether and how this particular form of policy provision affects the options and strategies of adult children in employment who have care responsibilities, while also looking at interactions with gender and social class differences, as well as with specific family arrangements and cultures.

German Long-Term Care Insurance

German long-term care insurance, which was introduced in 1995, shoulders the basic care expenses for individuals with substantial care needs. Benefits are differentiated on the basis of level of dependency, which is precisely defined in terms of inability to perform necessary daily activities according to ADL criteria. In line with the principle of subsidiarity, primary care responsibility is left to the family and statutory long-term care insurance is not intended to cover all care needs. Furthermore, beneficiaries can choose between receiving the care allowance in cash or in kind, i.e. home care, attendance at day-care centres or residence in nursing homes. It is also possible to combine cash and in-kind benefits. Care allowances are graded on the basis of both the level of need and the type of care provision chosen. The monetary value of nursing-home care is the highest, while that of cash benefits is the lowest; the latter amounts to around one third of the value of nursing-home care and to half of that of home-based services. Since allowances do not cover the full amount of required care, care-dependent persons in nursing homes must pay almost half of the overall costs themselves. For the poor, social assistance may cover part of the additional costs. The allowance granted for home care is sufficient to finance between two and three half-hour visits per day

by a care service. But this does not cover the caring time acknowledged as necessary for the different care levels (*Pflegestufen*).² Additional time may be bought privately from the same services, purchased on the (cheaper) informal labour market or provided by family members. The system of long-term care insurance thus both expects a large amount of care to be performed by family providers, and at the same time de facto encourages recourse to irregular and cheap labour provided mostly by migrants (Kondratowitz 2005; Ostner 1998).

Main family carers who provide more than 14 h a week of care – according to the criteria used for service provision – and are not, or are only part-time employed, may be assigned the status of “carer” (*Pflegeperson*). This status entitles them to old-age pension contributions and to insurance against accidents that may occur while providing care. Main family carers, subject to the agreement of the care-dependent person, may also request respite care (*Kurzzeitpflege*) and nursing-home care in cases of emergency (*Verhinderungspflege*) for a total of up to eight weeks per year.

Until the reform of long-term care insurance in June 2008, family carers in paid work had no statutory entitlement to days off from work for care obligations. Since the reform, caregivers are entitled to unpaid leave of maximum 6 months per person cared for. They also have the right to 10 days unpaid leave per year. Apart from this new statutory regulation, some collective and company agreements (particularly in large enterprises) include some kind of working-time allowance or flexibility for informal carers in employment (Dilger et al. 2007; Klammer & Letablier 2007; Klenner 2005; Reichert & Naegele 1999). However, both these agreements and the new statutory entitlement exclude small firms (the 2008 reform applies only to companies with over 15 employees) and thus a substantial share of carers.

Given this institutional framework, the receipt of adequate care depends to a large extent on the availability of both family carers and money. Care arrangements, even given public support, are strongly shaped by the

²The following amounts of care are recognised as necessary for the different care levels: level I, minimum 90 min daily; level II, minimum 3 h daily; level III, minimum 5 h daily.

financial status of the households and family networks involved, by the numerical size of these networks, by their gender composition and by the individual biographies of their members – i.e. by their often gender-specific “moral careers” (Dallinger 1997; Finch & Mason 1993; Heusinger & Klünder 2005).

The Qualitative Study

Sampling Strategy and Sample Characteristics

The sample consists of 34 individuals who work for pay at least 20 h per week and who are the main family carers for their parent(s) or parent(s)-in-law. In order to be identified as main carer, the respondent had to bear the main responsibility for the overall care arrangements, either providing the main bulk of care directly or organising and supervising the “care package”. In order to be defined as “dependent”, a person had to need support in (instrumental) activities of daily living (IADL, ADL) and/or to be supervised for several hours a day. The sample, therefore, includes only persons with considerable obligations towards both care and paid work. Although the sample intentionally does not include those carers who, because of their care obligations, had to leave work, we do have three cases in which this happened shortly before the interview. We aimed at having a reasonably diversified sample with regard to income, professional status, family circumstances and extent of care needs.

The interviews were carried out in (East and West) Berlin and in the (mostly rural) Brandenburg region. Respondents were contacted through services and informal networks. The former route was prevalent in Berlin, the latter in Brandenburg, due to the different types of collaboration offered by the services in the two territories. This differential recruitment affected the characteristics of the respondents in the two contexts and particularly the incidence of their use of services, which was much higher in the Berlin subsample than in the Brandenburg one. The latter also comprises more families with lower incomes. In the following analysis, we will not use the geographical distinction, considering only the overall financial situation of carers.

Our sample includes only five men, compared to 29 women (see Table 1). The expected difficulty in finding men who are the main carers, due to their

Table 1 (Continued)

No.	Name ^a	Sex		Age				Relationship	Profession	Carer lives with	Working time (h/week)					Caring time (h/day)			Care type
		M	W	39-49	50-59	60-64	20-29				30-34	35+	<3	3-5	>5				
21	Ute	X	X	X	X		D-M	Secretary	P+CH			X	X			X	4		
22	Veronica	X	X	X	X		D-M	Civil servant, management	-			X	X				2		
23	Wiebke	X	X	X	X		GD-GM	Nurse	CF			X	X			X	2		
24	Andreas	X	X	X	X		S-M	Social worker	CH-CF			X	X			X	2		
25	Bettina	X	X	X	X		D-M	Shop assistant	CF		X	X	X			X	1		
27	Clara	X	X	X	X		D-M	Painter	-		X	X	X			X	2		
28	Ralf	X	X	X	X		S-M	Sub-worker	CH-CF		X	X	X			X	2		
30	Annika	X	X	X	X		D-M	Secretary	CF		X	X	X			X	4		
31	Sabine	X	X	X	X		D-M	Technical consultant	P-CH			X	X			X	4		
32	Marta	X	X	X	X		D-F	Alternative practitioner	P		X	X	X			X	1		
33	Markus	X	X	X	X		S-M	Lumberman	CF			X	X			X	3		
34	Rosa	X	X	X	X		D-M	Family worker in a shop	CF			X	X			X	1		
35	Paula	X	X	X	X		D-M	Operator in a call centre	P-CH-CF			X	X			X	4		
36	Jonas	X	X	X	X		S-M	Medical practitioner	P-CH			X	X			X	3		
38	Laura	X	X	X	X		DL-ML	Pre-school teacher	P-CH		X	X	X			X	3		
Total		5	29	14	18	2	-	-	-		9	6	19	11	10	12	-		

^aFictitious names provided by the researchers.

Note: Relationship: D, daughter; DL, daughter-in-law; F, father; GD, granddaughter; GM, grandmother; M, mother; S, son. Carer lives with: P, partner; CH, child(ren); CF, person cared for; B, brother. Care types: 1, only services; 2, main carer dominates; 3, services dominate; 4, other informal carer dominates; 5, shared arrangement.

comparatively small number among children who care (see Kramer & Thompson 2005; Schneekloth 2005), was compounded by the refusal of some men to be interviewed. There are, however, at least three male partners and two brothers who, although they were not interviewed, contribute at least as much care work as their spouses or sisters. And other husbands and brothers also offer substantial help, even if they do not share the care work equally. The presence of caring men in our sample is therefore broader than only those who were interviewed directly.

The daughter–mother relationship is prevalent – accounting for over half of all relationships – as also found in representative surveys (e.g. Schneekloth 2005). Some women are responsible for the care of their father- or mother-in-law. All five men care for their mothers.

A total of 14 of the persons cared for live in the same household as the carer. This arrangement is usually found in the low-income group and in the care arrangements with fewer non-family resources. Except for two cases, all the persons cared for are classified according to the three possible care levels (*Pflegestufen*), i.e. they are recognised as needing special care. Almost a quarter of our sample involves carers belonging to the so-called “sandwich generation” – people who have an additional care responsibilities towards minor children aged between 9 and 17 years.

At 19, the number of carers without a cohabiting partner is quite high; 13 of these are divorced. These are often the carers with the fewest options: they cannot opt out of the labour force because theirs is the only income available; at the same time, there are fewer people within the household with whom they can share the care responsibility.

Working time ranges from 20 to 80 h a week. Of the respondents, 19 work full time; six work extended part time of 30–34 h per week; and nine work less than 30 h per week. This distribution is similar to that found in two nationally representative surveys on family carers – the 2002 Infratest survey and the 2005 Mikrozensus. The weekly distribution of working time ranges from fixed, regular working time to shift work, flextime and work on demand. The occupational status of respondents ranges from executive and managerial positions to skilled manual work.

Among those who work full time, 12 provide care for more than 5 h a day. Caring time is high for most of the respondents: 22 provide care for

over 3 h a day, while 11 provide care for less than 3 h a day. Only in two cases are both paid working and caring time significantly lower. Most of the carers in the sample therefore have a high paid and unpaid workload.

In 12 cases, both the person cared for and the household of the caregiver are in a low-income bracket of less than 1300€ per month.³ In five cases, the carer and the person cared for have considerable income resources. In seven cases, the income of the person cared for is very low, whereas the household of the caregiver has at least moderate income resources. Unfortunately, not all respondents provided information on income, but we were able to estimate the material living standard of the carer on the basis of other information.

Method and Analysis

The interviews were semi-structured. For purposes of cross-national comparison, a common template was used in all countries, which touched on organisational features, the development of the care arrangement and its financial cost, the quality of the relationship with the person cared for and with other family members, the family-to-work and work-to-family tensions and conflicts, and the attitudes towards caring and towards work. The interviews were mostly carried out in the carer's home and lasted 2½ h on average. They were recorded and transcribed in full by the interviewer herself and were then coded with Atlas.ti. Content analysis was carried out independently by the two main researchers and then crosschecked. The analysis was aimed at (a) identifying modes of organisation of work/care arrangements, (b) detecting points and patterns of care-work tensions at the workplace, in the care relationship and in family relations and (c) identifying the resources and strategies used to deal with these tensions. The analysis concerned two distinct levels: that of factual circumstances and that of perceptions and feelings.

In this article, we focus on (a) the different care arrangements developed at the intersection of human and financial resources, paid work demands and form of public support and (b) the perceived tensions at the work-care interface and in relation to other, particularly family, relationships.

³Household income is weighted by the square root of the number of household members.

Patterns of Care and Work Arrangements

Caring for an older frail person is almost always a combination and a collaboration between different, both informal and formal, caregivers (Anttonen et al. 2003; Lewis 1998), particularly when the main carer is also in work. Specific care arrangements are a product of varying restrictions and opportunities. Together with level and kind of dependency, a crucial role is played by size and availability of the family network, other family responsibilities, hours of work and, last but not least, the preferences of the person being cared for. In the German context, an important role is also played by the opportunities and constraints offered and imposed by long-term care insurance. Important factors are whether or not the care-dependent person is entitled to the insurance and the form in which the care allowance is taken. As we saw above, all but two of the care-dependent persons receive the allowance. Most of them (and/or their carers) opt for receiving it at least partly in the form of services, which is more than that found in a nationally representative sample (Schneekloth 2005) which, however, included both working and non-working carers. Furthermore, in 12 cases, the statutory service provision is topped up by extensive use of day-care centres financed either by private means (usually the care-dependent person's pension) or, in the case of low-income earners, by social assistance. In the two cases in which there is no statutory care allowance, the main carer hires professional help. In no case is the respondent the only care provider. In addition to, or instead of services, other family members, particularly within his or her own household, often help the main caregiver. More rarely, friends or neighbours may help out.

Four different combinations of formal and informal support may be detected depending on the relative weight (in terms of time covered) of one of the components: (a) arrangement with no use of services, (b) mixed arrangement where the main family carer and her household prevail, (c) mixed arrangement where services prevail and (d) shared arrangement with a balanced contribution by various carers. The first two arrangements include only low-income households. The other two are more heterogeneous, although there is a prevalence of better-off households.

In the *no service* pattern (eight cases, all women), four carers work part time and four full time. The decision not to use services is in at least two cases explicitly motivated by budget constraints.

Bettina, a science PhD, had to relinquish a possible career in her chosen field and work instead as a part-time shop assistant due to a series of care obligations over time – first her father, now her mother. She lives in a small town in Brandenburg with her mother, who has been assigned *Pflegestufe* 2. Their overall budget amounts to 2300€ per month, of which 1000 are her mother's pension, 400 the care allowance and 200 the allowance Bettina receives as a *Pflegeperson*. She acknowledges that her mother would be better off if she could attend a day-care centre, but their household cannot afford to give up the care money. Bettina therefore performs most of the required care herself, with the help of two siblings.

Both of Silvia's parents are care-dependent and each of them lives with a different child. The two siblings also help each other with the care of the other parent, although it is the (18-year old) son who seems to bear the greater responsibility overall, at least while Silvia was working. She lost her job as an office clerk shortly before the interview because of her care responsibilities.

Financial issues are not always the main reason for not using services, however. A lack of trust in "strangers", a sense of duty or a desire for self-sufficiency may play a role, although we found this latter motivation only among low-income households. Tanja, for instance, lives in a rural context in Brandenburg with her mother, who suffers from dementia and has been assigned *Pflegestufe* 1. The mother refuses contact with anyone other than Tanja and Tanja's retired husband.

In the case of Nora's mother (*Pflegestufe* 2), "not wanting strangers" seems to be a view shared by both the dependent mother and her carers:

Because there are enough of us and we can manage it, and because we do not want to have a care service here. My mother doesn't want strangers in the house. (Nora)

The *mixed arrangements where the main carer and her or his household prevail* comprises 10 cases, two men and eight women. In two cases (a woman and a man), which are also among the poorest, the carer lives with the dependent parent and shares the household budget. Support from other family members is available but moderate. Irrespective of the level of dependency and of working hours, there is only a minimal use of formal or informal services. In this group, four carers work full time, five part time and one – Andreas, a former social worker – became unemployed shortly

before the interview because of his care obligations. Until now, however, this man has refused to have his mother, with onsetting Alzheimer's disease, assessed under long-term care insurance. He previously had a negative experience with his father who, in Andreas' opinion, lost his autonomy because of over-caring:

She should be kept grounded. She's not a case for nursing care. She should stand her ground (emphasis). She does the dishes and organises the household, has her kind of work. It's important that she has something to do.

Divorced and living with his mother, Andreas performs most of the caring required, with some help from relatives and neighbours (whom he also partly pays) and from a private nurse his mother knows as a friend. He currently lives on his mother's pension and his unemployment benefit.

Esther moved to her father's house when he developed dementia. She is single and works extended part-time hours. For her, reducing working time is not an option. She needs an income to make a living and to build up her pension entitlement. She has no siblings and therefore has to manage the care arrangement on her own. During her working hours, her father is in a day-care centre. The cost for the care almost entirely uses up her father's pension. Because of her father's worsening dementia, she spends most of her free time with him, with little time for any social life.

In two cases belonging to this type of arrangement, we suspect that another person in the household has at least as much care responsibility as the self-defined main carer. In both cases, it is a husband, who however refused to be interviewed.

Hedwig does not fully use the care allowance in the form of services, since the household needs the money to round up the budget, given her husband's unemployment and her low wages as a childcare worker. She can count on her husband, who stays with Hedwig's bedridden mother (*Pflegestufe 2*) and feeds her lunch while Hedwig is at work. The home-care service provides basic body care and some mobility exercises. But most of the care work is performed by Hedwig and her husband. Anna's case is similar.

In the *mixed arrangements where services dominate* (seven cases: two men and five women), the majority (five) of carers work full time. Either they or the person cared for generally has a comfortable income, and in no case

are there serious budget constraints. In all cases, the dependent parent (*Pflegestufe* 1 or 2) attends a day-care centre 5 days a week. If necessary, he or she is brought there and back by a driving service and in some cases also receives home visits for body care. In all cases, the cost of these services is only partly covered by the care allowance and is topped up to the tune of between 130 and 700€ per month by the old person's personal income. The main family carer generally has the role of care manager, in addition to being present in the evening and at the weekends.

Britta's mother, for instance, has been assigned *Pflegestufe* 2 and for many years used both home- and day-care services as well as meals on wheels while living on her own. Shortly before the interview, she had to move to a residential home because of deterioration in her condition. Before this move, Britta visited for over 2 h a day and at weekends (something she keeps doing now, although in a more relaxed way) and answered emergency calls at night. Some neighbours were available for small chores and Britta's daughter might be called upon if Britta were ill. Peter, who has recently taken over the main care responsibility for his mother from his wife, due to the poor relationship between the two women, also acts de facto mainly as the manager of a care arrangement where he calls on services to perform most of the daily tasks.

In the *shared arrangements* (ten cases), caring is divided between the main carer, services and other family members or friends. All but one carer in this group work either full time or extended part time and two are freelance artists. As in the previous type of arrangement, we find both high-income households and modest- to low-income situations.

Compared to the other arrangements, this last usually provides a higher degree of overall caring time coverage. Home care services, day-care services and in some cases also home help are used for a substantial amount of time every day. And more than one family carer is present on a regular basis when services are not available. Only in two cases is the cost of services fully covered by the care allowance. In the remaining cases, the shortfall is paid out of the dependent person's pension. In one case, no formal service is used, but a privately hired carer is paid out of the cash allowance.

Ayşe lives with her old dependent father and 11-year-old son. She works full time as a nurse in an out-patient nursing service. Her father (*Pflegestufe*

2) is in a day-care centre every weekday from 7.30 a.m. until 4 p.m., with someone driving him there and back. Her 11-year-old son stays with his grandfather until she comes home from work. Her brother and his wife also help.

Christina and Michael – both self-employed – care for his mother together, who has dementia (*Pflegestufe 2*) and lives by herself. The woman attends a day-care centre 5 days a week and a home-care service visits her twice a day. The couple visits her every day, does the shopping, takes her to the doctor and so forth. This arrangement is very expensive and only a third is covered by the care allowance, the remaining by the old woman's pension.

Jonas, a medical doctor, shared the daily care of his mother with his sister-in-law and his brother, until the mother, who was first allocated *Pflegestufe 2* and then *Pflegestufe 3*, died shortly before the interview. Most of the "hands-on" care tasks, however, were performed by the home-care service, the statutory time of which was extended by means of extra payments.

Frederike is a manager who works part time. Her mother-in-law, who died recently, had terminal cancer and lived with a son in a city 35 km away. Home-care services provided most of the body and medical care three times a day; a cleaning woman performed most of the housework. But, for the hour-to-hour care ...

We decided on the care arrangement as a family. Basically five to six people provided care. My brother-in-law, who lives in the house, provided massive support during the evening and night, of course. Apart from that, we organised fixed care days so that everyone could deal adequately with his or her private life and childcare responsibilities.

The exception to the generally high time coverage offered by this shared arrangement pattern is that of Monika, whose mother has not yet been allocated a *Pflegestufe*. Monika is unemployed and receives social assistance. In exchange, she works in a so-called "one euro job" and also attends training courses towards obtaining a "real job". Her sister, a medical doctor, offers very limited help. The mother attends a day-care centre one day a week, which is paid out of her pension. For the remaining time, she is either by herself or with Monika, who strongly resists being

too involved, since she perceives it as unfair and has a difficult relationship with her mother.

All these different arrangements were more or less stable at the time of the interview, but they were always the result of progressive adjustments and in some cases also of radical changes over time. The carers perceived them as needing constant rearrangement and close monitoring, either because of the uncertainty of the arrangement, or because a change in the situation was anticipated. Worsening of the dependency conditions or failure of some part of the arrangement are ever-present risks. In our sample, such cases are frequent and create a feeling in many carers of always living in some kind of emergency and of not being able to plan beyond the day-to-day perspective.

Multiple Interferences

All of our carers experience problems of conciliation in the five dimensions suggested as relevant in the literature. But their incidence and intensity vary depending on the care arrangement, the situation at work and the overall family situation.

Care-to-Work Interferences

At least three carers (two women and one man) eventually had to leave their job or were fired. Others had to substantially reduce their working time. Many had to forego a career. Six women carers do not work in the field they are trained for and four accepted a position with a lower qualification level because of care responsibilities.

Negotiations with employers and supervisors over working schedules are frequent and sometimes conflictual, particularly among the lower-income workers and when the care arrangement is based exclusively, or mainly, on the carer's resources and time (Types 1 and 2). Bettina, who cares for her mother with only some help from siblings, says that she worries:

Well, the whole time. Is everything OK? Has she fallen? Has she burned herself? Is she doing something she shouldn't do or has she forgotten to turn the cooker off? I get into trouble because she calls me at work, for example, because something has happened. My supervisor doesn't like this, of course.

Tanja (Type 1), who works as a commercial agent for an insurance company on a self-employed basis, had to forego participating in further training, thus weakening her position in the company:

I reduce it [attending on-the-job training] and I do have problems in the company, because they do not accept it, someone not participating in their seminars; but there is no advantage for me at all, whether they accept it or not. That's the energy I have, and I have to manage it so that something is left for everyone.

Fear of losing her job because her employer will not accept her care responsibilities is so strong for Anna (Type 2), who works full time as a cleaner, that she has not informed her boss and colleagues about her situation. She organises her caring around her work schedule, counting on the fact that her husband is currently unemployed and thus can stay at home when she is at work.

For those with more secure job positions and more balanced care arrangements, the issue is rather one of boundary setting and keeping an overall balance. Johanna, who works full time in a public administration and whose arrangement belongs to Type 4, says:

I could work overtime, but I don't because I wouldn't be able to cope with everything. I just get by with my tasks so that I have a more or less balanced working-time account at the end of the month. I wouldn't be able to work more.

Somebody has reduced own working time and consequently also own income. Ralf (Type 2), a carpenter, halved his working time when he began caring for his mother, with whom he now shares the household budget. A similar decision was taken by Bettina (Type 1). From a more favourable position, Christina, a former researcher and now a freelance artist who lives with her husband (Type 4), re-invented a part-time career for herself in order to be able to care for her mother-in-law. In some cases, however, as in that of Annika (Type 4), reducing working time may lead to being fired. In others, it might hamper career prospects. Esther (Type 2), who works reduced hours because of caring for her father, reports that, although *de jure* job offers do not exclude part-time workers, *de facto* applicants in her company who are willing to work full time are always preferred over part-time employees.

Self-employed workers, notwithstanding their apparently flexible schedules and autonomy, sometimes have more problems than waged workers because they cannot afford not to meet their clients' demands.

Tension and overburdening may also result in health problems, which in turn affect working time. One of our respondents had a sudden breakdown because of lack of sleep and had to stay at home for a long period. Others stated that they have increased the number of sick days they take. These situations are more frequent when carers have the main responsibility for the "hands-on", physically arduous body care and when no home-care service is provided (Types 1 and partly 2).

Notwithstanding these difficulties, for most respondents, quitting work – even only temporarily – is however unthinkable, for financial, strategic and in many cases identity reasons. The latter is, for instance, the case for Gesa, a director of a social service provider, who cares for her mother in a shared arrangement pattern:

I have to say it frankly. For me it is very important [to work]. At work I focus on my job, that is my field and I have my private life. There is no [caring], it is not present. And for me it is very important while I am here . . . not to be involved there [in caring] in any way. I did not do it [leave work] for my children, because being at work is mine, it belongs to me. (laughs)

A similar view is expressed by Dorothé (Type 3):

Caring for my mother at home, that is too one-sided. There [at work] you have other things on your mind, you do something different and there are challenges, mentally. You cannot be immersed always in your own life. And you recognise that there are other people who are also not doing so well.

Work-to-Care Interferences

Working responsibilities may also interfere negatively with caring, particularly when the care arrangement does not provide sufficient time coverage. This occurs more often in the first two types of arrangement, where the bulk of care is mostly on the carer's shoulders. In one case, Wiebke (Type 2), the carer puts the dependent person – who is unable to move independently – back to bed after breakfast, leaving her unattended and unable to move until the early afternoon when Wiebke comes back from work. A similar case is

that of Tanja's mother (Type 1), who lives by herself, has dementia and some mobility problems, but does not want any strangers around her. Tanja worries:

It would be nice if somebody were always there, but that is simply not possible. It is too time-consuming. You always have to organise things so that she [mother] has something to do. If nobody is around and she is alone at home and the sun is shining, then she'll go outside, she'll do that. Then something stupid happens. She goes upstairs, falls down and so on ... In fact, somebody should be with her.

Silvia (Type 1), who relies only on informal help, complains that outside her care duties she has no time to actually spend with her father, to take him out occasionally:

When? We don't have the opportunity. We'd like to take him out in a wheelchair. (...) I ask myself, when summer comes, when might we do this? How and when?

Johanna (Type 4), whose mother-in-law attends a day-care centre twice a week and otherwise remains at home alone all day, worries that the woman sleeps too much out of sheer boredom.

Concern for the safety of the frail parent when left alone is also present in other, more complete, arrangements, as indicated by Ute's (Type 4) experience:

... it's more that I'm anxious – in the evenings. She [mother, with dementia] is brought back [from the day-care centre] at around 6 p.m. and if I have pressure at work and realise that I'll be late ... I can leave her alone without a bad conscience for one or two hours maximum. But if it gets any longer, then I become nervous, because I'm afraid, because often something happens at home.

Carers with rigid work schedules complain more often than those with more flexible ones of conciliation problems, particularly if they do not have a support network to fall back on. If the caregivers have a job in which they are indispensable, they always have a fallback solution in which either services or another informal carer may step in and take over responsibility. In fact, not all our carers work under collective agreements that include special provisions for carers. And even if they do, they do not seem aware of this possibility, since nobody has ever mentioned it. The only instrument

they use, if it is contractually available, is working-time accounts, which give some flexibility in organising working time, but do not really offer "time off" to care.

Generally, negotiations in the workplace are informal, based on personal relationships rather than some kind of entitlement. Although most carers can develop this kind of informal negotiation, they also feel vulnerable because of it.

Interference with Other Family Relationships and Obligations

Conciliation problems may arise also on the family front, in relationships with partners and children. Children have to learn how to deal with the lack of time and divided loyalties of their parents. And the caring parent must also deal with these divided loyalties and conflicting expectations. In the experience of Hedwig, whose mother lives in the same household (Type 2):

You don't have so much time for each other [in the family] and my daughter always says: "We can never go on a trip because of grandma". And it's true, that's always the case.

Some of the children involved in our sample have been experiencing the care dependency of their grandparent(s) for a long time. This is the case for Cristina's 13- and 15-year-old children (Type 4), because first one, then another grandparent became dependent while the children were growing up. In at least four cases, children developed behavioural problems. Frederike (Type 4) recalls:

It [high time pressure] had an effect on my daughter. She shows a tendency to self-harm, because she is very sensitive. She started to cut her hair; then there was a period when she did not eat anything. Then she damaged my car with a stone (laughs) to attract attention to herself, because we didn't realise that we suddenly had very little time for her. And she suffers from the illness of her grandma and the experience of how she is deteriorating.

In this case, a high-intensity shared arrangement, the parents responded to the child's demands by reducing their caring time and dedicating more time to their daughter, and the situation improved. In other cases, however, parents acknowledge that there is a problem, but they do not have the time or other resources to deal with it.

The experience of caring may also be enriching, however. Family ties are strengthened; children learn the meaning of intergenerational solidarity and also how to face the experience of ageing. Ayse (Type 4), for instance, is proud of her responsible young son. And Ralf (Type 2), speaking of his 11-year-old daughter, says:

It makes her understand concretely how it can be in old age. These things are actually not necessarily always nice experiences. But they are experiences that are important.

According to Wiebke (Type 2), the caring experience has strengthened the family bond:

It [family life] is becoming more intense. Grandma gives us more of a sense of family. I once had a relationship that broke up; afterwards it was a not really like a family anymore, especially for the children. But now that grandma is here, it is like a small, intact family circle. And the children enjoy it very much. Nina [17-year-old daughter] is always complaining when I say "Take the trash out!" or "Today you have to care for grandma!" But at the end of the day she does it and she also likes it. And the eldest [daughter], she's even more attached to grandma anyway.

Relationships with partners can be under stress because of care obligations. In at least one case, caring was the main cause of divorce. Due to her care obligations, Silvia (Type 1) not only lost her job, but also her husband, who wanted her to choose between him and her mother. In other cases, care obligations made it impossible to really develop a relationship. Bettina has started a relationship,

... but it is just difficult. You cannot really be away and you also cannot take her (mother) along. It limits the private time with friends and a partner a lot.

Wiebke (Type 2), who is 45 and cares for her grandmother while working at two jobs and studying medicine, comments:

I think, gosh, my prime years are passing by. You could look for a man. But there is no time at all.

Nonetheless, other respondents state that the experience may strengthen the couple or that only a solid couple can survive the stress caused by this

kind of obligation. Gesa (Type 4), for instance, speaking of her relationship, says:

We have had relationship problems. They were very evident. It [the care arrangement] is virtually a marriage in a threesome. But now we have climbed a high mountain and we are growing along with this situation.

And Anna (Type 2) emphatically declares:

But it can't work if one has a job and also has someone in need of care at home without having a partner at home to give support. It can't work, absolutely not.

Interference with Leisure and Social Life

Most carers, irrespective of their social status and care arrangement, have had to greatly reduce their leisure time and social activities. Weekends and holidays are often times in which services reduce their provision and the carer tries to "make up" for what she or he has not been able to do during the week. Dorothé (Type 3), who cares for her mother with Alzheimer's disease, explains:

It is maybe possible to travel for a long weekend, but not to go away for a trip for a week. We have not done this for the last three years. Well, I would have no peace in a sense.

Ute (Type 4) can count on day care every weekday as well as on her husband's help. But she must use up all her vacation time to take her mother to her routine medical checks twice every month.

A large majority of respondents say that they have lost friends who could not adjust to the rigidity of the carer's time schedule. And most carers have had to abandon formerly cherished activities. Those who cannot count on other family members or other informal help seem more exposed to this risk of a strong reduction in social life, because they have nobody to count on to share the burden, but also because they are isolated.

Conclusion: Tensions, Resources and the Role of Policies

All our carers are under some kind of pressure on their time and on their loyalty. However, the points of major pressure and of perceived difficulty differ along the five dimensions identified in the literature. For some carers, the main concerns regard their job and care-to-work interference: how to deal with job demands, how to keep one's job, how to find a job after losing the previous one, given the care demands. For other carers, the main point of concern is the (in)adequacy of the care arrangement and the work-to-care interference. Particularly when the care-dependent person has to remain alone for many hours a day, the constant worry that something bad will happen never seems to leave the main caregiver. For others still, the main tensions concern neither the care nor the work arrangements. Perceived tensions instead regard the constraints that having both obligations put on the carer's private life: on the relationship with and welfare of children, partners and friends.

How these different concerns are distributed and experienced in the sample is not random. Degree of dependency (or rather autonomy) of the person cared for is, of course, the first important factor. A second element concerns the perceived adequacy of the care arrangement. Being supported by one's own household and extended family may reduce the feeling of isolation and/or conflict of loyalty. But family support may not be enough to ensure an adequate work-family-care balance. Access to non-family services and having the financial means to be able to buy adequate care greatly reduce family carers' caring time. They also reduce the constant worry about the security and welfare of the care-dependent person, while giving him or her the possibility to develop wider social contacts and to be monitored and supported in a professional way. Finally, the care-dependent person's behaviour and reaction also play an important role in easing – or further increasing – the tensions inherent in all care arrangements where carers have multiple responsibilities, loyalties and interests. In this perspective, the cases involving mental disorder, like dementia, are the most difficult, because they often involve some kind of aggression or lack of acknowledgement, which may feed on previous histories of difficult relationships.

Social-care policies play an important, although not exclusive, role in the strategies carers may implement and in the kind of tensions and risks they experience as a result of their care responsibilities (Saraceno 2010; Sarasa 2008; Theobald 2008). In this perspective, the situations in our sample are good examples of the virtues, as well as the shortcomings, of German long-term care insurance. Once a person is acknowledged as having some kind of dependency, he or she, and indirectly his or her carers, may count on some form of support. But this support is limited and, in order to be adequate, it requires a large amount of integration by the family or privately paid services. Since all carers in the sample work for pay, the inadequacy of the care provided by long-term care insurance implies that either they work part time, or they must do a second (or a third, if they have their own family) shift, or must negotiate responsibilities and arrangements with other family members, or find the financial resources to buy extra help. If they lack family or financial resources, or if the care-dependent person's pension is too low, they risk being overburdened to the point of having to leave their job – a risk that particularly concerns low-income women. Or the care-dependent person risks not receiving all the care he or she needs – a risk that affects low-income dependent parents of low-income children.

In this perspective, one might argue that, contrary Korpi and Palme's (1998) thesis, universality is not enough to reduce social inequalities. Amount and adequacy of support also matter. Notwithstanding its universality in coverage, in fact German long-term care insurance does not succeed in reducing social-class inequalities – neither among the care-dependent nor among their carers. It also confirms gender inequalities in so far as the availability to care, within families, is expected more from women. This failure is partly due to the excessively limited care support, thus to the resulting high degree of familialism by default, partly also to the "framework of choice" between partial defamilialisation through care-service provision and partially supported familialism through cash-for-care benefits. Income needs may, in fact, require taking the allowance in the form of money rather than services, or may force people to take only the basic amount of services allocated for free, in both cases increasing the risk both of overburdening and undercaring (see Backes 1998). In our sample, irrespective of the dependency level, only low-income households do not

use any services at all. At the opposite end, the higher-income households (and the care-dependent persons with the highest pensions) exhibit the greatest use of statutory and privately paid services.

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Anthea Innes (2009). *Dementia Studies*.
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REVIEWED BY YIU TUNG SUEN*

Dementia has certainly gained increased attention among the public and academics over the past decades. Anthea Innes' book *Dementia Studies* is a timely addition that critically examines our current understanding of dementia and its implications on individuals, communities and societies. The book clearly shows that tension is almost everywhere if one seeks to understand dementia more thoroughly. There is discrepancy between the ideal and actualised care that people living with dementia receive; between prioritising carers and people living with dementia themselves; and perhaps most significantly, between theory and practice. As Innes notes, the book unfolds "contradictions, paradoxes and multiple interpretations and representations surrounding dementia and dementia care provision" (p. 2).

The book starts by questioning knowledge about dementia with concepts of power, culture and knowledge production, drawn from the literature of sociology of health and illness and sociology of knowledge. Chapter One seeks to unpack what "dementia" is from different disciplines, including biomedical approaches that focus on cognitive functioning, psychosocial approaches that ask us to look at personhood and person-centred care, and social-gerontological approaches that

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examine how “dementia” is socially constructed. The chapter provides an interesting discussion that shows “knowledge about dementia is not as straightforward, nor as consensual” as generally seen (p. 4) and challenges “what is ‘known’ about dementia” (p. 25). This part of the book could be especially useful for medical students and practitioners or indeed anyone who might have taken for granted the “scientific” knowledge about dementia.

Chapter Two moves on to contextualise dementia studies in global and local political, economic and cultural environments. It demonstrates how issues around dementia and dementia care have become politicised because of population ageing and fear of rising associated financial costs of informal and institutional care for people living with dementia. At the same time, it also highlights the fact that dementia still carries with it certain stigma in different societies.

The discussion in the book then shifts to the care for people living with dementia. Chapter Three unpacks the gap between the “utopian ideals” (p. 45) and “the reality of the care situations paid and unpaid carers find themselves in” (p. 69). While the ideals of care are generally driven by moral values and policy frameworks, realities of care are, however, heavily influenced by who provides the care and where. People living with dementia are also heterogeneous which makes care ideals that come in only one size difficult to fit all. The author uses ethnicity and rural location as two examples when the issue of diversity is discussed. Although the two examples are both useful and important, the debate on diversity seems to be rather limited. For example, lesbian, gay, bisexual and transgender people who are either living with dementia or who are undertaking a carer’s role (e.g. Newman 2005) and people who experience younger onset dementia (e.g. Keady & Nolan 1994) can be examples of useful additions to this section to expand our imagination of diversity among people who experience dementia.

Chapter Four discusses dementia studies in cultural contexts. Culture is understood in two ways: (1) cultural groupings, including people living in different countries and people from different ethnic groups living in the same country and (2) cultures of care.

Chapter Five reflects on researching dementia itself. It describes a general shift from research looking at the experiences of formal and

informal carers to understanding the experiences of people living with dementia through proxy informants, to the beginning of incorporating the accounts of people living with dementia themselves. The part on conducting research on dementia (pp. 114–131) poses thought-provoking questions and can be especially useful for people who want to conduct research with people living with dementia. Difficulties such as obtaining consent and practical issues such as communication and accuracy of accounts are discussed. The discussion on research methods is encouraging as it shows that if research design is creative and carefully implemented, soliciting viewpoints from people living with dementia is difficult but certainly not impossible. This part can be substantially expanded, but given the fact that the book has a wider appeal than only to researchers, the brief discussion is understandable.

The book closes with Chapter Six which proposes a model of dementia studies that is reflexive and takes into account the many issues discussed in the previous chapters and summarised above.

Overall, the book can be useful to readers of a variety of backgrounds, including students and researchers in Gerontology, Health and Medical Sciences, Social Work, Social Policy, Sociology and Psychology. It should also appeal to practitioners who work with people living with dementia. I could imagine even friends and family members of people living with dementia might find the book interesting.

As stated above, from a reader's perspective, the discussion on dementia and diversity in the book could be expanded. The section on research methods and associated difficulties can also be dealt with in greater length, especially as research interests on dementia have been growing. However, as a whole, the book *Dementia Studies* is both useful and highly readable.

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Ricca Edmondson and Hans-Joachim von Kondratowitz (eds.) (2009). *Valuing Older People. A Humanist Approach to Ageing*. Bristol: The Policy Press, Ageing and the Lifecourse Series, 312 pp. incl. comprehensive 10 pp. index. ISBN 978 1 84742 291 0 (paperback)

REVIEWED BY BERNHARD WEICHT*

“Ageing societies” have become a main theme of political and academic discourses in the context of modern welfare states. In many accounts, however, the discussion is focused exclusively on elderly people as a strain on social security systems. The book *Valuing Older People: A Humanist Approach to Ageing* presents a convincing new argument for a concentration on elderly people’s lives. Being published in the *Ageing and the Lifecourse* series, the editors have brought together a wide range of contributors from various countries, all rejecting a simplified categorisation of “the elderly” in mainstream discourses. This excellent collection rather approaches themes such as culture, spirituality, religion, meaning, norms and values and makes them the starting point for any analysis of the lives of elderly people. In order to enable a broad perspective, the participants represent various epistemological and methodological approaches (such as discourse analysis, interviews, life stories and ethnographies), which means that the collection is building an interdisciplinary framework based on a broad understanding of the humanities

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(including perspectives such as sociology, political theory, psychology and philosophy).

In the introduction the editors present a very interesting dogma-historical account of the study of ageing. They demonstrate the enormous importance of the analysis of ideals, norms and values in the context of older people. Ricca Edmondson and Hans-Joachim von Kondratowitz argue for an approach to older people which allows "comprehending them *as* people, not treating them as strangers" (p. 1). The editors raise questions of the normative context of ageing and the contemporary expectations of later life. They want to promote perspectives in which political and economic forces are important, but in which the meaning of the human stands above all. With the focus of the book on ethics, moral obligations and normative perspectives, the editors also want to explicitly challenge postmodern trends of an absence of normativity and ethics in social discourses.

The chapters of the book are structured into three sections. In the first part the contributions explore the meaning of being old for elderly people themselves. Issues of religion and spirituality are of particular emphasis in this part. The second section, which the editors describe as the "central section" (p. 11), moves on to the social level of norms and values. This part also questions and challenges the perspectives of the discipline of gerontology itself. In the third part contributions explore particular perspectives on the lives and contributions of elderly people. The focus here lies on notions of wisdom and insight into the meaning of life. Two afterwords which should provide an idea of the possibility of a positive image of ageing complete this collection.

A strength of the book is that it identifies the many different ways through which people try to make sense of ageing and the experience of ageing in their own life. Edmondson's contribution, for example, discusses the idea and category of wisdom in giving meaning to old age. Peter Derkx, on the other hand, focuses on possible challenges to people's ways of an understanding of the meaning of life through biotechnical enhancement. The strong point of the book (its many different approaches and positions which all help to explore the idea and phenomenon of ageing) is unfortunately also sometimes its weakness. Several perspectives (see also the editors' proposal in the introduction to this collection) focus on the

invention and construction of categories in the context of older people. Von Kondratowitz describes veneration of old age as a myth, James Nichol writes about the invention of eldership, Adelina Cooney and Kathy Murphy discuss the perception of categories such as autonomy, choice and privacy in residential care settings and Lorna Warren and Amanda Clarke focus on how elderly people socially construct themselves in relation to health and "active ageing". Other contributions, however, seem to contradict the idea that categories in the context of ageing are social constructions and representations of values and norms in society. Svein Olav Daatland, for example, who analyses people's understandings of family norms and filial obligation, and Dina Frommert, Dirk Hofäcker, Thorsten Heien and Hans-Jürgen Andreß, who discuss the relationship between demographic developments, the idea of "ageing societies" and pension systems, use the very categories in a somewhat uncritical way. On the one hand, the collection clearly takes a standpoint in challenging and deconstructing the meaning of broadly used terms, ideas and categories, at the same time, however, some authors' contributions do not at all reflect on the construction of the terms.

A main focus relating the individual contributions to each other is the importance of religion or spirituality for giving significance and meaning to an individual's life. Michele Dillion's (for the USA) and Peter G. Coleman's (for the UK) analyses of religion can be compared with Monika Wohlrab-Sahr's description of agnostic spirituality in East Germany. While the combination of the individual contributions allows an all-encompassing perspective on older people, the structure of the book has also some shortcomings. In my opinion the book to some extent over-emphasises religion and spirituality and does not pick up on some other themes which emerge from these contributions. The notion of community, for example, appears in several chapters. Peter G. Coleman describes the significance of religious belonging; Kalyani K. Mehta discusses the importance of ethnic community ties in Singapore. Carmel Gallagher analyses the notion of place-based friendship in relation to religious practices in Ireland and describes a culture of friendship and positive neighbouring. In all of these stories religion and spirituality play an important role for elderly people. At the same time, however, a desire for some form of community which is sometimes combined with nostalgic

imaginings of communities is present. Notions of friendship, support and belonging are representations of a longing for social ties and links. While I do not doubt that religion plays an important role in giving meaning to people's (social) life, I would favour an approach that identifies the desire for community and relating as an emotion and an ideal, which reaches beyond religion, ethnic belonging or particular physical spaces.

The editors wanted this very interesting book to take up a life course perspective (which is manifested strongly in Outi Jolanki's account of biographical interviews and discourse analysis in relation to moral attitudes in the context of ageing), which focuses on older people not as a separate category but as inherently human beings. With that they want to make a contribution to the creation and strengthening of a "critical/humanistic gerontology". For this new perspective, they argue, a revolutionising of discourses and a creation of a new language are needed, with which the lives of older people, the process of ageing and the experiences of these processes can be described. In that sense the book represents a very interesting and successful contribution to a new understanding of the way academic, political and social discourses are complicit not only in the "making" of older people but in the construction of what it means to be human itself. It therefore clearly fulfils the editors' aim of "situating older people as equals in a human predicament we share" (p. 2).

I J A L

International Journal of Ageing and Later Life

The International Journal of Ageing and Later Life (IJAL) serves an audience interested in social and cultural aspects of ageing and later life development. The title of the journal reflects an attempt to broaden the field of ageing studies. In addition to studies on later life, IJAL also welcomes contributions focusing on adult ageing as well as relations among generations.

Being an international journal, IJAL acknowledges the need to understand the cultural diversity and context dependency of ageing and later life. IJAL publishes country- or cultural-specific studies as long as such contributions are interesting and understandable for an international audience.

In order to stimulate exchange of ideas on ageing across many parts of the world, IJAL is available free of charge to anyone with Internet access (www.ep.liu.se/ej/ijal).