

Balancing Childcare, Elderly care and Work: Double Responsibility of Care

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Double Responsibility of Care

Situations in which women (or men) have to simultaneously provide elderly care and childcare

Multiple caring relationships in intimate / family relationships

Emerging Double Responsibility of Care: Background in Japan

Late marriage (29.2 years old) + later age at first birth (30.3 years old)

Low birth rate (TFR1.43)

Aging society (25.1%)



Number of “double-care households”

- Smaller sibling and relative network
 - The expansion of elderly and child care in the last two decades
- relying to some degree on existing long-term care and childcare services.

Research on Double Responsibility of Care

- Insufficient research on double responsibility of care
 - Social care
 - Work life balance / New social risks
 - Sociology of family / family policy
- Sandwich generation and intergenerational relations
 - demographical understanding;
 - Process of becoming double carer;
 - Life-work balance;
 - Well-being and health
- little available data exists regarding double responsibility of care.

Double Responsibility of Care Project

Project started with the aim

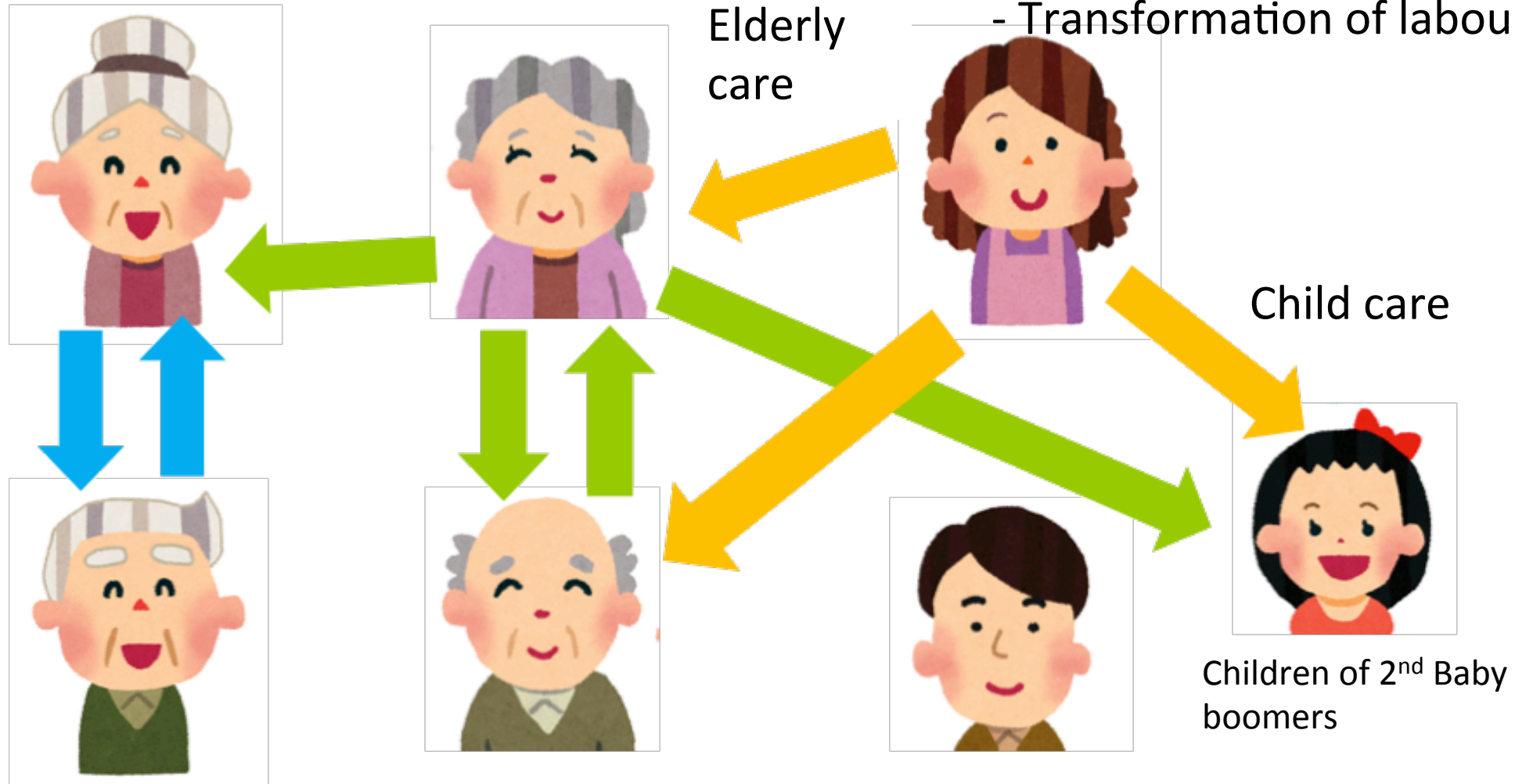
- To examine the experience of women facing the double responsibility of care
- To identify future risks to women, family, communities, and social policy in Japan and other EA societies
- To contribute to the development of sociological and social policy understanding of care and intergenerational relationships.

Double Responsibilities of Care Project

A Part of a wider project '**Double Responsibility of Care in East Asia**'

- Prof. Naoko Soma (Yokohama National University, Japan) = PI
- Dr. Raymond K.H. CHAN, City University of Hong Kong, Hong Kong
- Dr. Dayoung SONG, Incheon National University, South Korea
- Dr. Kate Yeong-Tsyrr WANG, National Taiwan Normal University, Taiwan

- Expansion of public care provision
- Changes in family relationships and household structure
- Transformation of labour market



1st Baby boomers
Born in 1947-1949

2nd Baby boomers
Born in 1971-1974

Care policy and practice in Japan

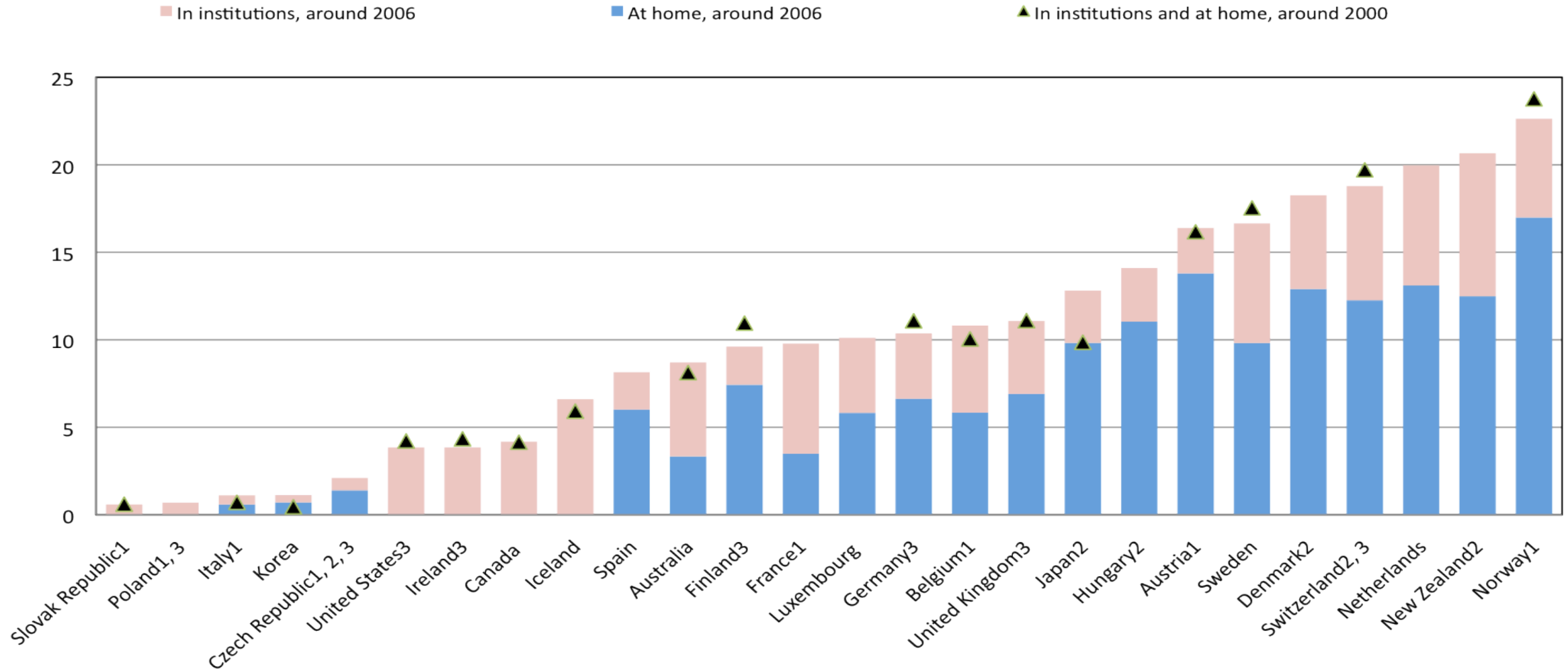
Elderly care

The introduction of LTCI Act (2000), a relatively generous coverage ; 17.46% of over 65 are eligible to receive publically funded (LTCI) services, providing comprehensive institutional and home based services. A stronger state's financial commitments than other EA societies.

Child care

The deregulation of childcare providers and the mechanism of quasi market have been promoted since 1990s resulted in the expansion of for-profit organisations. The problem of 'care deficit (whole day nursery and short-term nursery)' has been a serious issue especially in urban area, while in local areas kindergartens do NOT meet children's quota.

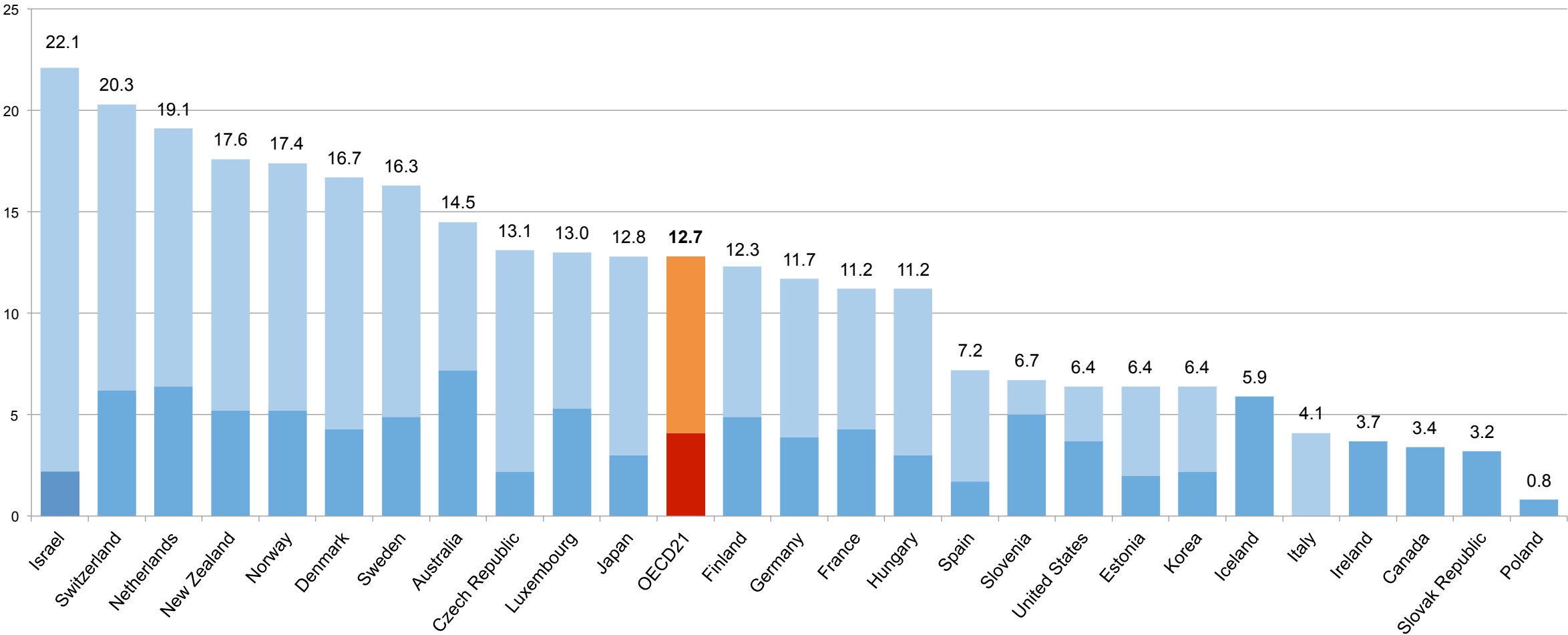
People aged 65 and over living in institutions and receiving formal care at home as a share of people aged 65 and over, 2000 and 2006 (OECD 2009)



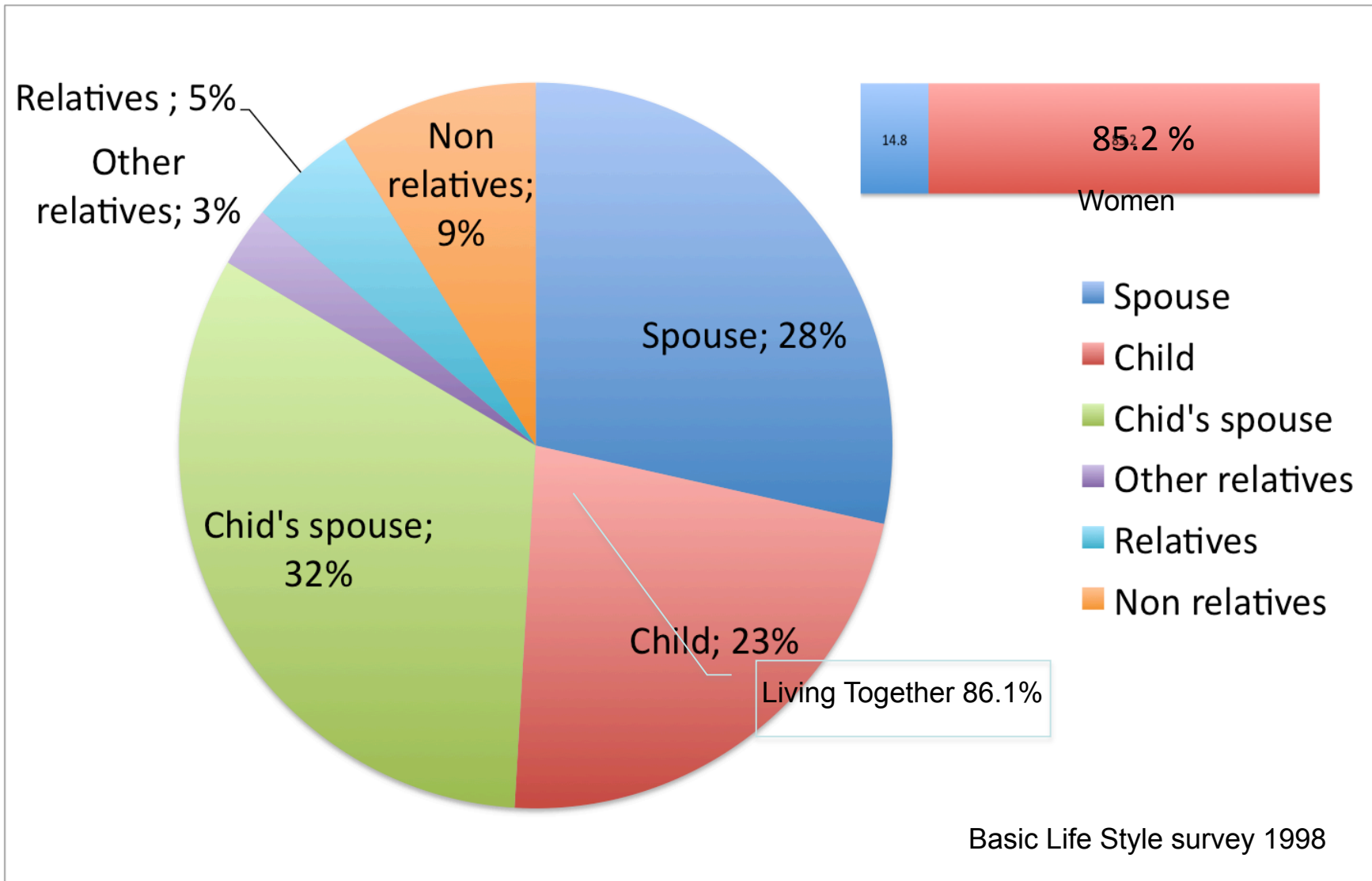
Population aged 65 years and over receiving long-term care 2011

% of population aged 65 years and over

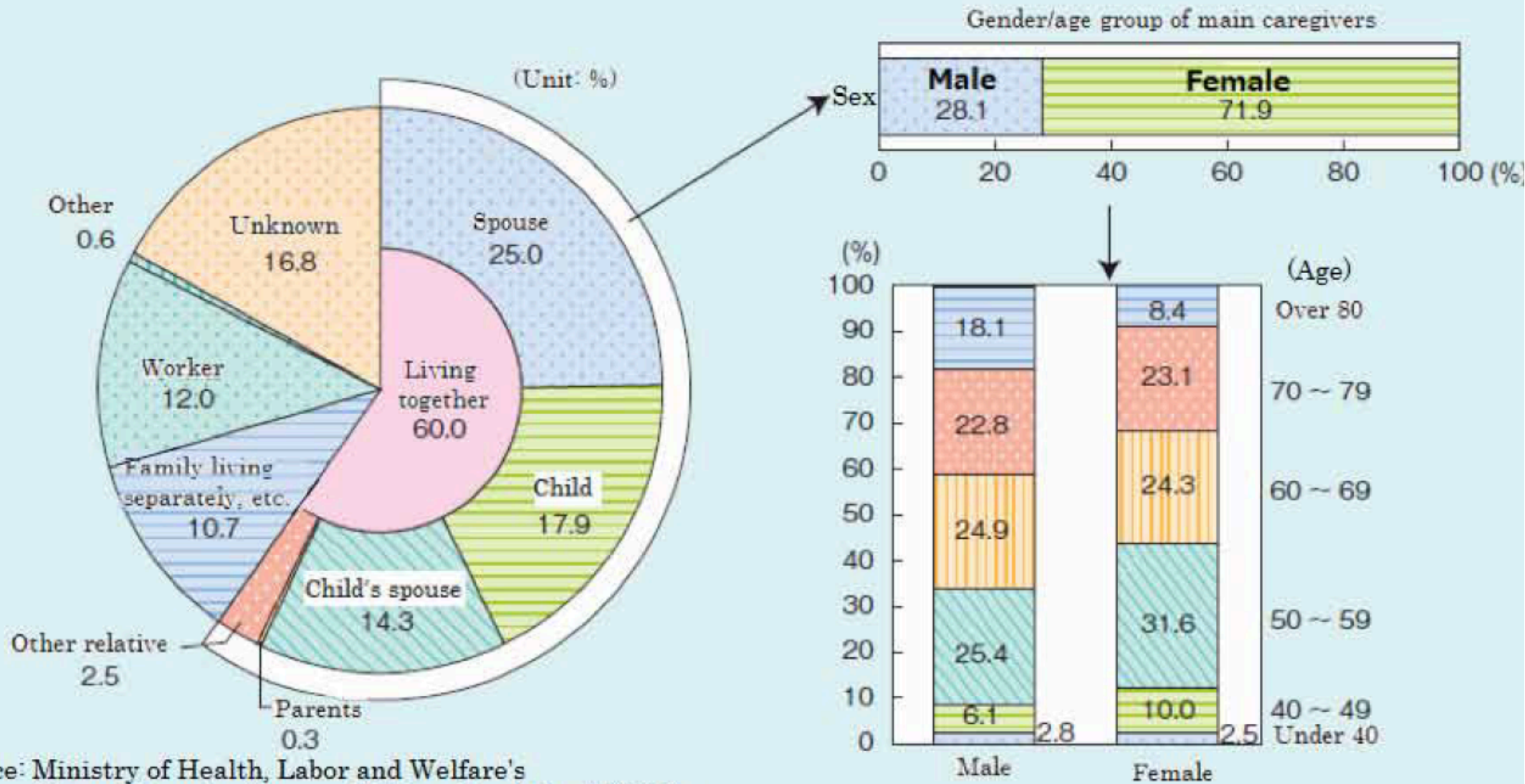
Institutions Home



Percent distribution of relationship between main caregivers and persons (65+) requiring care (Japan, 1998)



Percent distribution of relationship between main caregivers and persons (65+) requiring care (Japan 2007)



Source: Ministry of Health, Labor and Welfare's
"Comprehensive Survey of Living Conditions" (2007)

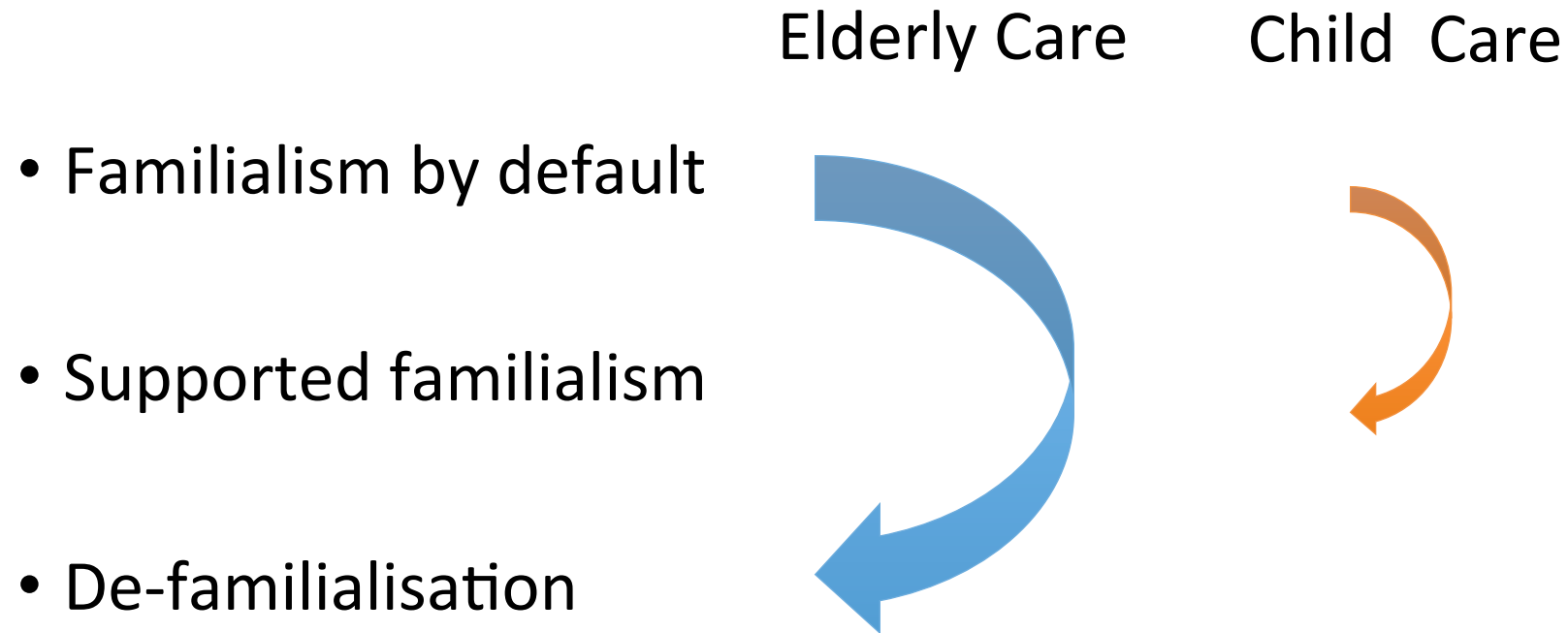
Familialisation and de-familialisation

- De-familialisation (Lister 1994)
- Varieties of Familialism (Leitner 2003)

Three patterns along familialism /de-familialisation continuum
(Saraceno and Keck 2010)

- Familialism by default / unsupported familialism
- Supported familialism
- De-familialisation

Familialisation and de-familialisation



Methodology: Mixed method approach

Quantitative approach (1894 cases) + (3375 cases = not included in the analysis)

- 1st Stage: **questionnaire survey** at 3 childcare support centres in Yokohama, in late September 2012. (n = 559)
- 2nd Stage: **mobile survey** of childcare email magazine subscribers in Yokohama, Shizuoka, Kyoto, Kagawa and Fukuoka, between December 2012 and January 2013. (n = 933)
- 3rd Stage: **questionnaire survey** at daycare centres, after-school day-care centres, and childcare support centres in Yokohama, Kanagawa and Kyoto, from November 2013 to February 2014. (n=402)

Qualitative approach (on-going)

- 49 semi-structured interviews
- 13 focus groups

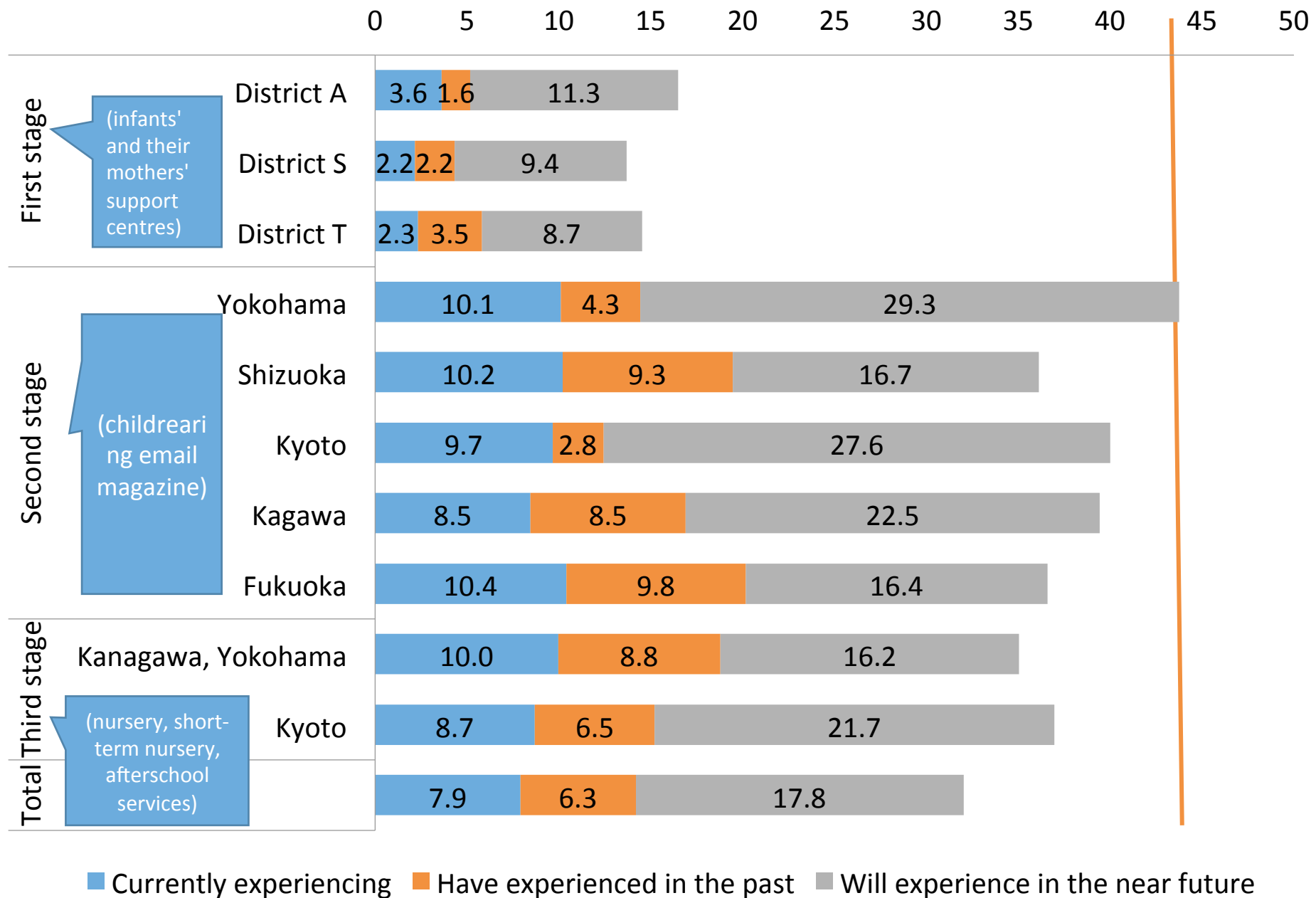
Methodology (Comparative)

Quantitative survey: purposive sampling, mothers who are with a child aged under 6 (for Taiwan and Hong Kong, also parents/parents-in-law to be taken care of) in 2012-2014.

Sample size (total 3372):

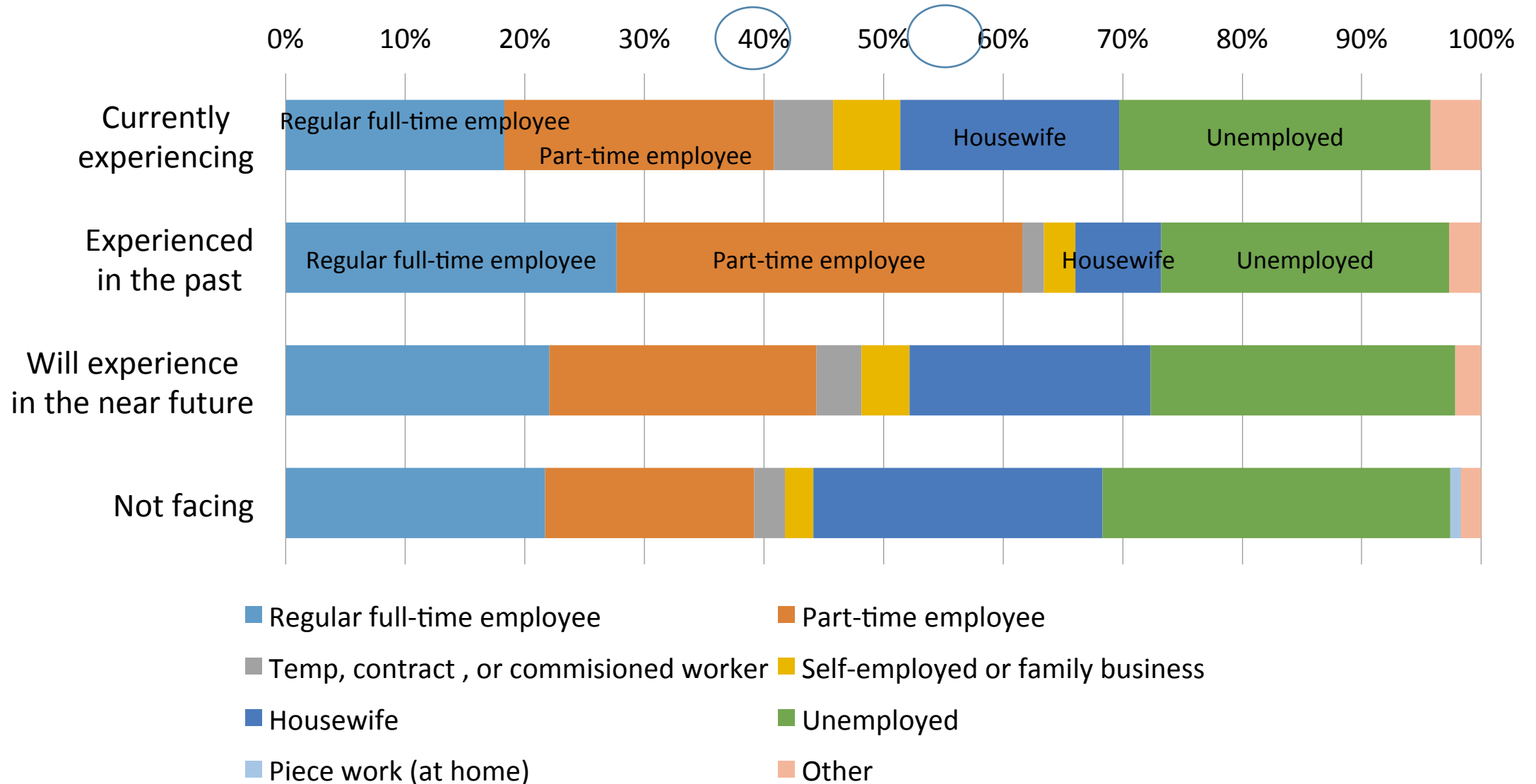
- Japan – 1,894 (+ 3000 by the end of 2016)
- Korea – 556
- Taiwan - 331
- Hong Kong – 591

Qualitative in-depth interview held in 2013/14 from respondents drawn from the survey who are with / have experienced double-care and agreed to be interviewed. 20 to 30 samples in each countries (total 109 cases) .

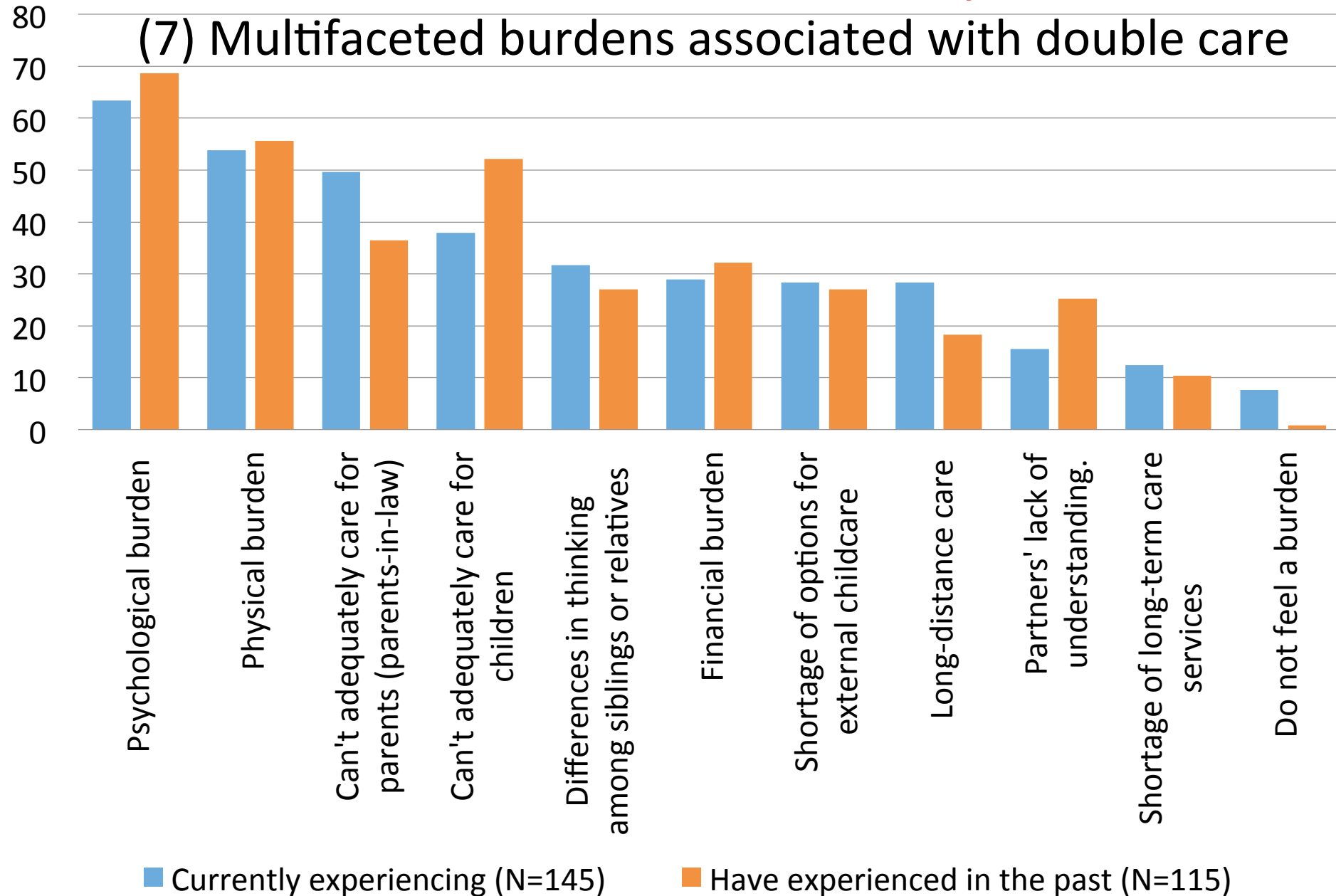


Quantitative Survey Results

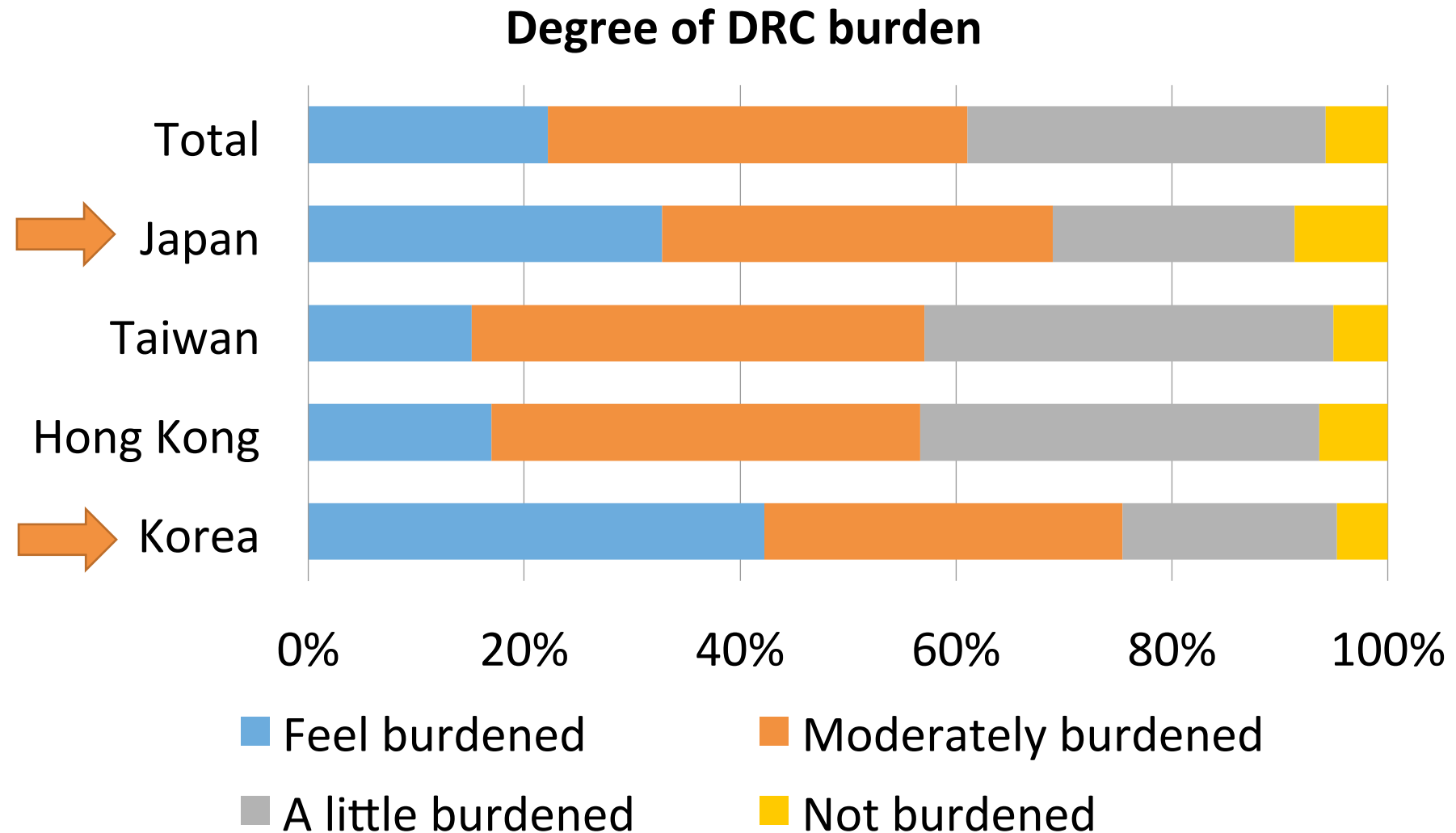
(5) Employment Status of respondents



Quantitative Survey



Higher burden in Korea and Japan



Who supports double care providers?

| | Currently engaged (N=145) | Previously engaged (N=115) |
|--|------------------------------|-------------------------------|
| Husband | 57.24 | 48.70 |
| Friends | 22.76 | 26.96 |
| Care manager | 19.31 | 16.52 |
| Relatives | 17.24 | 18.26 |
| Home helper of long term care insurance | 13.10 | 13.04 |
| No one available to help | <u>12.41</u> | <u>16.52</u> |
| Nursery school staff | 10.34 | 7.83 |
| Staff of community comprehensive support centers | 6.90 | 5.22 |
| Preschool/kindergarten teachers | 6.21 | 6.06 |
| Parents/parents-in-law | 5.52 | 5.22 |
| Staff of childcare support centers | 2.76 | 2.61 |

Example of cases : YD

Cohabitate / Fulltime-housewife / Only Child

3 children : 7 and 4 and 1 years old/ 36 years old

Double Care situation

Mother is diabetes, almost blind and wheelchair user. Husband is not around home much due to his occupation as fire-fighters. A week schedule is filled with double care activities.

High burden and stress. Really exhausted. Financial burden is high as well. YD's previous job is kindergarten teacher, so she is dedicated to childcare, but she cannot do what she wants to do for children due to mother's care. YD struggles to go out with mother and two small children.

Example of cases : YB

Living in the same neighbourhood (10 minus walk) / Fulltime-housewife / One older sister
: 2 children 6 and 2 years old / 38 years old

Double Care situation

Supporting father's everyday life who had a stroke, and paralysis in his half body, and mild dementia. She visits him every day and helps him to go to day care centre twice a week. Mother is the main carer, but is still working. Her mother is very upset about his health situation. YB listens to her complaint. YB had good relationships with father and respects him.

High burden and stress. Wishing if she did not have the second son, her life would be better and could have provided more care to her father. Tried to use short term/temporal nursery services, but was difficult. YB feels sorry for the first son as her involvement with father's care gave him some burden and stress. She cannot talk with her friends about caring father, and is feeling isolated. She wanted to 'Disappear' when her first son was reluctant to go to school and required her intensive support, but had to keep taking care of father as well.

Example of case KA

- Living apart (2 hours drive) / 3 part time jobs / one brother/
- 9, 6 and 3 years old / 37 years old

Double Care situation

Father had a stroke, and physical disability and lost speech. He was recommended to be in a nursing home, but KA respects father's preference to live at home. When he came back home from hospital, KA visited him twice a week, but now refrains herself from visiting him as KA managed to organise daily care services and also cannot bear its financial cost (petrol)

KA wants to visit him more, but cannot afford. She juggles 3 part time jobs to support her own family. She is worried about what happens when her father needs more care.

Example of case YE

- Living with parents/ part time job as carer / only child / single parent /
- 8, 6 and 4 years old / 38 years old

Double Care situation

The youngest child has cerebral palsy and requires full time care. Other two children have developmental disorder.

- Mother in her late 60s developed dementia (Pick's disease) . YE's father was taking care of her at home. However she started to reject his help, YE moved to her parent's house to take care of mother. YE's father helps YE with childcare.
- YE explained the disabilities and the level of required care of her children when she put her mother's name on the waiting list for a nursing home. However, YE was said that it will be difficult for her mother to have a place at a nursing home as her daughter and husband live with her.

Key factors for understanding double responsibility of care situation

- Age and health of the parents/parents-in-law
- Relationship with the parents/parent-in-law
- Relationship with husband
- Household financial condition
- Utilization of different types of services
- Living condition (co-habiting / living in the same neighborhood / living apart)
- Employment

Characteristics of double responsibility of care

- Need to simultaneously respond different types of needs from children and frail elderly
- Forced to make priority between child care and elderly care
 - Social norms on elderly care and child care
 - Resources: husband, relatives, friends, local community, finance
 - Policy configuration: availability and accessibility of care services, familialism/de-familialism

- Forced to make priority between child care and elderly care
 - 1) Social norms on elderly care and child care
 - 2) Resources: husband, relatives, friends, local community, finance
 - 3) Policy configuration: availability and accessibility of care services, familialism/de-familialism



- Which priority is supported by above three dimensions?
- Negotiations and tensions around intergenerational & caring relationships

Concluding comment

- Double responsibility of care creates /multiples issues from providing both care

We need ;

- to consider childcare and elderly care as a unit in social research and process
- to develop our understanding of care embedded in intergenerational relations and cross households.
- to examine multiple women's roles in relation to welfare as mother, wife, employee and daughter/daughter in law, and tensions and negotiations around women's responsibilities and choices.

2015~2016

Activities developed from Double Responsibility of Care Project in Japan

[Double care support Yokohama]

- Peer support café
- Handbook on double responsibility of care (2015)

[Double care support Yokohama]

- Double care supporter training programme
- Textbook and workshop series (2015)

LOCAL GOOD
YOKOHAMA

Double Care Research Group

Yokohama City Policy Planning Dept,
Yokohama Women's Association for Networking and Communication,
Yokohama National University

[the 4th Double care survey]
Web based survey
(N= 375) Jun- September 2015

[the 5th Double care survey]
Sony life insurance company
Random sampling
(N=1000) August 2015

[the 6th Double care survey]
Kanagawa worker's collective association
(N=1000)
Feb 2016

Peer support groups, study sessions with professionals and networking at community care centres and child care support centres

[National Double Care Survey]
Cabinet Office
(N=1000)
December 2015

Support for Medium and Small company/organisation to provide support services for double carers.

Yokohama Shinkin Bank, Japan Unisis, Yokohama city council (2015)

[Supports for People Confronting Double Responsibility of Care: Through an exchange programme among Japanese and Korean professionals and carers who support and provide double responsibility of care]
(Toyota Foundation International Grant Scheme, Nov 2015 - Oct 2016)

Making process of 'Double Care handbook'

July 2015, brainstorming session



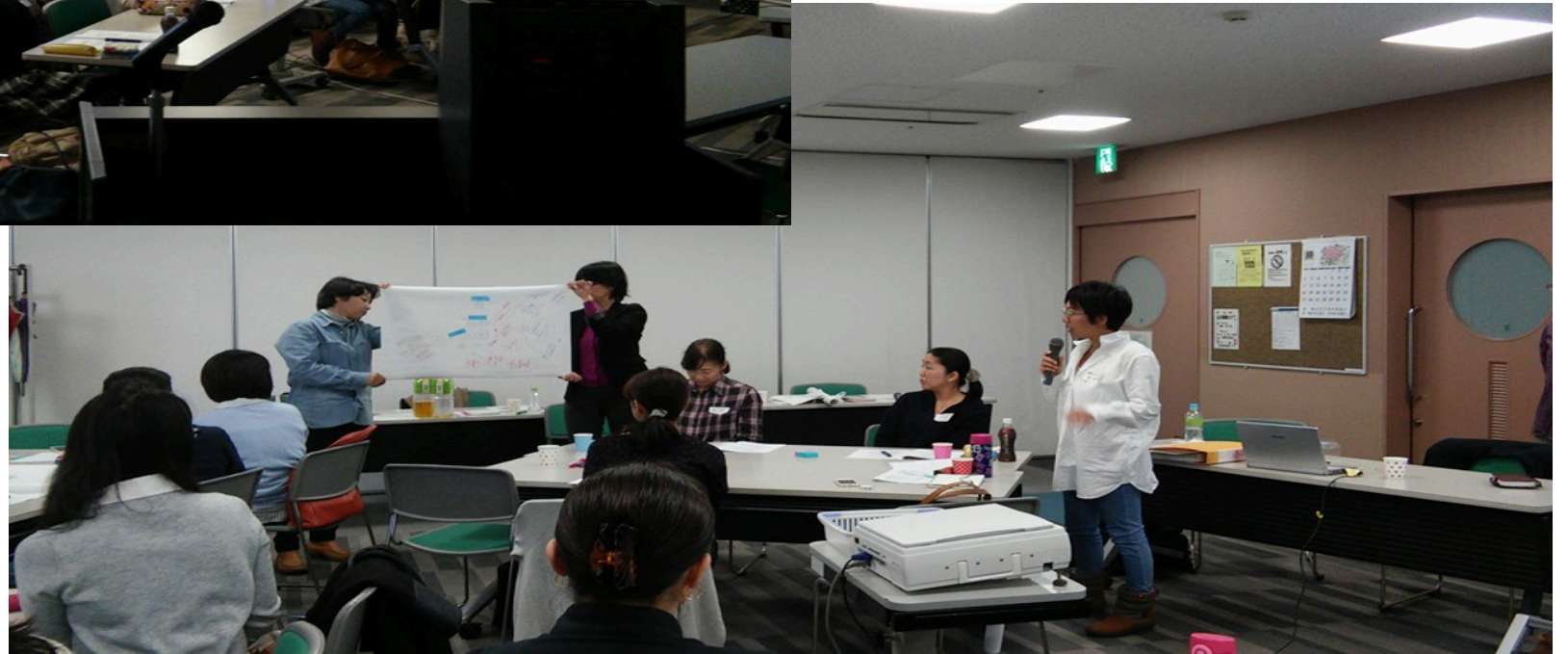
August 2015, an editing workshop

Double care supporter training workshops



<participant>

Professionals at children's centre,
afterschool clubs, Minsei iin, care
manager, community organiser, care
worker,





So why have Double Responsibility of Care drawn public attention?

- A cross-cutting theme that requires re-examining of the existing systems and structure of welfare

E.X.) Gender Equality (1990-)

NEET / Support for young people (2000-)

Double care (2015-)

- Integration and restructuring of different policy arenas
- Rethinking of responsibilities shared by the government/LA, the market, family and community