International Journal of Care and Caring • vol XX • no XX • 1–17 • © Authors 2024
Print ISSN 2397-8821 • Online ISSN 2397-883X • https://doi.org/10.1332/23978821Y2024D000000073
Accepted for publication 22 July 2024 • First published online 19 August 2024

research article

The formal employment of family caregivers: reinforcing the familialisation of long-term care responsibilities?

Julia Radlherr, radlherr@ihs.ac.at
Institute for Advanced Studies Vienna, Austria

August Österle, august.oesterle@wu.ac.at
WU Vienna University of Economics and Business, Austria

The formal employment of family caregivers represents a rather uncommon form of organising long-term care but exists in diverse welfare states. Against this background, we examine how family carers experience a formalisation of previously unpaid care by drawing on two Austrian employment programmes and discuss their larger implications with regard to the (de)familialisation of long-term care responsibilities. Depending on the welfare state context, employment models might either provide freedom of choice with regard to the preferred care arrangement and strengthen a right to care or contribute to the enforcement of family care and thereby reinforce pressures on caregiving relatives.

Keywords long-term care • paid family care • employment models • (de)familialisation

To cite this article: Radlherr, J. and Österle, A. (2024) The formal employment of family caregivers: reinforcing the familialisation of long-term care responsibilities?, *International Journal of Care and Caring*, XX(XX): 1–17, DOI: 10.1332/23978821Y2024D000000073

Introduction

Growing long-term care needs and cutbacks in publicly provided care reinforce the centrality of informal care and thereby strengthen the role of family caregivers as the major resource in long-term care systems. In this context, different approaches aiming to support long-term care provided by family members have been implemented across Europe. Among others, these include the provision of cash-for-care benefits, caregiver leave programmes, social security coverage for caregiving relatives and respite care. While the implications of such policies, particularly those of cash-for-care benefits, have been extensively discussed with regard to the (de)familialisation of long-term care responsibilities (Le Bihan et al, 2019; Morgan and Zechner, 2021; Verbakel et al, 2022), those of the formal employment of family caregivers have not yet been sufficiently addressed. Considering that the formalisation of family care in the form of employing

caregiving relatives represents a rather uncommon approach to the organisation of long-term care, this research gap is not surprising. For this reason, this article explores how family carers experience a formalisation of previously unpaid and unrecognised caregiving responsibilities. More specifically, it analyses the implications of the formal employment of family carers with regard to the (de)familialisation of long-term care responsibilities within the ideational and institutional structure of the Austrian long-term care system.

In order to illustrate the discussion, we draw on the two recently introduced employment models in Austria. In 2019 and 2021, the federal states of Burgenland and Upper Austria established programmes seeking to formally employ family caregivers and grant access to regular income, social security, paid holidays, sick leave and training (FAB, 2023; Pflegeservice Burgenland, 2023). Thereby, care provided by relatives within the domestic sphere became paid and formalised work. Formal employment arrangements, whereby family caregivers are granted the possibility to enter into an official working relationship with a public institution, are uncommon in both Austria and the European context. For this reason, these two programmes represent suitable cases to explore the implications of the formalisation of family care concerning the (de)familialisation of long-term care responsibilities. For the purpose of this study, we conducted six interviews with family caregivers who are employed with one of the employment programmes and complemented them with three expert interviews.

The remainder of this article is structured as follows. First, we provide an overview of the existing debate on the concept of (de)familialisation within the long-term care context. Second, we conceptualise the formalisation of family care and discuss existing approaches in the European and, in particular, Austrian context. Subsequently, we illustrate how family caregivers experience a formalisation of their care work by drawing on the employment models in Burgenland and Upper Austria as case studies. Following that, the implications of the employment of family caregivers are discussed with regard to the (de)familialisation of long-term care, with a particular focus on the institutional structure of the Austrian welfare state.

Conceptual framework

Existing literature discusses trends of familialisation, defamilialisation and refamilialisation in long-term care policies (Le Bihan et al, 2019; Morgan and Zechner, 2021; Verbakel et al, 2022). These concepts emerged in the course of welfare state and care regime research and are applied to determine the degree to which the family is regarded as responsible for the provision of adequate care (Lister, 1994; McLaughlin and Glendinning, 1994; Leitner, 2003).

Welfare states that strongly rely on families as the primary source of care provision foster the familialisation of long-term care. In this case, the responsibility to ensure the coverage of long-term care needs is situated in the private sphere. While familialism generally refers to the 'retention of care within the family' (Eggers et al, 2020: 872), different forms have been discussed in existing research. Leitner (2003), for instance, distinguishes between explicit and implicit familialism. While the former, which Saraceno (2016) terms supported familialism, actively encourages and supports familial care arrangements, the latter similarly relies on the family as the foundation of long-term care provision but neither supports familialising policies nor provides assistance for any other forms of care arrangements. Implicit familialism is therefore also commonly referred to as 'familialism by default' (Saraceno, 2016) or 'unsupported familialism' (Le Bihan et al, 2019).

The defamilialisation of long-term care, in contrast, entails the reduction of familial care dependencies by providing the possibility to externalise long-term care responsibilities, either to the market or to publicly provided services. It is characterised by a high generosity level for extra-familial long-term care policies (Eggers et al, 2020). Defamilialisation through the market is usually realised when states fund market-based care provision or offer cash benefits to care-dependent individuals to purchase formal care services on the market (Le Bihan et al, 2019). Alternatively, states might provide public services to meet existing long-term care needs, which is referred to as 'defamilialisation through public provision' (Saraceno, 2016). Overall, the concept captures the extent to which policies offer the freedom of choice to opt out of providing unpaid care and to be able to fully participate in the formal labour market. In this context, Kröger (2011) regards the concept of defamilialisation as limited because it neglects the social and emotional independence from the familial care relationship. He thus introduces the notion of 'dedomestication' to assess how far care policies enable individuals to participate in public life outside the private household not only economically but also socially and emotionally.

While familialism and defamilialism are frequently discussed as opposing each other in a dichotomy (Lister, 1994; Pavolini and Ranci, 2008; Saraceno and Keck, 2010), several authors highlight that these concepts should not be understood as contrasting each other (Leitner, 2003; Lohmann and Zagel, 2016). Eggers et al (2020: 873), for instance, argue that applying the concept of (de)familialisation is 'problematic because it treats two different dimensions of LTC [long-term care] policies … as opposites' even though the support of familial policies does not necessarily entail the decrease of extra-familial support measures, and vice versa. In fact, many welfare states combine familialising and defamilialising policies. Moreover, policies in support of either care arrangement might entail unintended consequences, contributing to blurring the lines between familialising and defamilialising measures. Policies promoting defamilialisation through the market, for instance, might neglect individuals who do not have the financial means to cover the costs of externalising care responsibilities to market-based care and thus result in familialism by default (Saraceno, 2016; Morgan and Zechner, 2021).

Since informal care within the familial context is primarily provided by women (Hoffmann and Rodrigues, 2010; Lee and Tang, 2015; Marrades-Puig, 2024), the degree of (de)familialism promoted by long-term care policies has gendered implications. Frequently, long-term care measures that foster extra-familial care are discussed as increasing gender equality, as they liberate women from caregiving responsibilities (Lister, 1994; McLaughlin and Glendinning, 1994). At the same time, however, the externalisation of long-term care responsibilities to the market sphere often implies the transfer of poorly remunerated care work to migrant women of lower socio-economic classes, contributing to gendered and exploitative global care chains (Hochschild, 1995; Fraser, 2017). Other authors highlight that the public support of paid family care arrangements can, in fact, foster gender equality, as it grants caregivers a certain degree of financial autonomy and acknowledges caring for a relative as a social right (Knijn and Kremer, 1997; Ungerson, 2004). Leitner (2003) similarly suggests that optional familialism, where individuals are not only enabled to externalise care but also supported if they decide to provide familial care, contributes to gender equality. Daly (2011) refers to this as 'individualism', as social rights are granted to individuals and their specific situation rather than to their family role and status.

In general, the implications of existing long-term care policies, in particular, those of cash-for-care benefits, have been extensively discussed with regard to (de)familialisation in the academic literature (see, for example, Hammer and Österle, 2003; Da Roit et al, 2016; Morgan and Zechner, 2021). However, studies investigating how the formal employment of family caregivers relates to the debate on the (de)familialisation of long-term care responsibilities remain scarce. Against this background, this article explores how family caregivers experience a formalisation of their previously unpaid work and analyses its larger implications within the debate on (de)familialisation and the structure of the Austrian long-term care system.

Formalising family care

Conceptualising formal family care

Considering that family care is to a large extent performed informally, there is currently no common agreement on the definition and the characteristics of its formalisation. Frequently, the formalisation of informal care is equated to paid family care. Cash-for-care benefits, for instance, are often discussed as contributing to the formalisation of family care, as they enable care recipients not only to purchase external care services but also to reimburse family members, neighbours or other informal caregivers (Da Roit et al, 2016). While such benefits might be directly paid to family carers through tax and social security systems, they are often directed at care recipients and can subsequently be used as indirect support for caregivers in the form of 'routed wages' or 'symbolic payments' (Ungerson, 2004; Burau et al, 2007; Riedel, 2012; Da Roit et al, 2016). Ungerson (1997) highlights that cash-for-care schemes foster the 'commodification of care' and create forms of care relationships that are neither entirely formal nor informal. Another example of paid family care is paid care leave. In this case, family carers can take part-time or full-time leave from work and (in some cases) are paid a benefit for that period, partly replacing work income. These options tend to be rather short-term, ranging from just a few days up to a couple of months (Heymann et al, 2022). As in the case of cash-for-care schemes, the dichotomy of formal and informal care work becomes blurry. Geissler and Pfau-Effinger (2005) thus established the concept of 'semi-formal care work' to describe family care that includes some features of formal care work.

Although the financial remuneration of care is a crucial element of formalising care relationships within the familial context, additional features are required to move towards formal employment. Most importantly, these include regular and predictable income and working hours, access to social security, the training and validation of caregiving skills, labour rights like paid holiday and sick leave, and the broader legal recognition of status and rights, including, for example, liability regulations (Zigante, 2018). In this article, we therefore refer to the formalisation of family care as the formal employment of family caregivers that recognises these dimensions.

Formalising family care in the European context

Although the formal employment of family caregivers represents a rather rare form of organising long-term care, this arrangement exists in diverse welfare state regimes,

characterised by varying degrees of (de)familialisation. However, the ways in which family care is implemented as formalised employment differ widely, are emerging in very different contexts and are driven by various goals. Furthermore, employment arrangements can vary with regard to the employer role: the public sector, a quasi-public or non-profit organisation established for that purpose, a social service provider, or the person in need of care might serve as the employer. Overall, employment initiatives are often implemented as small-scale programmes on municipal or regional levels (see, for example, Grootegoed et al, 2010; Frericks et al, 2014; Brodin, 2018; Bischofberger and Vetter, 2023).

Over the past three decades, cash-for-care payments have become a common approach in long-term care systems. While these benefits could in principle be used to establish an employment relationship between an informal carer and care recipient, this is rarely the case. Other countries provide support via care budgets, which in certain cases allow payment transactions to informal carers. In the Netherlands, for instance, the personal budget may be used to finance care by family carers and requires the establishment of a formal arrangement, though the specific rules differ between municipalities. While this contributes to increasing formality in familial care relations, employment-related rights remain limited (Grootegoed et al, 2010; Eurocarers, 2024). In France, the *allocation personnalisée d'autonomie* (APA) and the *compensation du handicap* (PCH) can also be used for informal care arrangements and allow the care recipient to either employ or compensate one or more family members. Closest kin, however, are excluded from the employment option, except for cases in which care needs require the (almost) constant presence of the carer (De Bony et al, 2020).

In Denmark, family caregivers are offered the possibility to enter into a formal and paid employment relationship with their municipality. In this case, employment conditions are based on unions' collective agreements and thus equal those of professional care in the public sector. Despite the generous support for professional as well as family care, familial care arrangements remain rather uncommon in Denmark (Frericks et al, 2014; Hoyer and Reich, 2016; Eggers et al, 2024). In Sweden, the option of formalised family care has existed since the 1950s (Brodin, 2018; Murofushi, 2022). Typically, family carers could be salaried or contracted by the municipalities. In the early 1970s, about 23,000 individuals received assistance from a formally paid informal carer and about 18,000 were employed as family caregivers. Thereafter, numbers declined significantly. In 2006, two thirds of municipalities continued to make use of paid informal care but with less than 2,000 employed family caregivers (Murofushi, 2022). Historically, Swedish municipalities acted as employers, but in the process of marketisation, social service providers increasingly became potential employers of family caregivers.

This latter option resembles recent developments in Switzerland, where home care providers have started to employ family members as salaried caregivers. In Switzerland, the model was first implemented in some municipalities in the early 2000s, mostly in rural areas. A ruling by the Swiss Federal Supreme Court that a spouse can be employed to provide care as any other home care staff without personal ties to the client strengthened the approach (Bischofberger and Vetter, 2023).

Formalising family care in Austria

As a conservative welfare state, Austria strongly relies on family care to fulfil existing care needs. While public support for long-term care – in terms of cash benefits and

social services – has been extended over the past three decades, the provision of adequate long-term care is widely perceived as a family responsibility. In order to directly and indirectly support family care, different measures have been implemented by the Austrian government (Trukeschitz et al, 2022). Cash-for-care allowances, for instance, are paid to the care recipient and can be indirectly and informally forwarded to caregivers. Programmes addressing family carers directly include social security coverage, respite care, caregiver leave and, most recently, a family caregiver bonus. For all these programmes, specific eligibility criteria apply. For example, caregiver leave requires that the care recipient is assessed with a care level of at least 3, or a care level of 1 in the case of dementia (on a scale of 1 to 7, the latter for the most extensive care needs). It grants working-age carers the possibility to reduce or leave paid employment for a period of between one and three months, with a possible extension in specific cases. During this period, the carer receives a care-leave benefit, which is bound to income from previous employment. While care leave provides the possibility of pausing the job for a limited period of time in order to provide (paid or unpaid) family care, formal employment programmes establish family caregiving as a contractual and formal work relationship.

Respectively, the two federal states of Burgenland and Upper Austria introduced employment models for family caregivers in 2019 and 2021, intending to grant access to regular income, social security, paid holiday and sick leave, and mandatory training. The aim of these employment initiatives is not only to enable persons in need of care to continue living in their homes but also to improve the situation of caregivers by securing their livelihoods. To be eligible for employment, the care recipient must be assessed with at least a care level of 3 in Burgenland or a care level of 5 in Upper Austria. Depending on the respective care level, caregiving family members can be employed for between 20 and 40 hours per week in Burgenland and between 25 and 30 hours per week in Upper Austria. The wages for employed family members amount up to around €1,700 net and are financed through a contribution from care recipients, consisting of a share of their long-term care allowance (between 50 and 90 per cent, depending on the employment model and the care level of the care recipient) and their income exceeding the social assistance reference rate, as well as through a subsidy from the regional government (Pflegeservice Burgenland, 2023; FAB, 2023). Instead of establishing a direct employment relationship between the family caregiver and the person in need of care, the programmes employ caregiving relatives through public organisations (Trukeschitz et al, 2022). Participants are obliged to complete the training for domiciliary nurses ('*Heimhilfe*') or daytime companions ('*Alltagsbegleiter:in*') within the first year of employment. This relates to another proclaimed aim of the programmes, namely to address the current shortage of both formal and informal long-term care supply by training additional long-term care staff.

In reaction to the implementation of the employment model in Burgenland and Upper Austria, further regions in Austria – Vorarlberg and the city of Graz – initiated similar pilot programmes in 2024 (AK Vorarlberg, 2023; Rieger, 2023), suggesting that the formalisation of family care might become a more common form of organising long-term care in this country. Nevertheless, formal employment remains an approach that is critically discussed (Fiedler et al, 2021) not only with regard to the specific features of the models but also in terms of its more general implication for the conservative familialistic orientation of the Austrian welfare state. On the one hand, the formal employment of family caregivers might uphold the principles of

conservative welfare systems, as it actively supports and fosters familial care within the domestic sphere. On the other hand, to some extent, the formalisation implies the regulation of family relationships and therefore appears to stand in contrast with conservative-familialistic welfare state systems, which traditionally entail implicit and non-formalised support for familial care (Da Roit et al, 2016). Considering this ambivalence, the remainder of this article sheds light on the concrete experiences of formally employed family caregivers and discusses the implications with regard to the (de)familialisation of long-term care responsibilities.

Experiences of formally employed family caregivers

Before situating employment models for family caregivers in the debate on the (de) familialisation of long-term care, we aim to generate insights into the potentials and challenges of this particular long-term care arrangement by examining the lived experiences of those participating in such an initiative. For this reason, we conducted six problem-centred interviews (Witzel, 2000) with family caregivers employed through one of the recently introduced employment models in Austria during March and April 2023. The sample consists of five female and one male caregiver aged between 31 and 57 years and is equally represented by caregivers employed by the programme in Burgenland and the one in Upper Austria. The problem-centred interviews with caregivers were complemented by three expert interviews (Bogner et al, 2009), consisting of the project coordinators of both employment models and the president of the interest group for family caregivers. All interviews were analysed according to the qualitative content analysis (Schreier, 2012). The coding process followed an inductive approach, whereby thematic codes were developed across passages with similar topics. The central themes reoccurring in all interviews include the potentials and limits of employment models with regards to (1) the relief of family caregivers, (2) the recognition of family care and (3) the (de)qualification of long-term care work.

Relieving family caregivers?

In general, it is well established that unpaid family care responsibilities are associated with negative effects on physical and mental health, as well as on overall life satisfaction, not least because informal caregivers are frequently forced to combine care activities with paid employment and thus face multiple burdens at the same time (Bauer and Sousa-Poza, 2015; Cohen et al, 2019). In order to meet existing long-term care needs within the family and to avoid personal overstrain, in many cases, family caregivers must reduce paid working hours or even leave paid employment entirely (Van Houtven et al, 2013; Carmichael and Ercolani, 2016). In this context, the necessity to reduce or leave previous paid employment relations represents the primary motivation to participate in employment programmes for family caregivers in our sample:

> I was working as a daycare mother in a kindergarten, but at some point, that was no longer possible because Alina's care was simply too time-consuming, and then I reduced [paid working hours] more and more and more. At some point, I was only working for ten hours. That was when I got convinced to get employed with Pflegeservice Burgenland.

Overall, employment models offer family caregivers the possibility of leaving paid employment and fully devoting their time to the care of a dependent family member while remaining integrated in the formal labour market and receiving regular income and access to social security. Thereby, such programmes have the potential to contribute to the relief of previous double burdens.

Nevertheless, it is crucial to highlight that formal employment as an isolated policy does not contribute to sustainable relief for caregivers. This is, for instance, reflected in the number of working hours. In the context of the Austrian employment models, the working contracts for family carers comprise between 20 and 40 hours of employment per week, depending on the care level of the care recipient. The number of hours employed, however, does not correspond to the actual amount of work provided because caregiving responsibilities, in many cases, require constant availability. Formal employment thus merely covers a share of caregivers' overall working time:

> I have to document my working hours between 7:00 and 20:00, but this should be extended to the whole day because if you care for a relative, you cannot schedule your working time like in a normal job because there is no one to replace you. So, in a nursing home, you just go home at some point and someone else takes over, but for me, it's just not like that: nobody else is coming.

> I am not allowed to do extra hours. So, for the monthly documentation, I always indicate that I worked from 2:00 pm until 6:00 pm. But, I mean, that's not true: I worked throughout the entire day and night.

This implies that while employment programmes formalise parts of the care work provided by family caregivers, the amount of work exceeding the number of hours employed continues to be performed informally, without financial remuneration. The fact that formal employment as an isolated measure does not effectively decrease caregiver burden is also reflected in the inability to take breaks from caregiving responsibilities. The interviews reveal that the paid holidays that formally employed caregivers are legally entitled to can hardly be enjoyed. Although the employment models under study offer care substitution during the absence of the employed caregiver, the extent of this replacement is usually insufficient because care recipients frequently depend on constant care provision.

> The problem is that I am too afraid to go on holiday.… When I finally took some holiday, I was still caring for my grandma most of the time because they could not handle the care. In the end, this was not a real vacation. I mean, home care services are visiting twice a day, but that is just too little for her current condition. So, I cannot go on vacation and travel somewhere without feeling bad about it.

> They told us we should make use of the five weeks of holiday because, otherwise, it expires. But, I mean, it's impossible to take holidays for five weeks. How is that supposed to work? Who will provide care the whole time?

Considering that the employment programmes under study are not able to fully cover existing care needs during the absence of the caregiving relative, relying on

extended family networks or other informal support systems frequently represents the only possibility for caregivers to withdraw from caregiving responsibilities for a certain period. Hence, it appears that despite the formal employment contract and the increasing regulation, the responsibility to ensure that care needs are met at all times remains in the family and private sphere. The care situation thus remains similar to traditional informal care, where the caregiver serves as the sole care provider and is required to be constantly available (Ungerson, 2005).

Increasing recognition for family care as work?

Apart from posing opportunities for and challenges to the reduction of caregivers' workload, the formalisation of familial caregiving responsibilities implies the formal recognition of care provided within the familial sphere. The interviews with caregiving relatives reveal that employment enhances the feeling of recognition:

> People always asked me when I will finally go back to work again. I find that not quite fair; it also hurts a bit because I am working. But since I've been officially employed, they haven't asked me anymore because now I can simply say, 'I am employed 25 hours for my daughter, and in addition, I also do something else.' And then everyone says, 'Wow, you are working a lot', although it's the same work as before. I don't do anything else now; it's just that now I can say that I'm employed.

> The employment implies that your work is appreciated. So, now I can say, 'I'm employed.' So, I'm part of it too. I'm allowed to be at home, and it is considered work.

The formal employment of family caregivers, which entails not only financial remuneration but also integration into the formal labour market, situates family care in the general understanding of wage labour and contributes to its classification as value-generating work. Thereby, the historically embedded undervaluation of family care and the ongoing subordination of reproductive work to productive occupations (Fraser, 2017; Berger, 2021) are challenged and family care (partly) becomes economically and socially visible.

While the remuneration and the integration into the formal labour market contribute to increasing the (symbolic) recognition of long-term care provided within the familial context, the economic recognition is assessed as rather limited by the participants of employment programmes and two of the interviewed experts. In many cases, employment does not guarantee a living income and therefore does not necessarily entail the improvement of the economic situation of caregivers: 'In financial terms, there is not much left at the end of the month. So, the only thing that is really good is the pension insurance; that's the main factor for me. The income is really low and not the biggest win I would say.'

In the case of the Austrian employment programmes, a considerable share of the cash-for-care benefit received by the care-dependent person has to be paid as a deductible to finance the wage of the caregiving family member, which, in certain cases, results in a decrease in the total family household income. For this reason,

employed family caregivers frequently continue to be dependent on their partner to provide sufficient additional income. This suggests that although the employment models under study grant access to social rights, such as health, pension and unemployment insurance, they might reinforce and strengthen the continuation of the male breadwinner model and economic dependency. Thereby, particularly vulnerable groups, such as long-term care-providing lone mothers, might be excluded from being able to access employment and social rights.

The amount of income provided by the employment programmes not only implies financial challenges but is also associated with a limited appreciation for the care provided within the familial context if compared to the payment rates of healthcare staff in formal non-familial care arrangements. The fact that formal care providers external to the family receive a higher salary than employed family caregivers for the provision of the same work is perceived as unjust by participants: 'A nurse that's being hired for your daughter would receive a full salary. But you yourself are not paid like this. I don't understand it, every stranger gets paid more.'

Although the formalisation of family care entails the symbolic recognition and the financial remuneration of care work that has previously been largely provided invisibly, without monetary compensation and access to social rights, it does not imply the equal status of family and formal care. This is in line with Grootegoed et al (2010), who suggest that the payment of family carers contributes to the recognition of their work but does not imply that the labour market and social security position of family carers becomes equivalent to that of 'regular' care workers.

(De)Qualification of care work?

Besides supporting family caregivers and enabling care recipients to remain in their homes, the qualification of additional staff for long-term care represents another proclaimed aim of the employment programmes under study. For this reason, employment is accompanied by health and care training. Moreover, the programmes include mandatory and regular support visits by certified health workers to ensure the adequate provision of care (FAB, 2023; Pflegeservice Burgenland, 2023).

On the one hand, mandatory training and support visits by professionals can contribute to the assurance of the quality of long-term care provided within the private sphere, as in entirely informal and familial settings, care activities are usually performed without any official education (van Ryn et al, 2011). On the other hand, however, the education attached to employment does not legally qualify family members to serve as formal and professional healthcare workers. As highlighted by the programme coordinators in our interviews, it equips individuals to support care dependants with daily tasks, such as feeding or bathing, but does not qualify them to adopt medical healthcare responsibilities, such as providing medication. As employed caregivers are not formally educated to perform medical tasks, they are carrying them out not in the role of the employed caregiver but informally in the role of the relative of the care recipient. This therefore represents a legal grey area, which is also present in other long-term care arrangements, such as live-in migrant care work provision, where a lack of qualification requirements might harm care recipients, as well as increase the precariousness of care workers themselves (Österle and Bauer, 2016).

Thus, while the formal employment of family caregivers, which requires the completion of training, equips family caregivers with basic skills and therefore has the potential to increase the care quality provided within private households, it might also, at the same time, contribute to the dequalification of long-term care.

Employment models as 'formalised familialism'

Although the formal employment of family carers represents a rather uncommon form of organising long-term care provision, it exists in diverse welfare state regimes and can be interpreted as a response to the crisis of care, where long-term care needs are increasing while the availability of resources to cover those needs are limited (Dowling, 2022). Overall, the process of formalising family care implies the monetary remuneration of work that would otherwise be provided informally, without contractual agreement and financial compensation, and thus remain socially and economically invisible. By remunerating family care, granting access to social security and worker rights, and providing training and education to family caregivers, employment programmes not only increase the recognition of family care as work but also have the potential to ensure that familial care can be provided within socially and economically secure conditions. Employment models thus contribute to establishing a 'right to care' (Knijn and Kremer, 1997). The possibility of realising such a right is crucial considering that the willingness to care for dependent relatives is widely spread in familialistic welfare state regimes, such as in Austria (Kadi et al, 2022).

The extent to which employment models have the potential to improve the situation of family caregivers, however, depends on the particular design of the policy. In the case of the programmes in Austria, employment entails the increasing symbolic and financial recognition of family care but, in many cases, does not guarantee a living income for family caregivers. It implies that the previous double burdens of care and paid work can be reduced but does not manage to relieve caregivers of the necessity of being constantly available for the care-dependent relative, and it provides family caregivers with training but does not qualify them to perform any medical tasks. Hence, the design of such programmes is decisive for the extent to which formal employment ensures adequate working conditions (Fiedler et al, 2021).

Apart from the particular design of employment models, the context in which they are embedded is crucial for the assessment of the implications of such a policy. Overall, employment programmes encourage long-term care provided by family members and therefore fall into the category of familialism if applying the familialism–defamilialism dichotomy. The employment models under study, for instance, exclusively target care relationships within traditional family structures and disregard all non-kin care relations, which emphasises their familialising tendencies. However, depending on the welfare state context, employment models might either provide individuals with freedom of choice regarding the preferred care arrangement or contribute to the enforcement of family care and thereby reinforce pressures on caregiving relatives.

In welfare state regimes that offer sufficient resources for the possibility to externalise long-term care responsibilities to public services or the market, employment models for family caregivers might be classified as 'optional familialism'. By encouraging family care to be performed in socially and economically secure

conditions but simultaneously providing the alternative of outsourcing long-term care to professional services, the preferred long-term care arrangement can be selected individually (Le Bihan, 2023). In this context, the presence of employment models corresponds not only to Leitner's (2003) definition of optional familialism but also to Daly's (2011) conception of 'individualism', where social rights are assigned to the individual and their specific situation instead of to the family by default. This is particularly important considering that individuals – care recipients as well as their caregivers – have different needs and require different care arrangements rather than 'one-size-fits-all' solutions. It is crucial to note, however, that in this case, 'optional familialism' or 'individualism' do not result from the formalisation of family care per se but rather from the range of long-term care arrangements that individuals can choose from. As Denmark and Sweden not only provide generous support for public long-term care but also offer formal employment possibilities for family caregivers, they represent examples of where employment programmes can be categorised as a policy of fostering optional familialism.

In contrast, in other welfare state contexts where the possibility to externalise care responsibilities is not accessible for everyone, employment programmes for caregiving relatives can be interpreted as a form of explicit familialism (Leitner, 2003) or supported familialism (Saraceno, 2016), as familial care arrangements are actively encouraged and enforced. In the context of Austria, the outsourcing of long-term care responsibilities is often restricted to those who have the financial means to do so; if market-based care cannot be financially covered, the adoption of family care responsibilities represents the only option to fulfil existing care needs (Fink and Valkova, 2018). Therefore, without the co-presence of other accessible long-term care arrangements, employment programmes for family caregivers might preserve and reinforce the responsibility of families to ensure that existing long-term care needs are being met and thereby uphold the principles of conservative welfare state regimes. Although employment programmes provide income to caregivers and might thus contribute to economic independence, without the presence of additional supporting mechanisms, they tend to trap family caregivers in the domestic sphere and hinder them from socially and emotionally participating in public life, which, according to Kröger (2011), can be interpreted as a policy fostering the domestication of care. This is particularly relevant from a gender perspective, as employment models might especially encourage women, who are more likely to adopt familial care responsibilities than men (Lee and Tang, 2015; Marrades-Puig, 2024), to leave the regular labour market and, in some cases, to accept lower wages than in previous occupations in order to be able to care for a dependent relative (Eggers et al, 2024).

Although the responsibility for adequate care provision continues to be situated within the familial and private sphere, employment programmes – in particular, those that establish employment relations between family caregivers and public institutions rather than between the caregiver and care recipient – entail the regulation of familial care arrangements to some extent. The requirement of formal training, the provision of regular support visits by certified health staff, access to income and social security, and the establishment of networks among family caregivers, as in the case of the employment models under study, suggest that familial care relationships are no longer treated as an entirely private responsibility. Instead, long-term care provided within the familial context is (at least partially) publicly supervised, regulated and rendered visible. For this reason, employment models for family caregivers tend to go beyond

the category of supported familialism. To situate employment programmes for family caregivers in the (de)familialism debate, we therefore suggest the term 'formalised familialism', as such models clearly encourage long-term care provided by family members and can thus be understood as a familialising policy but, at the same time, ensure that such care relations are not kept entirely separated and unsupervised from the public sphere.

Nevertheless, it is crucial to point out that the interviews with employed family caregivers and experts revealed that formal employment only covers a share of the familial care relationship. For example, all care activities that exceed the number of employed hours must be performed in the role of an informal and unpaid family caregiver. Moreover, in the employment models analysed, available respite care is not sufficient to cover existing care needs. Family carers therefore have little opportunity to withdraw from caring responsibilities and are forced to continue working informally beyond their salaried working hours. Similarly, all medical tasks that employed caregivers are not qualified for must be carried out informally and outside the formal employment relationship. Hence, rather than fully formalising and remunerating family care, the characteristics of informal care persist and formal and informal care relations intersect. Thus, as in the case of using cash-for-care benefits to compensate caregivers, in certain aspects, the care relationship remains comparable to a traditional informal care setting, where the family carer is responsible for ensuring that care is provided in a holistic manner (Ungerson, 2004).

Summing up, both the design of employment programmes and the broader long-term care policy context are decisive in ensuring that those who are willing to care for a dependent family member can do so under economically and socially secure conditions without increasing the pressure on family carers. As an isolated policy, the formal employment of family caregivers would imply the delegation of responsibility to the private sphere and reinforce pressures on family caregivers. Only in combination with the accessibility of additional support measures and the possibility of externalising long-term care responsibilities can formalised familialism strengthen both the right to care and the possibility of choosing between family and non-family care arrangements. Hence, the formalisation of family care should be considered not as a substitute for adequate professional long-term care provision and additional support measures for caregiving relatives but rather as a supplementary policy.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Acknowledgements

We wish to thank our interview partners for generously sharing their time, insights and experiences.

Conflict of interest

The authors declare that there is no conflict of interest.

References

AK Vorarlberg (2023) Pflegeanstellung „Erster Schritt in Richtige Richtung, https://vbg.arbeiterkammer.at/pflegemodell1.

Bauer, J.M. and Sousa-Poza, A. (2015) Impacts of informal caregiving on caregiver employment, health, and family, *Journal of Population Ageing*, 8(3): 113–45. doi: 10.1007/s12062-015-9116-0

Berger, C. (2021) Soziale Reproduktion in der Krise: feministisch-politökonomische Perspektiven auf Versorgungsökonomie und Strukturwandel, in U. Filipic and A. Schönauer (eds) *Ein Jahr Corona: Ausblick Zukunft der Arbeit*, Vienna: ÖGB-Verlag, pp 69–76.

Bischofberger, I. and Vetter, M.J. (2023) Family caregivers employed by home care agencies: lessons learned from Switzerland and the United States, *Public Health Reviews*, 44: art 1605849. doi: 10.3389/phrs.2023.1605849

Bogner, A., Littig, B. and Menz, W. (2009) *Interviewing Experts*, London: Palgrave Macmillan.

Brodin, H. (2018) At the intersection of marketisation, diversity and migration: reshaping the provision of paid family eldercare in Sweden?, *European Journal of Social Work*, 21(2): 222–34. doi: 10.1080/13691457.2017.1287060

Burau, V., Theobald, H. and Blank, R. (2007) *Governing Home Care: A Cross-National Comparison*, Cheltenham, Northampton: Edward Elgar Publishing.

Carmichael, F. and Ercolani, M.G. (2016) Unpaid caregiving and paid work over life-courses: different pathways, diverging outcomes, *Social Science & Medicine*, 156: 1–11. doi: 10.1016/j.socscimed.2016.03.020

Cohen, S.A., Sabik, N.J., Cook, S.K., Azzoli, A.B. and Mendez-Luck, C.A. (2019) Differences within differences: gender inequalities in caregiving intensity vary by race and ethnicity in informal caregivers, *Journal of Cross-Cultural Gerontology*, 34(3): 245–63. doi: 10.1007/s10823-019-09381-9

Da Roit, B., Le Bihan, B. and Österle, A. (2016) Cash-for-care benefits, in C. Gori, J.L. Fernandez and R. Wittenberg (eds) *Long-Term Care Reforms in OECD Countries*, Bristol: Policy Press, pp 143–66.

Daly, M. (2011) What adult worker model? A critical look at recent social policy reform in Europe from a gender and family perspective, *Social Politics: International Studies in Gender, State & Society*, 18(1): 1–23. doi: 10.1093/sp/jxr002

De Bony, J., Giraud, O., Petiau, A., Rist, B., Touahria-Gaillard, A. and Trenta, A. (2020) Rémunération des aidants et relations familiales. Quelle incidences de la monétarisation de l'aide sur les proches aidants? L'Observatoire des Emplois de la Famille, www.fepem.fr/wp-content/uploads/P190700971-Brochure-Re%CC%81mune%CC%81ration-des-Proches-Aidants_V4.pdf.

Dowling, E. (2022) *The Care Crisis: What Caused It and How Can We End It?*, London: Verso.

Eggers, T., Grages, C. and Pfau-Effinger, B. (2024) Gender and policies on paid family care: overview of debate and theoretical reflections, *Journal of Family Research*, 36: 43–57. doi: 10.20377/jfr-938

Eggers, T., Grages, C., Pfau-Effinger, B. and Och, R. (2020) Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality – the case of long-term care policies for older people, *Ageing and Society*, 40(4): 869–95. doi: 10.1017/s0144686x18001435

Eurocarers (2024) *Towards Carer-Friendly Societies: Eurocarers Country Profiles*, The Netherlands, https://eurocarers.org/country-profiles/netherlands/.

FAB (Verein zur Förderung von Arbeit und Beschäftigung) (2023) Information zum Pilotprojekt Anstellung Betreuender Angehöriger, www.fab.at/fileadmin/FAB/Aktuelles/_news_2021/Infoblatt_Erstanfrage.pdf.

Fiedler, H., Meinhard-Schiebel, B., Nagl-Cupal, M., Rösler, P., Schalek, K. and Tumberger, A. (2021) *Diskussionspapier zur Anstellung von Pflegenden Angehörigen am Beispiel Burgenland*, Vienna: Interessensgemeinschaft Pflegende Angehörige, Universität Wien, Kardinal König Haus, Arbeiterkammer Wien, www.kardinal-koenig-haus.at/media/diskussionspapier_anstellungsmodell_2021-07-23.pdf.

Fink, M. and Valkova, K. (2018) *ESPN Thematic Report on Challenges in Long-Term Care: Austria*, Brussels: Directorate-General for Employment, Social Affairs and Inclusion, European Commission, https://ec.europa.eu/social/main.jsp?pager.offset=0&catId=792&langId=en&moreDocuments=yes.

Fraser, N. (2017) Crisis of care? On the social-reproductive contradictions of contemporary capitalism, in T. Bhattacharya and L. Vogel (eds) *Social Reproduction Theory. Remapping Class, Recentering Oppression*, London: Pluto Press, pp 21–36.

Frericks, P., Jensen, P.H. and Pfau-Effinger, B. (2014) Social rights and employment rights related to family care: family care regimes in Europe, *Journal of Aging Studies*, 29: 66–77. doi: 10.1016/j.jaging.2013.12.002

Geissler, B. and Pfau-Effinger, B. (2005) Change in European care arrangements, in B. Pfau-Effinger and B. Geissler (eds) *Care and Social Integration in European Societies*, Bristol: Bristol University Press, pp 3–20.

Grootegoed, E., Knijn, T. and Da Roit, B. (2010) Relatives as paid care-givers: how family carers experience payments for care, *Ageing and Society*, 30: 467–89. doi: 10.1017/s0144686x09990456

Hammer, E. and Österle, A. (2003) Welfare state policy and informal long-term care giving in Austria: old gender divisions and new stratification processes among women, *Journal of Social Policy*, 32(1): 37–53. doi: 10.1017/s0047279402006888

Heymann, J., Raub, A., Waisath, W., Earle, A., Stek, P. and Sprague, A. (2022) Paid leave to meet the health needs of aging family members in 193 countries, *Journal of Aging & Social Policy*, 36(4): 508–31. doi: 10.1080/08959420.2022.2110804

Hochschild, A. (1995) The culture of politics: traditional, postmodern, cold-modern, and warm-modern ideals of care, *Social Politics: International Studies in Gender, State & Society*, 2(3): 331–46. doi: 10.1093/sp/2.3.331

Hoffmann, F. and Rodrigues, R. (2010) *Informal Carers: Who Takes Care of Them?*, Vienna: European Centre for Social Welfare Policy and Research, www.euro.centre.org/media/viewfull/1420.

Hoyer, S. and Reich, N. (2016) *Leave and Financial Support for Family Caregivers in EU Member States*, Frankfurt: Institute for Social Work and Social Education, https://beobachtungsstelle-gesellschaftspolitik.de/f/04d661be68.pdf.

Kadi, S., Rodrigues, R., Kahlert, R., Hofmann, S. and Bauer, G. (2022) Does the family care best? Ideals of care in a familialistic care regime, *Journal of Social Policy*, 53(1): 63. doi: 10.1017/s0047279422000022

Knijn, T. and Kremer, M. (1997) Gender and the caring dimension of welfare states: toward inclusive citizenship, *Social Politics: International Studies in Gender, State &Society*, 4(3): 328–61. doi: 10.1093/oxfordjournals.sp.a034270

Kröger, T. (2011) Defamilisation, dedomestication and care policy, *International Journal of Sociology and Social Policy*, 31(7–8): 424–40. doi: 10.1108/01443331111149860

Le Bihan, B. (2023) Long-term care policy in France, in R. Baikady, S.M. Sajid, J. Przeperski, V. Nadesan, M.R. Islam and J. Gao (eds) *The Palgrave Handbook of Global Social Problems*, Cham: Palgrave Macmillan, pp 1–15. doi: 10.1007/978-3-030-68127-2_11-1

Le Bihan, B., Da Roit, B. and Sopadzhiyan, A. (2019) The turn to optional familialism through the market: long-term care, cash-for-care, and caregiving policies in Europe, *Social Policy & Administration*, 53(4): 579–95. doi: 10.1111/spol.12505

Lee, Y. and Tang, F. (2015) More caregiving, less working: caregiving roles and gender difference, *Journal of Applied Gerontology*, 34(4): 465–83. doi: 10.1177/0733464813508649

Leitner, S. (2003) Varieties of familialism: the caring function of the family in comparative perspective, *European Societies*, 5(4): 353–75. doi: 10.1080/1461669032000127642

Lister, R. (1994) She has other duties: women, citizenship and social security, in S. Baldwin and J. Falkingham (eds) *Social Security and Social Change: New Challenges to the Beveridge Model*, Hemel Hempstead: Harvester Wheatsheaf, pp 31–44.

Lohmann, H. and Zagel, H. (2016) Family policy in comparative perspective: the concepts and measurement of familization and defamilization, *Journal of European Social Policy*, 26(1): 48–65. doi: 10.1177/0958928715621712

Marrades-Puig, A. (2024) The right to care: a proposal from feminist perspectives for a constitutional reform in Spain, *International Journal of Care and Caring*, 8(1): 206–12. doi: 10.1332/23978821y2023d000000016

McLaughlin, E. and Glendinning, C. (1994) Paying for care in Europe: is there a feminist approach?, in L. Hantrais and S. Mangen (eds) *Family Policy and the Welfare of Women*, Loughborough: European Research Centre, pp 52–69.

Morgan, F. and Zechner, M. (2021) Uncovering familialism: cash-for-care schemes in England and Finland, *International Journal of Care and Caring*, 6(4): 510–27. doi: 10.1332/239788221x16323394887310

Murofushi, S. (2022) Paid informal care within Swedish eldercare: prevalence, change and variation among Swedish municipalities 2006–2016, *European Journal of Social Work*, 25(2): 276–88. doi: 10.1080/13691457.2021.1934410

Österle, A. and Bauer, G. (2016) The legalization of rotational 24-hour care work in Austria: implications for migrant care workers, *Social Politics: International Studies in Gender, State & Society*, 23(2): 192–213. doi: 10.1093/sp/jxv001

Pavolini, E. and Ranci, C. (2008) Restructuring the welfare state: reforms in long-term care in Western European countries, *Journal of European Social Policy*, 18(3): 246–59. doi: 10.1177/0958928708091058

Pflegeservice Burgenland (2023) Anstellungsmodell – Gute Betreuung hat ein Zuhause, www.soziale-dienste-burgenland.at/pflegeberatung/anstellungsmodell-betreuende-angehoerige/.

Riedel, M. (2012) Financial support for informal care provision in european countries: a short overview, *Health and Ageing Newsletter*, 27: art 2, www.genevaassociation.org/sites/default/files/research-topics-document-type/pdf_public/ga2012-health27-riedel.pdf.

Rieger, A. (2023) *Pilotprojekt: Stadt Graz Stellt Pflegende Angehörige an*, KVienna: leine Zeitung, www.kleinezeitung.at/steiermark/graz/6329311/Pilotprojekt-ab-Jaenner_Pilotprojekt_Stadt-Graz-stellt-pflegende.

Saraceno, C. (2016) Varieties of familialism: comparing four Southern European and East Asian welfare regimes, *Journal of European Social Policy*, 26(4): 314–26. doi: 10.1177/0958928716657275

Saraceno, C. and Keck, W. (2010) Can we identify intergenerational policy regimes in Europe?, *European Societies*, 12(5): 675–96. doi: 10.1080/14616696.2010.483006

Schreier, M. (2012) *Qualitative Content Analysis in Practice*, London: SAGE.

Trukeschitz, B., Österle, A. and Schneider, U. (2022) Austria's long-term care system: challenges and policy responses, *Journal of Long-Term Care*, 0 (2022): 88–101. doi: 10.31389/jltc.112

Ungerson, C. (1997) Social politics and the commodification of care, *Social Politics: International Studies in Gender, State & Society*, 4(3): 362–81. doi: 10.1093/sp/4.3.362

Ungerson, C. (2004) Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes, *Ageing & Society*, 24(2): 189–212. doi: 10.1017/s0144686x03001508

Ungerson, C. (2005) Care, work and feeling, *The Sociological Review*, 53(2): 188–203. doi: 10.1111/j.1467-954x.2005.00580.x

Van Houtven, C.H., Coe, N.B. and Skira, M.M. (2013) The effect of informal care on work and wages, *Journal of Health Economics*, 32(1): 240–52. doi: 10.1016/j.jhealeco.2012.10.006

Van Ryn, M., Sanders, S., Kahn, K., van Houtven, C., Griffin, J.M., Martin, M. et al (2011) Objective burden, resources, and other stressors among informal cancer caregivers: a hidden quality issue?, *Psycho-Oncology*, 20(1): 44–52. doi: 10.1002/pon.1703

Verbakel, E., Glaser, K., Amzour, Y., Brandt, M. and van Groenou, M.B. (2022) Indicators of familialism and defamilialization in long-term care: a theoretical overview and introduction of macro-level indicators, *Journal of European Social Policy*, 33(1): 34–51. doi: 10.1177/09589287221115669

Witzel, A. (2000) The problem-centered interview, *Forum: Qualitative Social Research*, 1(1): 1–9. doi: 10.17169/fqs-1.1.1132

Zigante, V. (2018) *Informal Care in Europe: Exploring Formalisation, Availability and Quality*, Brussels: European Commission, Directorate-General for Employment, Social Affairs and Inclusion. doi: 10.2767/78836