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CARE AND CARING: FUTURE PROOFING THE NEW DEMOGRAPHICS  
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AN INTERNATIONAL COMPARATIVE STUDY OF JAPAN AND SWEDEN  
- DIFFERENT WELFARE PERSPECTIVE BUT SIMILAR  
CONSEQUENCES

Ann-Britt Sand  
Department of Social Work  
Stockholm University/Swedish Family Care Competence  
Centre

Els-Marie Anbäcken  
Department of Social Work  
Mälardalen University

# INTRODUCTION

- ◉ Demographic trends show an increase in health and social care needs in Japan and Sweden.
- ◉ Middle aged women constitute the main group of family carers for the elderly in both countries.
- ◉ In an earlier text\* we were comparing Japan and Sweden with focus on formal elderly care, informal care and help to informal/family carers.
- ◉ \*2014; part of a comparative study within a project led by prof. Imai Konomi at Kwanseí Gakuin University.

# THEORETICAL FRAME: WELFARE MODELS

- ① 1. Social democratic model/tax-based = gainful employment is the basis
- ② 2. Conservative-corporatist model/ based on social insurance
- ③ 3. Liberal-residual model/ based on market solutions with minimal intervention from state
- ④ ...but countries undergo changes , for example NPM, and the typology is not clearcut

JAPAN - a combination of the liberal-residual and conservative-corporatist model. Economic development is emphasized over social distribution in a combination of corporate and family centered system - in which women hold a subordinated caring role: Makita 2010).

SWEDEN used to be seen as a social democratic model but is undergoing big changes. Swedish legislation stress society's responsibility for the elderly. But reality shows decreasing public help and increasing informal help (Sand 2007).

**Despite different welfare systems in Japan and Sweden the situation of female carers show more similarities than differences.**

## BACKGROUND POPULATION AGED 65+. PERCENT.

SOURCE: OECD 2010A, 2010B. IN KRÖGER & YEANDLE (EDS),  
2013, P 11. PART OF TABLE

	1950	2010	2030	2050
Japan	5	23	32	40
Sweden	10	18	23	24
OECD	8	15	22	26
World	5	8	12	16

# PUBLIC ELDERLY CARE FOR PEOPLE 65+ IN JAPAN AND SWEDEN. 2012. PERCENT.

SOURCE: SWEDISH BOARD OF HEALTH AND WELFARE 2013; MINISTRY OF HEALTH WELFARE AND LABOUR **JAPAN 2013**

	Institutions	Home help	Total
Japan (2012)	2,8	9,3	12,1
Sweden (2012)	4	10	14

# EMPLOYMENT RATES OF WORKING WOMEN (AGE 15-64). JAPAN, SWEDEN, OECD. PERCENT.

SOURCE: OECD 2010A, 2011B. IN KRÖGER & YEANDLE (EDS), 2013, P 8. PART OF TABLE

	1970	1980	1990	2000	2010
Japan	53	51	56	57	60
Sweden	58	73	81	72	70
OECD	45	49	54	55	57

# ELDERLY WOMEN (55-64) IN THE WORK FORCE.PERCENT.

SOURCE: OECD 2010 A, 2011B. IN KRÖGER & YEANDLE (EDS) 2013. PART OF TABLE.

	1980	2000	2005	2010
Japan	63	63	64	65
Sweden	70	65	70	71
OECD	48	48	52	54

# INFORMAL HELP IN JAPAN AND SWEDEN

## ESTIMATED TO CA 70 % OF ALL CARE

(THOUGH DIFFERENCES IN CARE CONTENT)

- ◉ ***Difficult to compare!*** Different household structures, different kind of statistics etc, but still in both countries middleaged female children are main family carers
- ◉ **Sweden:** Every fifth person in Sweden gives help and care to a relative (Sw board of health & welfare, 2012). The main part are middle aged children giving help to elderly parents.
- ◉ **Japan:** Households with a cared for person: 27,4 % single; 21,5 % couples; 18,4 % three-generations. Female carers 68,7 %; male carers 31,3 % . And of these 21,4 % (both M&F) are in ages 50-59.
- ◉ Nearly one third (29,9 %) of those cared for persons aged 80-89 receive help from their children aged 50-59 (co-living) (MHWL, 2013).



## WORK-LIFE BALANCE + CARE = ?

- ⦿ Are you seen as a family caregiver if you are a working carer?

## EFFECTS OF CAREGIVING

- ◉ A study in Sweden containing almost 4000 persons aged between 45-66, answered questions about caregiving for a relative (Szebehely, Ulmanen, Sand 2014).
- ◉ Results show that 42 percent of both women and men gave help to someone at least once per month. A smaller part of the family carers give more intensive care. 6% of women and 4% of men give help everyday. In this group women give about 19 hours per week and men about 13 hours per week. The more intensive care, the more affected are the carers.
- ◉ **Even when men and women gave the same amount of care women were more negatively affected.**

## EFFECTS OF COMBINING CARE AND WORK IN SWEDEN

- ◉ Harder to concentrate on work
- ◉ Feeling stressed
- ◉ Less leisure time
- ◉ Some lower their working time or stop working
- ◉
- ◉ More likely to retire earlier as an effect of the care burden
- ◉ Counted for the population: more than 140 000 (90 000 women and 50 000 men) in the age 45-66 years have reduced their working hours or left their jobs due to family care
- ◉ Worsened economy: counted for the population: Almost 200 000 (114 000 women, 75 000 men) have worsened their income due to family care.

## EFFECTS OF COMBINING CARE AND WORK IN JAPAN

- Amount of help given: Of those **co-living** carers: 25,2 % = whole day caring 9,6 % = half day 2-3 hours = 11,4 % , only when needed = 42 %
- Stress of the main carer: 62,7 % of men, 72,4 % of women
- Reasons for stress:
  1. Health & care of family 72/78 %
  2. Own health 26,7/28,8 %
  3. Income, economy 23,5/18,4 %
  4. Relations within family 14/19,6 %
  5. Own work 18/11,1 %
- (Source MHWL 2013)

# EFFECTS OF COMBINING CARE AND WORK

- Similar results are internationally well documented for working carers (Sand 2010)

## AN AMANDMENT TO LEGISLATION FROM 2009 ACKNOWLEDGES THAT FAMILY CARE HAS INCREASED IN SWEDEN

- ⦿ Family carers helping an disabled, ill or elderly person shall, by law 2009, get help from the society (municipality).
  - The Social Services Act, 5:10.
- ⦿ There is no legislation protecting working carers except for in case of minors.
- ⦿ Two laws connected to working life: 1) right to 100 days off when a family member is severly ill. 2) right to leave work in an emergency case (Sand 2010).
- ⦿ (Persons in need of help shall be given help accordning to their needs. This has been in legislations since 1956 (economy) and 1980ies (health care, home care/institution).

## LEGISLATION TO SUPPORT GAINFUL EMPLOYMENT AND CARE FOR AN ELDERLY PERSON - IN JAPAN?

- ⦿ Long term care insurance in 2000
- ⦿ 1995 Family Care Leave Act, up to three months ( Ikeda, 2015).
- ⦿ In 2010 a revised law on child and family care - IF it is obeyed it supports parental leave and allows “care leave” for a sick child or an aged parent (MHWL, 2010).

BUT

- ⦿ Employment regulations & employment culture do not match this law (enough)?

# WHAT SWEDISH CARES WISHED?

- The referred Swedish study to family carers showed three areas of wished improvements: 1) Good quality of public care, 2) Better economic conditions, 3) Flexible work life.



# WHAT JAPANESE CARERS WISH

- ⦿ Better care services for the cared for person
- ⦿ Carer-friendly communities and workplaces  
AND professionals/officials
- ⦿ Ensured economy (allowance, pension)

(Source: Carer survey report 2011, Cares Japan)

- ⦿ Flexible worktime: be able to leave work during daytime for caregiving reasons, and to not work overtime ( Ikeda, 2015)

# DISCUSSION

- ◉ Even with continued different welfare state models, what unites Japan and Sweden is that NPM, New Public Management result in similar difficulties:
- ◉ In spite of different welfare state models, the system of free choice of service provider - does not offer much freedom for the carer
- ◉ Both Swedish and Japanese data show that working carers need real support to be able to keep working & caring: economic security, trustworthy public care and flexible worklife

## CONCLUSION

- ◉ Will Sweden and Japan become even more similar when it comes to the care of the elderly ?
- ◉ Demography, health & social care needs in combination with social changes lead us to conclude that efforts from family will remain a significant socio-political issue for a foreseeable future.
- ◉ Care as part of the lifecourse for both men and women means consequently that we need a worklife which is adjusted according to the changing life courses of people!
- ◉ "No care is provided for free" (Mossberg-Sand 2000). There is always a cost. The question is: who will have to pay and under what circumstances?

THANKS \* TACK \* ARIGATO

⦿ Thank you for your attention!

- ⦿ [ann-britt.sand@anhoriga.se](mailto:ann-britt.sand@anhoriga.se)
- ⦿ [ann-britt.sand@socarb.su.se](mailto:ann-britt.sand@socarb.su.se)
- ⦿ [els-marie.anbacken@mdh.se](mailto:els-marie.anbacken@mdh.se)

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## SUPPORT FOR FAMILY CAREGIVERS IN SWEDEN

- ◉ Family care consultants (helping family carers with different task including advisory role)
  - ◉ Family care groups
  - ◉ Education for family carers
  - ◉ Family care centrals and meeting points
  - ◉ "feel good" activities (massage, yoga etc)
  - ◉ Conversation/therapy groups
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- ◉ **For the elderly (indirect help) to the family caregiver**
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- ◉ Short term care and recurrent care
  - ◉ Day care services
  - ◉ Combination of day and night respite care
  - ◉ Respite care in the home

## SUPPORT FOR FAMILY CAREGIVERS IN JAPAN

- ◉ Care managers - advisory role to family carers included work task
- ◉ Short term care (nursing home and in health care facilities)
- ◉ Day care services
- ◉ Night care and home visits
- ◉ Family care groups
- ◉ Conversation/therapy groups
- ◉ "Chiiki Houkatsu centers" - preventive community work