

Balancing acts: Policy frameworks and family care strategies in Norway

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Introduction

What is the practical and emotional reality of combining paid work and care in a highly developed universal welfare state with high levels of employment of women and strong institutional and ideological support for the dual earner–dual carer model? In this chapter we explore this question using Norway as a case, and drawing on qualitative interviews with both parents of young children and adults who have care responsibilities for older family members or relatives.

In Norway, both children and elderly persons are entitled to substantial care services. Yet combining paid work and care while ensuring the quality of care provided and quality of life for those cared for as well as for the carers is not without challenges. Solutions rely on adaptations of paid work, welfare services, and care as well as on the micromanagement of separate, overlapping, and sometimes incompatible demands on time, space, and effort in everyday life.

Seen from within the family, caring for a young child and caring for an elderly spouse or parent are in no way identical tasks and fields of responsibility yet they do have some aspects in common. In this chapter, we direct attention to the strategies, experiences and reflections of individual people using available care services combined with family based care for children or elderly family members. The comparison of the two different care fields allows us to discuss families' practices and reflections in light of existing care policies and to highlight unmet needs, paradoxes, and tensions.

In order to compare the practices pertaining to these two quite different fields, we will apply the caringscapes/carescapes approach proposed by McKie et al. (2000, 2002), developed for studying caring practices in context. This enables us to investigate and compare family care strategies

systematically between the two care fields in question, and to indicate how differences and similarities are embedded in policy frameworks with specific histories and rationalities.

The co-development and interlinkages of gender equality policies, family policies and labour market policies are important in understanding the current work–family configuration in Norway (Bjørnholt 2012; 2014). Reconciliation of work and care in Norway is facilitated by the availability of paid work due to low unemployment and the relatively short working hours. Formal working hours are 40 hours per week; due to collective agreements, most Norwegian employees work 37.5 hours. As regards care for children, in addition to paid parental leave, working parents are also eligible to entitlements in the workplace such as part-time work and fully compensated leave to care for sick children. When it comes to workplace adaptations and eldercare, a fragmented and little used range of small measures reflects that families have no universalised rights corresponding to those in the childcare field.

The caringscapes/carescape approach: Caring and working in time and space

The concept of caringscapes was first launched by McKie et al. (2000, 2002). It has been elaborated further by the original authors and co-authors (Bowlby et al. 2010; Bowlby 2012) and has also been adapted across a wide diversity of fields as a tool for exploring ‘the time–space links between the processes producing policies and services and those affecting individual behaviours’ (Bowlby 2012: 2101).

The caringscape metaphor encourages the study of care as ‘social processes in both time and space’ (Bowlby 2012: 2114). Caringscapes can be thought of as the shifting and changing multi-dimensional terrain that comprises people’s vision of caring possibilities and obligations: routes that are influenced by everyday scheduling, combining caring work with paid work and the paid work of carers (McKie et al. 2002). People create routes through a ‘caringscape’, which changes and evolves as they move through their lifecourse.

While the early caringscapes approach focused on how individuals organise their caring activities in time and space, the carescape concept,

added later, draws attention to the 'external' context or structure, in terms of the resources and services that shape the individual caringscape 'terrain' (Bowlby et al. 2010:151). The carescape of a particular society encompasses the level of services as well as prevailing political and social ideas about care. The approach underlines the importance of viewing concrete care policies in their wider historical and cultural context, as well as viewing care practices as imbued with memories, anticipations and speculations, policy and service dimensions, and political and social ideas about care.

We will employ the caringscapes/carescapes approach as a sensitizing concept that facilitates looking at people's practices and strategies of combining paid work and care, related to the institutional and employer support available in the two care fields, and how people navigate emotionally and morally in their practical adaptations.

Childcare: changes in services and entitlements

Norway provides strong institutional support for the dual earner–dual carer model for parents of young children. This support was strengthened in a series of reforms during the 1990–2000s, including successive extensions of parental leave and the paternal quota in particular, and expansions in the kindergarten sector. Today parents are entitled to 49 weeks of fully compensated parental leave of which both parents are entitled to a 10-week non-transferable quota. The policy package for working parents supports a particular model of 'serial' organization of early childcare (first mother, then father and then formal child-care, see Stefansen and Farstad 2010).

The normalisation of institutional childcare for children below three years is of recent origin (Stefansen and Skogen 2010). Throughout the 1980s and 1990s, Norway lagged behind the other Scandinavian countries with a substantial 'childcare gap' (Ellingsæter and Gulbrandsen 2007). The closing of the childcare gap was a result of the historic parliamentary agreement in 2003 that secured several reforms, including a low maximum price, and a substantial expansion of places and facilities and an ensuing legal right to kindergarten¹ from age one from 2009. As a re-

¹ We use the term 'kindergarten' in this book, well aware of its connotations in many

sult, the care arrangement for young children in Norway changed rapidly from informal to institutionalised care. In 2014, 80 percent of children aged 1–2 years and 97 percent of children aged 3–5 years attended formal childcare (SSB 2015). Maternal employment followed suit: mothers return earlier to paid work after birth and an increasing percentage of mothers work full time (Rønsen and Kitterød 2012).

The dual earner–dual carer model also enjoys strong ideological support. It draws on a conglomerate of interlinked ideas including the importance of paid work for women’s autonomy and the value of and need for a father’s involvement in early childcare for several reasons (child development, fathers’ emotional well-being, gender equality in the family and vis-a-vis employers (see Haas and Rostgaard 2011; Eydal and Rostgaard 2016; Rege and Solli 2013). It is also supported by cultural ideas of a good childhood and a competent child that thrives in and benefits from formal childcare from an early age (Kjørholt and Qvortrup 2011; Seeland 2011).

Eldercare: changes in services and entitlements

Public eldercare services may be regarded as a major innovation in terms of the strong growth of municipal homecare and institutional care services in the 1970s. The expansion of these services was a response to some of the most crucial challenges that society faced at the time: the dramatic rise in the number of elderly and the need for gender equality in the family and working life. From around 1970, the main building blocks of the current system were in place, with a subsequent expansion in 1970–1985. In this period, the ‘volume of nursing homes, home nursing, and domiciliary services more than doubled’ (Daatland 2015: 9). Nursing homes saw a decline of about 25 percent between 1995 and 2010; this decline was nearly outweighed by a corresponding increase in assisted housing. Notably, there has also been a de facto decline in home services, from 58 percent of the 80+ population receiving such services in 1995 to 50 percent in 2009 (Daatland 2015).

countries to pre-school programmes for 5–6 year old children. In Norway, the universal model of ECEC means that there is no distinction between ‘kindergarten’ and ‘nursery’ or ‘crèche’. The term ‘kindergarten’ is used in official documents as a literal translation from the Norwegian ‘barnehage’ that encompasses all age groups 0–6 years.

With the Decentralisation Reform in 1986, legislative changes delegated the responsibility for a wide range of services to the municipalities. The aim was to offer people a health care arrangement where medical treatment, rehabilitation and care were woven together in a cohesive continuum. After this reform, municipalities had to pay more attention to cost control, and policies stressed awareness of local problems, flexibility, proximity, and user participation (Vabø 2011). Accordingly, home services, which were previously divided into two segments—home help and home nursing—became more or less integrated. Thus, it was argued that the role of home care had changed from a preventive role stressing practical and social care for elderly with moderate care needs towards a more medicalized role providing personal care and nursing care for the most frail, disabled and chronically ill among both old and young people (Vabø 2009).

As argued by Gautun and Bratt (2016), there is a structural problem in eldercare as institutional care has been considerably reduced while home care services have not only not been increased accordingly, but have also effectively been reduced (cf. also Daatland 2015 cited above). This creates a gap between the care needs of elderly persons living in their own homes and the capacity of the home services. Family members and daughters of elderly people in particular feel obliged to try to bridge this gap, in spite of having no legal duty to do so. Øien (2016) has shown that, contrary to the general policy argument, better access to home care services leads to *more* frequent use of hospitalization: more home care implies medicalisation of ailments otherwise understood as normal aspects of aging. While the main policy argument that we have encountered in INNCARE for strengthening home care services is that more home care leads to a lower need for residential care, the two arguments are related. Both are rooted in the perceived need to strengthen home care services because of the growing proportion of elderly persons, where the continued operation of residential care at today's rate is unsustainable in terms of cost and labour.

Methods and samples

For the analysis of care practices related to young children below school age, we draw on interviews conducted both as part of the INNCARE

study (2 interviews, 6 participants) and the EFFECT study² (7 interviews, 17 participants). The two studies used the same strategy for accessing participants and the same interview methodology and interview template and we treat these interviews as one sample for the purposes of this chapter. In total, the sample consists of 23 participants, 10 women and 13 men. Participants were recruited primarily from three types of work places: academic institutions, service institutions, or health care institutions. This gives some variation in the sample in terms of work flexibility, with academics enjoying a higher degree of freedom in terms of work presence and work content compared to the rest of the sample. The participants were interviewed in groups of 2–5. The interviews were semi-structured and revolved around childcare policies, employer support, concrete childcare arrangements, and participants' ideas about work-life balance. The reader should keep in mind that our presented findings are not necessarily generalizable, but—as with all qualitative research—focus on the content of the interview material engendered by the researchers and the interviewees together and thus—in this case—on the meaning of policies and practices for the interviewees.

In the eldercare field, 17 interviews were conducted (6 group interviews and 11 individual) with 26 participants (3 men, 23 women). Three of the participants were elderly service users themselves, two using home care services and the third in sheltered housing for the elderly. The other interviewees were all close family or relatives of service users. Nine participants worked full time, four worked part time, eight had retired, one was unemployed and one was self-employed. Most participants were aged 50–60 and cared for parents or, in two cases, parents-in-law. Four participants cared for their spouses. 14 cared for a family member who used home care services, often combined with other services such as day centres, hairdressing services, physiotherapy, daytime rehabilitation services, short-term relief placements, etc. Five cared for family members

² The *EFFECT study: Enhancing the effectiveness of work-life balance initiatives use* was carried out in cooperation between Norwegian Social Research at Oslo and Akershus University College (Oslo, Norway), Policy and Social Research AS (Oslo, Norway), and the Department of Health and Work Psychology at the Nofer Institute of Occupational Medicine (Łódź, Poland). It was funded by the Polish–Norwegian Research Programme under the Norway Grants funding scheme. Grant number EOG78. The project is described in more detail in Bjørnholt and Stefansen (2017), Bjørnholt et al. (forthcoming) and Bjørnholt and Stefansen (forthcoming).

who were in residential care. The interviews were semi-structured and covered the main topics of type of service used, balance between daily life and caregiving, experiences with public services, and reflections on challenges, innovation, and solutions. Difficulties in recruiting participants resulting in a delay were eventually resolved through engaging a company specialising in surveys, interviews and focus group research. This company maintains large databases of contact information for persons who have consented to take part in their various projects and who are remunerated with gift cards.

The findings

To capture the lived realities of care responsibilities for children and old persons respectively the analysis below describes 1) family care strategies, 2) the perceived level of support from the welfare system and employers and 3) the emotional aspects of care arrangements.

Care strategies

Childcare

Bjørnholt and Stefansen (forthcoming) describe how couples with young children in Norway embrace the family policy measures offered them by the welfare state. Parents generally arranged their lives in concordance with the thinking that supports this policy package—they used the parental leave and the father's quota and enrolled the child in kindergarten after the leave. There was some variation related to the level of adjustment parents made in their work arrangement when the child started in kindergarten. In Bjørnholt and Stefansen (forthcoming), this variation is described as spanning from a neo-traditional arrangement (the mother adjusting slightly more than the father) to a gender reversed pattern (the father adjusting slightly more than the mother). A third prominent arrangement was the gender symmetrical arrangement, where both (or none) of the parents adjusted working hours or commitment after the child started in kindergarten. It is important to note that this pattern was based on snapshot pictures of work–family adaptations. We found that arrangements also changed

over time, and that they were the subject of reflection, renegotiation and open to possible changes in the future (cf. Bjørnholt et al., forthcoming; Bjørnholt and Stefansen, forthcoming).

The two ‘family portraits’ below, analysed in greater detail in Bjørnholt and Stefansen (forthcoming), represent the most common arrangements, the neo-traditional arrangement and the gender symmetrical arrangement.

The neo-traditional arrangement: At the time of the interview, Camilla and her husband Dag both worked full-time and their son had a full-time place in kindergarten. For them, as for the rest of the sample, having the child in kindergarten from age one was perceived as a natural thing to do. Due to work–family stress, Camilla had previously reduced her working hours as a researcher (to 80 percent) for a short period. This did not work out as planned, as she felt that she worked full-time but for lesser pay. They now managed because she split her working day into segments and worked weekends and evenings, while Dag made only moderate adjustments, such as taking turns working late and going home early to pick the child up from kindergarten.

This arrangement is sometimes referred to gender ‘equality light’ (Skrede 2004), referring to the idea of gender equality as relating to exactly 50/50 equal sharing. What is more important here is the combination of a taken-for-granted gendered responsibility for adapting paid work to caring responsibilities—hence ‘neo-traditional’—and the strong naturalisation of a particular work and care script—the dual earner–dual carer model, that Camilla and Dag’s arrangement illustrates. This is even more pronounced in the case of Marcus and Nina described below.

The gender symmetrical model: Marcus and Nina succeeded in pursuing dual careers and sharing childcare and household responsibilities equally. They were both very absorbed in their jobs and also had a high mutual tolerance for working during evenings and weekends. A fulfilling working life for both parents was seen as non-negotiable for both. Formal childcare — kindergarten — after parental leave was also perceived as a self-evident part of the care arrangement.

In conclusion, and particularly related to the academic group of parents, the dual earner–dual carer model seems to be taken for granted as a new normative order for family life: Parents' everyday adaptations are to a large degree directed towards combining paid work and care within the available structures. A few families however relied on regular informal support of grandparents or other family members. On the general level, the parents expressed that they lived 'normal' family lives and more or less the life they wanted.

Eldercare

For our participants, the amount of time spent on care provision ranged from daily contact and assistance to assistance twice a month. Most of our participants constantly adapted to the changing needs of the older person. Participants who had elderly family members in residential care spent less time on caregiving compared with participants whose elderly family members received home care services. For participants who cared for and lived together with their spouses, the geographical and emotional distances were negligible and one retired woman in her late 70s typically characterised caring for her husband as a '24 hour a day shift'. Several of the participants caring for a family member receiving home care services stated that they spoke on the phone at least once daily, and assessed the changing need continuously based on these phone conversations. Others had established weekly or more frequent visits, often at weekends, as a basic routine with added assistance or contact as needed. One woman reported that she had earlier visited her mother daily after work, but experienced ill health herself due to exhaustion and had to limit her visits to once or twice a week. Although she shared the responsibility with other family members, she still felt guilty that she could not manage to be with her mother more frequently.

Participants described their caregiving as both 'practical' (e.g. house cleaning, grocery shopping) and 'social' (e.g. visits, walks). Emotional care in the form of talking, or just 'being there', was an important part of the 'social' category, and one might sum up the two forms of care as 'doing' and 'being'. Types of help and care depended on the specific and changing needs of the elderly person, what type of welfare services the elderly persons received, and whether the participants had sole responsibility for care giving or if they shared responsibility with other family members.

For participants with elderly family members who used home care services, a bigger part of the total 'responsibility load' fell on the family, and most had to spend time on both practical and social care. Participants whose elderly family members were in residential care also had some practical tasks such as shopping or preparing special food, yet the amount of such tasks was smaller for this group. These participants spent more time on social or emotional tasks, especially on visiting and spending time talking with or being with the elderly person, either in their rooms or taking them outside. Some of these participants had experience with both home care services and residential care and a few of them described the transition from home care services to residential care as a positive one, even as a great relief. This was for instance the case for a woman in her mid-40s, who at the time of the interview had her mother in a residential care home:

“Now the situation is quite different. Now she doesn't need help, because she lives in a residential home and gets everything there. So, no; it's more the social stuff that I help out with. Well, I mean, of course I buy something if she [for example] needs clothes, but otherwise I now use most of the time on being present, visiting her there and taking her to the theatre and stuff like that. I would say that I normally visit her every Saturday and Sunday.”

While some participants shared the care responsibility for the elderly person with other family members, some reported having sole responsibility. Participants who shared responsibility with other family members organized care accordingly. Sharing responsibility gave the benefit of allocating tasks and problem solving between family members, depending on their respective roles and abilities and other parts of their daily lives. Participants who had sole responsibility for elderly family members often expressed that they wished they could have shared some of the responsibility with other family members. Being alone in care provision was described as hectic and stressful, leaving them with all of the responsibility and many tasks every week:

“I'm the only child left here [nearby]. And that's something that really makes an impact [on my life] (...) I have to do the shopping, I have to

do all these little things. And of course, I do it happily, but I wish I could sometimes just go there, sit and talk for two hours, not 'you have to pay the bills' 'you have to do this and that'. So I'm the only one that helps out and does everything for her."

Some participants told us that they did have family members who might have helped out with care provision, but they chose to not involve them so as not to burden them with a responsibility they felt was mainly their own.

Family members who had no arrangements of sharing the responsibility with others and whose elderly dependants received home care services struggled to cope with demands from other parts of daily life. Individual strategies to cope varied, but the most typical response was to reduce that which was not defined as a responsibility to others, e.g. time to relax, exercise, go on holidays, or socialise with friends. Several noted with resignation that this priority was detrimental to one's own health, while they clearly saw no other available strategy. As we shall see below, only rarely did they rely on employers to adapt their work situation.

Perceptions of institutional and employer support

Childcare

The parents generally took the institutional support system offered them by the welfare state for granted. This applied both to the parental leave system including the father's quota and to formal childcare—kindergarten. Parents did not voice any concern that such measures could suffer cutbacks for instance during times of crisis. Some talked about how the system in Norway was generous compared to systems in other countries, stating for instance that the Norwegian parental leave scheme was the 'longest in the world'.³ Some also compared the system today with the system available earlier when the parental leave was three months: 'You get spoiled, sort of, by having what we have.'

³ Although Norway has a generous parental leave, it is far from the longest. In terms of combined length of leave and level of compensation, it is surpassed by five other countries, among them the Czech Republic (OECD 2015).

Very few parents were critical of the system offered them. One exception was participants who had a partner who was not eligible for parental leave, for instance because he or she was self-employed or a student. Further, some were unable to make use of entitlements due to a mismatch with other major life course events, such as transition from studies or temporary jobs to ordinary work, like Per:

“I was about to take paternity leave with the youngest one, but then I got a job in the newspaper, so then...Fulltime. Up till then, I only worked part-time and temporary. So, then we thought, here we are assured of income, so then it just turned out that way.”

Landing the new job was particularly pertinent, as Per’s wife was not eligible for any paid leave, illustrating the structural limitation in access to paid parental leave due to the fact that it is derived from paid work. A few also talked about other aspects of inflexibility in the system, for instance that the father’s quota could not be transferred to the mother or that they ideally would have wanted a longer leave for the mother or a longer parental leave period, for instance because returning to work early could interfere with breastfeeding.

Apart from concerns of the length and flexibility of parental leave, criticism also related to minor problems such as filling out complicated forms and understanding the somewhat complicated rules around the father’s quota in the parental leave scheme: ‘The first time I was on paternity leave. This thing about sharing the days and that. I did not understand it at all.’ While being a rather minor problem, the complicated system also takes a lot of time for some. Brage, for instance, suggested that he and his partner had used approximately one week of the parental leave to talk to the welfare services about their rights and what to expect.

The general picture, however, was one of a system that accommodated most parents’ needs. A few parents offered very positive evaluations of the system, such as Marcus: ‘For people who are employed it is an incredibly flexible system. I don’t know how you can design a more flexible system.’

Among the academics in the sample, employer support seemed also to be taken for granted. Several of the participants who worked in research institutes or at a university referred to their employer and type of work as generally flexible—such as Knut:

“And one of us picks them up quite early then, compared to many others, which is possible because we both have employers who are very flexible with office times, to put it like that.”

He also found employer flexibility to be high in the private sector, referring to his friends and acquaintances working outside of academia: ‘Even in the competitive part of the private sector it seems fine to organise, reorganise your days so that it is possible to stay at home one day a week for instance.’

His own employer had also been very helpful in arranging all the practicalities around his paternity leave. He had some trouble with forms but the employer relieved him of the responsibility: ‘They said that, no, we will fix that. This is no problem, just go on leave, relax, we will fix all of it.’ Brage had similar experiences. His boss summoned him to a meeting to discuss if there was anything he needed after the child was born, for instance to leave earlier in the afternoon. Related to minor and practical issues, parents in service and care work had the same experiences of the employer being very helpful.

Employer flexibility could not be taken for granted among non-academics. Gunhild, who worked in a shift based service organisation, explained how the principle of seniority in shift allocation could be problematic: ‘You have to have worked here a few years to get the shifts that corresponds with the life you have at home.’ At the same time, she offered that it was no problem to leave work to pick up a sick child from kindergarten. She had also had positive experiences with her employer in returning to work after parental leave and during her pregnancies.

Eldercare

There is no integrated, universal and extensive framework for people who care for elderly family members corresponding to the institution-alised childcare system. Cash benefits are limited and little known and none of our interviewees reported using or having tried to apply for such benefits. The range of more widely available services targeting elderly in need of care includes a large number of specific services such as transportation, respite services, dentistry, foot therapy or day care centres, that each require separate applications. As families are not legally required to care for their elderly, employers are not formally required to

facilitate or adapt to the needs of employees who are caring for elderly persons.

In sum, family members providing care for elderly persons cannot take anything for granted as regards institutionalised support for their experienced caring responsibilities. It was not surprising, therefore, that how the participants experienced combining paid work with having responsibility for an elderly person in need of care varied a good deal. Participants were asked whether provision of care to elderly family members affected their lives and whether they were of the opinion that there was a balanced relationship between public and private task sharing. Some participants admitted that it could periodically be stressful, but that they overall experienced the care giving situation as manageable and that the task sharing between public and private was satisfactory, in line with e.g. Hansen and Slagsvold (2015).

Some participants had positive experiences and described their workplace as flexible and of their employers as thoughtful and understanding. Several expressed that they would not like their caring responsibilities to affect their working life and careers, and preferred reducing their own leisure time rather than talking to their employers about what they experienced as a private problem. In doing so, they were protecting their own career and position in the workplace as well as the privacy of their elderly family members. Both these and some participants who had tried to appeal to their employers found the combination of employment and caregiving challenging. Two of the participants who worked part time at the time of the interview had negative experiences with previous employers, for one of them resulting in a situation where she had to use up her own days of vacation or annual leave for providing care to her father. When the other participant who was employed part time was asked whether her employer was flexible in respect to her situation of caring for a sick father, she responded:

“No, not at all. So I’m kind of relieved that I got sick, because then I ‘got a kick in the pants’ and got myself out of the workplace that I’d been in for 19 years. I really liked the job, but that was a management with zero empathy when something happened in [an employee’s] life. I had to schedule all meetings with the municipality [care services] for lunch-time, in the early morning or after work. I had to switch shifts,

and I couldn't say anything to my boss, because they didn't show any understanding and you keep thinking 'oh, what if I lose my job because it's too much', you know? And my mom could call me and say 'You have to come now, dad is going crazy!'"

When it comes to care for the elderly, then, there appears to be no clear pattern for the attitude of employers to care obligations in the family. Rather, it is up to each employer or even each manager to make up their own informal policy or even ad hoc decisions from case to case.

The emotional aspect of caring and care arrangements

Childcare

Parents of young children conveyed a general level of satisfaction with the system and their employers' support. There is subsequently no major crisis relating to childcare.

Nevertheless, and as described in Bjørnholt and Stefansen (forthcoming), parents also voiced worries and ambiguities related to combining paid work and care and related to kindergarten facilities. These ambiguities were often subdued and muted, invoking feelings of strain and emotional stress rather than open critique of the systems and institutions in question.

Expressions of strain and ambivalence followed classed and gendered patterns. The shift workers predominantly discussed the organisation of childcare and paid work in practical terms, often relying on a naturalised neo-traditional model. They also talked about the child's need for postponing entry into kindergarten, using arguments of the child's need for a safe space and the mother-child bond, in line with the classed models of parenting that Stefansen and Farstad (2010) identified in a previous study.

Among the academics, both men and women expressed worries that can be seen as related to small deviations from the ideal of sharing (exactly) equally. Above we described the couple Camilla and Dag who practiced a neo-traditional arrangement, with the mother doing slightly more adjusting than the father. Still, Camilla expressed ambiguity. Camilla's reflections below illustrate the multiple, entangled emotional struggles involved:

“I tried, I reduced to 80 percent last semester. I did it for a few months. Because I felt very, I felt exactly that I was not really, that I did not really work 100 percent and that I was so guilty all the time, so I thought I try it somehow. So ... (laughs) but it was such a discussion at home where, where my partner really, he did not understand. As I said, we have somewhat different attitudes (...), he has not, I do not think he has as much conscience like me for those things. However, it worked very badly because, (...) that semester I worked, I think I worked more than 100 percent because it was so incredibly busy then (...). I think I worked 100 percent then for 80 percent wages.”

Camilla's explicit reference to 'being a woman and not a man' reducing work hours, is a strong indication of the cultural shift that has taken place, towards a full-time worker norm for mothers, at least among highly educated Norwegian academics. On the other hand, Camilla seems to think it would not have been shameful for a man to work part-time. Working part time does not seem to be an option for men however. Fredrik—also an academic—described his colleagues puzzled reactions when he had voiced the idea of reducing his working hours to 80 percent because of the stress of combining work and care:

“Then everyone I spoke to thought it was a bit like ‘Huh !? Really, somehow?’ I ended up not doing it then, just in reality worked less, instead of going down in percent. However, there were real reactions to it.”

Fredrik resolved his work–family conflict by choosing to work less without reducing his formal working hours, expressing no conflict of conscience for doing so.

Among the men who took a larger responsibility than their partner for adapting paid work to care (practicing a gender reversed model), a few expressed ambiguities. This was often done in a joking manner: Erik who took a larger responsibility for everyday adaptations of his work to their caring responsibilities was not fully comfortable with this adaptation, as expressed (with a smile) in the following quote: ‘I sometimes have to remind her that I have a job, too.’

Another area of ambivalence related to kindergarten. On one hand, kindergarten was taken for granted as part of work–family arrangements,

and most expressed overall satisfaction with the kindergarten: ‘So, *all in all, we are pretty much satisfied with the kindergarten. I’d give them—let’s say, a four-plus out of six, over all.*’

Informants voiced several concerns regarding the quality of kindergarten and the amount of time children spent in institutional care. Berit looked back at the first kindergarten facility the family was offered, where she found both the building, the playground and the staff to be of low quality:

“When we had been there to look at it, I went outside and had a good cry. (...) And I thought: ‘she can’t be there’. And then she got a place in another one, luckily, and had a great time there.”

Across the sample, worries related to the time spent in kindergarten followed a gendered pattern, with mothers worrying more than fathers, as illustrated in the quote below:

Christian: “At least among us there is one [partner] who feels more... I mean, when I’m at work then I’m at work, and then I know when I’ll get to kindergarten, but I think [partner] feels more and thinks a lot more that [our daughter] is small and goes to kindergarten, and if it goes well. She probably worries a little more than I do.”

While such worries were gendered, men, too, could express stress. However, parents did not seem to see any alternatives to sending the children to kindergarten. Either dissatisfaction with kindergarten was contained as feelings of emotional distress, or they chose exit strategies, moving their child to another facility. Stefansen and Bjørnholt (forthcoming) discuss in greater detail Norwegian parents’ restricted sense of agency related to work–family arrangements.

Eldercare

Satisfaction with care provision was a recurring theme. The elderly service users themselves were generally satisfied with the services, while the relatives of elderly persons with need for care, on the other hand, had varying experiences. How satisfied they were with the services and the eldercare system in general seems to depend on which services the

elderly persons were using. We will focus on satisfaction with home care services and residential care.

Most of our participants had elderly family members who were using home care services. Satisfaction with the services varied; there was a good deal of dissatisfaction. Among the elements that contributed to dissatisfaction were the competencies and tight schedules of care workers and nurses, experiences with wrong medication, or insufficient or off-target help. Some also doubted their formal competence, suggesting that some of the carers were way too young and professionally inexperienced.

Several participants expressed that they felt individual needs were not met, as there was a high staff turnover, making it difficult to recognise and deal with the staff, and further, home care service staff, frequently of immigrant background, often had language difficulties. However, the elderly seemed more focused on whether the people who came to help them treated them with respect and appeared to know what they were doing, regardless of origin or language fluency.

All of our participants caring for an elderly person in residential care seemed to be quite satisfied with this service. As mentioned previously, many of them described the transition from home care services to residential homes as positive, as being relieved of a burden. Having an elderly family member moved from their own house to residential care eased the carer's everyday life, leaving them with confidence that the staff could care for and assist the elderly with daily tasks. Family members also saw it as a great relief that the elderly were satisfied with the services themselves, thus mitigating the relatives' feelings of stress, inadequacy and worry. Nevertheless, even among those who were satisfied with the nursing homes, some had complaints, such as the technical-structural standard of the residential home, that the building was old, worn, not 'cosy', and a 'typical institution', and that staff was too pressed for time.

Beside the challenges with specific care services, participants reflected on challenges in the Norwegian eldercare system. For the elderly as well as carers, a major issue was the feeling of loneliness, a desire to for assistance in becoming more physically active (e.g. walking) and to have someone to socialise with. This was particularly the case for users of home care services. The wide scope of experiences with home care services reflects the fragmentation of this field, much less standardised and rights-based

and with much more extensive local and individual variation than in the childcare field.

Several carers also highlighted that as a relative, one had to be 'pushy' and unswerving in order to succeed in the complex eldercare field. Additionally, many participants found access to information quite challenging, resulting in a lack of necessary knowledge about services, options and rights. Several had opinions on possible improvement, such as the appointment of a 'contact person', more 'user friendly' technical systems, and better cooperation between different service providers.

Some participants also emphasized that the eldercare field's major issues should be seen in light of demands of efficiency and budgeting. A man in his 50s said:

"But I feel that...the municipality is always saving money, and that is also the case in the rest of society, in kindergarten and hospitals and other care services. They always want to save money, everything is measured in money, efficiency, and that's not in the patients' or the users' best interest."

The elderly persons interviewed had little use for innovations in the form e.g. of computers. One had a tablet, provided by the municipal services, and stated that all she could do with it was to turn it on to see what to expect for dinner, and turn it off. She had not received any training on how to use it for anything else, and had no particular inclination to do so. Another explained that she could no longer use a mobile phone because her fingers were too stiff, and she had never used a computer. The third could not think of anything at all she could want except perhaps more of the services and care she already did receive.

The family members of elderly people in need of care had more to say about this, but innovation was not the first thing that sprang to mind. One of them knew a good deal about technological innovation in welfare, adding that she may have come across this information at work. She was less sure if any of these things would help her mother in her daily life. Another participant said that she would like to find out if her mother could have a stair glider.

Two participants talked about an idea of their own, for their own future older years. This entailed a type of housing where one could live together and share some things like a cafeteria and a common room.

The advantage would be being able to lead an independent life with easy access to old and dear friends, while at the same time sharing and having easy access to the needed care services.

According to the informants, caring for elderly family members could be very burdensome, sometimes affecting their physical and mental health and social life. This finding is consistent with other studies (e.g. Pinquart and Sörensen 2003; Verbakel 2014). Many participants were of the opinion that too much responsibility rests on the families, and that home care services and accessible benefits were not sufficient. The carers had to adjust their lives according to the elderly family member's needs, often resulting in little or no vacations or other time to relax.

For some, caregiving negatively affected their mental health. This was particularly the case for those who cared for a spouse or those who had sole responsibility for their parent(s). They described feelings of depression, anxiety, inadequacy and sometimes difficulties with sleeping. For some, these mental health symptoms impacted their physical health as well. A woman in her mid-50s, who cared for her mother with a dementia diagnosis, felt stressed most of the time. Although she generally had a very good relationship with her mother, all the caregiving sometimes affected her mood negatively:

“I get it all the time, and in the end I become so furious and then I let it...I don't hit her or anything like that, but sometimes I 'bite back' and say 'I can't take any more now, just shut up!'. So, it's rage and ...”

Several participants spent a good deal of time and energy worrying about the elderly family member. Here they were typically concerned about whether the elderly actually received what they needed from the home care services, if they got the right medication and/or if they had accidentally fallen and injured themselves. For participants who cared for an elderly person with memory issues (e.g. dementia and incipient Alzheimer's), they often worried about whether the elderly person had gone out on their own and thus might have trouble finding the way back home. Although the elderly family members in our sample used some technological innovations available from the welfare services, such as GPS and «wireless alarms», to prevent accidents from happening, the participants did not find relief in such welfare technologies. Even though the

amount of time spent on worrying about the elder does not manifest itself as 'physical time' spent on care, participants with such concerns described the time preoccupied with worrying as sometimes overwhelming.

For those who experienced the relationship between public and private task sharing as unbalanced, a recurring statement was that the public care system should take more responsibility, investing in more temporary relief for family members, more places in residential care or in sheltered housing, and so on. Such expectations and preferences are in line with studies that show how Norwegian attitudes to eldercare build on the premise that eldercare is a public responsibility, while childcare is more of a family responsibility (e.g. Daatland et al. 2012).

Concluding remarks

From the analysis of practices, support systems and the emotional aspects of caring for children and the elderly, we can discern two distinct contextual configurations or carescapes (Bowlby et al. 2010). In the following, we will reflect on differences between the two, which are important in understanding families' strategies and scope of manoeuvre related to childcare and eldercare.

For childcare, there is a standardised cultural script related to responsibilities and timing of transitions, which is supported by an extensive and integrated policy package, covering the time from birth to school-entry. This script draws on three different fields of policy-making and knowledge production; family and gender equality policies, labour market policies, and childhood policies, all of which are supported by ideas of what constitutes a good and proper family life, the value of paid work, the nature of employee-employer relations, and the discourse on involved fatherhood. These are all elements contributing to the dual earner–dual carer as a hegemonic ideal, fitting well with the emphasis of formal childcare (kindergarten) and early education for children's development and a good childhood. In conclusion, childcare in Norway takes place in the context of strong and coherent institutional and ideological support, prescribing a rather fixed trajectory with little need for improvisation. It is easy to access and the package offered satisfies demand. However, despite the eradication of the previous care gap, and despite the general accept-

ance and normalisation of the current model, in the everyday manoeuvring of combining care and paid work by using the institutional support available—at the level of the individual caringscape, to use Bowlby's (2010) metaphor—tension and ambivalence is also part of the picture.

Caring for the elderly, in contrast, takes place in a weaker and more fragmented policy context. Caring for the elderly is not embedded in different policy-frameworks regarded as contributing to a higher aim, like gender equality or the best development of the next generation. There are few entitlements available for carers, and while employers and workplaces are important in facilitating parents' caring, for people caring for elderly family members or relatives, there is no institutional preparedness in working life to facilitate the combination of paid work and care. There is, furthermore, less ideological consensus regarding what constitutes a good life for the elderly and the importance of this for other causes and for society as a whole. In addition, there are legal and relational differences between the two fields when it comes to the carer and the cared for. Unlike children, the elderly are independent subjects of their own, free to accept or reject the help offered. The carer will lack formal authority to act unless the elderly person is put under guardianship—a rare occurrence. Further, caring for an elderly parent will differ from caring for a spouse. While child-care is deeply intertwined with gender equality endeavours, caring for an elderly spouse is gendered due to demographics. Due to general age differences in marriage, women more often tend to care for an elderly spouse. When women become fragile, they are often widowed and must rely on public services, children or others. For adult children caring for an elderly parent, there are also gender differences: Berge et al. (2014) found that elderly who had daughters received less public assistance than elderly who had only sons. Compared to child-care, caring for elderly relatives relies more on improvisation and ad hoc measures. This is due to the lack of a coherent, universal and ideologically underpinned ready-made package of entitlements and ideologies in the field of eldercare, the lack of universally available structures of support for carers, as well as the diversity and complexity of the field and of the relations involved.

References

- Berge, T, Øien, H. and Jakobsson, N. (2014) *Formell og uformell omsorg. Samspillet mellom familien og velferdsstaten* [Formal and informal care. The interchange between the family and the welfare state], NOVA-notat 3, Oslo: Norwegian Social Research, Oslo and Akerhus University College.
- Bjørnholt, M. and Stefansen, K. (2017) On the move, transnational family practices among Polish parents working and caring in Norway, in: Slany, K., Guribye, E., Pustulka, P. and Ślusarczyk, M. (eds.) *Transnational Polish families in Norway: Social Capital, Integration, Institutions and Care*, Frankfurt: Peter Lang.
- Bjørnholt, M. and Stefansen, K. (forthcoming) *Same but different: Polish and Norwegian parents' work-family adaptations in Norway*, under review in journal.
- Bjørnholt, M., Stefansen, K. Węzyk, A., Merecz-Kot, D., Jacukowicz, A., Najder, A. and Stańczak, A. (forthcoming) *Understanding the role of family policy regimes for everyday work-family adaptations: A comparison of Polish migrants to Norway and residents of Poland*, under review in journal.
- Bjørnholt, M. (2012) From work-sharing couples to equal parents—Changing perspectives of men and gender equality, in: Samuelsson, M.J. Krekula, C. and Åberg, M. (eds.) *Gender and Change. Power, Politics and Everyday Practices*, Karlstad: Karlstad University Press, 53–74.
- Bjørnholt, M. (2014) Changing men, changing times—fathers and sons from an experimental gender equality study, *The Sociological Review*, 62 (2): 295–315.
- Bowlby, S. (2012) Recognising the time–space dimensions of care: caringscapes and carescapes, *Environment and Planning, A* 44 (9): 2101 – 2118.
- Bowlby, S., Mckie, L., Gregory, S. and Macpherson, I. (2010) *Interdependency and Care over the Lifecourse*, Oxford: Routledge.
- Daatland, S. O. (2015) Norwegian long-term care: Legacies, trends, and controversies *GIGAPP Working Papers special edition WP-2015-02*, Madrid: Instituto Univeritario de Investigacion Ortega y Gasset, <http://www.gigapp.org/index.php/publicaciones/catalogo?view=publication&task=show&id=1807>
- Daatland, S. O. and Veenstra, M. (eds.) (2012). *Bærekraftig omsorg? Familien, velferdsstaten og aldringen av befolkningen* [Sustainable care? Family, welfare state and an ageing population], Oslo: NOVA Rapport 2/12.
- Ellingsæter, A.L. and Gulbrandsen, L. (2007) Closing the childcare gap: The interaction of childcare provision and mothers' agency in Norway, *Journal of Social Policy* 36 (4): 649–669.
- Eydal, G. B. and Rostgaard, T. (2016) *Fatherhood in the Nordic welfare states: comparing care policies and practice*, Bristol: Policy Press.
- Gautun, H. and C. Bratt (2016) Caring too much? Lack of public services to older people reduces attendance at work among their children, *European Journal of Ageing*, doi: 10.1007/s10433-016-0403-2.
- Gustavsen, B. (2011) *The Nordic model of work organization*, *Journal of the Knowledge Economy*, 2 (4): 463–480.
- Haas, L. and Rostgaard, T. (2011) Fathers' rights to paid parental leave in the Nordic countries: consequences for the gendered division of leave, *Community, Work & Family*, 14 (2): 177–195.

- Hansen, T. and B. Slagsvold (2015) Feeling the squeeze? The effects of combining work and informal caregiving on psychological well-being, *European Journal of Ageing* 12 (1): 51–60.
- Kjørholt, A. and Qvortrup, J. (eds.) (2012) *The modern child and the flexible labour market: early childhood education and care*, Basingstoke: Palgrave Macmillan.
- McKie, L., Gregory, S. and Bowlby, S. (2000) *Marking time, Making Time*, paper presented at the Annual Conference of the British Sociological Association.
- McKie, L., Gregory, S., and Bowlby, S. (2002) Shadow times: the temporal and spatial frameworks and experiences of caring and working, *Sociology*, 36 (4): 897–924.
- OECD (2015) Key characteristics of parental leave systems, *OECD Family database*, PF 2.1. <http://www.oecd.org/els/family/database.htm>
- Pinquart, M. and S. Sörensen (2003) Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis, *Psychology and aging*, 18 (2): 250.
- Rege, M. and Solli, I. F. (2013) The impact of paternity leave on fathers' future earnings, *Demography*, 50 (6): 2255–2277.
- Rønsen, M. and Kitterød, R. H. (2012) Entry into work following childbirth among mothers in Norway, *Discussion Papers No. 702*, Oslo: Statistics Norway,
- Seeland, M. (2011) *Livet i den fleksible barnehagen: muligheter og utfordringer i en barnehage i endring* [Life in the flexible kindergarten: opportunities and challenges in a changing kindergarten], Oslo: Universitetsforlaget.
- Skrede, K. (2004) Familiepolitikken grense-ved 'likestilling light' ['Gender equality light': the limit of family policy], in: Ellingsæter, A. L. (ed.) *Velferdsstaten og familien. Utfordringer og dilemmaer* [The welfare state and the family. Challenges and dilemmas], Oslo: Gyldendal akademisk, 160–199.
- SSB (2015) *Barnehager, 2014, endelige tall* [Kindergartens, 2014, final numbers], Oslo: Statistics Norway.
- Stefansen, K. and Farstad, G.R. (2010) Classed parental practices in a modern welfare state. Caring for the under threes in Norway, *Critical Social Policy*, 30 (1): 120–141.
- Stefansen, K. and Skogen, K. (2010) Selective identification, quiet distancing: Understanding the working-class response to the Nordic daycare model, *The Sociological Review*, 58 (4): 587–603.
- Vabø, M. (2009) Home care in transition: The complex dynamic of competing drivers of change in Norway, *Journal of Health Organisation and Management*, 23 (3): 346–359.
- Vabø, M. (2011) Active citizenship in Norwegian elderly care. From activation to consumer activism, in: Newman, J. and Tonkens, E. (eds.), *Participation, Responsibility and Choice. Summoning the Active Citizen in Western European Welfare States*, Amsterdam University Press, 87–107.
- Verbakel, E. (2014) Informal caregiving and well-being in Europe: What can ease the negative consequences for caregivers? *Journal of European Social Policy*, 24 (5): 424–441.
- Øien, H. (2016) *Four empirical essays in economics of long-term care*, Oslo: Department of Economics Oslo, Faculty of Social Sciences, University of Oslo.