

# **Between formal and informal care: The permeable boundaries of home and older-age caregiving.**

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## **Short Summary**

Here the distinction between 'formal' and 'informal' care for older-aged persons in the home is questioned. Based on fieldwork in the US and Sweden, the validity of this distinction for an analysis of how human and non-human actors negotiate domestic care praxis is explored.

## **Abstract**

This paper is based on ethnographic stories and observations of older-age caregiving in the US and Sweden. It stems from the need to find socially appropriate ways to care for an aging global population. This often includes respect for personal autonomy and the avoidance of institutionalized care when possible. There is consensus - stemming partly from economic and political pressures - that in-home care makes the most sense. For some of the people concerned, the home may nevertheless become a place of isolation, loneliness or even danger. In such cases viable alternatives must be found. One vivid example from Sweden is the installation of a state-funded bathroom module built directly onto the side of a private house. The rationale is that this eases the task of personal hygiene performed by state healthcare workers. Rather than a fixed entity, here the home emerges as a permeable boundary where private and public dimensions are increasingly blurred. Such fluidness brings into question the validity of a formal/informal care distinction for the analysis of how human and non-human actors negotiate caregiving. Consequently, this paper argues that contemporary care praxes situated in the home render such distinctions obsolete. With reference to recent work in material culture and medical anthropology it offers a nuanced approach to understanding the care phenomenon. Both geopolitical settings are contrasted to highlight the most relevant findings and suggest avenues for further research.