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## **Care, social citizenship and conflict: gender matters 1. Introduction:**

### **Changes in the social order**

Considering the importance of care in human existence — in our lives from beginning to end — ‘care’ (or ‘social care’), as an activity and concept, long attracted little attention in the social sciences, remaining overlooked, under-researched and under-theorised.<sup>1</sup> Caring responsibilities and activities were perhaps so much taken for granted as not to be in need of special notice, embedded in the good deeds of common life, and especially in the private sphere of domesticated family women -- the “haven in a heartless world” (Lasch, 1976). Only since the 1970s and 1980s, when ‘care’ came to be accepted as a challenging field for social research and welfare state analysis, have analytical distinctions been made between ‘care’, on the one hand, and ‘domestic work’ or ‘social reproduction’, on the other. Since then, research on care has flourished, spread out across disciplines and specialised in subdisciplines, with attempts made to develop general social theories based on an all-encompassing care ethic at one end, and, at the other, empirically orientated, comparative care policy studies.<sup>2</sup>

From early on, feminist scholarship took the lead in reconceptualising ‘care’ and in developing the vocabularies of care, gender and citizenship (e.g. Wærness, 1984; Hernes, 1987; Ungerson, 1990). Shifting focus – from care as being primarily a responsibility of the family to include a basis from which care dependants and carers are entitled to make claims on the welfare state – represents a striking reorientation in care thinking. ‘Care’ was

introduced in the social science discourse on citizenship along two different but interrelated paths; as an issue concerning the *needs and rights of care dependants*, and as an issue concerning the *rights and responsibilities of citizen as carer*.

These shifts might well be viewed as steps in a theoretical process; however, I argue that they are at the same time the outcome of shifts in care contexts, to no small extent generated by a crumbling of the gender order of the industrial era. During the latter half of the 20<sup>th</sup> century, spurred by the restructuring of the economy and transition of women from unpaid to paid work, Western Europe experienced a dismantling of the male breadwinner family. Rising feminisation of the labour force and revival of the feminist movement and ideology called for redefinitions of women's place in societies, labour markets and families. Already in the 1950s, analysing the increasing economic activity of women in the most highly industrialised countries of the world, France, Sweden, the U.K., and the U.S., Alva Myrdal and Viola Klein (1956) pointed to a 'women's revolution' on its way. The transition of women from unpaid to paid work met with controversy, disapproval and blaming, but also gained support. For married women, in particular, taking up paid work represented a break with traditional social and cultural models of womanhood and motherhood, and challenged conventions regulating married women's position in society, family and labour market. - By contrast, lone mothers were supposed to manage both earning and caring responsibilities on their own.

While unpaid reserves of family care labour supply were shrinking, at the same time, the demand for extra-family care and welfare services was rising. Increasingly, care work for the very young and the very old was being defamilised, rearranged as commodified, professional, commercial and marketable – in some countries with welfare state support.

Despite different timing and framing in different countries, for a number of reasons (economic, political, social, moral) married women's emancipation from full time domesticity was everywhere contested, opposed as well as welcomed. Politicising of care issues was politically controversial, opposed and supported for upsetting of traditional boundaries between the public and the private, and intervening in the private affairs of the family. Partisan political disagreement added to principled normative arguments about what families are for, what should be the responsibility of civil society, and what should be the proper domain of the welfare state. The emerging discourse on care and social citizenship, likewise, raised principled arguments concerning women's 'proper place' and women's social and economic rights.

In the following, I pay special attention to two parallel lines of conflict, one refers to the position of woman as worker versus woman as carer, and the demise of the male breadwinner family; to this line is later added conflicts concerning the gender division of caring work in the family, and the position of men as carers versus that of breadwinner. The second refers to the role of the family versus that of non-family institutions in care provision, and especially to the state/family division of care responsibilities, care work and care costs. I also touch upon a third line of conflict emerging in which women take central positions, namely, the revival of care as domestic service via the globalisation of care economies.

In section 2, following this Introduction, I briefly recapitulate processes important in changing of care contexts in Western Europe, and in section 3 go on to consider some of the crucial passages in ‘care thinking’, giving prominence to two theoretical perspectives of special importance in the study of care, gender and social citizenship: one is the analysis of welfare states as *care regimes*, the other the construction of models of *citizen as carer*. In section 4, focus is on care ‘going public’, the controversial change in welfare state approach to care witnessed in inclusion of care responsibilities in the basis from which social rights can be claimed. I take legislation of childcare-related entitlements as illustration. In section 5, I return to some of the conflicts and challenges entailed in the politicising of care as one element in social citizenship, with special emphasis on gender matters.

## **2. Care in Europe — changing contexts**

### *Family and demographic change*

During the later decades of the 20<sup>th</sup> century, in Western Europe, the mobilisation of women for labour market participation came to undermine the model family of industrialism, formed around the male breadwinner and his mate, the domesticated housewife/carers. By the turn of the century, the dual-earner family made up the majority; in this respect, European societies were converging. The time had come ‘to update the gender contract’ (OECD, 1994); reconciliation of work and family was widely recognised as a matter for welfare state policies (Leira, 2002). Demographic change, especially rising proportions of very old people and falling birth-rates, added to political concern over the shortage of unpaid care labour, as did the increasing complexity of family forms. Several countries witnessed a declining importance of marriage as the basis for partnership and parenthood, a rise in partnership split-

up and divorce, all raising concern about the weakening of family solidarity. Increasing multiethnicity has entailed further diversification of family cultures and traditions.

### *Defamilisation and politicisation*

The political history of both childcare and eldercare illustrates what T. H. Marshall (1965) came to see as a characteristic of welfare state development, namely the gradual transformation of basic human needs into individual social entitlements. Some collective responsibility for the care of very dependent persons – for example, orphan children or childless frail elderly persons – has preceded the modern welfare state. However, in legislation of *care-related social rights*, collective responsibility has been reformulated and expanded.

Summarising their study of social care in industrialised countries, Anttonen, Baldock and Sipilä (2003, p. 173) drew attention to some common long-term trends: care was increasingly leaving the domestic economy and becoming part of the formal economy; there was an increasing emphasis on individual rather than familial benefits; and there was a reorientation from selective services towards universal provision. Despite these converging long-term trends, the processes of care going public are at very different stages. National patterns in care provision still differ across Europe (Saraceno, 1997; Bettio and Plantenga, 2004).

By the turn of the 20<sup>th</sup> century, the demand for care services in Western Europe had long exceeded family capacity; the ‘care deficit’, to use Arlie Hochschild’s term (2000), had become acknowledged as one of the pressing social problems of the welfare state. According to welfare state analysts the shortage of care resources represented important elements in the emerging pattern of ‘new social risks’ (e.g., Esping-Andersen et al., 2002). A new welfare state was needed, it was argued, a welfare state willing to rethink the generational contract and invest in early childhood education and care, i.a., to equip future labour for the demands of the knowledge society, and to prevent reproduction of poverty in generations of young children.

Adding to changing of care contexts, is a revival of care as domestic service in Western Europe, in which female care labour is increasingly included in the globalising of service economies and becoming part of large-scale transnational care migration processes. The OECD (2002) registered an increase in women migrants arriving to find paid work, not for

reasons of family reunification. Social analysts, (see. e.g., Ehrenreich and Hochschild eds.,2005) drew attention to the migration of women from the poor South for care work in the rich North.

Rising demand for care has stimulated rearrangement of care provision, and generated an ongoing defamilisation and institutional differentiation of care settings in which care arrangements are provided by formal and informal labour markets, via organisations of civil society, and in some countries supported by the welfare state. –However, at the same time, concern with rising public expenditures and a desire to cut costs have been strongly voiced in many countries, resulting from the dire situation of European economies and a revival of neo-liberal ideologies.

Reflecting on the economic and social scenario Europe was facing, European Commission President, Jose Manuel Barroso, summarised the situation as follows: “How can Europe, at one and the same time, produce more children [...], get more people into employment [...], and show solidarity with our parents and the elderly?” (quoted in *Social Agenda* (2005, no. 12, p. 21). If Europeans are to tackle these questions, obviously care and gender matters cannot be shelved. It bears repeating that throughout decades of care restructuring and transition of women from unpaid to paid work, the gender of caring has remained remarkably undisturbed.

### **3. Passages in care thinking**

The term ‘care’ in English, and its translation in other languages, refers to labour and love, caring for and caring about, care for one person as well as the overall provision of care in society. Care pertains to concepts and practices of work, gender and citizenship, and can be a subject for family analysis, but also for labour market and welfare state analysis.

#### *‘Care’ and ‘social citizenship’*

The terms ‘care’, ‘caring’ or ‘care work’ are used synonymously in reference to activities performed to assist persons who cannot manage everyday living on their own, and who, are entitled to make claims upon others for assistance, help and service. Common examples include the need for care of the very young and the very old. By no means underestimating the importance of the ‘caring about’ aspects of ‘care work’, the focus is on ‘caring for’. In the

following, I discuss care for very dependent persons as a collective responsibility of societies and welfare states and as a moral value and obligation of individuals, both women and men.<sup>3</sup>

With special interest in the transformation of care needs and responsibilities into a basis for the claiming of social entitlements, it is useful to discuss *social citizenship* in the traditional Marshallian sense as a relationship between the individual and the state, a social position that carries with it distinct rights and duties. As is well known, Marshall's main preoccupation was with questions concerning justice and equality and especially with the co-existence of citizenship as a system of social equality and social class as a system of inequality. This chapter deals with citizenship and gender as systems of social equality and inequality, and focusses on the impact on gender of including care within the citizenship discourse. 'Social citizenship' refers to the social and economic entitlements offered by the modern welfare state. When caring for very dependent persons is restructured -- from simply being a responsibility of the family, churches, civil society, assistance to the poor -- to include a basis from which the cared for, or for that matter the carers themselves, are entitled to make claims on the welfare state, care-related services and benefits attain the character of social rights, and therefore come within the concept of 'social citizenship'. I also argue that publicly funded, good quality, social care services for very dependent persons, when universally provided at affordable prices, or free – attain the character of a social right (Leira, 2002).

Care thinking in Europe is embedded in different social and political cultures, moulded by different secular/religious interpretations of how care responsibilities should be met. A rising demand for defamilised care provision is common across Western Europe, but the politicisation of care and introduction of care-related social rights are at very different stages. Family law and welfare legislation still differ between countries with widely differing interpretations of the responsibilities of state, market, civil society and family, respectively.<sup>4</sup>

### **3.1 Reclaiming unpaid care as 'work'**

Among the early contributions of feminist scholarship to social analysis was the reclaiming of unpaid activities such as domestic chores as 'work', and insisting that distinctions had to be made between 'caring' and unpaid family work in general. Important was the distinction made between 'caring work' and 'servicing': 'caring work' was reserved for activities performed to assist dependent persons who cannot manage everyday living on their own, and who, according to commonly agreed social and cultural norms, are entitled to make claims

upon others for assistance, help and service. ‘Servicing’ referred to assistance offered to persons who could manage well by themselves (see Wærness, 1979, p.8;1984). Thinking about informal, unpaid care for family members -- including care for one’s own children as ‘work’ (but not only as work) was controversial in the 1980s, but also served to highlight informal, unpaid caring as an activity of great value and significance to society, using e.g., time budget analyses as empirical underpinning of the argument. Analytically, the distinction between caring work and servicing has remained important, in that only the former is an issue for redistribution, for mobilisation of collective solidarity, for public intervention. The state/family division of responsibility for providing ‘care services’ for very dependent persons forms the basis for the elaboration of ‘caring regimes’ to be further discussed below.

The revival in feminist scholarship of the nature/nurture debate raised anew a questioning of care as innate or inherent in women. An alternative interpretation saw the ascription to women of special responsibilities for care work as resulting from patriarchal power structures (Eisenstein, 1979). Others observed that caring was skilled work that presumed learning and training. This discourse resonated in elaboration of different models of citizens as carers, to be further discussed below.

Feminist research further questioned the validity of the metaphor of caring as a labour of love, suggesting that it might – at last in some cases - rather represent ‘compulsory altruism’ (Land and Rose, 1985)<sup>5</sup>. In family settings it was noted, caring remained an obligation, even in cases where love was gone or lost (Leira, 1992). Obviously, focusing too narrowly on caring as an individual responsibility of the affectionate care-giver could come to underplay intra-family conflicts of interest and power, and at the same time minimise the considerable collective interests connected with the provision of care (Leira and Saraceno, 2002).

Changes in care contexts added to rethinking of care processes. With institutional differentiation of care responsibilities and development of care bureaucracies came demands for administrative efficiency and, in some cases, for profit. As extra-family care arrangements multiplied and diversified care relationships were redefined. Family obligations governed by family law, tradition, cultural norms, family standards, as well as by individual morals, were being supplemented with — and influenced by — guidelines provided by professional ethics and expertise.

In the 1970s and 1980s, the interplay of feminist rethinking of care and politicisation of care issues was perhaps most clearly evident in the Nordic region, where the welfare state was redesigned as a ‘caring state’, with the long-term aim of making state-sponsored social care

services universally available. Increasingly, state-funded social care services for the very young and frail adults was included in the repertoire of welfare state provision, and relieving families for some of the caring obligations. The expansion of state policies went hand in hand with recruitment of women to the labour market, often as the care workers of the welfare state (Leira, 1992). In contradistinction to Anglo-American feminist scholarship in which the welfare state relation to women was often interpreted as patriarchal, Scandinavian feminist analysis presented the relationship as a partnership, even as one of ‘woman-friendliness’ (Hernes, 1987). (For various reasons, the latter interpretation provoked considerable controversy).-- However that may be, in the Nordic region, care, and the gender presumptions it involved, fell within the framework of social citizenship and welfare state analysis well before it became a standing theme in feminist social policy discourse and welfare state analysis elsewhere.<sup>6</sup>

Comparative studies of care policies have generally portrayed social democratic welfare states as more interventionist or ‘defamilising’ than those of a more conservative or liberal bent (e.g. Anttonen and Sipilä, 1996; Esping-Andersen, 1999; Bettio and Plantenga, 2004). The different policy approaches to social care provision have stimulated classifications of welfare states as caring and non-caring states (Daly, 2001) by their adherence to the male breadwinner--female carer family (Lewis, 1992), or according to their care models/regimes (Anttonen and Sipilä, 1996).

### **3. 2 Care regimes**

Is it possible to identify caring regimes? Anneli Anttonen and Jorma Sipilä (1996) raised this question having been inspired by *The Three Worlds of Welfare Capitalism*, Gøsta Esping-Andersen's (1990) seminal typology of welfare state regimes. In contradistinction to the welfare state regime analysis, where the focus was on the social rights of commodified labour, Anttonen and Sipilä explored care regimes starting from the situation of care dependants. They identified ‘caring regimes’ of European welfare states by their ‘social care services’, that is, by the level of publicly funded services: for the elderly, home help services and institutional care, and for small children, childcare services. They also considered the employment rates of women. Welfare state involvement in care provisioning was “... a specific way of increasing the autonomy of both care providers and care receivers” (Anttonen and Sipilä, 1996, p. 87). In other words, for care recipients, access to social care services meant greater independence from the family (cp. McLaughlin and Glendinning, 1994). Social

care services also freed up the time of women family carers for activities outside the domestic arena -- paid work, for example. Anttonen and Sipilä did not, however, explore further the implications for carers of the redistribution of responsibility for care provision.

The care regime typology resulting from the empirical analysis did not correspond well with the three welfare regime clusters of Esping-Andersen. Two care models were readily identifiable: the *Nordic social care regime* combined generous public care services for eldercare and childcare and high labour market participation rates among women; the *Southern European family care regime* of the Mediterranean countries was characterised by a limited supply of publicly funded care services and a low proportion of women in employment. Among the remaining countries, the British case was again considered special in its use of means-testing; The Netherlands and Germany scored high on eldercare but low on childcare, with low participation rates among women; France and Belgium had very high levels of public services for children but modest for the elderly, and with relatively high participation rates for women (ibid., pp. 96-97). The impact of childcare services on the employment status of women has been documented in several studies (e.g., Gornick, Meyers and Ross, 1998). Francesca Bettio and Janneke Plantenga (2004, Fig.7, p 103) further discuss how responsibilities for informal care influence women's labour market participation, e.g., taking up part-time or not taking up paid work.

In a comparative analysis of the caring regimes of European Union member states, Bettio and Plantenga (2004) considered a wider range of formal and informal care provisions; for children the leave entitlements available for parents, childcare services and cash benefits; for the elderly, cash transfers, community care, and residential care services. In some respects, they found that the care strategies of European welfare states were converging, but at the same time, differences remained pronounced. Again two regimes were quite distinct: the Southern European model, illustrated by Greece, Italy and Spain, in which informal family care predominated, and the Northern model represented by Denmark, Finland and Sweden, where state provision of care services and benefits were medium to high, hence, according to the authors, to a considerable extent substituting for family care. Other countries clustered in between the two (Bettio and Plantenga, p 100-102).

The establishing of state subsidised care services and benefits has not, however, supplanted family care work; nowhere has the transition from family to state-funded care rendered family

care redundant or marginalised. Even in the Nordic care regimes -- where adult children do not have any legal/formal responsibility to care for elderly parents -- families still play an important part in eldercare (Lowenstein and Daatland, 2004), and even though the state facilitates the combination of employment and parenthood, parents are still the main carers for children.

The care regime approach is important, illustrating as it does the different approaches of welfare states to the rising demand for extrafamily care. Where social care services of high standards are available on demand at affordable prices, and benefits are generous, the individual care recipient has become less dependent on family resources. Care regime analysis also shows the different approaches of welfare states to state funded provision of eldercare and childcare, respectively, and the different extent to which the need for care has been transformed from a family to a welfare state responsibility. The transformation of care responsibilities into social entitlements is at very different stages in different types of care regimes; as is state intervention to facilitate women's labour market participation, indicating that the constellation of care conflicts varies across regimes, and, within regimes, may vary over time.

In the following section I turn to the conceptualisation of citizen as carer.

### **3.3 Citizen as carer**

Mainstream welfare state analyses of social citizenship have generally focused on the social rights of commodified labour, especially as represented by the full time, life-long wage-worker. Feminist scholarship in particular, has explored the social and economic rights of paid and unpaid carers and elicited questions such as: Who is a citizen? What is the basis of social and economic rights? Is there such a thing as citizen the carer?<sup>7</sup> Central to the feminist analysis of women's citizenship is the theorising of what Carole Pateman (1989) termed 'Wollstonecraft's dilemma', i.e. whether women should be granted social and political rights based on their sameness with men or on their differences in biological and social reproduction (Leira, 1998). On this point, there was no agreement among feminists during Wollstonecraft's time, nor later. 'Citizen mother' has played an important part in feminist citizenship discourse, as has advocacy of women's right to enter paid work, and gain access to

employment-related economic and social rights on a par with men; what Jane Lewis (1992) termed the ‘universal adult worker model’ of the citizen. Ann Orloff (1993) suggested expansion of basic social rights to include the right to commodification and the right to establish and maintain a household, independent of marriage and the market. Feminist scholars have taken different approaches to the welfare state, and also when it comes to *what* care arrangements and *which* – if any -- forms of womanhood, motherhood and family the state should support, and *why*.

In the Western industrialised world, the mass entry of women into the labour market introduced a new image of the citizen, the ‘working mother’, who was earner, unpaid family carer and citizen of the welfare state. Elaborating on Alva Myrdal's earlier writing on women as workers and carers and drawing upon the ongoing redesigning of Scandinavian policies, Swedish sociologist Rita Liljestrøm's (1978) modelling of *shared societal roles* took both women and men as citizens, breadwinners, parents/carers, and individuals with free time at their disposal. From the 1970s gender equality was conceptualised as integral to the Scandinavian notion of ‘citizenship, and ‘care’ was integrated in the gender equality discourse (Ellingsæter and Leira, 2006). The gender egalitarianism of the shared roles model was highly influential in the formulation of Scandinavian work/family childcare policies and in legislation in which the ‘caring father’ was introduced as the companion parent of the working mother. Welfare state support for the citizen who was both worker and carer had become a central characteristic of the Scandinavian welfare state, argued Helga Hernes (1987), indeed, an important indication of its ‘woman-friendly potentialities’.

Conceptualising mothers as at the same time as earners, carers and citizens highlighted what mainstream analysis had often neglected, the different citizenship status attributed to the ‘regular’ breadwinner, and to those who include unpaid care for family members in their work pattern and take on part-time or intermittent breadwinner careers, respectively. Simple comparisons served to demonstrate the ‘care penalties’ (such as less income and weaker social rights) suffered by the gender who took on unpaid care for children and the elderly, while postponing, reducing or terminating paid employment (for an overview, see Glenn, 2002). In countries where motherhood tended to outlast marriage/partnership and a rising proportion of women were to expect periods as single providers for a family, entering into years of full-time or part-time caring might easily become an economic trap for women. In this perspective, the collective opting out of caring entailed considerable material gains for men (Leira, 2002).

From a different perspective, Nancy Fraser (1994) tackled the Wollstonecraft dilemma by formulating three models of the citizen, two based on the feminist discourse and one on Scandinavian policy statements. The ‘universal breadwinner model’ referred to men’s working lives being taken as the norm for all adult members of society, with care responsibilities being left to extra-familial arrangements. The second, by contrast, is the ‘care parity model’, i.e. care rendered ‘costless’ for informal carers through economic compensation, ‘caring wages’ or allowances and entitlement to social rights, possibly combined with part-time work. The third model, the ‘universal caregiver’, takes women’s life pattern as the norm. Quoting a statement from the 1980s’ Swedish Ministry of Labour, Fraser illustrated what this model was about: “To make it possible for both women and men to combine parenthood and gainful employment, a new view of the male role and radical change in the organisation of working life are required” (Fraser, *ibid.*, p. 62, n. 46). Acknowledging the importance of public policies, Fraser's presentation does not detail the involvement of the state in facilitating the citizen who is both earner and carer.

Following the early start in Scandinavia, universalisation of the model of the citizen who is both earner and carer, to include men as well as women has been gaining influence in policy-making and research in Western Europe.<sup>8</sup> In section 4 I turn to the politicising of childcare to illustrate a notable change in the framing of care thinking, namely the transformation of family care into social entitlements.

#### **4. Childcare politicised: parental responsibility and social right**

Since the 1990s, Western Europe has seen both wide-ranging family change and – in several countries - extensive restructuring of care for children (e.g. Bettio and Prechal 1998, Bettio and Plantenga 2004). The politicising of children and childhood shows how the conceptualisation of care has gradually changed to include statements concerning individual rights of children, i.a. for protection and participation.<sup>9</sup> Childcare-related rights of parents include entitlements to time, money and services. Of special importance for working parents are the rights to care and not to care for a pre-school child, that is, to *parental leave* to care for a newborn child, with wage compensation and job security retained, and for older children the access to quality state-sponsored *childcare services* (early childhood education and care), which means that parents are relieved of full-time, week-long childcare responsibility. Several countries offer various forms of cash grants or tax deductions for childcare. Grants for

childcare comes in two main forms, as support of parental and extra-parental care (Bettio and Plantenga, 2004; Anttonen et al., 2007; Plantenga et al., 2008).

Childcare policies take different approaches to gender matters: from early on maternity rights were established for mothers to support their recovery after delivery. The expansion of familised childcare in parental leave established individual childcare-related entitlements of fathers. Public funding of childcare services has been widely pictured as support for working mothers; working fathers – apparently- were not in need of being relieved of caring responsibilities; men’s collective opting out of childcare was simply taken for granted. -- In the following, focus is on the former two sets of policies.

#### *Parental leave as parental responsibility and social right*

During the 1990s, the European Union, in support for work/family reconciliation, agreed on a new minimum framework for *childcare* policies. (Several member states offer more generous entitlements). The new turn in childcare thinking is most clearly formulated in the Maternity and especially in the Parental Leave Directives (of 1992 and 1996, respectively) which all Union member states are to integrate in national legislation. Setting minimum standards for leave, the Maternity Directive instituted a paid maternity leave period of 14 weeks, and the Parental Leave directive a three months of individual *unpaid* non-transferable parental leave for each of the parents. In Western European countries, *maternity* rights have been long established. The *Parental Leave* Directive signaled a new approach to parental responsibility and to the traditional gendered division of early infant care: fathers as well as mothers were regarded as capable carers for babies, and fathers included among those entitled to give childcare priority over demands of the job. The entitlements of this directive are important, as principled statements concerning the father-child relationship, and in introducing an element of gender equality into the care and citizenship discourse. However, for the ‘caring father’ to materialise in everyday life, in the sense of entitlements being affordable and taken up, depends on a number of factors that differ widely across Europe, such as coverage, wage compensation and job security. Eligibility for parental leave varies. Entitlement to leave without wage compensation is, obviously, of no value to those who cannot afford it; fathers who are not entitled to return to their job may not want to take up leave on leave.

In many countries, fathers do not, for various reasons, make use of the formal entitlements; the promotion of fathercare appears to be an uphill struggle. Across care regimes, mothers have remained the primary carer parent (Leira, 2002; Anttonen et al., 2007; Plantenga et al., 2008). However, in countries where this leave is an individual, non-transferable entitlement of each parent, where wage compensation is relatively high and leave goes with job security, fathercare for babies has gained in popularity, as witnessed, for example, in The Netherlands, Iceland, Germany, Norway and Sweden. In these countries, fathers are increasingly making use of the right to leave of absence. As a general means towards overcoming the sharp gender division in infant care, so far, parental leave has shown modest results; for the leave entitlements to become real social rights, of practical use, existing entitlements are in many cases insufficient.

*Childcare services: social rights in the becoming?*

Political support for working mothers in the form of state subsidies for childcare services (early childhood education and care) was generally a late response to the rising employment of mothers. By the 1970s, several countries had instituted state sponsoring and/or provisioning of programmes for the early childhood years, some with a main focus on education, others with the aim of integration education and care. In some countries, national legislation aimed at universal provision of services for the pre-school children of all parents who wished for it, an ambition that proved hard to fulfill in the short run.

For the care of older pre-school children, the European Union did not agree on a Directive for childcare, but decided for a Childcare Recommendation, a weaker policy instrument. Across Western Europe, the shortage of good quality, affordable childcare services meeting parents' working hours has long been registered. For the under 3s in many countries, the gap between demand and supply is still wide; only a few member states are expected to meet the Employment Strategy's aims of provision by 2010 (European Commission, 2004). However, for older pre-school children, several countries -- Sweden, Denmark, France, Belgium, The Netherlands, among them -- provide state-subsidised childcare services on a close to universal basis (Anttonen et al., 2007). --Where such services of good quality are available on demand at affordable prices, I argue that access to publicly funded childcare services is attaining the character of an entitlement (Leira 2002; 2006). As a social right, access to publicly funded quality childcare services is still incomplete, but in several countries, underway.

## 5. Care, social citizenship, conflict: gender matters

Taking a special interest in the articulation of care, gender and social citizenship, in this chapter, I have discussed citizenship in the Marshallian tradition as a relationship between the state and the individual, involving principled questions concerning distributive justice and social equality. For this chapter, the main interest is in the articulation of care within the discourse on citizenship and gender.

### *Care, gender, conflict*

Framing of caring within the social citizenship discourse forms part of a long theoretical discourse concerning women's emancipation, place and status in the families, labour markets, societies and as citizens of modern welfare states. A long historical process also precedes the inclusion of needs for care in the basis from which very dependent persons can make claims on the welfare state. Reconsideration of care and carers is also, as noted, influenced by the ongoing transformation of care contexts; the increasing recognition of care shortage has actualised calls for care policy reform, a new generational contract, and a new 'gender contract', too. Politicising of care issues and legislation of care-related social rights has arisen out of social conflict and political strife. When proposals for care policy reform touched upon family matters – as they often did, gender matters invariably were close to the core of conflicts and controversy. Increasingly, the integration of 'care' in the framework of citizenship has been informed by the conceptualisation of 'gender equality' not only as referring to political participation and economic activity, but also to redistribution of caring responsibilities between women and men.

In the following, I do not dwell upon all the many different types of conflict and controversy generated by changing of care contexts, but turn to sets of conflict closely related to three processes of redistribution of care responsibility, and of special importance in the discourse of care, citizenship and conflict as gendered matters. One refers to the redistribution of care responsibilities between the state and the family; the second to redistribution within the family, between women and men, aiming to change in the gender division of caring. In addition, a third, contested, process of redistribution is making its way into the care and citizenship discourse. This process is not resulting from political intervention, but, rather,

from the internationalisation of care labour markets. The globalising of care economies has generated a revival of care as domestic service, and added new perspectives on redistribution of caring among women.

*Redistribution of care responsibilities between the state and the family*

Proposals for welfare state care policies have generally provoked conflicts and controversy concerning which forms of care – if any – welfare states should support, and if so, for which family forms, and by which means. For which social risks should the state offer protection, how should the social rights of care dependents and carers be defined? Over and over again the politicising of care and proposals for care policy reform have raised political, social, cultural, moral and ethical questions as to who should bear the responsibility for care provision, who should do the caring and who should shoulder the costs.

*Childcare policies: Citizen models*

Turning to childcare for illustration, important childcare- related social rights of parents are about: parental leave, childcare services, and cash grants for childcare. In the European Union and individual European welfare states, childcare has been entered on the political agenda i.a. via policies to reconcile or balance work and family responsibilities. Integration of gender equality in the care and citizenship discourse has highlighted the need for equalising economic opportunities of women and men, and for more equal sharing of caring.

Cash grants for parental care are reminiscent of caring wages or wages for mothers; when offered at low rates such grants generally presuppose a breadwinner who is not the carer; hence such grants are interpreted as supporting *citizen mother*. Public support of childcare services facilitate the universalising of the *adult worker* model of the citizen, as do cash grants for extra parental care. Parental leave promotes the universalisation of the *adult carer* model. In combination, state subsidising of services and legislation of leave for parents support a model of the *citizen who is both earner and carer*.

Put differently, legislation of paid maternity and parental leave for working parents facilitates *refamilisation* of the care for infants and *degendering* of parental care; state subsidising of childcare services -- supplementing parental care -- represents *defamilisation* of childcare and

facilitates *degendering* of parents' breadwinning. In combination, the two sets of policies support the universalisation of citizen as earner and carer, as does the combination of paid leave and cash grants for the purchase of non-parental childcare. Cash grants for parental care generally presume a *gender differentiation* of breadwinning and caring, i.e., a prolonged (re)familisation of caring and (re)gendering of breadwinning (Leira, 2002).

*Childcare policies- gender matters: Redistribution within the family between women and men?*

Political support for working mothers was generally a late response to the rising employment of mothers. Political support of caring fathers, in the forms of expanded leaves, was a proactive reform generally preceding demand for care-related entitlements of fathers, or male dominated organisations. Decades of political conflicts and deliberation preceded both sets of policy reform. Since the 1970s, in Scandinavia, and in the 1990s, within the European Union, politicising of care has recognised the caring capabilities of men; a rising interest in men, masculinities and new ways of doing fatherhood has attracted wide attention in care research and policy discourse, in the media. At least in some countries, fathers are increasingly making use of entitlements to babycare, and participate more in everyday activities of children than did the grandfather generation. However, there is little evidence of hours of fathers' care approaching those of mothers'. Through necessity or choice -- women still do most of the caring. In all forms of care work whether the care setting is public or private, formal or informal, family or market-based, an extreme segregation by sex still persists (e.g. Cameron and Moss, 2008).

In childcare provision, the importance of the welfare state is on the increase in Western Europe. State-sponsoring of childcare services has been of special importance in facilitating the dual-earner family. In the transition to paid work women have strengthened their contribution to the family economy; even a part-time breadwinner position makes a difference compared to the situation of the economically dependent housewife/mother. For their upkeep, women have become less dependent on individual men and marriage, and more dependent on the state and the market. In most countries, the intervention of the welfare state has had less success in promoting the dual-carer family. With some welfare states making notable exceptions, the universalisation of the model of the citizen parent who is both earner and carer for young children, apparently, is more difficult to realise, for different reasons. After decades of feminisation of the labour force spreading, the family's position as a central care provider

institution is obviously open to question, but, interestingly, the position of women as primary carers much less so

*Redistribution among women - Care going global*

A different redistributive process -- not planned as part of care policy reform -- is making its way on to the political and research agenda. The feminisation of family breadwinning has spread across continents; women are finding new ways into the labour market via a 'feminisation of migration' (Castles and Millar, 1998). Migration into care work forms one part of total female transnational migration. A globalising care service economy interlinks the national economies of the care-work migrant's home and work country. Care labour shortage in Europe has contributed to global 'chains of care' (Hochschild, 2000), comprehensive transnational, even transcontinental, care migration processes in which women are crucial. Women from Asia, South America, Eastern Europe and North Africa are being mobilised for childcare and other forms of care and domestic work in Western and Southern Europe. A woman-dominated care economy provides paid care work for women migrants who serve as the breadwinners of their families and contribute to their home countries' economy via remittances -- at the same time supplying care labour to meet the demand of families and labour markets of the West (Leira and Saraceno, 2008). Care labour migration is of varying importance in the childcare provision of different European welfare states, and takes many form. (e.g., Tobio et al., 2007). Barbara Ehrenreich and Arlie Hochschild (2005) have suggested that long-distance care migration represents a new solution to gender conflicts of the middle classes, with domestic service reintroduced.

Updating of the gender order has changed care contexts and contributed to the redesign of the architecture of care work in European societies, but, paradoxically, it has left gendering of the care workforce almost undisturbed. The structural incompatibility of labour market and family arrangements is still, largely, left to women to resolve. To elaborate the obvious: whether care is going public or private, with demands made on local, national or global markets, care work is being managed via redistribution among women. Conflict and controversy about care arrangements, contexts, arrangements and policies therefore affect women and men in different ways. Care penalties -- sometimes termed 'child penalties' -- generally an experience of women, also influence the social and economic rights of those who take on informal care, of whom the majority are women. Access to social rights is

differentiated according to the of three assumptions of central importance in welfare state design: the primacy accorded to paid work over other forms of work, reserving more generous benefits and entitlements for those who are formally employed; the public/private division of care work that still defines responsibility for greater parts of caring work as family responsibility; and the division of labour in society and family which ascribes the greater part of time-consuming unpaid, informal care to women (Leira, 1992). In sum, these assumptions are essential in producing a gender-differentiation of access to social citizenship.

Sixty years ago, Marshall's discussion was linked with inclusion of different classes of men in nation states. More recently, the literature has focussed on 'exclusion within states', as Carole Pateman (1988) has put it, of the poor, people of colour, women, and many others. Studies considering race, gender and ethnicity have added to our understanding of the differentiation of citizenship, as does the ongoing questioning of how participatory, material and civil rights are linked. Recognition of the shortage of care labour has added impetus to political and normative questions such as who should bear the responsibility for care provision, who should do the caring and who should shoulder the costs. Restructuring of care is taking several forms, but has generally served to reproduce the persistent gender division of care labour and gendered divisions of welfare. The articulation of care, gender and citizenship within national care policy packages raises anew questions concerning equality and justice -- as do in wider international contexts-- the globalisation of the care economy and feminisation of transnational care work migration.

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<sup>1</sup> This chapter has benefited from earlier discussions with Chiara Saraceno on our co-operative work (Leira and Saraceno, 2002, 2008) and with Anneli Anttonen and Stina Johansson in preparing our common chapter 'Childcare and the gendering of citizenship' (Anttonen et al., 2007). Responsibility for errors of fact or interpretation and for the opinions expressed remains with me.

<sup>2</sup> For discussions of care ethics and citizenship, see, e.g., Tronto, 1993; Sevenhuijsen, 1998;; and for comparative care policy studies, e.g., Anttonen and Sipilä 1996; Bettio and Prechal, 1998; Bradshaw 2006; Plantenga et al., 2008).

<sup>3</sup> This understanding of 'care', is informed by Kari Wærness's (1979) discussion of caring work versus servicing work; by the Anttonen and Sipilä (1996) concept of 'social care services' and by Mary Daly and Jane Lewis's discussion of 'social care' (1998, 2000). The term 'care-related rights' has parallels with Trudie Knijn and Monique Kremer's (1997) concept of 'inclusive citizenship', which refers to the right to receive care when in need, and the right to give care to those in need.

<sup>4</sup> For further discussion of the multidimensionality of the concept and of the problems with establishing a common care vocabulary, see, e.g., Ungerson, 1990; Leira, 1992; Daly and Lewis, 2000; Leira and Saraceno, 2002; Pfau-Effinger, 2005.

<sup>5</sup> See also, Finch and Groves, 1983; Land and Rose, 1985; Ungerson, 1990.

<sup>6</sup> For illustrations, cf. Hernes, 1987; Siim, 1987; Borchorst and Siim, 1987; Leira, 1992; Leira and Saraceno, 2002.

<sup>7</sup> For example, Pateman, 1989; Hernes, 1987; Leira, 1992; Lister, 1997; Orloff, 1993; Knijn and Kremer, 1997; Daly and Lewis, 1998; Leira and Saraceno, 2002; Pfau-Effinger, 2005.

<sup>8</sup> Borchorst and Siim, 1987; Hernes, 1987; Leira, 1992, 2002; see also Anttonen, Johansson and Leira, 2007.

<sup>9</sup> In this chapter, I do not deal with various forms of childcare as a right of the child. For a discussion of childcare-related rights of the child, see, e.g., Anttonen et al., 2007; Leira and Saraceno, 2008.

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