

How welfare states do the caring. Culture, gender and citizenship

The European breadwinner family has been given notice to quit. With the exception of Scandinavia, this was the ideal family upon which the post Second World War welfare states were based. But in the new millennium European governments no longer expect mothers to be housewives. They would like women to work. The Lisbon targets (2000) express this: 60% of women in each country have to have a paid job by 2010. Only thus will “Europe become the most dynamic, knowledge based economy in the world”. It is a condition for “enduring, active and dynamic” welfare states. This is under-written by the recent “Kok Report” on Lisbon (2004). The social image of Europe can only endure if it concentrates on economic growth and jobs.

The Lisbon targets have yet to be met. The average percentage of women working in 2003 was 55%, but there is time yet. What is more striking is the enormous difference in labour participation. Denmark and Sweden had already passed the Lisbon target in the 70’s and now in 2005 a good 70% of women there are working. The Netherlands too, who in this area had always trailed last in Europe, now belong to the “top” with 65% of women economically active. Just like England, by the way, but this country sees a very low labour participation among mothers. Belgium is nowhere near the Lisbon target yet (52%) and Germany (59%) and France (57%) remain only middle rankers. At the bottom of the list there are countries such as Italy (43%) and Spain (46%). There are also big differences in the volume of work: the spectacular growth in the Netherlands can be attributed to part time work: Dutch women hardly ever work full-time. (Chapter 4).

In “Why We Need a New Welfare State”, originally written for the Belgian presidency of the European Union, Esping-Andersen and colleagues (2002) show how welfare states can increase labour participation. In many countries, they write, there’s a reserve army of women. If that is engaged the future economic pressure on the welfare state by an ageing population can be averted. Moreover, working mothers are the most important protection children have against poverty. At the same time women must bear more children. The birth rate in European countries is far too low. That is why a future welfare state has to support mothers to work. By means of childcare and parental leave.

This is not only a demand from women, it is a necessary social investment, so the authors write. If mothers go to work they stimulate the economy and they thus save our welfare state.

Policy or culture?

The above approach makes a direct connection between the composition of welfare states and the labour participation of women. This is the usual point of departure of national and European policy makers and academics. Popular is the approach of the “comparative care systems” as used by

Esping-Andersen (1990, 1999, 2002), but also Lewis (1992a, 1993, 1997b, 1998), Sainsbury (1996, 1999), O’Connor et al. (1999), Daly & Rake (2003) and Plantenga & Bettio (2004). The point of departure here is that welfare states in Europe are not identical: the design varies. This is the result of historic differences in the power of national social movements (especially of workers and women) and institutional heritage. Differences in social policy also lead to different outcomes. That is why there are such differences in Europe in the work participation of women.

In this comparative approach welfare states are grouped together on the basis of agreements.

Esping-Andersen (1990, 1999, 2002) developed three different ‘worlds of welfare’: the social-democratic, liberal and christian-democratic regimes; Lewis (1992b) developed models on the basis of the strength of the male breadwinner principle. The underlying explanatory logic is the same in each: the more the government invests in childcare, the more women will work. The more financial fiscal incentives there are to stay at home, the less women will work. The idea is that women like to work and it depends on policy whether or not this is possible.

The question is whether this is true. Is it the case that the European patchwork of women’s work can be explained by the differences in policy? Do Danish women work more because they can access childcare? Do Belgian mothers work less because there are all manner of incentives in the tax and benefit system to

make them stay at home? And will all European countries meet the Lisbon targets if the welfare state is organised on the assumption that mothers work?

In a more cultural approach of the relation women-work the role of the government is relativised.

Pfau-Effinger (1998, 1999) for instance attaches more value to the impact of the gender culture (the concept of man-woman relationships) and the work and care arrangements that people themselves make. Hakim (2000, 2003a) concludes that differences and changes in Europe have come about as a result of the individual preferences of women ('work-life preferences'). According to Hakim there are three types of women in Europe: the *home-centred* (20%), *adaptive* (60%) and *work-centred* (20%). You can find those all over Europe: specific national differences no longer exist. According to her, women in Europe are for the first time in history free to choose between working and caring. She is thereby inspired by Giddens (1991) who puts the case that modern people can do nothing but choose for themselves who they are and how they wish to live.

The cultural explanation therefore puts the case that women's behaviour can be explained above all by their individual, concrete values and choices. It's not the European welfare states that make the patchwork, it's women themselves. Women who stay at home are not at all held back by financial incentives: they find it more important to care.

Now if we want to understand the differences in women's labour participation, which of the two approaches would be the most helpful? (Chapter 3) In this book four countries have been examined which not only differ strongly in labour participation, but which also represent the existing welfare state models: England, the Netherlands, Belgium and Denmark. In order to come to an adequate comparison I use in this book an adaptation to the standard theory of welfare states: I propose to place the word *care* much more centrally in the study of welfare states and therefore in the characterisation of welfare states. If we analyse how welfare states go about caring, we understand women and gender relations better in relation to the labour market and care behaviour (see also Anttonen & Sipilae 1996; Lewis 1997a; Knijn & Kremer; Daly & Lewis 1998; Jenson & Sineau 2001; Daly 2002; Daly & Rake 2003; Bettio & Plantenga 2004).

Care in Welfare States

Care in this book (see chapter 2) constitutes the daily, social, psychological, emotional and physical attention to people. Care may be given paid or unpaid, informally and professionally. Care may take place in different areas: the market, the state, the family. To many women care matters a lot. Not only because it is an activity in which they engage often, but it is one that also shapes their identity.

Decisions about work are often made in relation to ideas about care. That's why we can understand work much better if we also look at care. This is a different point of departure than emphasis on paid work.

When we size up and judge welfare states the normative notion of citizenship is often used. Traditionally citizenship – in the academic world as well as in policy making – is seen in relation to income and paid work. You are a citizen if you can work. Of course it is important that women work.

But not only on account of the instrumental arguments put forward by 'Lisbon' Kok and Esping Andersen: they view working women as the saviours of the welfare state and the economy. Quite apart from that women also like to work. It increases their power, in the labour market as well as the home. That's why the American sociologist Hochschild (1989) talks about the greatest social and cultural revolution of our time.

The question is then: what happens about the care for the elderly and children when women go out to work? If women work more, do men then care more? Hochschild points out that this is not what has happened. Women now work a double shift. After the work outside the home a lot of work still awaits them in the home, a practice which is also visible in European countries, also in Scandinavia (Borchorst & Siim 1987). This is – to put it mildly – not the gender equality of which women once dreamt. It could be said that, to paraphrase Hochschild, a semi-revolution has taken place, men do not change alongside.

But care is not only a *task* that ought to be divided equally; care is part of the human existence and many people – women and men – want to have time to care for children, parents, friends etc.

Care is therefore not just a barrier to the participation of women in the workforce, such as is supposed in the Lisbon strategy and Esping-Andersen's new 'Beveridge plan': it has a value of its own. Moreover, in view of an ageing population, people will be necessary to give (unpaid) care.

If one of the founders of citizenship, T.H. Marshall, were still alive, I presume that he would have included care in a modern interpretation. Marshall saw citizenship as a form of participation in the community. That means that alongside the traditional participation by means of (paid) work and access to a minimum income one also participates by (giving) care. This is why three care rights are important (see also Knijn and Kremer 1997). The *right to give care* means having time to care.

This can be arranged by means of paid leave but also by means of exemption from the duty to apply for a job for benefit purposes, such as used to be the case for single mothers in the Netherlands. This can lower the labour participation of women, but increases the care participation and gives carers an individual income. The derived 'right' to care can be incorporated in the tax and benefit system.

This amounts to so-called breadwinner concessions. This right is 'derived' because it is not the caring woman who receives the money but her working man. Such arrangements have the potential to lower the labour participation as well as the income of care givers. Finally the *right to receive care*, such as good affordable childcare and home help. This can increase both women's labour participation as well as their incomes. The study of these three rights together can give us a picture of how welfare states care and what this means for the labour participation of women (and the care participation of men).

In order to understand whether welfare states are indeed the cause of variation and changes in labour participation, the second part of this book describes how these four welfare states go about caring in practice.

Participation

In order to compare the four welfare states we look at the work, care and income of men and women in each of the four countries. What is striking is that Denmark has only known a short period during which women were housewives, around 1950. In the meantime the country has attained the greatest labour participation of mothers of young children (under three years old), i.e. 72% (Eurostat 2005). During the 70's and 80's women often worked part time, but by now full time work is the norm. The Netherlands have always known a very low labour participation by women. But since about 1990 Dutch mothers have been sprinting towards the Scandinavian level (70%). It has to be said that virtually all mothers work part time. Belgium is related to the Netherlands and these welfare states are often grouped together. Yet in the past Belgian mothers were much more likely to work than Dutch mothers. But the growth is stagnating and since 2003 Belgian mothers even work less than Dutch mothers (63%). Also in the past the mothers usually worked full time. Now there is an increase in part time work. This is the opposite of the Danish development. In England the labour participation among mothers is the lowest of all the countries in the study.

Part time work is a 'crown witness' in the conflict between the cultural and the care regime approach.

What is evident is that the cultural theories are correct when they put the case that women work part time because that is what they like doing – not because they are forced into it on account of the lack of childcare or for financial reasons. But at the same time cultural theories are wrong: women seldom work in the measure that they want. For instance Danish women would like to work fewer hours whilst Dutch women want to work more. Men too work more than they say they want to work.

What is striking here is that the behaviour of fathers barely differs between countries. It is evidently not the case that when women go to work more, men start to care more, as Hochschild (1989) has already shown. However, British men work the most hours and Dutch men take up comparatively more parental leave in order to thus work part time (Chapter 4). The question is now: do these variations and changes in the care and labour participation come about because the welfare states differ?

Right to give care

Let us start with the financial compensations for care. Analysis of the tax system shows that England has a liberal model: women have always received a fiscal incentive to work. In the other three countries, Belgium, Netherlands (until recently) *and* Denmark there are breadwinner concessions.

This is miraculous. How, in the Danish case, does this rhyme with its welfare state typology, which is based on social democratic and individualistic principles? And how does this ‘fiscal care’ rhyme with such a high labour participation by mothers? And as for England, if the fiscal system works to the advantage of working women, then why aren’t more mothers working? (Chapter 5)

The analysis of differences in the social security systems does not give sufficient insight either into the relationship between welfare state and women’s work. The Danish and the Belgian social security system are the most alike, but women behave very differently. In both countries many women have access to individual unemployment benefits, in Belgium even more so than men. There the benefit was even used as a ‘child rearing wage’, a financial compensation in respect of care (De Lathouwer 2003) What is striking is that Danish mothers did not make use of this, although the rules did not differ much. In Denmark too until the mid 90’s policy was passive and controls relaxed. It was only after that time that the unemployed became subject to the duty [and the right] to work.

What is also striking is that when in Belgium in 1991 the right to life long unemployment benefit was reined in and women lost their financial care compensation, women did not go out to work, such as economic theory would have supposed. They withdrew from the labour market altogether. Belgium – although to a lesser extent – has also invested in the creation of low paid work for women. Under the slogan of free choice this christian-democratic regime has always adopted a two track policy: women have the right to choose between work and caring.

Things were very different in another country, the Netherlands, that is also supposedly registered as christian-democratic. Although the situation improved in the 90’s, women have always had less entitlement to individual unemployment benefit. This is even more the case in England, where since the criteria were tightened up under the Conservatives in the 80’s even fewer women are entitled to unemployment benefit. Therefore women are often economically dependent on men. In the Netherlands and in England women therefore receive no financial compensation for care via the national insurance system.

This therefore cannot explain the present low labour participation of English mothers and those of the Dutch in the 90’s.

What both countries did do was to make an exception for single mothers, in contrast with Denmark and Belgium. In both these countries single mothers were under no obligation to work. This changed in the Netherlands in 1996 when mothers of children from the age of 5 were obliged to go to work.

Thus the Dutch welfare state abolished once and for all the male breadwinner principles. Under the Labour Government in England too single women are encouraged to work, but they are as yet not obliged to.

At first sight these social insurance arrangements would explain the low labour participation by single mothers in these two countries. In 1999 only 34% of single mothers with young children (under the age of 6) in the United Kingdom and 38% in the Netherlands were in work (OECD 2001). But these mothers on benefit are relatively poor, certainly in England. Most of them would be financially better off in work, even after taking into account the cost of childcare and the loss of benefits. Why do these mothers care for their children at home, even against their economic interests? Perhaps the cultural attitude does matter more and the welfare state less. Many single mothers in these countries have a strong care ethos: they are morally convinced that they themselves can look after their children better

(Knijn & van Wel 1999; Duncan & Edwards 1999, ch. 6)

It may be that a whole new development in the welfare states – the right to care by means of care leave – provides a better explanation. In social insurance matters the right to care lost out to the obligation to work. But it has returned in the new guise of care leave. However, it only re-appears as a temporary leave

with the aim to return women to work. Yet the case is made that leave has negative consequences for the labour participation of women (Morgan & Zippel 2003). This book shows that there is no direct connection between the existence of good leave arrangements – especially in Denmark and Belgium – and the level of labour participation. What is striking is that everywhere it is the women who take the lion's share. Only in the Netherlands do the fathers take up leave relatively frequently. It should be said that these are fathers who work in the public sector, where leave is paid.

Fathers are evidently more likely to be tempted by a wage related and high payment. Moreover, the flexibility of the leave is important. If it can be taken up temporarily and part time then fathers have a feeling that the link with the labour market can continue to exist (Chapter 7).

The differences in the right to give care cannot explain sufficiently the differences and changes in women's work. Is the right to receive care – accessible and affordable childcare – perhaps more decisive?

The right to receive care

Childcare provisions are the most developed in Denmark. A coalition of women and professionals have campaigned since the 60's for good and universal childcare. Since the mid 90's children over the age of a year even have the right to a childcare place. Of all young children (0–3 years) 56% uses government subsidised childcare (in 2000). Flanders – childcare is a regional affair in Belgium – comes second in the 'childcare top ten'. As long ago as the 1980's subsidised childcare was more extensive than it was in the Netherlands and in England. In both countries only 2% of young children were then cared for in state facilities whilst in Flanders this applied to 20%. By now the figure is 40%. In the Netherlands and in England childcare is relatively expensive and less developed by the state, although in the Netherlands by now 19% of young children are in state subsidised childcare and in England the figure is 8% (Chapter 8).

Yet the level of childcare does not explain adequately the differences in labour participation by mothers. Why do Belgian mothers work so much less than Danish mothers even when childcare provision is almost 'Scandinavian'? And why do Belgian mothers by now work less than the Dutch, whilst childcare there gets far less support? And why are Belgian mothers increasingly working part time?

The comparative welfare state approach – including the typologies and their explanatory dimensions – therefore delivers no satisfactory answers. But nor does the cultural approach, especially Hakim's, because women (and men) do not always follow their individual values and wishes. Moreover, those who support that theory are too inclined to trivialise the role of government. That's why this book pleads for a study of the culture within social policy. Often culture is seen as the opposite of policy, but culture is also part of a welfare state (van Oorschot 2003; Clarke 2004). This book therefore proposes to link care and culture within the explanatory concept 'ideals of care'.

Ideals of care

One of the reasons why the comparative care regime theory does not work entirely is because it is based upon unjust pre-conceptions about how women take decisions about work. This theory is – often implicitly and for lack of anything better – based on the image of 'homo-economicus':

Mothers weigh up the costs and benefits in order to decide whether or not they will go to work.

But anthropological and sociological micro-studies show that women do not primarily and exclusively take into account their financial interests (Hochschild 1989, 2003; Duncan & Edwards 1999; Duncan et al. 2004; Finch & Mason 1993; Knijn & van Wel 1999). Mothers follow, according to March & Olsen (1989), a 'logic of appropriateness': they look at what they consider suitable in certain circumstances.

For mothers to work or to care is a moral dilemma.

Moreover, it matters to mothers how their children are being cared for whilst they are at work. An 'ideal of care' refers to what is seen as 'good care'. An 'ideal of care' defines who gives good care, where it is given and what conditions care would need to fulfill. Welfare states promote different ideals of care. That is visible in the rules, the laws but also in the execution of the policy. The government is not only a merchant who brings together supply and demand, but a lawyer who enforces laws and wishes; the government is also (still) a priest: it preaches what is the best way to care for children, the sick, the handicapped. No government – not even the most liberal – is neutral.

Of course, not everybody listens to government – no more than everybody always used to listen to a priest. But the government still sends out a message, and in a democracy people have an influence on the contents of that message. The primary question is therefore: how far does the government's moral authority reach?

When women in different countries – at different times – entered the labour market, four different alternative cultural 'ideals of care' evolved. These replace the traditional ideal of the full time caring mother, the housewife. The first is the ideal of *inter-generational care*: grandmothers look after the grandchildren, hopefully in exchange for care that they will receive later on. The second one is the ideal of the *surrogate mother*: this paid but non-professional minder imitates the role of the mother.

The third is *parental sharing*, whereby fathers are expected to do more of the caring, because they can do that just as well as mothers. The fourth is *professional care*. Children are cared for by highly trained professionals. Whereas the first two reinforce the idea that caring is a women's affair, the last two defuse this idea.

These 'ideals of care' help to understand why welfare states go about caring in the way that they do.

In other words, 'ideals of care' help to explain the differences in policy. In many countries, when women wanted to work, their interests and those of their children clashed. Working women had an interest in softening this moral conflict. Therefore an alternative ideal often came forth from the women's movement – in the broadest sense of the word – often in coalition with women from powerful organisations.

In Denmark for instance professional care is the policy ideal. Children are best cared for by highly trained professionals who in Denmark need to have completed a high grade vocational training. Under their care children can play together with other children and, moreover, develop themselves. This kind of childcare has been promoted since the 60's by the women's movement together with the organisation of social pedagogues, the childcare workers. This also explains why in Denmark childcare is almost universal: such an ideal leads to childcare being important for all children. Childcare is not seen as a necessary evil because mothers so much want to work: childcare is good for all children.

In Flanders the ideal of the surrogate mother has been the dominant one for a long time. The Catholic Agricultural Women's Movement (KVLV) has promoted this ideal since the end of the 70's. The government had to give financial support to childminders who looked after other people's children in their own homes. The christian-democratic movement proved to be sensitive to the arguments from these women: in contrast to the childcare institutions this care is warm, cheap and it promotes local solidarity and relationships within the family. This explains why under a christian-democratic regime childcare received so much government support. This type of paid childcare, given by mothers, was very warm indeed.

Shared care was the ideal in the Netherlands. As an alternative to the male breadwinner model the 'combination scenario' was promoted in the 90's. If men would work a bit less and care a bit more, then women would be able to go to work more. Part time work for both is the lynch pin of the model.

The women's movement as well as the trade unions were keen supporters. This care ideal has led to changes in the tax and benefit system in order to promote part time working. But it has also put the brake on affordable childcare: for it would be better if mother and father were to do the caring together.

England has a less clear ideal of care – at least under the Conservative regime. The women's movement was very much divided on the subject of childcare and mistrusted the state. They therefore did not come up with an alternative. The Conservative government implicitly promoted the ideal of the surrogate mother. But that appealed less and less: parents began to lose confidence in this type of childcare, not least as a result of various incidents in this area. The cultural approach teaches us that care ideals are effective only if they are shared by most parents. Over the last years the Labour government has been introducing a new ideal: that of professional care of children, but in the form of education. This applies especially to the slightly older children (3+). Different from Denmark, where pedagogics are at the heart of the matter, in England it is about good training of the potential labour force and the prevention of poverty.

'Ideals of care' not only help to understand the creation of a policy: they also give an insight into the consequences of a policy. They help to explain the variation and change in the labour participation.

In the first place this study shows that an ideal of care to take the place of full time motherhood is necessary to ensure a high level of labour participation by mothers. A proportion of working fathers and mothers are capable of seeing to it that their children are cared for. They arrange for this informally or pay for a minder. But if you want the bulk of mothers to work, a new ideal, supported by government, is important. That is necessary not only in a practical sense but also in a moral sense: mothers must have a feeling that, in their eyes, their children are well cared for.

England, where the work participation of mothers is the lowest, is the country that until recently had no strong, government supported care ideal. It's only when an alternative care ideal is supported that more mothers want to work.

A second way in which 'ideals of care' have consequences is that some ideals reinforce gender relationships whilst others emasculate them. The ideal of the surrogate mother (and inter-generational care as well) reinforce the notion that women are the best carers. It is expected of surrogate mothers that they possess the same qualities as real mothers: warm, attentive and patient. But they remain surrogates. That means that it is still better for the real mother to do the caring. That explains why in Belgium the labour participation of mothers is not as large as it is in Denmark and why it is barely rising: the ideal promoted by government implies at the same time that care is best given by the real mother.

The ideal of shared care implies that fathers become more involved in the care. They therefore start to work less and the women more. The Dutch case shows that this ideal has cleared the way for the revolutionary increase in the number of working mothers. It also explains why they nearly all work part time: women want to continue to share the care. However, the irony is that fathers are far less sensitive to this care ideal than mothers. They nearly all work full time, although they do proportionately take more leave. The warning that follows from this is that there must be two of you in order to really share.

Professional care, as it is preached in Denmark, is the best guilt reducing strategy for working parents.

This ideal is the only one that goes hand in hand with high, full time labour participation. It assumes that children are better off in professional care – together with other children – than at home with their mother.

Finally, 'ideals of care' create differences between women. The ideal of inter-generational care limits the work prospects of older women, or it gives them a double burden. In Belgium and England childcare limits the careers of older women. The ideal of the surrogate mother can lead to class differences, such as in England: better off women can work because they engage, for little money, poorly educated women to look after their children. In the Netherlands and in Belgium this does not apply: women who look after children in their own homes are often middle class. Finally, the ideal of shared care does not suit single mothers: they have nobody with whom to share the care. For them the ideal of professional care is more suitable. For many women this ideal has the potential to clear the way entirely for full time work participation.

The ideal of professional care therefore has the best chance of achieving a high labour participation of women, which is what 'Lisbon' and Kok are hoping for. The 'Beveridge plan' by Esping-Andersen et al. (2002) for a new welfare state translates childcare and full time work into citizenship. Therefore such a new welfare state will not be effective in every European country. The question is whether socially Europe only consists of the right and the duty to work. It would be a shame if the European definition of citizenship were to leave out the time to care.

Translated from Dutch by Anna Lines, 9/11/05.

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