In the cross-national research on welfare-state restructuring in Europe in recent years, change in welfare state policies on social care has been often neglected. In current discourse and research on welfare-state policies in relation to gender, as well as in the question of social exclusion and social integration in relation to care, this issue plays a more important role.

In general however, analyses have mainly focussed on the question of to what degree social care has been formalised and transformed into formal employment, and how this has contributed to an increase in the social integration of women (Kröger 2001: 3), while less emphasis has been put on the way informal care work itself has changed, and how such changes can be explained.

In this chapter will be discussed on a conceptual/theoretical level what it means to analyse change in informal care work, as well as, in a comprehensive conceptual framework, processes of the formalisation of care work.

Concepts of ‘care’

As an initial approach, the concept of care should be understood empirically thus: “Care is both the paid and unpaid provision of support involving work activities and emotional empathy. It is provided mainly … by women to both able-bodied and dependent adults and children in either the public or domestic spheres, and in a variety of institutional settings” (Thomas 1993: 665).

With the concept of care in social sciences research, or the established English term ‘social care’ (Daly and Lewis 1998), scientific concepts of welfare production were broadened with a critical intention: to emphasise the dichotomisation of societal life into public and private spheres, whereby care is included in the latter – secondary – private sphere, with the consequence of downgrading social care – also in its occupational or professional form – and with that, the work of women (Lewis 1992; Daly and Lewis 1998). Social-science and economic gender research on ‘care work’ in the family and
labour-market has been carried out (and received) by multiple disciplines from the beginning, and that applies equally to the welfare-state debate.

‘Care’ is not just a comprehensive, descriptive approach to the analysis of the work of accompanying and educating people and attending to their personal needs. Beyond that, ‘care’ signifies the principle element in welfare production and the welfare-state institutional network. Joan Tronto (1996: 147) defines ‘social care’ as “the sum of practices by which we attend to/care for ourselves, others, and the natural world”.

Moreover, the internationally discussed concept of social care (Tronto 1996; O’Connor 1996; Gender&Society 2002) focusses on the importance of these activities for the social integration of those working in and receiving care. The concept evokes our dependence on the concern of others and the fragility of the societally more highly valued, masculine connotation of autonomy, and at the same time shows the social construction of autonomy and dependency (Finch and Mason 1993; Fraser and Gordon 1994; Leira 1992; Senghaas-Knobloch 1999). “Care includes the provision of daily social, psychological, emotional, and physical attention for people” (Knijn and Kremer 1997: 330). The term ‘attention’ shows that the necessary practical activities of housekeeping, child-raising and personal care are bound to the symbolic production of everyday culture and the creation of personal bonds. With this concept it becomes apparent that everyday attention to the needs of others and oneself is structured – that is, organised and communicated – in a special way; these activities have thus a special quality. Therefore instruments of efficiency measurement and improvement must be specifically applied to these particular communication structures and work methods.

The early feminist thematic exploration of housework in the 1970s, in the context of the anti-capitalist critique of society, identified the unpaid private work of women as the invisible foundation of wage employment. This theory formulation treated care implicitly as the childcare and housework (care of the elderly was not mentioned at that time) necessary to “rebuilding the strength to work”, that is, ensuring and motivating the man’s continued ability to work. The demand made in this context for “wages for housework” (dalla Costa and James 1973) was not successful for the reason, among others, that the idea of housework as gender-specific task was rejected. Instead, a ‘de-mythologising’ of the mother’s role was proposed, and a democratisation of family life and greater access for women to education and the labour-market. Simultaneously,
family duties, child-raising and personal care tasks were to be performed by state services and with that, also create new jobs for women.

These demands have been meanwhile partly realised, whereby welfare-state policies have played an important role. The significance of ‘care’ – in processes of integration and exclusion of women, and for the analysis of welfare-state policies and comparison of welfare states – was elaborated within the framework of feminist social-policy research (for a discussion see Theobald in this book). In this the selectivity of such policies, e.g. for criteria such as marital status, ethnicity and social milieu/class, was repeatedly pointed out (e.g. Dale and Holdsworth 1997; Theobald in this book; Thomas 1993; Duncan and Smith 2002).

The societal inclusion of women through their labour-market integration, and transformation of unpaid household and family work into regular gainful employment are considered, in social-policy research into care, to be two sides of the same coin. However, two dilemmas exist:

1. The relatively lower societal recognition of and value attached to child-raising and care tasks persists even when they are performed as publicly constituted services, above all in liberal and conservative welfare states (in the sense of Esping-Andersen 1990, 1999). The construction of care as an only partly professional, poorly-paid activity stands in close relation to the bipolar construction of the gender relation, which prescribes for women familial, as well as occupational, caring and attending tasks. Despite the expansion and professionalisation of the personal care service sector on the labour market, the identification of these activities as ‘feminine’, lower-paid, and with particular employment forms and career patterns, has become established especially in the types of welfare regimes mentioned (see Theobald in this book).

2. For another thing, the character of this work itself sets limits to its formalisation and monetarisation. The idea that care work is not very compatible with the capitalist economy of time, and thus can only partially be made into formal employment, was put forth quite early (e.g. Kramer 1981; Geissler 2002b). For, in the exercise of care, it is a matter of creating and strengthening relations based on emotional bonds with partners, children and relatives, regardless of whether these relations are freely entered into or socially prescribed. Therefore in childraising, housework and elderly care, normatively grounded and interactively recognised needs play a role. With that, the intentions and the attention of the carer, as well as the rights and needs of those receiving care, come into the spotlight. In terms of the care process itself, Tronto (1996: 147) differentiates four phases: “caring about” is attention to the need for care; “caring for” is assuming responsibility; “care-giving” is the practical attention to, and satisfaction of the need(s), and “care-receiving” is the response of those obtaining the attention and care. In the
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view of Tronto these four phases must be contained in a complete description of care in order to address the immanent fragmentation and potential for conflict in care.

The concept of social care makes conscious the human physical and emotional dependency on the personal attention of others (Senghaas-Knobloch 1999). For the carer this often means dependency on a (male) provider or the state (Fraser and Gordon 1994; Lewis 1992). Western welfare states have weakened this connection between care and personal dependency through state social benefits (Ballarin et al 2003; Daly and Lewis 2000), and it would be worth examining what structures of dependency are created by this.

In their influential study “Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship”, Knijn and Kremer (1997) propose an understanding care as an integral part of citizen rights. The analysis of the extent and quality of social civil rights for care-givers is therefore a central element of the analysis of approaches to social care in the context of welfare states (see also Geissler 2002a; Gerhard 2003; Pfau-Effinger 2005a). Social civil rights on the one hand represent a legal status in the sense of entitlement to social benefits, and on the other hand a precondition to a political stake in the sense of a social practise, as a constituent of civil society (Marshall 1964). This extension of social rights to ‘care work’ takes up the feminist idea of recognising unpaid work in household and family as the equal of gainful employment, and correspondingly extending society’s conception of work.

Social care and social integration

The European model of social inclusion is based mainly on labour market participation and the social rights related to it. Consequently, in the thinking of scholars in social sciences and social policy, full-time participation in employment and access to the respective social rights, as well as the formalisation of care was seen as the main road to social inclusion for women.

In recent decades family structures have changed substantially in many European countries. Besides the housewife model of the family, new models based on the assumption that women are included in labour markets are widely accepted and relevant in the social practice of individuals. This development has been accompanied – often with a substantial delay – by processes of formalisation of care work. That means that care work is transferred from the family household to other, often public institutions, becoming thereby visible and recompensed (see Geissler 2002b). It is increasingly organised as formal, mainly public employment, and often also professionalised (see Anttonen and Sipilä in this book). As an employment sector, the social service sector is mainly female and one of the most prospering in many European countries (OECD
It is expected that the importance of employment in the social service sector will grow in the future. However, developments have been, in part, also contradictory, for in most countries men have not been integrated to an equal degree – as carers – into the family. Moreover, because of their responsibility for the tasks of family care, women are still in part marginalised in labour markets, and in several European countries precarious types of employment in the social service sector are prominent.

The labour-force participation rates of women, and the public provision of care in the formal sector are currently often also used as central indicators of the strength of a welfare state and its ‘woman-friendliness’ (Siim 2000). Informal and formal care work in this context are often conceptualised as opposites, such that formal care employment is seen as ‘modern’ and ‘woman-friendly’, for it relieves women from care work at home, while informal care work by contrast is often associated with the social exclusion of the caregivers (see also Cousins 1998). According to this argument, informal care is linked to the traditional family model of the housewife marriage; its main characteristics are that it is unpaid work, hidden from view in the family household, performed by women and excluded from formal employment, the main provider of income, prestige and social security, and reconnection. It is also argued that because of their responsibility for informal care work, women are also at risk of social marginalisation when they enter the labour market. Informal care is thus associated with the ‘backwardness’ of tradition, a remaining element from the times of the housewife marriage, which confined women to the household.

However, we argue that the concept of the two opposites of formal and informal care is too crude and does not leave space for examining the more recent development of informal work itself. For informal care work has been modernised in specific ways. As a consequence of social change in recent decades, new forms of informal care work, and in this context, also new forms of social inclusion based on care work have developed. Graph 1 gives an overview of the diversity of such forms of informal care work. Two new main types of informal care work can be distinguished: Semi-formal family-based care work and Informal care employment (see table 1).
Table 1: Formal and informal care work according to type of work relation, pay and sphere of the economy

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Type of work-relation</th>
<th>Pay</th>
<th>Sphere of economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal care work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal employment</td>
<td>Standard or atypical employment</td>
<td>Yes</td>
<td>All spheres of the economy</td>
</tr>
<tr>
<td>Informal care work combined with formal employment, mainly part-time work of parents</td>
<td>Atypical employment or particular schemes</td>
<td>Yes</td>
<td>All spheres of the economy</td>
</tr>
</tbody>
</table>

The different forms of informal care work

<table>
<thead>
<tr>
<th>Informal care employment</th>
<th>Standard or atypical employment, but: unregistered</th>
<th>Yes</th>
<th>Marketised household economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal family care (by relatives or friends)</td>
<td>Non-formal, solidarity-based relationship</td>
<td>No</td>
<td>Solidarity-based informal household economy</td>
</tr>
<tr>
<td>Semi-formal family care (by relatives or friends)</td>
<td>Welfare state constructed care relationship</td>
<td>Yes, (e.g. childcare allowances)</td>
<td>Solidarity-based informal household economy</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>Non-formal, solidarity based relationship</td>
<td>No (maybe a type of compensation)</td>
<td>Solidarity-based informal economy (state, non-profit sector, civil society)</td>
</tr>
</tbody>
</table>

Semi-formal family-based care work

New forms of family-based care work which have gained substantial importance are those we call 'semi-formal' forms of care (Pfau-Effinger 2001; 2005a), based on a new linkage of the care relationship in the household to the welfare state, as for example in paid parental leave, during which parents care at home for their children. The establishment of these new semi-formal forms is the result of changes in policies of European welfare states, and the appearance of a specific type of social right, as Knijn and Kremer (1997) have pointed out: the right to give care, that is, the right of parents, relatives or friends, during temporary life phases, to provide care for their children, frail elderly relatives or friends in the household. As tasks of childcare or elderly care are assumed by families (or social networks), forms of payment, as well as elements of an independent social security, are being introduced for those carrying them out (Geissler
and Pfau-Effinger 1989; Bang et al. 2000; Daly and Lewis 1998; Meyer 1998). With respect to pay in such cases, a commodification of care work is taking place, as Ungerson (in this volume) argues, but not necessarily connected with the formalisation of this work. Ungerson in her chapter reveals the origins and underlying assumptions of these burgeoning policies in order to understand them within a broader context of gender structures. Her analysis of the new ‘cash for care’ welfare schemes points to their variety with respect to the nature of the pay, which often does not have the character of pay for working time.

Also in recent decades, in many European countries the proportion of varieties of formal part-time employment based on a combination of formal employment and informal, or semi-formal, family-based care work, was extended (see Pfau-Effinger in this volume).

In the context of such changes, a new type of home-caring parent or more general, home-caring relative has emerged, who treats home care as a transitional stage of the life course, receives financial transfers from the welfare state and is protected by social security systems. This general conceptual approach does not include general statements about the quality of the social inclusion of the semi-formal caregivers. On the basis of in-depth analyses it will be shown in this volume how different schemes in different countries have resulted in substantial differences in the situations of caregivers.

**Informal care employment**

Another type of informal care has grown which is based on the employment of migrants (nearly exclusively women) as caregivers in households, in which case the household acts as employer, though very often the employment relationship in the private household is undeclared, i.e. takes place outside the legal framework of formal employment. That also means that in such informal work agreements, no employee labour-law or social-security rights apply. This is a particularly precarious form of employment which has in part increased with the number of migrants, and mainly in those European welfare states which restrict the formal employment of immigrants (Gather, Geissler and Rerrich 2002). Hillmann (in this volume), using the findings of an empirical study on female migrants in Italy, shows how they use the rather precarious forms of employment of childcare and housework to build a ‘transnational space’ of action between their society of origin and the one in which they currently work. Informal care employment has also expanded together with unemployment rates in those countries where unemployment benefits are relatively low and possibilities among the unemployed of gaining an additional income in formal employment very restricted (Pfau-Effinger 2004c). Also, the growth of ‘cash-for-care’ systems in some welfare states may have contributed to the development, in as far as they include the possibility...
of hiring foreigners for the care tasks, and the use of these schemes is not strictly controlled (Ungerson 1997).

**Change in care policies of welfare states**

From the debate and analyses of comparative welfare-state research in the last few decades, it can be seen that the formalisation of care work is mainly the result of changes in welfare state policies. In many European countries in recent decades, state provision of social care services has increased, in part even despite retrenchment in other welfare-state activities. However, the public provision of social care services is often still a contested policy area (see Lewis 2003; Pfau-Effinger 2004a). Also, in many countries the amount of public childcare is still rather unsatisfactory, which causes substantial problems in the everyday lives of women carers. During the transformations in central and eastern Europe such problems have also increasingly emerged in several countries, as Sadar (in this volume) shows for the case of Slovenia.

The new semi-formal forms of care in private households on the other hand are the result of the establishment of another new type of social right related to care: *the right to give care* (Knijn and Kremer 1997), meaning the social right of parents, relatives or friends during temporary life phases to provide care for their children, frail elderly relatives or friends in the household. Moreover, parental leave schemes have been introduced which in some cases allow caregivers to keep their work contract during leave, thus guaranteeing the right to labour-market integration after leave.

The changes in welfare-state care policies have resulted from an irreversible weakening of family based concepts of social care beginning in the Scandinavian welfare states of the 1970s and extending to all European countries since the 1980s. As the contributions to this volume show, since then in the European welfare states various models of care production have come about which, in the most diverse formulas, combine formal and informal employment and informal and semi-formal work within the family. As much as these arrangements differ according to the welfare-state path chosen by each country, they have in common that their national policy strategies were conceptually influenced by the feminist debate over women’s work, and politically, by the women’s movement and its demands for equality. This influence had international scale: in all countries women’s movements represented an anti-familial programme and criticised women’s dependency on male providers (or state social benefits; see e.g. Gerhard 1995; Pfau-Effinger 2004a).
New forms of care and social citizenship

That social rights which contribute to the extension of semi-formal forms of care have been introduced in recent decades – after the degree of formalisation of care was traditionally high in the 20th century – is shown by the example of the French welfare state in an historical in-depth analysis by Fagnani and Letablier (in this volume). Such a policy has contributed to an increase in gender equality in France. Welfare-state policies in Austria support to an even higher degree semi-formal forms of care in private households. According to Kreimer and Schiffbaenker (in this volume), this policy has not however sufficiently contributed to a dissolution of the traditional male breadwinner family model or to the promotion of gender equality.

More recently, some welfare states have also started to empower fathers of young children in their role as caregivers. Eydal (in this volume), in her analysis of policies on parental leave in the Nordic welfare states, shows how a new welfare-state framework for new forms of social integration for fathers has been established in the last decade.

Since these changes were often thoroughly controversial among the leading political actors, the transformation was however not linear but often contradictory, accompanied by time-lags and at times even by reversals. It could be argued that this development of welfare-state policies is based on a new, more comprehensive understanding of citizenship, one no longer limited to recognising only formal employment, but taking into account that outside formal employment and other types of work exist and need to be supported and protected (Knijn and Pfau-Effinger 1997; Pfau-Effinger 2004d).

The new forms often represent temporary phases of leave in personal biographies otherwise centred around the formal employment system. As a consequence informal care has lost in substantial part its character as hidden and unpaid and its strong connection with the housewife marriage. This development goes often still unnoticed in the debate on the development of welfare states and work in societies.

In-depth research on the reasons welfare states have started reform processes leading to the expansion of social rights for carers has been conducted in two countries, Britain and Germany (see Meyer in this volume). Meyer asks why this issue was considered relevant enough to warrant state intervention despite “permanent austerity” (Pierson 2001: 99), and what forces were responsible for the decision to extend carers’ rights. In her findings, change is not necessarily caused by the intention of political actors to promote gender equality.
Care arrangements and international differences

In social-policy research many approaches have been developed to broaden the typologies of comparative welfare-state research to include the ‘care’ dimension.¹ A pioneering role was played here by the approach of Lewis (1992), and Lewis and Ostner (1994), in which the state regulation of paid and unpaid work according to gender was made the basis of the comparison of welfare states, and welfare states were classified by the different relative strengths of the ‘male breadwinner’ model.

Anttonen and Sipilä (in this volume) have introduced a theoretical framework for the classification of concrete patterns of care organisation in different societies (defined in their chapter as ‘care regimes’). They see processes like individualisation, universalisation and increasing public delivery of primarily family-based activities as central to the analysis of the development of social care.

Even though there are some elements of convergence in the development of care arrangements – as the findings of Anttonen and Sipilä (in this volume) indicate – for some specific elements the development is also path-dependent. Pfau-Effinger (in this volume) argues that at least two specific development paths of care arrangement in western Europe can be distinguished, in each of which informal family care plays a substantially different role than it does in the other. And Theobald (in this volume), by using the findings of a comparative study of Germany and Sweden, shows how the structures of care work in formal employment are in different ways influenced by the informal, family-based care work of the past.

However the comparative analysis of care work patterns suffers from methodological and statistical problems. Haataja (in this volume) shows that statistics on labour-market exclusion/integration of caring mothers are in part misleading, and that adequate methods for distinguishing between informal or semi-formal, family based forms of care work and formal employment are broadly lacking.

How can the differences between the specific care regimes of various countries be explained? Often, welfare-state policies are seen as the main factor determining the development of social care. According to Mósesdóttir, differences among the main constellations of political actors also contribute to the explanation (Mósesdóttir 2000). We introduce here a more comprehensive multi-dimensional approach to the “care-arrangement”, based on the assumption that various dimensions of the societal context, and the ways they interact, can explain the development of social care and cross-national differences in relation to the structures and development of social care. According to the definition as outlined by Pfau-Effinger (in this volume), the ‘care arrangement’ comprises the underlying cultural, institutional and socio-structural framework of a society, on which the concrete structuring of social care and the welfare
provision mix is based in each case, and which may change. Care arrangements can be coherent or contradictory. They can be classified by the cultural values and models on which they are based. Conflicts, changes in power relations and negotiation processes at the level of social actors can contribute to change in a care arrangement. Particularly also, variations in welfare state policies as well as differences in cultural values and models contribute substantially to the explanation of cross-national differences (Pfau-Effinger in this volume).

Daune-Richard (in this volume) analyses, in a comparative perspective, how in France and Sweden public policies shape mothers’ access to and position in the labour market. The author argues that this position is related to the way work and citizenship are linked differently in each of the two countries and for women and men. Behning (in this volume) shows how differences in care arrangements for the elderly in private households in Germany and Austria can be explained in the context of differing elderly-care schemes in both welfare states.

Care arrangements are also based on cultural ideas of the role of, and main sphere for the provision of social services and of the welfare provision mix, i.e. the way, and how much the family, public sector, market, and non-profit organisations should contribute to the production of social services. They are also based on cultural ideas about the gender division of labour in the family and society, and refer to cultural notions, as for example a ‘good’ childhood, and a ‘good’ old age. These ideas also form the basis for the organisation of such main institutions in society as the family, labour market and welfare state. The relationship between the cultural and institutional level can however be contradictory and subject to change. The role of individual and collective actors is particularly important for the reproduction, or, respectively, change in the care arrangement (see Pfau-Effinger in this volume). If cultural factors are included in analyses, it also turns out that international differences in the degree to which the family is involved in childcare are not simply a reflection of differing welfare state policies. Instead, deeply rooted differences in cultural ideas about ‘parenthood’, ‘childhood’ and the family contribute substantially to the explanation, as Pfau-Effinger (2004a; in this volume) argues. Such cultural differences also contribute to the explanation of why family policies vary cross-nationally with respect to the degree to which they promote the formalisation of care on one hand, and the restructuring of informal care on the other (Pfau-Effinger 2004b).

To conclude, the way social care is organised is of basic importance for the production of welfare in European societies. The discussion of the theoretical concepts surrounding care work and the presentation of recent empirical results in this volume should contribute to a better understanding of the change in European welfare states and work societies from a general, as well as gender perspective.
Care arrangements in European societies

References:


Notes:

1 For an elaborated discussion of such approaches see Kröger 2001.

2 For the general use of the theoretical approach of „arrangements“ for cross-national comparison see Pfau-Effinger 1998; 1999; 2004a.