

Gender and care: old solutions, new developments?¹

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1. The emergence of care as a gender and social issue in social research²

Until the 1970s, 'care' apparently represented few if any theoretical challenges for social research, neither as a concept nor a social activity. It pertained "naturally" to the female world of mothers, daughters, sisters, as well as (female) servants. Since then, the academic debate about the meaning and contents of terms like 'care' and 'caring' has flourished. With feminist scholarship as the main driving force, the many threads which make up the relational, symbolic, political and practical tapestry of care and caring relationships have been progressively unraveled, starting from the insightful exposure of the so called "labour of love". In this process, different actors have emerged, both on the side of caregivers and of care receivers. Interests and conflicts of interest have been acknowledged, named, and contrasted. Locations of care giving and care receiving have been identified. And there is increasing debate about the rights and responsibilities both of the care dependent and of care providers.

While acknowledging the historical, social and cultural associations of female gender and care, feminist scholarship questioned the assumption that caring capabilities were 'natural' or inherent in women. The over-representation of women in all forms of - paid and unpaid - caring work was interpreted as a consequence of gender skewed power structures, particularly in the marriage relationship (e.g. Land and Rose 1985). This power asymmetry is one aspect of Wærness' (1987) influential distinction between caring and servicing, and between these two kinds of relationships and 'care' as the special feeling of loving concern (as well as pleasure, see e.g. Sevenhuijsen 1998) which may be present in both. According to Wærness, caring for an able-bodied husband out of a concern for his wellbeing and happiness is 'servicing', while caring for a young child, a frail elderly, an invalid person out of the same concern is 'caring work'. This 'caring work' provided for those who, according to commonly accepted societal norms, are not able to care for themselves, identifies according to Wærness what is necessary care and what is not. Seen in this way, the definition of both necessary and unnecessary care/caring remains an interpersonal, loving relationship. Many other feminist analysts, however, on the basis of empirical research, question the theoretical cogency of this assumption. Land and Rose (1985) pointed to compulsory altruism as a

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² For this section I have drawn heavily on an essay I wrote with A. Leira (Leira and Saraceno 2002), to whom I am greatly indebted in more than one way.

very real problem in women's family-orientated care. Developing their analysis, Finch (1989) pointed out that care-giving work (for instance for an elderly parent) may occur without feelings of love or emotional closeness, of 'caring about'. Research on family and kin obligations in particular (e.g. Lewis and Meredith 1988, Finch and Mason 1993, Millar and Warman eds. 1995), exposed the very presumption on which they were and are based: obligations to perform caring work may be fulfilled without any feeling of loving concern, but on the basis of a feeling of duty, even within estranged 'personal' relationships. "When caring is needed, relations of blood and marriage in particular are expected to be activated into a caring relationship, even if love is missing or lost" (Leira 1994, p.189), even in advanced welfare states. Research on obligations to family and kin has thus revealed the complexities of the range of activities and feelings included in the broad term care/caring.

Analytically, the distinction between caring for dependent persons who are not able to care for themselves and caring for those who can manage well on their own remains important. In redistributive terms, only the former is an issue for policy intervention. Only the care for very dependent persons raises the issue of renegotiating the boundaries between the state and family with respect to responsibilities for the provision and costs of care.

2. The historically ambivalent status of care-giving as a basis of social rights

Historically, care-needing and care receiving have had an ambivalent status in social citizenship design. On the one hand, those whose care needs made them visibly dependent on others were long not acknowledged the full status of citizens. They were – and to a large degree still are – the "dependent family members", or the social assistance recipients exchanging autonomy for support. On the other hand, the caring needs, particularly of children and of the frail elderly, were taken as the ground for the gender division of labour within the family and for women's exclusion or marginalisation in the labour market (and for a long time also from political rights). The needs and caring dependence (on women) of the former became thus the cause of the economic dependence (on husbands) of the latter. Entitlement to receive care was framed implicitly as entitlement to be cared for by a female family member. It certainly did not result in a social right; but it indicated that the issue of care remained the unspoken dilemma within industrialized societies from the beginning (Saraceno 2003).

This dilemma was partially hidden in the male-breadwinner framework. The male breadwinner status and rhetorical figure stressed the role of the husband/worker as provider both of income and of links to social rights (e.g. health insurance, survivor pension), while underplaying the fact that wives were expected to provide care in exchange for being provided for. For this reason, wifhood,

rather than motherhood or other family caring roles was the status that in most countries granted women (mediated) access to social rights, irrespective of their actual caring performance: survivor pensions, health care and so forth. As a consequence, caring as such was not explicitly framed as an independent basis for accessing social rights. There are two exceptions, however, in which the caring role has been acknowledged as an entitlement that accrues to women, not as wives or widows, but as mothers, irrespective of their marital status (Sainsbury 1996). Employed mothers and solo mothers have been and still are the two main social figures to which some kind of entitlement is acknowledged explicitly as carers.³ Entitlements for solo mothers, in particular, have rightly been pointed out as challenging both the practice and the ideology of the male breadwinner model, while at the same time constituting an important exception within otherwise strong male breadwinner states, such as Germany, the Netherlands and the UK (see e.g. Hobson 1990, 1994).

Both examples, however, indicate that most entitlements accruing to mothers as carers irrespective of their marital status are conditional on some other circumstance: either being in paid work, or being without both income and a male provider. Care-giving as such does not constitute a ground for entitlement. Lone mothers, in fact, are acknowledged as worthy of public support only in so far they are both without a husband and poor. And in most countries, maternity (and now also parental) benefits and paid leave are not unconditionally available. Rather, they are granted only to women in employment. Notable exceptions here are Sweden and Finland, where insurance benefits provide a basic allowance even for non-working mothers. In addition to this different acknowledgement of time spent in child care, considerable differentiation in entitlement and coverage exists between the various categories of working women: employees and the self employed, tenured and untenured, part time and full time, temporary or permanent and so forth. Finally, even after the 1996 EU Directive on Parental Leave that instituted the right of both parents to take leave, there is considerable cross country variation within Europe in social security rules in terms of entitlements, coverage and duration (Gornik and Meyers 2004, Plantenga and Remery 2005, Wall 2007). Plantenga and Remery calculate what they call “effective leave”, taking account both of duration of maternity and parental leaves and of the level of compensation. According to this calculation, within the 27 EU countries at one extreme there was Lithuania with about 150 fully paid weeks, followed by Sweden and Hungary with slightly less than 120 weeks. At the other extreme there was a group of countries – Greece, Cyprus, Irlanda and Malta – with about 10 weeks.

In some countries, motherhood entitles also to contributions towards old age pension. In the UK, Sweden and (since 1989) Germany, these additional pension benefits (up to an equivalent of three years) may be cumulated with employment related ones, thus partly compensating interruptions or

³ For an overview, see Leira and Saraceno 2002; see also Zincone 1990

reductions in paid work due to caring obligations (Anderson and Meyer 2006). In Italy, a modest (a maximum of 12 contributory months all together) compensation is acknowledged only to women who have an employment related contributory history. In France, until 2004 mothers might cumulate additional contributions (up to two years per child) as in Sweden and Germany. But after 2004, they can obtain the specific motherhood-linked contributions only if they give up employment for at least the same amount of time. They are therefore caught in a loss-loss alternative: either they lose their credit notwithstanding their juggling paid work and caring time, or they take it, cutting in their contributory history and jeopardising their future labour market participation. In both cases, they will have a lower pension than men due to a lower investment in paid work (Frericks and Maier 2007, Frericks, Maier and De Graaf 2007). Interestingly, this change (in the opposite direction of what happened in Germany) was argued in the name of equal opportunities, in so far men and fathers could not cumulate dual benefits. The fact that fathers mostly do not cumulate dual (paid and unpaid) work was not considered a sufficient ground for keeping the previous rule.

Caring for disabled adults or frail elderly relatives has constituted generally a much weaker ground than motherhood for accessing some kind of social entitlement in the form of paid leave, income support or contributions towards a pension.

3. Re-familisation of men and de-familisation of women? Divergent trends in dealing with caring obligations in recent policy developments

The 'traditional' male breadwinner model family has been substantially eroded throughout the European Union, although to different extents (see also Lewis, Campbell and Huerta 2008). In north-western Europe, the increase in women's employment – not matched by an increase in men's care work and housework – has resulted in the emergence of a 'one-and-a-half' or 'one and- three-quarters' earner model. Men work full-time and women work varying numbers of part-time hours. And a large amount of care work remains in the family (Hobson, 2004; Lewis 2001). In Southern Europe, part-time work is still rare, although increasing, and women tend to polarize between working full time and not working at all. Scandinavia is close to a full-time, dual-earner family model, supported by the state via paid parental leaves and extensive formal care services. But women are still working shorter hours than their male partners, take the most of parental leave time, and are the ones who temporarily reduce their working time when a child is small. Changes in female contributions to families, together with a concern over low fertility and with the caring demands of an aging population, have resulted in any case in the new visibility of what for a long time had been a "simply private" problem for many working women: that of reconciling, or

combining, work and care. Now this same problem is perceived and defined as a 'new social need'. Whether this new awareness will result both in a better balanced gender division of paid and unpaid care, and in a stronger acknowledgement of care as a basis for granting/achieving social rights is however far from being clear.

Recent policy developments in dealing with caring obligations point, in fact, to different and even somewhat opposite directions. On the one hand, the most important changes occurring recently in this field are not the extension of benefits to cover a wider range of working mothers, but the extension of entitlement to fathers. State sponsoring of fathers' care *via* paid parental leave schemes is a novelty, and represents, at least in principle, a radical re-definition of caring obligations and rights, as well as a form of re-familialisation of men (Saraceno 2000, Pfau-Effinger 2005a, Wall 2007). The first to offer this entitlement, from the 1970s onwards, were the Scandinavian countries. Since the gender-neutral parental leave produced a highly gendered take-up, special periods of the leave were reserved for fathers, as 'daddy quota' or 'daddy leave'. Stimulating fathers' care by gentle force, legislation stipulates that if the fathers do not make use of the quota, this leave period is lost to the family. Italy as well passed a law in March 2000 closely resembling the Scandinavian one, lengthening the leave of absence if part of it is taken by the father.⁴ Since January 2007, Germany offers a scheme similar to the Swedish one. Many other countries offer similar schemes, although of different duration and compensation (Plantenga and Remery 2005). The adoption of parental leave schemes, with or without specific incentives for fathers to take it, in any case, in so far they grant an individual entitlement to fathers, signals a turning point in policies concerning the gendered conceptualisation of care and caring, even though not to same degree across policies and countries (see e.g. Wall 2007). In this perspective, it is important to notice that fathers are more likely to take the leave, although for a shorter period than mothers, when it is adequately compensated and there is quota specifically reserved to them and not transferable.

While fathers are encouraged to take time off to care, in most European countries and in EU official policy targets, mothers are increasingly encouraged to become paid workers and therefore to be de-familialised (Lewis 2006, Orloff 2006). Traditional exemptions for lone mothers from the requirement to be available for work in order to be entitled to social assistance are reduced in duration, or eliminated altogether. In order to be perceived as a good mother a (poor) lone mother must also be a provider, i.e. a paid worker. In the case of lone mothers asking for income support, the "activation" rhetoric of much contemporary social assistance discourse implicitly denies that caring for one's own children is in itself a socially worthy activity. Further, some provision that traditionally acknowledged the caring work performed by women, such as survivors' pensions and

⁴ differently from the Swedish law, however, the parental leave is not fully covered financially. This fact operates as a deterrent for fathers wishing to take the leave, since theirs is often the higher wage in the household.

benefits for widows, are being reduced and progressively faded out, in the name of individual rights, to be earned through individual contributions and paid work. These changes are only partially compensated for, and not everywhere, through some form of acknowledgment of caring periods in the contributory record (Ginn, Street, Arber 2001).

This redefinition of mothers as paid workers is partly accompanied by a redefinition of the caring needs of small children and of the “best” care-giving context. In this perspective, the ideal/normative age at which children would benefit from non family (non mother) care is being lowered from 3-4 years of age to about 1: the average length of parental leave in the most generous countries. The German case is from this point of view interesting, in so far its new parental leave benefit (*Elterngeld*), in place since January 2007, has increased the compensation for working parents (67% of last pay) for the first 12-14 (depending on whether or not the father takes a part of it) months of leave. Mothers can still take a three year leave, but the small compensation, subjected to a household means test, has been further reduced. This mechanism *de facto* encourages a pattern by which a child is cared for by its parents (mostly its mother) until it is about 12-14 months old, and then it is considered ready to attend a childcare service of some kind, thus to be partly de-familialised. This lowering of the age at which a child is considered ready for non family care is couched both in terms of a “conciliating” issue and in terms of investing in children and particularly of reducing the possible negative impact on cognitive skills of an “inadequate” family environment. Some researchers consider with increasing concern this shift in focus and expectations concerning women-mothers. In countries such as, for instance, (West) Germany and The Netherlands, but partly also in the UK, it represents a radical overturn not only of policies, but of traditional notions of good motherhood as well as of shared cultural patterns and values (e.g. Daly 2004, Knijn and Ostner 2008). Recent European Social Survey data confirm previous findings from the International Social Survey and the European Social Survey: across Europe, as well across social groups there are different norms and values concerning what should be done by whom when care needs arise (Lewis, Campbell and Huerta 2008), as well as in patterns of developing the “conciliation package”. Norms, preferences and policies interact in complex ways and an illuminated top down approach enforcing one best model may be not only un-democratic, but inefficient. Furthermore, according some authors’ view (e.g. Knijn and Ostner 2008, and also Daly 2004), although the policy change occurred in the Netherlands and in Germany, and more generally that implied by the EU discourse, is often couched in the framework of supporting equal opportunities between men and women and of contrasting social exclusion and entrapment in poverty in the case of poor lone mothers, the emphasis on paid work as the only route to social integration and the denial of the value and wish to care for one’s own young children undermines (unpaid) caring as a worthy social activity. This has

a particularly negative impact on low income and low educated women, since they are offered/prescribed to exchange an emotionally and traditionally culturally valued role and activity for low qualified and low paid jobs. These authors also suggest that the emerging emphasis on early education as a way of offsetting inequalities due to social origin implicitly frames low educated parents, and particularly mothers, as a liability for their children, and exclusive mother care in early infancy as a social risk for their children.

I do not fully agree with this mostly negative reading of ongoing developments. Labour market participation is not only an outside imposition. It is also what many women want to be able to do. The fact that the better educated have higher labour force participation and continuity rates points more to the constraints and dissatisfaction with paid work experienced by the lower educated because of their more restricted options, than to “natural” preferences. Long term dependence on social assistance because of involvement in intensive child care may have long term negative impact on the future options of a woman. Furthermore, cognitive inequalities among children which are rooted in social class inequalities – although most visible at the extremes than in the averages – should be of utmost concern in a democracy. Having said this, I share the underlying concern of that negative reading: the stress, in policy discourses and in actual practices, on participation to paid work as the only, or main, socially worthy activity risks censoring both the need and the value of caring work, unpaid but also paid. It also risks censoring the individual preferences with regard to how to better care for one’s own children (or frail elderly), and therefore with regard to the preferred specific package of policies, with regard to, for instance, the combination of leaves, working hours, childcare services. Generally, caring as a relational and meaningful – identity building – activity risks disappearing. Furthermore, the focus of the European Union discourse on “reconciling” paid work and care also remains mainly on women. The responsibility for providing care remains theirs. The novelty is that that now it should be “reconciled” with participation in paid work. Equal opportunities are framed as opportunities to be offered women to enter men’s world of paid work, and only marginally as opportunities to be offered men to share the responsibility to care (see also Stratigaki 2004). This has a negative impact on women’s personal income as well as on their pension benefits (e.g. Ginn, Street and Arber 2001, Lewis 2006). It should be added that while the care needs of little children and the care-giving obligations (and desires) of parents of very young children are at least partially taken account of in public discourses and policies, including employment policies, this is not so for the caring and relational needs of older children, as if all children’s caring needs stopped when reaching school age.

Even less focused on are the caring needs of the frail elderly and generally of the disabled, although, differently from children, this population group is growing. Yet, also at this level some

interesting development should be pointed out. First, in some countries, the provision of specific care services for the frail elderly is increasingly being formalised as part of the social care package provided. In insurance based countries such as Germany, a specific compulsory insurance towards this end has been introduced. Second, in many countries, some social rights have also been provided for those caring “informally” for the disabled and the frail elderly and in some cases for those who care for terminally ill relatives. This sometimes takes the form of an allowance, as in the invalid care allowance in the UK, or a credit towards supplementary pension benefits, as in Norway, or paid leave as in Italy, or a combination of these various options (see Evers A., Pijl M., Ungerson C. (eds.), 1994, Ungerson, 1997, pp. 362-82 , Lewis J. ed., 1998, Anttonen, Baldock, and Sipilä, 2003). This development may be seen as a) a widening of options, thus a move towards individualisation; b) an acknowledgement of informal work and care as work, thus as a form both of commodification and of partial de-familialisation of informal care-givers; c) a re-familialisation of the caring relationship, in so far payments for care are either provided directly to family caregivers or, in any case, the management of care, including decisions on how to spend care payments, is left at the private, family level.

There is no single authentic interpretation. It depends on the starting point, on the overall social citizenship pattern in each country, and on the whole package of social care that is available: on what Anttonen and Sipilä a few years ago (1996) indicated as the diverse “caring regimes”. A recent study on four countries (Timonen, Convery and Cahill 2006) has found that the motives for introducing these programmes are similar across the countries: to promote autonomy and choice, to fill gaps in provision, to create jobs, to promote cost savings and domiciliary care as well as efficiency. Yet, both the relevance of these goals and the outcome of these programmes vary substantially, depending on the existing patterns of provision (see also Pfau-Effinger 2005b for a broader spectrum of trends and arrangements in Europe). Other developments point more explicitly to the re-familialisation of care, in so far, as in the Netherlands since the late 1990s, the provision of professional home care became based not, as previously, only on need, nor on a contributory record, but on the lack of theoretically available family care. All household members are in principle recruited, irrespective of their willingness and of their other obligations (Knijn 2007). Interestingly, in this way the Netherlands has become somewhat similar to the Mediterranean countries, such as Italy, where expectations that the family (not only the household) provides care for the frail elderly have always been the norm and public provision intervene only when no female member lives near enough. The difference is that Netherlands restrict obligations to household members and are gender neutral in their – highly formalised – expectations.

Anttonen, Blalock and Sipilä (2003), concluding the overview of research on developments in caring arrangements for both children and the frail elderly in five European countries, individuate three relevant dimensions of change: a) an increasing trend of “care going public”, meaning being removed from an entirely private domestic economy, towards a greater overlap with the formal economy of the market, the voluntary and charitable (I would say non profit) sector and the state; b) a move from family entitlement to individual entitlement (process of individualization); c) from selectivity to universality of publicly funded or provided services. This synthesis is suggestive but also problematic, besides not being fully applicable to all European countries and more in the area of child care than in that of frail elderly care. In the first place, as I pointed out above, “care may go public” in that there is some public financial support to those who need it and/or to those who provide it. But this may also strengthen, or incentive, or allow, its familisation. It is the case of parental leaves incentivizing fathers to take part of them, or mothers to stay home for a long period. Furthermore, policies, even when they financially support care-giving, may underpin the gender division of labour within the family, while at the same time maintaining the traditional approach by which only working mothers are entitled to some acknowledgement of their caring work and obligations. According to studies present in Ellingsaeter and Leira’s recent edited book (2006) on Scandinavia, this happens also within the so called Nordic model. Denmark, for instance, focuses support on working mothers and provides the least support for fathers; Finland supports mothers who work *and* mothers who care, with little for fathers; while Sweden alone provides support for working and non-working mothers and for fathers. Kvande (2007) points to contradictions within the Norwegian model of parental leaves. On the one hand, through the provision, since 1993, of a father’s quota within the parental leave, this model incentives a less gender skewed allocation of child care responsibilities; but on the other hand, through a caring allowance for families which do not use publicly funded child care, de facto it supports a gendered division of labour in care. As pointed out above, also payments for care in the case of the frail elderly may encourage a modernized, and publicly supported, way of incentivizing the gendered familisation of care. In Germany, for instance, the majority of those entitled to receive the long term insurance benefits choose to take them in money rather than in services and are mostly cared for by a family member, usually a woman (a spouse or a daughter) (Evers and Sachße 2003, Meyer 2007).

In the perspective of these developments, the concept of “mixed economy of care” (Motel-Klingebiel et al. 2005) is probably more adequate than that of “caring going public”, since it indicates that boundaries and responsibilities are realigned, but also re-combined. This concept can be integrated with that of social care developed by Lewis and Daly (1998), which points to the fact

that care is provided through a combination of different modes of provisions: paid and unpaid, formal and informal, family, state, community and market.

Another reason why I do not fully agree on the “care going public” argument is that while in all European countries there is a clear trend towards an increasing role of collective services in childcare, no such clear trend may be detected with regard to frail elderly care. On the contrary, in some countries, particularly in the Mediterranean ones, where publicly provided services are scarce and mostly targeted to low income, highly dependent and isolated elderly, one can witness new forms of privatization and familization in combination with an increasing recourse to the market, particularly to the, often irregular, labour market of female immigrants. Bettio, Simonazzi and Villa (2006), focusing their analysis on changes in care regimes and female migration in Mediterranean countries, point to the transition from a “family” to a “migrant in the family” model of care. The presence of a large irregular market has rendered paid care affordable also to the middle classes without large economic means. In these authors’ words, “Female migrants met unsatisfied needs for care while ensuring the continuity of a family-based long term care model. They provided long-term care at prices which middle-income families could afford, while benefits for the elderly, already in place – like the attendance allowance – helped low-income families to meet the cost.” (p. 278). Care remains in the family in the sense that is both paid and organized by the family. It is also partly shared between paid (migrant), mostly female, workers and unpaid mostly female family members, although to a different degree depending on the income of the family carer and/or the person cared for, therefore on the degree to which actual caring may be allocated to a paid worker.

4. Different balances and different risks for women across countries in addressing the caring dilemma

Orloff (2006) argues that country specificities in dealing with care needing and care receiving point to somewhat divergent risks (see also Wall 2007). In Scandinavia and France, for instance, policies that support women both as care-givers and paid workers are relatively successful in dealing with caring needs and in helping women to remain in the labour market. But they are far less successful in avoiding horizontal and vertical segregation in the labour market, thus in implementing equal opportunities. In most continental countries, as well as in the UK, the one and a half earner model seems the solution to the “reconciling “ conundrum: men keep the main breadwinner role, and women with family responsibilities work part time. But this represents a high financial risk for women, not only if and when their partnership ends, but also in pension wealth in increasingly individualized pension systems. And the tensions this model implies are indirectly suggested by the lower fertility rates in these countries, compared to the Scandinavian ones and France. In the

Mediterranean countries, policies and the market support neither the Scandinavian nor the Continental solution. These are the countries where women's labour market participation is lowest, but women mostly work full time. Together with the former socialist countries, they are also the countries where fertility rates are lowest and where gender arrangements around care are in most tension. The familialistic solution to care needing and care giving is increasingly under tension, in fact, not only because of increasing women's labour force participation, but of population aging. To some degree, somewhat counter-intuitively, these countries show emerging risks similar to those Orloff indicates for the US pattern. In this latter country, the trend towards the de-familialisation of women has gone farthest, supported also by a civil rights approach to equal opportunities. But issues of care have remained un-addressed and left to private solutions, i.e. to the ability to buy care on the market, often (as in the Southern European countries) making use of – more or less legal – cheap migrant female labour. As a consequence, both the risk of a caring deficit and social inequalities in the ability to face caring needs are growing. Furthermore, as Bettio, Simonazzi and Villa (2006) argue from the vantage point of the Italian situation, this care mix based on low paid migrant labour raises also issues of social equity. Social equity is at risk because of the conflicting interests between families and paid givers. The former want both cheap and trustworthy labour; therefore they are wary of any attempt at upgrading and professionalizing care work, which is instead the interest of the latter.

Finally, the under-evaluation of care needing and care giving, together with the strong gendered features of the latter, has consequences also for those who do it for pay, in formal and informal settings. As a recent study has documented, care-workers are generally in the lower echelons of the wage ladder in all countries (Neményi et al., 2006). The fact that paid care work is increasingly performed by immigrant female labour strengthens further this risk. This might have an impact not only on the quality of care provided, but also on the availability of care workers, thus on the caring deficit risk.

5. Care in recent debates on welfare state reform and flexicurity: still under-represented?

One might argue that leaves linked to care obligations have been the first generalized form of introducing flexicurity in the labour contract. They allow, in fact, time off without losing the job and – depending on the country - also without a large pay loss. They also include pension-linked contributions, although in many countries they are limited to the compulsory leave period and not extended to the full parental leave period. Given this long history of presence of institutions dealing with caring issues in the social security packages of most European countries, one might expect care needs and obligations to be central in flexicurity debates and design. This is not so, however.

Anderson's and Meyer's (2006) analysis of recent pension reforms in countries with different traditions and institutions dealing with care indicates not only the strong path (and cultural) dependency of institutional changes. It also indicates that, even when taken account of, time to care and care giving remain marginal and may even be partly sacrificed in the name of financial considerations. They may even be sacrificed in the name of equal opportunity in a paid-work-oriented approach, as the French case mentioned above suggests. In this case, care giving is de facto framed as an activity alternative to working for pay. The possibility of being both a (paid) worker and a (unpaid) carer is not contemplated. This marginal position of care time is particularly crucial pension-wise, given the fact that a greater number of countries have now linked the pension benefits to a fuller and longer employment and earnings history.

In this perspective, what is occurring within the different discourses on flexicurity as well as in some of the practices (such as long term time saving accounts implemented by some firms, or the Dutch Life course saving scheme) is of utmost interest, but also causes some concern, in so far it assumes that everybody, irrespective of gender, age, cohort membership, education, cultural and ethnic outlook face the same life course risks and have the same resources for making the most of these schemes (see for instance Maier, De Graaf and Frericks 2007 on the Dutch saving scheme).

Furthermore, one might point out that, in flexicurity discourses, taking time off because of care-giving is mostly assimilated to other very different situations in which people do not hold a paid job, or have to reduce their working time and income: to unemployment, or to time spent in improving one's own skills. It is, therefore, simply equalised either to be temporarily not working or to be investing in one's own human capital. In the Communication on flexicurity issued by the EU Commission on June 27, 2007 caring related issues appear only marginally, as instances of risky transitions out of the labour force, which require a more flexible social protection package in order not to become dead end transitions: "Women, for example, are more likely than men to move between working and not working, in particular when seeking to balance work and family life, and therefore are more affected by reduced recruitment caused by strict employment protection legislation" (EU Commission, 2007, pp. 7, see also the document of the Expert group on flexicurity, 2007). This perspective is found also in the more theoretical works that underpin the social policy discourse on flexicurity, such as the transitional labour market approach (see e.g. Schmid 2005), in so far care appears only as a constrain on time available for paid work – precisely as a "risk" - not as a valuable social activity intrinsically worth performing and producing public goods. Further, in both the Dutch life course saving scheme (as in the long term time saving accounts at the enterprise level), and in Supiot's (1999) "social drawing rights" scheme, the risk is that women take up time in order to care (that is in order to perform another, unpaid, work), men

instead take it up either to take sabbatical, to retrain, or simply to retire early. As a consequence, working women will have not only a longer – paid and unpaid – working day, month and year than men, as all time budget studies indicate. They will also have a longer working life, although not necessarily (on the contrary) a better work income and retirement pension. New forms of gender unbalance might therefore be developed through an apparently neutral approach to “life course risks”.

I have no practical solution for these dilemmas. But if they are not highlighted and thought through in reforming social protection packages, care will continue to be under-evaluated and – female and male - caregivers will continue to pay the price for having someone depending on their availability and care work. It is precisely from this perspective that feminist scholars have variously criticized the idea of social citizenship as based almost exclusively on paid work. Thus, going beyond the familisation/defamilisation debate, they point to the need to a) to reformulate the concept of autonomy to include the relationships of interdependence that develop around care giving and care receiving along the life course (see E. Kittay 1999, Fine and Glendinning 2005); b) to incorporate care giving and care receiving both conceptually and in practice in the structure of social rights and social citizenship themselves (see e.g. Leira 1992, Knijn and Kremer 1997, Nussbaum 2002).

The needs of both the care receivers and the – unpaid and paid - care givers, in fact, may no longer be marginalized in societies that are ageing, where women are increasingly in the labour force, where both women and men are expected to work longer, and where expectations concerning dignity and respect constitute a part of the definition of human rights and citizenship. How to support a packaging of social care that allows for individual freedom and dignity and does not exploit paid and unpaid carers will probably become a crucial issue in policy making in the near future. At the same time, labour market policies and arrangements will have to increasingly take account of the fact that most - male and female - workers will have to deal with demands of care over their working life. The “dual earner household” model, implicit in much European discourse and policy, where all adults work full time and full life in the labour market, is untenable as long as it remains based on an idea of work life and participation very similar to that based on the assumption that “real”, core workers did not have caring responsibilities. The invisibility of care in employment policies at the national and EU level leaves (mostly women) carers to their own devices, therefore indirectly supporting the prevalent gender division of labour within families, albeit in a “modernized” form (the one and a half worker model). It also risks promoting a kind of forced and negative “de-familialisation”, in so far it renders impossible both to men and women to assume family responsibilities

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