

RECWOWE Doctoral Workshop

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Lone Parents between Work and Care:
Childcare Arrangements of Working Lone
Parents within European Care Regimes

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Care regimes and lone mothers

- 🏠 'Solo mothers as a litmus test group of gendered social rights' (Hobson 1994)
- 🏠 Care regime ideal types (Lewis & Hobson 1997)
 - ✖ Parent/worker model
 - ✖ Caregiving model
 - ✖ Paid worker and carer model (Kilkey 2000)
 - ✖ Countries that lack coherent policy in supporting lone mothers
- 🏠 Regime level studies tell only little about how lone mothers (and fathers) are really able to combine work and childcare in their everyday lives



The study

- ❖ How are formal and informal childcare resources divided and used among families of working lone parents in five European countries?
- ❖ The SOCCARE Project (EC, FP5): interviews of working lone parents in 5 local languages
 - ✗ Finland/paid worker and carer model
(22 lone mothers + 3 lone fathers)
 - ✗ France/parent-worker model (17+4)
 - ✗ Italy/lacking policy model (22+2)
 - ✗ Portugal/lacking policy model (27+0)
 - ✗ UK/caregiving→ parent-worker model (23+1)
- ❖ Qualitative analysis (no statistical representativeness): care arrangements during working hours → 5 types



Care arrangements of lone parent families during working hours

- ❖ Formal care arrangements (35)
- ❖ Informal care arrangements (8)
- ❖ Mixing the formal and the informal (52)
- ❖ Filling care gaps with a nanny (14)
- ❖ Care poverty (12)



Type 1: formal care arrangement

“Care hours of Kaisa [a two-year-old daughter] may be different in each day of the same week [...] It is a really flexible day-care centre [...] At least concerning the day-care centre, there is nothing to complain about. At the moment, it is rather perfect.” (Fin5A)



Type 1: formal care arrangement

- ❖ 35 families, the most from Finland or the UK
- ❖ Finland: young children in public day-care, all three lone fathers in this group
- ❖ UK: school children with part-time working parents, the only lone father in this group
- ❖ France: only one in full-time work, two lone fathers out of four in this group
- ❖ Portugal (and Italy): mothers with very long working hours using after-school clubs with extended hours
- ❖ Only few lone parents with atypical working hours
- ❖ Not all are fully happy with the arrangement



Type 2: informal care arrangement

“There are many [advantages in this arrangement]. Trust in the person involved, the money aspect, I don’t know, I think the greatest advantage is truly the trust in the people, and being at home, everything is there, if she feels a pain the medicine is there, if she wants to sleep she has her little bed [...] Because I look after her in my own way, and my mother has a way which is completely different from mine, she has her old-fashioned way [...] I think her upbringing has to be done in my way, and I’m fed up with telling my parents.” (Por9A)



Type 2: informal care arrangement

- ❖ 8 families, the most from Italy and Portugal
- ❖ The significant role of grandmothers
- ❖ No lone fathers in this group
- ❖ In most cases the lone mother worked atypical hours and lived with her own parents
- ❖ Two families (Fin25A, UK11A) had nursery places but their opening hours did not cover their atypical working hours (two more had had to wait several months for day-care places: Fin19, Fin28M)
- ❖ An ambivalent arrangement: flexible and inexpensive but strained by different understandings of the situation by the lone mother and her own mother



Type 3: mixing the formal and the informal

“It usually goes like this: the children are in the day-care centre and when it is time to fetch them, then if it is not me, it is the father or precisely the grandparents [...] If the father of the boys can not for some reason be with them even if it is his turn to care, then he may use his own parents.” (Fin19)



Type 3: mixing the formal and the informal

“It's a situation that I don't like at all, because getting them more involved means they come into my life even when it's not necessary, so sometimes it's hard to establish the borders of my private life.” (It22)

“The care arrangement is a puzzle. When one piece moves, I have to move the rest of the pieces in relation.” (Fin16A)



Type 3: mixing the formal and the informal

- 52 families
- A usual arrangement in all national samples
- Over half having atypical working hours
- Two lone fathers in this group (Fr20M, It6AM)
- Gaps of formal services covered by informal resources
- Grandparental care important in all countries but the traditional extensive provision is under remarkable pressure for change in Italy and Portugal
- The other parent of the child/ren formed a basic part of the arrangement in many (17) families
- Complex arrangements that may be very difficult to manage



Type 4: filling care gaps with a nanny nanny

“When Jeanne was small, I had shifts, and I did not want to take my daughter to a childminder for the night. I had taken a student here, to whom I gave lodging and food, and she did also her laundering here. And thus, in exchange, she cared my daughter for me. Therefore, in the morning she took my daughter to the school and in the evening, she fetched her back and cared for her until the next morning. Thus, at that time I left [to work] with more ease.” (Fr2)



Type 4: filling care gaps with a nanny nanny

- ❖ 14 families
- ❖ Half of them from France
- ❖ Almost all working in atypical hours (many doing shift work)
- ❖ Two lone fathers included (Fr5AM, It23AM)
- ❖ Gaps to be covered: early mornings, afternoons, evenings, work trips



Type 5: care poverty

- ❖ I: I'm trying to find out about your care circle. Who belongs to it?
- ❖ R: There are me and the day-care centre. Sometimes I have got feedback from the day-care centre that Aleksi [a three-year-old son] spends too much time there. I understand their worry and I try not to take him there every time I am at work.
- ❖ I: How do you evaluate your care arrangements?
- ❖ R: The day-care centre is excellent. They give me a lot of support when I am worried if Aleksi suffers from all of this. I do not have any other care arrangements I could evaluate. Actually, I can not afford any services that cost money. I do not have any support network either.
(Fin24A)



Type 5: care poverty

- ❖ “Last spring I got very tired and I tried to find some help or advice on how to get a support family for my son. I wanted to find out if there were any possibilities for me to have some kind of a support network. I reserved a time from a social worker, but social services couldn't offer me any help. I was extremely disappointed and distressed. I was even planning a suicide. I can't cope if I do not have any own time or days off.” (Fin24A)



Type 5: care poverty

- ❖ “You keep going by force of desperation because you're alone, you're alone and you remain alone, even though you look into what the territory might have to offer, the network services, what network? There's no network, there's only a family network, let's tell it like it is. You grope around, I mean, you try, but you can't work miracles. There are lots of offices, lots of social workers, lots of fine chitchat, but then you go and ask and what happens? They pay some benefits and that's it. There's just nothing more concrete than that, help that's more dignified, no. It's a via crucis.” (It10)



Type 5: care poverty

“For the children’s sake, I have had to humiliate myself and accept his conditions, because he is better-off than I am. But it is humiliating to have to keep going there [to the house of the ex-husband], seeing this person every day, it just hurts [...] the father takes advantage a bit and sometimes decides how I shall live my life, I’ve already told him it can’t be like this.” (Por16A)



Type 5: care poverty

- ❖ Lone mothers who did not receive adequate support from either formal or informal sources
- ❖ 12 families
- ❖ At least one from each country, 5 in the Portuguese sample
- ❖ No lone fathers in this group
- ❖ Most (but not all) having atypical hours

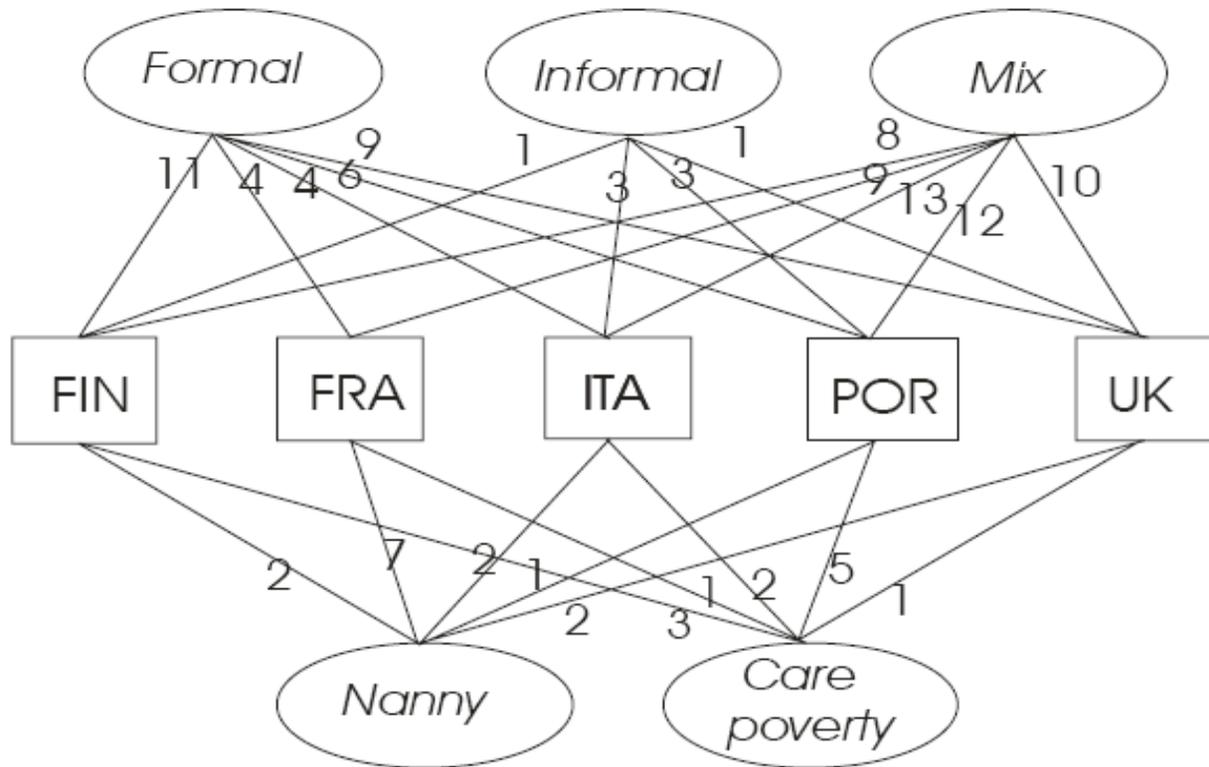


Type 5: care poverty

- ❌ Grandparental care not available
- ❌ Regular care from the other parent not available (on satisfactory terms)
- ❌ Formal services unresponsive
- ❌ Excessive demands from employers
- ❌ Night shifts pose a particular problem
- ❌ Children are left without adult care
- ❌ Several lone mothers having severe mental difficulties



Childcare arrangements according to typology



Childcare arrangements according to country

🇫🇮 Finland

- ✦ Formal arrangements
- ✦ Mixed arrangements
- ✦ Occasional: care poverty, nanny, informal

🇫🇷 France

- ✦ Mixed arrangements
- ✦ Nanny
- ✦ Occasional: formal, care poverty

🇬🇧 UK

- ✦ Mixed arrangements
- ✦ Formal arrangements
- ✦ Occasional: nanny, informal, care poverty



Childcare arrangements according to country

🇮🇹 Italy

- ✗ Mixed arrangements (!)
- ✗ Occasional: formal, informal, nanny, care poverty

🇵🇹 Portugal

- ✗ Mixed arrangements (!)
- ✗ Formal arrangements
- ✗ Care poverty
- ✗ Occasional: informal, nanny



Care regimes and childcare arrangements of lone parents

	<i>Primary arrangement</i>	<i>Secondary arrangement</i>	<i>Occasional arrangements</i>
<i>Parent/worker model FRA (UK)</i>	Mixed	Nanny (Formal)	Formal (Nanny) Informal Care poverty
<i>Caregiving model (UK)</i>	(Mixed)	(Formal)	(Nanny) (Informal) Care poverty
<i>Paid worker and carer model FIN</i>	Formal	Mixed	Nanny Informal Care poverty
<i>Lacking policy model ITA POR</i>	Mixed	Formal (Care poverty)	Nanny Informal (Care poverty)



Care poverty

- ✿ An unbalance of care needs and resources: necessary care not available formally, nor informally
 - ✿ Economic poverty increases the risk of care poverty but not all lone parents without adequate childcare resources have low incomes
 - ✿ Care needs are influenced by
 - ✗ The age of the child/ren
 - ✗ Special needs of the child/ren
 - ✗ But first of all: the working hours of the lone parent
 - ✿ Care resources are made of
 - ✗ Informal family and social networks
 - ✗ Formal care systems
- If informal care is unavailable, formal resources need to back up if care poverty is to be avoided.



Care poverty and care regimes

- ❖ Even in countries with universal childcare provisions like Finland and France, there is a risk of care poverty: formal care systems do not recognise individual needs of lone parent families; in particular, atypical working hours and school holidays are not properly covered.
- ❖ In countries like Portugal and Italy (and the UK) that do not provide universal services but more or less count on the existence of traditional grandparental care, the near future may bring a widespread care poverty among lone parents as the traditional model seems to be on the verge of a breakdown or, at least, major change.

