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The equal sharing of care responsibilities between women and men

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1. Equal sharing of responsibilities between women and men in unpaid care work, including care for older persons and children

West-European societies still rely heavily on informal care despite changes in demography and in labour market and social policy context. We have witnessed the increase in alternative family types, such as single-person household and single-parent families, who cannot rely on immediate help from co-residents. Fertility rates have declined drastically and populations have become more geographically mobile. We have seen an increase in the life expectancy of the population, presumably leading to some increase in the number of years, where care is required. Most Western European societies have also seen an increase in the two-income households in the last decades, and this has given impetus for re-negotiation of the formal and informal division of care work[1], in the family, and also between the family, market and state. This generalization of the masculinist model of work and welfare to women has, however, not necessarily led to a greater equality of division of care work between men and women (Lewis, 2002a, 2002b).

How are we to understand the impact of these changes for the equal sharing of care responsibilities between men and women? And which dimensions are important to focus on for understanding the variation in national responses? Feminist research, focussing on gender consequences, have helped develop so-called typologies for understanding the country variation in gendered consequences. They point to the cross-points between differences in country welfare policies, cultures, ideas and individual preferences, and lately also the practises have been taken into account.

Typologies focussing on structural criteria has pointed out that countries differ to the extent that labour market policies and regulations enable women to participate on take up paid labour, eg the possibility of taking up part-time work or the development of public sector employment, traditionally providing job opportunities for women. Analysis of structural factors have also emphasised that countries differ in how care policies assist women (and men) by providing services and benefits, that help them reconcile work and family life (eg Lewis, 2002a, 2002b; Rubery and Fagan, 1999)). Typologies focussing on the cultural criteria would rather use individual preferences (eg Hakim, 2001) or societal values and norms (eg Phau-Effinger, 1998) concerning division of care responsibility within the family, and between the family and other welfare sources. However, as Haas (2005) has pointed out the actual practises of men and women also need to be taking into consideration. She finds that the gender balance of sharing care responsibilities between men and women within Europe can be summarised into five main theoretical types, when taking into account policies, culture and practise:

1. the *traditional breadwinner model*

Nevertheless, it also often leads to the restructuring of family life, depending upon whether these women migrate on their own or with children, partner and parents. A study of 407 young immigrants from Central America, China, the Dominican Republic, Haiti and Mexico thus showed that 85% were separated from one or both parents during migration process and 28% were separated from their siblings (Suarez-Orozco and Todorova 2003). Jones et al (2004) made a similar study of 146 adolescents aged 13-16 years in Trinidad, which showed that in 75% of cases it was the mother who was living abroad and in a small number of cases both father and mother were abroad. They also found that the effect on the child could be substantial and in many cases traumatising: Where children had been left in the care of a father, they most often experienced several times being moved to other relatives as the father was unable to care for them.

Whether or not the global care chain is to be viewed as an economic benefit for families who would otherwise be living in poverty or as mechanism which seperates families and leaves children uncared for, the new care relationships represented by the influx of migrant labour also create new clashes in the receiving countries, between class, race and ethnicity, and most certainly challenge our conception of what it is to be a good mother (Maher, 2003).

3. Policy interventions designed to give effect to equal sharing of responsibilities between women and men

former periods of widespread practise of providing nurseries for infants and toddlers. Today, most countries offer parental leave until the child is 2-3 years old with a flat-rate benefit, where leave is available for both parents and even extended to grandparents in e.g. Bulgaria (Innocenti, 1999).

Paternity leave for the father is generally available in the Nordic countries where the period ranges from 7-14 days, but also France has provision for fathers (11 days), the Netherlands (2 days), Greece (1 day) and Belgium (4 days). In both Portugal and Spain parts of the maternity leave can be transferred to the father.

3.2. Child care

The duration and compensation of leave schemes obviously affects the demand for childcare places. Among the Nordic countries the development of the leave schemes has been especially marked in the demand for childcare places for the children younger than 1 year, e.g. in Sweden the effect of parental leave means that less than 1% of children under 1 year of age are in daycare institutions. However, when children turn 1 year most are in public daycare institutions, making up 21% in Denmark and 35% in Sweden of the 0-2 year olds. In most other countries, the provision of public daycare for the very young children is limited. Here, the emphasis is instead on the provision of nursery schooling for the age group 3-school age, in most cases provided part-time. Family day carers who are individual carers operating from their own home and playgroups, an institution-based part-time group providing a more formal setting for playing and learning, are other alternative care provisions. E.g. in the Netherlands playgroups cover 50% of the 2-4 years.

Under the communist command economy kindergartens were in general available for the 3-6 years olds in the Central and Eastern European countries. However, at the same time as the work-place child care provided by enterprises fell apart, the post-communist philosophy has been bent to “de-institutionalize” children and support stay-at-home parenting. As a result, nurseries for the 0-2 year olds in the Czech Republic and Slovakia have practically ceased to exist (Innocenti, 1999). For the older children, aged 3-school age, places have significantly decreased since the late 1980s. But provision in terms of participation rate has remained stable due to mainly the overall decrease in the number of children born (Ibid). Provision is therefore still comparatively extensive, covering e.g. 86% of children in Hungary. There is no legal entitlement to provision here but the law encourages the establishment of nurseries and kindergartens. Family day caring, where children are cared for in a home setting by a day caer employed by the local authorities, has not become widespread yet; in 2000 there were only about 38 family day carers, who were operating as small enterprises (Vardja & Korintus, 2002). Denmark, Finland and Sweden offer an entitlement to day care services for pre-school children. In most cases from when the child is 1 year, whereas Finland offers it as from birth; here it is also a legal entitlement. Most other countries provide a legal entitlement to a nursery education place. In Spain legal entitlements exist from when the child is over 3 years. Other countries with legal entitlements to nursery schooling are Belgium (2½+), France (2+), Germany (3+), Italy (3+) the Netherlands (4+), Portugal (4+) and the UK (3+).

3.3. Care for the elderly

Denmark is in the lead what concerns the provision of home help to older people with 22% of the 65+ receiving services, closely followed by Sweden (18%). In Spain and Greece only 1-2 % of older people (65+) receive home help. Due to the de-institutionalisation policy, the share of older people in institutions is generally around 3-4% except for the Netherlands where a tradition for offering residential care has lead to a high capacity of places. Hungary has experienced a decrease in both the home help

and institutional care facilities since the change of regime. 2% of the elderly are recipients of home help and another 2% the residents of residential homes (Vajda & Korintus, 2002).

Several countries have introduced a 'cash for care' system. The introduction of the cash for care option has often been the result of heavy lobbying from the organisations for disabled, working for the introduction of 'self-managed care' (Moss, 2002). One solution is to provide a care allowances for older people to purchase care or to remunerate an informal carer for the loss of earnings. Other possibilities are care leaves for informal carers and the employment of informal carers.

3.4. Affordability

In the Nordic countries the main source of funding is public, stemming from national and local taxes. Care for older people and children is heavily subsidized, e.g. home care in Denmark is free of charge. Overall in EU, parents contribute to the funding of daycare institutions, with the highest fees in private institutions. In general, nursery schooling for the 3-school age children is free of charge, also in the countries outside the Nordic countries. Compulsory insurance schemes finance care for older people in e.g. Germany and the Netherlands (Rostgaard & Fridberg, 1998) while the UK and Spain rely on a mix of private payments and means-tested welfare or social assistance funding for low-income users. Like in the Nordic countries, services for children and older people are heavily subsidized in Hungary (Moss, 2002). Looking at the overall public per capita spending (not including tax transfers) on care benefits as a proportion of GDP among a number of Member States shows that Sweden, Denmark and the Netherlands are all high spenders, while Finland and England situates themselves in the middle, and France and Germany are low spenders (Rostgaard & Fridberg, 1998).

3.5. Standards of care

Standards of care benefits often depend on the setting but also on national criteria. E.g. standards within nursery schooling for children are at some points lower than in the welfare system: staff:child ratios are lower; groups sizes are higher and services are often only provided during term time and may not be available all week or during lunch breaks (Rostgaard & Fridberg, 1998). However, most countries have minimum requirements for setting up services and regularly check through inspections. In addition, childcare is the field where qualifications systems and professional training are most developed (Cancedda, 2002)). Within services for older people, staff ratios differ according to need for specialized attention and care and are thus higher in institutional than in domiciliary care. In a 7 country study, Denmark and Sweden came out with the highest staff ratios in domiciliary and institutional care while England and Finland had a somewhat i (we)T9(t)5haT96n).

aged 3 and above. Entitlement to these services is based on citizenship and is available for all children.

	from qualifying. Nursery education universal provision	may be barred from benefits.	
Employment commitment	Considerable spells out of the labour market for women, full-time male breadwinner	High female and male full-time labour force participation	Flexible work conditions for man/woman
Degree of choice between work and caring	Low	Moderate	High

4. Recommendations

- The gendered division of informal care is situated within the cross-points of policies, culture and practises. Interventions should consider all three dimensions
- Gendered assumptions about men and women's involvement in informal caring differ according to whether we look at child care or elder care, and this is also reflected in practises
- Men and women may provide different informal care tasks
- Informal care obligations are negotiable, dynamic and unpredictable but also still gendered
- The global care chain has created new inequalities and new dependants
- Migrant care workers often suffer from poor living and working conditions
- Policy logics influence the choice between paid labour and unpaid caring for both men and women
- It is important to consider supply of services, length and compensation of leave schemes, quality standards as well as affordability

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