Claiming and Framing in the Making of Care Policies

The Recognition and Redistribution of Care

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Contents

Acronyms

AIDS	acquired immunodeficiency syndrome
EU	European Union
GDP	gross domestic product
HIV	human immunodeficiency virus
ILO	International Labour Organization
NGO	non-governmental organization
NHS	National Health Service
OECD	Organisation for Economic Co-operation and Development
PAJE	Prestation d'Accueil du Jeune Enfant (*Allowance for a young child*)
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme

Summary/Résumé/Resumen

Summary

The question of how to devise policies to meet the care needs of society has become more urgent than ever. In many parts of the developed world, women's increasing involvement in paid employment has undermined the traditional male breadwinner model which assumed the availability of a dependent wife at home to care for children, disabled family members and older, frail relatives.

This paper seeks to understand how care policies are shaped. It looks at the dynamic between how constituencies make care claims and the ways in which care policies are constructed and delivered in different national, regional and historical contexts. The focus is mainly on childcare policies for working parents in Europe, but the purview here also includes policies for disabled people and unpaid carers. Its aim is to provide an understanding, within particular contexts, of the relationship between (i) the articulation of claims based on the needs of those who provide and/or receive care; (ii) the political frames and logics of policies which attend to care needs; and (iii) the outcomes of such policies for different groups of care receivers and providers.

The paper is divided into two main sections. The first focuses on the ways different political actors frame care policies in Europe. It starts with a brief review of the theories and concepts that inform the paper. It goes on to apply these to an analysis of how care needs are interpreted in the claims of those representing the providers and receivers of care. Five areas of claims are identified: work/care reconciliation; disabled people's support; unpaid care; trade union demands for flexibility; and migrant care work. It proposes that, together, claims in these areas expand demands for recognition, rights and the redistribution of responsibilities in relation to care, and that they look to an overarching frame of social justice. The analysis of policy making in Europe shows that some of the discourses attached to notions of social justice find reflection in care policy but that the dominant frame is that of care policy as a form of social investment in human capital. The paper examines political opportunities and constraints in the emergence of social rights for parents and children in Europe.

The second part examines policies in different national contexts by asking which issues drive policies and what this means for outcomes in terms of social inequalities. The issues examined are demographic change, social investment, employment creation and the global nature of care policy.

In conclusion, the paper finds that care policies in Europe are imbued with tension and contradiction from the perspective of those who provide and receive care support. On the one hand, the last decade has seen important changes: for example, the recognition of the employment potential of those previously marginalized from paid work such as mothers and disabled people; the recognition of men's caring capacities; the rise of state responsibilities for care provision, especially in child care; and the recognition of family carers. On the other hand, these opportunities have been accompanied by constraints, including a sense of obligation by mothers and disabled people to find work often in the more precarious parts of the labour market; the increased commodification of care services; and the construction of parents/carers, older and disabled people exercising choice as *consumers* in the care market, rather than exercising their voice as *citizens* in the public domain of care. Such developments have also had the consequence of creating a poorly paid migrant labour economy of care. In this situation the key challenge is to use those spaces in which care has become politicized and rights have been won to advance the political, social and economic value of care as a crucial component in claims for national and transnational social justice.

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Résumé

Comment concevoir des politiques qui puissent répondre aux besoins de soins des sociétés? La question se pose en termes plus urgents que jamais. Dans bien des pays développés, les femmes sont de plus en plus nombreuses à avoir un emploi rémunéré, ce qui a affaibli le modèle traditionnel de l'homme soutien de famille, qui supposait la présence au foyer d'une épouse à charge s'occupant des enfants ainsi que des parents handicapés ou âgés et fragiles.

L'auteur de ce document cherche à comprendre comment sont conçues les politiques des soins et de l'assistance aux personnes. Elle examine la dynamique entre les revendications des différents publics en la matière et la façon dont les politiques sont élaborées et appliquées dans divers contextes nationaux, régionaux et historiques. Elle s'est intéressée principalement aux politiques de garde des enfants mises en place pour les parents qui travaillent en Europe, bien que les politiques relatives aux handicapés et aux soignants non rémunérés entrent aussi dans son champ d'étude. Son objectif est de faire comprendre, dans des contextes particuliers, la relation entre (i) l'articulation des revendications qui partent des besoins des soignants et/ou des soignés; (ii) les cadres et logiques des politiques soucieuses de répondre aux besoins en matière de soins et d'assistance aux personnes; et (iii) les effets de ces politiques sur les différents groupes de soignés et de soignants.

Le document se divise en deux sections principales. La première porte sur la manière dont différents acteurs politiques conçoivent les politiques de soins et d'assistance aux personnes en Europe. L'auteur commence par un bref exposé des théories et des concepts qui informent le document. Elle poursuit en les appliquant à une analyse des besoins en matière de soins et d'assistance tels qu'ils ressortent de l'interprétation qu'en donnent les représentants des soignants et des soignés dans leurs revendications. Elle recense cinq domaines de revendication: nécessité de concilier travail et soins; aide aux personnes handicapées; soins non rémunérés; revendications syndicales de flexibilité; et place des migrants dans le secteur des soins. Elle suggère que, collectivement, les revendications dans ces domaines tendent à obtenir une reconnaissance, des droits et une redistribution des responsabilités en matière de soins et d'assistance aux personnes, et se réfèrent à un modèle général de justice sociale. L'analyse des politiques élaborées en Europe montre que certains des discours qui s'inspirent des notions de justice sociale se traduisent concrètement dans les politiques de soins et d'assistance aux personnes mais que le cadre dominant consiste à concevoir la politique de soins et d'assistance aux personnes comme une forme d'investissement social dans le capital humain. L'auteur examine ce qui, en politique, favorise l'émergence de droits sociaux pour les parents et les enfants en Europe et ce qui y fait obstacle.

La deuxième partie est consacrée à l'examen des politiques dans leurs différents contextes nationaux. L'auteur examine les questions qui peuvent être à l'origine de ces politiques—l'évolution démographique, l'investissement social, la création d'emplois et la nature de la politique des soins dans le monde—et se demande quels en sont les résultats en termes d'inégalités sociales.

En conclusion, l'auteur estime que les politiques des soins en Europe sont pleines de tensions et contradictions du point de vue des soignants comme des soignés. D'une part, d'importantes évolutions se sont produites en dix ans: on reconnaît aujourd'hui l'employabilité de personnes qui étaient tenues naguère à l'écart de l'emploi rémunéré telles que les mères de famille et les personnes handicapées, de même que les aptitudes des hommes en matière de soins; les Etats assument davantage de responsabilités dans la prestation de services, en particulier dans le secteur des garderies pour enfants et l'on reconnaît le rôle des soignants familiaux. De l'autre, ces chances ne vont pas sans contraintes: ainsi, les mères et les personnes handicapées se sentent obligées de trouver du travail, souvent dans les secteurs les plus précaires du marché;

on assiste à une marchandisation accrue des services de soins et les parents, soignants, personnes âgées et handicapées sont plus perçus comme des *consommateurs* faisant des choix sur le marché des soins que comme des *citoyens* dans le domaine public des soins. Ces évolutions ont eu aussi pour effet de créer une économie des soins portée par des travailleurs migrants mal payés. Dans ces circonstances, le grand défi est d'utiliser les espaces dans lesquels les soins sont politisés et où des droits ont été acquis pour faire valoir l'aspect politique, social et économique des soins comme revendication cruciale de justice sociale aux plans national et transnational.

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Resumen

La formulación de políticas para satisfacer las necesidades de cuidado de la sociedad nunca había sido más urgente que ahora. En muchas partes del mundo desarrollado, la creciente participación de la mujer en el empleo remunerado ha socavado el modelo tradicional del padre como sostén de la familia, el cual descansaba sobre la disponibilidad de una esposa dependiente que permanecía en el hogar para cuidar de los hijos y los parientes discapacitados, mayores o frágiles.

Con este documento se busca comprender la forma en que se configuran las políticas del cuidado. Se examina la dinámica existente entre la forma en que el público formula demandas de cuidado y las distintas maneras en que las políticas de cuidado se crean y aplican en diferentes contextos nacionales, regionales e históricos. El énfasis de este estudio recae principalmente en las políticas de cuidado infantil para las madres y los padres trabajadores de Europa, pero también se abordan las políticas dirigidas a las personas discapacitadas y a los proveedores de cuidado no remunerados. El objetivo de este trabajo es entender la relación, en determinados contextos, entre (i) la articulación de las demandas con base en las necesidades de aquellos que brindan o reciben cuidado; (ii) los marcos políticos y la lógica de las políticas relativas a las necesidades de cuidado; y (iii) los resultados de dichas políticas para distintos grupos de beneficiarios y proveedores de cuidados.

El documento se divide en dos secciones principales. La primera se ocupa de las diferentes formas en que los actores políticos enmarcan o delimitan las políticas de cuidado en Europa. La sección comienza con un breve repaso de las teorías y los conceptos que sustentan el documento, para luego proceder con la aplicación de dichas teorías y conceptos en un análisis sobre la forma en que se interpretan las necesidades de cuidado en las demandas de aquellos que representan a los proveedores y beneficiarios del cuidado. Se definen cinco áreas de demandas: conciliación entre el trabajo y el cuidado; apoyo a las personas discapacitadas; cuidado no remunerado; exigencias de flexibilidad por parte de los sindicatos; y cuidado suministrado por migrantes. Según la autora, las demandas de cuidado en estas áreas, tomadas en su conjunto, amplían las exigencias de reconocimiento, derechos y redistribución de responsabilidades en materia de cuidado y apuntan hacia un marco general de justicia social. El análisis de la formulación de políticas en Europa revela que algunos de los discursos relacionados con las nociones de justicia social se ven reflejados en la política del cuidado, pero también muestra que el marco predominante es el de la política del cuidado como forma de inversión social en capital humano. En este documento se examinan las oportunidades y limitaciones políticas relativas al surgimiento de derechos sociales para los padres e hijos en Europa.

En la segunda parte del documento se examinan las políticas en diferentes contextos nacionales a partir de las siguientes interrogantes: ¿qué factores llevan a la formulación de las políticas? y ¿qué significa esto para los resultados que pueden obtenerse en relación con las

desigualdades sociales? Los factores analizados son el cambio demográfico, la inversión social, la generación de empleo y la naturaleza mundial de la política del cuidado.

A manera de conclusión, se señala en el documento que las políticas del cuidado en Europa están impregnadas de tensiones y contradicciones dimanantes de las perspectivas tanto de los proveedores como de los beneficiarios del cuidado. Por una parte, se han registrado importantes cambios en los diez últimos años. Por ejemplo, el reconocimiento del potencial de empleo de aquellos que hasta ahora han permanecido marginados del trabajo remunerado, como las madres y las personas discapacitadas; el reconocimiento de la capacidad de los hombres para suministrar cuidado; el aumento de las responsabilidades del Estado como proveedor de cuidados, en especial el cuidado infantil; y el reconocimiento de los parientes proveedores de cuidado. Por la otra, estas oportunidades han venido de la mano con limitaciones, entre ellas el sentido de obligación de las madres y las personas discapacitadas de conseguir trabajo a menudo en las partes más precarias del mercado laboral; una mayor comodificación de los servicios de cuidado; y la producción de padres y proveedores de cuidado, personas mayores y discapacitadas que ejercen su opción como *consumidores* en el mercado del cuidado, en lugar de hacer oír su voz como *ciudadanos* en el ámbito público del cuidado. Estos acontecimientos también han tenido como consecuencia la creación de una fuerza laboral migrante pobremente remunerada. En esta situación, el desafío clave radica en utilizar aquellos espacios en los cuales el cuidado se ha politizado y se han adquirido derechos para fomentar el valor político, social y económico del cuidado como componente fundamental de las demandas de justicia social nacional y transnacional.

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1. Introduction

The question of how to devise policies to meet the care needs of society has become more urgent than ever. In many parts of the developed world, women's increasing involvement in paid employment has undermined the traditional male breadwinner model which assumed the availability of a dependent wife at home to care for children, disabled family members and older, frail relatives. In 2006 an average of 56.8 per cent of all women were in paid employment across 30 countries of the Organisation for Economic Co-operation and Development (OECD 2007:table 1.1).[1]

This paper seeks to understand how care policies are shaped. It looks at the dynamic between how constituencies make care claims and the ways in which care policies are constructed and delivered in different national, regional and historical contexts. The focus is mainly on childcare policies for working parents in Europe, but the purview also includes policies for disabled people and unpaid carers. Its aim is to provide an understanding, within particular contexts, of the relationship between (i) the articulation of claims based on the needs of those who provide and/or receive care; (ii) the political frames and logics of policies which attend to care needs; and (iii) the outcomes of such policies for different groups of care receivers and providers. Behind this aim is a series of questions:

- What are the different constituencies involved in making claims around care? How have these changed over time? What are the political, social, institutional and economic contexts in which these claims emerge? How far and in what ways do these claims reframe and reinterpret the existing social relations of care and of citizenship? How do claims conflict and compete with each other?

- How are care policies framed by states and key actors at national and supranational levels? How are these shaped by institutional histories and policy logics? What are the dominant and subordinate discourses within the policy frames?

- How do groups use the political opportunities that exist for claims to be made? What sorts of political and discursive resources are significant in being able to secure the recognition of a claim?

- How do these two processes of claims making and policy framing shape the implementation and outcomes of policies? Does it matter in the short term or the long term whether the desired provision (for example, more preschool childcare) emerges through state concerns through issues such as fertility decline or constituency claims about gender equality?

- What themes emerge that can provide a better understanding of these political processes?

There are two main sections to the paper. The first focuses on the ways different political actors frame care policies in Europe. It starts with a brief review of the theories and concepts that inform the paper. It goes on to apply these to an analysis of how care needs are interpreted in the claims of those representing the providers and receivers of care. It proposes that these claims constitute demands for recognition, rights and the redistribution of responsibilities in relation to care, and that they look to an overarching frame of social justice. The analysis of policy making in Europe shows that some of the discourses attached to notions of social justice find reflection in care policy but that the dominant frame is that of care policy as a form of social investment in human capital. The paper examines political opportunities and constraints in the emergence of social rights for parents and children in Europe.

The second part examines policies in national context in relation to which issues drive policies and what this means for outcomes in terms of social inequalities: demographic change, social

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[1] These figures rise to 66.3 per cent for women aged 15–64, with children aged 6–16, in 26 OECD countries (OECD 2007:table 3.2). In developing countries, too, female participation in formal work and women's breadwinning role are increasing. This paper, however, focuses mainly on the developed world.

investment, employment creation and the global nature of care policy. The conclusion returns to the main questions above and to the issues that are important in the longer term for care to be granted a social, economic and political value.

2. Reinterpretations of Care Needs in Claims and Frames

Conceptualizing care needs

In examining the political demands and discourses that shape care policies in Europe, the paper is informed by a conceptualization that understands care in three main ways (Williams 2001). First, it is the object of claims making and policy intervention around providing time, finances and services to support caregivers and those in need of care and support. Second, care embodies a set of relations between caregivers and care receivers which crosses the formal and informal, the paid and unpaid, and the professional and unqualified. Third, care is also a moral orientation, that is to say, it refers to values such as love, commitment, empathy and interdependence.

Care policies vary over time and place, producing different outcomes. By and large they involve the following four sorts of measures:

- *financial or in-kind social security benefits and tax benefits* – such as cash payments to mothers, parents, carers or to persons with need for care support; credits for benefits (to protect pensions); and tax credits or allowances;

- *employment-related provisions* – for example, paid and unpaid care, maternity or paternity leave; career breaks, severance pay, flexible working, and reduced or annualized hours;

- *services* – such as home help, laundry and food services; childcare in community or at work; daycare and residential services; and

- *incentives to employment creation or provision in the market* – for example, vouchers or social security breaks to employ someone to provide care work (amended from Daly 2002:255–256).

In addition, there are what might be called environmental strategies, such as the development of safe and accessible public spaces, shops and transport for old, young or disabled people, or nursing mothers.

Care policies do not exist in isolation but are shaped by the national, cultural, historical and institutional conditions in which they find themselves. For example, by the beginning of the twenty-first century there was greater convergence in states' acknowledged responsibilities to develop policies to reconcile work and care. At the same time, policy goals, policy instruments, care cultures, practices and norms have shaped variations in these policies across countries.[2] In addition, care policies do not only give rise to patterns across nation-states, but also have global implications. The interdependence of different regions of the world is made clear through the migration of care workers, or through big business in international care organizations (Yeates 2009; Williams 2010).

In order to analyse the discourses and frames of claims makers and policy makers, the paper is informed by three areas of scholarship. First is Fraser's "politics of needs recognition" (Fraser 1989). Fraser argues that in late capitalist welfare state societies, debates about needs, especially health and social welfare needs, have become an increasingly significant part of political discourse. Central to the outcome of these debates is who gets to interpret these needs, for this interpretation significantly affects how or whether a political commitment is implemented in

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[2] Plantenga and Remery 2005; Kremer 2006; Lister et al. 2007; Lewis et al. 2008.

order to satisfy, contain or manage those needs. Whether and how needs are met are also areas of struggle. However, before claims are made by groups, needs have to be articulated and also seen as legitimate spheres for political intervention. The very surfacing of needs as matters for political concern has the effect, in and of itself, of denaturalizing them; that is, when needs are named and claimed as worthy of political intervention, this makes them visible and begins to take them out of those areas of social life which are taken for granted or assumed to be "natural". This has particular relevance for caring activities which traditionally have been seen to be part of the natural duties attached to being a wife, mother or daughter.

Second, Fraser also argues that struggles, including struggles over needs, are about both recognition and redistribution—they are about the redistribution of goods and income, and the realization of dignity, cultural respect and personhood (Fraser 1995; Honneth 1995). This again is particularly significant for struggles around care as they involve both the recognition of the care responsibilities that (usually female) carers carry, the dignity of users of services, as well as the need for financial and practical support (Williams 1999).

Third, mobilization from below is dependent on "collective identity formation" (Hobson 2003), that is, a sense of belonging negotiated through the collective meanings that people ascribe to their feelings of exclusion or grievance. Such identities gain solidaristic strength by creating their own boundaries which may serve to exclude or compete with others (Williams 1996). In making claims of the state, groups look for political opportunities which present themselves not only through institutional spaces for political participation but also through prevailing discourses. They may appeal, for example, to women either as mothers or workers or both. How groups frame their demands and the discourses they use is as important a factor in whether they get heard as is whether they have political voice and visibility. But this is also part of a dynamic, because how these claims are then reinterpreted by state institutions, and the frames used will shape whether or not the claims are implemented and their outcomes. In summary, four dimensions of analysis inform the paper:

- how needs are articulated and by whom;
- whether and how claims are made a legitimate arena for political concern;
- how they are re-interpreted and by whom; and
- whether and how the needs are met, and with what outcome?

The historical context: Interpretations over time

Feminist campaigning around care needs in the twentieth century was characterized by two notions of equality: one which seeks equality with men in the public spheres of employment and politics, and the other which seeks reward or recognition for women's "difference", in particular, for their caring responsibilities in the home. In practice there is no strict dichotomy between these two notions; they are often interrelated, with the emphasis shifting over time and place. For example, the first set of claims for family allowances from women's organizations in Britain after the First World War was for the recognition of women's unpaid labour in order to decrease their dependency on men and thereby increase their chances of equal pay in the labour market (Lewis 1991). This was therefore mainly about advancing women's citizenship as workers. However, claims for support for women as mothers found greater state support. By the 1930s the campaign for family allowances was calling for financial improvements to women's domestic role in the home, constructing citizenship for women as wives and mothers. This was within a context in which the model of welfare provision was based on a strong commitment to the male breadwinner model which interpreted women's needs as carers being met as dependants upon the male wage.

By contrast in Sweden through the 1930s women's successful claims to, among other things, maternity leave, income support for single mothers, a selective mother's benefit and universal maternal health care, modified the male breadwinner system. Three factors contributed to this:

women's organizations worked to unite the interests of women of different classes and ideologies through a tripartite vision of women's citizenship as workers, mothers and political participants. Second, they organized strategically both inside and outside the state. Third, they framed their demands according to the political and cultural discourses available to them. One of these was the Swedish Folkhem (People's Home) which was central to a social democratic welfare programme and provided a basis to argue for support for women's own home-making as part of their citizenship rights and duties. Another opportunity was found in the concern about population decline (Hobson and Lindholm 1997).[3]

The post-war welfare states in other European countries maintained a stronger male breadwinner model, but with the rise of the second wave of the women's movement in the 1970s, it increasingly came under attack. Feminist writers and activists exposed the hidden, taken for granted, unpaid caring and domestic work women did in the home, especially with the movement toward "community care", which was seen as formalizing women's unpaid care in the home. Women's organizations called on the state to fund good quality residential and daycare services for the care of older people and young children in order to free women to enter the labour market, and to eliminate the "care penalty" reflected in women's lower wages.

Another aspect of care policy that began to be challenged in the post-war period was institutionalization—the practice of segregating people with physical, mental or physical disabilities and frailties. A number of conflicting forces were behind this. Policy makers saw a shift to care in the community as a more cost-efficient strategy and one that could usher in a "mixed economy" of care providers from the state, private, voluntary and family sectors. Drug therapies had begun to replace incarceration as a form of treatment for those with mental and learning disabilities. In addition, radical professional groups and, later, user groups, particularly disability movements, mounted a challenging critique of the interpretations of needs inherent in the dominant professional model of care. They argued that the move toward care in the community still employed a discourse of care which understood disabled people as an administrative category requiring care, as limited by their impairment, and as intrinsically dependent on able-bodied carers. In contrast, disability movements understood their impairments to be the consequence of a disabling society, of poverty and a discriminating environment and interpreted their needs for support as participation, integration, access, civil rights and equality.

Thus there emerged from some of the main social movements different sorts of care claims around gender equality, against the social exclusion of disabled and old people, for the recognition of carers, as well as for children's rights to good quality care. In addition, black people's and gay and lesbian movements exposed the underlying racist and homophobic assumptions in care policies: the high proportions of black children taken into care, or the dependence of the state on the low pay of care workers—many of whom came from minority ethnic groups—or the failure to respect the caring commitments and responsibilities of gay/lesbian partners (Williams 1999).

The rising influence of neoliberalism on social and development policies from the 1980s displaced these voices arguing for social justice in care policies. Policies of cost-effectiveness, fiscal restraint and development of the private sector in care provision meant that equality discourses became subsumed under processes of quality control and consumer choice. But they did not disappear. In some places, such as the European Union (Lombardo and Meier 2008) and World Bank (Mayo 2005), gender mainstreaming became the focus of activity. At the same time, at this international level, a number of gains were made: in 1993 the Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted by the United Nations General Assembly. These emphasized integration and civil and political rights for disabled

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[3] However, it should be mentioned that the aim was not to increase the fertility of all social groups: not all women fitted the ideal of "the Nation"—the Swedish government operated a eugenics policy from the 1934 until 1976 in which over 56,000 women with physical, intellectual and mental disabilities were sterilized (Sjövall 1975).

people. The organization of world women's conferences, such as the 1995 Fourth World Conference on Women in Beijing, gave confidence to women's mobilizations (Mayo 2005).

By the twenty-first century, the social and economic context contributed to change in political approaches to welfare. Women's increased involvement in paid work weakened many European countries' attachment to the male breadwinner model, and has led to variations around an "adult worker" or "dual earner" model in which it is expected that both men and women—whether able-bodied or disabled, young or old—will be in paid work. This has also placed the issue of care more centrally on the political agenda, providing claims makers for social justice care with some new political opportunities. Second, there has been a tempering of neoliberal and structural adjustment policies of the 1980s and 1990s with a new convergence around a social investment approach whose manifestation has found different inflections in different countries (Jenson 2008). This emphasizes the potential of human capital, labour market activation for all adults as part of a strategy to enhance self-sufficiency, economic competition and social inclusion.

In addition, recent policies embody many of the new measures and discourses associated with the modernization of welfare provision. So, for example, new forms of financial support such as cash payments and tax credits/allowances that go direct to carers, parents or care receivers represent a move away from the state provision of services toward giving carers or care receivers money to subsidize the purchase of their care or home-based assistance from the private and voluntary sectors. Such payments are also seen to encourage private market provision, to promote consumer choice, as well as to involve users of services as partners in the provision and delivery of these services.

What has emerged in Europe can be understood as two overlapping but competing ways of interpreting care needs: the first is a frame of social justice to come mainly from claims of social movements and mobilizations around care; the second frame emerges predominantly through governance and is based upon ideas of social investment. The paper now looks more closely at the clusters of discourses associated with these frames and at the political opportunities they employ and afford.

Care claims for social justice

Contemporary claims makers in care comprise many groups: women's organizations mobilizing for the recognition of unpaid care work, and for collective commitment to the care of younger children and older people as part of gender equality at home and at work; trade unions bargaining around time, paid leave and flexibility for both male and female workers; movements of disabled people demanding empowerment and independent living; advocates for children, service-user organizations and care professionals lobbying for improvements in the quality of care services; and public sector trade unions seeking better conditions for paid care work. Added to these are smaller self-help and voluntary groups who provide support, recognition and voice to users of services, children, migrant, ethnic and sexual minority groups who find themselves marginalized from access to services. The common mobilizing discourses that feed the articulation of care needs tend to focus on equality, empowerment of service users, universal access to financial support and collective services, time to care, independence and autonomy, social rights, quality and choice in care and care recognition (Williams 1999; Barnes 2006).

The analysis that follows proposes that many of these discourses cluster around the identification of particular risks, demands for recognition, claims for social rights, and forms of redistribution of care responsibilities, power and time. The paper draws on examples from five areas: gender equality claims for work/care reconciliation policies; support for disabled people; recognition of unpaid carers; trade union support for flexible working; and campaigns for transnational care workers.

Work/care reconciliation: Toward a dual-earner/dual-carer model?
By the beginning of the twenty-first century a number of different models had emerged in Europe as variations around a theme of both women and men being involved in paid work.

Crompton (1999) identified different models[4] among heterosexual partnered parents: the dual-earner/part-time carer model where the father works full-time and the mother part-time; the dual-earner/state-carer where both parents work full-time and depend upon state-funded childcare; and the dual-earner/marketized-carer where parents work full-time and pay for childcare through the private market.

These new configurations have given rise to concerns by feminist scholars and activists about the social risks associated with these new patterns as well as to new visions of the optimal scenarios that could enable men and women to combine caring and earning.[5] Thus Gornick and Meyers (2006) identify the following social risks: care responsibilities placing mothers at risk of lower paid, more interrupted and part-time employment; gender inequalities in work reflected in the unequal gendered share of household and care work in the home; and the decline in value of the male wage leading to a dual wage system that leaves increasing numbers of single or divorced parents, especially mothers, and their children at risk of poverty. In addition, the combination of a culture of long working hours in many countries means that dual-worker parents, especially mothers, face a time crunch and experience stress in trying juggle earning and caring responsibilities (see also Cousins and Tang 2004). Children's well-being is also seen to be at risk because of inadequate childcare or insufficient parental care when parents work full-time or because of poverty where they do not work at all.

Gornick and Meyers' (2003, 2006) policy proposals to minimize these risks in developed societies exemplify new feminist claims around care for working parents (in this case, childcare) framed within a discourse of gender egalitarianism. Theirs is a blueprint which draws from the best practice of work/care reconciliation policies in six countries—Belgium, Denmark, Finland, France, Norway and Sweden. They argue for a model which can encourage gender symmetry in both earning and caring responsibilities through a dual-earner/dual-carer system.[6] This would combine shorter and more flexible working hours with the possibility for mothers and fathers to share in unpaid parental care. Parents of young children would thus have the opportunity to be primary caregivers. It would encourage men to develop their caring potential and aim to render men and women equal as workers and carers, thus valuing care and gender equality at home and at work, and promoting children's well-being.

The role for public policy would be to encourage the dissolution of gender divisions in the home through the use of parental leave; to transform the workplace from its current androcentrism to reduce working hours and become more flexible to allow for better work/care balance; and to protect parents' rights for time to care and children's rights for quality care through provision of high-quality childcare provided by well-trained and well-paid care workers (Gornick and Meyers 2003:40–59). Other approaches in this vein advocate publicly provided and universally accessible care that fits with parents' cultural preferences and local democratic control of care provision (Fraser 1997).

Thus, in terms of recognition, these claims make visible women's caring responsibilities, and, to some extent, the cultural diversity of women's lives. They re-interpret the need for care (for children) as a right of both parents to care and to earn, and the right of children to be cared for,

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[4] These variations in models are usually applied to different countries. Germany, the Netherlands and the United Kingdom are examples of the dual earner/part-time carer model. The Nordic countries and former communist countries represent the dual-earner/state-carer model; the United States exemplifies the dual-earner, marketized-carer model. However, it is also important to note that there can also be subnational models. In the United Kingdom, for example, some middle-class groups belong to the dual-earner, marketized-carer model, while many working class groups are part of a dual earner/part-time carer model, although women from African-Caribbean backgrounds are more likely to work full-time and use private or family care (Duncan et al. 2003).

[5] Fraser 1997; Crompton 1999; Gornick and Meyers 2003, 2006.

[6] See also Nancy Fraser's (1997) arguments for a universal caregiver model in her essay, *After the Family Wage*.

as well as the political rights of parents to have some form of democratic control and choice over provision. These rights are framed in terms of the discourses of gender equality at home and work, time poverty, family economic well-being, and children's well-being. In terms of redistribution, this involves moving responsibilities for childcare away from families and toward the state, and from mothers toward fathers. The demand for the regulation of working hours also invokes a redistribution of time from work to care responsibilities, and the concerns with affordable, accessible care points to the need to attend to redistribution in favour of poorer mothers.

Even though the demand for gender symmetry runs counter to the evidence of progress on this front,[7] the arguments for these proposals draw on two important discursive cultural resources. First, the notion of time poverty and work/care balance are concepts that have resonance with working parents, trade unions, and national and supranational governments. Second, the focus on children's well-being is one that finds support among states, and national and international non-governmental organizations (NGOs) (see below). Other discourses of risk appear important, but are less so—productivity, the investment potential of mothers' employment, fertility and teenage pregnancy.

Disabling care

Probably the most profound critique of the way care needs are provided has come from the disability movement. By rejecting a medicalized or therapeutic model of disability in which power lies with professionals and disability is pathologized and individualized, disability activists argue for a social model of disability (Barnes 1991). They took hold of the administrative category of disabled and turned it into a collective political identity. In this way disability is denaturalized, that is, understood as being constructed not simply through impairment but through social, cultural and environmental barriers: inaccessible education, housing, public buildings and working environments; discriminatory health and social service systems; inadequate benefits; and negative cultural representation. Thus the risks identified are associated with the marginalization and exclusion of disabled people from social, economic and civil rights, and enforced dependency.

For many disability activists, the very concept of care embodies an oppressive history in which the practices and discourses of paid (particularly professional) and unpaid carers have maintained disabled and older people in a position of unwanted dependency; at worst, abused, segregated and stripped them of their dignity, and at best, patronized and protected them from exercising any agency over their lives: "Disabled people have never demanded or asked for care! We have sought independent living which means being able to achieve maximum independence and control over our own lives. The concept of care seems to many disabled people a tool through which others are able to dominate and manage our lives" (Wood 1991:199–200).

Instead, care needs are reinterpreted as strategies for empowering the disabled by giving them choice and control. Finkelstein argues for support to replace the notion of care (Finkelstein 1998). This rejection of the concept of care and of the emphasis instead on autonomy and independence challenged the claims discussed so far that support interdependence and demand the recognition and valuing of care. But it qualifies the extent to which care relationships can be deeply structured in power and paternalism, and the need to empower the so-called cared-for person. Jenny Morris, a feminist disabled activist, is careful to distinguish between independence as self-sufficiency, which she rejects, and independence as having the capacity to have choice and determination over one's life, as is implied in the independent living movement (Morris 1993:22–23).

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[7] Even in the relatively woman-friendly states of Finland, Norway and Sweden, fathers' share of unpaid work in the home as a proportion of parents' share of unpaid work was only 33 per cent, 35 per cent and 36 per cent respectively (Gornick and Meyers 2003, figures calculated across 2000–2005).

In these claims, then, recognition is seen as having voice and visibility both in society generally through challenging the discrimination in the social and cultural environment and taking disability up as a human rights issue,[8] and also in changing relationships with professionals by demanding greater self-determination through user voice and control ("professionals on tap not on top"). One example of this was the demand in the 1980s and 1990s for direct payments for independent living (Priestley 1999). These are cash benefits that go to disabled people to access the personal assistance and support they need. This type of provision implies a form of redistribution of power and control from service providers to service users.

The voices of unpaid carers

On the other side of this care relationship are unpaid carers who have also mobilized around their needs for support. Organizations now exist in a number of European countries, including Austria, the Netherlands and the United Kingdom, and in 2006 Eurocarers was established to provide a collective voice in EU politics. The history of the organization Carers UK illustrates the way in which different groups of carers have challenged the assumed naturalization of their caring role (Barnes 2001, 2006). The organization was started for single female carers as the National Council for the Single Woman and her Dependant in 1963. Married and cohabiting women did not start to make claims until the 1970s as the assumption was that caring was their natural duty. Parents of disabled children were unrepresented until the 1980s. More recently, the organization included young carers who were caring for disabled family members.

Feminist research in the late 1970s identified the risks to carers as the financial and emotional costs of caring. The sharing of experiences previously hidden from public view, using experience to challenge professional knowledge and attitudes, making claims for financial support and respect and dignity, all contributed toward the formation of a collective identity of the carer. This identity has been central in giving carers a voice and a sense of individual self-worth, themselves important elements of recognition. By 2008, Carers UK had been successful in influencing the New Labour government to produce a National Strategy for Carers which set out a 10-year vision of principles to be met through a partnership between central and local government, the National Health Service (NHS), third sector, families and communities:

- carers will be treated with dignity and respect as expert care partners;

- carers will have access to the services they need to support them in their caring role;

- carers will be able to have a life of their own;

- carers will not be forced into financial hardship by their caring role;

- carers will be supported to stay mentally and physically well; and

- children and young people will be protected from inappropriate caring roles (Carers UK 2008).

Their demands represent claims for recognition of their dignity; their expertise as carers; rights to financial, health care and practical support; time to care for themselves as well as others; equal opportunities; the redistribution of responsibilities from family to state, and of power and authority from professionals to carers (Carers UK 2008; see also Yeandle and Buckner 2007).

The final bullet point, which makes visible young carers, carries a history that illustrates the potential for conflicting claims in this area. Developing a clear identity can draw boundaries around membership and exclude as much as it includes. In the carers' case, the case for meeting their needs dichotomizes the position between the carer and the care recipient. This is double-

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[8] The United Nations Convention on the Rights of Persons with Disabilities focuses on respect, autonomy and independence; and on freedom from discrimination, inclusion, participation and equality. Disability has also come to be recognized as a social development issue. According to the United Nations Development Programme (UNDP), 80 per cent of disabled people live in developing countries, account for 15–20 per cent of the world's poorest people, and are often not included in rural poverty alleviation programmes (Action on Disability and Development 2009).

edged in that it may lead to securing improvements for the care recipient but it may do so on the carer's terms, and these were the very terms which the disability movement challenged by replacing "care" with the "right to support" (see above). In a sense it unintentionally denies the agency of the care recipient. Research in the early 2000s revealed the difficulties faced by young carers of disabled parents, and led to their situation being recognized by the UK Department of Health. Children of disabled parents were granted support. However, this resulted in the position of their disabled parents being ignored, such that the parents found themselves having to make claims for support through their children's needs as carers rather than in their own rights as disabled people (Wates 1997; Goodinge 2000). Eventually dialogue between representatives of the different movements involved found common ground. At the same time, the fact that work/care reconciliation claims have been slower to encompass caring for older or disabled family members reflects the fact that these recipients of care find less of a central place than do children in the dominant discourse of social investment.

From family wage to family time

Trade union demands within the area of work/care reconciliation have been concerned, among other things, with ensuring that flexible working can be achieved without sacrificing job security. Thus they have been concerned with the risks attached to insecure work environments; temporary or fixed-term contracts, where the cost to mothers of working part-time may be high; minimizing work-related stress; and responding to the needs of older workers (ETUC 2005). In demanding the recognition of time through collective bargaining, the traditional aims of the trade union movement to defend the family wage have in a sense been replaced by an attempt to save family time.

There now exist examples of innovative work-based measures, such as annualized hours, working time savings accounts, time banking, and shorter working hours across public and private sector workplaces in Europe. At the beginning of the 2000s, the Netherlands introduced the combination scenario for working parents to encourage both men and women to take up part-time work (that is, for each to reduce their hours of work to 75 per cent of a full-time job) and in 2006 instituted a life-course approach. Employees have the statutory right to save up to 12 per cent of their annual wage to defer for a maximum of 2.1 years (Lewis et al. 2008). A further re-interpretation of time and space is the notion of city time which has been applied in France, Italy, Luxembourg and the Netherlands, where employers, trade unions and community organizations have worked together to align different timetables—services, personal time, travel time and family time—across the city (ETUC 2005:26). These experiments also signal the importance of local community involvement in new developments and extend a notion of citizenship beyond earning and caring to political participation.

Transnational care work

The increased responsibility of women to earn has been a global phenomenon resulting in the migration of women from the poorer to the richer regions of the world. In many areas the increased demand for childcare has been met by women migrants creating the so-called global care chain (Parreñas 2001). In Europe, the shift from providing care services to giving individuals cash payments to buy these services has shaped care provision for children, older and disabled people. These might take the form of cash allowances, tax credits or tax incentives to pay childminders, nannies, carers or domestic workers for their services.

This phenomenon has led to the development of campaigns and advocacy, for example, in the work done by the Black and Migrants Women's group for the European Women's Lobby in the 1990s (EWL 1995; Williams 2003), or the organization Kalayaan that works for migrant domestic and care workers in the United Kingdom and transnationally (Oxfam and Kalayaan 2008). As a result of this sort of organization, the International Labour Organization (ILO) adopted a resolution in 2010 calling for an International Convention to extend social protection to the world's domestic workers. The risks identified by these organizations are forms of exploitation, sexual and racial discrimination, and marginalization experienced by these workers resulting

from a combination of migration rules, effects of deregulation of the labour market, and lack of the protection of employment law or welfare benefits.[9] Claims for recognition have included making visible this hidden workforce and giving them rights to a collective voice, to economic, legal, social and civil rights, including, for example, rights to residency, family reunion, contracts and training. Redistribution claims have focused on shifting responsibilities to the state for the regularization of care and domestic work. This phenomenon also raises wider questions about strategies of redistribution of care work capacity to withstand global inequalities in care chains and care drains.[10] For example, in the United Kingdom an ethical recruitment code was developed in 2006 to prevent the NHS and private employers from "poaching" health care workers from countries in sub-Saharan Africa. The code included the provision of training and support to encourage health workers to work in their countries of origin (DFID 2006).

Table 1 summarizes the care claims of recognition, rights and redistribution of these five groups.

Table 1: Care claims of recognition, rights and redistribution

	Gender equality claimants	Trade unions	Disability movements	Unpaid carers	Migrant care workers
Recognition	Visibility of women's caring Voice Valuing care as a social good	Collective bargaining over time	Visibility Voice Independence	Visibility Respect Dignity	Visibility of hidden workforce Respect Dignity
Rights	To mothers and fathers as carers and earners—financial support, flexibility, quality childcare Children's rights to quality care and parental time To democratic control and choice	Flexible working over life course	Human rights Civil rights Right to work Right to support and an enabling environment Control over support	Financial and practical support Right to work and care Rights to social inclusion Rights to improved health services	To collective organization Residency Social protection Family reunion Training Contracted/ regularized work
Redistribution	*Of care responsibilities:* From families to state From mothers to fathers *Of services:* Toward poorer mothers *Of time:* From work to care	*Of care responsibilities:* From families to state and business/ corporations	*Of power:* From providers to users	*Of care responsibilities:* From families to state	*Of care resources:* To poorer from richer countries

Care policies for social investment

By the first decade of the twenty-first century, some of these demands for care recognition and rights were met in many European states, influenced by policies created by the European Commission and reinforced by policy discourses from international organizations such as the OECD. The European Union has been particularly influential in shaping policies for work/care reconciliation policies in its member states.[11] The 1996 Directive on Parental Leave provided for

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[9] In Spain, for example, it is cheaper to hire a live-in newly arrived migrant woman waiting for her settlement papers because employers can avoid paying social security, and her insecurity ties the worker more closely to her employer (Lister et al. 2007).

[10] The workforce of the European health, education and social care services depend on formal and skilled workers as well as informal and "unskilled" (Kofman et al. 2005).

[11] Stratigaki 2004; Lewis 2006; Lombardo and Meier 2008; Jenson 2008.

a minimum of three months' parental leave for men and women. The 1997 Directive on Equal Treatment for Part-Timers and the 1993 Directive on Working Time restricted employees' working time to an average of 48 hours a week and guaranteed a minimum of four weeks' annual leave. The 2002 Barcelona Council set targets for childcare services to reach 90 per cent of children over the age of three and 33 per cent under the age of three across all member states by 2010, and the 2000 Lisbon Council set a target of 60 per cent labour market participation of women by 2010.

However, these policies were framed by a concern to encourage women's labour market activation and the contribution of their skills to productivity rather than the goal of gender equality. Proposals from the early 1990s to encourage the sharing of household work between women and men had slipped from the agenda, and subsequent policies became much more focused on ensuring the provision of childcare services to facilitate women's labour market involvement. This meant that gender equality became a minor frame in relation to the dominant frame of employability. Thus for example, while the 1996 Directive on Parental Leave included non-transferable leave for men, it left it up to member states to decide whether such leave would be remunerated. Yet research shows that in those countries where there is no remuneration for men, they are less likely to take leave (Plantenga and Remery 2005).

Employability and labour market activation are two of the central tenets of a social investment approach (Jenson and Saint Martin 2006; Jenson 2008). Lewis notes that the scaling down of gender equality policies in EU work/care reconciliation policy was part of a development from the mid-1990s of a model of a work-centred welfare state which was set up to resolve the problem of an ageing population and declining fertility by making work the basis through which pensions are earned and paid for (Lewis 2006:432). A similar development can be found in OECD policy where, by the turn of the twenty-first century, a new window opened for childcare policy because of attempts by the organization to temper neoliberal social policy by relating human potential not to justice but to investment. This was done by linking constrained social expenditure with efficient and effective services, and by pulling together labour market activation with self-sufficient welfare subjects (Mahon 2008, 2010). This saw childcare as the instrument to allow women's labour market participation, combat single parent poverty and insure against a falling birth rate (see *A Caring World,* OECD 1999; and *Babies and Bosses*, OECD 2003, 2004, 2005, 2007).

Although this approach to invest in human capital can provide the basis for meeting demands around childcare, parental leave, flexibility at work, and state recognition and support for parental care responsibilities, it can also imply that those who may have no productive capabilities—frail older people and severely disabled people—are mere objects of care. In fact, it is through two other discourses associated with the social investment approach that some of the demands of state support for carers and disabled people have been met. The first is through the importance placed on the social inclusion of marginalized groups. Thus, labour market activation has been intended for disabled and older people as well as women, indirectly meeting the demand for rights to work of disabled people noted above. The second is the welfare modernization agenda through which cash payments to parents, carers, and older and disabled people were introduced as a move to encourage a public/private/voluntary sector mix in welfare provisions, meeting demands for direct payments from disabled people and for choice in provision from parents, carers and disabled people's organizations. However, while these claims around rights and recognition to work, to care, to inclusion and to choice may directly or indirectly have been met, the framing of policies has also had the effect of pegging back other social justice claims. The paper now looks at this dynamic in terms of granting entitlements to groups as earners, as carers and as consumers.

Rights as earners

Europe has seen a significant convergence around early years' childcare provision. By 2003 what was once the privilege of Belgium, Denmark, France and Sweden had begun to spread to

many other European countries: the European Union's under-threes target (see above) had been met in addition by Iceland and the Netherlands; and Italy, Norway and Germany had met the target for over-threes. In countries such as Spain and the United Kingdom daycare has been expanding since 2005 (Lister et al. 2007). However, Greece, Lithuania, Poland and Slovenia were particularly low on both counts (Plantenga and Remery 2005:17). The aim of this type of provision is to support parents as earners, although the form and take-up of that provision varies across countries. State subsidies may still leave parents with pre-school children paying between 25–70 per cent of the costs of childcare, and, when childcare is provided by the private market, this can limit accessibility to the relatively well-off. On the one hand, it is possible to see a clear trend toward an acceptance of public responsibility for childcare, no longer the assumed private responsibility of mothers. On the other hand, this does not necessarily mean that the trend is universally toward high quality, accessible and affordable daycare. In other words, there is more of a recognition of this as a social right than a reality, especially in those countries relying on the private market.

Policies for securing flexibility at work in ways which benefit workers with caring responsibilities have also developed across Europe, as noted earlier. European EU Directives on Working Time and Part-time Work and Parental Leave set minimum standards for negotiations between trade unions and employers in individual firms. However, as Lewis notes, combining flexibility and security at work has been promoted by EU policy as part of the productivity agenda rather than an equal opportunities issue (Lewis 2006:429–430). When these innovations take account of the disadvantages facing women workers and when workers through their unions have some degree of control over their implementation, they can benefit employees and give them greater control over the use of their time (Plantenga and Remery 2005). The need to take more account of the specificity facing women workers can be seen in the Netherlands' life course approach to employment introduced in 2006 where employees can save a proportion of their wage for a future "sabbatical" (see details on p. 9). In principle this means that parental leave and opportunities for career breaks and education courses are all treated in the same way. However, by 2007 take-up had been lower than expected, leading to speculation that it was too expensive for low-paid or part-time workers and that it would take too long to save for parental leave (Lewis et al. 2008). In addition, EU policy can be translated in different ways on the ground. In the United Kingdom, where flexibility has been interpreted as an individual choice (and where the government exercised an opt-out in relation to EU directives on average working hours), this tends to lead to unequal gendered divisions in working and caring time being reinforced (Himmelweit 2008).

In relation to disabled people, as mentioned above, the effect of the EU's anti-poverty inclusion agenda has been to extend labour market activation to marginalized groups (Annesley 2007). However, the dominant framing of this has been more about reducing poverty through minimizing dependence on welfare benefits and containing social expenditure rather than simply extending civil rights. Thus, in response to rising rates of incapacity at work, a number of countries have introduced more stringent medical criteria to test eligibility to social security, thus increasing bureaucratic and medicalized surveillance of disabled people (ISSA 2001).

Rights as carers

Where parental leave policies guarantee parents time off for care, and particularly where this leave is paid (which it is at least in part, in most European countries), it gives parents entitlements as carers. Where it is universal, it establishes the principle of a parental right to care for their child, and it also provides for the right of a child to receive parental care in its early life (Lister et al. 2007).

Since 1996 EU member states have been obliged by EU directive to enable parents to care for their child full-time for a minimum of three months. By 2006, maternity leave in the nine countries studied ranged from between 14 and 52 weeks (across Europe, particularly in some of the post-communist countries, this extends to three years). However, long maternity leave,

while recognizing mothers' rights as carers, do so at the risk of those mothers' disadvantage when they re-enter the labour force. In addition, levels of payment vary. The United Kingdom provides for a total of 52 weeks' maternity leave, but much of it is unpaid or is covered by a flat-rate allowance. In many countries[12] maternity leave has now a wage-related compensation for earnings, although often entitlement is restricted to the employed or those paying contributions. Thus, although the principle has been established widely, its effectiveness and take-up is influenced by factors such as eligibility, levels of payment, organizational culture, flexibility in work practices and the labour market sector (the public sector tends to be a better provider) (Plantenga and Remery 2005:47–57).

What is new is the development of paternity leave across most EU member states, and with that, the attempt to redistribute care responsibilities from women to men. Iceland, probably the best existing example, introduced in 2003 a parental leave of nine months in which three months are reserved for the mother, three for the father and three can be shared. Parents who have been in employment receive 80 per cent of their wages. While this is also extended to same-sex parents, single parents are eligible for only six months. This introduces a tension between mothers' rights as earners (to re-enter the labour force without penalty) or equity among children to receive the same time in parental care (nine months) regardless of whether the parent is single or partnered. Sweden reserves 60 days' leave only for fathers at 80 per cent replacement level. Other countries are, in different ways, following this model, including those which had until recently followed a male breadwinner model. In 2006, Germany introduced an earnings-related parental payment of 67 per cent for 14 months with a fatherhood quota of two months to a maximum of €1,800 per month. In Spain paternity leave has been extended from two to 10 days.

Where countries provide a separate paid paternity leave (that is to say, where the leave is not divided by choice but where some of it is designated to fathers on a "use it or lose it" basis), fathers' take-up rates are relatively high. In 2007, 90 per cent of fathers in Iceland took their allotted leave (Pillinger 2008). In 2000, 73 per cent of Swedish fathers took the full 10 days of paternity leave. In Norway, in 2001, 81 per cent of eligible fathers claimed their four-week non-transferable quota of parental leave, while 13 per cent claimed over four weeks (Lister et al. 2007:124). However, while these policies recognize men and women as workers and carers (and probably come closest to institutionalizing a dual-earner/dual-carer system), it has yet to impact on the overall division of domestic and care labour in the home which is still undertaken to a large extent by women (Gershuny and Sullivan 2003).

The other group whose claims have been met as carers are the unpaid carers of older, frail or disabled family members. The development since the 1990s in Europe has been toward cash-for-care payments, where the person receiving care has access to an allowance to be spent on services for her or his support. In a few countries (such as the Netherlands), this has included paying a relative for their care services. Part of the success of Carers UK in influencing the British government to produce a national strategy of support for carers was due to the way in which the movement drew on the discursive resources available to them. First, they positioned themselves as working in partnership with central and local government, the NHS, third sector, families and communities, which found favour with the tenor of welfare service change that encourages partnerships between the different sectors. Second, they mobilized on the social inclusion discourse by presenting the barriers that prevent carers from working as well as evidence to show how much productivity is lost by carers having to leave employment in order to provide care for a spouse, partner or relative (Yeandle and Starr 2007). This fits quite clearly within a social investment model of labour market activation. In addition, their claims dovetailed with the shift from institutional care to a more cost-effective community care. In some ways, then, their recognition and rights as carers were granted because of their potential as earners.

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[12] Denmark, Estonia, Finland, Iceland, Italy, Lithuania, Norway, Romania and Sweden.

Rights as consumers

As already noted, a significant new policy instrument is the increased use of cash benefits, direct payments or tax credits that go to parents, disabled people and older people. These address citizens as consumers, and they are also seen to promote choice. However, where this choice is exercised as a consumer in the private market of care provision, it can have repercussions on the pay and conditions of care workers as well as the quality of care and the affordability of that care.

For parents, there are three main forms of cash benefits: first are those paid to parents to purchase care services from for-profit or non-profit service providers (including private nannies or childminders). These are sometimes in the form of tax credits or vouchers. Second, there is financial support from local or central state for employing a childcare worker in the home, in which case the parent becomes both an employer and a consumer. Both of these have become the main ways that working parents in the Netherlands, Spain and United Kingdom access childcare for children under three. In a number of countries this work is done by migrant workers (Williams and Gavanas 2008). Flat-rate allowances to enable parents to buy in childcare operate in Denmark, Germany and Spain.

The third type of cash benefit is a payment to encourage parental care of preschool children at home. This is sometimes attached to parental leave as in Finland, France and Norway. In addition, there have been other motives behind the introduction of this type of cash-for-care. The German government in 2006 introduced *Elterngeld*—or parents' money—which was an indirect way of reversing the declining birth rate (discussed further below).

The effect of this last type of cash provision is to reinforce the gendered division of care and loosen women's attachment to the labour market as it is mainly mothers who take it up. Similarly where cash benefits are used to pay for childcare or domestic work in the home, the effect is to sidestep unequal divisions of labour in the home (Williams and Gavanas 2008). In addition, while tax credits or the equivalent may offer choice if they operate in the context of the private market, they do so often at the expense of those who work in that market. They may create employment for women, but it may be low-paid and precarious employment. Further, where private market care is expensive, care consumers will look for cheaper options, chasing cheaper and often exploited migrant labour.

Similarly, the forms of direct payments which allow older or disabled people to buy support and assistance—for example, in Austria, France, Italy, the Netherlands and the United Kingdom (Ungerson and Yeandle 2007)—encourage the development of a particular form of home-based, and often low-paid, commodified care or domestic help, generally accessed privately through the market. And this is where low-cost migrant labour again steps in. In Greece, Italy and Spain, this strategy of employing migrant labour to meet care needs has become an important way for the state to resolve the care deficit (Bettio et al. 2006).

Two discourses are in play here: one which emphasizes the empowerment of disabled people by giving them choice and control, and another which repositions them as active consumers of welfare, reinforcing the commodification of welfare services, with the possible effect of worsening the affordability of care and the conditions of care workers. Empirical research has found that where direct payments have operated within the context of a collective local organization committed to self-determination, flexibility, negotiation and equality (such as Centres for Independent/Integrated Living), then relationships between disabled people and personal assistants are generally marked by mutual respect (Shakespeare 2000). External regulation can also mean improved conditions for care workers and personal assistants (Ungerson and Yeandle 2007).

These developments also came up against the rights of the fifth group of claims makers, migrant care workers. Of all the groups, migrant care workers have the furthest to go in terms of winning visibility, respect, rights to collective organization and training. As discussed below,

this form of transnational care may be seen as the Achilles heel of the progress toward recognition of the needs of care receivers and providers (Williams 2010).

These developments have created more complex forms of care models that vary, first, in their use of the state, voluntary sector or private market; second, how they combine policy instruments, such as leave, flexible working, care provision and cash benefits; third, the extent to which they address parents, carers and disabled service users as predominantly worker citizens, worker/carer citizens, and/or consumer citizens; and, fourth, how far they extend to those who receive care support—children, older people, disabled people—the right to good quality care. Needs have been "denaturalized" and reinterpreted in a number of important ways: that childcare is recognized as a social and not just a private responsibility; that mothers have a right to work and receive support for their care responsibilities; that fathers as well as mothers have a responsibility (and right) for time to care for their children; that disabled people have a right to work (and increasingly in the face of stricter eligibility tests for welfare benefit, a responsibility) and to have some control over their care provision; and that unpaid carers have a right to material and practical support. At the same time, generating modernized forms of welfare that involve parents and service users as consumers in the private market of welfare threatens potential equity across class groups and between men and women. In addition, while opportunities have been established for mothers to stay in the labour market, employment is still characterized by lower pay for women, including in the Nordic countries, both vertically, where women have a low representation in higher management and leadership positions that command higher salaries, and horizontally, where women are segregated into particular sectors, and into part-time work.[13]

There is also the issue of voice. While there have been major developments to recognize care and to make care receivers and caregivers more visible, issues of redistribution and of voice still have some way to go. In analysing how gender equality discourses became subsumed in EU policies, Lombardo and Meier (2008) argue that feminist or gender expert voices were marginal in the area of policy discussions about work/family reconciliation. The main actors represented were the European Commission, European Parliament and the social partners—employers and trade unions. This is in part because this policy was developed under the auspices of employment policy. In contrast, they show that in other gender policy areas—domestic violence and gender equality in politics—women's organizations, such as the European Women's Lobby and the Parliamentary Committee on Women's Rights, were involved and contributed to the framing of the issue in which gender equality (especially in domestic violence) was key.

3. National Variations and Different Drivers

Having looked at the range of policy instruments used across European states that go some way to meeting care claims, the paper now focuses on policy aims in the area of work/family reconciliation in different countries, inside and outside Europe. It has already been shown that a variety of clusters of discourses attend mobilizing claims and policy frames for combining work and care, sometimes coalescing around overarching frames such as women's employment opportunities, children's rights, social exclusion and so on. A long debate exists on the salience of factors that contribute to gender-relevant policy development in any one country: political configurations of Left/Right, with or without religious groups (Korpi 2000; Knjin 1994); labour market conditions (Morgan 2005); feminist political strength (Lambert 2008); feminist

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[13] Seventy-eight per cent of Swedish women worked in predominantly female occupations in 2008; over 90 per cent of teaching and care work is female; pay is lower in female occupations that have family-friendly policies and where vertical segregation also exists. Even in the female-dominated public sector, only 58 per cent of women were managers (Statistics Sweden 2008). As Hobson (2006:161) explains, women became parent-worker citizens in Sweden on men's terms. Over a third of women work part-time in long part-time hours (20–30 hours a week) so that it is less a dual-worker model than a "1.75" worker model. Since women earn less than men, women without a male earner—lone parents in particular—are relatively worse off and face greater unemployment, even though they are comparatively better off than their other European counterparts. As regards disabled people, in the United Kingdom the average gross hourly pay for disabled employees is £11.08 compared to £112.30 for non-disabled employees (ONS 2009, cited in Shaw Trust 2010).

mobilization;[14] gender ideologies (Pedersen 1993); cultural practices and norms;[15] existing policy logics and institutional legacies (O'Connor et al. 1999); and conceptions of nationhood (Williams 1995). In examining more closely how national contexts shape policies, we restrict our focus to the dominant frame(s) of the aims of work/care policies in different countries and their outcomes. This helps us assess one of the questions raised at the beginning of the paper which was whether, or how far, it matters for gender equality how policies are framed and to understand more closely the way political opportunities present themselves. Three driving discourses are discussed: demographic changes, social investment and employment creation.

Demographic changes

An ageing society and declining fertility are common to the developed world. Together they raise the spectre of a dwindling tax base to cover current and future pension costs, which provides a reason to encourage women to join the labour market. This has the advantage of providing human capital for a competitive knowledge economy. But if declining fertility is in part its consequence, this then raises the problem of the absence both of future human capital and of informal carers for frail, older people. And this problem is particularly acute in those welfare states which until recently have depended largely on care provided by female family members. But how far can a state which frames its policies in these terms also provide an opportunity for gender equality goals to be met? An interesting case study is that of Germany, a former strong male breadwinner welfare state, where recent policies have included the aim of providing incentives for women to have (more) children.

By the turn of this century Germany's work/family reconciliation policies lagged behind much of Western and Northern Europe, and were less influenced by EU policies.[16] The Red-Green coalition had introduced tax-free allowances for domestic help and private childcare as well as parental leave with a means tested parenting cash benefit for working parents to enable them to take leave from work during their child's early years. By 2007 this parental leave was reformed in line with the Conservative Grand Coalition's sustainable family policy. The duration was reduced from 24 months to 12, it was made earnings-related to encompass middle and higher wage-earners, and two months' leave was added for the other partner (usually the father). In addition a sibling bonus was introduced for those who had a second child within 24 months of using up their parenting benefit.

According to Henninger et al. (2008), there were three aims behind this policy: support for parents to enable them to continue in work without recourse to welfare benefits (tying family policy more securely to employment policy); to begin to redistribute earning and caring responsibilities between men and women by including leave for the father; and, third—not explicit in the policy proposals but expressed in the parliamentary debates that accompanied its introduction—to raise the birth rate (Henninger et al. 2008:296). Although it is too early to tell whether the policy has been effective in this last aim, the outcome of the new earnings-related aspect has been to create higher incentives for more educated, qualified and higher paid women to take it up, and to lower the value for low-paid parents. Henninger et al. (2008:305) see the effects of this, even if unintentional, to create incentives for "double activation" of highly qualified mothers—that is, activated to return their skills to the knowledge economy, and activated to give birth to children who also might represent future "quality human capital". On the other hand, in the context of "mini-jobs", the incentive for low-paid parents represents more a form of workfare where they have little choice but to take whatever work is available. In addition, Henninger and colleagues argue, without a much more comprehensive provision for childcare (the targets are there but not realizable until 2013 when it aims to provide every third child with care), it will be difficult to ensure all women have the freedom to enter the labour market. While the aim of increasing the birth rate provided an opportunity to create policies

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[14] Hobson 1993; Sainsbury 2001; Bergman 2004.

[15] Pfau-Effinger 2004; Kremer 2006; Williams and Gavanas 2008.

[16] Although in 1994 Germany introduced a Care Insurance Act which created compulsory insurance for elder care, the impact of this was to increase reliance on home-based paid and unpaid care (Jenson and Jacobzone 2000).

that might have rebalanced women's and men's capacities as carers and earners, its effect was to generate a highly qualified form of gender equality which benefits more educated, better-paid women.

Other states have also used the declining birth rate as the motivation for introducing work/family reconciliation measures. Peng's analysis of Japan (Peng 2002) draws a not dissimilar picture of a society whose cultural norms of familial care for the young and old were challenged by women's entry into the labour market. Women's organizations in Japan took advantage of the political concern about an ageing society and a declining fertility by mobilizing for long-term care insurance for older people which was established in 2000. During the same time, parental leave and childcare services were introduced. Shortly after, welfare restructuring led to the development of social and childcare in the private market in the name of offering choice, but also subsequently calling into question the quality of provision. Peng concludes that the demographic frame in which these measures were introduced provided important opportunities to lobby for improvements. However, without an equally strong frame of changing gender relations in the home and at work, it has only relieved women's unequal share of care responsibilities rather than redistributed them.[17]

In both these cases the framing of social issues in terms of demographic changes provided opportunities to introduce policies that serve the interests of women in their caring capacities, yet the subordination of a social justice discourse led to policies that reinforced both class and gender inequalities.

Social investment

The paper has so far discussed social investment as a dominant frame influencing supranational governance. Here we look at how this is reflected at the national level.

In a case study of the recent history of claims for childcare in Canada, Dobrowolsky and Jenson (2004) show how, in the 1960s and 1970s, a set of claims for childcare from the women's movement, together with childcare advocates and trade unionists, changed shape over time. It originated as part of a set of claims to expand the social rights attached to women's citizenship, in particular, to women's economic autonomy. The 1971 Royal Commission on the Status of Women articulated this demand and created the opportunity for feminists and others to lobby for comprehensive childcare provision. However, when, in the 1980s, childcare provision was proposed by the Conservative government, it was in the shape of tax relief to enable parents to buy their childcare from the private market. With the defeat of this proposal and the government, the issue of childcare began to be framed differently. By the 1990s, childcare advocates began to broaden the focus toward child poverty and then child development, all the while narrowing the political subject of reform to the figure of the child. At the same time, within the coalition of lobbyists, women's voices began to fade. As they did, then the issue of child poverty became less associated with the feminization of poverty and more connected to the risk that child poverty posed for the economic future of the country. With the rise of neoliberalism and new forms of neofamilialism, child poverty provided a limited political opportunity for childcare advocates and the anti-poverty lobby. By the turn of the century with swingeing cutbacks tempered, a new discourse of investment emerged in the shape of the child as the citizen worker of the future. Its terms were about developing a new welfare mix of private, public and voluntary sectors at the cost of a political space to raise issues of gender equality. Indeed, in practical terms this development reinforced women's inequalities since it was their labour that serviced low-paid care work in these sectors.

Examining a similar development in the policies of New Labour in the United Kingdom, Williams and Roseneil (2004) turn their attention to the discourses of the political actors to emerge from the policy of partnerships with the voluntary sector. In developing these

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[17] Abe argues that pressure for long-term care insurance from above came from concerns about the fiscal costs of using health insurance to finance older people's care, so a separate source of funding was created along the lines of the German model (Abe 2010).

partnerships, New Labour gave the large national voluntary organizations, especially those in the areas of children and parenting, new mobilizing and lobbying strengths. Many of these organizations were themselves the product of, on the one hand, the social movements around feminism, race, sexuality and disability politics of the 1970s–1990s and, on the other, the international movement for the recognition of human rights of children following the impact of the UN Convention on the Human Rights of the Child.

The situation in which these organizations were lobbying was New Labour's particular inflection of a social investment politics. In this version, paid work became central to all its welfare reforms from 1997, providing the financial imperative to get people off welfare benefits, and the moral imperative to turn them into better citizens, the solution to poverty, the role model for parents to give their children, as well as the glue that binds society together (Williams 2001, 2004). Child poverty and getting single parents and disabled people into work were particular targets. By 2003, the creation of a new Ministry for Children, Young People and Families marked the new insistence, as the first minister, Margaret Hodge, said, to "put children at the heart of everything we do" (quoted in *The Guardian* 2003). There followed a new National Childcare Strategy, the development of Sure Start for deprived children (similar to the United States' Headstart programme), as well as the range of benefits for working parents discussed earlier. Social justice manifested itself only in the attack on child poverty; ethnicity only in so far as particular minority ethnic groups of boys were failing at school, while gender equality, especially the particular costs of predominantly female caring, disappeared under the gender neutrality of the term "parenting". Yet alongside this investment approach, various policy documents, such as the Green Paper *Every Child Matters* (Department for Education and Skills 2003), revealed other conceptions of childhood which invoked more holistic perspectives of children's needs and rights in the here and now — for enjoyment, care, creativity, agency and in the Sure Start programmes, attendance to mothers' needs for practical support (Williams and Churchill 2006).

These other conceptions came from the discourses that framed the claims for improvements in children's and parents' lives from the main charities and voluntary organizations in the field. They focused mainly on an ethos of care and interdependence, a holistic notion of well-being, and economic and cultural issues of social justice and equality (Williams and Roseneil 2004:195–211).[18] While the social investment discourse was there, it was relatively minor and one that organizations said they would use strategically. At the same time, except for those organizations which were explicitly feminist, they shared with New Labour the discourse of gender neutrality, seeing legitimating parenting as a shared responsibility between women and men. Apart from this, the discursive architecture of their claims was the mirror opposite of New Labour's: an ethic of care and interdependence as against work and self-sufficiency, a commitment to practical support for parents as against the inculcation of parental responsibility and the threat of withdrawal of benefits; a child of the present rather than a child of the future; and welfare as well-being rather than as employability in the name of the gross domestic product (GDP). In this, Williams and Roseneil argue, it is possible to see an alternative vision of welfare, derived from ideas of social justice movements, yet distancing them at the same time. This distancing, it is argued, was the result of the state having tight control over the discursive agenda of new child and family policies (Williams and Roseneil 2004). While voluntary organizations could broaden specific aspects of policy, they could only do so within the set

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[18] The Parents' and Carers' Coalition—formed by the Equal Opportunities Commission in 2004 and including organizations representing parents, carers and paid care workers, as well as older and disabled people—argued for:

- mothers, fathers and carers being able to choose whether or not to combine caring with paid work and getting the support they need whatever choice they make;
- more access to flexible working for all parents and carers in all types of jobs;
- reducing long hours at work to ease the pressure on workers and increase real productivity;
- better access to good quality, affordable childcare;
- better support services for carers and for older and disabled people;
- better pay, training and prospects for childcare and other care workers;
- a better framework of employment rights for parents and carers; and
- a pensions framework that does not penalize people for the time they spend caring.

agenda. They could talk about an ethic of care, but they were often forced to uncouple it from the structural intersecting inequalities which it seeks to address.

The spread of these ideas of social investment has not been restricted to the welfare states of the developed world. Jenson (2008) points out the overlap in OECD expressions of the need to invest in early childhood programmes in *Starting Strong* (OECD 2006) and the Economic Commission on Latin America and the Caribbean (ECLAC 2007).[19]

The rise of the discourse of social investment creates political spaces in which claims for improvements in children's and women's lives can be articulated. In those countries where no existing childcare infrastructure or effective anti-poverty measures have existed, these improvements are a breakthrough. At the same time, the common thread in the case studies above is that an investment approach does not challenge the very conditions that give rise to children's poverty and women's need for income and autonomy. In addition, social investment discourses have been accompanied by a muting of some of the movements and networks which articulated these needs in the first place, compelling them to find alternative modulations which dilute the equity basis of their claims.

Employment creation

Social investment is an overarching frame that manifests itself differently in different contexts. Associated with it, but often serving as a strong policy aim in its own right, is the use of care policies (for young and old) to create employment. Nathalie Morel's analysis of Belgium, France, Germany and the Netherlands, describes how their care policies have been underpinned by a combination of employment creation and free choice (Morel 2007). This has happened in two ways. First, when unemployment rose in the 1980s and 1990s, care policies, such as longer and (low) paid maternity leave and care allowances, were devised to encourage women to leave the labour market to free up work for men. By the late 1990s however, with gendered norms favouring working mothers and a shift away from the male breadwinner model toward meeting the EU targets for women's employment, care policies were used to create work for women. France provides a case in point.

Near universal childcare has existed for some time in France for children aged three to six, and in this respect France put into action its own publicly supported policy of social investment in children well before the European Union. The policy emphasizes children's well-being, parental choice to determine the number of children they have as well as availability and accessibility of care (Letablier and Fagnani 2009). However, the most common form of care for under threes has been parental (mainly maternal) care. From 1985, in the context of rising unemployment, the French government introduced a series of childcare reforms. A parental leave benefit paid to mothers of a third (later a second) child aimed to encourage them to withdraw from labour market and to have more children. Benefits combined with tax subsidies went to mothers who employed a private unregistered nanny in the home, or used a registered childminder. The effect of these benefits was to reinforce care as women's responsibility and also to reproduce class divisions in how the policies were used. Low-paid women used the paid leave as compensation for low paid work (the benefit itself was low); middle-earners used childminders and well-paid women used the private nanny system as a system (Morel 2007:625). In 2002 these policies were pulled together under the Prestation d'Accueil du Jeune Enfant (PAJE) which also introduced a new development: 14 days' paid paternity leave to encourage men into care. In addition, there were measures to encourage mothers of under-threes to re-enter the workforce and/or to combine care with part-time work. These were accompanied by a

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[19] Nor have some of the contradictions and tensions outlined above been absent, as Molyneux explains in her account of anti-poverty Progresa/Oportunidades programmes developed from 1997 in Mexico (Molyneux 2006). Framing anti-poverty policies in terms of the need to develop human capital, the programme sidestepped crucial issues of both women's empowerment by ignoring women's voice and gender inequalities in the division of household labour.

discourse of choice in combining work and care and appropriate childcare.[20] However, this was a choice pre-determined by existing gender and class divisions.

During the same period cash allowances were introduced for older people to allow them to pay for help in the home by a relative other than a spouse or an employee. Together these care reforms aimed to be cost-effective and respond to cultural preferences for home-based care. Indeed, they *did* create employment—between 1994 and 2004 personal service jobs almost doubled (CES 2007, cited in Morel 2007:627). But this was low-paid, low-skilled, casualized female labour. Thus, in moving away from the male breadwinner model, care policies created more employment through the construction of a low-paid service sector and the reproduction of gender and class inequalities in work and care.

In spite of the fact that child minders are poorly paid (earning less than the statutory minimum wage in 2005, Letablier and Fagnani 2009:5–6) and beyond the reach of very poor families, there is another side to this. By focusing on employment creation in the context of a country such as France with strong trade union traditions, it has been possible to develop policies for better social rights including training and working conditions for childcare workers through a professionalization programme for child minders (Letablier and Fagnani 2009).

A similar process of employment creation can be seen in the Republic of Korea (Peng 2008). The country's welfare system is relatively young and until recently, was based mainly on an occupational social insurance system which, by the 1990s, covered most regular workers and employees and provided a strong system of social protection for workers. Traditionally the care of children and older people was seen to be the responsibility of families with little socialized support. However, since 1997 there has been a significant expansion of social and childcare. Between 1990 and 2007 the total number of children in childcare centres increased 22-fold (the Republic of Korea, Ministry of Gender Equality and Family 2007, cited by Peng 2008:14). Work/family reconciliation policies were introduced after 2000, including parental leave and paid maternity leave, affirmative action for female employees, and support for single mothers to access employment.

This expansion was a way of meeting the consequences of women's increased labour market participation, itself a result of a declining male wage, as well as women's aspirations for autonomy. While feminist organizations pushed for care support, the commodification of care through the private and community sectors served to create new forms of employment as part of the push on economic development. In this sense the Republic of Korea fits the investment model. At the same time, however, another side of the drive for economic development led to the deregulation of the labour market and the scaling down of the social protection that had underscored it. When women entered the labour market, particularly in the service sector, many of them stepped into non-standard, precarious employment. Peng (2008:33) concludes that, "recent labour market restructuring has resulted in increased employment insecurity and worsening of employment conditions, a situation that suggests that commodification of women's labour may in fact do more harm than good for women".

When care is commodified in a relatively unregulated private market, not only does this call into question its quality but the conditions of those who provide care. Women may swap the restrictions of economic dependence on a male breadwinner for new forms of oppression in providing collective care in a segregated and low-paid employment sector. In addition, the discourse of choice which accompanied care reforms in the French case raises some difficult questions. Parents have different cultural preferences around what they regard as the proper way to care for their children. These preferences are grounded in cultural identities, local customs and practices as well as economic exigencies (see Duncan and Irwin 2004; Kremer 2006). If policies support parents' existing commitments and create policies that parents want,

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[20] The issue of choice comes up in many countries around childcare—see for example, Deb Brennan's analysis of childcare reforms in Australia (Brennan 2007) and Christensen and Larsen (2008) for Denmark.

they risk reinforcing the inequalities inherent in gendered assumptions and socioeconomic constraints. But if they do not attempt to meet the diversity of preferences, they risk producing ineffectual policy, or policy prescriptions that have no relevance to people's lives.

Care as a global issue

As a postscript to this analysis of political actors' care discourses, it is important to point up the extent to which care policy is not only a national or a supranational issue but also a global concern. In looking at care claims, the paper noted the growing significance in richer countries of the migrant care workforce, and of ways in which policies for cash benefits, privatization and commodification of care were stimulating this market. This transnational political economy of care has also generated international forms of care capital in the shape of big business in daycare and residential care (Williams 2010; Yeates 2009). Migration has stretched people's care commitments across the globe and, as such, challenges the national basis of eligibility to benefits and pensions. Political ideas and policy discourses about care travel across the world through international organizations and also through the internationalization of social movements, pressure groups and NGOs (Mahon 2010).

The exploitation of a migrant workforce raises dilemmas about the future of European work/care reconciliation policies and how gender equality is framed and understood by policy makers. In a context where women globally are taking on more responsibilities to earn an income without a significant reduction of their care responsibilities, the transnational movement of (mainly) women into care and domestic work in private households represents a profoundly asymmetrical solution (between poorer and richer regions) to women's attempts to reconcile their time crunch problems with ongoing gendered responsibilities for care and housework responsibilities. At the same time, it exposes the limits to how far either socialized or commodified care can alter these gendered responsibilities. While it raises questions about the economic, legal, social and civil rights of migrants, it also requires that we understand the circumstances of care in both the global North and South.

It is therefore relevant to raise the question, albeit briefly, as to how far the strategies discussed for care policies are relevant for the developing world. In many ways, care needs and rights have even greater importance in developing countries. The application of neoliberal polices to assure the payment of external debts, the associated destruction of local economies, and little or no social security, has heightened poverty and pressure on women to assume a breadwinner role. Work and care responsibilities are particularly onerous and have expanded with increases in divorce, single parenting, as well as the care needs associated with HIV/AIDS.

The dominant productivist logic in developing countries has not always been tempered by an investment approach as it has in a number of developed welfare societies, and, as such, more aggressively places social development as secondary to economic development, creating difficulties in prioritizing care policies. In a situation of limited expenditure possibilities, care policies have to be presented not just as improving economic competitiveness but as a sound basis for raising both productivity and the tax base.

There are also limits in assuming a model of family life based on the dual earner/carer family model (Hassim 2006). The earning and caring configurations within families are more complex, diverse and multiply situated in conditions where responsibilities attach to broader kin networks, where pooling of income is more widely spread and where members may need to migrate to earn (Lund and Srinivas 2000). In addition, where informal employment is commonplace for women, universal benefits funded through the tax system would reach more groups than through an insurance system (Lund and Srinivas 2000). The recognition of women's political citizenship as well as their economic and maternal citizenship is also crucial, as it is in the global North. Indeed, what global North and South share is the need for new strategies and thinking around care and justice.

4. Conclusion

This paper has examined how far and in what ways the needs of caregivers and care receivers have been recognized, interpreted and instituted by policy makers and institutions of governance, and with what effect. In this way, the paper has looked at the dominant and subordinate discourses that are used to frame both claims and policy and also how these and other popular discourses are utilized as political resources.

Context is important here, and the paper has shown how both historical and national contexts can shape political opportunities for change at the same time as closing them down. The demands for state childcare provision to enable women to exercise the right to work from the 1960s and 1970s, and the claims of disability activists from the 1980s for the right to be integrated as citizens and workers and to have control over support services were realized eventually at the turn of the century on different terms. An approach to welfare that placed social investment in human capital and labour market activation of all at its centre imbued women's right to work with a sense of obligation to earn, and often to earn in the more precarious areas of care work. Similarly, disabled people's claims for social inclusion in the labour market became reframed within a fiscal concern to make work-test criteria stricter for disabled people in their eligibility to invalidity benefits. A new shift from care services to cash payments gave parents, carers and disabled people rights to payments to choose their support, but often as consumers within a private market.

These new complexities reflect different interpretations of care. Different discourses of risk jostle with each other: on the one side are those movements whose claims are framed within a social justice discourse. They identify the risks of gender and class inequalities at home and at work; stress for working mothers and carers; lack of flexibility at work; parents' time poverty; children's need for parental time and quality care; poor conditions of the care workforce; exploitation of migrant care workers; social exclusion of disabled; older people and their carers, and oppressive and stratified care services. These concerns are not absent in the policies of national governments, the European Union or international organizations such as the OECD or World Bank, but they tend to be subordinated within a frame in which childcare is an investment that can secure the employment of women in a more competitive economy and a welfare system that is based on labour market participation. The risks identified here are child poverty, joblessness and increasing social expenditure due to an ageing population, a rising number of single parents and declining fertility. These discourses have provided opportunities to raise those issues which are crucial to gender equality—working time, flexibility, parental leave and childcare—but have also led to policies that undermine equality aims. So, for example, the effect of EU policies has been, on the one hand, to establish that childcare is a social and not just a private responsibility, that mothers have a right to work and receive support for their care responsibilities, and that fathers as well as mothers have a responsibility (and right) for time to care for their children. EU concern about social exclusion has also paved the way for disability issues and carers' concerns to be raised. In this way some of the key aspects of recognition and rights for parents, carers, trade unionists and disabled people have been met, and a start has been made on three of the claims for redistribution identified in the paper—on moving care responsibilities from families to the state, and mothers to fathers and giving people more say over service provision. On the other hand, the development of the private market in care provision, especially through the use of cash benefits to buy care support, has constructed parents and older and disabled people as consumers seeking value for their money in a low-paid care sector. This reinforces inequalities between families and individuals as well as jeopardizing good quality care. Furthermore, it has encouraged (sometimes sanctioned by the state) migrant workers who are more vulnerable to exploitation into care work. While mothers' increased employment is in part an exercise of their right to work, the increase in areas of precarious employment not covered by social protection means that this is where women without qualifications find work. Similarly, where demographic discourses on boosting the birth rate have framed policies, as the example of Germany showed, these have tended to privilege the opportunities of middle-class women.

Similar difficulties exist in relation to innovations in working time. On the one hand, practices such as flexible working and working time savings accounts provide men and women with the opportunity to redistribute their working hours over time according to their caring responsibilities. However, without attention to the specificity of women's lives and their care responsibilities, such policies serve only to ease the status quo of gender share of care, rather than to challenge it. Also, when combined with insecure work environments or temporary or fixed-term contracts, the financial cost of flexible working to enable mothers to fit work in with care and domestic responsibilities may be high. The tension here is between recognizing the unequal care responsibilities of men and women while also attempting to redistribute them.

Nonetheless, to begin to think about care in terms of changing the organization of time and space provides a possible frame for more radical thinking about structural constraints. This points to the question of how far there is potential for reshaping the dominant discourse. The UK case study of the social investment discourse showed that NGOs and pressure groups were not lacking in alternative visions of welfare futures. These tended to focus on an ethos of care and interdependence, a holistic notion of well-being, and economic and cultural issues of social justice and equality. However, although New Labour decentralized and dispersed the responsibility for implementing child and family policies, it still kept tight control of the agenda. This meant that issues of care and interdependence could be raised but were more acceptable in relation to child-centredness, productivity, and equality of opportunity rather than gender, race and class inequalities in outcome.

This also revealed another important theme: that groups need to have a voice to make their claims, to be partners in setting the policy agenda, and ultimately to have a say as citizens and not only consumers in the delivery of services. The UK case showed that the voices that were given more discursive authority were child-centred NGOs rather than feminist or other equality organizations. Carers UK, for example, found a more receptive political audience when it framed its claims in terms of the potential lost productivity of carers. The dwindling of the gender equality discourse in EU work/care reconciliation policies was due in part to the marginalization of the voices of gender experts. Important also in this respect is that the voices of all those in the spectrum of the social relations of care are represented. Instances were given where coalitions and dialogues were important in ensuring that competing claims could be resolved. If this is an important strategic issue, it also presents an added conceptual dimension of intersectionality. That is to say, that the social relations of care are constituted through the modalities of gender, ethnicity, disability, age and so on, as well as through positionalities of care—paid and unpaid care workers, mothers, fathers, other childcarers, care providers and care receivers and national and migrant care workers.

A still more challenging aim is to raise the political, economic and social value of care. This involves the shifting of responsibility, power and control in the four areas of redistribution of care identified in this paper: from families to the state, from mothers to fathers, from care providers to those receiving care and support, and from richer to poorer nations. Indeed, for care to be valued, all these forms of redistribution are needed, one without the others cannot be sufficient. This requires winning the sorts of social, economic and civil rights that have been identified in this paper, but it is also important that these are set in wider, longer-term objectives if they are not to be undermined by countervailing discourses or contexts. The disability movement has radically envisioned an enabling environment which could be applied more widely to an argument to improve the social value of care—through community strategies to remove disabling barriers around space and time, to develop an enabling environment of safe and accessible public spaces with accessible and affordable transport (Williams 2005). Arguments for the economic value of care have to provide a convincing economic argument as to why, as a long-term investment, expenditure on care is affordable. In so far as it allows women to work in the regulated economy, then it raises both productivity and tax revenues and provides a better financial basis for its support. Although care is necessarily expensive, it is nevertheless both economically and politically preferable for it not to be left to the market where its costs and quality will be continually driven down, but to have high quality, affordable

and publicly funded care provision (Himmelweit 2008). Finally, the argument for the political value of care understands care as the basis of citizenship, of solidarity and of justice.[21] Thus, to return to one of the original questions of this paper—whether it matters if gains are made for claims on terms other than those of the claims makers—then the analysis presented here suggests that it does matter if justice claims are to be maintained. However, the winning of rights is important in itself in order to establish a foothold, to consolidate a voice, and to have the opportunity to articulate and pursue longer term progressive scenarios.

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[21] Tronto 1993; Sevenhuisjen 1998; Williams 2004.

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