

## The concept of social care and the analysis of contemporary welfare states

### ABSTRACT

Care is now a widely-used concept in welfare state research, firmly established in the literature by feminist analysis. We believe that the concept as it has been used and developed to date has limitations that have hampered its development as a general category of welfare state analysis. In essence we argue that the political economy aspects of the concept have remained underdeveloped. The main purpose of this article is to elaborate a care-centred concept – which we name social care – that countenances and develops care as an activity and set of relations lying at the intersection of state, market and family (and voluntary sector) relations. We are especially concerned to examine what the concept of social care can tell us about welfare state variation and welfare state change and development. The article works systematically through these themes, beginning with a brief historical sketch of the concept of care and then moving on to elaborate the analytic potential of the concept of social care. In the latter regard we make the case that it can lead to a more encompassing analysis, helping to overcome especially the fragmentation in existing scholarship between the cash and service dimensions of the welfare state and the relative neglect of the latter. The concept of social care serves to shift the centre of analysis from specific policy domains so that instead of focusing on cash benefits or services in isolation it becomes possible to consider them as part of a broader set of inter-relating elements. In this and other regards, the concept has the potential to say something new about welfare states.

**KEYWORDS:** Care; gender; welfare state regimes; change; childcare

Care is a concept that is used increasingly as a category of analysis in relation to the welfare state. But its use is also very selective. This is true in two senses: it is only the feminist literature that has employed it and its application empirically has been centred on Britain and Scandinavia. There have been two main strands in the care literature and these have focused on the relational aspects of care (e.g. Finch and Groves 1983; Waerness 1984; Lewis and Meredith 1988; Graham 1991; Thomas 1993) and comparisons of care-related provision and services (e.g. Kraan et al. 1991; Evers and Svetlik 1993;

Alber 1995; Anttonen and Sipilä 1996; Sipilä 1997; Ungerson 1997). Recent contributions have begun to point to the way in which care lies at the interstices of many of the most interesting dichotomies at the heart of social provision. Thus Leira (1993) has observed that care was both paid and unpaid, public and private, subject to cash payments and service provision, and could be contractual or non-contractual. Knijn and Kremer (1997) also drew attention to the first two dichotomies and added the issue of whether care is seen as a form of dependence or independence. In addition, there has been increased recognition that care is very much a 'mixed economy', involving the state, the market, the family and the voluntary sector (e.g. Evers and Svetlik 1993). Our focus is somewhat different. We look at the concept with the aim of clarifying and developing its analytic potential in relation to the study of welfare states and how they are changing. We therefore focus on the way in which social care lies at the intersection of public and private (in the sense of both state/family and state/market provision); formal and informal; paid and unpaid; and provision in the form of cash and services.

As an attempt on our part to explore the potential of the concept, the article makes three main claims. The first pertains to the significance of care as a category of welfare state analysis. Here we argue the case that it is impossible to understand the form and nature of contemporary welfare states without a concept like care. However we also claim – and this is the second strand of our argument – that the concept of care itself needs to be developed and its analytic features further elaborated if it is to be able to assume the analytic weight it merits. This will emerge from our discussion of the career of the concept and its focus and emphases historically. Given that care was not developed for the purpose of welfare state analysis per se – but rather to identify the specific if not unique features of caring as an activity and thereby to encompass a defining characteristic of women's life experience – we suggest that a reconceptualization is timely. Our third argument pertains to the increasing significance of care to contemporary welfare state policies. To represent the changes taking place in welfare states in terms of retrenchment and cut-backs is to stop short of the real qualitative change that is being played out around the activity of and responsibility for caring. For underlying the alterations that are being made to benefit entitlement is a more subtle shifting of responsibilities among institutional domains. An essential point in this part of our argument is that what we are seeing now is a further shift in the mixed economy of welfare. A number of elements define this shift. There is a general move away from the state as provider (of cash and care) towards the family and voluntary sector. The market, either directly as a provider or indirectly as a purveyor of particular principles, is also being drawn in more. An integral part of our argument here is that, while care was always important historically as a consideration for welfare state policy, contemporary developments move it to the very centre of welfare state activity.

The article is organized around these three sets of issues. It opens with a discussion of the concept of care itself, tracing its historical and analytical

roots. A key goal of this first section is to elaborate the concept of care, a task which we regard primarily as centring upon the enhancement of the concept's capacity to analyse both welfare state variations and change and development. The second section of the article considers how the concept of social care can shed light on contemporary welfare states, especially as regards their variation from one another. The third part augments the analysis of the relationship between care and ongoing welfare state development and change by focusing on the changes which are being made to a range of welfare states in contemporary times. It makes the case that the redefinition of public policies around care is central to these.

### 1. THE CONCEPT OF CARE AS AN ANALYTIC TOOL

Care has for long been a woman-specific concept. The concept traces its origins to the endeavour to conceptualize a defining characteristic of women's life condition. The nature of the labour involved in caring was a key consideration from the outset, the goal being to define in its own right the activity that makes up caring for others, to identify its specific if not unique features and to analyse how this activity and the responsibility for it reinforced the disadvantaged position of women. Caring was initially at any rate conceived of in relation to the unpaid domestic and personal services provided through the social relations of marriage and kinship. So defined, the concept turned attention on the material and ideological processes that made up care and at the same time confirmed women as (for the most part unpaid) carers. The pioneering work on care (Finch and Groves 1983; Waerness 1984) focused mainly on unpaid, informal care in the family. This work could be said to have served the feminist analytic purpose well, having led to a body of scholarship that demonstrated the uniqueness and specificity of the activity of caring. In this regard, it drew attention to the fact that care was more than just unpaid personal services but was inherently defined by the relations within which it was carried out, relations that tended to be characterized by personal ties of obligation, commitment, trust and loyalty. The process of care was emphasized, explored in terms of 'loving, thinking and doing' (Leira 1992: 27). Through this and other literature, the meaning of care as an ethical practice and as a particular type of social relations was elaborated.

Theorists of care (Gilligan 1982; Tronto 1993; Bubeck 1995) have highlighted the importance of care as a relationship, and the interconnectedness and interdependence that characterize it. It is individualism that, in contrast, underpins assumptions about rational economic behaviour. Markets assume the existence of 'independent', competitive individuals, with the legal capacity to contract. Even the most zealous exponents of market individualism have always assumed that there would be a private sphere of the family that would provide succour to those who could not compete in the market. Feminists have demonstrated how this notion of a

separation of spheres was grounded primarily in the gendered division of paid and unpaid work, but also in the accompanying belief in women's moral superiority (Lewis 1984, 1991). While the gendered division of paid work that characterized the experience of middle class women at the turn of the century has been substantially eroded, the gendered division of unpaid work has not. And while care has been taken into the public sphere as paid work performed chiefly by women, the ethic of care has remained largely associated with the private sphere which has continued to be seen as something of 'a haven in a heartless world' (Lasch 1976).

Over time, the concept of care was broadened, reflecting both the changing nature of arrangements for caring in practice and the complexity introduced by the increasingly comparative nature of scholarship. Across nations and over time within them, care giving has shifted between the realms of paid and unpaid work, a movement that has never been solidly in one direction. Moreover, the interpretation of the meaning and significance of care-related policies for women is not straightforward. Early Scandinavian feminist analysis of social policy argued that the entry of women into jobs in day care centres, schools, hospitals and old people's homes – in the service of the welfare state – represented a form of 'public patriarchy' (e.g. Siim 1987). Women were doing the work they had traditionally carried out in the home in the public sphere. Others were more eager to claim this shift as an unequivocal gain (e.g. Kolberg 1991). As these and other debates were going on, care was maturing as an academic concept. Graham (1991), for example, sought to include non-kin forms of home-based care so as to enable the concept to embrace relations of class and race alongside those of gender. Leira (1992) drew attention to how care involves the interface of public authorities, especially the welfare state, and private agents. Tronto (1993) developed the idea of care as both a practice and a disposition. Thomas (1993) further elaborated the concept, identifying seven dimensions to it. These pertain to the identity of the providers and recipients of care, the relationship between them, the social content of care, the economic character of the relationship and of the labour involved, and the social domain and institutional setting within which care is provided. One can see the development of the concept reflected in the increasing differentiation in the terms used. Tronto (1993), for example, differentiates between caring about, taking care of, care-giving and care-receiving.

For all that it is widely used, the concept of care is both ambiguous and contested. Part of the problem is that it has been used in such diverse ways that it is in danger of losing its core meaning. We seek to be specific in our use of the concept and above all to develop it as a category of analysis in relation to the welfare state. This means for us conceptualizing care in such a way as to capture the social and political economy within which it is embedded. If one is to employ the concept of care as a general category of analysis in relation to the welfare state, one must find a way of retaining its capacity to reveal important dimensions of women's lives (indeed the human condition) and at the same time capture more general properties

of societal arrangements around personal needs and welfare. Towards this end, we suggest the heuristic category of 'social care'. While the term itself is not new, we believe that elaborating the concept as we do helps to provide a useful theoretical tool for more general analyses of welfare states. In this regard it takes us somewhere new.

Social care is for us a multi-dimensional concept. Of its different dimensions, three merit emphasis. The first is care as labour. This draws attention to the nature of both the work and the general activity. Highlighting the labour aspect not only emphasizes care as a verb and carers as actors but implicitly begs a comparison with other forms of work and labour. Emphasizing care as a particular form of labour also draws attention to the conditions under which it is carried out. This in turn makes an analysis of the role of the welfare state indispensable and leads especially to consideration of whether care is paid or unpaid, formal or informal, and the state's role in determining these and other boundaries. The second dimension of the concept locates care within a normative framework of obligation and responsibility. Here normative dimensions are drawn in and with them complexity is introduced – it is inappropriate to consider the labour aspects of care alone for, as an activity, care tends to be initiated and provided under conditions of social and/or familial relations and responsibilities. This normative or ethical focus places the spotlight on the social and societal relations of care and on the state's role in either weakening or strengthening existing norms about care. It also makes an analysis of the discourses that surround it important. Third, we see care as an activity with costs, both financial and emotional, which extend across public/private boundaries. The important analytic questions that arise in this regard centre upon how the costs involved are shared, among individuals, families and within society at large. Our three-dimensional approach leads us to define social care as the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out.

In defining and conceptualizing social care we are mindful of some shortcomings in the existing applications of the concept, in particular its fragmented use. The existing literature is characterized by a number of dichotomies. One dichotomy is between care in formal settings and care carried out in the informal sector (a division that has been criticized strongly by Ungerson 1990, 1994, 1997). A second tendency towards fragmentation is to be found in the separate treatment of the care of children and that of dependent adults (the elderly especially). Ungerson (1990) has commented on this, and the way in which much of the British literature on care has been confined to elder care, while the Scandinavian literature has referred both to child and elder care. Treating unpaid and paid caring as different in essence has been a third dichotomizing tendency. These and other types of fragmentation have put limits on the coherence of the concept and affected its capacity to embrace comprehensively a major form

of welfare state activity. As may be appreciated from the definition offered above, we seek to overcome conceptual and empirical fragmentation by defining care as a meta concept, that is as an activity that crosses spheres. We would therefore include both care for children and that for adults in our conceptualization of care since we consider that there is much to be learned from connecting these two domains of welfare state activity. They are in any case becoming increasingly entangled as welfare states and societies respond to a growing general need for care.

The analytic potential of the concept of social care in relation to the welfare state is considerable. Much of the existing work on care, reflecting a general tendency in feminist scholarship, has concentrated on the details of social programmes, the nature of care as an overwhelmingly female activity and type of social relations, and how both have conditioned women's experience of (in)dependence and well-being. In a scholarship that has tended to relish the complexity of the everyday, the place of care in the broader political economy of the welfare state has been under-explored (although Gardiner's (1997) overview is valuable in this regard). As a result the macro and dynamic nature of the concept tends to have been underplayed if considered at all. Figure I presents our elaboration of the concept along each of these lines. It is intended primarily as an analytical sketch and of course needs to be empirically tested in further research.

A key question is what kind of analysis of the welfare state does the concept of social care invoke. In this regard it will be clear that the concept lends itself to an analysis of both the macro- and micro-levels. Focusing on the macro-level, the most immediate application pertains to the care infrastructure. This can be analysed in terms of the role of cash and services. In contrast to others (Alber 1995; Sipilä 1997), our consideration of social care centres not on social care services but rather on the relationship between (the existence and nature of) such services and cash benefits in particular welfare states. A second analytic aspect of social care at the macro-level concerns the political economy of provision by and among the different sectors. The division of care labour, responsibility and costs between the family, the market, the state and the voluntary/community sectors is here the critical analytic departure point. The kind of analysis that social care invokes in this regard is close to that implied by the concept of the welfare mix (Evers and Svetlik 1993). We move beyond the latter concept, however, by emphasizing the contribution of each sector to the care load overall, the institutional particularities that govern the organization of care within and across sectors and the types of politics that accompany them. The concept of care also has purchase at the micro-level, and part of its beauty here is that it is enlightening about the content and context of a core element of both women's work and individuals' experience of welfare in society. It bears, therefore, some promise in accounting for the gendered nature of social relations within the context of welfare state provision and more general societal arrangements for welfare. At this everyday level, the most telling indicators are the distribution of care (giving and receiving)

	Macro-level	Micro-level
Conceptual reference →	Division of care (labour, responsibility and cost) for children and elderly or ill adults between the state, market, family and community	The distribution of care (labour, cost and responsibility) among individuals within the family and community and the character of state support for caring and carers
Empirically indicated by →	<ul style="list-style-type: none"> <li>– The care infrastructure (services and cash)</li> <li>– The distribution of provision between sectors</li> </ul>	<ul style="list-style-type: none"> <li>– Who performs the caring</li> <li>– Who is the recipient of any benefits and services that are available</li> <li>– Which kind of relations exist between the care-giver and receiver</li> <li>– Under what economic, social and normative conditions is caring carried out</li> <li>– The economic activity patterns of women of caring age</li> </ul>
Trajectories of change →	More/less: state market family community	<ul style="list-style-type: none"> <li>– An alteration in the distribution of caring activity</li> <li>– An alteration in the identity of carers</li> <li>– An alteration in the conditions under which caring is carried out and the nature of the state's role therein</li> <li>– An alteration in the relations between care-giver and receiver</li> </ul>

FIGURE I: *An elaboration of the concept of social care*

between women and men and among families, the conditions under which care is carried out and the state's role in affecting such conditions. By bridging the private and public spheres in this way, the concept should serve as a useful category of analysis to uncover the nature and boundaries of welfare state provision and how they vary across time and national frontiers.

Remaining with the analytical properties of the concept, social care also has an inherent dynamic that makes it suitable for studying change. Its dynamic lies in the idea of shifting boundaries as regards the provision of care. The notion of boundaries is applicable at both macro- and micro-levels. At the macro-level, change may be identified by virtue of shifts in the distribution of care among sectors. At the micro-level the trajectory of change embraces the distribution of care among individuals and families and alterations in the conditions under which care is undertaken and received. Hence, the concept has the potential to envisage trajectories of change, as we seek to demonstrate in the last row of Figure I. How good these trajectories are at encapsulating what is actually happening in welfare states in practice is a matter for empirical analysis also. The main point to be emphasized here is that the concept of social care furnishes a relatively rich tapestry of hypotheses about possible directions of welfare state development and transformation.

## 2. SOCIAL CARE AND WELFARE STATE VARIATIONS

There is an influential literature on typologies of welfare states. The measures used have focused on inputs in the form of entitlements (e.g. Esping-Andersen 1990) and on outcomes in the form of the extent of redistribution (e.g. Castles and Mitchell 1990), but almost all the research has examined only cash benefits. Certain assumptions tend to flow from the work on cash transfers about services, which may be more or less valid. Bradshaw et al.'s (1993) comparison of both cash transfers and services in respect of children in 15 OECD countries resulted in a very different clustering of welfare states. Our definition of social care encompasses cash and services, and carework that is formal and informal, public and private. Our purpose is to indicate how a consideration of, first, welfare state variation and (in the following section) welfare state restructuring looks different if such a concept of social care is made central to the analysis.

Care is at one and the same time a growing concern for welfare states and an ever more frequent object of social policy. To grasp why care is becoming increasingly problematic for states and societies, one must only note that there has been a change in the context of care. Demographic, economic and social factors have each been implicated. The demographic and financial factors have acted as pressures increasing the demand for care whereas the social factors, in particular changing norms about family and kin responsibilities and the role of women, have contributed to a transformation of the conditions under which care has been traditionally organized. All of these together have acted to effectively decrease the supply of care at a time when the demand is rising.

As a result, practically all European societies, apart from Ireland, are experiencing a crisis of care (Hochschild 1995). The origins of the associated pressures vary, not least because different welfare state models have

incorporated care differently. Although there is no single or simple way to categorize welfare states in this respect, one can, loosely applying the framework developed above, identify certain tendencies around care in particular welfare states. The Scandinavian states form a distinct group in this regard, tending to collectivize caring for both the elderly and children. More than half of all under school age children in the Scandinavian countries attend a publicly-controlled day care service and every third elderly person is a recipient of either domiciliary or domestic help and care (Hanssen 1997: 110). The model of social service provision in this part of Europe was in the past if not any longer one of abundant, locally-organized services that are available on a universal basis and funded from taxes. In these states the pressures around care arise mainly from shortages in public funds and to a lesser extent from disenchantment with a primarily public model of service provision. The Scandinavian nations are really the only countries to form something resembling a cluster in regard to care. At first glance the countries from the middle and south of the European continent appear to be bunched together in favouring a 'privatization' of caring. However this is a relatively large and diversified group of welfare states – embracing both the Bismarkian and Mediterranean welfare state models – and there is considerable variation among the constituent countries. A key aspect of this variation centres on the nature of 'privatization'. In the Mediterranean countries care tends to be privatized to the family. With the exception of Italy, public services for the care of adults and children are very limited and there is no developed market involvement in care-related services. In Germany the privatization of care means something rather different. When it is not privatized to the family, care undertaken outside the family is seen to be most appropriately a function of voluntary service providers. This means that in Germany there is a relatively large voluntary, quasi-statutory sector which, through public funding, provides a range of services related to caring for the elderly as well as for children. Then there is the case of France which makes a strong distinction between care for children and that for the elderly. Only the former is collectivized and the voluntary sector plays a minimal role. In all of these countries, the main source of pressure is the decreasing supply of family caring resources. Women are not available to care in the same volume as heretofore, due to either a desire or a necessity on their part to be involved in the labour market (Moroney (1976) was among the first to call attention to this trend). A further type of approach to caring is to be found in the welfare states of a Beveridgean provenance (within Europe – Britain and Ireland). Like France these states make a relatively strong distinction between caring for children and that for (elderly) adults. But unlike France the former tends to be constructed as a 'state-free zone' whereas the latter is much more likely to be collectivized. In the present times, these welfare states experience pressure from both sides: family resources for caring are shrinking as are the resources (funds and commitment) available to and for public services.

Care is, therefore, a key element around which one can analyse welfare

states. It is, furthermore, revelatory of how European welfare states vary from one another. In this regard it embraces such factors as the congruence between policy for the care of children and that for the elderly, the degree to which provision is privatized or collectivized and the contribution of the different sectors. A key insight underlying this article is that care has been of varying significance historically in terms of how it has been approached by public policy. This is not something that is widely acknowledged. We would point out that the sociological place of care, and the extent to which it should be represented as a 'problem', has varied across time and place. Dependency, for example, was not seen historically in the one-dimensional way it later came to be defined by liberal feminism (Offen 1992) and the automatic connotation of dependency with caring is also modern. In social Catholicism for example, a philosophy that underpins to varying degrees all of the continental and southern European welfare states, the giving and receiving of care is part of the normal reciprocity between individuals who are defined by the nature of their embeddedness in a range of social relations (Daly 1999). Family solidarity was understood as a readiness to care (as well as to provide cash) for one another and in line with this philosophical thread social policies were constructed in such a way as to enable the family to carry out the caring functions which were seen to be normal and appropriate to it. Indeed, the very role of the state was defined in such a way as to allow the family the first right to care. Far from avoiding the need for care, then, one could interpret the classic social programmes in the European heartland as actually encouraging the supply of, if not also the demand for, family caring. While this took different forms historically, the encouragement of and normality of family caring is even to be seen in the social policies of the Beveridgean welfare states in the form of the institutionalization in a very gradual, some might say grudging, fashion of measures (e.g. benefits for adult and child dependants) which might prejudice the male breadwinner's willingness to maintain.

Care has also varied in its significance as a domain of welfare state policy activity. To appreciate this point, it is important to differentiate between the assumptions, principles and outcomes of welfare state policy. When one does this historically, it is difficult to argue against a representation of the early welfare state measures, social insurance especially, as being primarily about waged labour. While acknowledging that such measures were gendered in effect, the extent to which they engage(d) directly with issues of gender and the family was a function of the extent to which such matters were seen to exert an influence on the supply of (male) waged labour. This is not the case today. Issues of gender have assumed a direct and prominent place, being rendered considerations for welfare state policy in their own right. Two factors have been instrumental in propelling gender to the forefront of welfare state policy considerations. First, the social and political engagement around gender equality has put welfare states on the defensive and made gender equality an explicit policy consideration in all developed welfare states. Secondly, as women have come to be defined increasingly as

paid workers, welfare states have had to take on board the consideration of how their policies affect female labour, both paid and unpaid. Concern about the supply of female labour renders care a central concern for both welfare states and societies. As indicated above, practically all welfare states are experiencing a crisis of care as a result of population ageing and the decreasing availability of private unpaid care. In responding to this crisis, welfare states are increasingly redefining what is offered as a public service, who might qualify for cash assistance in respect of care, and how much care must remain in the private familial or private market sectors.

### 3. PATHWAYS OF CHANGE

Taking social care as the point of departure leads to particular lines of analysis in relation to the changes that are raging through contemporary welfare states. Traditionally societies have tended to offer either cash or care but welfare states' responses to the demand for or need of care are becoming increasingly complex and diversified. Considering the main changes that are underway in welfare states tends to confirm both the increasing significance of care as a sphere of social policy and the merits of a social care-based analysis of the welfare state.

One possible type of transformation is a change in the contribution and role of different sectors in the provision of care. In this regard, a number of changes are taking place simultaneously in the welfare states of western Europe. One could analyse these in terms of the nature and content of the 'welfare mix'. It is certainly the case that the market is assuming or being granted a greater role than heretofore. A first significant implication of the growth of the market in the provision of care is that it is likely to herald a change in what constitutes care and the conditions under which it is carried out. This trend in regard to the 'marketization' of care is complex and multi-faceted, involving changes in both the balance of the mixed economy of service provision and an increased faith in the application of market principles to the public sector. What is happening is considerably more complicated than simple cuts in the levels of service provision. Nor does 'privatization' adequately capture what is underway, although in many countries the balance of provision has shifted away from the state and towards the 'independent' (private and voluntary) sector.

Glennerster and Le Grand (1995) have insisted that the shift towards some form of 'marketization' of services in so many EU countries cannot be explained simply by ideology and right wing ideology in particular. While all forms of 'marketization' have been strongest in the UK, many other Northern European countries have seen similar developments along the lines of the introduction of purchaser/provider splits and internal markets. These have appeared even in Norway, conspicuous within Europe for its lack of economic pressures on the welfare state. Nevertheless, any temptation to see these trends in terms of convergence should be resisted.

The meaning of reforms that look quite similar on paper can be quite different because of the context in which they are inserted and because the motivation behind them is often different. This in turn has important implications for who actually delivers care and under what conditions. The increase in private sector providers in Finland has been marked by the entry of small-scale female entrepreneurs, usually exiting the public sector (Simonen and Kovalainen 1998) for example, whereas in the UK large firms have played an increasingly important part in provision and have driven down the wages and terms and conditions of the, predominantly female, care workforce (Lewis and Glennerster 1996). Writing from the German, corporatist and more consensual perspective, Evers (1993) has taken a much more positive view of the more pluralist provision of care, believing diversity of provision to be inevitable in a pluralist society.

'Marketization' also has implications for care recipients. The application of market principles to public sector care services results in a more systematic targeting of those in need of services, which in turn means that some – whether elderly people with lower levels of dependency and risk, or children with unemployed parents – no longer qualify for assistance. In this case, it is the informal carers who must pick up the slack. Moves towards a more mixed economy of care with more plural provision are justified largely in terms of providing greater individual choice for those in need of care, but it may also be prompting more 'compulsory altruism' (Land and Rose 1985) on the part of family carers. Thus, with the concept of care, the ethical issues that underlie contemporary welfare state restructuring, are drawn to the centre of analysis. In particular, social care raises in an acute form the question of what the 'limits to markets' might be. Contract has tended to assume 'the unencumbered self' (Sandel 1996), existing outside relationships. This renders contract inherently problematic in respect of care. Some philosophers of welfare (Wolfe 1989; Anderson 1993) seek to argue that the market and the family are structured by norms that express different ways of valuing people and things, and must therefore be kept separate. But this pushes us back towards the dichotomous treatment of public and private spheres that is untenable if the manner in which welfare state restructuring is reconfiguring those boundaries is to be properly understood. The issue of coercion looms large in relation to the way in which 'marketization' also elicits more informal, family care. In addition, care is liable to be degraded in our society if it does not attract a monetary value, and yet also degraded if it does because that monetary value is so small.

A second way of analysing the changes that are underway is to consider the forms of welfare state support for caring and how they are diversifying. This has both a within nation (to the extent that more than one form of provision exists in countries) as well as an across-nation application. It involves not just the old either/or constellation of service, cash transfer or taxation but rather a greater differentiation in the manner in which cash and services are being combined to support private or public care on the part of welfare states. On the cash transfer side, Ungerson (1997) usefully

differentiates between five types of payment, the differentiation resting in the main on who gets it (carer or cared for), the height or size of the benefit, and the purpose the benefit is intended to serve. Daly (1997) draws attention to the differences characterizing the developments around caring for children in comparison with those for caring for the elderly. Trends in regard to the former are more coherent across nations in that there is something of a move underway in most parts of Europe towards the public subsidization of the private (parental) caring of young children. It may even be that the nature of the classic family policy architecture is undergoing a change in that any new benefits which are being introduced for families with children are taking the form of payments for (private) caring rather than, say, general subsidies to families like child benefits. This is a significant change in policy terms for the traditional stalwarts of family policy, child benefits, were never intended as payments for care. Rather, their main purpose was to assist families with the costs associated with rearing children and/or to effect some modicum of (horizontal) redistribution towards this sector of the population. Hence, one could say that there is a tendency for family policy to become care policy. To the extent that this trend gains momentum, it will raise doubts about the utility of the traditional notion of family policy as a category of analysis in relation to the welfare state.

The changes underway in caring for the elderly are equally significant in terms of our understanding of contemporary welfare states. These developments appear to be more complex than those taking place in the domain of care for children. To understand them properly especially in terms of how they contribute to trajectories of welfare state change and transformation, the developments must be analysed in the context in which they are taking place. Only when they are placed in context can they be interpreted in terms of whether they represent an expansion of the welfare state or a means of dismantling it. In Finland and the other Scandinavian countries, payments for personal caring, set within a context of a (still) widespread network of public care services, are poised between being a supplement to formal care and a move to transform the type of state support from care into cash. In Ireland, Britain, Germany and Austria among other countries, the payments are more identifiable as substitutes for formal care, either because of a lack of necessary public services or because of state withdrawal from providing them. In France payments for care have come into being as part of employment policy. In the face of high levels of unemployment, the French Government has promoted the employment of family-based carers, rather than the expansion of public care services, for children and to some degree for elderly people. This is tantamount to a policy that re-invents domestic service, albeit with access to social benefits. So while they may not necessarily herald a new form of the welfare state, in almost all countries apart from Norway, payments for care are being introduced or expanded in a context where the coverage of public services is declining and formal systems of welfare are experiencing increasing difficulty in meeting the need for care. There are many complexities involved. During the last decade

welfare states have been undecided about which arm of the relationship to support: the person requiring care or s/he providing it. Of the six countries which have instituted new procedures, three (Austria, Germany and Luxembourg) have opted to make the payment to the person requiring care, whereas Denmark, Finland and Ireland have chosen to grant a cash benefit to the carer. The choice has potentially deep ramifications because in the first instance – making the payment to the person requiring care – welfare states are in effect distancing themselves from how the care needs are actually satisfied, whereas making the payment to the carer is a trend in the opposite direction – drawing more people within the direct embrace of the welfare state. To the extent that welfare states follow the first model, we could be seeing the emergence of a new type of welfare citizenship. In this regard cash benefits and services have to be analysed closely together.

When one focuses on social care, it becomes clear that the changes which are being introduced in contemporary welfare states have the potential to alter the nature of social rights (social citizenship) quite substantially. In terms of service provision, social care has tended in most states to be a more residual service (compared to education and health) and has rarely amounted to citizenship-based entitlements. Where ‘marketization’ is taking place, services have become more systematically targeted to those in most need, which has meant in practice a larger role for professional discretion in determining who receives services. Those with lower levels of dependency and risk or those with available family carers are less likely to qualify for provision. In respect of cash provision, whereas formerly payments for care to the extent that they existed were in the least generous tier of benefits, this is not necessarily so today. For the most part the new developments around care are being introduced as a middle tier, often a new middle tier, between the most generous (usually social insurance) and the meanest and most conditional benefits. The degree of exceptionalism and innovation in developments around welfare state provisions for caring is high in that they tend to break with the existing principles in practically every system where they have been introduced. For example, the introduction of a new tier of social insurance to cover care in Germany offers a flat-rate payment under very particular conditions concerning levels of need in contrast to the norm for German social insurance of earnings-related payments that are conditional on labour market participation. There are positive aspects to the development also though, not least the fact that it is an example of how social insurance can be used to cover risks which are not strictly employment-related. Overall it seems that, since the retrenchment options in relation to the benefit system are difficult to engineer and tend to prove politically sensitive, welfare states are reserving their most innovative attempts for the domain of care which seems to be much more manipulable and porous.

In the debates about the crisis of the welfare state and its legitimacy, issues around care have been central. From the mid-1980s on there has been a stampede to emphasize obligations (rather than rights), which has been

translated into policy in respect of the direct enforcement of parental responsibilities and more indirect encouragement of responsibility for the care of elderly relatives. The obligation to engage in paid labour, which was, of course, essentially about the obligation of the individual to seek the means of economic independence rather than about obligation to the other, was also very much a feature of social security reform, as in the case of the French minimum income programme (*Revenu Minimum d'Insertion*) and, more robustly, in the British welfare to work proposals. The rediscovery of the importance of trust, commitment and obligation has not necessarily been conducive to promoting feminist (relational) notions of the ethic of care. Most strikingly, the desire to promote obligations within the family and that to push up employment have clashed in respect of lone mothers. Interestingly, in The Netherlands and the UK, where there was the most thorough-going recognition in terms of social policy of these women's care obligations, the obligation to seek paid employment in the absence of a male breadwinner has gained the upper hand in the late 1990s. These developments have been complicated and have thrown up strange alliances. The main purpose of introducing them here is to highlight the significance, and in many cases the similarity, of discourses across nations. It is remarkable how much the attack on selfish individualism has been confined to women and to the private sphere, the extent to which this has been exacerbated by the restructuring of welfare state services during the 1990s, and the dangers inherent in this gendered public/private separation.

To end this section on welfare state change, we wish to emphasize the point that the developments around caring demonstrate especially that welfare state change and transformation involves more than benefit retrenchment. In fact provisions around social care, especially cash transfers, represent a notable, and sometimes the only, case of programme expansion within contemporary welfare states. In addition, welfare states appear to be at their most innovative when it comes to introducing provisions for care. The fact that such payments often comprise a new 'middle tier' of benefits for example and some of the conditions attaching to the benefits (such as the investment of a particular type and duration of labour) suggest that some of the conventional categories of welfare state analysis may need to be revised. In addition, developments around caring demonstrate that welfare state transformation is more complex than is generally conceived and that state support may be in the process of taking a new form rather than being appropriately characterized as being 'cut-back'. And, above all, care is central to the ideological debates about the contemporary relationship between individuals, families, markets and (welfare) states.

#### 4. OVERVIEW

We set out in this article to develop the potential of the concept of care as a category of analysis relevant to contemporary developments in social

policy and welfare states more widely. Elaborating on the origins and earlier applications of the concept, in the context of a feminist scholarship intent on identifying the social and economic factors that kept women dependent on men, we have sought to identify how care as an activity is shaped by and in turn shapes social, economic and political processes. This led us to the concept of social care which, as defined, treats care as an activity and a set of relations lying at the intersection of state, market and family (and voluntary sector) relations. We have been especially concerned to draw attention to the role of the welfare state in shaping care as an activity and a set of social relations. The concept has three main types of contribution to make in this regard. The first pertains to its capacity to analyse the gender dimension of social policies. To the extent that it provides an over-arching frame of reference, it enables a more comprehensive and sociologically more complex understanding of why and how social policies are gendered. Part of its appeal in this regard lies in its capacity to move the analysis beyond the typically fragmented consideration of family policy, policy on the elderly, and differences in the benefits received by women and by men. But the potential which we see in the concept of social care is not exhausted by its utility for a gender-focused analysis. We are of the view that the concept can also enhance the quality and depth of welfare state analysis in general. In this regard it can lead to a more encompassing analysis, helping to overcome both the fragmentation in existing scholarship between the cash and service dimensions of welfare states and the relative neglect of the latter. We suggest that focusing on care shifts the centre of analysis from specific policy domains so that instead of examining cash benefits or services on their own one is enabled to consider their inter-relations. In this regard it has the potential to say something new about welfare states. The third potential in the concept lies in its capacity to capture trajectories of change in contemporary welfare states. The impetus for change is normally seen to stem from the market. However, this cannot be a complete interpretation of what is going on for the state is not just some passive monolith adjusting and adapting as its environment dictates. When one starts from the position of social care, the state assumes a central role but shares the limelight as (just) one agent of change. For if care is becoming increasingly problematic given that the demand for it is growing at a time when the supply is diminishing, welfare states play a crucial role in mediating the dilemmas just as care creates new dilemmas for welfare states.

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