INTRODUCTION

Looking at the current wave of social policy reform in Western Europe, it might seem as if these were pretty good times for the ‘women-friendly welfare state’ feminist politics and research have been striving for over the last two decades or so. In the context of a broad reform process framed almost everywhere throughout the EU (15) in terms of ‘employability’ and ‘activation’, the advancement of female labour market participation ranks high – if not first – on the political agenda of social policy makers. Women’s well-being (or ‘well-fare’), understood as their belated labour market individualization, stands at the centre of a new, postindustrial welfare equilibrium. As Gosta Esping-Andersen (2002a: 3), the spiritus rector of European welfare state restructuring, puts it, ‘[i]deological predilections aside, it should be evident to all that we cannot afford not to be egalitarians in the advanced economies of the twenty-first century,’ and gender equality, at least as far as access to the labour market is concerned, is absolutely central to the agenda of the new egalitarianism. In order to free women from family care responsibilities and to enable their labour market participation, the ‘de-familization’ of welfare production has been established as the golden rule of welfare reform.

The locus classicus of the mainstream understanding of ‘de-familization’ (or, as he puts it, ‘de-familialization’) is Esping-Andersen’s The Social Foundations of Post-Industrial Economies (1999: 45–6, 50–1). The simple formula to be found there, equating ‘an active policy committed to lessening the caring burdens of the family’ (1999: 45) with (a) the promotion of labour market participation and (b) the enhancement of economic independence of (c) women, has become common wisdom in scientific and political discourses alike. In line with Esping-Andersen’s definition, ‘de-familization’ is unequivocally used to denote ‘policies . . . that maximize individuals’ command of
economic resources independently of familial or conjugal reciprocities’ (1999: 45) – ‘individuals’ always and evidently meaning ‘females’: ‘Hence, de-familialization would indicate the degree to which social policy (or perhaps markets) render women autonomous to become “commodified”, or to set up independent households, in the first place’ (1999: 51). It comes as no surprise, then, that Esping-Andersen’s widely shared vision of ‘a Viable New European Welfare Architecture’ (2002a: 5) is centered around ‘de-familization’ – even if the term does not figure explicitly in his policy outline written for the Belgian Presidency of the European Union. To put it in a nutshell, Esping-Andersen’s recommendation to policy makers in postindustrial Europe (2002a, b, c) is *to do it the Nordic way* (minus labour market segregation by sex), i.e. to stick to a combined policy strategy focused on child welfare and gender equality, the links of which ‘all boil down to women’s employment’ (2002c: 67). The ‘basic “women-friendly” policy package’ (2002c: 73) propagated by Esping-Andersen thus includes measures to counteract the crisis of the industrial male breadwinner by way of ‘female life course masculinization’ (2002c: 95), i.e.: *de-familization*. According to the author, this strategy represents a substantial positive-sum game, reconciling in a virtuous circle family welfare (in terms of reduced child poverty and enhanced psychological well-being of children) and ‘the common good’ (meaning, above all, rising fertility rates and increased educational standards) with women’s liberation from family responsibilities and economic dependence.

In the year 2000, the European Council acted in line with this argumentation when recommending to raise female employment rates in all member countries from the then average of 51 per cent to over 60 per cent by 2010. In 2002, the European Commission as well as the European Council even extended the European Employment Strategy and formulated targets for the expansion of child care facilities: by 2010 ‘[c]hild care should be available to at least 90 per cent of children between three years old and the mandatory school age and to at least 33 per cent of children under three years of age’ (CEC, 2002: 20). The so-called ‘adult worker model’ (Lewis, 2001) builds the new foundation for economic and social policies promoted by the European Union, and recent legislation in many European countries makes an attempt to comply with the EU targets. Even in the hitherto highly ‘familialistic’, conservative welfare regimes of continental Europe the welfare state has been reinvented as an ‘independent variable’ for female independence. Or so it may seem, at first glance. In what follows, we will challenge the notion of ‘de-familization’ and its equation with female independence so common in both feminist and mainstream welfare state analysis. It will be shown that the concept of ‘de-familization’ has to be deconstructed analytically in order to account for its – at a second glance – highly ambivalent effects on the choices and economic self-reliance of women.
RECONSTRUCTING ‘DE-FAMILIZATION’: BETWEEN DEPENDENCY AND INDEPENDENCE

In this section we will embed the concept of de-familization within the feminist tradition of welfare state research. It will be shown that women’s care work provided within the family was identified as one of the main sources of the gender division in modern social policy. As a consequence, feminists called for the de-familization of women through the expansion of public care services for children and older people. But the shifting of caring responsibilities from the family to the welfare state is only one way to alter women’s dependency status. We will, in the first step of our argument, highlight the remaining pieces of the picture of female economic independence.

Early feminist research strongly distrusted the welfare state as such which was conceived as a male dominated system that reinforces patriarchy. The focus of analysis was on the ways in which social policies worked in order to suppress women and to uphold male dominance (Riedmüller, 1984; Abramovitz, 1988; Gerhard et al., 1988; Pateman, 1989). As a result, the welfare state was often rejected as a whole – at least by radical feminists.

Another branch of feminist work asserted a shift from private to public patriarchy (Hernes, 1984): the emergence and expansion of the welfare state decreased women’s economic dependence from individual men but – at the same time – established a new form of female dependence with regard to the welfare state and its institutions. Since women were under-represented in the political arena of parties, parliaments and corporatist decision making, they had little power over the structures of the welfare system. Thus, women were clients, consumers and employees of the welfare state but not fully integrated citizens. Men were the agents and women the objects within the political system (Siim, 1987). Nevertheless, the social rights provided by the welfare state were seen to hold an emancipatory potential for women. The transformation from private to public dependence has not only improved women’s economic independence from the male breadwinner but also provides new resources for mobilization, protest and political influence (Fox Piven, 1984; Dahlerup, 1987).

While this early feminist work concentrated on ‘the welfare state’ as a macrostructure (or even ‘superstructure’) of patriarchal domination, further research tried to identify and analyse more specifically the arrangements and mechanisms making for the gendered character of social rights in the context of differing national histories of welfare state development.

In general, feminist research identified two dimensions of gender discrimination in the welfare state (cf. Orloff, 1993: 315). On the one hand, welfare states distinguish between employment (or wage labour) and unpaid labour. Whereas employment is covered by contributory social security
systems that predominantly benefit men, unpaid labour's social rights are bound to social assistance programmes that serve a predominantly female clientele. This 'two-tier' system (Nelson, 1984) prolongs the inferior status of women. Their unpaid labour does not generate equal social rights since social assistance programmes are mostly means tested and subject to social control of the clients while social insurance benefits are received as earned rights due to contribution payments. On the other hand, the welfare state treats women as dependants by granting derived social rights for married women. This incorporation of women on the basis of their husbands' contributions to the social security system institutionalizes and reproduces women's dependency on the male breadwinner, which makes them especially vulnerable in cases of divorce (Lewis, 1992).

The familization of women, i.e. their dominant role in the provision of care, was identified as the main hindrance to women's labour market participation. According to feminist accounts, their way to economic independence was blocked due to the division of care work between women and the state as well as between women and men. Moreover, the welfare state refused to reward paid and unpaid work equally. The inferior treatment of women's unpaid care work kept them in a status of economic dependency. They were either clients of stigmatizing social assistance programmes or dependent on a breadwinner. From these feminist deficit analyses emerged demands for a women-friendly welfare state that would promote the independence of women. We will shortly discuss the most prominent proposals for a women-friendly welfare state in what follows.

Ann Orloff (1993: 319–22) claimed that welfare states should provide women with the capacity to form and maintain an autonomous household. According to her, this could be achieved by two different strategies: (1) providing payments for family care that secure economic independence of the carer and her dependants or (2) improving women's access to paid work and unburdening the family from care work through the expansion of public services. There is an obvious tension between the two strategies, but they could also be combined. Although Orloff is holding up both options, she seems to have a preference for the second strategy, arguing that the history of payments for care shows that the benefits provided were usually very low and not comparable to wage earners' benefits. Taking a historical stance she claims that, recurring conflicts of interest among women notwithstanding, most postwar women's movements promoted women's labour market participation instead of a 'mothers' (or carers') wage'. Since the political decision for one or the other of these strategies should democratically reflect women's real interests, history suggests – according to Orloff – a normative preference for the second strategy which feminist welfare state theory cannot ignore. In a later article, Orloff (1997) distinguishes between contemporary women's
movements in the liberal countries and in Scandinavia that pursue women's access to employment, and women's movements in some continental European countries and the historical women's movements that are (were) in favour of payments for care. Orloff argues that women might well have different 'contextualised interests', but that there still is the overall goal of 'emancipation' operating as a common strategic gender interest throughout different political contexts. Since the emancipatory effects of payments for care are disputed, access to employment seems to be the more legitimate strategy – and the more so in times of fiscal austerity and budget cuts that render the guarantee of real 'choice' an unrealistic policy option.

In her postindustrial thought experiment, Nancy Fraser (1997: 42–65) examines the two strategies which she calls the Caregiver Parity model and the Universal Breadwinner model. Whereas the first focuses on state provision of caregiver allowances, the second relies on employment enabling services. Fraser concludes that both (ideal) models are good at preventing women's poverty and exploitation. As far as it goes, each of them would contribute to the independence of women. However, Fraser goes beyond the notion of independence. She develops five additional criteria which have to be met in order to achieve true gender equity: income equality, leisure-time equality, equality of respect, anti-marginalization and anti-androcentrism. Only in a Universal Caregiver model can all of these criteria be met. This would imply that all, women and men, combine breadwinning and care giving and that the institutions of employment and care are redesigned in a way that systematically allows for this combination. Working hours would have to be reduced and employment enabling services would be available for everybody. Informal care work would be publicly supported and would be provided inside and outside households by relatives, friends and 'civil society' at large. Also, people without kin based responsibilities would have to provide care.

Another approach that radicalizes the focus on care (and payments for care) as a fundamental element of social citizenship is the one elaborated by Trudie Knijn and Monique Kremer (1997). Within their concept of inclusive citizenship, paid work and care are of equal importance since every citizen will – at least once in his or her life – either provide care or be in need of care. Knijn and Kremer systematically distinguish between the right to time for care and the right to receive care. Whereas the first enables informal care giving – without enforcing it – by direct financial compensation of care, the second guarantees access to qualitatively good professional provision of care. Quite interestingly for our context, Knijn and Kremer do not give normative priority to the 'independence' of citizens but rather stress their mutual (inter)dependence and the reciprocity of care and 'care giving', which for them is not only a matter of giving help, but also of
receiving (immaterial, emotional etc.) rewards. Their claim is to recognize the central importance of care giving and care receiving in the context of not (only) the political economy, but the sociology (i.e. the social order) of the welfare state.

It should be clear from this review of selected (and exemplary) feminist visions of a women-friendly welfare state that ‘de-familization’ understood (as is most generally done) as the unburdening of ‘the family’ (read: women) from care responsibilities represents only one dimension within an all-encompassing feminist agenda for restructuring the gendered welfare state. The individualization of social rights is just as much on this agenda as the financial compensation of family care and the redistribution of care work from women to men within and beyond the family. Thus, it seems only fair at this point to stress that, according to feminist theorizing on the welfare state, access to paid labour or, more specifically, to public services enabling and facilitating women’s labour market participation is not the one and only way to women’s independence and to gender equality in the welfare state.

DECONSTRUCTING ‘DE-FAMILIZATION’ AND ‘INDEPENDENCE’

Having said (and shown) this, we will now try to adapt the ‘mainstream’ conceptualization of ‘de-familization’ to the whole of theoretical knowledge as developed by feminist welfare state research. In the next step of our argument we will make plausible that on a conceptual level – and contrary to what policy makers and their political consultants across Europe are telling us and trying to make us believe – de-familization (a) is not automatically and unequivocally increasing the ‘independence’ of women (or men), that de-familization (b) includes not only an economic but also a social dimension, and that de-familization (c) comprises not only the care giver’s but also the care receiver’s perspective. Things are more complicated than they seem at first glance – and than mainstream concepts of ‘de-familization’ would like to have them.

De-familization is a complex, multifaceted concept. At its core is the question of ‘who cares’. De-familization was first defined by Eithne McLaughlin and Caroline Glendinning (1994: 65) as follows:

... de-familisation is constituted by those provisions and practices which vary the extent to which well-being is dependent on ‘our’ relation to the (patriarchal) family.

... de-familisation is about the terms and conditions under which people engage in families, and the extent to which they can uphold an acceptable standard of living independently of (patriarchal) ‘family’ participation.
Thus, de-familization refers to the question of (in)dependence within familial care relationships. Since a care relationship comprises the care giver on the one side and the care receiver on the other, de-familization cannot be reduced analytically to the situation of the care giver. De-familization processes change the care relationship as a whole and therefore also have an impact on the care receiver. The first part of the quote given above allows us to think of de-familization in this double perspective: on the one hand, de-familization has to be judged from the perspective of persons receiving care. We must ask for their status of dependence on or independence from the family, i.e. care receivers might be dependent on care given by a member of their own family (or household) or on financial support by the family in order to meet care needs. Care receivers might also be given a right to receive care as suggested by Knijn and Kremer (1997) who refer to a guaranteed access to qualitatively good professional care.5 On the other hand, de-familization has to be judged from the perspective of care givers. We must ask for their dependence on or independence from other members of their family or household. They might be dependent on financial support by the family breadwinner in order to meet care obligations or they might be bound by the expectations of care receivers that their needs should be met by close family members. Thus, the status of the care giver might be strengthened by a right to care which enables and rewards care giving through financial compensation as well as by a right not to care (cf. Lewis, 1997) which allows the care giver to leave a care relationship, e.g. because professional care takes over care obligations.6

Drawing from this clarification of different perspectives of (in)dependence we argue that the dependency or independence of both care receivers and care givers falls into two analytical dimensions: the degree of social (de-)familization, on the one hand, and of economic (de-)familization, on the other. In what follows, we will elaborate further these two dimensions with regard to care relationships between parents and children.7

The social dimension of (de-)familization is about the social and emotional relationship between the care giver (parent) and the care receiver (child). Usually, the parent feels an obligation to care for the child while the child is young and heavily emotionally bound to the parent.8 From the parent’s perspective, however, social de-familization would mean the right not to care for his or her child. Although we do not assume that parents could (or even should) be completely de-familized in this sense, they might nevertheless be de-familized gradually. On the one hand, the provision of child care services will contribute to the social de-familization of the parent, especially if they are low-cost, high-quality and easily available. On the other hand, the parent can become socially de-familized if other persons of the family or household take over (part of the) child care. Most obviously,
this could be the case within a model of shared parenthood with both parents accepting care responsibilities or within an intergenerational care arrangement with the grandparents providing care for their grandchildren. It should be acknowledged, however, that the social de-familization of the parent enables him or her to follow other interests besides child care. Labour market participation could be – but does not automatically have to be – such an interest.

From the child’s perspective, social de-familization means the right not to be cared for by the (i.e. one) parent exclusively. Children have a need for additional care relationships with other family members (e.g. the other parent or the grandparents) and also with other persons from outside the family or household in order to fully develop their cognitive, intellectual and emotional potentials. The child’s right to both parents and its access to child care services outside the family’s household is thus central for the child’s degree of social de-familization. It is of course an open question (to be answered differently in different cases and contexts) what degree of social de-familization fits a child’s need. An intercessor or ‘child advocate’ could strengthen the position of the child within the care relationship and make sure that the child’s needs are assessed and met.

The economic dimension of (de-)familization (to be distinguished from the social relationship conceptualized so far) describes different variants of choice for the care giver and the care receiver. From the perspective of the care giver (parent) the decision to what extent the child will be cared for by him or her depends also – and not least – on the financial possibilities (or restrictions) of the parent. A situation in which the parent is financially dependent on other members of his/her family or household might enable the parent economically to care just as well as if the parent receives direct payments for child care. But only financial independence of the parent gives him/her a substantial right to care and thus provides what could be called a ‘real choice’. The economic de-familization of the parent therefore requires his or her financial independence which would be best granted by payments for child care that allow the parent to form and maintain an autonomous household (cf. Orloff, 1993). An effective right to care is guaranteed only by direct and individualized payments for care.

From an analytical perspective focusing on the child’s (or the care receiver’s) well-being, economic (de-)familization concentrates on the question of who covers the costs of the child’s care needs. Children have a right to choose additional care relationships besides their relations to close family members. These will standardly be care services or educational services which will have to be paid for. The costs of the child’s right to choose such services could be borne either by the family (or household) or by the welfare state. But, to be sure, only a socialization of these costs through
public transfer payments can, from the child’s perspective, guarantee ‘real choice’ and the economic de-familization of the child.

When seen against the backdrop of this thorough analytical ‘deconstruction’ of the concept, the restrictions and shortcomings of the mainstream debate on de-familization should become immediately obvious. The common use of the concept distorts, and in a sense ‘de-problematises’, the real-world processes and constellations of a ‘de-familization’ of care. We can distinguish two main aspects with regard to the inadequacy and undercomplexity of mainstream conceptualizations. First and most fundamentally, when talking of the need to de-familize care, the talk usually refers to the care giver only, disregarding the person in need of care and the consequences that de-familization may entail for him or her. (If the situation of the needy part of the care relationship is taken into account at all, it is commonly presupposed that the act of de-familization has unambiguously positive effects on the well-being of those receiving care.) Correspondingly, the independence the care giver is meant to enjoy through de-familization is strictly defined in the sense of financial independence, basically ignoring the social and emotional aspects of the care giver’s ‘liberation’ from his or her care responsibilities. (Again, where such considerations are given at all, there is no discussion of possible trade-offs between both dimensions because it is generally assumed that the social and/or emotional independence of the care giver with regard to the person in need of care is a value in itself.) Thus, what we are currently facing in the political as well as in the scientific debate on ‘de-familization’ is a significant conceptual reductionism (Table 11.1).

Building on this reductionism, the next simplification characterizing current debates is that de-familizing the care giver (understood unidimensionally as the unburdening of the parent from care responsibilities, i.e. our dimension of social de-familization) is supposed to lead quasi-automatically to his or her economic independence, while the familization of care work (understood correspondingly as the burdening of the parent with care responsibilities, i.e. our dimension of social familization) is systematically equated with the economic dependency of the care giver – the care giver, almost needless to say, explicitly or implicitly being supposed to be the child’s mother and not the father. In other words: mainstream theorizing on and politicizing for ‘de-familization’ is characterized not only by an exclusive focus on care givers, on the social (de-)familization of care givers and on the economic (in)dependence (via labour market participation) of care givers – read: women – but also by a remarkably low tolerance for ambiguity, i.e. for the ambivalences and trade-offs the road to ‘de-familization’ (or, more exactly, to this variety of de-familization) might be paved with.

Even if we, as a first step, accept part of the reductionism of mainstream
conceptualizations and concentrate on the perspective of the care givers, there still remain counterintuitive interrelations between the two dimensions of social and economic (de-)familization and the (in)dependence of care givers. These amours dangereux for the dominant de-familization discourse, which commonly remain unacknowledged, may be systematized as shown in Table 11.2.

Stating our argument in the most general terms, it is important to understand that there is no given, predetermined correlation between ‘(de-)familization’ of care (in its different facets) and the economic or social independence of women as care givers (always supposing that the ‘normal’ care giver is female, which is (a) empirically true and (b) politically assumed). The four ‘intuitive’ (‘i’) and ‘counter-intuitive’ (‘c’) cases derived from Table 11.2 will be explained in the following by referring again to care relationships between parent and child:

(1) (i) If parents are socially familized as care givers, because there is no possibility to share child care either within the family nor by using child care

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<th>Table 11.2 Intuitive and counterintuitive relations between social/economic (de-)familization and economic/social (in)dependence from the care giver’s perspective</th>
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i = intuitive, c = counter-intuitive relation.
facilities, the intuition would be (and actually is) to count them as financially
dependent. Given that they are not willing to neglect their children, no
options to gain financial independence via labour market participation are
available for socially familized parents.

(c) But: Even if the parent is the only provider of child care so that he or
she is totally socially familized, the parent might be (at least partially) eco-
nomically independent, e.g. due to individualized payments for care like
paid parental leave. The degree of the parent’s independence would then be
determined by the character (most importantly: the amount) of the pay-
ments for care, which allow the parent to develop (at least to a certain
degree) economic independence from other household members and their
earned incomes. However, payments for care might be (a) very low in terms
of the amount and/or the duration of the benefit or (b) not fully individu-
alized, e.g. if the amount of the benefit depends on the household income.
In these cases (and especially if both (a) and (b) apply) the economic inde-
pendence of the carer from his or her family will not be extended sufficiently.

The most widespread individualized payment for child care is paid
parental leave. Interestingly, countries which provide poor rates of formal
child care (for children under three years old) and thus aim at the social
familization of parents tend to have (if at all) also poor individualized
benefits for child care. Their parental leave benefits are mostly low flat-rate
payments which do not allow for the financial independence of the parent,
e.g. the monthly flat rate amounts to €436 in Austria and – depending on
the household income and the duration of the leave – to a maximum of
€300 or €450 in Germany. In Italy, the benefit amounts to 30 per cent of the
former wage and lasts only for six months whereas Germany provides pay-
ments for a maximum of two years and Austria even for a maximum of
three years (cf. Leitner, 2003: 371). Thus, there is little empirical evidence
for our argument, but the example of Luxembourg shows that high social
familization of parents might indeed go hand in hand with high financial
independence: Since 1999, parents can take six months of full-time leave
from employment with a monthly benefit of €1,693 attached to it or 12
months of half-time leave with a monthly benefit of €846 (SSA, 2004).
Moreover, the most recent German proposal to reform parental leave
benefits aims at introducing a benefit based on 67 per cent of the parent’s
former wage. Starting from 2007, the so called Elterngeld is supposed to be
paid for ten months and can be extended to 12 months if the other parent
takes at least two months of the leave.

Besides individualized payments for care, socially familized parents can
be thought of being economically independent due to contingent reasons
(personal wealth or the existence of other income flows) or because of –
and this is an important point to keep in mind with regard to possible social
policy reforms in the future – a welfare state systematically geared towards guaranteeing a basic income to every citizen. (We will be coming back to this last argument in the concluding part of the paper).

(2) (i) If parents are socially de-familized – either due to the availability of child care facilities or because other family members share care responsibilities – they are supposed to be enabled to gain income via employment and thus (may) become economically independent. This is Esping-Andersen’s (and the de-familization mainstream’s) line of argumentation described in the introduction to this chapter. We should nevertheless not forget to point out that there are also countries with high rates of formal child care (even for very young children) which provide comparatively high individualized payments for child care and thus contribute to the financial independence of parents: e.g. in Sweden the parental leave benefit amounts to 75 per cent of former earnings and the Danish flat rate during parental leave is rather high (cf. Leitner, 2003: 371).

(c) But: We should be aware of the fact that the social de-familization of the parent does not necessarily increase his or her economic independence. In spite of the new opportunity structure (in terms of mothers’ labour market participation) brought about by the social de-familization of child care, the former care giver might not succeed in the labour market and earn only insufficient incomes to make him/her (or his/her household) truly ‘independent’. Many employed mothers are still financially dependent on their husband’s income or on welfare payments. In a situation of high unemployment, the chances for mothers to (re-)enter the labour market are a priori restricted. In fact, women’s increased employment rates tend to be based on more ‘flexible’ jobs with low job security and low wages (Lewis and Giulia, 2005: 82). Those who are employed are often working part-time to reconcile work and family life. Although women, in general, have high part-time rates, mothers’ incidence of part-time work is even higher, especially if there are two or more children. The Netherlands has the highest rate of part-time workers among mothers: 80 per cent of mothers with two or more children work part-time. In Australia, Germany, Switzerland and the United Kingdom, the share amounts to more than 60 per cent. Like women in general, working mothers earn, on average, 16 per cent less than men per hour worked. Besides direct wage discrimination, this gender wage gap accounts for the occupational and sectoral as well as the vertical segregation of employment by gender. Due to shorter working hours and the gender wage gap, there is also a considerable monthly wage gap between men and women. In the Netherlands and the United Kingdom, the monthly gender wage gap is highest with women earning just over half of what men earn. But
even in Sweden, one of Esping-Andersen’s best-practice countries, women earn only 70 per cent of men’s monthly income (cf. OECD, 2002). Thus, the achievement of economic independence through labour market participation is at least dubious for mothers. Their chances seem to rest more on a gradual economic autonomy. Moreover, despite the fact that the availability of child care, i.e. the social de-familization of the parent, is one of the most important prerequisites for mothers’ employment, the sound reconciliation of work and child care requires more than the availability of child care services. Flexible time structures would be needed for both child care and working hours to make ends meet. After all, at least part of the constraint on mothers’ employment is the low availability of part-time employment. This is especially important for Greece, Ireland, Italy, Luxembourg, and Spain (Daly, 2000: 491).

Apart from these structural constraints of the labour market, cultural constraints for the employment of mothers have to be taken into consideration. The social de-familization of the parent will not lead to his/her economic independence via labour market participation if the employment of mothers is culturally rejected. In Belgium, e.g., half of all children between two and a half years and five years of age were attending child care facilities at the beginning of the 20th century. During the two world wars the number rose to two-thirds of all children in this age group and climbed up to the 100 per cent mark during the postwar period until 1970. But, up to the mid 1970s, this social de-familization of the parent did not result in a growing female employment rate. In contrast, the female employment rate fell constantly from two-thirds to one-third between 1850 and 1960. Yet in 1970, we find that Belgian women left the labour market without return after their first child had been born (cf. Leitner, 2005).

(3) (i) Parents who are economically familized – e.g. by the lack of individualized payments for care or by indirect payments for care or by insufficient market income – are usually seen as socially dependent which means that they are obliged to take over child care.

(c) But: This does not necessarily have to be the case. Parents could be economically familized and socially independent – i.e. free from child care obligations – at the same time, if e.g. a parent becomes (long-term) unemployed, and thus dependent on the income of the other parent, but does not increase his/her engagement in child care since the child has free access to extra-familial child care facilities anyway. The social independence of the economically familized parent would be best supported by child care services which not only have the function of enabling the reconciliation of work and child care (by just ‘billeting’ children), but which also aim at pro-
providing a high-quality educational function for the child.\textsuperscript{14}

(4) (i) If parents are economically de-familized by an income from labour market participation, they could increase their social independence (and commonly are supposed to do so) in so far as child care is taken over by other family members or by child care services.

(c) \textit{But}: Social independence of parents with regard to their children will never be (and arguably should not be) reached completely. The economic de-familization of the parent could even strengthen his/her social dependence, if it comes through individualized payments for care. Quite interestingly, in Finland, parents were given the option to choose between the right to a day-care place for their children and a Child Home Care Allowance (CHCA) for those who did not take up a day-care place. This led to a high percentage of parents opting for the payment for care instead of the day-care place: in 1998, 45 per cent of children under three were cared for through CHCA whereas 24 per cent were covered by day care (Kröger et al., 2003: 40–3). Thus, the majority of parents opted for economic de-familization and social dependence.

A lack of child care services and of inner-familial care sharing will also serve to uphold a high level of social dependence of the economically de-familized parent. Especially for working women (as opposed to men, at least in many or even most cases), de-familization in the sense of social independence from child care (and from familial as well as social child care expectations) can be said to be a chimera.

What should have become clear at this point in our chapter is that ‘de-familization’ is a complex and, in terms of its potential for ‘autonomization’, highly ambivalent concept. To measure the degree of ‘dependency’ or ‘independence’ of care givers, then, it is of crucial importance to be clear about the dimensions of de-familization as well as about the facets of (female) independence that are under consideration. Under these circumstances, it should be uncontroversial at least \textit{analytically} – if not politically – that different \textit{dimensions and degrees of female (in)dependence} would have to be distinguished with regard to both the familization and de-familization of care givers in advanced welfare states.

Moving now – if only briefly – on to the perspective of the care receiver, i.e. the child to be cared for by his or her parents, the ‘de-familization game’ becomes even more complicated. In the dominant discourse as reviewed above, de-familization is almost self-evidently supposed to be in the interest not only of women (because of it paving their way into the labour market) and the society at large (because of the mobilization of the hitherto untapped female labour reserve) but also of children. Children (or rather: many of them) are said to profit from being de-familized because of the improvement of their life chances brought about by detaching their
education at least partially from their families (and thus relieving them from their families' educational failure; cf. Esping-Andersen, 2002b). But if the child’s perspective on de-familization really was to be taken seriously, things would look quite different – and rather more complex.

Again, as in the case of the care giver’s perspective, there would have to be distinguished a social from an economic dimension of de-familization. The child as the person to be cared for has social needs, on the one hand, and economic requirements, on the other. The child’s social needs may be familized, meaning that his or her care is taken over by one (or both) of the parents, or they may be de-familized, care being then delivered by other institutions (private or public services). Similarly, the child’s economic needs may be met by his/her family, i.e. the costs of child raising may be internalized into the parents’ household and thus familized; or these economic needs may be effectively de-familized in the sense of externalizing, i.e. socializing the cost of children (by way of public transfers to households with children covering part or the whole of their child related expenses).

As opposed to the case of the parent as the care giver, the child as care receiver cannot be supposed – the younger, the less – to be in a situation to make real choices between the familization or de-familization of his/her economic and (even less so) social needs; real-world children do not opt for social or economic dependence upon or independence from their families. But to do justice to children as a constitutive part of the child–parent care relationship, we should take into consideration the ‘would-be’ choices of children with regard to them being (de-)familized – choices (children as) real actors would make. In this sense, it is not too adventurous to assume that indeed economic de-familization is always in the child’s interest as care receiver. With regard to social de-familization, however, things are less clear, and it would seem to be in the child’s interest to really have, as far as possible, a real choice between being cared for by one of his or her parents, by both of them, by other family members (wherever applicable) or by extra-familial care givers – or even by a combination of two or more of these options. Just like in the case of a women-friendly welfare state, a ‘children-friendly welfare state’ would, above all, enable choices – and take children seriously as all essential and equitable part of the care relationship.

CONCLUSION

Having said all this, we may keep our concluding section short and restrict it to two final remarks, an analytical and a political one.

With respect to the analytical remark, we would like to finish our chapter by paraphrasing Esping-Andersen (as quoted in the introduction): ideolog-
ical predilections aside, it should be evident to all that we cannot afford not to deconstruct and differentiate the concept of ‘de-familization’ in advanced welfare state research of the 21st century. Taking ‘de-familization’ (analytically) seriously means taking into account both sides of the care coin: care givers and care receivers, parents and children alike. Care is ‘inherently relational’ (Lewis and Giullari, 2005: 94) – which means that not only women, but women, children and even men have to be analysed with regard to their needs, wants and interests concerning the familization or de-familization of care. Women’s, children’s and men’s autonomy and interdependence must be accounted for by an analytically sound concept of de-familization. Thus, the mainstream conceptualization focusing on liberating women from care burdens in order to guide them into (alleged) economic independence via labour market participation is only one possible variety of de-familization – and, to be sure, one that acknowledges gender equality, care work and children’s rights only ‘in a particular, partial and instrumental way’ (Lewis and Giullari, 2005: 78).

In this context, a political remark may be permitted as well. If what is at stake is a welfare state that gives ‘a real choice’ – not only to women, but to children and, quite unconventionally, even to men – concerning the issue of care, its ‘familization’ or ‘de-familization’, we would have to head for a basic-income welfare state which would indeed leave the shaping of social relations of care open to the autonomous and interdependent decisions of its (family) citizens (van Parijs, 1995).

Choice is socially ‘embedded’ and ‘genuine choice’ or ‘real freedom to choose’ in respect of the balance of paid and unpaid work at the level of the household (and hence gender equality) will involve not only a rebalancing of paid work between men and women, but a complicated rebalancing of unpaid work between the market, state and men and women. (Lewis and Giullari, 2005: 78)

If we include children as fully-fledged members of the care/work relationship in this picture of a world of ‘real choices’, we get an impression of what de-familization is – or should be – about: the collective well-being of women, men and children being part of a social collectivity of care givers and care receivers. Instead of subjecting care and care relations to produc-tivist policy designs, we should wonder about how social policies could do justice to the complex arrangement of autonomy and interdependence – and of time, money, and love – which ‘care’ is all about.

NOTES

1. This argument has been developed within the US context and might seem exaggerated
when applied to the Scandinavian world. However, although Scandinavian-style universal benefits are less discriminatory since they are not means tested, their flat-rate character makes them equally inferior to social security benefits.

2. The expansion of public care services distinguished the Scandinavian model from other welfare states and was acknowledged (in principle) as a women-friendly policy by feminist social policy research though Scandinavian feminists also identified a trade-off between economic independence and dependence on the state for public services (Borchorst and Siim, 1987: 138).

3. Or as Jane Lewis (1997: 173–4) puts it: (1) the right to do unpaid work and not to engage in paid work or (2) the right to do paid work and not to engage in unpaid work.

4. Ilona Östner (2004) discusses and criticizes this ‘ideological’ narrowing of the feminist debate which according to her eventually came to dominate the editorial policies of the main journal of feminist welfare state research, Social Politics.

5. Obviously, family care could not be received by right, although if we think of the care relationship between parents and children, the care obligation of the parent is very strong, and sometimes even enforced by the law.

6. Elisabeth Hammer and August Österle (2003: 41f.) propose – from a care giver perspective – to measure de-familization by (a) the freedom of choice to provide care due to payments for care and (b) the freedom of choice not to provide care which for them depends on the availability and accessibility of social services as well as on the care giver’s access to the labour market.

7. Care relationships between (non-demented) adult persons differ from parent–child relationships in many respects. It is beyond the scope of this chapter to refer to these differences in a comprehensive way, but we will at least give some references when they seem appropriate.

8. Similarly, in old-age care the care giver (usually) feels an obligation to care whereas the care receiver (usually) expects the family to provide care.

9. Similarly, in old-age care the care giver could be socially de-familized by care services for the elderly or if care giving is shared with other family members. Due to the fact that in many cases the care giver is the partner of the care receiver, the idea of care sharing between partners is much more widespread with regard to child care than in terms of elderly care.

10. In elderly care the social de-familization of care receivers would mean to enable them to become independent of the availability and willingness of family members to provide care. Easy access to social care services would guarantee this kind of choice. An intercessor would also be a necessary prerequisite for the social de-familization of demented care receivers.

11. Payments that are addressed to the care receiver – as it is often the case in old-age care – will not (or only in a very indirect way) contribute to the economic de-familization of the care giver.

12. This critique refers to mainstream social policy research. In contrast, feminist research comprises a much more comprehensive discourse on care (for an overview see Leira and Saracena, 2005). From early on, care giving was analysed as a ‘labour of love’ (Finch and Groves, 1983) with a highly complex social dimension of interpersonal relationships of love and obligation. The interconnectedness of ‘caring for’ and ‘caring about’ (cf. Tronto, 1993; Sevenhuijsen, 1998) as well as the mutuality of the care relationship were described as a special ‘rationality of caring’ (Wærness, 1987). Moreover, care policies as well as policies to bring carers into paid employment have been a central field of analysis (e.g. Ungerson, 1997; Lewis, 2002; Gornick and Meyers, 2003).

13. It should be noted, though, that services and payments are probably not used simultaneously. Parents would rather consume parental leave benefits immediately after the birth of the child and make use of care services later on.

14. The sharing of care work within the family might be a less legitimate claim if one parent is not in the labour market.