

Care: actors, relationships, contexts

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Abstract

'Care' (or 'caring') is one of the contested concepts in the study of gender and social politics. As a concept and activity, care covers a number of different relations, actors, and institutional settings, and crosses conventional boundaries. It can pertain to family analysis, but also to labour market and welfare state analysis, to concepts and practices of work and citizenship, to issues of social inclusion and exclusion, and so forth.

The article examines some of the crucial passages in the development of 'care thinking', viewing them not only as steps in a theoretical process, but also as the outcome of shifts in contexts. Drawing mainly upon the Western European sociological and social policy discourses, and particularly on feminist literature, the following discusses care as a public and private responsibility, as relationships of labour, love and power, as personal responsibilities and social rights, and returns once more to considering care as a feminine dilemma.

Keywords: Care as relationships, care as social rights, care as work, social theory, feminism, power, rationality and caring

The multidimensional caring puzzle

Until the 1970s, 'care' apparently represented few if any theoretical challenges for social research, either as a concept or a social activity. Since then the aca-

democratic debate about the meaning and contents of terms like 'care' and 'caring' has flourished. With feminist scholarship as the main driving force, the many threads which make up the relational, symbolic, political and practical tapestry of care and caring relationships have been progressively unravelled. In this process different actors have emerged, both on the side of caregivers and of care receivers. Needs, interests and conflicts of interest have been acknowledged, named, and contrasted, and locations of care giving and care receiving have been identified. As the shortage of resources available for providing care, becomes more widely acknowledged, there is increasing debate about the rights and responsibilities of the care dependent and care providers.

The analysis of care, and the actors, relationships and contexts involved, is not a linear or additive process. Rather, it is a reflective process shifting in focus of attention, as well as changing in perspective and in levels of analysis. This implies the need to re-adjust previous insights and acquired knowledge. In doing so, the concept and the vocabulary of care has been expanded, but risks either being too generic, or too partial. From this point of view, it is interesting that in recent years we have witnessed attempts to develop general social theories based on an all-encompassing care ethic (e.g. Tronto 1993, Sevenhuijsen 1998). At the same time, there have been self-critical calls for greater clarity and specificity in the use of the concept, as witnessed in the efforts to limit, contextualise and diversify the forms of care being studied and/or tracing the empirical roots of the concept itself (e.g. Wærness 1987; Graham 1991; Ungerson 1990; Leira 1992; Thomas 1993; Daly and Lewis 1998).

Whether the concept of care is under-theorised (Leira 1994, Daly and Lewis 1998) or whether it is a descriptive rather than a theoretical category (Thomas 1993) remains an open question. What is increasingly clear, however, is that care as a concept and activity covers a number of different relations, actors, and institutional settings, and crosses conventional boundaries. It is performed in non-profit as well as for-profit arrangements. This renders it somewhat ubiquitous as a concept and field of analysis. It can pertain to family analysis, but also to labour market and welfare state analysis, to concepts and practices of work and citizenship, to issues of social inclusion and exclusion, and so forth. The historiography presented in the following is necessarily a selective one. Starting from research and debate on caring in one North European and one South European welfare state it draws mainly upon the Western European sociological and social policy discourses, and particu-

larly the feminist literature. In welfare states where care is differently defined and arranged, the themes and sequence of debates might have been different, and the influence of other disciplines more strongly felt.

In this article, we intend to review some of the crucial, but often overlooked, passages in the development of 'care thinking', viewing them not only as steps in a theoretical process, but as the outcome of shifts in context. These shifts may be seen in cultural terms, depending on the cultural, social and political traditions or on the interests/actors represented, or in historical terms, generated by the expansion or retrenchment of the welfare state, or as an interplay of all these.

Thus, in the second section we will review the ways in which different caring relationships – in the family and in social services, paid and unpaid – have been unravelled and conceptualized within different cultural and national contexts. The third section addresses the process by which the 'work' dimension of caring has been reclaimed, irrespective of the relationships in which it is performed. In the fourth and fifth sections the focus is on the re-conceptualization of care as entitlement, or as social right, partly contested and certainly incomplete. The concluding section highlights some of the theoretical and relational dilemmas involved both in caring relationships and in caring discourses.

Care is public and private

The Italian and Nordic cases are particularly interesting in that feminist research in caring from the late 1970s onwards illuminates theoretical, cultural and political traditions that in different ways have transcended the public-private divide. Although it represents one of the most interesting cross-cultural intellectual endeavours, the research and theoretical debate about care has developed within national and culture-specific understandings of what care is about (Finch 1993, Leira 1994). The need for 'translation' between studies set in different cultural and political contexts adds to the difficulties of transforming everyday concepts into tools for social analysis. The term 'care' in English, the Scandinavian '*omsorg*' and the Italian '*cura*', which are the most common translations, all have connotations of labour and love, caring for and caring about, public care and private, and the care for one person as well as the overall provision of care in society. However, the use of the

terms is not identical – in Anglo-American studies, 'care' covers a wider range of meanings and relationships. The term 'social care', as used for example by Daly and Lewis (1998), represents an attempt to circumscribe a more specific meaning – and to overcome the public-private divide within which the concept of care was originally developed within the Anglo-American discourse (Finch 1993) – in order to make it a useful concept in social policy and welfare state analysis. As such it is more similar to the approach we are using in this article.

The awareness of political and cultural differences is all the more important since the responsibility for some forms of care, and particularly the care of highly dependent persons, is central to the boundaries drawn between state and family, as seen in the formal definitions of family obligations (see e.g. Millar and Warman eds. 1995). In the Nordic countries, for example, since the 1970s social reproduction has been going public, and terms such as the 'public family' and the 'caring state' have been used to highlight the changing relationship between the welfare state and the family. Thus, it is important, particularly in comparative studies, to consider the diverse 'caring regimes' in the Western welfare states. If this context specificity is not ignored, cross-cultural and cross-national studies of caring regimes may add significantly to our understanding of how welfare states operate and of the diverse ways in which care is integrated as a social right of citizens.

From this point of view, the very important debates around the 'commodification of care' (see Knijn and Ostner 2002) may have different emphasis and meanings depending both on how the provision of care is organized between the family, the state and the market, and on how analyses of care have been developed within the various national contexts. 'Commodification', in fact, may mean both that the provision of care is to a smaller or larger degree allocated to market relations, and that it is allocated to public services, through the paid work of care professionals. In the former case both care and care providers have become a commodity; in the latter case only the labour of providing care is commodified, but care itself is a public good. The dividing line is subtle, and not always well traced in analyses of commodification of care. Concern over the 'commodification of care' may be voiced differently if care has been previously conceptualized and analysed as a mainly private activity developed within the household and/or kinship network (Graham 1983; Ungerson 1983, 1987; Finch 1993; Finch and Groves 1983), or if issues of paid and unpaid, formal and informal, private

and public care have been at the core of analyses of caring activities and their gender dimensions – as in the Scandinavian and Italian feminist debate since the 1970s (for example, Balbo and Bianchi 1981; Wærness 1984; Leira 1983, 2002; Simonen 1991).

Interestingly, both in Scandinavia and in Italy, feminist sociological analysis of care has from the very beginning been concerned with welfare state development. In Scandinavia, the preoccupation with the state was due to the fact that social reproduction was going public to a degree unknown elsewhere in the West. Feminist research from the very beginning started from the public-private mix in care, and outlined the institutional differentiation in care provision encompassing not only family and kin, but also the state and local authorities, local networks, voluntary organizations, formal and informal labour markets. In Scandinavian feminist studies of the welfare state, care and the gender presumptions involved were analysed in terms of social citizenship well before it became a standing theme in feminist social policy and political science discourse in other countries (Hernes 1984, 1987; Siim 1987; Borchorst and Siim 1987; Leira 1992).

The feminist discourse in Italy about the division of labour within the family and the role of caring work developed in the mid-1970s, in a period when the rudimentary Italian welfare state (mostly based on income transfers) started to develop its caring services, particularly in the area of child care. Debates on the virtues of community care and 'de-institutionalization' began to develop at the same time as in the UK (Finch 1993), particularly with regard to the mentally ill and handicapped. Thus, theoretical reflections on care and gender had to deal right from the start with the shifting boundaries of places where care occurred and with issues of crossing and interfacing, more than just separation and distinction (for example, Balbo 1977, 1978, 1982, 1987; Balbo and Bianchi 1981; Saraceno 1984a, 1984b).

Italian feminists in their arguments in favour of a more developed welfare state looked more at the Scandinavian model than at the British or German one. They were thus involved in the emerging Scandinavian debates about the 'caring state' and the problems that demographic, family, gender and labour market changes were posing for caring needs and obligations. It is worth mentioning that the report of the Swedish Secretariat for Future Studies (1984) *Time to Care* was presented in Italy and a summary translated into Italian by Laura Balbo in 1987, together with part of the debate that developed around it involving Italian feminist and nonfeminist scholars. In

Italy and Scandinavia, as in several other welfare states, concern over the professionalization of care and carers added to the concern with the persistent gender division of labour in caring work beyond the formal-informal, public-private divisions.

It should be noted, too, that the conceptualization of caring, as developed in Scandinavia and Italy, allowed the inclusion of care for all kinds of highly dependent persons, including one's own children. By contrast in the UK, at least according to Finch (1993) and also Daly and Lewis (1998), care for young children long remained outside the scope of this concept. At the same time, the different family and gender cultures in Scandinavia and Italy probably account for the early attempts in the former to distinguish between care, servicing and care-giving work, reserving the latter for the care of very dependent persons (Wærness 1987).

We do not interpret this 'unfinished' and context-linked character of the concept of care and its accompanying vocabulary as a shortcoming. Rather, we see it as an indicator of the potential of a concept that has helped to open up for analysis empirical fields that were previously largely under-theorized, such as 'housework' and 'social reproduction', and further served to deconstruct and engender concepts such as 'family obligations', 'social citizenship' and 'welfare state'. At the same time, it has made our view of the world more complex.

Reclaiming unpaid care as 'work'

Among the highly important early contributions of feminist scholarship to social analysis was the reclaiming of unpaid activities, such as housework or domestic work, as 'work'. This was a reconceptualization that included unpaid care not only as 'work', but as an activity of great value and significance to society. While acknowledging the social and cultural associations of femininity and care, feminist scholarship questioned the assumption that caring capabilities were 'natural' or inherent in women. The over-representation of women in all forms of caring work was interpreted as a consequence of patriarchal power structures. Some even questioned the biological underpinning of motherly care and of Parsons' interpretation of sex role differentiation in families. On these points, however, opinions among feminist scholars were, and still are, widely different.

The identification of unpaid caring as 'work' emerged from at least four partially interrelated processes: the feminist reappraisal of domestic work, the

changing context and content of domestic work, the community care and de-institutionalization debate, and in some countries the expansion of the welfare state as a 'caring' state, or 'social reproduction going public'.

A Labour of Love?

The first process is particularly well represented by the critique of the presumptions implicit in the powerful 'labour of love' metaphor (Finch and Groves 1983). Articulating care work as work, this position did not deny the emotional, relational and caring dimensions of unpaid work performed for family members by wives, mothers and daughters. It did, however, underscore that the work aspects of caring for dependent persons were hidden from view when care was interpreted as inherent in femininity and unpaid work and care taken as a natural expression of 'love' (see also Ungerson 1990; Leira 1992; Saraceno 1971).

This feminist reappraisal of domestic work as social reproduction had several facets. It was inspired by the Marxist production-reproduction debate, and also by the work of psychoanalytically oriented scholars such as Juliet Mitchell (1971) and Nancy Chodorow (1978). It involved a deconstruction and reformulation of well-known concepts such as domestic work, social reproduction, work and welfare.

Influenced by, but also going beyond the 'political economy of domestic labour debate' initiated by Seccombe's (1974) seminal analysis, the conceptualization of care as a specific dimension of unpaid work within the family helped to develop a more complex view of the work itself. Thus, for instance, Balbo (1978) proposed a broader concept than simply domestic work – namely 'family work' – to encompass all unpaid work performed by a family member for the family as a whole or for individual members. She distinguished analytically between housework proper (doing chores), relational work with/for family members and kin, and relational/interfaces work with services and institutions outside the family.

Caring Relations/Power Relations

Research and policy interest in care was also influenced by comprehensive changes in the division of caring labour within households. It should not be forgotten that in the 1970s several countries saw the first generation of well-educated/middle-class women to experience en masse the increasing demands of emotional labour as well as those of domestic labour without

having a convenient supply of cheap domestic servants. Often facing demands for the care of both children and the frail elderly, their lived experience demonstrated that 'caring for' and 'caring about' were more easily distinguished at the analytical than at the practical level. When care for family or kin was involved, there were normatively and emotionally strong expectations that both dimensions should be present. (...)

From early on, studies of caring relationships recognized the power relations between carers and cared for, particularly in the marriage relationship (for example, Land and Rose 1985). This power asymmetry is one aspect of Wærness' (1987) influential distinction, mentioned above, between caring and servicing, and between these two kinds of relationships and 'care' as the special feeling of loving concern (as well as pleasure; see for example, Sevenhuijsen 1998), which may be present in both. According to Wærness, caring for an able-bodied husband out of a concern for his wellbeing and happiness is 'servicing', while caring for a young child, a frail elderly, a disabled person out of the same concern is 'caring work'. This 'caring work' provided for those who, according to commonly accepted societal norms, are not able to care for themselves, identifies according to Wærness what is necessary care and what is not. Seen in this way, the definition of both necessary and unnecessary care/caring remains an interpersonal, loving relationship.

Many other feminist analysts, however, on the basis of empirical research, question the theoretical cogency of this assumption. Land and Rose (1985) had noted that compulsory altruism was a very real problem in women's family-oriented care. Developing their analysis, Finch (1989) pointed out that care-giving work (for instance, for an elderly parent) may occur without feelings of love or emotional closeness, of 'caring about'. Obligations to perform caring work may be fulfilled without any feeling of loving concern, but on the basis of a feeling of duty, even within estranged 'personal' relationships (Leira 1994). Research on obligations to family and kin has thus revealed the complexities of the range of activities and feelings included in the broad term 'care/caring'.

Analytically, the distinction between caring for dependent persons who are not able to care for themselves and caring for those who can manage well on their own remains important; caring for and caring about should not be conflated. In redistributive terms, only the former is an issue for policy intervention. Only the care for very dependent persons raises the issue of renegotiating the boundaries between the state and family with respect to responsi-

bilities for the provision and costs of care. And possibly because of this explicit or implicit reference to the actual or possible sphere of intervention by the welfare state, much care analysis focuses on the dependent status of those needing care.

Professionalization and De-institutionalization

This brings us to the third process which drew attention to caring as unpaid work performed mostly by women that is the debate in the 1970s about de-institutionalization and, more generally, the emerging concern over the professionalization of care. The debate had different focuses in different countries, but was perhaps most strongly articulated in the UK discussion about 'community care'. According to Finch's reconstruction (1993), the shift in policy discourse from concern with the shortcomings of large bureaucratic institutions to a reassessment and praise of the healing virtues of communities themselves lies at the root of the caring discourse as much as feminist analyses of domestic labour in the UK at least. In this policy discourse, as aptly pointed out by authors such as Twigg (1990) and Ungerson (1990), the existence of unpaid carers was taken for granted. To put it somewhat simplistically, the policy debate in the UK on de-institutionalization considered that women as unpaid care givers were 'already there' and needed only to be symbolically acknowledged as the best providers of care.

Social Reproduction Going Public

In Scandinavia, we can see a different process which draws attention to unpaid care as work: that is the large-scale development of social and welfare services and an increasing demand for professional, high-quality and state-sponsored care. There the de-institutionalization debate was also important, as witnessed for example in the reform of institutions for the mentally retarded. However, in Scandinavia the supply of unpaid caring work by women could not be taken for granted, since many women, including mothers of young children, had been heading for the labour market since the 1960s. Rapidly increasing their economic activity, women often took up public sector employment, and frequently performed on a paid basis tasks similar to those they did at home unpaid. In this process of social reproduction going public, unpaid care was transformed into paid work, serving at the same time to make visible as 'work' the unpaid care performed informally or within the family.

The focus on the changing contents of patterns of social reproduction in the contemporary, technologically advanced welfare state and service society also revealed that family obligations in general, and unpaid caring in particular, were an overlooked but crucial part of the welfare provision in society. At the same time, the combination of concern over the risks of over-bureaucratization in large-scale uniform services and rising costs of high-quality professional services prompted the attempt to redefine (for both men and women) the balance between time devoted to paid work and time devoted to unpaid necessary care. This meant redefining a life course policy where the combination now we would say conciliation – between the different obligations and 'times' were supported as normal and valuable (Swedish Secretariat for Future Studies 1984; see also Balbo and Nowotny 1986).

Although feminist analysts both in the UK and Scandinavia set themselves the task of exposing the gender dimension of unpaid care and its costs for women, effort in the UK was more focused on denouncing the taken-for-granted attitude of mainstream social policy discourse that presumed women's unpaid work and care. In Scandinavia feminist analysis stimulated debate about the boundaries between public and private provision of care, between paid and unpaid care, as well as the gender effects of a redistribution of care between actors and institutional settings. Focus on the gendered division between paid and unpaid caring added to the debate on gender differences in access to social citizenship.

Given the lack of social services for the frail elderly as well as for very young children, together with the pronounced and wide extension of normative obligations to care for family and kin, unpaid informal care in Italy is probably a larger part of the overall care provided than in the UK or Scandinavia. Still, it is worth while noting that in Italy the feminist debate had to face the additional charge made against women who were cast as the 'villains' of the welfare state. This was first because their growing participation in the labour market (still among the lowest in the developed world) increased the demand for social services and hence added to public expenditure. And second, by demanding increasing professionalization of typically female paid caring jobs (for example, in child care services, in nursing homes and in home help for the frail elderly), women were accused of undermining what should have been a 'labour of love'. (...)

The early feminist analyses of the caring professions were caught in the midst of contrasting discourses. We shall briefly touch upon some of these

debates before turning to the relationship between paid and unpaid care givers.

The Rationality of Caring

In the preceding section, we have already touched upon some aspects of the discourses raised about the professionalization of care. Here we turn to the discussion over competing models for care provision, and particularly to the rationality of caring. Concern with professionalization and bureaucratization of caring prompted, for instance, Kari Wærness to contrast what she termed the 'rationality of caring' and 'scientific rationality'. The rationality of care, she argues, is 'of fundamental importance for the welfare of care dependants, and at the same time different from and to some degree contradictory to the scientific rationality on which professional authority and control in the field of reproduction is legitimated' (1987 p. 217). Wærness illustrates the rationality of care, taking motherly care as a main example. Motherly care is individualized, based on personal knowledge of the individual child. Put differently, the rationality of care implies connectedness, 'local' knowledge and interpersonal relationships. Scientific rationality on the other hand strives for predictability and control. Wærness is highly sceptical when it comes to making scientific rationality a guideline for care provision and caring relationships, and goes on to argue that different forms of reasoning are needed when it comes to solving scientific and caring challenges, respectively.

The idea of a specific rationality of care has had a mixed reception, because of its claim that care represents a special form of rationality, and also for the reference to mother's care representing this rationality. Returning a decade later to comment upon the debate, Wærness (1996) points to it being a 'sensitizing concept' that has served to highlight some of the policy, professional and moral problems entailed when the restructuring of social care is at issue.

To some extent Wærness' discussion of a rationality of caring as different from scientific rationality is reminiscent of Gilligan's (1982) thinking about the importance of relationships in moral reasoning, and the distinction she makes between moral reasoning based on rights and responsibilities, respectively. In both cases the question of gender-specific moral reasoning arises, an issue also present in the concept of 'maternal thinking' (Ruddick 1980). In any case, the development of the caring professions and occupations has implied a redefinition of boundaries and responsibilities between private and

public, and between the family, the market and the welfare state. It also entailed a shift in the normative setting for the caring relationship: from the moral and individual obligations of family and kinship to the ethical codes of professional work, and the need for negotiation of rights and responsibilities between care recipients and care givers. This is a theme to which we shall return later.

Caring as Skilled Work

A main feminist contribution to the discussion of caring and the professionalization of caring was in its emphasis on care for dependent persons being skilled work that presumed learning. Accordingly, the argument was that this specific skill, implicitly expected in many services jobs, should be acknowledged and rewarded as such (for example, Stacey 1988). For instance, adequate caring presumes the ability to cater not only for material needs, but also the identity and relational needs of recipients of care – although to what degree and whether this should also imply some personal concern and involvement is a matter of empirical investigation and practical negotiations. (...)

The Relationship between Paid and Unpaid Care Workers

The early analyses of the diversification of care and the development of the caring occupations were more concerned with the changing meaning of care in the passage from unpaid to paid work and with the implications for relationships between women than with the issues of 'commodification' and social care. This may have been due to the fact that the term 'commodification', albeit old, was not much in use in feminist welfare state analysis until revived by Gøsta Esping-Andersen (1990), some years after these first studies were conducted. But it was also a question of research interests. Italian and Scandinavian analyses, for instance, were concerned with the institutional differentiation of care provision, which *de facto* also entailed commodification. In the feminist debate, an important aspect was that women were found in all capacities within caring work: as service providers, and as clients, consumers or recipients of care services. Further, paid and unpaid care giving may easily be two activities of the same woman not only over her life course but over her day, within changing settings and power relations.

This highlighted the fact that the expansion of publicly sponsored, paid caring services was not simply a substitution for, but also entailed a redefin-

ition of, family work. The feminist exposition also showed how the relationship between the welfare state and women was changing. Within this framework, a new component was the need to deal with caring services and adjust to their symbolic, normative and timing rules (Balbo 1982; Bianchi 1981; Leira 1983). (...)

Care-related Policy Reforms: Re-conceptualizing Actors, Relationships and Contexts

In more recent studies, a major issue is again the relationship between public and private – where private has come to refer more to the market than the family. The meaning of commodification has also shifted. It now addresses less and less the issue of paying (or being paid) for care and increasingly, if not exclusively, the 'marketization' of social services. This shift in focus tends to conflate the commodification of care with the marketization of care provision, neglecting the fact that in state, community or third sector social services, carers are paid and therefore their work is necessarily commodified.

Thus the question of what happens to caring when it becomes paid work was reformulated. In the UK., this issue featured in discussions of the marketization and commodification of care resulting from the restructuring of the welfare state. Second, the extension of paid care became part of the conceptualization of 'social care', including consideration of the public-private, paid-unpaid, formal-informal dichotomies of caring. Mary Daly and Jane Lewis (1998, p. 6) have defined social care as 'the activities involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, cost and social frameworks within which this work is assigned and carried out'. There are several parallels between the concept of 'social care' as used by Daly and Lewis (1998), and the concept of 'care-giving work' proposed by Wærness (1987) (see also Anttonen and Sipilä, 1996 for a discussion of 'social care services').

Attention has shifted in comparative studies of care to 'caring regimes' and 'caring packages'. This has made an important contribution not only to comparative analyses of the welfare state, going beyond the 'male breadwinner regime' approach (see also Sainsbury 1996), but also to our understanding of the complex ways in which care is provided and received. In addition, it has contributed to understanding how changes in the public provision of care can affect the working conditions of informal and formal carers, causing possible conflicts of interest and tensions over forms of provision.

At the same time, interest has moved away from the question of how carers negotiate meanings and identities among themselves. We may perhaps be witnessing the emergence of a 'division of labour' in care research; while some studies deal exclusively with the 'caring about' aspects, the characteristics and qualities of caring relationships, and the kind of ethic these represent, other studies are addressing the various practices and provisions of 'caring for', leaving underexamined the crucial link between the two.

However, in debates and policies concerning payment for care, the conceptualization of caring as a labour of love tends to re-emerge, although often veiled. It also appears in discussion about the virtues of third sector services in contrast to the over-bureaucratic and impersonal public services, and about the need to recruit and integrate family, neighbours and kin to provide an integrated package of care in connection with 'ageing in place' and similar policies. The relationship between unpaid family care givers and paid ones is an issue once again coming to the fore in the analysis of the hierarchical chain of care. In reviving and transforming traditional forms of commodification (and of housework in general), the care chain is now becoming increasingly global (for example Hochschild, 2000, and before her, Graham, 1991). It is more and more common for children and frail elderly in the First World to be taken care of by women from the Third World, who in turn pay another woman in their country to take care of their own children or elderly parents. Or, as is happening in Italy, two immigrant sisters can alternate between working for the same family in Italy and for their own two families at home. This resurgence of domestic caring work, its higher visibility, and the fact that it is often performed by women who are too far away from their own children to care for them themselves, is prompting new questions, What, for example, happens when you undertake paid care for others and hence cannot perform unpaid care for your own relations? And conversely, what does it mean when you know that the person you pay to care for your child or your frail elderly parent will not be able to see her own child grow up, or to tend an ailing parent? The fact that it is still perceived as a women's issue, primarily involving the responsibilities of and relationships between women, indicates the persistence of a gendered vision of caring work, little affected by the changing circumstances.

Caring as a responsibility and social right

Care (later formulated as motherhood) was first presented as an autonomous foundation for entitlement to citizenship rights in Olympe de Gouges' Social Contract in 1791, and constituted the core of Wollstonecraft's dilemma. Nancy Fraser's (1994) blueprint for a woman-friendly society, or rather for gender equity in the welfare state, is a modern elaboration of this dilemma, now formulated as binary access to citizenship. Fraser examines two models of citizenship emerging from the debate on the shortcomings of the gender division of labour: one based on the universal breadwinner model to which she contrasts the care-giver parity model. The first argues the expansion of women's employment, while the second advocates providing care allowances and entitlement to social rights to carers as such. The aim of the care-giver parity model is not to make women's lives similar to those of men, but to make the difference with respect to breadwinning and caring responsibilities 'costless' for the carer (1994, p. 606). Apparently, the original dichotomy has not been overcome but the breadwinner and the carer are made more similar with respect to entitlements, Fraser goes on to outline a third possibility, taking women's life patterns as the norm, and inducing men to do their share of caring, strategies that have been discussed for many years, for example, in Scandinavia. Interestingly, Fraser's intimation of the possibility of a third model is inspired by statements from the Swedish Ministry of Labour on the changes needed among men and in the organization of working life to promote gender equality. Similar suggestions may be found in recent documents both by the Swedish presidency and the EU itself on the need to conciliate family and work responsibilities.

From perspectives different from those of Fraser, attempts have been made to construct an idea of what constitutes a 'citizen-carer' and hence what citizenship rights and responsibilities may include, e.g., (Leira 1992; Knijn and Kremer 1997).

An important part of welfare state analysis (particularly in Scandinavia, but also in Italy and the USA) has been concerned with how and to what extent social rights have accrued to women as carers (mostly as mothers), as well as how and to what degree care provision has become a public responsibility. One may not totally agree with Skocpol's (1992) thesis concerning the maternalist origin of the US welfare state, but certainly the point that women as mothers should have some entitlement to protection and resources

was not only a feminist demand. It also led to specific policies regarding access to citizenship (see, for example, Saraceno 1997 and 2002; Leira 1992), although often of a second order. Variations in these policies cut across mainstream welfare state typologies, including that based on the male breadwinner category (for example, Lewis 1992; Lewis and Ostner 1995), precisely because they show the degree to which entitlements and resources accrue to women, not as the mothers of their husbands' children, or as wives of ailing husbands, or as widows, but as mothers and/or family care givers (Sainsbury 1996).

Employed mothers and solo mothers have been and still are the two main social figures to whom some kind of entitlement is acknowledged as carers. Entitlements for solo mothers, in particular, have rightly been pointed out as challenging both the practice and the ideology of the male breadwinner model, while at the same time constituting an important variation among otherwise strong male breadwinner states, such as Germany, The Netherlands and the UK (Hobson 1990, 1994; see also Orloff 1993). Both examples, however, indicate that most entitlements accruing to mothers as carers are conditional on some other circumstance: either being in work, or being without income and/or without a provider.

In many countries maternity (or parental) benefits and paid leave are not unconditionally available, being granted only to women in employment (Sainsbury 1996). (A notable exception here is the Nordic countries, where insurance benefits provide a basic allowance even for non-working mothers). However, in most if not all countries the question of what qualifies as a job giving entitlement to maternity benefits and paid leave has been strongly contested for decades. There is considerable cross-country variation within Europe in social security rules in terms of entitlements, coverage and duration (Gornick et al. 1997; Moss and Deven 2000). The EU Directive on Parental Leave of 1996 instituted the right of both parents to take unpaid leave, although in the majority of member states some wage replacement is offered.

However, the most important changes occurring recently in this field are not the extension of benefits to cover a wider range of working mothers, but the extension of entitlement to fathers (see, for example, Moss and Deven 2000; Leira 2002; Hobson 2001). State sponsoring of fathercare via paid parental leave schemes is a novelty, and represents a radical redefinition of caring obligations and rights. The first to offer this entitlement, from the

1970s onwards, were the Scandinavian countries. Later, special periods of the leave were reserved for fathers, as 'daddy quota' or 'daddy leave'. Stimulating fathercare by gentle force, legislation stipulates that if the fathers do not make use of the quota, this leave period is lost to the family (Leira 1998). Italy, which already had one of the most generous systems for employed mothers, passed a law in March 2000 closely resembling the Scandinavian one, lengthening the leave of absence if part of it is taken by the father. The adoption of parental leave schemes signals a turning point in policies concerning the gendered conceptualization of care and caring, even though at present mostly only at the symbolic level.

Solo mothers (or fathers) in most countries usually have access to additional benefits or have priority in receiving services, although often this is conditional on need. But the threshold at which this is set, the level of income support provided, the additional requirements (for example, availability for work), the age of the youngest child – all of these differ considerably in different countries (Hobson 1994; Sainsbury 1996).

Motherhood was the first care-giving role to be granted some kind of entitlement. In recent years, a flourishing literature on men and masculinities indicates that the concept of the 'caring father' is supplementing the much debated concept of the 'working mother' (for an overview see Leira 1998; Hobson 2001). A father's right to care for a newborn child has been expanded, and in some countries the rights of fathers to care is an important consideration when parents split up or divorce. Besides the partial inclusion of fatherhood, some social rights have also been provided for those caring for the handicapped and the frail elderly in many countries, and in some cases for those who care for terminally ill relatives. This sometimes takes the form of an allowance, as in the invalid care allowance in the UK, or credits towards supplementary pension benefits, as in Norway, or paid leave as in Italy, or a combination of these various options (Evers et al. 1994; Ungerson 1997; Lewis 1998). This may be seen as a widening of options, or as an acknowledgement of informal work and care as work, or also in negative terms as a shift from the provision of services to the provision of cash for informal work. As indicated in the comparative studies by Ungerson (1997) and the study co-ordinated by Lewis (1998), there is no single authentic interpretation. It depends on the starting point, on the overall social citizenship pattern in each country and on the whole package of social care available (see also Leira 1998; Saraceno 1997).

If we look at how the rights of carers have been acknowledged, it would seem useful to clarify the commodification-de-commodification dichotomy. In the case of paid leave for working parents, we could say that the employed parent is 'de-commodified' and that the responsibility for caring is given priority over the demands of the job. In the case of cash benefits being paid to non-employed parents caring for their children, or of spouses or daughters taking care of a disabled husband, elderly parent or handicapped child, the labour of the carer is 'commodified' (Leira, 2002)

The right to be cared for – an incomplete social right?

The right of dependent persons to receive care implies that care provision is the responsibility (or right) of somebody else. Whether or when it makes sense to speak about a right not to care depends first of all on what forms of care are being involved. When it comes to very dependent people, the moral norms of society demand that their needs be met. In this sense, care is an obligation, or a moral responsibility of all members of society. Sometimes a rank order of those responsible for care provision is specified. This involves both a division of responsibilities between families and society and the allocation of responsibilities within families. Whether formally specified or not, family obligations to care are often constructed as the responsibility of women, more than men. Men have collectively opted out of child care, Robert Connell once observed, which means that the greater responsibility will rest with women. There still remains a strong risk of taking for granted that carers will always care and that some people will never have responsibility for caring.

The right to care is not only about the right to give care or prioritizing care over other activities, but also the right to receive care when in need (Knijn and Kremer (1997)). Both aspects should be encompassed in what they term 'inclusive citizenship'. In Western welfare states, the boundaries of responsibility for care provision between family and state or public and private sectors are drawn very differently (see Millar and Warman 1995; Trifiletti 2000) and the social rights of the care dependent and carers differ accordingly. (...)

A contemporary explanation might point to the fact that the right to have a caring family is one of a child's basic rights, as spelt out in the UN

Declaration of Children's Rights. Thus child care services may only be subsidiary to family care. The right of employed parents to paid parental leave to care for a child, already mentioned above, may be seen as an attempt to tackle this issue. Yet, things are not quite so simple. Child care services are not only for the benefit of mothers or parents, but also advantageous for children. Many recent developments in child care attempt to meet the threefold aim of encouraging mothers (particularly lone mothers) to enter paid work; to cut social expenditure, and to curb unemployment, particularly among the unskilled. This suggests that children's rights and child development risk being sacrificed to low-quality services, but providing a low-quality service to children means fostering inequality.

More generally, since publicly sponsored child care is far from universally available, resulting in queues and forms of rationing and prioritization, it cannot be claimed that the right to be cared for is a complete social right for children. The degree to which it is attained often varies according to age as well as by country. Only the Nordic countries have recently explicitly established as a policy goal the provision of care resources for all children (in the form of services or cash benefits for child care).

Even when it comes to the frail elderly and the handicapped, the right to be cared for is frequently not established as a complete social right. Queuing for access to services, rationing, as well as calls for additional or substitute provision by kin or charity is not uncommon across Western Europe. In this area, differences between welfare states are greater than in the field of child care. In Southern Europe, the obligations of family and kin to provide care for the frail elderly and the handicapped are framed in legislation and policy and are publicly supported (see, for example, Trifiletti 1998). This leaves public bodies responsible only for extreme cases, either due to lack of kin or very severe illness.

It should be noted however that in countries where there is still a legal obligation for adult children to provide income support, including Italy, recent attempts by the state to oblige children to contribute to the cost of care for their parents in old-age homes has been strongly contested (see Saraceno 2000). In other countries, however, even where provisions are not always sufficient or of high quality, there is public consensus about the existence of collective responsibility for care for the elderly. The introduction of care insurance for the elderly in countries such as Germany or Austria represents a trend towards the universalization – in a social insurance state – of the

elderly's right to be cared for. The institution of cash for care instruments may be seen in two ways: as a means of increasing the consumer choice of the care recipient, or of reducing the quality of services provided and hence devaluing the skills of professional carers. It has been suggested by Ostner (1998) that the latter interpretation possibly applies to Germany, by Martin et al. (1998) that it applies to France, by Wærness (1998) to Norway and by Land and Lewis (1998) to the UK, but not Finland (Simonen and Kovalainen 1998).

Writing from the vantage point of the Scandinavian countries, Leira (1992) observes that the right to be cared for is incomplete. It does perhaps illustrate what is sometimes termed 'supply-conditioned rights', expressing the intention of government, but not necessarily establishing an entitlement to be claimed here and now. To a considerable extent, the needs of the care dependent remain to be met outside public budgets, by non-public bodies or private individuals, who by necessity or choice accept the responsibility for care provision.

Although the needs of the care recipients have always served as a basis to argue for or contest caring obligations, their 'voice' has been heard only recently, following the emergence of organizations among the handicapped and the elderly. From this development, a number of common, but also sometimes divergent needs and interests, have emerged more explicitly than before within the complex tangle of caring relationships: between carers, between care recipients (for example, children and frail elderly, between a handicapped family member and other family members); between carers and cared for (for example, conflicts about who should receive the payment for care: the carer or the cared for; conflicts on respite care, and so forth). Further, the contested nature of needs may extend the possible conflicts. In their sombre appraisal of the actual outcomes of the UK policy shift from a service-led to a need-led approach in services for the elderly and the handicapped, Land and Lewis (1998, p. 61) conclude that 'the personal social services were never provided on a universal social rights model, but they had aspirations to universality. They are fast becoming residual'

Caring as a feminine dilemma

Commenting on Graham's (1983) view that care is part of the way in which women construct their identities as women, Finch (1993, p. 16) observes: 'to

say that "caring" is a gendered concept is to say much more than that "women do most of the caring". It means that caring is bound up with the construction of women's social identities in a way that simply is not true for men' (Finch 1993, p.16; see also Bimbi 1995). This thesis – which Finch herself and the authors of this chapter think is open to empirical testing has motivated the kind of critical research mentioned in the section above. Even if women remain the predominant care givers, the change from unpaid to paid care implies a shift in the normative standards or terms within which the caring relationship is set: from being guided by individual morals and family obligations, care is being made an issue for professional codes of ethics. The discussion of caring as a gendered concept has also involved speculation on the existence of a specific feminine morality. More recently, the discussion is raised about the ethic and moral philosophy of care as a moral basis for social change (for example, Sevenhuijsen 1998; Tronto 1993).

We do not intend to review the debate about the existence of a specific feminine morality, the ontological foundations of which go back quite a bit in the history of feminist thought, and, when coupled with care, often cross with the nature-culture debate, and with those feminist theories which argue that women and men are ontologically different and that women by nature are more inclined to nurturing and caring. We are interested here in the efforts made to introduce care as a critical concept and dimension in general theories of society and of social development. This strand of thought also has a long history. Over time we can trace a few rhetorical figures who have tried to integrate care into the core of classical (Western) theoretical categories: citizenship, justice and rationality. There is what Carole Pateman (1988) identified as 'Wollstonecraft's dilemma', with its request for a dual foundation of citizenship. This is what Jean Elshtain has sought to do with her metaphor of Antigone's dilemma: the conflict between the impersonality of law and the requirements of compassion and the duty of love (Elshtain 1983; see also Gilligan 1982). To this we can add 'the rationality of caring' (Wærness 1987) as something different, if not opposed, to a reason that affirms itself because of its freedom from connection, its independence. Recent theories on care as an essential human activity, which should be positively developed beyond the boundaries of private relationships and even beyond its gender connotations, may be seen as deriving from this long genealogy, while still grappling with some of its dilemmas.

The importance of rethinking 'care' as a moral and social responsibility and as a basis for entitlements has been given a new impetus in recent

decades in the revival of the feminist movement and its influence in feminist scholarship, and is taken up and reinforced in social policy and welfare state analysis following the ongoing restructuring of welfare state caring policies. In the 1990s, care and its gender connotations have been high on the political agenda as the welfare states of Western Europe are experiencing a rapidly widening of the gap between the need for care and the supply available. During the past decade, the 'caring deficit' has been widely acknowledged as a major challenge for policy reform, necessitating a reconsideration of who is to care for whom, and who is to shoulder the costs. The need for a profound restructuring of care provision raises anew questions concerning the subsidiarity of the state to the family, or about care going public, to the market or to the third sector institutions. No single blueprint for policy reform has been developed to meet the need for care of very dependent people, or to provide for those who provide the care. However, in countries reluctant to permit immigration, where fertility rates have for long remained low and the population is greying, the caring deficit cannot be shelved. As care provision can no longer take for granted the informal unpaid caring reserves among women, the actors, contexts and relationships of caring are changing. Neither the responsibility nor the capability for care is gender-specific, but the overrepresentation of women in all forms of caring work means that policy reforms in care are likely to affect women and men in different ways. As discussed in this chapter, the responsibility to provide for those in need of care is a collective responsibility of society and a moral responsibility of individuals. However, the restructuring of social care is taking several forms, and may serve to cement as well as to challenge the traditional gender division of care labour.

In this perspective, proposals to develop an ethic of care may be seen as a way of fully acknowledging the value of many of women's paid and unpaid activities, but they also risk drawing attention and energies away from individual citizenship rights, particularly for women. The acceptance of this 'superior ethic of care', in its critique of excessive individualism, bureaucracy, lack of connectedness and so forth, by widely diverse perspectives, such as some Green parties and the Pope, indicates how powerful the care ethic discourse can be. But it can also be ambiguous, if it does not in addition deal with issues of individual freedom and rights, power relations and choice. There is, too, a strong risk of having the labour dimension of caring disappear once again in 'love', now reformulated as 'ethic'.

Note

- * This is a shortened and slightly revised version of our chapter in Hobson, B, Lewis, J. and B. Siim (eds.), (2002) *Contested Concepts in Gender and Social Politics*, Edward Elgar: Cheltenham.

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Sammendrag

Som aktivitet og begrep viser 'omsorg' til en rekke ulike relasjoner, aktører og institusjonelle settinger. Omsorg er både et privat og et offentlig ansvar, omsorg utøves i formelle og uformelle sammenheng, som betalt og ubetalt arbeid, for profitt og non-profitt. Studier av omsorg inngår i analyser av familie, arbeidsmarked og velferdsstat og omsorg drøftes både som arbeid og ansvar, som moral og/eller plikt og som rettighet.

Artikkelen drøfter noen viktige passasjer i utviklingen av tenkningen om omsorg, og ser dem både som ledd i teoriutvikling og som følge av endringer i omsorgens kontekst. Underlagsmaterialet er hentet fra vest-europeisk sosiologi og sosialpolitiske analyser, og spesielt fra den feministiske litteraturen, og drøfter omsorg både som offentlig og privat ansvar, som innvevd bl.a i omtanke-, arbeids-, og makt-relasjoner, som personlig forpliktelse og sosial rettighet. Vi tar opp igjen noen tråder fra en gammel diskusjon – om omsorg som feminint dilemma.