

CHAPTER 10 HOW WELFARE STATES WORK: IDEALS OF CARE IN PRACTICE

Care ideals are helpful towards understanding the content and origins of caring states. They also help understand why mothers do or do not work. When mothers make decisions about work, they always refer to whether their children are cared for well. Appropriate care solutions that fit people's ideals are a necessary condition for taking up employment. While the previous chapter showed which ideals of care are promoted in welfare states, why and by whom, this chapter is devoted to how welfare states work. How do they affect women's and men's work and care participation? This chapter shows that ideals in care policy indeed relate to care ideals in practice. Welfare states matter. Besides, specific ideals of care have an important impact on citizenship: different ideals of care relate to different gendered citizenship practices. For instance, the ideal of the surrogate mother produces different gendered patterns of paid employment, care and income than the ideal of professional care. Three steps will be made to develop this 'light theory of ideals of care'.

The first section will show why the notion of ideals of care is a good alternative for the implicit and explicit images of human behaviour in comparative welfare regime theories and cultural theories, such as the *homo economicus* or work-life preferences, as described in Chapter 3. Empirical sociological and anthropological studies on the dilemma of working and caring show that decisions are made rationally, relationally and morally, the latter being often linked to gender identity. Besides, care is crucial: for many mothers decisions about work are made in the context of care. This underpins the study of social policy and women's work (and men's care) with an alternative image of human behaviour. People direct their behaviour according to culturally shaped, moral ideals of care. They follow what March and Olsen (1989) have labelled as the 'logic of appropriateness'. This image of human behaviour is more empirically grounded and can therefore contribute to better understand the impact of social policy.

The second section is devoted to the question of whether the notion of ideals of care indeed helps to understand how caring policy influences care practices. It will show that welfare states really affect how people care, although there is no one-on-one relationship and men's care participation seems less adaptive to social policy than women's. Ideals of care, moreover, are effective only when they coincide with parents' care preferences. This section will thus show that a cultural approach that focuses on 'power from below' and people's values cannot fully explain people's caring practices. People's care wishes are nevertheless important in order to understand whether policy is effective. In this section the ideals of care in policy, as presented in the previous chapter, will be confronted with

the actual care practices in the four countries. Which ideals of care are practiced in the four welfare states?

The final section presents the next step in analysing the impact of care ideals. The main question here is how care ideals affect gendered citizenship. In other words, how do specific ideals of care influence gendered patterns of work, care and income. This section will show that women's labour market participation can be hampered by some ideals of care such as the surrogate mother and stimulated by others like the ideal of professional care. Besides, specific ideals of care have a different impact on different categories of women (by age, class, or profession). The set of hypotheses presented in this section is illustrated with examples from the four countries.

The moral predicament of work and care

For mothers, being a full-time carer is no longer obvious. Care responsibilities are no longer self-evidently prioritised above paid employment. At the same time, for many women care responsibilities are always there: they cannot hide away from care. Their decisions about work are always made in the context of care. To understand gendered patterns of work, care is crucial. When women make decisions about work, the question is: how am I making sure that my children are cared for properly? And can I find a solution for care that fits my ideal of good caring? The importance of care comes to the fore in many empirical studies on women and work (Finch & Mason 1990, 1993; Morée 1992; Hays 1996; Brannen & Moss 1999; Duncan & Edwards 1999; Knijn & van Wel 1999, Hochschild 1989, 2003).

A second characteristic of decision-making is that it is not based on economic logic alone (Hays 1996). Who cares is shaped and framed – although never exclusively determined – by gendered *normative* guidelines (Finch & Mason 1993), gendered *moral* rationalities (Duncan & Edwards 1999), or *feeling* rules (Hochschild 2003). In other words: 'to work or to care' is not exclusively a question of economics but a moral predicament,¹ and morality is often linked to gender identity. This is nicely put forward in Duncan and Edwards' (1999) study on lone mothers. They were puzzled by the question of why British lone mothers make the choice to care full-time and postpone a working career that would lift them out of poverty. They concluded that lone mothers' decisions are led by gendered moral

¹ The concept of morality used in this chapter is very different from the way communitarians like Wolfe (1989), Adriaansens and Zijderveld (1981) and Etzioni (1993) use it. In their Snow White image of care (Chapter 2) they believe that caregiving informally increases morality. Only one ideal of care – when it is done unpaid by families or significant others – is considered contribute to morality. This not only entails that women are responsible for the moral level in society but also that some ideals of care – notably professional care – are immoral. In this chapter no *a priori* normative statement is made about what is good caring. It is shown that in deciding about work and care, most mothers feel they have to make a moral decision about the way their children are cared for, but that there are important cross-national differences about what is considered to be morally-just childcare.

rationalities that are constructed, negotiated and sustained socially in particular contexts. According to Duncan and Edwards, lone mothers try to behave in line with their identity, their socially constructed 'self'. Only when the identities of worker and good mother are reconciled do lone mothers take up paid employment.

The importance of morality as well as gender identity is also visible in two-parent families. In Hochschild's (1989, 1997) studies on couples' juggling with work and care, economic rationality often conflicts with morality. In 'The Second Shift' (1989) she questions why men have not taken part in the cultural revolution and took over some of women's responsibilities at home. With money in their pockets, women's kitchen-table power should increase much more. But some working women, she found out, did not even *ask* their husbands to do a little more. And men did not do it themselves. Hochschild seeks the explanation not in economic theories but in the moral accounting systems within marriage and the importance of gender identity for both men and women.²

Studies on working and caring also show that decisions about working and caring are rational and purposeful; we no longer live in an era in which habits are the compass in life, although no human being lives without the weight of the past and the values he is brought up with. Caring is no longer an unconscious habit, a routine passed from mother to daughter. Caring has been modernised, it has lost its self-evidence, as Sevenhuysen (2000) puts it. It is no longer a cultural given (Hays 1996). In that sense, Hakim (2000) – following Giddens (1991) and Beck and Beck-Gersheim (2002) – is right in stressing that people *must* make decisions about their life, whether they want to or not. Normative guidelines are no longer clear-cut. For that reason, Finch and Mason (1993) called their book on caring for next of kin 'Negotiating family responsibilities'. Family responsibilities are still in place but they are debatable.³

They also show that people use their brains when they negotiate who will care for their frail parents, people are involved in rational processes. This is also the case for mothers (Hays 1996) and lone mothers (Duncan & Edwards 1999). For them it is a *rational* decision not to follow their wallet

² An example Hochschild (2003) gives about the moral accounting systems within marriage is the marriage of Peter and Nina. Nina, the wife, was out-earning her husband Peter, but she rarely asked him to help in the household, doing the lion's share of it herself. Nina, says Hochschild, 'made up' for out-earning her husband by working a double day, compensating for the power imbalance: it was part of the moral accounting system that she would not push him; she was already grateful that he 'would let' her have such a career. Peter, in turn, would not do the housework because he was already ashamed as a man. It did not fit his gender identity – the image he has of being a man.

³ Finch and Mason (1993) nevertheless found that normative guidelines do have specific components. They evolve around certain relational, emotional, pragmatic and historical questions: who is the person; what is her relationship to you in genealogical terms; do you get on particularly well with this person; the pattern of exchange you had in the past; would it disturb the balance of dependence or independence; and whether it is the proper time in both your lives.

but their values. People in couples can also behave very calculative. Hochschild (1989) shows they use gender *strategies* – a strategy of action – to push what they want.⁴

Action is not only rational but also relational and done in context. Or, as Finch and Mason argue (1990: 356), ‘There is a sense of interwovenness between decisions being made by different members of the family’. The concept of individual, autonomous choice, they argue, is not the right word for the process of decision-making about caring. Caring as also described in Chapter 2 reveals various interdependencies. For this reason, the concept of individual preferences as put forward by Hakim (2000) is inadequate to understand women’s (and men’s) lives. Even in Hochschild’s studies, where households resemble battlefields, an ongoing (power) struggle coincides with the fact that partners make decisions in the continuous knowledge of dependence. This may be for love or because in modern times real efforts have to be made to keep marriages together. Hence rather than describing dependence within households as an altruistic haven, as Becker does, households are better presented as an ‘arena of cooperative conflict’, as Sen puts it (in Gardiner 1997).

Ideals of care are thus culturally shaped moral rules that are followed by rational people who make their decisions in relation to others. People do not follow these guidelines blindly nor will they always make the most appropriate moral decision (Wolfe 1989), simply because they cannot – for various reasons – or because of conflicting moralities. As a woman in one of Hochschild’s books (1997:219) says, ‘I do not put my time where my values are’. Human action is not decided by ideals of care, it is only shaped and framed as such. Ideals of care do not simply affect the strategic calculations of individuals or prescribe what one should do, but what one can imagine doing oneself in a given context. They are filters for interpretation, and in that way guide human action. Care ideals offer scripts on what to do. And these scripts are still gendered – not only for women, for men too.

Economics vs. morality?

Ideals of care offer us a more adequate understanding of work-and-care decision-making in families, much more than for instance the individualistic preference person or the homo economicus. Still, the caring rationality should not be placed completely outside economic logics. For Finch (1989), economic factors are just part of the context of decision-making. Duncan and Edwards (1999) argue that individual economic calculations are placed in the framework of gendered moral rationalities, while Hochschild (19889, 2003) presents a cultural alternative to economic cost and benefit analyses. Financial structures are not simply context though: they are more important than that. In some countries more than in others – the UK in this book – decisions around work and care can lead to

⁴ Women pressed their husbands to do a little more in the household in active, directive ways, using strategies of persuasion, reminding, argument, threatening to leave or losing sexual interest; or indirect, passive ways, such as playing dumb or getting ‘sick’. Men were more likely to pursue the strategy of needs reduction: ‘I don’t shop because I don’t need anything’ or ‘I can just as well eat cold cereal for dinner.’

poverty. In addition, culturally defined morality itself can be shaped by material circumstances: financial structures often indicate the proper moral hierarchy in behaviour.

In many welfare state studies, financial conditions and social norms are too often seen as two separate causes of employment patterns. Homo economicus is put against homo morales. Researchers test which variable is more important (e.g. Fagan 2001; OECD 2002, O'Reilly & Fagan 1998, Esping-Andersen 2002). But it is more important not to separate them cruelly (Knijn & van Wel 1999; Wheelock & Jones 2002). Besides, financial measures have a normative meaning too. In the 1990s the Dutch and British social assistance law exempted lone mothers from the obligation to work. These women were in fact paid to stay at home (Chapter 6). Such financial arrangements shape what is considered to be proper. Not all financial measures and structures have similar important consequences. The male breadwinner bonus in the Danish tax system has not had the effect that women or men stayed at home to care for children (Chapter 5).

The crucial condition for being effective is that financial incentives must fit the dominant normative guidelines, moral rationalities or feeling rules which I have labelled as ideals of care. Economic incentives can become extremely powerful when they fit these norms, but they have little power when morally isolated. Affordable, state-subsidised childcare services are therefore probably only effective when they fit smoothly into a broader moral context and fit the dominant ideal of care. In other words, financial incentives should be examined within the context of a larger moral framework. This reveals whether they are powerful or not.

Cultural institutionalism

With respect to the dilemma of caring and working, decision-making seems to be captured most adequately by what March and Olsen (1989) have labelled as the logic of appropriateness (also discussed in the previous chapter). Their concept fits into a lively debate about the most adequate image of human behaviour which has been dominating the economic and social sciences for a long time. March and Olsen (1989) argue that behaviour (beliefs as well as actions) is intentional but not wilful. For them, action stems from a conception of necessity rather than preference. Within the logic of appropriateness a sane person is one who is 'in touch with identity' in the sense of maintaining consistency between behaviour and a conception of self in a social role. Ambiguity or conflict in rules are typically resolved not by shifting to rational calculation but by trying to clarify the rules, make distinctions, determine what the situation is and what definition 'fits'.

March and Olsen's theory fits in what Hall and Taylor (1996) have labelled as 'cultural institutionalism'. They argue that institutions indeed provide strategically useful information, but also affect the very identities, self-images and preferences of actors. In this approach institutions not only includes formal rules, procedures or norms, but also the symbol systems, cognitive scripts and moral templates that provide the frames of meaning guiding human action. Such a definition breaks through the conceptual divide between 'institution' and 'culture' (see also Zijderfeld 1988). What is

particularly valuable about March and Olsen's approach is that the logic of appropriateness is open to change: it can be a result of historical experience (including socialisation and education) but also the destabilising of older sets of rules and norms. As one logic of appropriateness is destabilised, for instance because of a war but also due to inconsistencies with practice, space opens up for deliberation over specific norms and values. Ideals of care are in fact a logic of appropriateness: they can be seen as an 'institution' or a 'culture' that is open to change.

Ideals of care are thus an instrument to understand the culturally defined, moral impact of welfare states. We now understand how they could work. The question remains of whether they work in practice. Do ideals embedded in social policy resemble the practice of caring in the countries concerned? Or are care practices a consequence of people's wishes, as the cultural approach presented in Chapter 3, tends to argue?

Caring practices: consequence of policy or preference?

The previous chapter showed that welfare states promote different ideals of care. Welfare states are more than a set of financial structures that limit and provide people's choices, as comparative welfare state theories often assume. Seemingly neutral procedures and structures embody particular values, norms, interests, identities and beliefs. Social policy – through regulations, financial measures, content of provisions – influences the normative structures that limit and provide people's choices. In other words, a welfare state is a moral agent, as Wolfe (1989) has put it. Welfare states give messages to its citizens about what is the most appropriate way to care for children when mothers are at work. In other words, the welfare state is not merely a merchant connecting supply and demand or a judge safeguarding justice and people's basic rights, but also a priest: it tries to tell people how to behave. The state is a messenger whose institutions help to shape appropriate behaviour. This means that social policy can also be read as a sermon, or a set of sometimes contradictory messages. The question is of course whether people still listen to this priest. Is the state still a source of moral authority? Or do people only follow their own life goals as Hakim (2000, 2003) argues?

This section on caring practice will show that there is a significant link between ideals of care promoted by social policy and actual care practices, although this is truer in some countries than in others. While in Belgium, Denmark and the UK there is a close fit between the moral policy program and caring practices, this is less the case in the Netherlands (although state impact is still visible). In addition, some ideals are more difficult to put into practice than others. The ideal of parental sharing for instance is increasingly promoted in social policy, but it is nowhere near universal practice. Instead, the 'junior model' or the 'one-and-a-half model' in which women work part-time and men full-time is much more popular, despite the fact it is never promoted in public policy in any of the countries.

Denmark: professional care

Denmark, as we saw in the previous chapter, was the first country that eradicated the model of full-time mother care in policy, and this is also true in practice. Today, the phenomenon of the housewife has been exterminated: just 4 percent of women practice full-time mothering (Eurostat 1997). More than in other Scandinavian countries, most parents (90 percent) also reject the husband as a sole provider (Ellingsaeter 1998). Most children, as described in the chapter on childcare, use state-subsidised facilities. Especially from the age of three onwards, children go to kindergarten five days a week. Even when parents are at home – for instance due to unemployment – most parents want their children to go to day care, were highly professionalised workers care for them. They believe that children are better-off than when they are at home with their mother (Cristensen 2000).

Table 10.1 Care arrangements for under-3s in %, around 1990 and 2000, Denmark

Care arrangement for under-3s	1989/1990	1999/2000
No public scheme:	12	
Private family day care	11	
Grandparents and others		approximately 24 for informal arrangements
Cared for at home by parents (not leave)	20	
Parents taking leave	9	approximately 25
Local government family day care	28	35
Local government childcare institution	20	21
Total	100	100

Source: Juul Jensen and Krogh Hansen (2003)

Many young children go to family day care nevertheless (Table 10.1, see also Chapter 8). But as was argued in the Chapter 9, these women can no longer be labelled as surrogate mothers: they are closer to professional care. In Denmark, as Table 10.1 also shows, the ideal of the surrogate mother is not found in the market, outside the state either (see also Mogensen 1995). The explanation must be the widely available and affordable state-subsidised facilities, so other sources of paid caring are rare. Also in line with messages found in social policy, few grandparents are involved in the day-to-day care of their grandchildren, especially compared to the other countries (Eurostat 1997). Danish research in the mid 1990s even showed that only 1 percent of young children were cared for by family and friends (Mogensen 1995). Grandparents do not care on a regular basis. They are more likely to give help in emergency situations (Juul Jensen & Krogh Hansen 2003).

Interesting about the Danish case is that the ideal of parental sharing is not really promoted in social policy, and it is neither practiced but much more preferred. Danish couples work full-time (Chapter 4) and parental leave is not taken up by men (Chapter 7). But if Danes are asked about their wishes, they either want to share the work and care or they want the junior model (Ellingsaeter 1998). In fact, in 1999 not more than 3 percent of parents preferred the dual-earner model, the most common

Danish family model. This is not a recent phenomenon. Already since the 1970s, few Danes wanted the model of both partners working full-time. Danish women and men do not want to work long hours, and never did. But the practice is the opposite (Christensen 2000:149).

This indicates that Danish people do not follow what they put forward as ‘preferences’. Denmark is a country that fits neatly Hakim’s conditions (2000, see Chapter 2) of a place where men and women for the first time in history have real choice over their lives, with equal opportunity policy and reproductive rights in place (see Siim 2000). But in this country people do not follow their work-life preferences or pursue their own life goals. On the contrary, they practice the ideal promoted in social policy, which they also support: the ideal of professional care.

Belgium: a mammoth alliance of mothers

The Belgian case also shows clear linkages between policy and practice. Slowly, the ideal of full-time mothering is disappearing in policy and practice, more than in the UK and the Netherlands (Table 10.2). Parental sharing, which is hardly alive as an ideal in social policy, has not gained much ground yet. Few Belgian fathers work part-time and if men take leave it is not for caring practices, although this is recently changing under the new Time Credit Scheme (Chapter 7). The only ones who have listened to the call of part-time work are working mothers (Chapter 4). Belgian mothers increasingly work part-time and, as we see in table 10.2, many more would like to do so.

Table 10.2 Actual and preferred employment patterns for two-parent families with children under 6, 1998, three countries

		Man full-time/woman full-time (double-earner)	Man full-time/woman part-time (junior model)	Man full time/woman not employed (male breadwinner model)	Other (e.g. parental sharing, female breadwinner model)
BE	actual	46.0	19.4	27.3	7.3
	preferred	54.8	28.8	13.4	3.0
NL	actual	4.8	54.8	33.7	6.7
	preferred	5.6	69.9	10.7	13.8
UK	actual	24.9	31.9	32.8	10.4
	preferred	21.3	41.8	13.3	23.6

Source: OECD (2001)

When parents are at work, a mammoth alliance of mothers enables mothers to work. The first source of mothers are day care mothers: one-third of young children stay with them during the day. These day carers are unofficially called *onthaalmoebers* (the term *onthaal* has the connotation of a warm welcome). In contrast to Denmark, these women are surely ‘surrogate mothers’. The second are the mothers of the working mothers: the grandmothers. They support their daughters’ entering the labour market. This means that the ideal of the surrogate mother as well as the ideal of intergenerational care

are present in both policy and practice. Flemish parents are generally very content with the practice of their care arrangements: they get the childcare they want (Vanpée et al. 2000).

Table 10.3 Care for children younger than 2.5, 1999, Flanders

Care arrangements	
Informal care	
Grandparents	84.3
Relatives, neighbours	13.9
Formal care	
Day care mother employed by a service	34.0
Private day care	9.8
Subsidised childcare centre	24.0
Private childcare centre	7.6
Other arrangements at home (au pair, nanny)	1.4

Note: children go to school from age 2.5.

Source: Vanpée et al. 2000.

Although literally every year fewer grandparents take care of their grandchildren, 84 percent of the very young Flemish children are still cared for by grandparents (Table 10.3). Or more precisely, they are cared for by grandmothers – often those from the side of the mothers (Jacobs 1996; Vanpée et al. 2000). In other words, Flemish women have a social contract with their own mother, a contract fathers and grandfathers are not really part of. About 60 percent of grandparents are regularly involved in caring for their grandchildren, caring one day a week for at least five hours, many of them for two of their grandchildren. On average, the job these grandparents have is quite substantial. Their ‘workweek’ is nearly 26 hours (Hedebouw & Sannen 2002).

Although it is important that grandparents are a cheap solution for childcare, research on this caring practice also reveals that it is indeed fitting to speak about a culturally defined moral ideal of care. Grandparents not only feel a strong moral duty to support their children, they feel that they ‘are the best carers when mothers work’ (LISO 1991). They consider the responsibility given by their daughter as a recognition for being a good mother. A working mother: ‘My mother found it really terrible that I had registered my children at a kindergarten without asking her. I had thought that she would find it too heavy with my sister’s baby and therefore I brought them to a crèche. But she was huffed’ (Van Haegendoren & Bawin-Legros 1996:31). Grandparents want to be valued above professionals, as they do not consider the kindergarten to be the best solution (LISO 1991, Van Haegendoren & Bawin-Legros 1996). Many parents, but also the grandmothers themselves, see grandmother care as the best alternative to mother care. After all, who can care better than the mother’s mother?

The Netherlands: surrogate mothers

In the Netherlands, the ideal promoted in social policy is parental sharing. This resembles how Pfau-Effinger (1998, 1999) has labelled the Dutch model: the dual carer/dual breadwinner model. But unlike other ideals, parental sharing is difficult to put into practice. Depending on calculations just 2.3 percent (Eurostat 2002) – 6 percent (Portegijs et al. 2004) to 9 percent (Knijn & van Wel 2001a) – of parents with young parents actually ‘share’ (meaning both having a job of about 32 hours). Most of them are higher educated. On the other hand, Dutch couples are more likely to work part-time than in any other country (Eurostat 2002). And more than in other countries, men seem to be more involved in caregiving. Dutch fathers for instance are more likely to take parental leave than in other countries (Chapter 7), and recent research shows that half of the working mothers have a partner who stays at home on a weekday (Portegijs et al. 2004). Thus, although fathers are more likely to care, parental sharing is too optimistic a label for the Dutch practice.

In practice, the ideal of parental sharing turns out as the junior model: the woman, ironically, is doing the ‘sharing’ on her own. The problem may be that the ideal of parental sharing is the most preferred model for women, while most men prefer both working full-time.⁵ When women then become mothers they nevertheless abandon their preferred ideal of sharing: they want to practice the junior model (Portegijs et al. 2002). Is it because they have experienced men’s absence of caring and stopped the fight for equal sharing, or because they really prefer to spend more time on caring? In any case, women are very adaptive to the policy that promotes the ideal of parental sharing. This may relate to the fact that they also have put forward this model, as the previous chapter shows. Men on the other hand seem less adaptive to this particular social policy, although some of them take up the moral messages. In short, the Dutch case shows that the caveat of the ideal of parental sharing is that ‘it takes two to share’

Table 10.4 Use of types of childcare of all children in care, in percentage of the age category, 1999, the Netherlands

	Childcare centre	Host family	Childminder elsewhere	Childminder at home	One or more
age child 0-3	21	4.4	31	21	70
child 0-12 single parent	7.6	1.9	26	17	58
double parent 0-12	7.3	2.8	21.7	17	

Source: Knijn (2003), based on Portegijs et al. (2002)

If children are not cared for by their parents, parents piece together a jigsaw of childcare. Least popular are host families, which are regulated childminders (4.4 percent; see Table 10.4). More popular are childcare centres (21 percent). Higher educated parents prefer childcare centres as they

⁵ More than the majority of women and slightly less than one-third of all men report equal sharing as the preferred family model (Portegijs et al. 2002)

value children having social contacts, but at the same time parents who use day care centres are the least content of all parents with their care solution (Portegijs et al. 2002, 2004). Most popular childcare are childminders (52 percent). This has really been a booming business. In 1987 only 9 percent of young children of working parents were cared for by a private childminder (Knijn 2003, Portegijs et al. 2002).

In contrast to most other countries, these childminders are neither registered nor controlled, they are indeed market players. Many (although not most) of the children are cared for in their own home between their own toys; the childminders are nannies, while Danish and Flemish childminders nearly always take their children to their own home, so they play with other children. In the Netherlands, parents prefer their child to be brought up according to their own wishes in the kids' 'natural environment'. This is indeed the ideal of the surrogate mother. The parents who choose such childcare prefer a woman who is a mother herself and who has the qualities that are traditionally ascribed to a mother: loving, familiar and fully available. They want the child to feel as if the parents were still at home, so the childminder is a good imitator of the care of the real mother.

Parents also try to find a person which they believe can pass on the values they find important. This is in contrast to a professional in a day care centre, the parents say, as she listens to various parents (and also follows her professional standards), while a childminder will only listen to them. Parents therefore believe that they can have a strong saying in the upbringing of their child (Nievers 2002).

Clearly the most practiced childcare solution, the surrogate mother, is not explicitly promoted in Dutch social policy. More in line with the moral messages spread via social policy is the fact that grandparents are not substantially involved in caring. They of course do care for their grandchildren, but not for extensive hours, as in Flanders, so the daughters can work (Eurostat 1997; Remery et al. 2000). Intergenerational care is hardly a practiced ideal in the Netherlands. Remery et al. (2000) show that the primacy of the family is not a shared belief: only 12 percent of the respondents say they prefer care by the family. Moreover, very few higher educated families have a caring contract with their parents, and they are the ones mostly in need of care arrangements for their children. Remery et al. (2000) speculate that parents of higher educated people may be too old and frail as in the Netherlands higher educated women have children when they are thirty plus. These grandparents also live further away. More recently, however, grandparents seem to be more involved in childcare, but only for a day or so a week (Portegijs et al. 2004).

The UK: intergenerational care and moving away from the surrogate mother

Like in the Netherlands and Belgium, the full-time motherhood ideal in the UK is still practiced by nearly one-third of the couples with young children (Table 10.2). The question here is: what ideal is practiced by the majority of women, the ones who have entered the labour force? Which ideal has replaced the ideal of full-time care is not settled though. Caring practice shows that intergenerational

care is the most dominant practice, and more recently a shift has taken place from the ideal of the surrogate mother to professional care. This is perfectly in line with the transformation in caring policy described in Chapter 9.

Strikingly, parental sharing is hardly part of the practice and mindset of parents. Particularly British men have no good record on this issue: British fathers are the least likely to be involved in caring for young children (Eurostat 1997). They are likely to work many hours a week, much more than their continental peers (Chapter 4). In addition, those men who do work part-time do not do so because of childcare. Just 17 percent of all men working part-time does (Matheson & Summersfield 2001).

Since British parents could not depend on professional state-subsidised childcare, most of them bought care on the market, hiring childminders: surrogate mothers. Many of them are registered at the local authority, as parents only tend to trust these (Ford 1996). More recently, however, parents have moved away from childminding as a solution for day care. Table 10.5 shows that in the late 1990s nurseries were a much more common care practice than childminders. Although research is difficult to compare, in the mid 1990s childminders were the most common care practice. At that time, childminders were responsible for a quarter of the children while nurseries cared for about 14 percent of the very young children (Thomson 1995, personal correspondence 1998). More recent statistics show that childminders only care for about 11 to 13 percent of young children (see Table 10.5). Other research shows the same picture: childcare places with childminders decreased from 365,200 in 1997 to 304,600 in 2001 (DfES 2001; Chapter 8).

Table 10.5 **Types of providers used for children aged 0-4 in England, 1999**

Type of care	0-2 (%)	3-4 (%)
Childminder	11	13
Daily nanny	2	2
Live-in-nanny	1	1
Babysitter	13	15
Creche/nurse	26	38
Playgroup	20	44
Nurse/reception class	10	30
Family centre	1	*
Out-of-school club	4	6
Ex-partner	5	5
Grandparent	64	57
Older sibling	2	3
Other relative or friends	37	36
Other	1	1
Base (unweighted)	1575	1071

Source: La Valle et al. (2000)

This decrease of the use of 'surrogate mothers' is probably related to the widespread discontent about childminders. All British parents have been very unsatisfied with their care arrangements, but this applies most to those using childminders. In the mid 1990s only four out of ten of them thought their childcare arrangements are 'very convenient' or 'very satisfactory' (Thomson 1995). Childminders have a very high turnover: parents change childminders more often than nurseries. Most parents said to prefer nannies, who would come to their place, and even more so nurseries (Brannen & Moss 1991; Thomson 1995; Gardiner 1997).

What also contributed is that parents in the UK – unlike other countries – are under the continuous media exposure of unreliable and untrustworthy childminders. Accidents have occurred in the UK as well as in the USA which caused the death of small children. Research on lone parents and childcare (Ford 1996) showed that half of the respondents specifically referred to distrust of potential resources of care as one reason why they would have difficulty using childcare. They no longer see childminders as 'surrogate mothers' that are trustable and familiar and resemble themselves, but as unreliable strangers. One mother said: 'It always fears me because you see these programmes on the telly about these childminders that battered kids and put me off it. Like these childminders that have sexually abused children they've been minding, that have been registered. No, I couldn't have a registered childminder. No.' (Ford 1996:128). Parents seem to be in constant fear about the quality of care; will the childminder really care well for their beloved child?

This move away from surrogate mothers is also visible at the policy level. In this case, the British government seems to have listened to the parents and taken their worries seriously. Consequently, childcare policy is moving towards the direction of professional care, at least for the older children (3-plus).

Most British children are nevertheless cared for by grandparents. Table 10.5 shows that grandparents are the most common source of caregiving for young children. As in Belgium, a mother often signs a social contract with her own mother, and this type of care is relatively cheap. Research by Weelock and Jones (2002) also shows that parents as well as grandparents see intergenerational care as 'the next best thing' if mothers go out to work. Outsiders or strangers who work in the formal childcare centres do not give love to the children, the parents argue, and there is nobody they trust more than their own parents.

In general, British parents, in contrast to the other countries, still express their unhappiness with the childcare arrangements they have to make. Recently, three-quarters of working parents said their current childcare arrangements were not ideal and the figure of poorer household and lone parents was even higher (La Valle et al. 2000). In an ideal world of affordable and accessible childcare, nearly one in five parents said they would prefer an informal carer, which is often a grandparent. The problem is, as Land (2001) and Weelock and Jones (2002) argue, that the ideal of intergenerational care is not sufficiently supported by social policy. The Childcare Strategy even

excludes informal care. These researchers therefore plea for recognition rather than a downgrading, demotivating and discouragement strategy of intergenerational care.

Policy, practice, preference

This section showed that ideals promoted in welfare states are indeed linked to actual practices, although the correlation is stronger in Denmark, Belgium and the UK than in the Netherlands. People are thus indeed guided by the normative messages of welfare states. Their action is inspired by notions of what is the proper thing to do, and the state is still one of the moral authorities to offer such scripts. This section also indicates, in contrast to Hakim's theory (2000, 2003), that people cannot or do not want to follow their own preferences. In the Netherlands, Belgium and the UK, where the male breadwinner/full-time carer model is still practiced on a substantial scale (about one-third of families with young children), this is not the preferred practice: more mothers want to work. In a country like Denmark, people prefer to share the caring and have more time to care. But the practice is the opposite: in no other country do mothers and fathers work that many hours. Danish people work much more than they want to.

Individual preferences clearly cannot explain cross-national differences in work and care, but they are nevertheless important in another way. The British case shows that parental preferences can be important to understand changes in social policy, albeit in a modest way. The recent Labour government moved away from the ideal of the surrogate mother, as parents no longer trusted such type of care. At the same time, the British case shows that preferences do not always get implemented. Many British parents prefer grandparents to take care of their children, while state support for such type of care is lacking. Ideals of care only get enforced when they are advocated by a larger coalition of women's organisations and powerful actors (Chapter 9).

Finally, of all policy ideals, parental sharing has most difficulties coming into practice. Women are much more adaptive towards this ideal and want to work part-time. This is not a strange conclusion, if one keeps in mind that women were also the ones who actively promoted this ideal (Chapter 9). Men are less flexible though. As a result, the ideal of parental sharing in practice often transforms to the junior model.

So far, we have discussed whether care ideals in policy affect care ideals in practice. Now we come to the last question, central to this book. How to understand the impact of ideals of care on women's citizenship? The next section will outlay a light theory on the consequences of ideals of care, illustrating this with examples from the four welfare states.

Ideals of care and citizenship

How do ideals of care influence women's citizenship? This section discusses two hypotheses. The departing point of the first hypothesis is that social change is linked with the change of norms (March & Olsen 1989). This means that women's route to employment is paved with a different set of care ideals. In other words, when women want to enter the labour market, a new ideal of care has to replace the old full-time mother care model. Of course, women have always worked, even when the dominant norm prescribed them to stay at home. Up to a rather low female employment level, welfare societies can even stick to the ideal of full-time mother care. Women are also able to sort out their own work-and-care problems individually, and some women work even though they are unhappy with their childcare solution.

The crucial point though is that employment rates only pass a critical level if women believe their children are cared for well. The majority of women are likely to work only when a solution is found for childcare which fits their notions of good-enough care. This means that a new, robust, ideal of care must have the potentiality to fit parents' wishes. As Ragin's (2000) says, the replacement of the ideal of full-time mother care with a new ideal in both policy and practice is a necessary (but not sufficient) condition for a substantial number of working women. Up to a specific level of employment, women can do without official alternatives, but beyond a critical level state intervention is necessary and can then even act as a catalyst (Leira et al. 2005).

This can be illustrated with the British case. While the Conservative government, especially under Major, wanted women to work in the 1990s, no new ideal was univocally and institutionally supported. In other words: not only a practical void existed, since affordable childcare was hardly available, but also a moral void. Families had no alternative ideal of caregiving. The state did not give any ideas on how to care for children in a decade where women wanted and were supposed to work. If the Conservatives promoted an ideal – and they did so in a very light manner – it was the surrogate mother. This however turned out to be a misfit: British parents increasingly distrusted this type of care. Although women have obviously tried to find their own solutions, an entirely personal pick-and-mix strategy does not seem to lead to substantial participation rates for all British women.

This is different in the three other countries, where new ideals have been put forward. In the Netherlands, women's participation rates increased substantially when the government proposed a new ideal of care in the mid 1990s – rather late, in fact. The ideal of parental sharing had the relatively strong support of people as it fitted the notions of self-care, the nuclear family and gender equality. In Denmark the ideal of full-time mother care became quickly replaced from the 1970s onwards by the ideal of professional care, while in Belgium the government actively supported ideals like intergenerational care and the surrogate mother, which also fitted or had the potential to change preferences and practices.

In other words, women's employment increases when an alternative ideal of childcare is embedded in policy that fits or has the potentiality to fit parents' ideals. The development of alternative care ideals is a condition for employment changes. A parallel can be drawn with Kuhn's (2003, or. 1962) description of paradigm shifts: a new paradigm can help to dismantle the old. This logic also predicts that, for instance, as soon as an alternative ideal of care is publicly supported in the UK, i.e. through laws or financial structures that fit people's notions about good enough childcare, mothers' employment rates will increase more rapidly. People simply cannot change behaviour radically without some change of ideal. Thus, without a moral and practical solution for how children are cared for, mothers will hesitate to enter the labour market.

So far the relation between the bare existence of ideals of care and employment rates. A second question is how to understand the differences in gendered employment, care and income patterns in the four countries. The second set of hypotheses is that the different alternative ideals of care – parental sharing, surrogate mothers, intergenerational care and professional care – go hand in hand with specific citizenship practices, just as was the case with full-time mothering. Ideals of care relate to specific gendered patterns of paid employment care and income.

Table 10.6 presents the hypothetical relationship between ideals of care and the citizenship outcomes, showing how ideals of care can reinforce as well as improve the hierarchy within gender relations. To make it even more complicated: some ideals are profitable for 'certain dimensions of citizenship' for 'some categories of women', which we have learned from Hakim (2000), while other dimensions or categories of women loose. The indicators of citizenship used here are the same as in the earlier chapters: a) labour market participation, b) care participation, c) income and economic dependency relations, and the overall questions: d) to what extent ideals of citizenship change the hierarchical relations between men and women, and e) the way they gender or degender caring. The table also shows that welfare states are more than Janus-faced, they have so many ambivalent features. In the following pages I will discuss the citizenship outcomes of each ideal of care.

Table 10.6 Ideals of care and citizenship

	Full-time motherhood	Parental sharing	Intergenerational care	Professional care	Surrogate mother
Who cares?	Mother (f)	Parents (m/f)	Grandmothers (f)	Professionals (m/f)	Quasi mother (f)
Where?	Home	Home	Home and quasi-home	Outside the home	home/quasi-home
Consequences for women's employment	Low	High in numbers, low in volume, high in part-time	Low for grandmothers (45 plus), high for daughters	High full-time	Moderate
Consequences for women's income	Low	Medium, interdependency	Low for older generations, high for younger generations	High	High for working mothers, low for surrogate mothers
Consequences for participation in caregiving	High for women, low for men	Medium for men and women	High for older generation, low for younger generation	Low for parents	High for surrogate mothers, low for working mothers, low for fathers
Potentially degendering caring?	No	Yes	No (yes)	Yes	No

Full-time mother care

As has been well-documented, the consequences of the ideal of full-time motherhood is that it reinforces women's second class citizenship. The ideal is built on the notion that a mother needs to care full-time for her children. No time is left for working outside the home, and paid employment is considered harmful for those in need of care. This leaves women financially dependent on men. Men on the other hand have little potentiality to be involved in caregiving. While women are locked in the private sphere, men are locked out. This ideal thus reinforces caring as a feminine phenomenon and is extensively based on partner dependencies. Household dependencies are common. Since this has been well documented and the ideal is slowly fading away, the consequences of the other ideals are more interesting. The other four ideals of caring have risen by and large as an alternative to the ideal of full-time motherhood.

The ideal of the surrogate mother as well as that of intergenerational care, which will be discussed first, come closest to the ideal of full-time motherhood: they do not contest caring as a gendered phenomenon, yet both models give opportunities to certain categories of women.

Surrogate mothers

The ideal of the surrogate mother, in practice often a childminder, allows other women – often higher educated – to take up paid employment and become financially independent. The ideal is thus based on hierarchal class dependencies between women. Gregson and Lowe (1994) describe the phenomenon of the surrogate mother as ‘servicing the middle classes’, and O’Connor et al. (1999:35) speak about better-off women ‘off-loading’ care work onto other women of less-advantaged social status (for example immigrants and poor women).

In all countries higher educated women are indeed more likely to use formal childcare, thus also childminding, but especially in the UK childminders are lower educated and wages are extremely low, between 1 and 3.5 pounds per hour per child in the late 1990s (Day care trust 1998). Dutch and Flemish research nevertheless shows that within these regimes class differences are less pronounced. In Flanders, the surrogate mothers are not women with no or little education; many have an average level. Some are even trained as carers, often in health care (Werkgroep Vlaamse Diensten voor Opvanggezinnen 1992). Interestingly, these surrogate mothers are particularly desirable for the lower middle classes. Higher educated as well as very lower educated women prefer childcare centres (family day care) (Vanpée et al. 2000). In that sense, lower middle-class women are ‘servicing’ other women of the same social strata. Moreover, the money *onthaalmoeders* receive is not negligible, as for a long time they did not have to pay tax and premiums. When they care for four children, income is quite substantial and passes the rates of professional workers. Most of them like the freedom of being self-employed and see themselves as entrepreneurs (Werkgroep Vlaamse Diensten voor Opvanggezinnen 1992).

A study by Nievers (2002) also shows that Dutch surrogate mothers are less dependent on the family they work for than the family is on them. Due to scarcity of childminders and the intense relationship between the carers and the parents’ beloved child, parents are very dependent on the childminder. In fact, the Dutch (unregulated) childminders are not really ‘mothers’ but ‘grandmothers’. These older women are literally ‘grey ladies’, especially because they are not poor – their husbands often earn a decent living. In fact, the childminder’s family can even be more well-off than the family she works for. As in Flanders, a class divide in caring should not be exaggerated. Because of the inverse dependency relation, Niever’s study is aptly entitled ‘We have to cherish her’.

What is however at stake in both countries is women’s citizenship. Although this has changed recently in Flanders, surrogate mothers were completely dependent on their partner for security. Day care mothers did not pay any premiums. Since they were not considered as professionals but as mothers who have expanded their caring activities, they had no social rights. The ideal of the surrogate mother assumes these ‘mothers’ to be dependent on their husbands.

The practice of the ideal of the surrogate mother has thus important consequences for the citizenship potentialities of certain categories of women. In addition, as with the ideal of full-time mothering, the consequences of its moral underscores are strong. The ideal of the surrogate mother

perpetuates the notion that caring is a feminine phenomenon and is best performed in the home, preferably by someone who resembles the mother. Professionalisation of care is no issue here. The underlying assumption is that care remains to be best performed by the mother: other types of care are always surrogate. This legitimises a low citizenship status for carers and legitimises the moral notion that for children, the mother should be at home if possible. Surrogate mothers are nearly as good as real mothers, but the idea of childminders being second-best constantly puts a moral pressure, a pressure of guilt, on working mothers. In other words, the ideal of the surrogate mother reinforces the norm that the appropriate behaviour for mothers is still to be at home.

This helps to explain one of the main puzzles in this book. Why don't Belgian mothers participate more in the labour market, given that their welfare state resembles the Danish so well? The level of childcare is also equal to the Swedish, yet Belgian mothers participate less. The 'light theory' of ideals of care thus argues that this relates to the type of childcare being offered – the fact that Flemish policy has promoted the ideal of the surrogate mother for a long time. The surrogate mother gives the moral messages that mothers still care best for their children. This has contributed to an incremental increase of mothers' employment. As soon as institutional barriers for part-time work were lifted in Belgium, mothers reduced their working hours. Full-time work is less of an option for working women if in the end mothers are the best carers for their children. This is emphasised by the ideal of intergenerational care, also strong in Belgium.

Intergenerational care

The ideal of intergenerational care does not degender caring either. Care is best performed in the home, by someone who resembles the mother most, and that is her mother. Daughters or daughters-in-law on the other hand are thought to be the best caregivers when parents grow old. This ideal perpetuates notions of care and gendered citizenship: children and the elderly are best cared for at home by a woman, preferably by a family member who cares out of benevolent love. An important difference with the ideal of the surrogate mother is that it does not directly reinforce class differentials but generational differences between women (although it does so indirectly). The generation of 'daughters' is much more able to participate in the labour market and be economically independent than the generation of 'mothers' and 'grandmothers', but less likely to be able to participate in caregiving. This may also lead to strong dependencies within the extended family.

These generational differences are somewhat visible in the employment statistics of older women in the four countries. In 2000, just 15 percent of Belgian women aged 55-65 were employed, in the Netherlands 26 percent, in Denmark 46 percent and in the UK 41 percent (Eurostat 2001b). Of course, older women's employment rates relate to many factors, such as their past careers or pension policy. British rates, in contrast to the other countries, do not fit the intergenerational practice. Older British women are involved in childcare but they nevertheless work. At the same time there is some evidence that grandmothers in the UK are more eager to quit working or work less because they want

to care for their grandchildren, not only because they want to support their daughters in their labour market earnings but also because they very much enjoy doing it. They see it as a reward by itself or feel it is a second chance at parenting that will keep them 'young at heart and fit in mind and body', it is a form of a 'social career' (Weelock & Jones 2002).

The ideal of intergenerational care does have some indirect class effects. In most countries, the provision of regular informal care by relatives, particularly grandparents, increases with decreasing social class (La Valle et al. 2000; Vanpée et al. 2000; Remery et al. 2000). Flemish research, for instance, shows that particularly lower educated parents and parents with less money are happy with the care of the grandmothers. Higher educated parents are more hesitant: there is the problem of spoiling, something grandparents readily admit. Grandmothers living in rural areas are more involved in care giving than those living in the big cities (Hedebouw & Sannen 2002). The regional factor is again important towards understanding differences between women (Vanpée et al. 2000), and categories of class and region still matter.

Lone working mothers are also strongly dependent on informal sources and grandparents in particular in many of the countries, but especially in the UK and the Netherlands (e.g. Ford 1996; Storms 1995; Knijn & van Wel 1999). This is certainly another consequence of economic calculations as it is the cheapest solution, but as Ford (1996) argues, it is also their wish, not in the least because the grandmother can substitute the role of the absent father. A lone mother says in Ford's book: 'I do involve her a lot, because his dad's not involved' (p. 122). The same research showed that the other side of the coin is that informal arrangements need a lot of attention and it feels that another person is doing you a favour, while at the same time lone parents need the stability and continuous care of a trustworthy person such as a family member.

Intergenerational care has consequences for women's work because on the one hand it allows daughters to work but at the same time does not degender caring. As grandfathers and fathers are hardly involved, it reinforces the motherhood norm. In that sense it does not fit well with a high level of working women who also work full-time. But there are more reasons why intergenerational care does not fit full-time working. As Brannen and Moss (1991) explain, women who depend on informal care become considerably indebted to relatives who look after their children. Full-time workers do not have time to 'pay back' the informal carers.

Professional care

The next two ideals, professional care and parental sharing, are from a different planet than the two above. They contest the notion that caring is best performed by 'mothers'. These two ideals do challenge the notion that childcare by 'other people' is a necessary evil. Professional care or parental sharing are positive alternatives to full-time mother care and are considered to improve the upbringing of children.

The ideal of professional care means that all women, both as mothers and as professionals, can achieve the possibility of working and being relatively economically independent. Professional care corresponds with universalism. In theory, the notion of professional care has the potentiality to degender caring, as professionals can also be men. In practice they hardly ever are. Few men are involved as professional childcarers, even in Denmark (OECD 2001).

Professional care means that care is valued, as it is paid for, but it may also result in citizens having less time to care for their beloved. Professional care as an ideal implies that care performed by a professional – a pedagogue, a nurse, a home carer, a teacher – is just as good or even better than when the elderly or children are cared for at home by a mother or daughter. This significantly changes the traditional logic of appropriateness, legitimising women's entry to the labour market, as it may even be better for the children when professionals rather than family members are primarily responsible. In fact, it is the only ideal in which women are morally supported to work full-time. The ideal of professional care is very strong at guilt-reduction for employed parents.

Finally, professional care reduces intergenerational family dependencies as well as partner dependencies. Women can work full-time and can earn as professionals. This gives a large group of women the possibility to develop themselves as professionals and receive concomitant wages and recognition as workers. It also enhances the financial position of these female workers, although care work always pays less than other types of jobs.

Denmark is the icon of the ideal of professional care: it is strongly embedded in both policy and practice. The ideal of professional care in Denmark and the relative lack of it in Belgium, the Netherlands and the UK may explain why this is the only country in which mothers not only have high employment rates but also have moved, and are still moving, towards full-time work. Even though many parents say they want to spend more time with their children, there is in fact little need for it, as childcare is as professional as they want it. The underlying idea is that during the day a child is better-off than at home, as it can become a real social being, a social citizen. This light theory of professional care implies that as soon as other welfare states promote a professionalisation strategy for young children, mothers' employment will increase, but only if its content fits the wishes of parents.

Two places are therefore particularly interesting at the moment and should be monitored. In Flanders, the quasi-state organisation Kind en Gezin and the Flemish government are investing in professionalisation, as has been described in this and previous chapters. If this strategy proves successful, in a decade or so there is a big chance mothers will work more and move again towards full-time work. In the UK, the ideal of professional care is now being stressed for children over 3 years old. The key theme is education, which is rather different from the Danish social pedagogical goals. Such an ideal of care may legitimate mothers of children over 3 to enter the labour market. At the same time, it may imply a barrier for mothers with younger children as it may stress that childcare is only good for the older ones. The two cases offer good test cases of this light theory. Future research may show whether they can hold.

Parental sharing

The ideal of parental sharing also contests the ideal of full-time motherhood strongly. It assumes that children are better cared for when both parents are involved. Sharing the parenting particularly means that fathers are more involved in caring and are also valued for their (specific) input in the upbringing. Since fathers then have to reduce their labour market participation, they become more economically dependent on their partner. At the same time, women are more likely to participate in the labour market and become less economically dependent on their male partner. All in all, parental sharing is based on partner dependencies, but in contrast to the male breadwinner model it departs from interdependency between partners simultaneously on all levels: work, care and income.

The Netherlands is certainly the test case for such a hypothesis. What are the practical consequences of such an ideal? It is indeed no coincidence that so few Dutch mothers work full-time. Parental sharing stresses that children need to be cared for in a home environment and spend more time with their parents. The problem is that fathers are less adaptive to the model. The ideal of parental sharing often turns out to be the junior model in reality, although the Dutch parental leave for public employees has been very successful in attracting fathers because this leave is well paid. The caveat of the ideal is that women's citizenship is entirely dependent on the hope that men will do more in the home. But if he doesn't want to care, or the household income does not allow him to, what happens to women's aspirations? Perhaps she cannot work as much as she wants to.

The ideal of parental sharing can also result in two distinctions between women. The first is between higher and lower educated women. Higher educated women are more likely to find a man who works part-time, or are more able to persuade him to work full-time. Higher educated parents practice the ideal more often; nearly 17 percent of couples with children practice sharing, and as many as half of the higher educated parents prefer it too (Knijn & van Wel 2001a; Portegijs et al. 2002).

Second, lone mothers have less to win with the ideal of parental sharing than married women. Lone mothers have no one to share the caring with. In the Netherlands, the Combination Scenario lies at the heart of emancipation policy. It assumes a certain level of childcare services (though not too high), a 32-hour job, the financial sharing of childcare costs and economic interdependency between partners. While these assumptions may be inadequate for married mothers, they certainly are for lone mothers. Lone mothers in fact may be supported more by another ideal of care, that of professional care. It is no coincidence that employment rates as well as poverty rates of for instance Danish lone mothers are better than the Dutch (Chapter 4).

Care ideals and citizenship

This light theory of ideals of care and its consequences for gendered citizenship can be summarised as follows: parental sharing and professional care share the ideal that women should enter the labour market. Paid employment is regarded as positive and care has a potentiality to be degendered, i.e. men are also considered to be good caregivers as sons, as fathers or as professionals. This opens up a space

to challenge the logic of appropriateness and legitimises different types of behaviour. While parental sharing assumes partner interdependencies and strongly correlates to part-time work, the notion of professional care goes along with full-time employment. In other words, parental sharing cannot be combined, practically or morally, with full-time labour for both men and women while professional care cannot be combined with much time to care.

In the other two models, surrogate mothers and intergenerational care, mothers remain at the heart of care. This does change the logic of appropriateness somewhat, but not the gendered notion of caring. In the end, it may even reinforce rather than contest the ideal of full-time motherhood since it implicitly reproduces gendered notions of care. This has huge consequences for gendered citizenship. The women who work as carers are often fully dependent on their husbands, grandmothers for income, surrogate mothers for social security. While the ideal of the surrogate mother may produce class differences between women, especially in Liberal regimes, generational differences are produced by the ideal of intergenerational care.

Conclusion: the moral impact of welfare states

This chapter shows that welfare states are more than a set of financial structures that limit and provide people's choices, as comparative welfare state theories assume. Seemingly neutral procedures and structures embody particular values, norms, interests, identities and beliefs. Social policy – through regulations, financial measures, the content of provisions – influences the normative structures that limit and provide people's choices.

Ideals of care contribute towards understanding changes as well as the cultural consequences of welfare states. When women have babies they do not reach for a calculator to decide whether they will work or not: they ask themselves, what would be the most appropriate way to care for my child when I am away? If this type of care is in place, women are more likely to work. Ideals of care are the answer to the moral predicament of work and care. Women do not or cannot follow their individual care preferences. Women, more than men, are adaptive to the different ideals promoted in welfare states. In other words, there is a close link between the ideals of care promoted in social policy as described in the previous chapter and real practice.

Finally, specific ideals of care produce differences in women's citizenship across countries. The dominance of the ideal of professional care in Denmark, for instance, has been a crucial vehicle for mothers' full-time employment. It has been a very effective guilt-reduction ideal: why would women stay at home when their children are better-off together with other children, guided by professionals? The dominance of the ideal of intergenerational care and in particular the surrogate mother in Flemish social policy helps to understand why mothers do not continue working full-time there. The type of care promoted by the state has helped women enter the labour market but at the

same time gives the message that the most appropriate care for children is that given by their own mother. No wonder Belgian mothers' employment levels do not match the Danish and part-time work has become more popular, even though childcare is fully available and well affordable. Welfare states are thus still a source of moral authority.