COMPARATIVE RESEARCH ON SOCIAL CARE
THE STATE OF THE ART

Teppo Kröger

SOCCARE Project Report 1

Contract No. HPSE-CT-1999-00010

February 2001

Written for

European Commission

5th Framework Programme

Improving Human Potential and Socio-Economic Knowledge Base

Key Action for Socio-Economic Research

Table of Contents

Summary 2

I. Introduction 4

II. Comparative research on childcare 6
Care for children under and over the age of 3 6
European Childcare Network 7
Welfare regimes and childcare 8

III. Comparative research on care for older people 11
EC and OECD promoting comparative research 11
Institutional and community care for older people 13
Support to informal care 17
Similar trends, dissimilar national and local policies 19
Welfare pluralism, welfare regimes and care for older people 21

IV. Comparative research on social care and family 24
Family structures in Europe 24
Family obligations and informal care 25
Family policies and social care 27

V. Comparative research on social care and gender 30
Feminist research and care 30
Choice, care and welfare regimes 31
Integration of feminist and mainstream research 33

VI. Comparative research on social care and work 35
Social care and working mothers 35
Social care and working fathers 36
Social care and working carers 37

VII. Conclusion: the state of the art in comparative social care research 39
Prevailing foci 39
Remaining gaps 40

References 42

Annex: The state of the art in social care research in Portugal 51

SUMMARY

This report reviews the current state of knowledge in comparative social care research. The report covers comparative studies of two major areas of social care, childcare and care for older people. Additionally, comparative research on issues of family, gender and work are looked into as these have direct connections with social care. The report is produced by the SOCCARE project, a European research project studying the opportunities of families to construct flexible combinations of informal and formal care. The project is funded by the European Commission, 5th Framework Programme, Key Action for Socio-Economic Research.

Concerning comparative research on childcare, basic information about provision levels is now available even though the comparability and the coverage of the data are partly insufficient. However, the main features of national childcare systems in Europe are well-known. Comparisons have found clear differences between models focusing either on early education or on social care for children. However, several reports also show a general convergence towards universal provisions for over-3-year-old children in Europe and at the same time, a constant remarkable shortage of services for under-3-year-old children in many European countries.

Care services for older people have been compared intensively especially during the 1990s. Deinstitutionalization and community care are commonly adopted policy preferences all over Europe but individual countries still have very distinctive provisions. Many Northern European countries are decreasing their provision of institutional care, whereas several Southern European countries are still constructing the required basic network of residential services. Also home-care provisions differ largely between European nations. Support to informal care has become an important policy issue everywhere. In all, despite the lack of fully reliable detailed data, it has been observed that even though European nations are facing similar pressures (population ageing, funding limitations, excessive reliance on informal family care etc.), their responses are dissimilar, reflecting national institutional and cultural traditions in care for older people.

As well, family structures are partly converging but still very diverse in different European countries. Concerning the cultural assumptions about the obligations of families, especially Scandinavia and Southern European countries are apart from each other. A European consensus on family policies has been difficult to find due to significant differences between national approaches to family policies. For example, France has had a very explicit family policy whereas Britain has applied a non-interventionist approach.

It was feminist social policy scholarship that finally brought social care policies into comparative welfare state research on equal standing with social security policies.

Gender-sensitive research has shown the inadequacy of the previous mainstream comparisons that ignored the unequal relationships of women and men with European welfare states. Findings from comparative care research have remodelled previous welfare state typologisations.

Recently, it has become widely recognised that social care policies affect considerably the opportunities of women and men to participate in paid work. Where they exist, flexible care services are a major support for the reconciliation of work and family responsibilities. In order to promote participation in paid labour, these services need to be generally available and affordable. The connection between childcare and mothers' employment has been known for a longer time but now also the effects of social care services to the position of working fathers as well as working carers of older and disabled people have been placed under comparative study.

However, there still remain significant gaps in comparative social care research. Previous comparative studies have focused primarily on publicly provided care services, much disregarding both privately provided services and informal care. Methodologically, earlier studies have often been limited to statistical descriptions of national service systems connected with some conceptual thinking. Developed quantitative research methods have been rarely used and comparative qualitative studies on social care have been almost non-existent. The voices of local policy-makers, care workers and, above all, care users and their family members have also been nearly absent from comparative social care research.

I. INTRODUCTION

The aim of this report is to describe the main characteristics of the current breadth and spectrum of a research field that has been developing remarkably during the last decade. Research on social care for young children and older people has for several decades included manifold studies at the national level but for a long time, cross-national comparisons within this field were seen either as uninteresting or as too problematic to make. However, during the 1990s this research field has experienced a significant expansion. New research methods have been applied to studying social care, new data has emerged, new theoretical and conceptual approaches have been developed.

Social care is here understood as assistance that is provided in order to help children or adult people with the activities of their daily lives and it can be provided either as paid or as unpaid work by professionals or non-professionals and it can take place as well in the public as in the private sphere. In particular, it is distinctive to social care that it often transcends the conceptual dichotomies between the public and the private, the professional and the non-professional, the paid and the unpaid. Social care is usually seen to include particular personal, affective, normative and moral elements (Wærness 1985 & 1990; Ungerson 1990; Finch 1993; Leira 1993; Thomas 1993; Sevenhuijsen 2000). Within the concept of social care, this report includes formal service provisions from public, commercial and voluntary organisations as well as informal support from family members, relatives and other close persons (cf. Munday 1996). Thus, the concept of social care is not identical with the concept of caring that, at least in the British context, usually refers neither to care of young children nor to paid care-giving work. This report (and this project) shares the view of Daly and Lewis (1998 & 2000) that by ignoring traditional dichotomies and, instead, by using a non-fragmented general concept of social care, the opportunities for analysing welfare state variation and change become enhanced.

The 1990s saw social care becoming generally understood as an essential object for sociological and social policy research. Here, one could even speak of a breakthrough. At the beginning of a new century, social care is now no more seen as a restricted research field that engages the attention of only a limited number of experts specialised in either ‘care for the elderly’ or ‘child welfare’. Instead, social care has become recognised as a basic element of the contemporary society that is in close connection to many major social issues like gender relations, family change and labour market development. The organisation of social care affects relations between men and women, between social classes and between ethnic groups. Thus, sociology cannot understand and explain a society fully without paying attention to how its social care is organised. As well, comparative social policy research has started to recognise that care services are as essential welfare state provisions as benefit

transfers. Care policies form the essence of the nexus between the state and the family and, consequently, they are worthy of detailed comparative research.

The evident increase of care needs in post-industrial societies has given additional impetus to research on social care. The ageing of the population poses a remarkable challenge to all European welfare states and here the question of care becomes fundamental. Also the many changes taking place in family structures (e.g., the increasing divorce rate, the growing number of children born out of marriage, the decreasing proportion of older people living together with their children) all generate new social constellations where care has to be arranged in new ways. The high participation of women in paid work has contributed to changing care from 'just a women's business' to a major issue of public social policies. A functioning labour market presupposes functioning care arrangements. Even if a welfare state does not itself directly supply a broad variety and coverage of care services, it still remains responsible for providing the required support and guiding to enable families, voluntary and commercial organisations to provide the care that is needed.

This review concentrates on comparative research. Thus, it does not include nationally focused research on social care. Even comparative social care research is now such a broad and rapidly expanding field that one review cannot cover all details of all previous research. The aim here is to present a general view of 'the state of the art'. The review begins by looking into comparative research done within the two main areas of social care, childcare and care for older people. After that, the report describes comparative research that has been connected not just to social care itself but also to more general issues of family, gender and work. In practice, these five categories of care research are not separate from each other as they overlap and intersect in many ways. For example, a study on social care and gender will certainly discuss also the interconnections between family and work and it will probably focus on either childcare or care for older people. Thus, this categorisation of comparative care research serves merely as a means for the representation of the gamut of previous research. Finally, the review ends with a conclusive account of the state of current knowledge: what do we already know from comparative social care research? What kind of knowledge are we still lacking? This report is produced by the SOCCARE research project, funded by the Socio-Economic Key Action of the 5th Framework Programme of the European Commission (for details of the project, see http://www.uta.fi/laitokset/sospol/soccare/). As an annex to the report, there is a review of the state of the art of social care research in Portugal, one of the five European nations taking part in the SOCCARE project.

II. COMPARATIVE RESEARCH ON CHILDCARE

Comparative research on childcare services and policies has a tradition of several decades. Especially Kamerman and Kahn have since the 1970s published several extensive international comparisons of childcare policies (e.g., Kahn & Kamerman 1980; Kamerman & Kahn 1981 & 1991; Kamerman 1989 & 1991). They have gathered different national statistics on service provisions, visited a number of countries, interviewed and consulted national experts. These data gathering methods have later become adopted and followed by many other comparative care researchers.

Care for children under and over the age of 3

The empirical results from Kamerman and Kahn's comparisons have laid the foundation for comparative knowledge on childcare. There are fundamental differences in national policies and distinctive national patterns. According to Kamerman (1991, 180), the major cross-national differences are related to the extensiveness of the public sector role; the predominance of the education, health and social welfare systems in delivering the services; the proportion of children of different ages served by these programmes; whether services are limited to the children of working mothers; and the quality of the childcare provided. For example, the division of responsibilities between the education and welfare sectors differs considerably in different countries.

One of the basic remarks is the considerable difference in provision for children ages 3 to 5 compared with that for children under 3. Concerning the older age group, the pre-school programme has become almost universal in Europe (Kamerman & Kahn 1991, 201). However, also here, there are differences between different European nations. Three distinctive models of provision for this age group have been named. (1) The pre-school model has dominated continental Europe, providing kindergartens and nursery schools and operating largely under educational auspices. (2) In Sweden and Finland, there has been a free-standing, autonomous, special childcare programme for all children under the school age of 7. (3) In Britain, there has existed a dual system with social welfare day-care for deprived children coming mainly from low-income families and part-day educational nursery schools for middle and upper class children. Nevertheless, the total provision has been close to full age group coverage within all of these different childcare models (Kamerman 1991).

Instead, the coverage for children under 3 years of age has been generally much lower and has had very large variations between countries. Children under the age of 1 year are not a debated policy issue in Europe as they are assumed to be cared mainly by their parents. However, children aged between 1 and 2½ years have been a

critical issue. Several continental countries have been using extended parental leaves to promote parental care and provided very few childcare services. On the other hand, in countries like Belgium, France and Italy pre-school programmes have been accepting 2- or 2½-year-olds. In Scandinavia, the programmes serving children of this age have been combined with those serving the older children under the social welfare auspices. However, Finland has provided also a cash benefit to support parenting at home (Kamerman 1991).

This observation of a distinctive difference between the provision for children over and under the age of 3 years has become firmly confirmed by several comparative studies. For example, in a comparison of Denmark, France, Germany, Sweden and the UK, Almqvist and Boje (1999) conclude that in the group of children aged 3-6, these countries are quite homogenous as they all have the public sector as the main provider. In the provision for younger children, the welfare mixes of childcare provision have more variation. Here, the private sector has great importance in France, Britain and western parts of Germany and families have major significance in the UK, Sweden and western parts of Germany. In Denmark, France and eastern parts of Germany, public providers are most common also within the provision for the very young children. For their part, Melhuish and Moss (1991) have found a contrast between the British and US governments unwilling to accept a general responsibility for childcare in comparison with their French, Swedish and the late GDR counterparts. Other volumes have covered childcare provisions in a large number of nations, besides Europe, including countries also from Africa, Asia and Latin America (e.g., Olmsted & Weikart 1989; Lamb et al. 1992; Ruxton 1996; Rostgaard & Fridberg 1998).

European Childcare Network

Especially the work of the European Childcare Network ('European Commission Network on Childcare and Other Measures to Reconcile Employment and Family Responsibilities') has provided detailed information about childcare provisions in different EU member states. The Network has outlined national profiles of the service system for young children in each of the 15 member states and followed their developments. Its reports, covering also childcare for school-age children, include rich information on provision levels, costs, funding, and staffing standards (e.g., European Commission 1996a & 1996b). However, on the one hand, the European Childcare Network has also highlighted that there are the many difficulties in comparing childcare services of European countries. There are clear inadequacies in the data available. The data varies considerably between the member states and there are large uncovered gaps. The data that is available focuses on publicly funded services, leaving out non-subsidised formal childcare as well as informal care. There

are also many differences in the services, their hours, contents and quality that make international comparisons difficult.

However, the European Childcare Network concluded that the provision for 3- to 6-year-old children was highest, almost 100 percent, in strong pre-school countries Belgium, France and Italy. Also Austria, Denmark, Germany, Greece, the Netherlands, Spain and Sweden provided early education or care for over 70 per cent of the age group. In the group of under 3-year-olds, Denmark (with eastern parts of Germany) was providing the largest support, covering a half of the age group. Also Belgium, France, Finland and Sweden provided childcare for over 20 per cent of the youngest children. The Network noted substantial variations also at regional and local levels.

Using the data from the Childcare Network, Tietze & Cryer (1999) have assessed that most EU countries have made considerable progress in expanding their out-of-home childcare services. However, they state several deficits. In most of the countries, there is insufficient availability of services especially for children under 3 years of age. The parallel existence of the education and the welfare systems also creates barriers to establishing high-quality education and high-quality care in an integrated manner. The most national systems seem also to be underfunded.

Welfare regimes and childcare

Several writers have been discussing childcare policies in connection to the famous welfare regime typology by Esping-Andersen (1990). Gustafsson (1994) has compared Swedish, Dutch and US childcare provisions and found out an apparent correspondence with Esping-Andersen's regime categories: Sweden performs clearly 'social democratic' universalist childcare policies; in the Netherlands, the late arrival of childcare illustrates a conservative and corporatist welfare state; and, in the US, childcare is a commodity to be purchased on the market. Borchorst (1990) has studied childcare in Britain and Scandinavia, focusing on the historical development. She found that Britain has continuously maintained a clear distinction between care and education in state policies as well as a reluctance to intervene in 'family matters'. In the Scandinavian countries childcare became integrated into the general welfare state project of the 1960s and 1970s. Pringle (1998) has reviewed child welfare policies, in addition to social democratic and conservative regimes plus the neo-liberalist Britain, also in southern and eastern European welfare states. On the other hand, Leira (1992) has questioned the consistency of welfare regime categories by arguing that within 'the Scandinavian social democratic model', Norway has not at all provided childcare services to the same extent as Sweden and Denmark. Also Kröger (1997a) has observed differences between childcare policies of the individual

Scandinavian welfare states, especially in their approach to central regulation and regional uniformity in service provision.

A number of two-country comparisons have been made as well. Brunnberg (1994) has compared Swedish and British locally provided day-care services and concluded that whereas Britain can be characterised as a 'female carer state' where care of small children is considered a private problem, Sweden is providing large publicly organised day-care services. Tyyskä (1994) has compared childcare policy development in Canada and Finland and found a larger amount of women's influence in policy-making in Finland than in Canada. Mahon (1997) has analysed childcare arrangements in Canada and Sweden and noted that they differ in ways that regime theories would lead one to expect. However, according to Mahon, childcare policies should not be understood as frozen in time and place but as unfinished historical products that are under continuous change.

Jenson and Sineau (1997) have compared care policies for young children in Belgium, France, Italy and Sweden and recognised national characteristics but also several common developments. There are distinctive differences between these countries. While Sweden is trying to create a dual carer model, France and Belgium are upholding the traditional carer role of women but at the same time trying to integrate women into the working life. In Italy, childcare has remained mainly as a private matter on the consequence that many women have chosen not to have children at all. In all the four countries, care services have become decentralised and cuts in service expenditures have been sought for. Jenson and Sineau also state that flexibilities of the service system and, consequently, opportunities of choice for families have increased.

In all, a large number of comparative research projects on childcare policy and provision have been carried out. Most reports have concentrated on describing different national service systems and comparing the volume of provision of care services for young children. In some cases, the low level of provision in the author's home country has notably motivated these comparisons. Resulting from the previous studies, we now have detailed knowledge about provision in EU member states and several other countries. We also have some conceptual discussion, for example, about the connections of childcare models and welfare state regimes. From some countries, we also have an understanding on the history and social context of current childcare policies.

However, the division of the care and early education of young children to separate sectors of social welfare and education has considerably complicated comparisons. Thus far, there are only a few reports that cover both sectors. It is also noteworthy that most studies have focused on public provisions or, at the most, publicly funded provisions. Privately funded formal services and informal family care of children

have not attracted comparative research. Moreover, comparisons have almost without an exception been made from the perspective of service systems, not from the everyday life perspective of families with young children.

III. COMPARATIVE RESEARCH ON CARE FOR OLDER PEOPLE

Social care services for older people are the subject of an extensive social scientific literature. A large number of comparisons have been done within this field of research. Especially during the 1990s, comparative reports on care for older people have followed one another. There is a growing interest for cross-country learning in this area as welfare states are preparing for the ageing of their populations and looking abroad for policies to adopt. Even though foreign models can never be adopted as such, comparative research on care for older people has considerable relevance for national policy-making in sketching the alternatives, in showing their prospects and potential pitfalls. However, parallel to childcare, comparative research is also here made more intricate by sectoral boundaries. The division of responsibilities between health care and social services differs from country to country and the boundaries are in many cases blurred and fluctuating.

EC and OECD promoting comparative research

The European Community has been active in promoting comparative research on social care for older people. Among the flow of projects funded by the Commission of the EC, one of the most noteworthy has been the ACRE ('Age Care Research Europe') project on home care services. The main report of the ACRE project included detailed descriptions of domiciliary care service provisions for older people in Belgium, Denmark, England and Wales, France, (West) Germany, Israel, Italy and the Netherlands (Jamieson 1991a). Unlike many other descriptive reports, the ACRE project did not present its rich information about care provisions out of their national and social contexts. Instead, the project analysed home care services in their historical, ideological, economic and political connections. The report concluded by stating that the policy agenda for older people is usually influenced more by general economic and political factors than the needs of older people or any 'humanitarian concern' for them (Jamieson 1991a, 294). In addition to its main report, the project brought about several other publications (e.g., Jamieson 1989 & 1991b; Jamieson & Illsley 1990). The ACRE project was a turning point in promoting cross-country learning and observation in care for older people in Europe.

At the turn of the 1990s, another EC funded comparative project did a comparative study on services for older people in all twelve member countries of the European Community of that time (Nijkamp et al. 1990). At about the same time, the European Foundation for the Improvement of Living and Working Conditions funded a comparative project on family care for older people in eleven of the member states (Jani-Le Bris 1993; Salvage 1995).

The legacy of several comparative projects was upheld and enriched by the European Observatory on Ageing and Older People. This Observatory was created in 1991 to monitor and analyse the impact of social and economic policies on older people within EC member states. This initiative was partly connected to the preparation of 'the European Year of the Elderly and Solidarity Between the Generations' in 1993. Health and social care was one of the four specific topics for the Observatory to focus on, the other three foci being living standards, employment and social integration (European Commission 1991 & 1993a & 1993b & 1994). Connected to the Observatory and the European Year of Older People, the European Community also initiated a specific Eurobarometer survey on public attitudes towards ageing and older people.

After the period of activity of the Observatory, the European Commission's effort to enhance comparative knowledge on social care has continued with a large comparative study on 'social protection for dependency in old age'. The publication of the synthesis report from this study coincided once again with a particular theme year, 'the 1999 United Nations Year for Older Persons'. The project covered the whole sphere of welfare policies affecting older people in the current 15 member states and Norway (European Commission 1999a).

Within comparative research on care for older people, the role of international organisations has been significant as also the OECD has given considerable attention to the needs of the growing population of very old people, raising these to a major social policy challenge for the OECD countries (OECD 1994a & 1997). The OECD has dedicated several volumes to ageing and care for older people (OECD 1994b & 1996a & 1996b & 1998 & 1999a). These publications have included comparative research and discussion on institutional and community-based care, health and social care, informal care and housing policies. The research has aimed to promote flexible and balanced combinations between these different sectors. A recent report covers the impacts of care allowances on informal carers of older people (OECD 2000). This large series of research-based discussions promoted during the 1990s by the OECD culminated in a programmatic social policy agenda 'A Caring World' (OECD 1999b).

However, comparative research on social care for older people has met several practical difficulties. For example, the European Observatory on Ageing found out that there were no reliable data collections available to provide a basis for comparative analysis (European Commission 1993a). The same observation has been done by many other research projects. Even comparable basic data on outcomes, financing and users of social and health care services are still difficult to find from all EU countries (Twigg 1993, 3; Tester 1996, 186; European Commission 1999a, 68).

The lack of reliable quantitative data is partly due to the existing large variations between definitions and categories of different care services for older people in different countries. There are wide discrepancies in national definitions and considerable overlap between different types of facilities which makes cross-country comparisons problematic (European Commission 1993a; Sipilä 1997a). This is illustrated in that the latest EU project found 8 different categories of permanent residential and semi-residential services, 17 categories of temporary residential and semi-residential services and as many as 22 different categories of community services for older people in Europe (European Commission 1999a, 67). A part of the efforts of the EU and the OECD has expressly been to construct more reliable and comparable statistical basic data on care service provisions. However, due to national differences in statistical practices and to the changing and fragmented character of the field, fully comparable data collections have proved to be problematic to construct.

Institutional and community care for older people

For several decades, the policy emphasis has been distinctively on deinstitutionalization and community care. However, within care for older people, the latest EU comparison states that in practice most of the member states remain continuously oriented towards an institutional care system. In some countries, though, traditional old age homes have gone through a transformation into care intensive nursing homes or sheltered housing (European Commission 1999a).

There have been significant variations in the absolute level of institutional care between individual EU countries. In the beginning of the 1990s, the European Observatory estimated that of the contemporary 12 EC member states, Denmark, the Netherlands and the UK were providing the largest residential care services for older people, covering over 10 per cent of the over-65-year-old population. On the other hand, Greece, Italy, Portugal and Spain were providing residential care for fewer than 3 per cent of the age group (European Commission 1993a). The latest data gathered by the OECD (1999a, 28) show that no nation provides anymore institutional care for a tenth of its over-65 population. Sweden has the highest coverage (8.9 per cent) but most countries have their coverage between 5 and 7 per cent. Thus, the ideology of deinstitutionalization seems to have come true.

On the other hand, southern European countries have been raising their supply as Spain is now at the level of 3 per cent and Italy at 4 per cent. Also Hugman (1994, 143) has pointed out that several European countries (such as Greece, Hungary, Italy, Poland, Portugal and Spain) are expanding their institutional care alongside community care. He has also argued that the extent of institutional care for older people is related more to particular histories of welfare state development than to contemporary family structures or wider social ideologies.

Comparisons of community care are even more problematic than those of institutional care. Already the concepts of 'community' and 'community care' have been in dispute (see, e.g., Hugman 1994, 135-142). For example, Tester (1996, 5) has noted differences in terms used in different countries: whereas 'community care' is a widely used concept in Britain, other European countries (and languages) usually prefer terms 'home care' or 'home-based care', and in the US the same field is usually called 'community-based long-term care'. Here the sphere of different services is also at its broadest causing difficulties for comparison. However, it is usually domiciliary social and health care that is seen as the core of 'community care'.

The chair of the European Observatory on Ageing has stated that one of the most highlighted policy issues of the Observatory was the existence of a general consensus in Europe that community care is the most appropriate policy for the care of older people (Walker & Maltby 1997, 91). Thus, most EU member countries have given their explicit policy priority to community care over residential care, promoting older people's living in their own homes as long as possible.

Denmark and the Netherlands have also here been providing the largest service: in the early 1990s, as many as 19 per cent of older people were receiving domiciliary services in Denmark and 8 per cent in the Netherlands. The lowest home help provision, under 3 per cent, was found in Germany, Portugal and Spain (European Commission 1993a). The latest OECD (1999a, 28) figures on home help show partly surprising results. According to them, Austria would now be the world leader of domiciliary services with its coverage of 24 per cent of older people. However, this information is in contrast with other data. According to the OECD, Denmark would be the next with 20 per cent but also in Canada, the US and Norway, 16-17 per cent of over 65 year-old people would be receiving formal help at home. Australia, the Netherlands, Sweden and Finland are at the level of 11-14 per cent. Germany would be at almost 10 per cent, which would mean a remarkable increase, compared with earlier information. Other OECD countries are at the level of 6 per cent or under. It remains partly unclear whether these figures are fully comparable.

Even if the exact figures on domiciliary provision are difficult to gather, there are now plenty of detailed information available about the organisation and funding of community care services in Europe. The ACRE project made a groundbreaking work in this field and, later, Hutten and Kerkstra (1996) have written a country-specific guide about home care in all the current 15 EU member states. Their report includes detailed information on the organisation, personnel and funding structures of home care services. A similarly useful source for comparisons is a volume by Rostgaard and Fridberg (1998) that presents close details of benefits and care services for older people (as well as families with small children) in Denmark, Finland, France,

Germany, the Netherlands, Sweden and the UK. Concerning countries in Central and Eastern Europe, a book edited by Munday and Lane (1998) provides information about their social care provisions.

Hutten & Kerkstra (1996, 30) concluded in their report that, in the mid-1990s, in countries like Denmark, the Netherlands, Belgium, Finland, Ireland, Sweden and the UK, home nursing and home help services were rather well developed but in countries like Austria, Greece, Italy and Spain, home care was still in its infancy. On the other hand, Baldock and Ely (1996, 199-200) classify European countries to three broad brands in terms of generosity of their home care services: (1) southern Europe (with Ireland), where public provision is minimal but developing; (2) the most of European nations, where home care is more developed but still a residual category within the insurance-based health care system; and (3) Scandinavia with Britain (in principle), where home care is a part of the institutional welfare state and available as a basic entitlement.

The European countries however resemble one another in the problems they face. According to Hutten and Kekstra (1996, 30), there are waiting lists for home help services (and sometimes also a lack of home nursing services) in most countries due to budgetary constraints, low policy priorities and shortage of personnel. Evidence from other studies has confirmed that in a considerable number of European countries, there is a severe undersupply of domiciliary care services. This situation puts older people and their family members under a heavy strain and causes many older people to end up unnecessarily in residential care (European Commission 1993a, 118; Tester 1996, 101).

Different individual studies have discovered interesting connections. For example, in general, those nations that have created broad residential services in an early phase, are now having the largest community care services. However, some countries like the Netherlands and Belgium, have had large provision of residential care but not, to the same extent, of community care (European Commission 1999a). On the other hand, Hugman (1994, 160) argues that in Scandinavia, community care services have developed alongside rather than after institutional care.

Comparing Sweden, the Netherlands and the UK, Kraan et al. (1991, 233-237) found that even though the two first-mentioned countries spent substantially more on care services for older people, the balance between institutional and community care was very similar in all three countries. Each of them was moving towards more home-based systems but in the UK from a less generous base-line position with fewer care services available. As well, in a comparison of day care services for older people between the Netherlands and the UK (Nies & Tester & Nuijens 1991), it was found that the quality and the day-to-day practice of the service were quite similar in the two countries due to similar professional standards and user needs. However, due to

different government policies, the supply and distribution of services were different. Furthermore, Österle (1999) has compared how Austria, Italy, the Netherlands and the United Kingdom approach the objective of equity in long-term care and Sundström and Angeles Tortosa (1999) have made comparative analysis of the needs-assessment and targeting practices of home help services in Spain and Sweden. Blackman et al. (2001) have compared care for older people in six European countries and found two different worlds of social care: a more family-oriented one (in Ireland, Italy and Greece) and a more individual-oriented one (in Denmark, Norway and the UK).

Between the closely related Scandinavian countries, a number of comparisons have been made. An earlier report monitored the development of the late 1960s and 1970s in housing and care services for older people in all the five Nordic countries (Daatland & Sundström 1985) and a more recent report compared the changes of the 1980s and early 1990s in Denmark, Norway and Sweden (Daatland 1997a; cf., Sipilä 1997b; Lehto & Moss & Rostgaard 1999). The latter report concluded that Denmark has invested substantially more in the services for older people than Norway whereas Sweden has recently restricted its previously generous provisions, as well in institutional care as in community services. In order to enhance local integration of services but also their cost-effectiveness, all these countries have gone through decentralisation where local authorities have been given more discretion (cf., Kröger 1997b). Sweden (and Finland) has implemented more strict targeting and access to care services while Denmark has kept a broader and more inclusive service profile. All the Nordic countries still provide care services on a generally high level but the continuous growth has come to a halt (cf., Daatland 1992 & 1997b). Differences between the individual Scandinavian countries seem to be increasing in care for older people. The report on Scandinavia concludes that the development of services and policies is probably better understood in the context of larger economic and social policies than as specific responses to ageing and older people's needs.

The main report of the ACRE project stated that financial and professional structures contributed to making coherent and integrated old age care policies 'difficult if not impossible' (Jamieson 1991a, 286). The same negative evaluation has become repeated several times. The European Observatory found that in most countries health and social services are a complex and fragmented policy field with multiple suppliers and financing agencies and that this entails serious problems of co-ordination (European Commission 1993a, 107, 118; Walker & Maltby 1997, 91). Also according to Jani-Le Bris (1993, 122), co-ordination has been 'a major missing element factor in European care systems' and they have been more characterised by lack of information as well as gaps and overlaps in services (cf. Tester 1996, 170, 187; Assous & Ralle 2000, 17-18).

Especially the divide between social and health care has been seen as a major obstacle to the implementation of integrated community care policies (Tester 1996, 187). Countries like Britain, Germany, the US and Canada focus primarily on medical treatment and have relatively rigid organisational separation between social services and health care (Katz Olson 1994, 6). In such countries services are more easily funded through entitlement to health care than through discretionary means-tested social services and, thus, there is an incentive for older people to medicalise their needs (Tester 1996, 99, 183). The suppliers, on the other hand, often face incentives to use higher rather than lower cost forms of treatment (Baldock & Evers 1991, 113). Decisions on medical services tend also to be more centralised than decisions on social services (Tester 1996, 81, 175, 183-184). Instead, successful long-term care would entail a flexible continuum of interrelated health and social services as well as supportive environments. The latest EU study argues that this kind of change ? the dichotomies between housing and care and between medical and social care being replaced by combined supply and organisational structures ? is actually now taking place gradually in most European countries (European Commission 1999a, 90, 129).

Support to informal care

After a long period of disregard, informal carers are finally now recognised as the bedrock of care for older people (Twigg 1996, 89). Traditionally, each nation has expected family members to provide mainly invisible and undervalued care to their kin (Kosberg 1992; Katz Olson 1994, 13). The European Observatory reported that with the exception of Denmark, all western European societies have put the major burden of care on families (European Commission 1993a). However, Tester (1996, 82) claims that in each type of welfare regime, informal carers provide the great majority of care. Similarly, Ungerson (1994, 43) argues that in all countries, the close kin feel themselves to be the people with whom the final responsibility for the welfare of older people rests. Tester (1996, 101) even estimates that the share of informal care is everywhere at 75-80 per cent of all care.

Hugman (1994, 142) has argued that across Europe there is still a strong ideology of family care. On the other hand, the European Observatory has stated that, due to declining birth rates and the increasing participation of women in paid work, the care capacity of families is clearly in decline and a growing supply of formal support will be needed (European Commission 1993a, 103). Increased migration and higher rates of divorce are further factors decreasing future supply of family care for older people (Salvage 1995, 66).

Nevertheless, welfare states attach remarkable expectations to the significance of informal care also in future. In order to secure this, supportive systems of informal

care relations, including support services as well as 'payments for care', are required (Evers 1994 & 1995; Weekers & Pijl 1998). A European Foundation study on family care for older people found evidence of significant costs to informal carers in terms of physical and mental health problems, reduced social contacts and financial costs (Jani-Le Bris 1993). If these costs are not relieved by formal support, the sustainability of informal care relations becomes highly questionable. A further analysis of country reports of the Foundation project even envisions a previously unexperienced 'crisis of care' in Europe in 20 years time if no new policies are implemented in this field (Salvage 1995). It is also now recognised that many informal carers perform an essential care management role for older people and this considerably enhances the micro-level integration of the otherwise fragmented service system (Tester 1996, 158).

Nevertheless, how informal carers are to be incorporated into the long-term care provisions for older people, remains a matter of ambiguity and contention (Twigg 1996, 89). Baldock & Evers (1991, 119-123) have specified that the inclusion of informal care in public care services includes four stages of policy development: (1) recognition, (2) research, (3) benefits & entitlements and finally, (4) care contracts. In her study of community care provisions in France, Germany, Italy, the Netherlands, the UK and the US, Tester (1996, 183) however concluded that there is little support for family carers in any of the six countries. Also Salvage (1995, 63) states that support for family carers fails to figure prominently on policy agendas of the EU member states. According to Sundström (1994, 43), in most countries very little support or no support at all is available to those who care for their older spouse or parents.

However, countries do differ considerably in their commitment to support informal care. Policies vary according to policymakers' explicit and implicit expectations about the appropriate roles of family carers and the state (Katz Olson 1994; Tester 1996, 82; Twigg 1993, 2). Glendinning and McLaughlin (1993) have analysed the different organisation of 'payments for care' in Britain, Finland, France, Germany, Ireland, Italy and Sweden. They found several different national approaches and various local practices in delivering the benefits to informal carers, ranging from means-tested carer's benefits to tax allowances and direct payments to older people. In another analysis, Glendinning and McLaughlin together with Schunk (1997) have outlined four different models on which payments for care are based. First, in the UK and Ireland, financial allowances are paid to informal carers through national social security systems. Second, in Germany, the payment has been explicitly incorporated into the social insurance scheme. The third model is in use in Italy and France where older people are granted a benefit in accordance to their care needs, with which they recompense informal carers. Especially Finland has adopted the fourth model in which financial support is located within social care services.

The same variety of different payment arrangements (added with payments to 'paid volunteers') has been studied also by a large comparative project organised by the European Centre in Vienna (Evers & Pijl & Ungerson 1994; Ungerson 1995). Furthermore, Ungerson (1997) has typologized the payment-for-care schemes to five types: (1) carer allowances paid through social security and tax systems, (2) proper wages paid by state, (3) routed wages paid via 'direct payments' to care users, (4) symbolic payments paid by care users to kin, neighbours and friends, and (5) paid volunteering. The way the payment is channelled impinges on and structures the care relationship. The OECD (2000) has provided a recent evaluation of the impact of different 'payment for care' schemes on informal carers in Austria, Germany, France, Finland, Japan and Canada. The last-mentioned report argues similarly with Sundström (1994) that also home help services, respite care and paid care leaves should be used increasingly to support family carers.

Similar trends, dissimilar national and local policies

The main task of comparative research is to discover similarities and dissimilarities. All comparative studies of social care for older people give the same basic result: there are a number of similar trends and pressures affecting all countries but, however, the actual provisions for older people are very varied between different welfare states and also within each country.

Reif (1985) noticed already in the mid-1980s that industrialised nations faced mainly common problems in organising long-term care for older people: funding limitations, inadequacies of existing services systems, heavy reliance on family care, limited knowledge and planning and lack of cohesive national policies. Jamieson (1991a, 286), for her part, found in the ACRE project that European countries share the emphasis on enabling older people to remain at home as long as possible, the deinstitutionalization policies, the emphasis on the role of informal carers and the objective of improving the quality of life of older people. Alike, Evers (1991) sees Sweden, the UK and the Netherlands as having a common goal in strengthening home-based care and a common difficulty in having a care system that is currently a patchwork of fragmented elements. Furthermore, Davies (1995) discerns common trends not only in the policy goals (supporting the integration of older people in society, safeguarding the inputs of carers, containing cost increases, improving efficiency) but also in the means that are used to achieve the goals (promoting consolidation of responsibilities, competition and choice in a mixed economy, case management and assessment, increasing targeting and charging).

Also the most recent EU comparison on care for older people observed convergence in a number of areas. A clear trend was towards the fading of strict borderlines between health care and social care as well as between institutional care and

community care and also, partly, between formal care and informal care. Currently, ‘cure-intensive services’ (e.g., hospital care, district nursing) are still more generally publicly funded (by social insurance or government subsidies) than ‘care-intensive services’ (e.g., old-age homes and home help) but the report envisions this distinction to fade away and to be replaced by combined supply and organisational structures. There has also been a trend to shift from service provision to cash support. Carer’s allowances have already been available in Luxembourg, Finland, Ireland, Italy, Sweden and Norway. There could also be seen an emerging trend towards more privatisation, that is, towards more private insurance and more commercial care services (European Commission 1999a, 24-25, 78-79; cf. Rostgaard & Lehto 2001).

Tester (1996, 173-174, 182-184) identified three common main tendencies. (1) For both economic and humanitarian reasons, care policies emphasise reducing institutional care and developing home-based care. This trend has led domiciliary health and social services becoming increasingly targeted to people who would otherwise need institutional care, that is, people in greatest need, with lowest incomes and no family support (which generates a ‘dependency trap’, see Glendinning 1998, 136). (2) The direct role of the state is being reduced and commercial, non-profit and informal sectors are increasingly promoted in the welfare mix. As a consequence, welfare pluralism of service provision is on the increase implying increasing fragmentation (and an emerging social division of old age, see Glendinning 1998, 137) which in its turn further impedes the already complicated co-ordination of the field. (3) Policy recommendations are more than before promoting individualised care with more flexible services and greater choice. However, here there has been a distinctive gap between rhetoric and reality. Policy objectives recommending the creation of individualised care packages have not yet been widely implemented in practise as they have often been seen to be in conflict with the dominating objective of cost-effectiveness.

A book edited by Glendinning (1998, 128-136) that has compared recent reforms in the financing, scope and organisation of care services for older people in Australia, Denmark, Finland, Germany, the Netherlands and the UK, has looked at both sides of the development. On the one hand, the countries have been experiencing very similar pressures (demographic trends, economic constraints and political trends) and adopting a number of common reform strategies (devolving responsibilities and shifting them to families, creating integrated budgets, improving co-ordination, promoting market-derived mechanisms and managerialism). However, on the other hand, these pressures have proved to exert different degrees of influence over policies and service provisions and the reform strategies have appeared to manifest themselves in different ways in different countries. Thus, on the one hand, similar pressures have prompted major reforms and common strategies in all countries. On the other hand, the actual responses of these countries have nevertheless been diverse reflecting national institutional and cultural traditions.

The same has been observed by several other studies. For example, Davies (1995), comparing reforms of care for older people, has found that between nations, there is great variation in the ability and willingness to commit resources for reforms. The ACRE project also concluded that national differences in professional and service boundaries, legislation and ideology have given national home care service systems their distinctive characteristics and that services in different EU countries had primarily developed in response to local circumstances (Jamieson 1991a, 286).

Tester (1996, 94, 171, 185) has emphasised that the distribution of domiciliary services is uneven, not just between but also, within the countries. In making international comparisons, it is essential to remember that generalisations at a national level often mask wide differences between different regions and local areas. She concluded that the basic components of care for older people vary little cross-nationally but the way in which these are organised and funded differ according to countries' welfare policies and systems and their balance of the welfare mix (Tester 1996, 177-178, 187). This is the background for the partly surprising observation of the newest EU analysis: despite of a general trend towards convergence, the levels of actual provisions for older people seem not to be harmonising between different member states (European Commission 1999a, 24).

Welfare pluralism, welfare regimes and care for older people

Particularly Evers has called for 'multidimensional' analyses and policies covering the whole sphere of 'welfare pluralism' or 'welfare mix' to replace traditional 'one-dimensional' analyses and policies that have been either market- or state-based. With others, he has argued that informal and voluntary care has always formed the real mainstream of care and that this should become clearly reflected in research and policies of the field. Especially in social and health care for older people, efforts have been made to combine the contributions of the state, the market, the voluntary sector and informal care. Evers has promoted 'welfare mix' as a descriptive and explanatory tool, and differentiated the general concept from its specific political and ideological uses (e.g., Evers & Wintersberger 1988; Evers & Svetlik 1991; Evers & Svetlik 1993; Evers 1994; Evers 1995).

As all countries actually have 'mixed' systems in their care for older people, and as this has become further reinforced by the emphasis on community care policies, the welfare-mix approach has come to serve comparative research of social care better than more unidimensional categorisations of welfare regimes (Hugman 1994, 154-156; Tester 1996, 176). On the other hand, Blackman (2001, 182) comments that the difficulty with general regime models is that features of welfare provision differ by

type of the provision as well as by country. However, results from comparative care research are not necessarily very remote from the established welfare regime types.

For example, Katz Olson (1994) has found out that Sweden, Finland, Israel and France are societies with collectivist approaches which assume that frailty among older people is a social problem engendering social solutions, while the American emphasis on individualism and self-reliance fosters privately provided support. In Britain and Canada, there are collectivist social security norms and universal entitlements to health care but in the provision of long-term care, the state plays only a relatively minor role and relies on a residualist social welfare model.

European analyses have brought in the ‘corporatist/conservative’ and ‘Latin-rim’ welfare regimes. Alber, basing his conclusions on the 12 EC member country reports of the Observatory, argues that the public sector is the major provider of long-term and home care for older people only in Denmark. Voluntary associations are particularly strong in Germany, Belgium and the Netherlands and also in catholic or orthodox southern European countries (Greece, Italy, Portugal, Spain and also Ireland) whereas private for-profit providers are becoming increasingly important in the UK (European Commission 1993a; cf., Baldock & Evers 1991). The latest EU study on care for older people classifies European countries even more distinctively to four categories. (1) Scandinavia (Denmark, Finland, Norway and Sweden) is said to have made the choice for formal care over informal care. (2) In the Mediterranean countries (Greece, Italy, Portugal and Spain) the situation has until quite recently been the opposite. (3) Between these two extreme welfare poles of Europe, that is, in the ‘Bismarck-oriented welfare states’ of continental Europe (Austria, Belgium, France, Germany, Luxembourg and the Netherlands), care policy discussions have been experiencing lengthy debates about the creation of an explicit social insurance scheme for long-term care. (4) United Kingdom and Ireland form a fourth group of European nations that the report calls ‘Beveridge-oriented systems’. These countries provide universally defined but often means-tested or income-related services (European Commission 1999a, 22-23, 26-27, 104). Another recent analysis divides EU member states to three groups of countries according to their provisions for older people, namely, to ‘beveridgean countries’ (Denmark, Finland, Ireland, Sweden and the UK), ‘bismarckian countries’ (Austria, Germany and Luxembourg) and ‘social assistance countries’ (France, Belgium, Greece, Italy, Portugal and Spain) (Assous & Ralle 2000).

Tester (1996, 177-180, 187) has emphasised that the national balance of the welfare mix is determined largely by the historical background of the welfare regime and by political and cultural influences on policy. For example, in France, there is a strong medical/social divide and the health insurance pays for parts of residential care while boarding costs have to be met by older people themselves or social assistance. In the Netherlands, both medical and social care services are well developed and integrated

through common public funding sources but they are still provided by non-profit organisations. In Germany, the strong social insurance system provides excellent pensions and medical care but social care has remained rather underdeveloped. Tester however reminds that in all national welfare-mixes, informal carers do provide the great majority of care.

Several researchers have developed welfare pluralist analytical approaches further. For example, Szebehely (1999a & 1999b) has outlined a two-dimensional frame to analyse national welfare-mixes in the provision and financing of care for older people. She asks first, who provides the care (the family, the state, the market or the voluntary sector) and secondly, who pays for the care (no one, the public sector, private people within the formal economy or private people within the informal economy). She claims that care-giving work takes probably place in all of the resulting 16 categories but different categories receive the main emphasis in different countries. For example, peculiar to the Scandinavian countries is the relatively large amount of carework financed publicly and also carried out by publicly employed careworkers whereas in France more older people purchase care on the market (Szebehely 1999a, 391). Also Sipilä and Anttonen (1999) have been redeveloping the welfare-mix approach, calling for more detailed analysis of the alternative ways to provide and finance care services.

IV. COMPARATIVE RESEARCH ON SOCIAL CARE AND FAMILY

Family structures in Europe

A number of studies have grouped European nations according to their prevailing family structures. Usually, the North European/Scandinavian family pattern with a high incidence of divorce, cohabitation and births out of wedlock has been distinguished from the South European pattern with low levels on all these indicators. A third category has included at least France and Belgium but sometimes also the United Kingdom, Germany, the Netherlands and Luxembourg (Hantrais 1994, 138-139; Martin 1997, 321). The choice of indicators has proved to considerably affect the typologies derived from comparisons (Hantrais 1994, 139). However, the major indicators seem to be converging within the EU. Divorce rates, cohabitation rates and the number of single parent families have been growing everywhere (e.g., Boh 1989; Hantrais 1994). Furthermore, births outside marriage (called 'Protestant illegitimacy' by Coleman 1996a, 47) have been increasing rapidly in all EU member states but, nevertheless, total fertility rates have been generally declining. In a global perspective, Europe as a whole has now the lowest fertility of any major block of countries, on average well below the replacement rate (Coleman 1996b, xii).

Despite of these common trends, significant differences between individual EU countries persist. For example, the proportion of births outside marriage varies from over 50 per cent in Sweden to under 5 per cent in Greece (Coleman 1996b, xii). In a comparison of France, Germany and the UK, Hantrais (1994) found that France was distinguished from other EC member states by relatively high rates for fertility and extramarital births and low rates for marriage and divorce. Germany, by contrast, had still a relatively high marriage rate but had one of the lowest divorce, extramarital birth and total fertility rates. In the UK, all these basic indicators were on a high level. More generally, Northern European countries with France have not experienced significant decline in fertility whereas in Southern Europe, what had been termed 'Catholic fertility' seems now to be a thing of the past (Coleman 1996a, 47).

Both the increasing rate of separation and the growth of the proportion of children born outside marriage have raised the number of single parent families and, consequently, the number of children living with only one parent (Saraceno 1997, 84). Jensen (1999) has argued that the key factor in changing family patterns in Europe is in particular the decline in the proportion of men living with children ('the shrinking of fatherhood'). However, besides lone parent families, also reconstituted families have generally been on the increase.

In contrast to Eastern Europe, teenage motherhood has been relatively uncommon in Western Europe, with the exception of Britain. Instead, the general trend has been

towards later maternity (Coleman 1996a, 23). Sometimes the boundaries of 'the family' have become blurred, being no longer related exclusively to household form or spatial proximity of family members. In some societies homosexual and lesbian partnerships have become increasingly recognised as families, especially when these households include children (Lyons 1999, 68).

Concerning living arrangements, the post-war trend has been towards smaller households. Also the everyday life of older people has been affected by this trend. Grundy (1996, 285) argues that even though co-residence between older married couples and their married children has always been unusual, the extent of co-residence between older couples and their unmarried children as well as between single older persons and their married children was considerably more common in the past than today. In Northern and Western Europe, the population of older people also includes large proportions that lack living children (Grundy 1996, 283).

Sundström (1994) has compared proportions of older people living alone in different OECD countries and found that during the post-war period solitary living has increased considerably in all countries. Combined with the ageing of the population, this trend has meant that a significant number of older people, including more and more very old people, live now separately from other people. However, the starting levels were different in different countries and they remain so even today with Sweden, Denmark and Germany having the highest rates of older people living alone.

From different population trends in Europe, Coleman (1996b, xvi) concludes that it seems likely that, rather than drastic population decline, there will be population stagnation in the EU and Europe. In those countries that face declining fertility, increasing migration will probably prevent population decline. Migration further diversifies the already large sphere of actual family forms in Europe. Overall, family structures are becoming increasingly diverse, reflecting the greater degree of choice in lifestyle (Drew 1998, 25). Leira (1999, x-xi) has concluded that the pluralization of family forms has brought along also an increasing privatization of family formation.

Family obligations and informal care

Family members still provide the bedrock of care for older people and in most countries the welfare state has made only limited inroads into this traditional area of family obligation (Lesemann & Martin 1993; Twigg & Grand 1998). However, Finch (1989) has argued that even though support between kin is important to many people, it does not operate according to any fixed and pre-ordained rules. She understands family obligations rather as normative guidelines which people use in working out what to do in their unique family situations. In that sense, kin support has an unpredictable character even though there can be detected some patterns, connected

to gender, ethnicity, generation and economic position. Thus, on the one hand, neither social, economic or demographic factors nor public policies can be seen as determining patterns of informal care (Finch 1989, 113). However, on the other hand, they do set the limiting conditions within which family members have to work out what they are going to provide for each other, shaping people's needs for support as well as their capacity to provide care.

Finch (1989, 240) also argues that the principle of reciprocity is the key to understanding how patterns of support build up over time. Family obligations derive from commitments built up between real people over many years, not from any abstract set of moral values. In an empirical study from Britain, Finch showed together with Mason (1993) that those family responsibilities that people acknowledge are diverse and do not flow straightforwardly from certain kinds of kin relationships. Care relations between family members are negotiated in particular situations and people tend to reject and avoid imposed or prescribed family responsibilities. Other research has supported the observation that there seems to be considerable selectivity in the way in which support is negotiated and provided. Actually, there are relatively few people involved in support and care for an older person. This is in contrast to the general policy image of extensive networks of family, friends and neighbours (Bernard et al. 2000, 226).

Millar and Warman (1995 & 1996) have compared public expectations about family obligations in all 15 current EU member states plus Norway. They emphasise that as family obligations are connected to social norms and preferences, these are not simply nation-specific and that there are considerable complexities and subtleties in the relationship between these cultural expectations and policy. However, through analysing the relationship between family and state as defined in family law and welfare policy, they have arrived at three country groupings (Millar & Warman 1996, 45-48). (1) In the Scandinavian countries, legally expected obligations proved to be minimal and provisions proved to be directed mainly toward the individual. In these countries, it is possible to opt out of providing informal care and this makes exchanges of care and transfers within families more a matter of choice than one of prescription. (2) Instead, family obligations are placed firmly on the extended family in the Mediterranean countries. (3) In the third country group including the rest of Western Europe, family obligations are directed primarily at the nuclear family.

These legal and policy representations of family obligations are reflected in national patterns of social care provisions. In Mediterranean countries, existing care services are primarily for older and disabled people without family and in Continental Europe they are mainly to support family care. Additionally, in countries like Austria, Germany, Ireland, Luxembourg, the Netherlands and the UK, there is also a presumption that young children are cared informally by families. Furthermore, there have been increasing expectations on the obligations of parents towards their 'young

adult' children in many European countries. Especially in the Mediterranean area, older children still use to live together with their parents into their twenties or even their thirties.

Twigg and Grand (1998, 142) have compared family obligations in England and France and found that in both countries informal care provision still rests on implicit personal and cultural assumptions of love and duty rather than legal sanctions and that in neither country is such care support enjoined by law. On the other hand, observing recent trends in family obligations, Leira (1999, xiii, xv) has concluded that rights and responsibilities involving members of families are being redefined, but are not disappearing, not even in Scandinavia. Obligations to family and kin have not been eroded, but are still often quite comprehensive and time-consuming.

Family policies and social care

According to Hantrais (1994, 135), family policy has remained an area of limited and indirect competence for the European Community. This is a result from significant differences between national approaches to family policies in Europe. Thus, the institutions of the Community have adopted a cautious approach in an effort to reconcile the seemingly incompatible views about the legitimacy of national and supranational intervention in the area of family life (Hantrais & Letablier 1996, 138). Schunter-Kleeman (1995, 84-85) has found three competing concepts of family policies ? social-democratic, conservative and neoliberal thinking ? also within the administrative boards of the EU.

However, the EC has been active in promoting comparative research about family policy in its different member states. The EC Network on Childcare began monitoring arrangements in member states already in 1986 and three years later, the European Observatory on National Family Policies was set up as the first EC Observatory consisting of independent experts in each member state. It was given the task of examining the development of the situation of families and family policies and reporting back annually to the Commission. The Observatory adopted a broad definition of family policies and aimed to monitor all 'measures geared at influencing families'. Thus, the annual country-by-country reports of the Observatory (e.g., European Commission 1996c and 1998a) have covered not just the most obvious family policy measures like family allowances but also areas like protection of women's health in the workplace, social housing and housing allowances. However, the Observatory has not monitored the unintended outcomes for families of measures implemented in other policy areas. The reports of the Observatory have highlighted the distinctively national characteristics of family policies practised in the EU member states but they have noticed also some common trends. For example, the report on developments in 1996 concluded that the overall picture in most countries

was one of bold rhetoric accompanying incremental change in family policies. On the one hand, the scope for introducing new positive measures was limited due to fiscal constraints but, on the other hand, there was a general reluctance to dismantle existing policies, even the costly ones (European Commission 1998a, 312).

Schunter-Kleeman (1995, 76) has categorised the main instruments which states use in implementing their family policy objectives to five groups of measures: (1) direct monetary transfers (family/child allowances), (2) indirect monetary transfers (tax relief), (3) publicly financed services (crèches/day-care), (4) leave arrangements and flexible working hours (parental leave, part-time work), and (5) housing benefits (for single parents, large families and older people). The officially announced aims usually include objectives like 'diminishing child poverty' and 'better reconciliation of work and family life'. However, Schunter-Kleeman also identifies several hidden and unspoken aims of family policies. These include relief of the labour market, raising fertility, patronising the better-off middle classes, encouraging women to keep house for their husbands, punishing unmarried motherhood and stabilising the male breadwinner/female dependent model. However, these 'secret dimensions' of family policy are practised very differently in different European welfare states.

In her comparative history of family policies, Gauthier (1996) observed that strong inter-country differences in the degree of state intervention into family life had emerged already before the World War II (cf., Wennemo 1994). Already during the pre-war period, Germany, Austria and Switzerland were focusing on maternity leave policies and Belgium and France on the provision of cash benefits to families. Sweden was already at that time acknowledging the right of women to employment, whereas the UK and the US were targeting their interventions to most needy and deserving families. In the post-war period, the role of the state as welfare provider has been expanded in most countries as countries have faced similar demographic changes. However, the earlier fundamental disparities between the nations have largely remained. Gauthier distinguishes four main models of current family policy: (1) pro-family/pro-natalist model (in France and Quebec), (2) pro-traditional model (in Germany), (3) pro-egalitarian model (in Denmark and Sweden), and (4) pro-family but non-interventionist model (in the US and the UK). She states that the support for maternity leave has been low within the fourth model, medium in the first and the second model, and high in the third model. On the other hand, the provision of child-care facilities has been low in the second and fourth model, medium in the first model, and high in the third model. Both of these two dimensions of family policy are significant for the pattern of childcare.

Hantrais (1994) states that compared with Britain and Germany, the family policy making style in France has been more explicit, visible, coherent and legitimate having overtly familist and pro-natalist objectives and having had a stronger direct socio-economic impact. The three countries have been affected by the same

demographic changes but their policy responses have been different. France has used family allowances, tax benefits, childcare services, and family and employment law to promote the compatibility of family and employment. Germany has used family policies to preserve a stable conjugal family with the mother as the homemaker whereas Britain has targeted almost only ‘children in need’ and not helped women to combine full-time employment with child rearing. Also Twigg and Grand (1998, 143) argue that in contrast to France that has a long tradition of overt family policy, the British approach has been more piecemeal, having family policies rather than family policy. In addition to France, Almqvist (1999) has recognised overt (although different) family policy also in Sweden. However, Schunter-Kleeman (1995, 76) claims that Denmark is a country with no explicit family policy.

Pfau-Effinger (1999) argues that cultural differences have contributed substantially to cross-national differences in family policies. From a comparative analysis of Dutch, Finnish and German family policies she concludes that cultural foundations of the welfare states as well as the role of the feminist movement appear to be key explanatory factors for the way in which family policies have reacted to changing family models. Cultural differences are not very subject to dilution and this supports Leira’s (1999, xii) conclusion that family policies may be converging, but are far from harmonised. Also Gauthier (1996, 207) states that many differences in national family policies will certainly remain but she envisions that within the EU, at least the adoption of minimum common standards could be possible.

V. COMPARATIVE RESEARCH ON SOCIAL CARE AND GENDER

Feminist research and care

Social care is a thoroughly gendered area of social life. Without any exception, it is everywhere provided overwhelmingly by women. It has always been women who have done the bedrock of care-giving work, whether looking at care for older people or for young children, the 'liberal' or the 'social-democratic' welfare regime (not to mention the 'conservative/corporatist' or the 'Latin rim' regime), the 19th or the 20th century, publicly or privately provided care services, informal or formal care, not-for-profit or for-profit care. Even though a significant number of men do care for adults and contribute to care for children, women tend to devote more time to care and to provide more intensive care (Lewis 1997, 172). On the other hand, people in need of care include people from all genders, age groups and social groups. Nevertheless, the ageing of the population has led to the current situation where there are a much larger number of older women than of older men requiring support in their everyday lives.

This gendered state of care has become highlighted by feminist social policy scholarship emerging already in the 1970s but gaining considerable leverage in comparative research particularly in the 1990s. A remarkable part of this scholarship has focused on presenting criticisms and alternatives to conceptualisations of Esping-Andersen (1990) or, more generally, to the whole mainstream tradition of comparative welfare state research that had concentrated exclusively on social security benefit schemes and been conducted almost exclusively by male researchers (see, e.g., Anttonen 1990; Langan & Ostner 1991; Lewis 1992 & 1997 & 1998; O'Connor 1993 & 1996; Orloff 1993; Sainsbury 1994 & 1996 & 1999; Knijn & Kremer 1997; Pfau-Effinger 1998; O'Connor & Orloff & Shaver 1999; Daly & Lewis 2000). Feminists have criticised this tradition above all for focusing solely on the interrelationship between the labour market and the welfare state and ignoring the equally important relationship between the family and the welfare state. Consequently, women have been noticed only when they are in paid work and the amount of their unpaid work has remained unrecognised. In short, the mainstream research tradition has been criticised for being gender-blind, for disregarding the unequal relations with which men and women are connected to the welfare state. Feminist scholars have drafted several alternative theoretisations to this mainstream thinking. One of the most quoted conceptualisations comes from Lewis (1992) who has classified different European welfare states to strong, modified and weak male-breadwinner states. Her concepts are grown out of a gender-specific analysis of social security policies and labour market participation rates combined with a study of childcare provisions and maternity rights.

From its beginning, feminist social policy research has continuously argued that the arrangements of care for young children, disabled and older people crucially stratify the position and opportunities of women and men in a society. Thus, the action (or inaction) resulting from welfare state policies addressing the organisation of care is decisive for gender relations. Especially, active welfare policies are needed for women to be able to participate in the labour market on equal terms with men. Comparative gender research on social policies has much focused on the question whether and where such welfare policies do exist, which welfare states can and which cannot be called 'women-friendly states' (about the concept, see Hernes 1987). In this respect, feminist research has found great variety between welfare state regimes and individual welfare states. However, Lewis (1997, 170) has reminded that the position of women in relation to welfare is complex and that the 'woman-friendliness' of welfare states is unlikely to be captured in any single measure. Furthermore, Orloff (1997, 191) has commented that a general assessment of 'woman-friendliness' is difficult, not only due to the complex position of women but, also due to the many different positions of women according to their class, race, ethnicity, nationality and sexual orientation. Thus, explicit 'league tables' that present welfare states in a straightforward ranking order are always oversimplifying the relations between women and welfare states.

Jenson (1997) states that it is time to recognise that welfare states have always been concerned with care, despite the fact that many welfare state analysts have accentuated their workfare character. As well, Ungerson (1990, 4) argues that always when social policy is discussed in relation to women, the interdependency and the interconnections of the public world of policy with the private world of care become immediately evident. Elsewhere, she has argued for dissolving the contrived theoretical boundaries between 'formal' and 'informal' care when analysing care from a gender perspective (Ungerson 1995). Furthermore, Jenson (1997) comments that thinking about welfare states from a care perspective is not only of importance to women but also to general understanding of social policies. The traditional focus on social security benefits has left another half of welfare policies unnoticed. She promotes three basic research questions for comparative research on social care: 'who cares?', 'who pays?' and 'how is care provided?'.

Choice, care and welfare regimes

Lewis (1997, 173) emphasises that the aim of social policy must always be to promote choice. Concerning social care policies, the decisive question is whether they provide women (and men) with opportunities to choose between informal care-giving work and paid employment or even to combine these two. For example, Sainsbury (1996, 95-103) has analysed caring regimes by using a categorisation of 'the maximum private responsibility model' and 'the maximum public responsibility

model' (originally developed by the OECD, see OECD 1990). According to her, childcare policies emphasising private responsibility make it difficult to combine motherhood and employment. Her analysis concludes that the childcare policies of the US, the UK and the Netherlands resemble one another in emphasising private responsibility, whereas strong public involvement has characterised childcare in Sweden. The continuum has been used also by O'Connor and Orloff together with Shaver in their comparison of 'liberal' welfare states (1999, 78-84). They conclude that Australia and Canada conform to a lesser extent with 'the maximum private responsibility model' than the US and the UK do.

Some findings have called the 'woman-friendly' image of the Scandinavia welfare state model into question. For example, Jenson (1997, 183) comments that even though the male breadwinner model has become weak in Sweden, the female caregiver model has remained hegemonic. Thus, the emergence of the dual breadwinner model does not necessarily go hand in hand with the development of a dual carer model and this has been seen also in the US since the late 1970s (Michel 1997, 204). According to Jenson, Swedish care and labour market policies that provide women with generous parental leaves plus easy access to part-time work have signalled that, after all, care for young children is primarily a family responsibility. On the other hand, Orloff (1997, 193) comments that even though women in Sweden can get time away from employment to care for certain defined periods of time, full-time and lifelong housewifery has not been a state-supported choice.

Knijn and Kremer (1997) have broadened the discussion about choice. They have argued that only when both the right to give and the right to receive care are assured, citizens (caregivers as well as care receivers) can have a real choice about how they want to integrate care in their lives. According to them, modern welfare states have not secured these two fundamental rights for women and, thus, they have contributed to maintaining gender inequality in citizenship rights. In comparing the way care is organised in Britain, Denmark and the Netherlands, Knijn and Kremer argue that Danish women are freed from the duty to care but their right to have time for care is limited. On the other hand, in the Netherlands the right to receive care has not been strengthened but Dutch women have been free to care. In Britain, neither the right to receive care nor the right for time to care is hardly present. In the US, according to Michel (1997, 205), women do not have the right not to engage in paid work, nor to receive state support for performing caring work (cf., Sainsbury 1996, 83).

These results from feminist social care research have led to detailed comments towards mainstream welfare state typologies. For example, Leira (1992) has stated that, concerning childcare provisions, Norway has not qualified as a 'Scandinavian social democratic welfare state' like Denmark and Sweden but practised more familistic policies reflecting also some conservative and liberal ideas (cf., Sainsbury

1999). Likewise, Sainsbury (1996) has emphasised that Sweden and the Netherlands, that have traditionally been grouped together, do represent very different regimes when they are seen from the perspective of their gendered care policies. In the same manner, Daly and Lewis (1998) have argued that the continental 'conservative' cluster falls apart when the volume and organisation of social care are brought into the picture (cf., Anttonen & Sipilä 1996).

Integration of feminist and mainstream research

Traditionally there has been a wide gap between feminist and mainstream welfare state research. They have grown out of different paradigms reflecting different ambitions and resulting in different contributions. Daly and Lewis (1998, 19) have stated that until now both sets of scholarship have been open to charges of incompleteness: the mainstream work for prioritising class and the feminist work for focusing only on gender. During the late 1990s, however, the gap started to narrow. As O'Connor & Orloff & Shaver (1999, 15) have noted, even though the mainstream and gender-sensitive literatures on welfare states have developed separately, recently 'there has been some convergence'.

Both sides have begun to bridge the gap. Several feminist scholars have attempted to combine insights from feminist and mainstream comparative research (e.g., O'Connor 1996, Orloff 1997; Sainsbury 1994 & 1996 & 1999). They still find the traditional mainstream theoretisations inadequate but they nevertheless want to overcome 'an intellectual impasse' that has followed from the lack of discussion between the two streams of welfare state thinking (e.g., Sainsbury 1994, 1). Consequently, a number of feminist writers have recently begun to argue for incorporating gender into the comparative welfare state analysis by synthesising the perceptions from both feminist and mainstream research.

A considerable number of welfare state researchers have answered to this call. Many experts of social care for older people and young children have for long argued for a higher status for social care policies and their study and they have welcomed the feminist contribution. On the other hand, several foremost representatives of the mainstream research tradition have become interested in care services and/or feminist thinking. For example, Esping-Andersen (1999), Korpi (2000) and Shalev (2000) have become involved in close discussions with feminist scholars and their theoretical perspectives. Furthermore, there have been several welfare state researchers who have recently focused their study on social care. For example, in an influential article, Alber (1995) has drafted a general framework for comparative research of social care services. Among others, Boje (2000) has entered into studying the interrelationships of women's social citizenship, work and care (see also, Almqvist & Boje 1999). Gradually, one of the objectives of the feminist social policy

scholarship seems to be coming true, social care is becoming included in comparative welfare state research on equal standing with social security.

VI. COMPARATIVE RESEARCH ON SOCIAL CARE AND WORK

Social care is closely connected to the opportunities of adults to engage in paid work. Most clearly this has been seen in the case of mothers of young children. In many countries, they are obliged to make a difficult choice between paid employment and unpaid care for their children. However, flexible care services could considerably promote the reconciliation of the spheres of family and work. Traditionally, the labour market position of men has not been influenced by their parental responsibilities. Lately, this has not been obvious anymore as due to the high labour market participation of women, an increasing part of childcare pressures falls now on men. Also within the European Commission, it is now widely recognised that equal opportunity policies, social and economic policies are all intertwined and that childcare policies affect considerably the opportunities of women and men to participate in the labour market (see, e.g., Socialministeriet 1993; European Commission 1998b & 1998c & 1998d & 1999c; Mahon 1998; van Stigt & van Doorne-Huiskes & Schippers 1999). The question of social care arrangements for older and disabled people has also become increasingly connected with the issue of paid employment. In particular, the opportunities for adult children of older people and parents of disabled people to engage in paid work depend to a significant extent on available options to organise everyday care. Social policies are highly needed here as until now, the problems of combining care and employment have considerably marginalised the many women and some men who care in Europe (Walby 1998, xvii).

Social care and working mothers

In several welfare states, particularly in Scandinavia but increasingly also elsewhere, a major motivation to provide publicly funded care services for young children has been to promote the employment of women. Especially Denmark and Sweden have since the 1960s and 1970s been committed to support mothers' re-/entering to paid work (Borchorst 1990). On the other hand, in countries like Ireland and Greece, the absence of publicly sponsored childcare has been reinforcing a low rate of female labour force participation (Drew & Emerek & Mahon 1995, 36). Thus, besides family policies, childcare policies are a part of gendered employment policies as well.

Almqvist and Boje (1999, 286-288) have stated that there seems to be a clear connection between a high labour market participation of women and a generous caring regime. This is supported by that the level of mothers' employment is high in Sweden and Denmark, medium in France and low in Germany and the UK (cf., van Doorne-Huiskes & den Dulk & Schippers 1999, 172). Sweden and Denmark both have comprehensive childcare services for under 3-year-old children and relatively

generous conditions for parental leaves. However, there are differences between policies of these two countries. While Sweden encourages the use of extended parental leaves and female part-time work, Danish social and labour market policies promote mothers' early return to full-time paid employment. France is practising twofold policies as, on the one hand, it is not discouraging women from joining the labour force but, on the other hand, it has provided incentives for women with two or more children to stay at home caring for the children (see also, Almqvist 1999). Germany does not provide publicly funded childcare for under 3-year-old children but instead a long parental leave period. The UK does not offer even this. Comparing the childcare provisions of Sweden, France and Britain, Windebank (1996, 158; see also 1999) has argued that nowhere does collective childcare provide all, or even the majority of, the care required by employed mothers.

Concerning the Netherlands, van Doorne-Huiskes, den Dulk and Schippers (1999, 168-171) argue that the family model that is advancing there is 'the one-and-a-half-earner model' in which men work full-time and women are increasingly in part-time employment. On the other hand, part-time work is rare in Southern Europe where also the full use of statutory maternal and parental leaves is seen as incompatible with having a professional career. When female employment and careerism is nevertheless on the increase also in these countries, the result has been raising pressures on informal care and a downward fertility trend (see also, Trifiletti 1999.)

Across the EU, it is mainly women who seek to balance work and family life through part-time and other forms of 'atypical' work. However, this creates a problematic situation in which part-time employment may be seen as an overwhelmingly female option, signalling a lack of full commitment to work (Drew & Emerek & Mahon 1998, 6-7; European Commission 1999b). Thus, part-time employment can reflect and reinforce women's marginal attachment to the European labour market (Drew & Emerek & Mahon 1995, 33).

However, all working mothers are not working part-time. Even in countries like the UK where female part-time work is common, an increasing part of women, especially those with high educational qualifications, return soon from maternity leave to their full-time and often high-status jobs. These women can afford privately provided childcare services, especially when also their partners are often high-earners. As a result, there is a tendency towards polarisation between (work) rich and (work) poor families (Brannen 1998, 84-85).

Social care and working fathers

Traditionally the juggling of work and family has been understood as a dilemma for women. However, due to the increasing labour force participation of women and the

gradually changing values of women and men, increasing male participation in family life has become highlighted as a major challenge for family and labour market policies. In addition to women's engagement in paid work, men's greater engagement in parenting has been seen as an essential condition for the materialising of real equality between women and men. Furthermore, many men have started to desire this themselves (Drew & Emerek & Mahon 1995, 43-45). For example, Björnberg (1998, 206) reports that Swedish men are demanding greater access to their children (but not necessarily to domestic household chores). Also Italian men are searching for new ways of being a father (Giovannini 1998). However, as fathers of small children are almost all engaged in full-time paid work and as they are in many countries doing even longer work hours than other men, these aspirations have seldom come true. As a result, men's role as fathers has not altered substantially and mothers still remain fundamentally involved in parenting and other domestic work (Drew & Emerek & Mahon 1998, 6). Men's lack of involvement in parenting is partly a result of their own choices but partly due to constraints embedded in labour market structures and social policies. Consequently, combining work and family is has become a dilemma for men as well. Concerning single-parent fathers, this challenge has always been obvious (see e.g., Greif & DeMaris & Hood 1993).

European countries have started to focus their social policies on promoting male parenting. All EU member states are now required to provide parental leave that is available also to fathers. However, the effect of many national parental leave schemes, especially of those that provide only unpaid leave, has remained at most modest (see, e.g., Kröger 1999). Even paid leave schemes are not always popular among men. For example, Haas (1993) has found that in Sweden occupational sex segregation and informal norms at men's workplaces limit their use of parental benefits. Similarly, commenting the US situation, Hood (1993, xv) argues that since the late 1970s, men have begun to make adjustments in their work to accommodate their families, but workplace policy and occupational cultures have been slower to change (cf., Parcel & Cornfield 2000). Even those benefits that are addressed exclusively on fathers have not yet proved to change the current gender balance of childcare (Leira 1998).

Social care and working carers

It has been estimated that a third of all employees are caring for an adult, mainly an older person. There are distinctive variations between countries and also the time used daily or weekly on caring varies considerably. Daughters and daughters-in-law form the majority of the group providing care for older people even though there are many male carers as well (Phillips 1996a & 1998). Daughters have been found to engage in caring even if they are in employment, while sons usually only engage in

caring when they are unemployed or have taken early or ordinary retirement (Drew & Emerek & Mahon 1995, 19).

Caring affects an employee's work as well as her/his family life considerably. Research has shown that the longer the period spent caring, the more working carers become disadvantaged. The loss of pension, lack of promotion and training opportunities as well as lack of time for relaxation and social life are among the usual implications of caring (Phillips 1998, 70-71). One way to decrease the pressure from work is to change from full-time to part-time work but this often results actually changing job and work-place (Merrill 1997, 182). As a result of problems in combining work with caring, many carers are forced to leave work. It has also been found that caring responsibilities can affect work opportunities across the life course and not just at the time of caring (Phillips 1996b, 9). Further difficulty for working carers is brought by the fact that while caring for children has a definite time span, caring for an older or disabled adult can last almost indefinitely (Drew & Emerek & Mahon 1995, 19).

If caring and working are to become reconciliated, support is required for both activities (Neal et al. 1993). On the one hand, enabling corporate culture and attitudes together with flexible workplace practices may considerably support working opportunities for people with caring responsibilities. On the other hand, formal care service provisions are needed to supplement informal family care. However, in several countries especially in Southern Europe, older generations continuously expect their families to provide the support they need and this makes an attitudinal barrier to the use and the development of formal care services (Phillips 1998, 72-74). Furthermore, care leave policies are usually limited to providing childcare but they could be extended to adult care as well (Phillips 1996b, 20). Concerning comparative research on working carers, the state of knowledge is still at a very low level and the need for further research is distinctive (Drew & Emerek & Mahon 1995, 18; Phillips 1998, 75).

VII. CONCLUSION: THE STATE OF THE ART IN COMPARATIVE SOCIAL CARE RESEARCH

Prevailing foci

Comparative research on social care made a kind of breakthrough during the 1990s. The importance of the research field became recognised by policy-makers and social scientists alike. The organisation of care for the youngest and oldest citizens was generally understood to form a basic and characteristic component of each society. Due to the ageing of their populations as well as the ongoing family and labour market changes, all European welfare states are facing increasing challenges in promoting the provision of the needed amount and the required quality of social care.

The comparative social care research made so far has concentrated on comparing the existing national systems of service provision. The majority of research done in the 1990s has aimed to describe national patterns of provision, utilising most usually statistical data. A large part of the comparative research can be called descriptive. Particularly, this has been the case with many of those studies that have focused either on childcare or on care for older people. Usually, these descriptions have been limited to publicly provided or, at most, publicly funded care services. The imperfect quality of the data has brought further problems for descriptions of service systems. As there are large gaps within the available data and as its comparability is still questionable, the results of these studies have to be regarded with some caution. Another problem has been that, due to constantly ongoing changes in service provisions, this kind of data becomes outdated in a short time.

However, all comparative research on social care has not been merely descriptive. Comparative research does tend to have an inherent propensity to disregard national contexts but some social care comparisons have succeeded in placing research findings in their social, cultural and political contexts.

There have also been a large number of theoretically oriented comparative studies. It has however been characteristic that almost all of these studies have been oriented towards or, at least, debating with the welfare regime theory. Social care researchers have brought care in the welfare state model discussion and relocated individual nations within the categories of the typology. Even feminist contributors have regularly started from (criticising) the mainstream regime typologies even though they have ended up in presenting own conceptual alternatives. Within feminist theoretisations, the close connections between the organisation of social care and the opportunities of women to participate in paid labour have become particularly highlighted. Here, it has been primarily access to childcare services that has been

discussed while the situation of working carers has received less comparative attention.

Remaining gaps

Even within descriptions of national social care patterns, there are still considerable gaps. Until now, privately provided and funded care services have been largely ignored in comparative research. The same can be said about informal care. This uninterest is much due to the almost total lack of reliable statistics about these major parts of the national care patterns. Even concerning publicly provided services, comparisons have been made difficult by sectoral boundaries, on the one hand, between (early) education and social welfare and, on the other hand, between health and social care. Several comparisons, focusing on only one sector, have failed to notice that sectoral boundaries are drawn in different places in different countries. The positions of the sectoral borderlines are also under renegotiation in many countries.

Prevailing research has been remarkably limited in its methodological scope. Statistical data has been widely used but, due to its weaknesses, developed quantitative methods have been very rarely utilised. Also comparative survey studies have been here surprisingly uncommon.

The lack of comparative qualitative research on social care is even more severe. International qualitative projects have been very infrequent. For example, legislative and policy documents as well as newspaper or other articles have been left without much comparative analysis. Interviews of national policy-makers have been sometimes used but local politicians and administrators as well as care workers and, especially, care users have very seldom been interviewed for comparative purposes. Recently, comparative biographical research approach has been elaborated but, for example, comparative ethnographies are very exceptional.

One further approach that has been largely lacking from comparative care research is comparative local studies. Comparisons are almost without an exception made between nation states although it is already known that often disparities within countries are larger than between countries. Social care services are provided locally and local authorities have in practice considerable discretion in making and implementing care policies. Local cultures and the characteristics of the localities have their influence on the demand and supply of care services as well.

Social care is distinctively understudied also as a specific form of (under) paid work. Working conditions, wage levels and occupational training of care workers need to be

studied comparatively as many European welfare states are having difficulties in employing competent staff in social care.

Finally, the perspective of people in need of care has been mainly absent from prevailing comparative research. When assessing the functioning of different service provisions, the real experts are to be found within the families. The experiences of care users and their family members can provide first-class information for comparative care research. Until now, this resource has been neglected.

Most if not all of the above mentioned gaps in comparative research have already been addressed in social care research done at the national level. The insights of this national research need now to be brought to the comparative level and be connected to the knowledge base that was generated by the breakthrough of comparative care research in the 1990s.

REFERENCES

Alber, Jens (1995) A Framework for the Comparative Study of Social Services. *Journal of European Social Policy* 5 (2), 131-149.

Almqvist, Anna-Lena (1999) Family Policy in France and Sweden: Consequences for Mothers' Independence. Paper presented at the 4th European Conference of Sociology, Amsterdam, 18-21 August 1999.

Almqvist, Anna-Lena & Thomas Boje (1999) Who Cares, Who Pays and How is Care for Children Provided? Comparing Family Life and Work in Different European Welfare Systems. In *Comparing Social Welfare Systems in Nordic Europe and France: Copenhagen Conference, Volume 4*. Ministère de l'Emploi et de la Solidarité, DREES, MiRe, Paris.

Anttonen, Anneli (1990) The Feminization of the Scandinavian Welfare State. The Welfare State in Transition: From the Social Insurance State Towards the Social Service State. In Leila Simonen (ed.) *Finnish Debates on Women's Studies: Women's Worlds, Realities and Choices*. University of Tampere, Tampere.

Anttonen, Anneli & Jorma Sipilä (1996) European Social Care Services: Is It Possible to Identify Models? *Journal of European Social Policy* 6 (2), 87-100.

Assous, Laurence & Pierre Ralle (2000) La prise en charge de la dépendance des personnes âgées: une mise en perspective internationale. Paper presented at the Year 2000 International Research Conference on Social Security, ISSA, Helsinki, 25-27 September 2000.

Baldock, John & Peter Ely (1996) Social Care for Elderly People in Europe: The Central Problem of Home Care. In Brian Munday & Peter Ely (eds.) *Social Care in Europe*. Prentice Hall, Hemel Hemstead.

Baldock, John & Adalbert Evers (1991) Citizenship and Frail Old People: Changing Patterns of Provision in Europe. In Nick Manning (ed.) *Social Policy Review 1990-91*. Longman, Harlow.

Bernard, Miriam et al. (2000) Continuity and Change: The Family and Community Life of Older People in the 1990s. In Sara Arber & Claudine Attias-Donfut (eds.) *The Myth of Generational Conflict: The Family and State in Ageing Societies*. Routledge, London & New York.

Björnberg, Ulla (1998) Family Orientation Among Men: A Process of Change in Sweden. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.

Blackman, Tim & Sally Brodhurst & Janet Convery (eds.) (2001) *Social Care and Social Exclusion: A Comparative Study of Older People's Care in Europe*. Palgrave, Basingstoke.

Boh, Katja (1989) European Family Life Patterns: A Reappraisal. In Katja Boh et al. (eds.) *Changing Patterns of European Family Life: A Comparative Analysis of 14 European Countries*. Routledge, London & New York.

Boje, Thomas B. (2000) Social Citizenship, Work and Care: Women between Work, Family and Welfare. Paper presented at the ISA RC 19 Annual Conference 2000, Tilburg, 24-27 August 2000.

Borchorst, Anette (1990) Political Motherhood and Child Care Policies: A Comparative Approach to Britain and Scandinavia. In Clare Ungerson (ed.) *Gender and Caring: Work and Welfare in Britain and Scandinavia*. Harvester Wheatsheaf, London.

Brannen, Julia (1998) Employment and Family Lives: Equalities and Inequalities. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.

Brunnberg, Elinor (1994) Vård och omsorg om förskolebarn i Sverige och England [Care of preschool children in Sweden and England]. *Socialvetenskaplig tidskrift* 1 (2-3), 161-176.

Coleman, David (1996a) New Patterns and Trends in European Fertility: International and Sub-National Comparisons. In David Coleman (ed.) *Europe's Population in the 1990s*. Oxford University Press, Oxford.

Coleman, David (1996b) Preface. In David Coleman (ed.) *Europe's Population in the 1990s*. Oxford University Press, Oxford.

Daatland, Svein Olav (1992) Ideals Lost? Current Trends in Scandinavian Welfare Policies on Ageing. *Journal of European Social Policy* 2 (1), 33-47.

Daatland, Svein Olav (ed.) (1997a) *De siste årene. Eldreomsorgen i Skandinavia 1960-95* [The last years: care for older people in Scandinavia 1960-95]. NOVA, Oslo.

Daatland, Svein Olav (1997b) Welfare Policies for Older People in Transition? Emerging Trends and Comparative Perspectives. *Scandinavian Journal of Social Welfare* 6 (3), 153-161.

Daatland, Svein Olav & Gerdt Sundström (1985) *Gammal i Norden: boende, omsorg och service 1965-1982* [Being old in the Nordic countries: housing, care and services 1965-1982]. Nordisk Ministerråd, Stockholm.

Daly, Mary & Jane Lewis (1998) Introduction: Conceptualising Social Care in the Context of Welfare State Restructuring. In Jane Lewis (ed.) (1998) *Gender, Social Care and Welfare State Restructuring in Europe*. Ashgate, Aldershot.

Daly, Mary & Jane Lewis (2000) The Concept of Social Care and the Analysis of Contemporary Welfare States. *British Journal of Sociology* 51 (2), 281-299.

Davies, Bleddyn (1995) The Reform of Community and Long-term Care of Elderly Persons: An International Perspective. In Thomas Scharf & G. Clare Wenger (eds.) *International Perspectives on Community Care for Older People*. Avebury, Aldershot.

van Doorne-Huikes, Anneke & Laura den Dulk & Joop Schippers (1999) Epilogue: Towards New Patterns of Responsibility for Work-Family Policies? In Laura den Dulk & Anneke van Doorne-Huiskes & Joop Schippers (eds.) *Work-Family Arrangements in Europe*. Thela Thesis, Amsterdam.

Drew, Eileen (1998) Re-conceptualising Families. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.

Drew, Eileen & Ruth Emerek & Evelyn Mahon (1995) *Families, Labour Markets and Gender Roles: A Report on a European Research Workshop*. European Foundation for the Improvement of Living and Working Conditions, Dublin.

Drew, Eileen & Ruth Emerek & Evelyn Mahon (1998) Introduction. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.

Esping-Andersen, Gøsta (1990) *The Three Worlds of Welfare Capitalism*. Polity Press, Cambridge.

Esping-Andersen, Gøsta (1999) *Social Foundations of Postindustrial Economies*. Oxford University Press, Oxford.

European Commission (1991) *Social and Economic Policies and Older People*. Brussels.

European Commission (1993a) *Older People in Europe: Social and Economic Policies*. Brussels.

European Commission (1993b) *Older People in Europe: Social Integration*. Brussels.

European Commission (1994) *Older People in Europe: Social and Economic Policies, Recent Developments*. Brussels.

European Commission (1996a) *A Review of Services for Young Children in the European Union 1990-1995*. European Commission Network on Childcare and Other Measures to Reconcile Employment and Family Responsibilities, Brussels.

European Commission (1996b) *School-age Childcare in the European Union*. European Commission Network on Childcare and Other Measures to Reconcile Employment and Family Responsibilities, Brussels.

European Commission (1996c) *Developments in National Family Policies in 1995*. European Observatory on National Family Policies, Brussels & Social Policy Research Unit, York.
European Commission (1998a) *Developments in National Family Policies in 1996*. European Observatory on National Family Policies, Brussels.
European Commission (1998b) *Care in Europe*. Brussels.
European Commission (1998c) *Reconciliation Between Work and Family Life in Europe*. Brussels.
European Commission (1998d) *Equal Opportunities for Women and Men in Europe? Eurobarometer 44.3: Results of an Opinion Survey*. Brussels.
European Commission (1999a) *Social Protection for Dependency in Old Age in the 15 EU Member States and Norway*. Brussels.
European Commission (1999b) *Women and Work: Report on Existing Research in the European Union*. Brussels.
European Commission (1999c) *Reconciliation of Work and Family Life for Men and Women and the Quality of Care Services: Report on Existing Research in the European Union*. Brussels.
Evers, Adalbert (1991) Concluding Remarks on the Significance of the Existing Policy Frameworks and the Planned Reforms: Similarities and Differences in Problems, Perception and Concepts. In Robert J. Kraan et al.: *Care for the Elderly: Significant Innovations in Three European Countries*. Campus Verlag, Frankfurt am Main.
Evers, Adalbert (1994) Shared Callenges, Different Responses: The Future of Services for Elderly People in Increasingly Mixed and Pluralistic Welfare Systems. In David Challis & Bleddyn Davies & Karen Traske (eds.) *Community Care: New Agendas and Challenges from the UK and Overseas*. Arena, Aldershot.
Evers, Adalbert (1995) The Future of Elderly Care in Europe: Limits and Aspirations. In Thomas Scharf & G. Clare Wenger (eds.) *International Perspectives on Community Care for Older People*. Avebury, Aldershot.
Evers, Adalbert & Helmut Wintersberger (eds.) (1988) *Shifts in the Welfare Mix: Their Impact on Work, Social Services and Welfare Policies*. European Centre for Social Welfare Policy and Research, Vienna.
Evers, Adalbert & Ivan Svetlik (1991) New Welfare Mixes in Care for the Elderly. Volumes 1-3. European Centre for Social Welfare Policy and Research, *Eurosocial Report 40/1-3*, Vienna.
Evers, Adalbert & Ivan Svetlik (eds.) (1993) *Balancing Pluralism: New Welfare Mixes in Care for the Elderly*. Avebury, Aldershot & European Centre, Vienna.
Evers, Adalbert & Marja Pijl & Clare Ungerson (eds.) (1994) *Payments for Care: A Comparative Perspective*. Avebury, Aldershot & European Centre, Vienna.
Finch, Janet (1989) *Family Obligations and Social Change*. Polity Press, Cambridge.
Finch, Janet (1993) The Concept of Caring: Feminist and Other Perspectives. In Julia Twigg (ed.) *Informal Care in Europe*. University of York, Social Policy Research Unit, York.
Finch, Janet & Jennifer Mason (1993) *Negotiating Family Responsibilities*. Routledge, London.
Gauthier, Anne Hélène (1996) *The State and the Family: A Comparative Analysis of Family Policies in Industrialized Countries*. Oxford University Press, Oxford.
Giovannini, Dino (1998) Are Fathers Changing? Comparing Some Different Images on Sharing of Childcare and Domestic Work. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.
Glendinning, Caroline & Eithne McLaughlin (1993) *Paying for Care: Lessons from Europe*. HMSO, London.

Glendinning, Caroline & Schunk, Michaela & Eithne McLaughlin (1997) Paying for Long-Term Domiciliary Care: A Comparative Perspective. *Ageing and Society* 17 (2), 123-140.

Glendinning, Caroline (ed.) (1998) *Rights and Realities: Comparing New Development in Long-Term Care for Older People*. Policy Press, Bristol.

Greif, Geoffrey L. & Alfred DeMaris & Jane C. Hood (1993) Balancing Work and Single Fatherhood. In Jane C. Hood (ed.) *Men, Work, and Family*. Sage Publications, Newbury Park & London & New Delhi.

Grundy, Emily (1996) Population Ageing in Europe. In David Coleman (ed.) *Europe's Population in the 1990s*. Oxford University Press, Oxford.

Gustafsson, Siv (1994) Childcare and Types of Welfare States. In Diane Sainsbury (ed.) *Gendering Welfare States*. Sage, London & Thousand Oaks & New Delhi.

Haas, Linda (1993) Nurturing Fathers and Working Mothers: Changing Gender Roles in Sweden. In Jane C. Hood (ed.) *Men, Work, and Family*. Sage Publications, Newbury Park & London & New Delhi.

Hantrais, Linda (1994) Comparing Family Policy in Britain, France and Germany. *Journal of Social Policy* 23 (2), 135-160.

Hantrais, Linda & Marie-Thérèse Letablier (1996) *Families and Family Policies in Europe*. Longman, London.

Hernes, Helga Maria (1987) *Welfare State and Women Power*. Norwegian University Press, Oslo.

Hood, Jane C. (1993) Introduction. In Jane C. Hood (ed.) *Men, Work, and Family*. Sage Publications, Newbury Park & London & New Delhi.

Hugman, Richard (1994) *Ageing and the Care of Older People in Europe*. Macmillan, Basingstoke.

Hutten, Jack B.F. & Ada Kerskra (1996) *Home Care in Europe: A Country-Specific Guide to Its Organization and Financing*. Arena, Aldershot.

Jamieson, Anne (1989) A New Age for Older People? Policy Shifts in Health and Social Care. *Social Science & Medicine* 29 (3), 445-454.

Jamieson, Anne (ed.) (1991a) *Home Care for Older People in Europe*. Oxford University Press, Oxford.

Jamieson, Anne (1991b) Community Care for Older People: Policies in Britain, West Germany and Denmark. In Graham Room (ed.) *Towards a Europan Welfare State?* SAUS, Bristol.

Jamieson, Anne & Raymond Illsley (eds.) (1990) *Contrasting European Policies for the Care of Older People*. Avebury, Aldershot.

Jani-Le Bris, Hannelore (1993) *Family Care of Dependent Older People in the European Community*. European Foundation for the Improvement of Living and Working Conditions, Dublin.

Jensen, An-Magritt (1999) Partners and Parents in Europe: A Gender Divide. *Comparative Social Research* 18, 1-29.

Jenson, Jane (1997) Who Cares? Gender and Welfare Regimes. *Social Politics* 4 (2), 182-187.

Jenson, Jane & Mariette Sineau (1997) *Qui doit garder le jeune enfant? Les representations du travail des meres dans L'Europe en crise*. Fondation Nationale des Sciences Politiques, Cevipof, Paris.

Kahn, Alfred J. & Sheila B. Kamerman (1980) *Social Services in International Perspective: The Emergence of the Sixth System*. Transaction Books, New Brunswick & London.

Kamerman, Sheila B. (1989) Child Care, Women, Work and the Family: An International Overview of Child Care Services and Related Policies. In Jeffery S. Lande et al. (eds.) *Caring for Children: Challenge to America*. Lawrence Erlbaum Associates Publishers, Hillsdale.

Kamerman, Sheila B. (1991) Child Care Policies and Programs: An International Overview. *Journal of Social Issues* 47 (2), 179-196.

Kamerman, Sheila B. & Alfred J. Kahn (1981) *Child Care, Family Benefits and Working Parents: A Study in Comparative Policy*. Columbia University Press, New York.

Kamerman, Sheila B. & Alfred J. Kahn (eds.) (1991) *Child Care, Parental Leave and the Under 3s: Policy Innovation in Europe*. Auburn House, Westport.
Katz Olson, Laura (ed.) (1994) *The Graying of the World: Who Will Care for the Frail Elderly?* Haworth Press, New York & London & Norwood.
Knijn, Trudie & Monique Kremer (1997) Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship. *Social Politics* 4 (3), 328-361.
Korpi, Walter (2000) Faces of Inequality: Gender, Class, and Patterns of Inequalities in Different Types of Welfare States. *Social Politics* 7 (2), 127-191
Kosberg, Jordan I. (ed.) (1992) *Family Care of the Elderly: Social and Cultural Changes*. Sage, Newbury Park & London & New Delhi.
Kraan, Robert J. et al. (1991) *Care for the Elderly: Significant Innovations in Three European Countries*. Campus Verlag, Frankfurt am Main.
Kröger, Teppo (1997a) The Dilemma of Municipalities: Scandinavian Approaches to Child Day-care Provision. *Journal of Social Policy* 26 (4), 485-507.
Kröger, Teppo (1997b) Local Government in Scandinavia: Autonomous or Integrated into the Welfare State? In Jorma Sipilä (ed.) (1997) *Social Care Services: The Key to the Scandinavian Welfare Model*. Avebury, Aldershot.
Kröger, Teppo (1999) Gendering the Interplay between Work and Family: The Implications of Care Policies in Finland and Britain. Paper presented at the 4th European Conference of Sociology, Amsterdam, 18-21 August 1999.
Lamb, Michael E. et al. (eds.) (1992) *Child Care in Context: Cross-Cultural Perspectives*. Lawrence Erlbaum Associates Publishers, Hillsdale.
Langan, Mary & Ilona Ostner (1991) Gender and Welfare: Towards a Comparative Framework. In Graham Room (ed.) *Towards a Europan Welfare State?* SAUS, Bristol.
Lehto, Juhani & Nina Moss & Tine Rostgaard (1999) Universal Public Social Care and Health Services? In Mikko Kautto et al. (eds.) *Nordic Social Policy: Changing Welfare States*. Routledge, London.
Leira, Arnlaug (1992) *Welfare States and Working Mothers: The Scandinavian Experience*. Cambridge University Press, Cambridge.
Leira, Arnlaug (1993) Concepts of Care: Loving, Thinking and Doing. In Julia Twigg (ed.) *Informal Care in Europe*. University of York, Social Policy Research Unit, York.
Leira, Arnlaug (1998) Caring as Social Right: Cash for Child Care and Daddy Leave. *Social Politics* 5 (3), 362-278.
Leira, Arnlaug (1999) Family Change: Policies, Practices, and Values. Introduction. *Comparative Social Research* 18, ix-xxii.
Lesemann, F. & Claude Martin (eds.) (1993) *Les Personnes Âgés: Dépendance, Soins et Solidarités Familiales. Comparaisons Internationales*. La documentation Française, Paris.
Lewis, Jane (1992) Gender and the Development of Welfare Regimes. *Journal of European Social Policy* 2 (3), 159-173.
Lewis, Jane (1997) Gender and Welfare Regimes: Further Thoughts. *Social Politics* 4 (2), 160-177.
Lewis, Jane (ed.) (1998) *Gender, Social Care and Welfare State Restructuring in Europe*. Ashgate, Aldershot.
Lyons, Karen (1999) *International Social Work: Themes and Perspectives*. Ashgate, Aldershot.
Mahon, Evelyn (1998) Changing Gender Roles, State, Work and Family Lives. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.
Mahon, Rianne (1997) Child Care in Canada and Sweden: Policy and Politics. *Social Politics* 4 (3), 382-418.

Martin, Claude (1997) Social Welfare and the Family in Southern Europe: Are There Any Specificities? In *Comparing Social Welfare Systems in Southern Europe: Florence Conference, Volume 3*. Ministère de l'Emploi et de la Solidarité, MiRe, Paris.

Melhuish, Edward C. & Peter Moss (1991) Current and Future Issues in Policy and Research. In Edward C. Melhuish & Peter Moss (eds.) *Day Care for Young Children: International Perspectives*. Routledge, London & New York.

Merrill, Deborah M. (1997) Caring for Elderly Parents: Juggling Work, Family, and Caregiving in Middle and Working Class Families. Auburn House, Westport & London.

Michel, Sonya (1997) Response to Jane Lewis. *Social Politics* 4 (2), 203-207.

Millar, Jane & Andrea Warman (eds.) (1995) *Defining Family Obligations in Europe*. University of Bath, Bath.

Millar, Jane & Andrea Warman (1996) *Family Obligations in Europe*. Family Policy Studies Centre, London.

Munday, Brian (1996) Introduction: Definitions and Comparisons in European Social Care. In Brian Munday & Peter Ely (eds.) *Social Care in Europe*. Prentice Hall, Hemel Hemstead.

Munday, Brian & George Lane (eds.) (1998) *The Old and the New: Changes in Social Care in Central and Eastern Europe*. University of Kent at Canterbury, EISS.

Neal, Margaret B. et al. (1993) *Balancing Work and Caregiving for Children, Adults, and Elders.* Sage Publications, Thousand Oaks & London & New Delhi.

Nies, Henk & Susan Tester & Jan Maarten Nuijens (1991) Day Care in the United Kingdom and the Netherlands: A Comparative Study. *Ageing and Society* 11 (3), 245-273.

Nijkamp, Peter et al. (1990) *Services for the Elderly in Europe: A Cross-National Comparative Study.* Katholieke Universiteit Leuven & Vrije Universiteit Amsterdam, Leuven.

O'Connor, Julia S. (1993) Gender, Class and Citizenship in the Comparative Analysis of Welfare State Regimes: Theoretical and Methodological Issues. *British Journal of Sociology* 44 (3), 501-518.

O'Connor, Julia S. (1996) From Women in the Welfare State to Gendering Welfare State Regimes. *Current Sociology* 44 (2).

O'Connor, Julia & Ann Shola Orloff & Sheila Shaver (1999) *States, Markets, Families: Gender, Liberalism and Social Policy in Australia, Canada, Great Britain and the United States.* Cambridge University Press, Cambridge.

OECD (1990) *Employment Outlook*, July 1990. Paris.

OECD (1994a) *New Orientations for Social Policy*. Social Policy Studies No. 12, Paris.

OECD (1994b) *Caring for Frail Elderly People: New Directions in Care*. Social Policy Studies No. 14, Paris.

OECD (1996a) *Caring for Frail Elderly People: Policies in Evolution*. Social Policy Studies No. 19, Paris.

OECD (1996b) *Ageing in OECD Countires: A Critical Policy Challenge*. Social Policy Studies No. 20, Paris.

OECD (1997) *Family, Market and Community: Equity and Efficiency in Social Policy*. Social Policy Studies No. 21, Paris.

OECD (1998) *The Health of Older Persons in OECD Countries: Is It Improving Fast Enough to Compensate for Population Ageing?* Labour Market and Social Policy Occasional Papers No. 37, Paris.

OECD (1999a) *Ageing and Care for Frail Elderly Persons: An Overview of International Perspectives*. Labour Market and Social Policy Occasional Papers No. 38, Paris.

OECD (1999b) *A Caring World: The New Social Policy Agenda*. Paris.

OECD (2000) *Care Allowances for the Frail Elderly and Their Impact on Women Care-Givers*. Labour Market and Social Policy Occasional Papers No. 41, Paris.

Olmsted, Patricia P. & David P. Weikart (eds.) (1989) *How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries*. The High/Scope Press, Ypsilanti.
Orloff, Ann Shola (1993) Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States. *American Sociological Review* 58 (3), 303-328.
Orloff, Ann Shola (1997) Comment on Jane Lewis's 'gender and welfare regimes: further thoughts'. *Social Politics* 4 (2), 188-202.
Parcel, Toby L. & Daniel L. Cornfield (eds.) *Work & Family: Research Informing Policy*. Sage Publications, Thousand Oaks & London & New Delhi.
Pfau-Effinger, Birgit (1998) Gender Cultures and the Gender Arrangement: A Theoretical Framework for Cross-National Gender Research. *Innovation* 11 (2), 147-166.
Pfau-Effinger, Birgit (1999) Change of Family Policies in the Socio-Cultural Context of European Societies. *Comparative Social Research* 18, 135-159.
Phillips, Judith (1996a) *Working Carers: International Perspectives on Working and Caring for Older People*. Avebury, Aldershot.
Phillips, Judith Eleri (1996b) *Working and Caring: Development at the Workplace for Family Carers of Disabled and Older People*. European Foundation for the Improvement of Living and Working Conditions, Dublin.
Phillips, Judith (1998) Paid Work and Care of Older People: A UK Perspective. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.
Pringle, Keith (1998) *Children and Social Welfare in Europe*. Open University Press, Buckingham.
Reif, Laura (1985) Long-Term Care: Some Lessons from Cross-National Comparisons. In Laura Reif & Brahba Trager (eds.) International Perspectives on Long-Term Care. Haworth Press, New York.
Rostgaard, Tine & Torben Fridberg (1998) *Caring for Children and Older People: A Comparison of European Policies and Practices.* The Danish National Institute of Social Research, Copenhagen.
Rostgaard, Tine & Juhani Lehto (2001) Health and Social Care Systems: How Different is the Nordic Model? In Mikko Kautto et al. (eds.) *Nordic Welfare States in the European Context.* Routledge, London & New York.
Ruxton, S. (1996) *Children in Europe*. NCH Action for Children, London.
Sainsbury, Diane (ed.) (1994) Gendering Welfare States. Sage, London & Thousand Oaks & New Delhi.
Sainsbury, Diane (1996) *Gender, Equality and Welfare States*. Cambridge University Press, Cambridge.
Sainsbury, Diane (ed.) (1999) *Gender and Welfare State Regimes*. Cambridge University Press, Cambridge.
Salvage, Ann V. (1995) *Who Will Care? Future Prospects for Family Care of Older People in the European Union*. European Foundation for the Improvement of Living and Working Conditions, Dublin.
Saraceno, Chiara (1997) Family Change, Family Policies and the Restructuring of Welfare. In *Family, Market and Community: Equity and Efficiency in Social Policy*. OECD, Social Policy Studies No. 21, Paris.
Schunter-Kleeman, Susanne (1995) Welfare States and Family Policies in the EU Countries. *NORA, Nordic Journal of Women's Studies* 3 (2), 74-86.
Shalev, M. (2000) Class Meets Gender in Comparative Social Policy. *Social Politics* 7 (2), 220-228
Sevenhuijsen, Selma (2000) Caring in the Third Way: The Relation Between Obligation, Responsibility and Care in Third Way Discourse. *Critical Social Policy* 20 (1), 5-37.

Sipilä, Jorma (1997a) Comparative Research on Social Care Service Systems: How to Proceed? In Mikko Kautto (ed.) *European Social Services: Policies and Priorities to the Year 2000*. Stakes & Ministry of Social Affairs, Helsinki.

Sipilä, Jorma (ed.) (1997b) *Social Care Services: The Key to the Scandinavian Welfare Model*. Avebury, Aldershot.

Sipilä, Jorma & Anneli Anttonen (1999) Restoring the Welfare-Mix Approach. Paper presented at the 4th European Conference of Sociology, Amsterdam, 18-21 August 1999.

Socialministeriet (1993) *Parental Employment and Caring for Children: Policies and Services in EC and Nordic Countries*. Copenhagen.

van Stigt, Jacqie & Anneke van Doorne-Huiskes & Joop Shippers (1999) European Regulations and Initiatives on Work-Family Policies. In Laura den Dulk & Anneke van Doorne-Huiskes & Joop Schippers (eds.) *Work-Family Arrangements in Europe*. Thela Thesis, Amsterdam.

Sundström, Gerdt (1994) Care by Families: An Overview of Trends. In *Caring for Frail Elderly People: New Directions in Care*. OECD, Social Policy Studies No. 14, Paris.

Sundström, Gerdt & Maria Angeles Tortosa (1999) The Effects of Rationing Home-Help Services in Spain and Sweden: A Comparative Analysis. *Ageing and Society* 19 (3), 343-361.

Szebehely, Marta (1999a) Concepts and Trends in Home Care for Frail Elderly People in France and in Sweden. In *Comparing Social Welfare Systems in Nordic Europe and France: Copenhagen Conference, Volume 4*. Ministère de l'Emploi et de la Solidarité, DREES, MiRe, Paris.

Szebehely, Marta (1999b) Omsorgsarbetets olika former: Nya klassskilnader och gamla könsmönster i äldreomsorgen [Different forms of care-giving work: new differences between classes and old gender patterns in care for older people]. *Sosiologisk Forskning* 36 (1), 7-32.

Tester, Susan (1996) *Community Care for Older People: A Comparative Perspective*. Macmillan, Basingstoke.

Thomas, Carol (1993) Deconstructing Concepts of Care. *Sociology* 27 (4), 649-669.

Tietze, Wolfgang & Debby Cryer (1999) Current Trends in European Early Child Care and Education. *The Annals of the American Academy of Political and Social Sciences* 563, 175-193.

Trifiletti, Rossana (1999) Women's Labour Market Participation and the Reconciliation of Work and Family Life in Italy. In Laura den Dulk & Anneke van Doorne-Huiskes & Joop Schippers (eds.) *Work-Family Arrangements in Europe*. Thela Thesis, Amsterdam.

Twigg, Julia (ed.) (1993) *Informal Care in Europe*. Social Policy Research Unit, University of York, York.

Twigg, Julia (1996) Issues in Informal Care. In *Caring for Frail Elderly People: Policies in Evolution*. OECD, Social Policy Studies No. 19, Paris.

Twigg, Julia & Alain Grand (1998) Contrasting Legal Conceptions of Family Obligation and Financial Reciprocity in the Support of Older People: France and England. *Ageing and Society* 18 (2), 131-146.

Tyyskä, Vappu (1994) Women Facing the State: Childcare Policy Process in Canada and Finland, 1960-90. *NORA, Nordic Journal of Women's Studies* 2 (2), 95-106.

Ungerson, Clare (ed.) (1990) *Gender and Caring: Work and Welfare in Britain and Scandinavia*. Harvester Wheatsheaf, London.

Ungerson, Clare (1994) Morals and Politics in 'Payments for Care': An Introductory Note. In Adalbert Evers & Marja Pijl & Clare Ungerson (eds.) *Payments for Care: A Comparative Perspective*. Avebury, Aldershot & European Centre, Vienna.

Ungerson, Clare (1995) Gender, Cash and Informal Care: European Perspectives and Dilemmas. *Journal of Social Policy* 24 (1), 31-52.

Ungerson, Clare (1997) Social Politics and the Commodification of Care. *Social Politics* 4 (3), 362-381.

Walby, Sylvia (1998) Foreword. In Eileen Drew & Ruth Emerek & Evelyn Mahon (eds.) (1998) *Women, Work and the Family in Europe*. Routledge, London.

Walker, Alan & Tony Maltby (1997) *Ageing Europe*. Open University Press, Buckingham.

Weekers, S. & Marja Pijl (1998) *Home Care and Care Allowances in the EU.* NIZW, Utrecht.

Wennemo, Irene (1994) *Sharing the Costs of Children: Studies on the Development of Family Support in the OECD Countries*. Swedish Institute for Social Research, Stockholm.

Windebank, Jan (1996) To What Extent Can Social Policy Challenge the Dominant Ideolgy of Mothering? A Cross-National Comparison of Sweden, France and Britain. *Journal of European Social Policy* 6 (2), 147-161.

Windebank, Jan (1999) Political Motherhood and the Social Construction of Mothering: A Comparison of the Child Care Strategies of French and British Working Mothers. *Journal of Social Policy* 28 (1), 1-26.

Wærness, Kari (1985) Caring as Women's Work in the Welfare State. In Harriet Holter (ed.) *Patriarchy in a Welfare State*. Universitetsforlaget, Oslo.

Wærness, Kari (1990) Informal and Formal Care in Old Age: What is Wrong with the New Ideology in Scandinavia Today? In Clare Ungerson (ed.) (1990) *Gender and Caring: Work and Welfare in Britain and Scandinavia*. Harvester Wheatsheaf, London.

Österle, August (1999) Equity in the Provision of Long-Term Care: A Comparison of Austria, Italy, the Netherlands and the United Kingdom. A paper presented at the 1998-9 European Forum, European University Institute, Florence, 26-27 February 1999.

ANNEX

THE STATE OF THE ART IN SOCIAL CARE RESEARCH IN PORTUGAL

JOSÉ DE SÃO JOSÉ & KARIN WALL

With the aim of gauging the state of knowledge on the care of children and older people in Portugal, we have carried out as extensive a survey as possible of bibliographical references. An analysis of the data we have collected provides a number of main features, and these are described in the following paragraphs.

Most of the studies we found are relatively recent, i.e. they were published mainly from 1995 onwards. This seems to indicate that by comparison to what has occurred in other European countries and in the US, Portugal has woken up rather late to the issues of caring for children and older people.

The studies fall into two main types. The first type includes research projects carried out within the context of the social sciences (sociology, social policy, demography, etc.). These studies approach the topic mainly in an indirect way, even though they contain much in-depth analysis. The second type includes studies carried out mostly by the Ministry of Labour and Solidarity *(Ministério do Trabalho e da Solidariedade)*, and in particular by the *Direcção General da Acção Social* (the Directorate-General for Social Action) and the *Comissão para a Igualdade no Trabalho e no Emprego* (Commission for Equality in Work and the Workplace). These relate more directly to the subject-matter, but are mainly descriptive in nature.

(1) In the first type, the subjects most often dealt with are social and educational services and the way children are looked after, as well as the support networks used in the care of children and older people. Inevitably these subjects cut across each other. At the same time, there are some studies which examine the social, economic and political contexts in which care for children and older people takes place. These are not as close to the core subject-matter. The issues which these studies cover are, amongst others, the ageing of the population, the development of the welfare state and of family and social policies, the relationship between the state and social welfare institutions, family and female employment trends and neglected children.

(2) The second type of studies covers subjects such as the needs of older people and the degree to which social services and facilities provide adequate geographical coverage in caring for children and older people.

There is one subject which has aroused the same degree of interest on the part of government bodies and of sociological and social policy researchers. It also happens

to be the one which is most frequently covered in the studies we have analysed. This is the linkage between work and family life, including the responsibility for caring for children and older people. Increasing attention has focused on this problem of reconciling occupation and family life in Portugal, given that the country has one of the highest indices of female participation in the workforce in the whole of the EU. This is rather surprising if we bear in mind the lack of family support mechanisms (for example, crèches and general child-care services, and care for older people, amongst others), as we will see below.

It is also relevant to mention that several congresses and seminars have been organised in Portugal, particularly over the last five years, mainly by local authorities and other public bodies. These events have focused mainly on the topics of ageing and old age. This may be an indicator of the increasing political recognition of the significance of these issues, given that the ageing of the population is clearly one of the major factors affecting the future of social security, both in Portugal and in other countries, if only on account of its impact in terms of revenues and expenditures.

Finally, we will point to some general conclusions of the studies we have analysed. As has already been stated, the subjects described above are all inter-related. Because of this we will present our conclusions as a whole, and not separately, and will endeavour to provide an answer to the following key question: what respective roles do formal and informal networks play, and in what ways do they possibly combine, in the types of solutions which Portuguese families have found to the problem of reconciling their occupational lives with their responsibilities in the field of childcare and caring for older people?

We should therefore begin by stating that both from the quantitative point of view (public spending on social policies) and the qualitative aspect (implementation of those policies), the Portuguese welfare state is significantly different from the welfare states of the industrialised countries of the rest of Europe (Santos, 1993; 1987; 1985). At the same time, support has generally been given to the idea that the shortfall in state provision in Portugal is in some degree compensated for by socially produced welfare: "... in Portugal a weak welfare state co-exists with a strong welfare society." (Santos, 1993:46).[1] However, this idea has on several occasions been brought into question as a result of research work in both rural and urban contexts (Wall et al., 2000).

The twin areas of social intervention, childhood and old age, both feature a lack of support for families, whether this be in terms of monetary benefits from the state

[1] The term 'welfare society' is deemed to include the whole set of "... networks of relations of mutual acquaintanceship, mutual recognition and self-help based on kinship and neighbourhood ties, by means of which small social groups exchange goods and services on a non-commercial basis and on a principle of reciprocity which is similar to the gift relationship studied by Marcel Mauss." (Santos, 1995: I).

social security system or in terms of social services and facilities (Hespanha et al., 2000; Torres et al., 1997; Quaresma, 1996; SCML and CML, 1996; Portugal, 1995; Wall, 1997), although the amount of the former and the extent of coverage of the latter has tended to increase gradually in recent years[2] (MTS, DGAS, 1998; *Livro Branco da Segurança Social* (Social Security White Paper), 1998). Most social services and facilities for caring for children and older people are a part of the Private Social Solidarity Institutions (PSSI)[3]. The remainder are provided by the state and by private enterprise working for profit (Hespanha et al., 2000; MTS, DGAS, 1998).

Given this general structural framework, it is clear that the range of possible solutions open to Portuguese families for taking care of their children and older people is limited from the outset, given that formal support networks are still inadequate to respond satisfactorily to the needs of families.

In the area of childcare, the debate has focused principally on the significance of mutual family help in the provision of care. There are some studies which conclude that families prefer to seek support from their informal networks, especially kinship networks, regardless of the social conditions under which they live (see, for example, Portugal, 1995). These studies indicate that the kinship network, particularly close relatives, plays a key role in maternity support. In line with this idea, there is one study which concludes that young Portuguese people expect to rely on the support of their closest relatives, mainly when their children are born, unlike most young parents in other European countries (Brannen and Smithson, 1998).

However, other more recent studies have underlined the significance of the social conditions in which families live in structuring childcare choices. These studies conclude that childcare solutions based on recourse to informal networks, especially those based on kinship ties, do not occur as frequently as might be expected. Informal networks are used more often in families which are less well off culturally and financially, where there tends to be a gender-based division of labour. This so-called survival strategy is adopted not by choice, but because there is a lack of services which these families can afford, particularly in the area of infant childcare. Childcare

---

[2] Growth of social services and facilities has been strongest in the area of old age (MTS, DGAS, 1998). But those who manage them are of the opinion that the country on the one hand needs more in this area, and, on the other, that existing services and facilities need to be improved (Perista et al., 1998). It is true that in order to meet the needs of the current numbers of older people, coverage would need to be doubled (Guerreiro and Lourenço, 1999). And as far as children are concerned, growth has been strongest in services and facilities for the 3- to 6-year-old age group (in 1998/99, coverage for this age group stood at 65%). For the 0- to 2-year-old age group, growth has been slower (in 1994, estimated coverage was 12 %) (Ramalho et al., 1998).

[3] Private social solidarity institutions (PSSI) are social welfare institutions which are nevertheless different to the voluntary organisations which exist in other countries, by virtue of the fact that in them "there is a small amount of voluntary work side by side with a relatively strong influence of government in terms of material and human resources, and a resource management strategy which is guided more by the rules of economic survival than by the needs of their users." (Hespanha et al., 2000). Financially, most PSSI depend on state support. They therefore have very limited financial independence, given that they have great difficulty in generating their own resources (Hespanha et al., 2000; Fernandes, 1993; Capucha, n.d.).

solutions involving recourse to formal networks are found more frequently in families of medium to high economic and cultural means (see, for example, Torres et al., 1997).

Research carried out by Karin Wall et al. (2000) on the family and informal support networks in Portugal also concluded that a significant percentage of families with children do not benefit from any type of informal support or may have low levels of such support throughout several years of married life. This study further concludes that extended kinship ties play no significant role in support networks: it is essentially parents and brothers and sisters who provide support. This research project, together with some others in different social contexts (see, for example, José, 1997), questions the whole notion of a strong welfare society in which informal support plays a fundamental role, particularly in less well-off families.

In less well-off social milieus such as the working class, families which cannot count on their informal networks for childcare regard the formal networks as too expensive. Thus, they are left with the following options: the main childcarer has to leave his or her job or, if remaining at work, contemplate a situation where there is a ‘double working day’. This is often the choice which is made (see, for example, Almeida, 1993). It should be emphasised in this context that most Portuguese companies are not very receptive to the problems of reconciling work and family life. According to available data, only some 15% of companies declare that they use flexible working hours (Ribeiro, 1995).

In childcare as in other social contexts, a surprising social pattern seems to emerge: support for families is unevenly distributed according to educational levels and their class position. In other words, the families most in need, or alternatively those most affected by the lack of state intervention in this area, are those which receive the least support from their informal networks (Wall et al., 2000; José, 1997).

Studies on the scope of care for older people also most frequently address the role of informal support networks. Some of these regard informal networks as essential sources of support for elderly people (see, for example, Fernandes, 1997; Parreira, 1993). On the other hand, there is a group of studies which identify a mix of variables which may affect the choice of the type of support for an older person. These are the extent of formal resources in the community, the availability of family members to take care of older people, the location where the older person lives (in his/her own home or living with the main carer), and, where they do not live together, the physical distance between their homes, the type of area (rural or urban), and the degree of dependency of the older person.

Thus, these studies conclude that in rural communities informal networks, particularly kinship networks, are the main source of support for older people. In fact,

they are the only possible resource, due to the major lack or often the non-existence of social services and facilities in the community.

In the urban context, the older person's place of residence takes on particular significance. If the older person is living with the main carer ? in most cases this means with a daughter or a daughter-in-law ? then it is the latter who provides care, with the help of other people in her household. When the older person does not live with the main carer, there is often a need to combine informal support with formal methods of support. In most cases, this means that the informal network provides emotional support, while the formal network provides practical or instrumental support such as daily hygiene, domestic cleaning, and the cooking of meals (Quaresma, 1996; Pimentel, 1995).

Nevertheless, the degree to which an older person will use formal support networks depends in large measure on how dependent that person is and, consequently, on the type of care which is required, together with the degree to which members of the older person's family are able (or not) to provide those same services (Pimentel, 1995). Those in charge of services and facilities for support to older people see three main types of problems, which translate into different corresponding needs: isolation/loneliness and loss of independence, health problems and financial problems (Perista et al., 1998).

There is however a point on which the conclusions of most of these studies converge: informal support networks are made up almost solely of women who are predominantly relatives of the woman who takes on the role of main carer for the child and/or the older person.

Therefore, in a very general way, it can be stated that care of children and of older people, seen as social processes, are part of a structural context in which there is a weak welfare state, a debilitated private non-profit sector, a private for-profit sector which is not yet very extensive, and a very limited welfare society. In this scenario, it is above all the less well-off families who come off worst.

As we were able to observe, data on the ways in which formal and informal mechanisms combine in the field of childcare and care of older people is manifestly inadequate. Apart from this, there is practically no information on how they combine in the types of families included in the SOCCARE project (lone parent families, families with two careers, immigrant families and multi-generational families). The same may be said about the assessment of social care arrangements and their prospects for future development by users, professionals, administrators and political bodies at the local, regional and national level.

We may therefore conclude that the state of knowledge on the core subject area of this project is still at a fairly rudimentary stage.

PORTUGUESE LITERATURE ON SOCIAL CARE

Almeida, Ana Nunes de (1985), "Trabalho feminino e estratégias familiares" [Female work and family strategies], *Análise Social*, nº85, pp. 7-44.

Almeida, Ana Nunes de (1986), "A fábrica e a família: tópicos para uma reflexão" [The factory and the family: topics for a reflection], *Análise Social*, nº91, pp. 279-312.

Almeida, Ana Nunes de (1993), "Mulheres e famílias operárias: a "esposa doméstica" [Women and working-class families: the "housemaid wife"], *Análise Social*, nº120, pp. 105-135.

Almeida, Ana Nunes de, M. D. Guerreiro, C. Lobo, Anália Torres and K. Wall (1998), "Relações familiares: mudança e diversidade" [Family relations: change and diversity] in J. M. Viegas and António Firmino da Costa, *Portugal- Que Modernidade?*, Oeiras, Celta, pp. 45-78.

Bairrão, Joaquim, (1990), Perfil nacional dos cuidados prestados à criança com idade inferior a 6 anos, [National outline of childcare provided to the under-6s] Lisboa, Fundação Calouste Gulbenkian.

Bonfim, Catarina de Jesus, et al. (1996), População Idosa, Análise e Perspectivas: A Problemática dos Cuidados Intrafamiliares [Older people, an analysis and future prospects: the problem of intra-family care] in *Documentos Temáticos nº 8,* Direcção Geral da Acção Social- Núcleo de Documentação Técnica e Divulgação, Lisboa.

Brannen, Julia; Smithsson, Janet (1998), "Conciliação entre o trabalho e os filhos: perspectivas do futuro para os jovens de cinco países" [Reconciling work and children: the outlook for the future for young people in five countries], *Sociologia, Problemas e Práticas*, nº27, pp. 11-26.

Capucha, Luís (ed.) (n.d.), ONG's de Solidariedade Social: Práticas e Disposições [Social Solidarity NGOs: Practices and Rules], *Cadernos REAPN*, nº2, European Anti-Poverty Network, Portugal.

Castro, José Luís (1995), *Entre a tutela e a sobrevivência: contextos de socialização e trajectórias dos meninos de rua* [Between protection and survival: contexts of socialisation of the street children], Master's degree dissertation in Sociology of the Family, Lisboa, ISCTE.

Fernandes, Ana et. al. (1993), "O Surgimento do Serviço Social nas Misericórdias Portuguesas" [The Emergence of the Social Service in the Portuguese Charitable Institutions], *Intervenção Social, Revista do Instituto Superior de Serviço Social*, nº8, pp. 35-53.

Fernandes, Ana Alexandre (1994), "Relações familiares, transformações demográficas e solidariedades intergeracionais" [Family relations, demographic changes and inter-generational solidarities], *Forum Sociológico*, nº4, pp. 45-58.

Fernandes, Ana Alexandra et al. (1997), *Velhice e Sociedade: demografia, família e políticas sociais em Portugal* [Old Age and Society: demography, family and social policy in Portugal], Oeiras, Celta.

Ferreira, Cora et. al (1993), "Participação das IPSS nas Políticas Sociais" [The Role of PSSI in Social Policies], *Intervenção Social, Revista do Instituto Superior de Serviço Social*, nº8, pp.53-75.

Formosinho, J. (1994), *A Educação Pré-Escolar em Portugal: Projecto de parecer* [Draft Opinion on Pre-School Education in Portugal], Conselho Nacional de Educação, Lisboa.

Garcia, Orlando (Ed.) (1999), *Diagnóstico Social do Concelho de Cascais: Por uma "Idade Nova"*, Redes de Suporte Institucional para a População Idosa e Cenários Prospectivos no Concelho

de Cascais [Social Portrait of the Cascais council district: for a “new age”, Institutional Support Networks for older people and the Outlook for the Future in Cascais] Instituto Superior de Serviço Social - Centro de Estudos e Investigação Aplicada, Lisboa.

Gil, Ana Paula Martins, (1998), *Solidariedades intergeracionais e instituições de velhice* [Inter-generational solidarity and age institutions], Master’s degree dissertation in Sociology, Évora, Universidade de Évora.

Guerreiro, Maria das Dores (1995), “Famille et Travail au Portugal. La coexistence de différentes dynamiques sociales” in Willsemsen, Tineke et al. (eds.), *Work and the Family in Europe: The Role of Policies*, Tilburg, Tilburg University Press.

Guerreiro, Maria das Dores; Lourenço, Vanda (1999), *Boas Práticas de Conciliação entre Vida Profissional e Vida Familiar: Manual para as Empresas* [Good Practice in reconciling Work and Family Life: a Manual for Companies], Comissão para a Igualdade no Trabalho e no Emprego, Lisboa.

Guerreiro, Maria das Dores (Coord.); Lourenço, Vanda (1999), *Emprego, família e actividades comunitárias: uma relação mais equilibrada para mulheres e homens* [Employment, family and community activities: a better balance for women and men], European Foundation for the Improvement of Living and Working Conditions, CIES-ISCTE, Lisboa.

Guibentif, P. (1986) “Avatars et dépassement du corporatisme. Le développement de la sécurité sociale”, Paris, *Association pour l’étude de l’histoire de la sécurité sociale*, pp. 207-233.

Hespanha, Pedro, et. al (2000), Entre o Estado e o Mercado, As fragilidades das Instituições de Protecção Social em Portugal [Between the state and the market, the weaknesses of welfare in Portugal], Quarteto Editora, Coimbra.

Hespanha, M.ª José Ferros (1993), “A saúde e a velhice na sociedade-providência” [Health and old age in the welfare society] in *Portugal: um retrato singular*, Edições Afrontamento/ CES, Porto.

Hespanha, Pedro (1995), “Vers une société providence simultanément pré-et post-moderne. L’état des solidarités intergénérationelles au Portugal ”, in Claudine Attias-Donfut (dir.), *Les Solidarités entre générations, Viellesse, Familles, État,* Éditions Nathan, pp. 209-222.

Infante, Fernanda (ed.) (1991), *Famílias Monoparentais na Cidade de Lisboa* [Lone-parent families in the city of Lisbon], Lisboa, Centro de Estudos Judiciários, Ministério da Justiça.

Infante, Fernanda (1989), *Alguns Dados para o estudo da Vida Quotidiana nas Famílias Portuguesas: resultados preliminares* [Some data for the study of daily life in Portuguese families: preliminary results], Lisboa, Direcção Geral da Família, Ministério do Emprego e da Segurança Social.

José, José São (1997) *Doença mental em casa, trancas na porta: Um estudo sociológico sobre o suporte social das famílias de pessoas com esquizofrenia* [Mental illness at home, bars on the door: a sociological study on social support for families with schizophrenia], Master’s degree dissertation thesis, Instituto de Ciências Sociais da Universidade de Lisboa, Lisboa.

Livro Branco da Segurança Social [Social Security White Paper] (1998), Lisboa.

Mendes, M. Filomena, Pereira, Pedro Telhado (1990), “Afectação do tempo das famílias portuguesas: um estudo empírico de diferenciação regional ” [How Portuguese families spend their time: an empirical study in regional differentiation], *Economia e Sociologia*, nº 49, pp. 5-38.

Ministério do Trabalho e da Solidariedade (MTS), Direcção-Geral da Acção Social (DGAS) (1998), *Rede de Serviços e Equipamentos Sociais: Continente* [Network of Social Services and Facilities in continental Portugal], Direcção de Serviços de Programas e Apoio Técnico, Lisboa.

Mozzicafreddo, J., (1992), “O Estado-Providência em Portugal: estratégias contraditórias” [The welfare state in Portugal: contradictory strategies], in Sociologia, Problemas e Práticas, nº12, pp.57-89.

Nazareth, J. M., (1993), *Relatório sobre a Situação Actual da Família Portuguesa* [Report on the current state of the Portuguese family], Direcção Geral da Família.

Nazareth, J. M., (1990), "Family policy in Portugal", in W. Dumon (ed.), *Family Policy in EEC Countries*, Comission of the European Communities.

Neves, I., (1993), *A segurança Social Portuguesa: Problemas, realidades, perspectivas* [Portuguese social security: Problems, facts, future prospects], Colecção Estudos de Segurança Social na Universidade Internacional, Lisboa, Ed. Internacional.

Nunes, João Arriscado (1995), "Com o mal ou com o bem aos teus te atém: as solidariedades primárias e os limites da sociedade-providência" [Bound together for good or ill: primary solidarities and the limits of the welfare society] in *Revista Crítica de Ciências Sociais*, nº 42, pp. 5-26.

Parreira, Anabela dos Santos, (1993), "As solidariedades familiares em populações idosas" [Family solidarities in elderly populations] in *Economia e Sociologia*, nº26.

Pereira, Maria Beatriz Ferreira Leite Oliveira, (n.d.) *A infância e o Lazer: Estudo da ocupação dos tempos livres da criança dos 3 anos aos 10 anos em diferentes contextos sociais* [Childhood and leisure: Study of children's leisure time from age 3 to 10 in different social contexts], Master's degree dissertation, Lisboa, Faculdade de Motricidade Humana.

Perista, H. (1993) *Older People in Europe: National Report on Portugal*, EC Observatory on Ageing and Older People, Commission of the European Communities.

Perista, Heloisa et al. (1998), Levantamento das Necessidades Sociais das Pessoas Idosas em Contexto Local [Survey of Social needs of older people in the Local Context], *Documentos Temáticos* nº12, Lisboa, Direcção Geral da Acção Social, Núcleo de Documentação Técnica e Divulgação.

Perista, Heloísa (1999), "Trabalho, Família e Usos do Tempo" [Work, Family and Use of Time] in *Sociedade e Trabalho*, nº 6, Ministério do Trabalho e da Solidariedade, Lisboa, pp. 67-74.

Pimentel, Luísa Maria Gaspar (1995), *O lugar do idoso nas redes de interacção e solidariedades primárias: um estudo comparativo de casos de institucionalização e não institucionalização* [The place of older people in networks of interaction and primary solidarities – a comparative study of cases of institutionalisation and non-institutionalisation], Master's degree dissertation in Sociology, Lisboa, ISCTE.

Portugal, Sílvia (1995), *As mãos que embalam o berço: O Estado e a Sociedade, Providência no apoio à maternidade* [The hands which rock the cradle: the state and society. Welfare support for maternity], Provas de Aptidão Pedagógica e Capacidade Científica, Faculdade de Economia, Universidade de Coimbra, Coimbra.

Quaresma, Maria de Lurdes (1996), Cuidados às pessoas muito idosas [Care for the very old], *Documentos Temáticos* nº5, Direcção Geral da Acção Social, Núcleo de Documentação Técnica e Divulgação, Lisboa.

Ramalho, Maria do Rosário, et. al (1998), *Report on care*, Portugal.

Ramirez, M.E, et. al (1988) *Criança Portuguesa: Que acolhimento?* [The Portuguese child: what shelter?], Lisboa, IAC (mimeographed).

Ribeiro, Ana Luísa et. al. (1996), *Inquérito às medidas de apoio aos trabalhadores com idosos a cargo* [Inquiry on support measures for workers who have to look after the aged], Comissão para a Igualdade no Trabalho e no Emprego, CITE.

Ruivo, Fernando (2000), *Poder Local e Exclusão Social* [Local Power and Social Exclusion], Quarteto Editora, Coimbra.

Santa Casa da Misericórdia de Lisboa (SCML) e Câmara Municipal de Lisboa (CML) (1996), *Apoio Social aos Idosos na Cidade de Lisboa: Identificação de necessidades e apresentação de propostas* [Social support for older people in the city of Lisbon: identification of needs and presentation of proposals], Lisboa.

Santos, Boaventura, Sousa (1985), "Estado e Sociedade na Semiperiferia do Sistema Mundial: o caso português" [The state and society on the semi-periphery of the global system; the case of Portugal] in *Análise Social*, nº87/88/89, pp. 869-901.

Santos, Boaventura, Sousa (1987), "O Estado, a Sociedade e as Políticas Sociais" [The state, society and social policy] in *Revista Crítica de Ciências Sociais* nº23, pp. 13-74.

Santos, Boaventura, Sousa (1993), "O Estado, as relações salariais e o bem-estar social na semiperiferia: o caso português" [The state, salary relations and social well-being on the semi-periphery: the case of Portugal] in B. S. Santos (ed.) *Portugal: um retrato singular*. Porto, Afrontamento.

Sebastião, João (1998), "Os dilemas da escolaridade" [The dilemmas of schooling] in Viegas, J.M.L; Costa, A.F. (eds.), *Portugal, que Modernidade?*, Celta Editora, Oeiras.

Torres, Anália; Castro, José Luís; Silva, Francisco Vieira da; Inglez, Sofia d'Aboim e Vasconcelos, Pedro (1999), "Políticas sociais e a Questão do Acolhimento das Crianças em Portugal" [Social policies and the issue of looking after children in Portugal], in *Cadernos de Política Social*, nº1, Associação Portuguesa de Segurança Social, Lisboa, pp. 45-92.

Torres, Anália (Ed.) (1997), *Políticas Sociais, Soluções Sócio-Educativas e de Guarda das Crianças* [Social Policies, Social and Educational and Child-minding Solutions], CIES-ISCTE, Lisboa.

Wall, Karin (1995), "Apontamentos sobre a família na política social portuguesa" [Notes on the family in Portuguese social policy], *Análise Social*, nº 131, pp. 431-458.

Wall, Karin (1995) "Family obligations in Portugal" in Jane Miller and Andrea Warman (eds.) *Defining Family Obligations in Europe*, Bath Social Policy Papers, nº 23, University of Bath, pp. 307-323.

Wall, Karin (1997), "Portugal: Issues concerning the family", in J. Ditch et al.: *Developments in National Family Policies in 1996*, European Observatory on National Family Policies, University of York/ European Commission, pp. 213-249.

Wall, Karin and Lobo, Cristina (1999), "Famílias monoparentais em Portugal" [Lone-parent families in Portugal] in *Análise Social*, nº150, Vol. XXXIV, Instituto de Ciências Sociais da Universidade de Lisboa, pp. 123-146.

Wall, Karin et al. (2000), *Families and Informal Support Networks in Portugal: the reprodution of inequality*, Instituto da Ciências Sociais da Universidade de Lisboa