

# New policies for caring family members in European welfare states

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## ABSTRACT

Since the 1990s, the West European welfare states have extended public social services and social rights for senior citizens in need of care. They have also started to support family members more in their caring role. The unpaid, informal care done by (mostly female) spouses or adult children of the frail elderly people has been transformed into forms of family care that are paid for by state programs such as ‘cash-for-care’ or by municipalities, and which connected to some degree also with employment rights. As a consequence, also the ways in which welfare states construct the relationship between family members has changed to some degree.

So far, there is relatively little research about welfare state policies towards senior care by family members. This paper introduces a typology of ‘family care regimes’ in the field of care for senior citizens, which can be used as a theoretical framework for cross-national analyzes of welfare state institutions which are framing the work situation of caring family members and their relationship with the care recipients in family care. It also is analyzed how far the different types of the family care regime are connected with tensions.

**Keywords:** care policies, family care, culture, welfare state institutions, gender

## Nuevas políticas para cuidados en el hogar en los Estados de bienestar europeos

## RESUMEN

Desde 1990, los Estados de bienestar de Europa occidental han desarrollado servicios públicos y derechos sociales para los ciudadanos adultos con necesidades de cuidados. También han comenzado a apoyar a los miembros de la familia en sus labores de cuidados. El cuidado informal y no retribuido por (mayoritariamente mujeres) cónyuges o hijos adultos a las personas mayores con vulnerabilidad se ha transformado en formas de cuidado familiar retribuidas por programas estatales como “dinero-por-cuidados” o por municipalidades, los cuales están relacionados de algún modo con los derechos laborales. Como consecuencia, hasta cierto punto los modos en que los Estados de bienestar construyen la relación entre los miembros de la familia también han cambiado.

Hasta ahora, la investigación sobre políticas del Estado de bienestar en el cuidado de adultos por los miembros de las familias es relativamente escasa. Este artículo introduce una tipología de “regímenes de cuidado familiar” en el campo del cuidado a ciudadanos mayores, la cual se puede utilizar como marco teórico para el análisis transnacional de las instituciones del Estado de bienestar que están recomponiendo el trabajo de los miembros de la familia que cuidan y su relación con los beneficiarios de los cuidados en la familia. También se analiza hasta qué punto los diferentes regímenes de cuidado familiar se relacionan con las tensiones que se presentan.

**Palabras clave:** políticas de cuidado, cuidado familiar, cultura, instituciones del estado de bienestar, género.

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**Introduction**

Until the late 20<sup>th</sup> Century, care was usually unpaid, informal and done by (mostly female) spouses or adult children, mainly daughters, of the frail elderly people. It was tied to the housewife role of the married women (Leira 2002). Welfare state researchers have criticized this type of care, since it overstretches the resources of the family and contributes to women's exclusion from the labour market and gender inequality (England, 2005; Kröger & Sipilä, 2005).

Since the later 1990s, welfare state policies towards family care have substantially changed. Many European welfare states started to extend public care services and social rights for senior citizens in need of care. The main focus of analysis about these changes is on tendencies of the relocation of care work out of the private household, and its transformation into formal, paid and sometimes professionally performed gainful employment (Anttonen & Sipilä 2005; Bettio, Simonazzi & Villa, 2006; Bettio, 2012; Knijn & Verhagen, 2007; Pavolini & Ranci, 2011; Lyon & Glucksman, xxx). In comparison, less attention has been given to change in welfare state policies towards informal care work within that family members provide for other members of their family, like spouses or parents. This is often still equated with traditional "housework". However, in actual fact, welfare state reforms have also led to new forms in which institutions are framing care by family members, and they created new, paid forms of care work by family members.

The main question of this article is how it is possible to do systematic cross-national comparative analysis of the ways in which welfare state institutions are framing care work by those who provide care for a family member. The main focus is on care for senior citizens. The article aims to introduce a typology of 'family care regimes'. A 'family care regime' characterizes the specific settings of institutions of the welfare state that are framing the work situation of those who provide care for an older family member and the care relationship between care giver and care receiver.

The article distinguishes ideal-typically three different types of the 'family care regime', the informal, semi-formal and the formal type of family care regime. It also introduces some examples of welfare states which match these different ideal types. It should be clarified that the focus of the paper is restricted to welfare state institutions and how these are framing care work by family members in the field of care for senior citizens. It therefore does not include analyzes of the concrete

structures of family care or the working conditions of caring family members in their everyday life.

In a first part, the article gives an overview of the change in welfare state policies towards care by family members in the field of senior care since the 1990s. It then introduces and discusses how care is conceptualized in the scientific discourse, and it analyzes the state of the art regarding comparative analyzes of how welfare state institutions are framing care by family members. It shows that systematic analyzes are rare and that a typology of the institutional settings that are framing care by family members is missing so far. It then introduces the concept of the 'family care regimes' and distinguishes three different types of the 'family care regime'. Moreover, it discusses how these potentially produce tensions in relation to the care work of caring family members. The article ends with the conclusions.

### **1. Change in the institutional framework for care for seniors by their family Members in European welfare states**

In the last two decades, many European welfare states have extended social rights related to public provision in the field of senior care, as a consequence of the ageing of society. The societal inclusion of women through their labour-market integration, and transformation of unpaid household and family work into regular gainful employment are considered, in social-policy research into care, to be two sides of the same coin.

However, a dilemma exists. The relatively lower societal recognition of and value attached to child-raising and care tasks persists even when they are performed as publicly constituted services, above all in liberal and conservative welfare states (in the sense of Esping-Andersen 1990, 1999). The construction of care as an only partly professional, poorly-paid activity stands in close relation to the bipolar construction of the gender relation, which prescribes for women familial, as well as occupational, caring and attending tasks. Despite the expansion and professionalisation of the personal care service sector on the labour market, the identification of these activities as 'feminine', lower-paid, and with particular employment forms and career patterns, has become established in many welfare states, with some exemptions in the Nordic European welfare states (Theobald, 2005). Also, it turned out that in those welfare states in which the public provision of long-term care for senior citizens does not cover the need for care, in part female migrants have to some extent been hired by private households for low wages and precarious working conditions, in order to provide paid care work for senior citizens who need long-term care (Bettio et al., 2006; Flaquer & Escobedo, 2009; León, 2007, 2013).

Many European welfare states have also extended social rights for caring family members. Until the 1990s, the West European welfare states had treated care for senior citizens primarily as a task that should be provided by female family members. These were expected to provide informal and unpaid care for their senior husbands or parents on the basis of the principle of family solidarity in the

framework of a male breadwinner family. It was expected that their living was financed by their husband in the framework of a male breadwinner marriage. The task of the welfare state in the field of long-term care for senior citizens was restricted to providing residential care of very frail older people. Only very affluent seniors in need of care were able to buy home care on care markets on which for-profit care agencies competed (Pavolini & Ranci, 2008).

In the new care policies of the West European welfare states, long-term care for elderly people as far as it is provided by their relatives is no longer informal, unpaid and hidden in the family context. Instead, these welfare states have introduced new paid forms of care work by family members which are semi-formal or formal, paid and connected with elements of social security in the context of welfare state programs (Pfau-Effinger, Och & Frericks, 2013).

This restructuring of welfare provisions has overlapped with another major change in care policies of European welfare states, which is the marketization of long-term care for senior citizens (Bode, 2007, 2008; Frericks, 2011; Pavolini & Ranci, 2008; Rummery, 2009; Vabø, 2006). In this context, care policies construct elderly people in need of care as ‘consumers’, who ‘buy’ the care that they need on markets, with support through public funding. Such markets are characterized by a competition between different providers, and different types of providers. The ‘choice’ that the elderly have between different providers of care includes the choice of a family member, who takes over the care. The care wage is in that case is often paid in the form of a ‘routed wage’, as Claire Ungerson (2004) has characterized this. This means that the municipality, the public care insurance or another public organization pay the wages to the senior citizen who is in need of care, so that he or she is able to pay the care work of the carer, which may be a professional care worker of a service agency or a family member of the senior (Pfau-Effinger & Rostgaard, 2011; Fersch & Jensen, 2011; Jensen & Møberg, 2011).

## **2. Overview of the literature about welfare state policies towards care by family members**

### **2.1. Theoretical concepts of ‘care’**

As an initial approach, the concept of care should be understood empirically thus: “Care is both the paid and unpaid provision of support involving work activities and emotional empathy. It is provided mainly ... by women to both able-bodied and dependent adults and children in either the public or domestic spheres, and in a variety of institutional settings” (Thomas 1993: 665).

With the concept of care in social sciences research, or the established English term ‘social care’ (Daly and Lewis, 2000), scientific concepts of welfare production were broadened with a critical intention: to emphasise the dichotomisation of societal life into public and private spheres, whereby care is included in the latter – secondary – private sphere, with the consequence of downgrading social care – also in its occupational or professional form – and with that, the work of women (Lewis,

1992; Daly and Lewis, 2000). In this context, it was also stressed that care is a form of work. Social-science and economic gender research on ‘care work’ in the family and labour-market has been carried out (and received) by multiple disciplines from the beginning, and that applies equally to the welfare-state debate.

It should be considered that ‘care’ is not just a comprehensive, descriptive approach to the analysis of the work of accompanying and educating people and attending to their personal needs. Beyond that, ‘care’ signifies the principle element in welfare production and the welfare-state institutional network. Joan Tronto (1996: 147) defines ‘social care’ as “the sum of practices by which we attend to/care for ourselves, others, and the natural world”. The term ‘attention’ shows that the necessary practical activities of housekeeping, child-raising and personal care are bound to the symbolic production of everyday culture and the creation of personal bonds. With this concept it becomes apparent that everyday attention to the needs of others and oneself is structured – that is, organised and communicated – in a special way; this type of work therefore has a special quality.

Moreover, the internationally discussed concept of social care (Tronto, 1996; O’Connor, 1996) focusses on the importance of these activities for the social integration of those working in and receiving care. The concept evokes our dependence on the concern of others and the fragility of the societally more highly valued, masculine connotation of autonomy, and at the same time shows the social construction of autonomy and dependency (Finch and Mason, 1993; Fraser and Gordon, 1994; Leira, 1992).

The early feminist thematic exploration of housework in the 1970s, in the context of the anti-capitalist critique of society, identified the unpaid private work of women as the invisible foundation of wage employment. This theory formulation treated care implicitly as the childcare and housework (care of the elderly was not mentioned at that time) necessary to “rebuilding the strength to work”, that is, ensuring and motivating the man’s continued ability to work. The demand made in this context for “wages for housework” (dalla Costa and James 1973) was not successful for the reason, among others, that the idea of housework as gender-specific task was rejected. Instead, a ‘de-mythologising’ of the mother’s role was proposed, and a democratisation of family life and greater access for women to education and professional employment in the labour-market. It was argued that family duties, child-raising and personal care tasks should be performed by state services and with that, also create new professional jobs for women.

These demands of the early feminist theorists have been meanwhile partly realised, whereby welfare-state policies have played an important role. However, that so far was rarely considered, is that welfare states have also supported paid forms of care work by family members.

## **2.2. Welfare state policies framing care by family members**

The labour-force participation rates of women, and the public provision of care in the formal sector are currently often also used as central indicators of the strength of a welfare state and its ‘woman-friendliness’ (Siim, 2000). Informal and formal

care work in this context are often conceptualised as opposites, such that formal care employment is seen as ‘modern’ and ‘woman-friendly’, for it relieves women from care work at home, while informal care work by contrast is often associated with the social exclusion of the caregivers (see also Cousins 1998). According to this argument, informal care is linked to the traditional family model of the housewife marriage; its main characteristics are that it is unpaid work, hidden from view in the family household, performed by women and excluded from formal employment, the main provider of income, prestige and social security, and reconnection. It is also argued that because of their responsibility for informal care work, women are also at risk of social marginalisation when they enter the labour market. Informal care is thus associated with the ‘backwardness’ of tradition, a remaining element from the times of the housewife marriage, which confined women to the household.

However, I argue that the concept of the two opposites of formal and informal care is too crude and does not leave space for examining the more recent development of welfare state policies towards care by family members. As it was shown above, welfare states have established new paid forms of care by family members (Geissler and Pfau-Effinger, 2005).

There are several studies that analyze the situation of family members who give care for a relative (Grootegoed, Knijn and Da Roit, 2010; Eichler & Pfau-Effinger, 2009; Jensen & Jacobzone, 2000). However, thus far, little research exists about the changes in the ways in which welfare state institutions are members and how the care work of the caring family member is legally constructed in different welfare states. Admittedly, some research has analyzed the way in which welfare states are influencing and conditioning care by family members. But in most cases care by family members is not treated as work that one could compare with other types of work, like work in formal employment. This is somewhat surprising, since it is for example a traditional paradigm in feminist theorizing about care, that ‘care’ is a specific type of work (c.f. Daly & Lewis, 2001).

Some scholars consider care by family members as detrimental for women. According to their argument, the formalisation of care by family members by welfare states is an emancipatory project that ‘frees’ women from the duty to care for their own relatives. The focus is on the de-familialising and re-familialising role of different types of welfare state policies, in which case the re-familialising usually is treated as something negative that should be avoided (Esping-Andersen, 1999; Leitner, 2003). In this literature it is most often neglected that care by family members itself has changed and has in part more formal features.

Some researchers have analyzed the legal framing of care by family members more in detail. However, they restricted this in part to a specific instrument that some welfare states used in this context, and the comparative perspective is more on the use of this instrument in different welfare states than on the ways in which different institutions of the welfare state are framing the care work of family members. For example da Roit & Le Bihan (2011) investigate the situation of women in cash-for-care programmes for long-term elderly care in France and Italy.

They are particularly interested in the ways these programmes shape informal care and family relations in these countries. They analyze the situation of people who provide care work for their family members in the context of such programmes, mainly women, who combined employment and long-term care of an elderly family member. The author come to the conclusion that cash-for-care systems, differently from what is sometimes expected, do not in principle support a re-familisation of care in these countries. Instead, people use them for outsourcing long-term care. The main perspective of their study however – different from that of our article – is on the work-family balance of caring women, and less on the legal framework of care by family members. Ungerson (2004) analyzes the ways the ‘commodification of care’ has developed in European countries. Her main focus is on the pay that caring family members receive, and on how it is paid. According to the findings, these payments often have the character of what she calls ‘routed wages’. This term relates to ‘the method whereby people in need of care are given cash rather than (or in addition to) formal care services, and then encouraged to employ their own care labour directly with this cash’ (Ungerson, 2004).

The results of the above-mentioned studies show that long-term care provided by family members no longer fits the description of informal work. Often it is paid in the context of welfare-state programs, and includes elements of social security. Pfau-Effinger (2005) has introduced the term ‘semi-formal care’ for such kinds of care by family members. Moreover, according to a comparative policy analyzes of the legal framework of paid care by family members, the author of this article and co-authors found, that in Denmark new forms of formal care by family members were introduced which are based on a formal employment relationship that the municipalities offer for people who provide care work for a senior relative (Pfau-Effinger, Jensen and Och, 2013). However, a typology of the new institutional settings which are framing care by family members is missing so far.

In this article, I will use the following terms in relation to care: “Care work” means the work that is done by a care giver and that is based on the practical attention to, and satisfaction of the need(s) of the person in need of care (Tronto, 1996). This care work can be unpaid, or it can be connected with different forms of pay. The “care work by family members” is care work that people provide for a senior relative who is in need of care, which is most often a spouse or a parent of this care giver. “Care-recipients” are those obtaining the attention and care (Tronto, 1996). ‘Informal’ care work, on the other hand, means that care work takes place in a family context, on the basis of family or other social networks or on the basis of informal employment contracts, without formal registration. ‘Semi-formal care’ is a form of care by family members which is constructed in the context of a welfare state program. In this case, care work is legally regulated and formalised in this respect, without having the character of formal gainful employment. ‘Formal’ care work is based on formal employment.

### 3. Different types of “family care regimes”

In this part I introduce typology of ‘family care regimes’. The concept of the ‘family care regime’ characterizes the specific settings of institutions of the welfare state that are framing the work situation of those who provide care for a senior family member and the care relationship between care giver and care receiver. This concept treats ‘care by family members’ systematically as a specific form of work, which has the features of informal, semi-formal or of formal work. By ‘family members’ I mean persons who belong by definition broadly to the same family as the persons in need of care, such as daughters and sons, spouses or partners.

The paper also distinguishes different ideal types of ‘family care regimes’ on the basis of the main regulation principles on which they are based and the ways in which these interact, according to the definition of Max Weber (1963), which means that the typology overemphasizes the systematic differences between the different types, whereas the concrete ‘family care regimes’ in specific welfare states may be somewhat less coherent.

Within the constellation of institutions of the family care regime, different institutional regulation principles can interact. The more traditional regulation principles include family solidarity and the financial dependency of women in the male breadwinner marriage. New institutional regulation principles include employment rights that are normally related to formal employment, and also rights to social security in relation to the care work for a family member.

The three ideal types that are introduced here include the ‘informal family care regime’, the ‘semi-formal family care regime’ and the ‘formal care regime’. framing care by family.

#### 3.1 Main features of the ‘informal family care regime’

In this type of family care regime, welfare states support care work by family members that is provided on an informal basis and that is not defined as “work”. This type is mainly based on the institutional regulation principle of family solidarity. The welfare state does not offer pay for the care. Instead, it is expected that the caring family member acts as housewife who’s living is financed by her husband, who is formally employed and acts as male breadwinner. Her social security is derived from the employment based social security of her husband. Neither social rights nor employment rights are connected with the informal care work that these women provide for senior family members.

The policy of the West German welfare state towards senior care by family members from the 1950s until the early 1990s is a good example for an informal family care regime (Rothgang, 2009).

#### 3.2. Main features of the ‘semi-family care regime’

A semi-formal family care regime differs from the informal care regime, in that the welfare state institutions treat the care that is provided by caring family members as a kind of ‘work’. If the care recipient chooses a family member as main



care provider in the semi-formal family care regime, the care work by the caring family member is publicly paid, but it is not constructed as formal employment. The care work can be based on full-time family care or on part-time care, in addition to the caring family member's normal job. The relationship between the caring family member and the care recipient, or a welfare state agency, is also not defined as an employment relationship. He or she acts as contractor and 'quasi-employer' vis-à-vis the caring family member. This means that the caring family member has the right to receive some pay for her/his family care work, but this pay is not based on standards of formalized standard employment and minimum income legislation. The pay does also not systematically vary with the degree of professional skills that caring family members may have in the field of long-term care. It is clearly lower and is fixed on the basis of benefits and social rights, not on the basis of employment rights. It is even possible that it is means tested. The pay is either paid by public institutions directly to the caring family member, or else it is paid by public institutions to the care recipient who is expected to forward the public benefits that he receives to the person who gives the care.

The caring family member may also have some social rights to social security, like rights to pay contributions to the pension insurance, but these also do not match the standards of social security in formal standard employment. In general, the semi-formal family care regime is based on the expectation that usually women act as caring family members, and that their subsistence and social security is at least in part financed by the income of a male breadwinner.

Accordingly it is possible to say that in the semi-formal care regime, old and new institutional regulation principles interact. These include the traditional principles of family solidarity, since it is expected that caring family members accepts a deterioration of their income and work-related rights when she or he takes up care work for a family member instead of work in the formal employment system. It is possible that the pay for the care for the senior relative is below the poverty line, so that the caring family member is also dependent of the financial support of a (male) breadwinner. The new principles include employment related rights and social rights that are related to the care work.

According to a study of the policies of the German welfare state towards people who provide care work for a senior family member who is in need of care, this welfare state represents such semi-formal care regime (Pfau-Effinger, Jensen & Och, 2011).

### **3.3. Main features of the 'formal family care regime'**

In a formal family care regime, the welfare state institutions offer caring family members the possibility that they provide the care for their senior relative in the context of a formal employment relationship, on the basis of a formal employment contract with a public employer like the municipality. People who provide care for family members during daytime instead of work at their normal workplace can receive a formal employment contract with the municipality or another public institution for their provision of care by family members. In that case, the caring family member has an employment contract and receives wages that usually are

paid for long-term care, and that can differ with the degree to which the caring family member has specific professional skills for this work. Also, she or he has rights to a level of pay, social security and protection of the workplace of the standard employment relationship. The employment contract can be based on full-time family care or on part-time care, in addition to the caring family member's normal job. Different to the semi-formal type, the care recipient and the caring family member have individualized contracts with the public authorities, and the relationship between both family members is not constructed as a kind of work contract. Also, both are not dependent on the care relationship, since both the care recipients and the caring family member have the option to choose a different form of care. In the care relationship, they meet each other therefore as autonomous individuals.

In this family regime type, the new employment related principles and the principle of social rights related to care work are particularly strong. The institutional framework of care by family members is based on the regulation principles connected with the standard employment relationship, and the level of pay, social security and job protection that are connected with it. These principles interact with the principle of family solidarity. The male breadwinner principle, on the other hand, is nearly absent. This type characterizes the 'family care regime' of the Danish welfare state (Pfau-Effinger, Jensen & Och, 2011; Pfau-Effinger, Frericks & Jensen, 2014).

**Table 1: Ideal types of the ‘family care regime’**  
**Main types of the ‘family care regime’**

<b><u>Main regulation principles</u></b>	<b>Type 1: Informal family care regime</b>	<b>Type 2: Semi-formal family care regime</b>	<b>Type 3: Formalised family care regime</b>
<b>Importance of family solidarity on basis of male bread-winner family</b>	high	medium	weak
<b>Importance of social rights principle</b>	none-low	low-medium	strong
<b>Importance of employment rights principle</b>	none-low	medium	strong
<b>Country examples</b>	West-German welfare state in the period from the 1950s until the early 1990s	Contemporary German welfare state	Contemporary Danish welfare state

**4. Tensions connected with different ‘family care regimes’**

On the basis of theorizing and much empirical research, the feminist research has shown that unpaid informal care by female family members is connected with gender inequality in employment, in income and in social security, and with the risk of marginalization of women in the employment system. In this part I will analyze how far the institutional framework of paid semi-formal care or formal care that people provide for their senior relatives produces specific tensions that are related with the caring situation in family care (see also Pfau-Effinger, Frericks & Jensen, 2014).

According to the approach of this paper, a ‘family care regime’ is connected with tensions, if the diversity of regulation principles in the ‘family care regime’ constructs a contradictory work situation for the family member who provides the care work for a senior relative in need of care. This relates mainly to contradictions between the wish of the caring family member to give care to a frail older relative and the option to do so without substantial loss of income and social security in comparison with formal employment. The two different types of the ‘family care

regime' differ in relation to the ways in which the different institutional regulation principles interact within the institutional setting that is framing the care situation of the caring family member, and in relation to potential tensions which they create for the caring family members.

The interaction of the different regulation principles in the *semi-formal family care regime* may create particular tensions with regard to the care work of a caring family member. The risk is high that there is a contradiction between the wish of family members to give the care, and the financial and social insecurity and risks that are connected with the caring situation. This is particularly the case if the caring family member is not part of a male breadwinner marriage. Because the risk is high that caring family members, who are most often female, also experience a loss of income and social security when they reduce their working time in formal employment or take over the care in full-time, it also potentially contributes to the persistence of traditional structures of gender inequality.

In the *formal family care regime*, the institutions of the 'family care regime' are more or less complementary in the ways in which they are framing care by family members. Here, the regulation principle of employment rights interacts with the principle of social rights. It also interacts with the principle of the protection and social security standards of the standard employment relationship, whereas the principle of family solidarity on the basis of the male breadwinner family model is more or less absent. People who take over care for a senior relative therefore do not take high risks of income and social security. Because of this reason, this type of care by family members is also attractive for men. Consequently this type of care by family members much less than the semi-formal type contributes to the persistence of gender inequality.

Therefore it is plausible to assume that the degree to which the institutional framing of long-term care for senior citizens by family members leads to tensions in relation to the care situation of the caring family member, largely depends on the type of family care regime in which it is embedded. In this regard, the tensions are highest in the informal type of family care regime, and clearly higher in the semi-formal family care regime than in the formal family care regime.

## 5. Conclusion

Welfare states have started to support family members more in their caring role. The unpaid, informal care done by (mostly female) spouses or adult children of the frail elderly people has been substantially transformed into forms of care by family members paid for by state programs such as 'cash-for-care' or by municipalities.

The ways in which welfare states institutionally frame the care work by family members and their relationship with the care recipients differs substantially. The aim of this article is to introduce the approach of the "family care regimes" as a theoretical framework for cross-national analyzes of welfare state institutions which are framing the work situation of caring family members and their relationship with

the care recipients in care by family members. The article distinguishes three different types of ‘family care regimes’, the informal, the semi-formal and the formal type. It argues that the connection of care by family members with tensions is particularly strong in the informal care regime, and weakest in the formal family care regime.

Future research should reveal the cultural consequences that these new policies of European welfare states towards care for senior citizens by their relatives can have. Since these policies have introduced a new type of economic value-orientation into social relations between family members. This is because the relationship between the senior citizen who is in need of care and the caring family member is constructed as a relationship of employer and employee, or contractor and freelancer, and it is assumed that it is based on principles of economic calculation and self-interest.

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